



CURRENT ISSUES IN HEALTH PSYCHOLOGY

PSYC 4370

Winter Term 2019

-- COURSE OUTLINE --

Psychology Department
School of Kinesiology & Health Science
Faculty of Health
York University

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Seminar Day and Time: Wednesdays at 2:30– 5:30 pm

Seminar Location: BSB 203

Office Hours: If you would like to meet in person with Prof. Katz to discuss your reflections, presentation, or term paper, please email him to arrange for a mutually convenient day and time.

1. INTRODUCTION

The American Psychological Association's [Division of Health Psychology](#) (Division 38) was founded in 1981 and is the world's largest and most prominent society of health psychologists. The mission statement of the Division of Health Psychology contains a broad definition of what health psychology is and what health psychologists do:

Division 38 supports the educational, scientific, and professional contributions of psychology to:

- Understand the etiology and promotion and maintenance of health in the prevention, diagnosis, treatment and rehabilitation of physical and mental illness,
- Study psychological, social, emotional, and behavioral factors in physical and mental illness,
- Contribute to improving the health care system, and
- Formulate health policy.”

2. DESCRIPTION

This is an integrated graduate (PSYC 6455/KAHS 6143) - undergraduate (PSYC 4370) seminar course. It's designed to provide an overview of selected topics in clinical and hospital-based health psychology. It is intended to introduce advanced undergraduate students to some of the current theoretical and practical issues in the field of health psychology through readings, class discussion, reflections, presentations, and online multi-media resources. The course will highlight the role of psychological, social, emotional, and behavioral factors in the prevention, etiology, and maintenance of physical and mental conditions.

3. OBJECTIVES

The objectives of the course are to engage students so that they can:

- Critique specific theories in health psychology which provide a conceptual framework for understanding health-compromising and health-enhancing behaviour (e.g., Health Belief Model, Theory of Reasoned Action, Theory of Planned Behavior, Reactance Theory, Transtheoretical Model of Health Behavior Change).
- Evaluate and explain the ways in which psychological and emotional factors are involved in the prevention, etiology, and maintenance of common conditions and diseases such as chronic pain, heart disease, cancer, eating disorders.
- Identify and describe several fascinating mind-body connections including phantom limbs, phantom limb pain, placebo analgesia, and the placebo response, as well explain as the mechanisms underlying their experience.
- Critically evaluate current evidence and theory in health psychology related to preventive and therapeutic interventions for a variety of chronic diseases and conditions as well as addictive behaviours in which health-compromising and health-enhancing behaviours play a role.
- Apply critical thinking skills to published research in health psychology in order to evaluate the methodological quality, limitations, and conclusions that can reasonably be drawn.
- Develop and practice public speaking/presentation skills necessary to convey scientific material in a clear, concise, well-organized, and professional manner.

4. COURSE FORMAT

Each 3-hour seminar will include a presentation/overview by the instructor or invited guest followed by a group activity/discussion and/or a student presentation. Students will be assigned readings for each week to promote class discussion of specific themes. The main focus will be on the individual, but depending on the topic under discussion, may also include material on couples, families, and communities. The role of culture and ethnicity will also be considered. For certain topics, an expert who is involved in specific health/illness-related research or clinical activities will be invited to lead the seminar.

5. STUDENT EVALUATION AND COURSE GRADING

Grades will be determined on the basis of three assignments plus attendance and participation as described below.

1. Attendance and Participation

Undergraduate students – 15%

Attendance and participation will be graded for each class (except the first) according to a 0-4 marking template/rubric which will be presented and described in the first class. The following rubric will be used and applied relative to the student's level (Expectations for undergraduate students will be lower than for graduate students). Briefly, a grade of 0 is assigned if the student is absent, 1 if the student responds when asked to but doesn't provide much of a response or is "off-base" and if the student doesn't spontaneously contribute to class discussions; 2 if the student is adequately prepared for class, responds without much elaboration, generally does not spontaneously join in in class discussions; 3 if the student shows a good to very good understanding when engaged, contributes consistently and positively to class discussions, and generally shows active engagement with the topic and peers; 4 if the student shows excellent/outstanding preparation and understanding of class material and discussions, spontaneously and frequently joins in class discussions (without monopolizing), offers constructive feedback/responses to peers, and produces thoughtful, novel, and interesting ideas.

