

# Health Psychology

Handbook 2019



THE UNIVERSITY OF  
**AUCKLAND**  
Te Whare Wānanga o Tāmaki Makaurau  
NEW ZEALAND

**MEDICAL AND  
HEALTH SCIENCES**  
SCHOOL OF MEDICINE



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# Health Psychology

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## Background

This field covers areas such as how individuals cope with illness and chronic disease, understanding and promoting healthy behaviours, psychological influences on the development of disease states, understanding and improving adjustment in health-care settings, patient-practitioner communication, adherence to treatment, determinants of health-related behaviours (diet, exercise etc), and understanding how individuals make sense of and react to health screening, symptoms and illness. The impetus for the development of Health Psychology has stemmed from the fact that many of these areas of research and practice have not previously been directly addressed by medicine. The field has been bolstered by the usefulness of psychological models in explaining health-related behaviours and developing effective interventions in areas that have been problematic in the health field. There is increased recognition of the need for health services to pay more attention to the psychological aspects of medical problems and to improve health care interventions. Increasingly, health professionals are dealing with chronic illness, psychosomatic illness, ageing and the problems of living with disability. All of these areas have major Health Psychology components. The University of Auckland is one of the first universities worldwide to offer a practitioner qualification in Health Psychology. Students who complete a Masters in Health Psychology together with the Postgraduate Diploma in Health Psychology are eligible to apply for registration with the New Zealand Psychologists Board. Graduates of the PGDipHealthPsych are currently working in hospital-based respiratory and diabetes services, rehabilitation services and pain clinics. Some are working in primary care for private health providers. Some graduates are also in private practice. Postgraduate study

in Health Psychology can also lead to research and health promotion careers within university, government, or hospital environments. Recent structural changes in the administration of health services in New Zealand have created a greater need for researchers well-versed in the health field to evaluate the benefits and liabilities of particular health service programmes and outcomes. At present there is a lack of skilled researchers to conduct these evaluations. The continued push for cost containment and justification will also draw health providers into developing more effective and carefully assessed treatment programmes from primary through to tertiary services. A number of our graduates are currently working in research positions in New Zealand and overseas.

## Health Psychology facilities

There are excellent facilities and resources for teaching and research in Health Psychology on the Medical and Health Sciences Campus of the University of Auckland. The Medical and Health Sciences Campus has close proximity and contact with medical institutions throughout the region. The campus also has ready access to clinical populations of special interest to Health Psychology, such as oncology services, cardiac services, neurology, obstetrics and gynaecology, specialist pain services and other tertiary and specialty centres.

These features are complemented by the existence of many other relevant health and exercise related resources, including the School of Population Health, Occupational Medicine, Centre for Health Services Research and Policy, Department of Exercise Science, Adidas Sports Medicine, Audiology, and Speech Language Therapy.



## Postgraduate Studies in Health Psychology

Research-based programmes at masters and doctoral (PhD) levels are available. In addition, there is a Postgraduate Diploma in Health Psychology (PGDipHealthPsych), graduates of which can apply for registration with the New Zealand Psychologists Board. Entry into all programmes is competitive and approximately 12-14 students are accepted into the basic Master of Health Psychology programme each year.

### Master of Health Psychology

The Master of Health Psychology is offered by the Faculty of Medical and Health Sciences. The programme is taught by Health Psychology researchers working in the Department of Psychological Medicine at the Grafton Campus.

The programme is designed to give students a strong background in the theoretical, methodological and practical applications of Health Psychology. The courses aim to produce graduates with sound knowledge of health psychology and high quality research skills, who are able to design and carry out effective health psychology research and interventions in community and health-care settings. They will be able to evaluate the effectiveness of health intervention programmes using sophisticated methodological approaches in the health area.

## University admissions and enrolment

Entry into the Master of Health Psychology programme is limited and applications for entry close 1 December. The minimum requirement for entry is a Bachelor of Science or Bachelor of Arts degree with a major in Psychology. A research methods course such as PSYCH 306 from the University of Auckland or an equivalent is normally expected for entry into the programme. Students who have completed the Bachelor of Health (Health Psychology) from Victoria University are also eligible for our programme. There is an interview selection process for the Master of Health Psychology; the interviews are held in early December.

Students interested in applying for in the Master of Health Psychology need to complete an online application via Student Services Online AND submit two letters of recommendation, a personal statement and current CV.

**[www.auckland.ac.nz/applynow](http://www.auckland.ac.nz/applynow)**

General postgraduate enrolment information is available from Faculty of Medical and Health Sciences Student Centre.

## The Student Centre

Building 503, Ground Floor  
Faculty of Medical and Health Sciences  
85 Park Road, Grafton, Auckland

**Phone:** +64 9 923 4888

**Email:** [fmhs@auckland.ac.nz](mailto:fmhs@auckland.ac.nz)

**Open:** 8.30am-4.30pm, Monday to Friday

### Reena D'costa

Administrator, Master of Health Psychology

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Private Bag 92019,  
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**Fax:** +64 9 373 7641

**Email:** [r.dcosta@auckland.ac.nz](mailto:r.dcosta@auckland.ac.nz)

## International students

If you are an international student (that is, you do not have citizenship or permanent residency in New Zealand or Australia) then you should contact the International Office for application information ([international@auckland.ac.nz](mailto:international@auckland.ac.nz)).

