

Notes

September 2, 2014

health belief model

people believe that they can make a change if

1. feel they can avoid a negative consequence *locus of control*
2. expect a positive outcome
3. self efficacy

self determination model

1. amotivated
does not value a behavior and/or does not believe it will lead to a desirable outcome
2. externally motivated
engage in behavior to gain positive outcome or avoid negative outcome
3. intrinsically motivated
engage in behavior because it is fun; most likely to succeed at behavior

transtheoretical model

most discussed in book

1. stages of change
six stages which are not linear in sequence—often repeat and cycle through
2. processes of change
cognitive and behavioral activities that facilitate change
3. self-efficacy
belief in one's ability to accomplish a goal or change a behavior

example:physical activity

1. precontemplative stage
weighing cost-benefit, etc
2. contemplation
3. preparation
procrastination, etc
4. action
behavior begins
5. maintenance
6. termination

wellness in action

locus of control

think tank

end of review

session id 1864

clicker

which is not a separate dimension of wellness? financial
psychological, social, environmental all are

clicker

a student wants to exercise more frequently and starts using the bicycle
pre

clicker

what percentage of americans currently take anti depressant medicine?
1/11 (10%)

clicker

heart disease and depression increase likelihood of each other
true

clicker

strongest predictor of depression in teenagers
smoking cigarettes

the brain: the last frontier

main sections: cerebellum (little ball in the back), cerebrum (main big part of brain)

hindbrain

includes cerebellum, medulla, pons.
called “little brain”

midbrain

top part of brain stem coordination, regulation of movement

front brain

most advanced part of brain
emotion, reasoning, vision, hearing, memory, thought, voluntary movement
parietal lobe: sensory
occipital lobe: vision
temporal lobe: hearing and some memory
cerebrum: cerebral hemispheres (lobes)

inner brain

emotional state/fight or flight
most advanced part of the brain
hypothalamus, thalamus, hippocampus, basal ganglia

neurons

four main parts
nucleus (part of soma)
axon
axon terminal
dendrite

what they do

chemical and electrical impulses are used to communicate
basic working unit of the brain
transmits information incoming outgoing
independent from other neurons
may form thousands of connections

parts of a neuron

1. cell body
contains nucleus
2. axon
long fiber that carries electrical signal

3. axon terminal

where the axon ends and its signal is transferred to the dendrite of a different neuron

4. dendrite

shorter fiber that receives signal from the axon terminal

how the action happens

where: synapses (synaptic cleft): area between the axon terminal of one neuron and the dendrite of another neuron

how: electrical→chemical (signal propagation)

neurotransmitters: packets of chemicals released from the axon terminal of the neuron sending the signal to the dendrites of neighboring neuron

neurotransmitters

common examples: serotonin, dopamine, acetylcholine, GABA, etc

malfunction: production, release, binding, reuptake

some drugs that affect neurotransmission: caffeine, nicotine, alcohol, and cocaine

shorter fiber that receives signal from the axon terminal

summary

part of the central nervous system

differences between male and female: size and neural networking, sensory perception, emotional response, “intelligence” equal

consists of 3 main sections

neurons send/receive messages

neurotransmitters enable brain signals

continues developing into young adulthood

understanding mental health

a mentally healthy individual:

establishes and maintains close relationships

carries out responsibilities

values himself/herself

pursues work that suits talents and training

accepts own limitations and possibilities

feels a sense of fulfillment in daily living

perceives reality as it is

apa/government definition of mental disorder

“clinically significant behavioral or psychological syndrome or pattern that is associated with present...”

book: ‘behavioral or psychological syndrome associated with distress or disability or with a significantly increase risk of suffering death, pain, disability, loss of freedom

depressive disorders

most common mental health disorder

key contributors in college-age:

- stress
- substance abuse
- sleep loss

gender

- more “common” in females
- “under” disease in males
- video

groups more likely to experience depression

women, racial and ethnic minorities, those without...

disorders

major depressive disorder v. dysthymia: duration, severity of symptoms

80% recurrence

symptoms listed in book

- fewer or extreme feeling
depressed, helpless, hopeless, restless or slow, no interest in pleasurable activities, physical symptoms
- alteration in thinking
-

anxiety disorders

phobias, panic attacks, generalized anxiety disorder

generalized anxiety disorder (GAD), an anxiety disorder characterized as chronic distress, worry is global, irrational and constant, physical symptoms: restlessness, fatigue, stress responses, etc.

ocd

obsessive-compulsive disorders

an anxiety disorder characterized by obsessions and or compulsions that impair one's ability to function and form relationships

obsession+compulsion

examples: hand washing, checking something (door shut....)

attentional disorders

attention deficit hyperactivity disorder

autism: repetitive patterns of thoughts and behavior, no verbal communication before age 3, four times more likely to occur in boys than girls. treatment: behavior therapy, speech-language therapy, physical therapy, school-based educational programs.

schizophrenia:

affects every aspect of psychological functioning: hallucinations, and delusions

suicide:

book talks about it as not a mental health disorder, but cdc and dsm categorizes as such, act is not disorder, but mental state is

highest rate of attempt and completion in young adults (18-25)

over 1000 annually

attempt rate higher in females, success rate higher in males

factors that are related: previous attempts, substance use/abuse, combat stress, family history, "life events", physical and mental health, access to guns

sex differences:

females attempt, males commit, more attempts under 35, more success under 20 or over 60

friends are often the first to notice signs of concern or even suicidal signs in their friends, in one study, 80% of teen suicidal fatalities had peers that knew their friend was suicidal, but chose not to seek out older adults for help

reasons for silence: not taking threats seriously, thinking their friend will get in trouble, afraid their friend will be angry

ndsu cares project, website, blah blah