2. Written Reflections

Undergraduate students – 20%

- a. **Reflections on an Interview with a health psychologist.** At the first class, students will be provided with a list of hospital- or community-based health psychologists who have agreed to be interviewed. Students will contact the psychologist of their choice and arrange a time to meet in person, by telephone or video call (Skype, FaceTime, Google Duo). Students will decide on the structure and content of the interview with help from the course instructor and will write a 2-3 page narrative/reflection on the interview.
- b. **Process Reflection on their Class Presentation.** At the end of the course, students will be required to hand in a 2-3 page process reflection assignment reflecting upon what they learned from the process of presenting during the class. Possible topics to address include how their expectations of the presentation fit with the actual experience of presenting (did it go as expected, did anything unexpected occur and if so how did they handle it?); what they did that was effective/ineffective; aspects of the experience that were most challenging/difficult/easy; personal qualities that made the presentation more or less successful; whether and in what way their peers enhanced/diminished the experience, would they do it again and if so why and what they would change; and if not, why not?; what if anything they learned about themselves as a result of the presentation. Note that this assignment is not about cognitive reflection (i.e., content learning) but what they learned in the *process* of public speaking. Each written reflection is worth 10%.

3. Oral Presentation

Undergraduate students – 20%

This assignment involves leading a seminar on a topic chosen from a pre-selected list provided by the instructor. The student will be responsible for (i) presenting an overview of the topic of choice including a review of theoretical developments and recent empirical literature and (ii) leading the class in a discussion. Students responsible for the seminar may choose their own readings in consultation with the instructor. Students are expected to (i) select a topic and a date to lead the seminar by the second class, (ii) meet with the instructor at least one week before the

presentation date to review progress and an outline and (iii) prepare a handout describing the aims and objectives of their session, summarizing briefly the content of the presentation and listing discussion points.

The presentation is to be 20-25 minutes in duration. Students will be graded on theoretical developments and empirical literature covered (5%), quality of slides (5%), leading class discussion (5%), class handout (5%).

Term Paper

Undergraduate students – 45%

The term paper is to be on a topic of the students' choice related to material covered in the course and selected from a pre-determined list. Students may select a topic not on the list after consultation with and approval from the course instructor. The term paper is to be on a topic unrelated to the student's presentation and is due on the last day of classes. The paper should follow the guidelines for formatting and referencing outlined in the Publication Manual of the American Psychological Association (6th edition). Students are expected to meet with the instructor to discuss the topic of their paper and to submit an outline of the paper for feedback.

For undergraduate students, the term paper should be 10 typed, double-spaced pages excluding references.

6. COMMENTS ON PRESENTATIONS AND CLASS DISCUSSIONS

This course will provide you with an opportunity to lead a seminar and class discussion on a topic of interest to you. It is up to you to decide the format for your presentation and how to engage your classmates.

Think about what makes a class discussion particularly interesting to you. What format do you find leads to the most interesting and informative class discussion? Remember previous class discussions where you were enthusiastic, interested, and challenged. What facilitated that experience? For example, you may decide to give your classmates an opportunity to discuss a case scenario, to be involved in a debate, to break up into small groups to discuss specific questions and issues, and/or to use multimedia (slides, web-based content, YouTube videos, Flash Animation) in your presentation. If you do choose to use web-based material make it relevant to your topic, concise, and not too long. Remember, the object of your presentation is to engage and stimulate your audience not to have them passively watch videos.

7. COURSE READINGS

Students are required to read the weekly readings for each seminar. A list of the assigned readings can be found in Section 9 of this outline. A supplementary list of weekly readings is also provided for the interested student who wishes to delve more deeply into specific topics in health psychology.

