Health Psychology (CMED2006)(2023-2024)

Case Study Portfolio

**Section 1**

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| Description of an individual (“the case”) and an ongoing health compromising behaviour (“the behaviour”) that they exhibit. |

Pseudonym or initials of the case:

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| * Pseudonym: **Anna** |

Brief demographic information of the case (e.g., age, occupation, marital status):

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| * Age: **54** * Gender: **Female** * Occupation: **Unemployed (housewife)** * Education Level: **Primary School Level** * Ethnicity: **Buddhism** * Marital status:  **Widowed, with 2 children living together.** * Family structure:  **Raises 2 children up independently and lives with 2 children (one 20 years-old; one 23 years-old) now, and having one sister (with one daughter) in the Guangdong, near to Hong Kong, while other close relatives are far away from Hong Kong.** |

Nature and frequency of the behaviour:

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| * Nature: **Anna has developed a habit of staying up late at night, resulting in a lack of adequate sleep, because of indulging in excessive and prolonged use of the social media platform (e.g.: short videos from TikTok, WeChat), spending an extensive amount of time watching videos. However, Anna always has poor sleep quality and short sleeping period, often experiencing midnight awakenings and difficulty falling back asleep, as well as early morning awakenings.** * Frequency: **Anna tends to spend almost every night, starting around 10:00 PM, getting immersed in watching TikTok videos for approximately 4 hours until around 2:00 AM, while Anna usually sleep for around 6 hours, with poor sleep quality.** |

Negative health impact of the behaviour:

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| * **According to the National Institute on Aging (2020), older adults require the same amount of sleep as all adults, which is around 7 to 9 hours per night.** * **However, Anna's ongoing behaviour results in sleep deprivation and exacerbates the issue further.** * **Consequently, Anna's ongoing behaviour can have severe physical health consequences, including cardiovascular disease, renal disease, hypertension, type 2 diabetes mellitus, stroke, obesity, and depression (National Heart, Lung, and Blood Institute of National Institutes of Health, 2022). This can be explained by the negative impact on immune cells due to insufficient and prolonged sleep deprivation, potentially leading to inflammatory disorders (Motivala, 2011).** * **In addition to compromising physical health, Anna's ongoing behaviour also contributes to mental health problems such as increased anxiety and distress levels (Blackwelder et al., 2021).** * **Anna's ongoing behaviour also worsens the sleep deprivation issue since smartphones emit a significant amount of blue light, which can suppress the production of a hormone that regulates sleep-wake cycles. This can result in difficulty falling asleep and disrupted sleep patterns (Correa-Iriarte et al., 2023).** |

*(Wong Kwok Yin, 3036070362)*

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**Section 2**

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| Conscious thoughts that the case has about the behaviour; and interventions that might change their decision to continue the behaviour |

Main reason(s) for behaviour according to the case:

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| * Anna perceives engaging in social media at midnight as a me time:   + **Allowing her to escape from stress, boredom in her life**:     - Anna has to take on heavy household chores, so she doesn't have much time for entertainment during the day and feels stressed. **Consequently, Anna experiences a sense of stress in her life.**     - Anna can only rely on the inheritance from significant other and does not have extra money to hire a domestic helper to alleviate her workload. **Consequently, Anna experiences a sense of stress in her life.**     - Anna is currently unemployed, which restricts her disposable income and hinders her ability to engage in entertainment activities (with limited options). **Consequently, Anna experiences a sense of boredom in her life.**   + **Providing temporary relief from negative emotions and daily challenges**. * Anna **feels a sense of social connection**, particularly if she shares the short videos with relatives and interacts with others through comments. * In short, she may have developed a dependence on social media as a means of coping and seeking pleasure. |

Case’s thoughts about benefits / positive aspects of the behaviour (including their importance):

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| * **Coping mechanism**: Anna perceives her behavior as a coping mechanism to temporarily escape from stress, boredom in her life. * **Entertainment and enjoyment:** Anna finds short videos from social media entertaining and enjoyable, providing a source of amusement and relaxation during her late-night sessions. * **Social connection**: she shares the short videos with relatives and interacts with others through comments. * **In short, Anna currently perceives this behavior as essential and obvious thing to do in her daily lives without consider the other options (System 1 Intuition in Dual Process Theory).** |

Case’s thoughts about costs / negative aspects of the behaviour (including their importance):

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| * Anna knows that staying up late may have negative impacts on her body, but she perceives that the negative impact (cost) of the behaviour is limited. |

Case’s illness cognition towards the illness(es) associated with the behaviour:

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| * Anna can only recognize one **Identity of illness** as **tiredness** associated with the behaviour. * Anna tends to **attribute the** **perceived cause of illness(es)** associated with the behaviour as:   + **Mainly External Cause**, as she believes the heavy household chores is the most significant factors that contributing to the **tiredness.**     - **Timeline:** She believes that the timeline is short by simply sleeping more.     - **Consequences:** She believes the consequences is simply tired.     - **Curability:** She believes that It can be cured by simply sleeping more.     - **Controllability:** Cannot not be controlled because she believes the heavy housework is inevitable, leading the tiredness is uncontrollable.   + **Chance or fate**, as she believes that “bad things are for bad people” (**Just World Hypothesis**), thus, **she perceives other illness(es)**, including: Chest tightness, shortness of breath, arrhythmia, and etc, **are not associated with the behaviour**. |