## For information about the Master of Health Psychology programme

### Dr Anna Serlachius

Director of the Master of Health Psychology programme

Department of Psychological Medicine  
Faculty of Medical and Health Sciences  
The University of Auckland  
Private Bag 92019 Auckland  
New Zealand

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# Programme outlines

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## Master of Health Psychology (MHealthPsych)

The programme requires a total of 240 points of which 60 points are from compulsory courses (listed below).

### Compulsory courses

|              |                                       |    |           |   |              |
|--------------|---------------------------------------|----|-----------|---|--------------|
| HLTHPSYC 714 | Health Psychology                     | Tu | 1-3pm     | G | Semester One |
| HLTHPSYC 715 | Research Methods in Health Psychology | W  | 12-2pm    | G | Semester One |
| HLTHPSYC 719 | Health Psychology Assessment          | Th | 10am-12pm | G | Semester One |
| HLTHPSYC 720 | Health Psychology Interventions       | W  | 10am-12pm | G | Semester Two |

### Elective courses

A further 60 points are taken from elective courses. We recommend taking the elective courses offered in health psychology, however it may be possible to take elective courses offered within FMHS (e.g. MAORIRTH 701 -Foundations of Maori Health) with approval from the Director of the Health Psychology Masters program as well as the course coordinator.

Some relevant courses that students may consider are:

|              |  |     |           |   |                  |
|--------------|--|-----|-----------|---|------------------|
| HLTHPSYC 716 | Psychoneuroimmunology                                    | M   | 2-4pm     | G | Semester Two     |
| HLTHPSYC 717 | Emotions, Emotion Regulation, and Health                 | Th  | 10am-12pm | G | Semester Two     |
| HLTHPSYC 721 | Self-Management in Chronic Illness (not offered in 2019) | M   | 10am-12pm | G | Semester Two     |
| HLTHPSYC 743 | Psychopathology and Clinical Interviewing                | M   | 3-5pm     | G | Semester One     |
| HLTHPSYC 744 | Research Topic in Health Psychology                      | TBC | TBC       | G | Semester One/Two |
| HLTHPSYC 755 | Special Study  | TBC | TBC       | G | Semester One/Two |
| HLTHPSYC 757 | Psychosomatic Processes (not offered in 2019)            | TBC | TBC       | G | Semester Two     |

NOTE: Timetable subject to change. Please see Student Services Online for up-to-date information.

**G** = Grafton Campus, **T** = Tāmaki Innovation Campus, **C** = City Campus, **TBC** = To be coordinated.

A student must obtain an average grade of at least a B in the first 120 points from the coursework component before enrolling in the final 120 point thesis component: HLTHPSYC 796.

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# Course prescriptions

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## **HLTHPSYC 714** **Health Psychology**

### **15 Points**

**Staff:** Professor Keith Petrie

A review of the psychological factors involved in health and illness. Topics include: the understanding of patient behaviour in medical settings, preventative health behaviour, cognitive models of illness, stress and illness, communication and adherence to treatment, the psychology of physical symptoms, and coping with chronic disease.

## **HLTHPSYC 715** **Research Methods in Health Psychology**

### **15 points**

**Staff:** Professor Elizabeth Broadbent

A review of the principal methods used in the design, conduct and analysis of studies in the health psychology area. This will include both quantitative and qualitative approaches to health psychology research.

## **HLTHPSYC 719** **Health Psychology Assessment**

### **15 points**

**Staff:** Professor Nathan Consedine

This course extends content knowledge in health psychology through the development of skills, achieved through the assessment and evaluation of constructs commonly used in health psychological research and practice. Included is the consideration of general issues in psychometric theory and the specific assessment issues commonly confronting widely used health psychological research designs. Detailed coverage of specific content areas including illness cognitions, health-related psychophysiology, emotions and health outcomes will also be covered.

**Restriction:** PSYCH 701, 747

## **HLTHPSYC 720** **Health Psychology Interventions**

### **15 Points**

**Staff:** Dr Anna Serlachius

Reviews the underpinning theory base for approaches commonly used in health psychology interventions such as CBT, and applies these approaches to examples from the field of health psychology. Individual and group/community treatment targets will be considered, including common difficulties that impact on disease occurrence or management, and the psychological consequences of disease.

**Restriction:** PSYCH 701, 748

## **HLTHPSYC 743** **Psychopathology and Clinical Interviewing**

**15 points**

**Staff:** Professor Keith Petrie

A review of the common psychological disorders encountered in clinical practice and health settings. Practical teaching of clinical interview and diagnostic skills is completed in class.

## **HLTHPSYC 716** **Psychoneuroimmunology**

**15 points**

**Staff:** Associate Professor Roger Booth,  
Professor Elizabeth Broadbent

An outline of the nature of the human immune system, its measurement and the limitations of current practices and models. The main focus of the course is the extent to which psychological processes such as stress, emotions and social interactions have been found to influence immune behaviour and the implications of these findings for health and wellbeing. Various theoretical frameworks through which psycho-immune relationships might be understood are presented and discussed.