**CURRENT ISSUES IN HEALTH PSYCHOLOGY
 PSYC 4370
 WINTER 2019**

8. COURSE TIMETABLE

Week	Date	Topic
1	Jan. 9	Introduction: History and evolving status of Health Psychology
2	Jan. 16	Health belief models and theories of health behaviour change
3	Jan. 23	Phantom limbs and phantom limb pain: Prototypical examples of the mind-body connection
4	Jan. 30	Acceptance and Commitment Therapy for chronic health conditions Dr. Aliza Weinrib , Psychologist, Transitional Pain Service, Department of Anesthesia and Pain Management, Toronto General Hospital
5	Feb. 6	Effects of social isolation on health and wellbeing Dr. Sander Hitzig , Scientist, Sunnybrook Health Science Centre, St. John's Rehab
6	Feb. 13	Health psychology in a hospital oncology setting: Psychosocial approaches to diagnosis and management across the disease trajectory Dr. Andrew Matthew , Prostate Cancer Prevention Clinic, Princess Margaret Hospital
	Feb. 20	Co-Curricular Week – No Classes
7	Feb. 27	Yoga for chronic health conditions – psychological and emotion effects Dr. Kathryn Curtis , Postdoctoral Fellow & Psychologist, Transitional Pain Service Department of Anesthesia & Pain Management, Toronto General Hospital
8	March 6	Student presentations and discussion
9	March 13	Student presentations and discussion
10	March 20	Student presentations and discussion
11	March 27	Student presentations and discussion
12	April 3	Student presentations and discussion

9. LIST OF TEXTBOOKS AND GENERAL REFERENCES

1. Boll, T. J., Bennett Johnson, S., Perry, N., & Rozensky, R. H. (Eds.). (2002). *Handbook of clinical health psychology: Volume 1. Medical disorders and behavioral applications*. Washington, D.C.: American Psychological Association.
2. Chesney, M. A., & Antoni, M. H. (Eds.). (2002). *Innovative approaches to health psychology: Prevention and treatment lessons from AIDS*. Washington, DC: American Psychological Association.
3. Glantz, K., Rimer, B.K., Viswanath, K. (Eds.). (2015). *Health behavior: Theory, research, and practice* (5th ed.). San Francisco, CA.: Jossey-Bass.
4. Marks, D.F., Murray, M., Evans, B., & Estacio, E.V. (2011). *Health psychology: Theory, research and practice* (3rd ed.). London: Sage.
5. Matarazzo, J. D., Weiss, S. M., Herd, A. A., Miller, N. E., & Weiss, S. M. E. (1984). *Behavioral health: A handbook of health enhancement and disease prevention*. New York: John Wiley.
6. Sarafino, E.P., Smith, T.W., King, D., & DeLongis, A. (2015). *Health psychology: biopsychosocial interactions* (Canadian edition). Toronto, ON: Wiley
7. Stone, G. C., Weiss, S. M., Matarazzo, J. D., Miller, N. E., Rodin, J., Belar, C. D., Follick, M. J., & Singer, J. E. (1987). *Health psychology: A discipline and a profession*. Chicago, IL.: The University of Chicago Press.
8. Taylor, S. E. (2014). *Health psychology* (9th ed.). New York, NY: McGraw-Hill.
9. Taylor, S. E., & Sirois, F. M. (2014). *Health psychology*, 3rd Canadian Edition, McGraw-Hill Ryerson Ltd.
10. Hadjistavropoulos, T. & Hadjistavropoulos H.D. (Eds.) (2014). *Fundamentals of health psychology*. New York: Oxford University Press.

10. LIST OF WEEKLY TOPICS AND READINGS

Jan. 9, 2019

WEEK 1 – Introduction: History and Evolving Status of Health Psychology

1. Chesney, M. A. (1993). Health Psychology in the 21st century: Acquired immunodeficiency syndrome as a harbinger of things to come. *Health Psychology*, 12, 259-268.
2. Murray, M. (2014). Social history of health psychology: context and textbooks. *Health Psychology Review*, 8 (2), 215-237.
3. Suls, G., & Rothman, A. (2004). Evolution of the Biopsychosocial Model: Prospects and challenges for health psychology. *Health Psychology*, 23(2), 119-125
4. Taylor, S. E. (1990). Health psychology. The science and the field. *American Psychologist*, 45, 40-50.

