COURSE PROGRAMME

1. Information about the programme

1.1 University	University "Alexandru Ioan Cuza" of Iași		
1.2 Faculty	Faculty of Philosophy and Social-Political Sciences		
1.2 Danautmant	DEPARTMENT OF SOCIOLOGY, SOCIAL		
1.3 Department	WORK AND HUMAN RESOURCES		
1.4 Domain	Social work		
1.5 Cycle	Masters		
1.6 Programme / Qualification	Lifelong Well-Being and Healthy Aging		

2. Information about the course

17 I Course Name			Comportamente și riscuri pentru sănătate / Behaviours and health risks				
2.2 Course taught by Conf.PhD. Daniela Muntele							
2.3 Seminary / 1	abora	tory taught by	y Conf.PhD Daniela Muntele				
2.4 Year	I	2.5 Semester	II	2.6 Type of evaluation	Е	2.7 Course type*	Ob

 $^{^*}OB - Obligatory / OP - Optionally / F - Facultative$

3. Total hours (estimated per semester and activities)

3.1 Number of hours per week	2	3.2 course	1	3.3 seminary/laboratory	1
3.4 Total number of hours	28	3.5 course	14	3.6 seminary/laboratory	14
Distribution					
Individual study using textbooks, course notes, bibliography items, etc.					33
Supplimentary study (library, on-line platforms, etc.)					35
Individual study for seminary/laboratory, homeworks, projects, etc.					35
Tutoring					10
Examination					
Other activities					

3.7 Total hours of individual activity	122
3.8 Total hours per semester	150

3.9 Credit points

4. Pre-requisites (if necessary)

4.1 Curriculum	It is not necessary
4.2 Competencies	It is not necessary

5. Conditions (if necessary)

5.1 Course	It is not necessary
5.2 Seminary / Laboratory	It is not necessary

6. Specific competencies acquired

Professional competencies	
Transversal competencies	 To be able to accept own accountability To address problems critically To apply person-centred care

7. Course objectives (from the accumulated specific competency grid)

7.1 General objective	To support the acquisition of knowledge and skills on the life-course perspective and lifelong well-being				
7.2 Specific objectives	 Upon successful completion of this discipline, students will be able to: Explain the main theoretical models for predicting important behaviors for health and develop intervention projects Develop interpersonal communication plans specific to health promotion and disease prevention activities Use methods to design and perform psychological interventions specific to attitudes and behaviors with an impact on health Analyze the ways of psychological evaluation of the individual, group, organization 				

Health promotion from the perspective of social-cognitive theory

8. Contents

			Remarks
8.1	Course	Teaching methods	(number oh hours,
			references)
1.	Social-cognitive approach to behaviors important for health.		
2.	Rosenstock Model of Health Beliefs		
3	Theory of motivation for protection (Rogers)		
4	Theory of rational action (Fishbein and Ajzen)		
5	Theory of Planned Behavior (Ajzen) (I)	Lecture, creative teaching and learning	
6	Theory of Planned Behavior (Ajzen) (II)		
7	Procedural approach to health actions (Schwarzer)	research based learning, critical thinking, group works,	See the references below
8	Stage theories of behaviors important for health (I) (Prochaska and DiClemente)	learning using new media.	
9	Stage theories of behaviors important for health (II) (Weinstein)		
10	Theory of self-regulation (Leventhal)		
11	Representation of the disease, treatment and self-regulation.		
12	Implementing important health intentions and behaviors		
13	Establishing goals related to behavioral changes and their implementation.		
14	Final considerations and summing up		

Bibliography

Chameron, L.D. and Leventhal H. (2003). The self-regulation of health and illness behaviour. Routledge

Johnston, D.W. şi Johnston, M. Health Psychology, Vol.8, în A.S. Bellack şi M.Hersen (coord.), 2001. Comprehensive Clinical Psychology.

Conner, M. și Norman, P. (2005). Predicting health behaviours. McGrow-Hill, Education.