## **HLTHPSYC 717** **Emotions, Emotion Regulation, and Health**

**15 points**

**Staff:** Professor Nathan Consedine

This course extends content knowledge in health psychology by focusing on the expanding literature linking emotions and emotion regulation with health outcomes. The course provides an overview of the nature and functions of emotions, discrete versus dimensional approaches, developmental and cultural considerations, and the links between emotions and cognitive processes.

Specific topics include direct and indirect pathways linking emotions and health, links between emotions and health-deleterious behaviours, symptom detection, screening behaviour, treatment decision-making and adherence.

## **HLTHPSYC 744** **Research Topic in Health Psychology**

**15 points**

This course offers the opportunity for academic staff to provide a specific course of study for one or several students. It will allow students to study a particular topic in depth or to be an active contributor to an existing research project. Students interested in doing a special topic should do so by arrangement with one of the health psychology staff members. Topics offered by individual staff will be advertised at the beginning of each semester.

## **HLTHPSYC 757** **Psychosomatic Processes** **(not offered in 2019)**

**15 points**

**Staff:** Dr Debbie Bean

Focuses on the psychological, social and biological mechanisms behind illnesses that present with medically unexplained symptoms. Such illnesses include: chronic fatigue syndrome, chronic pain, irritable bowel syndrome and the somatoform disorders. The diagnostic controversy surrounding these disorders and treatment approaches for these conditions will be addressed.

## **HLTHPSYC 721** **Self-Management in Chronic Illness** **(not offered in 2019)**

**15 points**

**Staff:** Dr Anna Serlachius

This course describes the concept of self-management and how it relates to managing the symptoms, treatment and psychological changes that occur after being diagnosed with a chronic health condition. Prevalent health conditions and relevant self-care behaviours are covered, including type 2 diabetes, cardiovascular disease, arthritis and cancer. A review of the psychological impact of having a chronic illness is covered, including coping with chronic illness. This course focuses on designing self-management interventions, including a review of the frameworks for intervention development, implementation and evaluation.

## HLTHPSYC 755 Special Study in Health Psychology

### 15 points

This course offers the opportunity for academic staff to provide a specific course of study for one or several students. It will allow students to study a particular topic in depth or to be an active contributor to an existing research project.

Students interested in doing a special study should do so by arrangement with one of the health psychology staff members. Topics offered by individual staff will be advertised at the beginning of each semester.

## HLTHPSYC 796A/B Thesis in Health Psychology

### 120 points

Research thesis conducted under supervision in either the Department of Psychological Medicine, or with permission, in the Department of Psychology.

## Postgraduate Diploma in Health Psychology

### Aim

This programme aims to train students in the skills that are necessary for them to be able to function as health psychologists working in health care settings, with patient populations and the public.

Graduates will have a sound knowledge of the social and psychological aspects of health problems and the application of suitable psychological interventions in health settings.

A goal of the PGDipHealthPsych is to provide a route to registration with the New Zealand Psychologists Board.

### Eligibility

Students normally apply for the PGDipHealthPsych towards the end of the first year of their Master of Health Psychology.

Acceptance into the Master of Health Psychology programme does not guarantee acceptance into the PGDipHealthPsych programme. Application to the PGDipHealthPsych is a separate process, entry is limited, and applications for entry close 1 November in each year. Interviews occur towards the end of November. Students must apply online through Student Services Online. Upon acceptance into the PGDipHealthPsych programme, students are then required to successfully complete the pre-internship course (HLTHPSYCH 746A/B), usually alongside their Master of Health Psychology thesis. The pre-internship course requires students to attend teaching sessions and workshops and spend time on placement in various health settings arranged by the Department. This means that there is a one year delay between acceptance into the programme and commencement of the full-year internship (HLTHPSYC 745A/B).

Applicants will also have completed a course in Psychopathology and Clinical Interviewing, normally HLTHPSYC 743 at the University of Auckland. Students can also apply for entry into the PGDipHealthPsych programme later, after completing their Master of Health Psychology.

### Enquiries

Students seeking further information about the Postgraduate Diploma in Health Psychology should contact:

#### **Lisa Reynolds & Debbie Bean**

Directors of PGDipHealthPsych

Department of Psychological Medicine  
Faculty of Medical and Health Sciences  
The University of Auckland

Private Bag 92019

Auckland 1142 New Zealand

**Phone:** +64 9 923 4938/+64 9 923 4178

**Email:** l.reynolds@auckland.ac.nz OR

d.bean@auckland.ac.nz

For more information about the application process please contact

**Email:** fmhs@auckland.ac.nz.



## Programme Outline

The PGDipHealthPsych involves the completion of University courses (HLTHPSYC 746A/B Pre-internship Placement and HLTHPSYC 742A/B Professional Practice in Health Psychology) and a full year internship (HLTHPSYC 745A/B Practicum in Health Psychology).

The PGDipHealthPsych aims to produce graduates with interviewing skills necessary for gathering data in face-to-face health contexts. The programme also aims to produce psychologists with the skills necessary to select, utilise and interpret assessment tools in Health Psychology, be able to produce testable formulations of the problems with which they are confronted and assist patients clinically with appropriate interventions.

The diploma programme also will give students an awareness of the need to be sensitive to the importance of different cultural, religious, spiritual and other beliefs. Graduates of the course will be aware of, and conversant with, the need to work within clear ethical frameworks.