Misunderstands, biases and errors that you might want to target (and the way to target them):

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| * I want to target on the:   + **misattribution of the** **perceived cause of illness(es)**     - I will provide more options and information for her to cope with her stress.   + **intuition thinking system toward coping mechanism of stress.**     - I will help her to understand concepts in health. |

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**Section 3**

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| The needs (according to Maslow’s hierarchy of needs) that the case fulfil through the behaviour; and alternative ways to fulfil those needs |

One need that the case fulfil through the health-compromising behaviour:

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| * **Safety and security needs**: The behavior can provide Anna with a sense of psychological comfort and escape from the stress and boredom she faced, allowing her temporary relief from negative emotions, and providing the experience of entertainment and relaxation. |

Alternative ways to fulfil the above need:

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| * Anna can select **Emotion-Focused Coping rather than Unhealthy Coping**.   + Example: *engage in hobbies or activities* (including *listening to relaxing music*.) |

Another need that the case fulfil through the health-compromising behaviour:

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| * **Love and Belonging Needs:** The behaviour provide Anna with an opportunity to connect with relatives and fulfil her need for **positive love.** (*Generous interchange of emotions: a sense of belonging and connection to family*) |

Alternative ways to fulfil the above need:

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| * Anna can select **Emotion-Focused Coping rather than Unhealthy Coping**.   + Example: *Sharing feelings with family* |

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**Section 4**

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| The case’s readiness to change (according to the Transtheoretical Model); and possible interventions according to their readiness |

According to the Transtheoretical Model, the person belongs to the stage of:

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| * **Precontemplation Stage:**   + **Misattribution** of the perceived cause of illness(es) and **intuition thinking system** toward coping mechanism of stress indicating that **Anna doesn’t recognize the need for changing the behaviour** and **not intend to make any change**. |

Possible interventions to move them to the next stage of change:

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| * Transform thinking system from (**System 1 Intuition**) to (**System 2 Reasoning/Calculation**) by providing accurate health information, so that Anna will not fall into **unrealistic optimism** and be **motivated to consider a change** based on **Loss Aversion** by recognizing the cost of the behaviour (**Increasing the awareness**).    + Example:     - **Correct the misattribution** by explaining the cause of illnesses of the behaviour to **increase the illness cognition in illness identity**. * **Showing the various stress coping options and information for her** to increase the **illness cognition in Curability and Controllability** , so that **Certainty Effect** can be constructed. Finally Anna can **envision possibility of change** because of the achievable behavioural change.    + Example:     - Watching TV with family in the evening, Listen to the relaxing music. |

Possible interventions to move them from contemplation stage to preparation stage:

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| * **Providing adequate health information** for rational analysis in **Interpretation stage in Self-Regulatory Model** by **increasing the overall illness cognition**, and * Clarifying the gain from behavioural change, so as to increase **Certainty Effect**    + Example:     - Elaborating the **negative impacts of the illnesses** **from the behaviour**, as well as **certain gain of behavioural change** on physical health, and mental well-being. |

Possible interventions to move them from preparation stage to action stage:

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| * Based on Self-Determination Theory, increasing commitment by raising the **Controlled motivation** to **Autonomous motivation,** and * Suggest available social resources, so that Anna can have a feeling of **Autonomy** (able to choose suitable resources autonomously from adequate options), **Competence** (sufficient resources), **Relatedness** (courage from family).    + Example:     - **Through a conversation with Anna and her family, Anna's family can expresses their concern for her health, their support for her behavior change, and their hope which Anna can take care of her health as she cares for her family. (Equating her value for family and her value for health)**     - **Suggesting the Stress Coping Workshop which teaching the professional stress coping interventions from the district health centre for her.** * Assist Anna to **formulate the action plans**, such as   + Examples:     - utilizing SMART principles to construct the goals and objectives, and     - Construct the start date of the behavioural change. |

Possible interventions to move them from action stage to maintenance stage:

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| * By **teaching Anna strategies** to improve the action plan, such as implementing the **Operant conditioning** (**negative punishment / positive reinforcement**), to increase the feasibility and efficiency of the action plan.   + Example:     - If the health compromising behavior happens again, uninstall the social media app for one day.     - If the behavioral change is successful in one week, Anna would be able to lend the housework to family for three days. * By providing frequent support and appreciation for her sustain behavioral change, it can increase Anna’s feeling of **Competence** (immediate support), **Relatedness** (she is not alone), ultimately Anna can be more determined can keep the action plan up. |

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**Section 5**

Analysis of the behaviour using the TPB; and interventions according to the case’s attitude, subjective norm, behavioural control, and intention

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Section 6

Reflection on the most important factor(s) that drive the case’s behaviour (can be ones mentioned above or completely new ones)

* *(Fill in here)*

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Section 7

Suggestion of 3 interventions (can be ones mentioned before or completely new ones) that are most likely to reduce or eliminate the behaviour

Intervention 1

* *(Fill in here)*

Intervention 2

* *(Fill in here)*

Intervention 3

* *(Fill in here)*

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***Reference***

Blackwelder, A., Hoskins, M., & Huber, L. (2021). Peer reviewed: effect of inadequate sleep on frequent mental distress. *Preventing chronic disease*, *18*.

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