

Health Psychology (PS6015): Course Reflective Essay

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The health psychology module offered the opportunity to learn and practise the practical elements and talents required for those who work in this area. Such skills include patient communication/interaction (motivational interviewing comes under this), health model application, health promotion, along with several others. The practical aspects of the content learned were employed mainly through role playing, something fairly rare so far for psychology students to take part in.

Accompanying the practical role play came the understanding of both positive and negative features that individuals have to deal with in client/therapist interaction (and in some cases, an observer). It can be argued however, and with great accuracy, that such exercises are not realistic and lack ecological validity. This of course must be the case, for it is extremely unlikely (in the majority of cases, anyway) that many university students could appropriately represent a patient receiving news of a terminal or chronic illness. This is not to say that such a practise is not helpful, indeed the opportunity to experience such an exercise gave new understanding. Additionally, research has shown individuals who take courses that include role play have better communication skills overall (Lane & Rollnick, 2007), an aspect very important for a health psychologist.

The importance of communication skills can be further highlighted by other university courses. For example, some medical courses (such as Liverpool's M.D.) require their students to pass a patient interaction module before they can graduate fully. These situations have more ecological validity, as trained actors are used in the sessions (Whelen, 2008). However, it may be that such employing trained actors in this fashion may not be totally necessary, as research has suggested that differing sources of the patient role player does not greatly vary its effectiveness (Mounsey, Bovbjerg, White & Gazewood, 2006).

One of the important skills for almost any individual working in a patient health related work environment is breaking bad news through use of an interview (Morrison & Bennett, 2006). Role playing this out in workshop sessions allowed the insight into why some therapists and doctors appear to be emotionally detached – to avoid having to constantly expose themselves to sympathy, empathy and guilt. This is not to say these are negative to feel, but one could easily be overwhelmed by them. It also showed the patient perspective, and how such news can be met with denial and shock, along with the demand for a second opinion (which some therapists or doctor might be insulted by). The observer's point of view displayed that often, the right amount of information was not given – either too much or too little. However, judging exactly how much to tell a patient must be very difficult, as their level of knowledge might be completely unknown. For example, some patients might be very knowledgeable in that particular field, others may not have ever heard of it before. In any case, it highlights the importance in being able to break bad news in an appropriate way as possible, not just for the patient's well being and benefit (Schofield, Butow, Thompson *et al.*, cited in Morrison & Bennett, 2006), but the therapist's too.

Similar to breaking bad news is general communication, and how it is used to transfer information from therapist to patient. After discussing Berry, Michas and Bersellini's (2003) research in one workshop, it suggests that patients are more likely to comply with treatment action when given a fuller explanation (be it about either the illness itself or the drugs that will be needed to treat it). Like with breaking bad news however, it is difficult to know the right amount of information reveal. The research also suggests that personalising information is not as effective as may be generally thought; an interesting notion that links in with how some doctors will detach themselves emotionally. It seems that making it less personal in more than one aspect of communication (the doctor's feelings and how they interact with the patient) may have its positive appeal.

The workshop sessions for health promotion (in this case, HIV prevention) showed that whilst on paper, it may appear quite simple to carry out, in reality it is not. Knowing what content to use to raise awareness and increase prevention (such as not sharing needles, the danger of sharing needles, an individual's personal vulnerability and condom use) was actually relatively simple, discussion in the workshop suggested that the task of promotion has various barriers. For example, finding users willing to listen and then willing to change their behaviour can be tricky, both in that they may be set in their

ways and that visiting such groups of people can have its risks to the promoter. The barriers for condom use can potentially be trickier (when religion becomes involved, for example), though it has been found that overall use is on the rise (Morrison & Bennett, 2006). Despite this, so is the prevalence of HIV, displaying that a health psychologist should be able to persuade individuals and take part in preventative measures. This takes place in motivational interviewing.

The content covered in the workshop concerning motivational interviewing, as well as literature on the area (Morrison & Bennett, 2006) suggests that this particular skill is one of those most important to a health psychologist. This is due to that it is one of the more successful techniques used to attempt to change the behaviour of individuals who are reluctant to. It is an extremely interesting approach to use, as it isn't direct therapist persuasion that is used, rather a process that encourages and motivates the patient to change their behaviour in their own manner and choice (Rollnick & Miller, cited in Morrison & Bennett, 2006). Motivational interviewing does appear to be quite a delicate process, as there are several precise stages and strategies within it, but given its effectiveness, understanding how to use it would be invaluable for a practicing health psychologist for dealing with either difficult patients or patients with difficult illnesses.

A final area covered in the module workshops were the different options a therapist or a general practitioner could take in different cases. Like with so many of the workshop sessions, it brings realisation, in this case of how many potential option there are to take in certain situations. This includes making the choices of whether or not to do extra actions (such as writing to the council concerning a patient or making a house visit that isn't required of you), and how there is not necessarily a right or wrong answer in what a practitioner decides to do in any situation.

References

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