## HLTHPSYC 742A/B Professional Practice in Health Psychology

### 30 points

This course provides an in-depth examination of the professional issues that impact the practice of health psychology, as well as training in the assessment and intervention skills necessary to practice health psychology. Models of practice, assessment, intervention, mental health diagnosis, ethics, the laws that affect practitioners, professional interrelationships, and cultural issues are all analysed using case information drawn from students' experience in HLTHPSYC 745A/B Practicum in Health Psychology. Where necessary, additional case material will be used.

**Prerequisite:** HLTHPSYC 746

To complete this course students must enrol in HLTHPSYC 742A and B

## HLTHPSYC 745A/B Practicum in Health Psychology

### 90 points

The course provides supervised experience practicing as a health psychologist over a twelve month period in a variety of settings as approved by the Director of the PGDipHealthPsych and Head of Department of Psychological Medicine. The goals of the Practicum in Health Psychology are to develop the knowledge and clinical skills necessary to practice safely and ethically as an independent health psychology practitioner in a variety of health settings.

**Prerequisite:** HLTHPSYC 746

To complete this course students must enrol in HLTHPSYC 745A and B

## HLTHPSYC 746A/B Pre-internship Placement

### 30 Points

Requires students to undertake 300+ hours in at least two approved clinical placements in addition to associated workshops and training over a twelve month period.

To complete this course students must enrol in HLTHPSYC 746A and B

## Doctor of Philosophy (PhD)

Staff at this University also offer supervision for research based study towards a PhD. Most areas of Health Psychology are covered by staff interests, and students with good quality Masters degrees are encouraged to apply for entry to the PhD programme. The PhD programme is aimed at preparing students for a research or academic career in the field. PhD candidates will critically investigate and evaluate a specific topic in Health Psychology using appropriate research methodology, with the aim of making an independent and original contribution to knowledge.

More details concerning the PhD degree at the University of Auckland as well as guidelines and regulations can be obtained from the School of Graduate Studies:



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# Staff

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## Debbie Bean, PhD, PGDipHealthPsych

**Position:** Lecturer in Health Psychology

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Level 12, Auckland Hospital Support Building

**Internal ext:** 84178

**Email:** d.bean@auckland.ac.nz



### Research interests

The role of psychological factors in the experience of chronic pain, psychosocial factors in complex regional pain syndrome, interactions between sleep and pain, pain assessment and chronic pain treatment.

### Recent publications

Bean, D. J., Johnson, M. H., Heiss-Dunlop, W., & Kydd, R. R. (2016). Extent of recovery in the first 12 months of complex regional pain syndrome type-1: A prospective study. *European journal of pain* (London, England), 20(6), 884-894. doi:10.1002/ejp.813

Bean, D. J., Johnson, M. H., Heiss-Dunlop, W., Lee, A. C., & Kydd, R. R. (2015). Do psychological factors influence recovery from complex regional pain syndrome type 1? A prospective study. *Pain*, 156(11), 2310-2318. doi:10.1097/j.pain.0000000000000282

Bean, D. J., Johnson, M. H., Heiss-Dunlop, W., & Kydd, R. R. (2016). Factors associated with disability and sick leave in early complex regional pain syndrome type-1. *The Clinical journal of pain*, 32(2), 130-138. doi:10.1097/ajp.0000000000000234

Bean, D. J., Johnson, M. H., & Kydd, R. R. (2014). The outcome of complex regional pain syndrome type 1: a systematic review. *The journal of pain: official journal of the American Pain Society*, 15(7), 677-690. doi:10.1016/j.jpain.2014.01.500

Bean, D. J., Johnson, M. H., & Kydd, R. R. (2014). Relationships between psychological factors, pain, and disability in complex regional pain syndrome and low back pain. *The Clinical journal of pain*, 30(8), 647-653. doi:10.1097/ajp.0000000000000007

Baxter, H. J., Johnson, M. H., & Bean, D. (2012). Efficacy of a character strengths and gratitude Intervention for people with chronic back pain. *The Australian Journal of Rehabilitation Counselling*, 18(02), 135-147. doi:10.1017/jrc.2012.14

Johnson, M., Harris, C., & Bean, D. (2011). T407 The trajectory of sleep disturbance in the development of persistent pain. *European Journal of Pain Supplements*, 5(1), 67. doi:10.1016/S1754-3207(11)70225-5

Bean, D. J., Cundy, T., & Petrie, K. J. (2007). Ethnic differences in illness perceptions, self-efficacy and diabetes self-care. *Psychology and Health*, 22(7), 787-811. doi:10.1080/14768320600976240

Tuck, N. L., Johnson, M. H., & Bean, D. J. (2018). You'd better believe it: The conceptual and practical challenges of assessing malingering in patients with chronic pain. *Journal of Pain*. doi:10.1016/j.jpain.2018.07.002

## Roger Booth, PhD

**Position:** Associate Professor in Health Psychology

**Room:** 505-102H, School of Medical Sciences, Grafton Campus

**Internal ext:** 86475

**Email:** rj.booth@auckland.ac.nz



### Research Interests

Psychoneuroimmunology, self-determination and the immune system, immune networks in health and illness, emotional expression, immunity and health, immune regulators and symptom experience.