Norman, P., Abraham, C. and Conner, M. (2000). Understanding and changing health behaviour. From Health Beliefs to self-regulation. Routledge.

Petru Derevenco, Ion Anghel și Adriana Baban (coord.), Stresul în sănătate și boală. De la teorie la practică. Dacia, Cluj-Napoca.

Shumaker, S.A., Schron, E.B., Ockene, J.K., 1990. The Handbook of Health behavior Change, Springer Publishing Company, John Wiley & Sons, Inc.

Stok, M., De Ridder D. și Vet, E. (2013). Strategii de support pentru o alimentatie sanatoasa la adolescent. ASCR Cluj-Napoca.

Schwarzer, R. (1992). Self-efficacy in the adoption and maintenance of health behaviors: Theoretical approaches and a new model. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 217–242). Washington, DC: Hemisphere.

Taylor, S.E. 2011. Health Psychology Boston: McGraw-Hill.

8.2	Seminary / Laboratory	Teaching methods	Remarks (number oh hours, references)
1.	Health risk communication (1)		
2.	Health risk communication (2)	creative learning	
3	The role of psychology in health policies (1)	approaches, problem based learning,	
4	The role of psychology in health policies (2)	research based learning, critical	See the references below
5	Behavioral change relevant to health. Taxonomy of change techniques (1)	thinking, group works, learning using new	below
6	Behavioral change relevant to health. Taxonomy of change techniques (2)	media.	
7	Final considerations and summing up		

Michie, S. Richardson, M., Johnston, M., Abraham, C., Francis, J., Hardeman, W., Eccles, M., Cane J., Wood. C.E. (2013). The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. *Ann Behav Med* 81-95.

Petrie, KJ, Cameron, L, Ellis, CJ, Buick, D, Weinman, J. (2002). Changing illness perceptions after myocardial infarction: an early intervention randomized controlled trial. *Psychosom Med.*;64:580–586.

Schweitzer, A.M., Dima, A., Vlahopol, L., Stanciu S. (2015). Teoria și practica aderenței la tratament. Constanța Baylor.

Sniehotta, F. F., Scholz, U., & Schwarzer, R. (2005). Bridging the intention-behaviour gap: Planning, self-efficacy, and action control in the adoption and maintenance of physical exercise. *Psychology & Health*, 20, 143–160.

Norman, P., Abraham, C. and Conner, M. (2000). Understanding and changing health behaviour. From Health Beliefs to self-regulation. Routledge.

Kremers SPJ, Brug J, de Vries H, Engels RCME (2003). Parenting style and adolescent fruit consumption. Appetite, 41: 43-50..

Johnston, D.W. şi Johnston, M. Health Psychology, Vol.8, în A.S. Bellack şi M.Hersen (coord.), 2001. Comprehensive Clinical Psychology.

9. Coordination of the contents with the expectations of the community representatives, professional associations and relevant employers in the corresponding domain

The course meets the expectations of training, participation and understanding of the life course, active aging, public and private social service providers, public policy authors, professional associations and employers.

10. Assessment and examination

Activity	10.1 Criteria	10.2 Modes	10.3 Weight in the final grade (%)
10.4 Course	Participation in the final exam and obtaining at least 50% of the score;	The final exam will be a colloquium on the course contents	50%
10.5 Seminary / Laboratory	Carrying out the works at the seminar and obtaining at least 50% of the score	Tests along the way and the completion of the course and seminar workbooks	50%

10.6 Minimal requirements

Evaluation along the way: active participation in at least 50% courses and seminars **Final grade** is the average of the assessments for the course and seminar

Date, 17.09.2024

Course coordinator, Conf. PhD. Daniela Muntele Seminary coordinator, Conf. PhD. Daniela Muntele

Approval date in the department, 19.09.2024

Head of the departament, Conf. Univ. Dr. Mihaela RĂDOI