Additional Readings and General References:

1. Baum, A., & Posluszny, D. M. (1999). Health psychology: Mapping biobehavioral contributions to health and illness. *Annu Rev Psychol*, 50, 137-163.
2. Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136.
3. Kaplan, R.M. (2009). Health psychology: Where are we and where do we go from here? *Mens Sana Monogr.*, 7(1), 3–9.
4. Rodin, J. & Stone, G. (1987). Historical highlights in the emergence of the field. In: Stone, G. C., Weiss, S. M., Matarazzo, J. D., Miller, N. E., Rodin, J., Belar, C. D., Follick, M. J., & Singer, J. E. (Eds.). *Health psychology: A discipline and a profession* (pp. 15-26). Chicago, IL.: The University of Chicago Press.
5. Smith, T. W., Kendall, P. C., & Keefe, F. J. (2002). Behavioral medicine and clinical health psychology: introduction to the special issue, a view from the decade of behavior. *J Consult Clin Psychol*, 70(3), 459-62.
6. Stone, G. C. (1982). Health Psychology, a new journal for a new field. *Health Psychology*, 1, 1-6.
7. Taylor, S. E. (1987). The progress and prospects of Health Psychology: Tasks of a maturing discipline. *Health Psychology*, 6, 73-87.

Jan. 16, 2019

WEEK 2 - Health Belief Models and Theories of Health Behaviour Change

1. Prochaska, J. O., Redding, C.A., & Evers, K.E. (2015). The Transtheoretical Model and Stages of Change. In: Glantz, K., Rimer, B.K., Viswanath, K. (Eds.). *Health behavior: Theory, research, and practice* (5th ed.) (pp. 125-148). San Francisco, CA.: Jossey-Bass.
2. Sugg Skinner, C., Tiro, J., & Chapman, V.L. (2015). The Health Belief Model. In: Glantz, K., Rimer, B.K., Viswanath, K. (Eds.). *Health behavior: Theory, research, and practice* (5th ed.) (pp. 75-94). San Francisco, CA.: Jossey-Bass.

Additional Readings:

1. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. *Psychological Review*, 84, 191-215.
2. Brehm, S. S. (1976). Reactance Theory, *The Application of Social Psychology to Clinical Practice* (pp. 15-63). New York, NY: John Wiley.
3. Fogarty, J. S. (1997). Reactance theory and patient noncompliance. *Soc Sci Med*, 45(8), 1277-88.
4. Janz, N. K., & Becker, M. H. (1984). The Health Belief Model: A decade later. *Health Education Quarterly*, 11, 1-47.
5. Leventhal, H., Diefenbach, M., & Leventhal, E. A. (1992). Illness cognition: Using common sense to understand treatment adherence and affect cognition interaction. *Cognitive Therapy and Research*, 16, 143-163.

6. Montaña, D.E., Kasprzyk, D. (2015). Theory of Reasoned Action, Theory of Planned Behavior, and the integrated Behavioral Model. In: Glantz, K., Rimer, B.K., Viswanath, K. (Eds.). *Health behavior: Theory, research, and practice* (5th ed.) (pp. 95-124). San Francisco, CA.: Jossey-Bass.
7. Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-14.
8. Rabiau, M., Knäuper, B., & Miquelon, P. (2006). The eternal quest for optimal balance between maximizing pleasure and minimizing harm: The compensatory health beliefs model. *British Journal of Health Psychology*, 11, 139-153.

Jan. 23, 2019

WEEK 3 – (a) Pain: mechanisms and management

(b) Phantom limbs and phantom limb pain: Prototypical examples of the mind-body connection

1. Melzack, R. & Katz, J. (2013). Pain. *WIREs Cogn Sci*, 4, 1–15.
2. Jensen, M.P. & Turk, D.C. (2014). Contributions of psychology to the understanding and treatment of people with chronic pain: Why it matters to ALL psychologists. *American Psychologist*, 69(2), 105-118.
3. Katz, J. (2000). Individual differences in the consciousness of phantom limbs. In R. G. Kunzendorf & B. Wallace (Eds.), *Individual differences in conscious experience: First-person constraints on theories of consciousness, self-consciousness, and subconsciousness* (pp. 45-97). Amsterdam: John Benjamins Publishing Co.
4. Livingston, W. K. (1998). Phantom limb pain. In H. L. Fields (Ed.), *Pain and suffering* (pp. 69-77). Seattle, WA: IASP Press.