### Recent Publications

Darragh, M., Yow, B., Kieser, A., Booth, R. J., Kydd, R. R., & Consedine, N. S. (2016). A take-home placebo treatment can reduce stress, anxiety and symptoms of depression in a non-patient population. *Aust N Z J Psychiatry*, 50(9), 858-865.

Darragh, M., Booth, R. J., & Consedine, N. S. (2016). Trait predictors of placebo responses in itch. *Psychol Health Med*, 21(6), 769-775.

Darragh, M., Booth, R. J., & Consedine, N. S. (2016). 'Oxytocin' for the outwardly oriented: Evidence for interactive effects in placebo responding. *J Psychosom Res*, 83, 10-15.

Fogarty, F. A., Booth, R. J., Gamble, G. D., Dalbeth, N., & Consedine, N. S. (2015). The effect of mindfulness-based stress reduction on disease activity in people with rheumatoid arthritis: a randomised controlled trial. *Ann Rheum Dis*, 74(2), 472-474.

Darragh, M., Vanderboor, T., Booth, R. J., Sollers, J. J., 3rd, & Consedine, N. S. (2015). Placebo 'serotonin' increases heart rate variability in recovery from psychosocial stress. *Physiol Behav*, 145, 45-49.

Darragh, M., Chang, J. W., Booth, R. J., & Consedine, N. S. (2015). The placebo effect in inflammatory skin reactions: the influence of verbal suggestion on itch and weal size. *J Psychosom Res*, 78(5), 489-494.

Darragh, M., Booth, R. J., & Consedine, N. S. (2015). Who responds to placebos? Considering the "placebo personality" via a transactional model. *Psychol Health Med*, 20(3), 287-295.

Lillis, S., Yelder, J., Mogol, V., O'Connor, B., Bacal, K., Booth, R., & Bagg, W. (2014). Progress Testing for Medical Students at The University of Auckland: Results from The First Year of Assessments. *Journal of Medical Education and Curricular Development*, 1, 41-45.

Darragh, M., Booth, R. J., & Consedine, N. S. (2014). Investigating the 'placebo personality' outside the pain paradigm. *J Psychosom Res*, 76(5), 414-421.

Koschwanez, H. E., Kerse, N., Darragh, M., Jarrett, P., Booth, R. J., & Broadbent, E. (2013). Expressive writing and wound healing in older adults: a randomized controlled trial. *Psychosom Med*, 75(6), 581-590.

# Elizabeth Broadbent, PhD

**Position:** Professor in Health Psychology

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## Research interests

Stress and wound healing, illness perceptions, patients' drawings of their illness, risk perceptions, human-robot interactions in healthcare, embodied cognition.

## Recent publications

Burton, D., King, A., Bartley, J., Petrie, K.J., & Broadbent, E. (in press). The Surgical Anxiety Questionnaire (SAQ): Development and validation. *Psychology & Health*.

Hackford, J., Mackey, A., & Broadbent, E. (2018). The effects of walking posture on affective and physiological states during stress. *Journal of Behavior Therapy and Experimental Psychiatry*. <https://doi.org/10.1016/j.jbtep.2018.09.004>

Broadbent, E., Garrett, J., Jepson, N., Li Olgilvie, V., Ahn, H.S., Robinson, H., Peri, K., Kerse, N., Rouse, P, Pillai, W., & MacDonald, B. (2018). Using robots at home to support patients with COPD: A pilot randomised trial. *Journal of Medical Internet Research*, 20(2), e45 doi:10.2196/jmir.8640

Law, M., Broadbent, E., & Sollers, J. (2018). A comparison of the cardiovascular effects of simulated and spontaneous laughter. *Complementary Therapies in Medicine*, 37, 103-9. <https://doi.org/10.1016/j.ctim.2018.02.005>

Broadbent, E., Feerst, D.A., Lee, S.H., Robinson, H., Albo-Canals, J., Ahn, H.S., & MacDonald, B. (2018). How could companion robots be useful in rural schools? *International Journal of Social Robotics*, 10, 295-307. <https://doi.org/10.1007/s12369-017-0460-5>

Mathur, A., Jarrett, P., Broadbent, E. & Petrie KJ, (2018). Open-label placebos for wound healing: a randomized controlled trial. *Annals of Behavioral Medicine*. 52, 902-8. doi: 10.1093/abm/kax057

Broadbent, E. (2017). Interactions with robots: The truths we reveal about ourselves. *Annual Review of Psychology*, 68, 10.1146/annurev-psych-010416-043958

Liang A., Piroth, I., Robinson, H., MacDonald, B., Fisher, M., Nater, U.M., Skoluda, N., & Broadbent, E. (2017). A pilot randomised trial of a companion robot for people with dementia living in the community. *Journal of the American Medical Directors Association*, 18, 871-878 <http://dx.doi.org/10.1016/j.jamda.2017.05.019>

Robinson, H., Norton, S., Jarrett, P., Broadbent, E. (2017). The effects of psychological interventions on wound healing: A systematic review of randomized trials. *British Journal of Health Psychology*, 4, 805-835. DOI: 10.1111/bjhp.12257

Koschwanez, H., Robinson, H., Beban, G., MacCormick, A., Hill, A., Windsor, J.... Broadbent, E. (2017). Randomised clinical trial of expressive writing on wound healing following bariatric surgery. *Health Psychology*, 36, 630-640. <http://dx.doi.org/10.1037/hea0000494>

## Nathan S. Consedine, PhD

**Position:** Professor of Health Psychology

**Room:** 12007 Department of Psychological Medicine,  
Level 12, Auckland Hospital Support Building

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### Research interests

Discrete emotions (e.g., fear, embarrassment, disgust), emotion regulation, and health, cancer screening, health disparities and ethnic differences, medical help-seeking and decision-making, self-disclosure, lifespan socioemotional development, physician compassion.

### Recent publications

Cochran, J. R., Kydd, R. R., Lee, J. M. J., Walker, N., & Consedine, N. S. (2018). Disgust but not health anxiety graphic warning labels reduce motivated attention among smokers: a study of P300 and late positive potential responses. *Nicotine & Tobacco Research*, 20 (7), 819-826.

Consedine, N. S., Reynolds, L. M., Borg, C. (2018). Emotions, delay, and avoidance in cancer screening: Roles for fear, embarrassment and disgust. Chapter in D. M. Marks, R. E. Rhodes, & M. T. Conner (Eds.), *Affective determinants of health related behavior*, pp. 431-451. Oxford University Press, NY.

Dev, V., Fernando, A. T., Kirby, J. N., & Consedine, N. S. (2018). Variation in the barriers to compassion across healthcare training and disciplines: A cross-sectional study of doctors, nurses, and medical students. *International Journal of Nursing Studies*. Online First: 25th Oct, 2018.

Fernando, A. T., Skinner, K., & Consedine, N. S. (2017). Increasing compassion in medical decision-making: can a brief mindfulness intervention help? *Mindfulness*, 8 (2), 276-285.

Friis, A., Johnson, M. H., Cutfield, R. & Consedine, N. S. (2016). Kindness matters: An RCT of a self-compassion intervention improves depression, distress, and HbA1c among diabetes patients. *Diabetes Care*, 39 (11), 1963-1971.

Reynolds, L. M., Bissett, I. P., Porter, D., & Consedine, N. S. (2017). A brief mindfulness intervention is associated with negative outcomes in a randomised controlled trial among chemotherapy patients. *Mindfulness*, 8 (5), 1291-1303.

Reynolds, L. R., Bissett, I. P., Porter, D., & Consedine, N. S. (2016). The “ick” factor matters when it matters most: disgust prospectively predicts avoidance in chemotherapy patients. *Annals of Behavioral Medicine*, 50 (6), 935-945.

Tuck, N. L., Adams, K. Pressman, S. D., & Consedine, N. S. (2017). Greater ability to express positive emotion is associated with lower projected cardiovascular disease risk. *Journal of Behavioral Medicine*, 40 (6), 855-863. DOI: 10.1007/s10865-017-9852-0. Online First: 28th April, 2017.

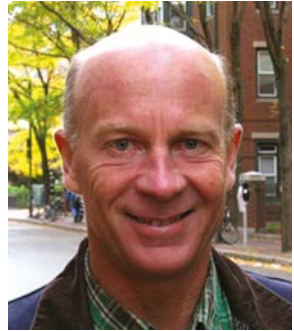
## Keith Petrie, PhD, DipClinPsych

**Position:** Professor of Health Psychology

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Level 12, Auckland Hospital Support Building

**Internal ext:** 86564

**Email:** kj.petrie@auckland.ac.nz



### Research interests

The role of patients' perceptions of illness and outcome in chronic illness; patient reassurance; symptom appraisal and delay in seeking medical care; the influence of psychological factors on immune activity; the effect of environmental worries and concerns about modernity on health perceptions and symptom reporting; fatigue in aircrew during international long-haul operations.

### Recent publications

Jones, A.S.K., Coetzee, B., Kagee, A., Fernandez, J., Cleveland, E., Thomas, M., Petrie, K.J. (2018). The use of a brief, active visualisation intervention to improve adherence to antiretroviral therapy in non-adherent patients in South Africa. *AIDS and Behavior*. 10.1007/s10461-018-2292-1

MacKrell, K., & Petrie, K.J. (2018). What is associated with increased side effects and lower perceived efficacy following switching to a generic medicine? A New Zealand cross-sectional patient survey. *BMJ Open*. doi: 10.1136/bmjopen-2018-023667

Kleinstäuber, M., MacKrell, K., & Petrie, K.J. (2018). What characterizes individuals who prefer branded innovator over generic medicines? A New Zealand general population survey. *Drugs & Therapy Perspectives*, 34, 478-483. doi:10.1007/s40267-018-0541-z

Petrie, K.J., Pressman, S.D., Pennebaker, J.W., Øverland, S., Tell, G.S & Sivertsen, B. (2018). What links positive affect to mortality? Results from a general population longitudinal study. *Annals of Behavioral Medicine*, 52, 571-581. doi: 10.1093/abm/kax018

Dalbeth, N., & Petrie, K.J. (2018). It's time to change the name of gout. *BMJ*. Feb 5.

Mathur, A., Jarrett, P., Broadbent, E., Petrie, K.J. (2018). Open-label placebos for wound healing: A randomized controlled trial. *Annals of Behavioral Medicine*, 52, 902-908. doi: 10.1093/abm/kax057

Bøe, T., Serlachius, A., Sivertsen, B, Petrie, K.J., Hysing, M. (2018). Cumulative effects of negative life events and family stress on children's mental health: The Bergen Child Study. *Social Psychiatry and Psychiatric Epidemiology*, 53, 1-9. doi: 10.1007/s00127-017-1451-4

Petrie, K.J., MacKrell, K., Derksen, C., & Dalbeth, N. (2018). An illness by any other name: The effect of renaming gout on illness and treatment perceptions. *Health Psychology*, 37, 37-41. doi: 10.1037/hea0000548

Petrie, K.J., & Jones, A. (2018). Coping with chronic illness. In Ayers, S., Llewellyn, C., McManus, C., Newman, S., Petrie, K., Revenson, T., & Weinman, J. (Eds.). *Cambridge Handbook of Psychology, Health and Medicine*. 3rd edition. Cambridge, UK: Cambridge University Press.

Petrie, K.J., & Broadbent, E. (2018). Symptom perception. In Ayers, S., Llewellyn, C., McManus, C., Newman, S., Petrie, K., Revenson, T., & Weinman, J. (Eds.). *Cambridge Handbook of Psychology, Health and Medicine*. 3rd edition. Cambridge, UK: Cambridge University Press.

Petrie, K.J., & MacKrell, K. (2018). The nocebo response. In Ayers, S., Llewellyn, C., McManus, C., Newman, S., Petrie, K., Revenson, T., & Weinman, J. (Eds.). *Cambridge Handbook of Psychology, Health and Medicine*. 3rd edition. Cambridge, UK: Cambridge University Press.

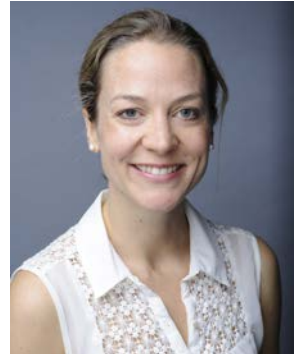
## Anna Serlachius, PhD

**Position:** Lecturer in Health Psychology

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### Research interests

Self-management in chronic illness, mHealth interventions, protective psychosocial factors in chronic illness (e.g. social support, optimism), stress and coping

### Recent publications

- Gasteiger, C., Sherriff, R., Fraser, A., Shedden-Mora, M., Petrie, K., & Serlachius, A. (2018). Predicting patient reassurance after colonoscopy: The role of illness beliefs. *Journal of Psychosomatic Research*, 114, 58-61. doi:10.1016/j.jpsychores.2018.09.009
- Kieser, A., Dalbeth, N., & Serlachius, A. (2018). Keeping Up with the Applications: Lessons Learned Evaluating Gout Apps. *Telemedicine and e-Health*. doi:10.1089/tmj.2018.0091
- Serlachius, A., Hames, J., Juth, V., Garton, D., Rowley, S., & Petrie, K. (2018). Parental experiences of family-centred care from admission to discharge in the neonatal intensive care unit. *Journal of Paediatrics and Child Health*.
- Bøe, T., Serlachius, A., Sivertsen, B., Petrie, K., & Hysing, M. (2018). Cumulative effects of negative life events and family stress on children's mental health: The Bergen Child Study. *Social Psychiatry and Psychiatric Epidemiology*, 53(1), 1-9. doi:10.1007/s00127-017-1451-4
- Serlachius, A. (2018). Support for healthcare professionals. In C. Llewellyn, S. Ayers, C. McManus, S. Newman, K. J. Petrie, T. A. Revenson, & J. Weinman (Eds.), *Cambridge handbook of psychology, health and medicine* (3rd ed.). Cambridge University Press.
- Derksen, C., Serlachius, A., Petrie, K. J., & Dalbeth, N. (2017). "What say ye gout experts?" A content analysis of questions about gout posted on the social news website Reddit. *BMC Musculoskeletal Disorders*, 18(488), 5 pages. doi:10.1186/s12891-017-1856-y
- Serlachius, A., Gamble, G., House, M., Vincent, Z. L., Knight, J., Horne, A., . . . Dalbeth, N. (2017). Illness perceptions and mortality in patients with gout: A prospective observational study. *Arthritis Care and Research*, 69(9), 1444-1448. doi:10.1002/acr.23147
- Serlachius, A., Pulkki-Råback, L., Juonala, M., Sabin, M., Lehtimäki, T., Raitakari, O., & Elovainio, M. (2017). Does high optimism protect against the inter-generational transmission of high BMI? The Cardiovascular Risk in Young Finns Study. *Journal of Psychosomatic Research*, 100, 61-64. doi:10.1016/j.jpsychores.2017.07.006
- Serlachius, A., Elovainio, M., Juonala, M., Shea, S., Sabin, M., Lehtimäki, T., . . . Pulkki-Raback, L. (2017). The association between social support, body mass index and increased risk of prediabetes: The cardiovascular risk in Young Finns Study. *International Journal of Behavioral Medicine*, 24(2), 161-170. doi:10.1007/s12529-016-9597-0



# Lisa Reynolds, PhD, PGDipHealthPsych

**Position:** Lecturer in Health Psychology

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**Email:** l.reynolds@auckland.ac.nz



## Research interests

Emotion and avoidance in cancer screening and treatment, medical help-seeking and decision-making, disgust, mindfulness, compassion.

## Recent publications

- Reynolds, L. M., Bissett, I. P. & Consedine, N. S. (2018). Emotional predictors of bowel screening: The avoidance-promoting role of fear, embarrassment, and disgust. *BMC Cancer*. 18(1):518. doi: 10.1186/s12885-018-4423-5.
- Reynolds, L. M., Bissett, I. P., Porter, D. & Consedine, N. S. (2017). A brief mindfulness intervention is associated with negative outcomes in a randomised controlled trial among chemotherapy patients. *Mindfulness*. Advance online publication. doi:10.1007/s12671-017-0705-2.
- Reynolds, L. M., Bissett, I. P., Porter, D. & Consedine, N. S. (2016). The 'ick' factor matters: Disgust prospectively predicts avoidance in chemotherapy patients. *Annals of Behavioral Medicine*. 1-11. doi:10.1007/s12160-016-9820-x
- Reynolds, L. M., McCambridge, S. A., & Consedine, N. S. (2015). Self-disgust and adaptation to chronic health conditions: Implications for avoidance and withdrawal. Chapter in Powell, P.A., Overton, P.G., & Simpson, J. (Eds.), *The Revolting Self: Perspectives on the Psychological, Social and Clinical Implications of Self-Directed Disgust*. London: Karnac Books
- Reynolds, L. M., McCambridge, S. A., Bissett, I. P., & Consedine, N. S. (2014). Trait and state disgust: An experimental investigation of disgust and avoidance in colorectal cancer decision scenarios. *Health Psychology*. 33(12), 1495-1506. doi: 10.1037/hea0000023
- Reynolds, L. M., Lin, Y.S., Zhou, E., & Consedine, N. S. (2014). Does a brief state mindfulness induction moderate disgust-driven social avoidance and decision-making? An experimental investigation. *Journal of Behavioral Medicine*. 38(1). 98-109. doi: 10.1007/s10865-014-9582-5
- Reynolds, L. M., Bissett, I. P., Porter, D., & Consedine, N. S. (2014). Eyes wide open: Tread carefully with mindfulness training during chemotherapy. *Psycho-Oncology*. 23(Suppl. 3), 123. doi: 10.1111/j.1099-1611.2014.3694
- Reynolds, L. M., Consedine, N. S., & McCambridge, S.A., (2014). Mindfulness and disgust in colorectal cancer scenarios: Non-judging and non-reacting components predict avoidance when it makes sense. *Mindfulness*. 5(4). 442-452. doi: 10.1007/s12671-013-0200-3
- Reynolds, L. M., Bissett, I. P., & Consedine, N. S. (2014). Predicting the patients who will struggle with anal incontinence: Sensitivity to disgust matters. *Colorectal Disease*. 17(1), 73-80. doi: 10.1111/codi.12781
- Reynolds, L.M., Consedine, N.S., Pizarro, D.A., Bissett, I.P. (2013). Disgust and behavioral avoidance in colorectal cancer screening and treatment: a systematic review and research agenda. *Cancer Nursing*. 36(2). doi:10.1097/NCC.0b013e31826a4b1b

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# 2019 Academic year

| <b>Semester One – 2019</b>   |   |
|--|---|
| Semester One begins  | Monday 4 March 2019                             |
| Deadline for adding or deleting courses with a refund of fees (Semester One courses)                                   | Friday 15 March 2019                            |
| Deadline for adding or deleting courses with a refund of fees (Double-semester courses (A and B) - Semester One start) | Friday 29 March 2019                            |
| Mid-semester break/Easter  | Monday 15 April 2019 – Saturday 27 April 2019   |
| ANZAC Day  | Thursday 25 April 2019                          |
| Graduation   | Monday 6, Wednesday 8, Friday 10 May            |
| Queen's Birthday   | Monday 3 June 2019                              |
| Lectures end   | Friday 7 June 2019                              |
| Study break  | Saturday 8 June – Wednesday 12 June 2019        |
| Exams  | Thursday 13 June – Monday 1 July 2019           |
| Semester One ends  | Monday 1 July 2019                              |
| Inter-semester break   | Tuesday 2 July – Saturday 20 July 2019          |
| <b>Semester Two – 2019</b>   |   |
| Semester Two begins  | Monday 22 July 2019                             |
| Course withdrawal deadline   | Friday 2 August 2019                            |
| Mid-semester break   | Monday 2 September – Saturday 14 September 2019 |
| Graduation   | Tuesday 24 September 2019                       |
| Lectures end   | Friday 25 October 2019                          |
| Labour Day   | Monday 28 October 2019                          |
| Study break  | Saturday 26 October – Wednesday 30 October 2019 |
| Exams  | Thursday 31 October – Monday 18 November 2019   |
| Semester Two ends  | Monday 18 November 2019                         |
| <b>Semester One – 2020</b>   |   |
| Semester One begins  | Monday 2 March 2020                             |

## Contact

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THE UNIVERSITY OF  
**AUCKLAND**  
Te Whare Wānanga o Tāmaki Makaurau  
NEW ZEALAND

**MEDICAL AND  
HEALTH SCIENCES**  
SCHOOL OF MEDICAL SCIENCES