Additional Readings:

1. Cole, J., Crowle, S., Austwick, G., & Slater, D. H. (2009). Exploratory findings with virtual reality for phantom limb pain; from stump motion to agency and analgesia. *Disabil Rehabil*, 31(10), 846-854.
2. Dickenson, A. (2010). Update on Pain mechanisms. Presented at the *Welsh Pain Society Meeting*, Cardiff, Wales (November 2010).
3. Hanling, S. R., Wallace, S. C., Hollenbeck, K. J., Belnap, B. D., & Tulis, M. R. (2009). Pre-amputation mirror therapy may prevent development of phantom limb pain: A case series. *Anesth Analg*.
4. Herta, F., Diers, M., & Andoh, J. (2013). The neural basis of phantom limb pain *Trends in Cognitive Sciences*, 17 (7), 307-308.
5. Katz, J. & Rosenbloom, B.R. (2015). The Golden Anniversary of Melzack and Wall's Gate Control Theory of Pain: Celebrating fifty years of pain research and management. *Pain Research and Management* 20(6), 285-286.

6. Katz, J., Rosenbloom, B.R., Fashler, S. (2015). Chronic Pain, Psychopathology, and DSM-5 Somatic Symptom Disorder. *Canadian Journal of Psychiatry*, 60(4), 160-167
7. Melzack, R. (1989). Phantom limbs, the self, and the brain (The D.O. Hebb memorial lecture). *Can Psychol*, 30, 1-16.
8. Nikolajsen, L. (2013). Phantom pain. In S.B. McMahon, M. Koltzenburg, Tracey, I., Turk, D.C. (Eds), *Wall & Melzack's Textbook of Pain* (6th ed., pp 915-925) Philadelphia, PA: Elsevier Saunders.
9. Ramachandran, V. S., & Altschuler, E. L. (2009). The use of visual feedback, in particular mirror visual feedback, in restoring brain function. *Brain*, 132(Pt 7), 1693-1710.
10. Turk, D.C., Wilson, H.D., Cahana, A. (2011). Treatment of non-cancer pain. *Lancet*, 377, 2226-2235. Brief podcast [here](#)

Jan. 30, 2019

WEEK 4 - Dr. Aliza Weinrib - Acceptance and Commitment Therapy for chronic health conditions

1. Gregg, J.A., Callaghan, G.M., Hayes, S.C., & Glenn-Lawson, J.L. (2007). Improving diabetes self-management through acceptance, mindfulness, and values: a randomized controlled trial. *JCCP*, 75(2), 336-343.
2. Speca, M., Carlson, L.E., Goodey, E., & Angen, M. (2000). A randomized, wait-list controlled clinical trial: the effect of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients. *Psychosomatic Medicine*, 62(5), 613-622.

Additional Reading

1. Germer, C.K. (2013). Mindfulness. What is it? What does it matter? In Germer, G.K., Siegel, R.D., & Fulton, P.R. (Eds.), *Mindfulness and psychotherapy* (2nd ed.) (pp. 3-35). New York, NY: Guilford.
2. Weinrib, A.Z., Azam, M.A., Birnie, K., Burns, L.C., Clarke, H., & Katz, J. (2017). The psychology of persisting post-surgical pain: New frontiers in risk factor identification, prevention, and management. *British Journal of Pain*, 11(4), 169-177. doi/10.1177/2049463717720636.
3. Weinrib, A., Burns, L., Mu, A., Azam, M.A., Ladak, S.S.J., McRae, K., Katznelson, R., Azargive, S., Tran, C., **Katz, J.**, & Clarke, H. (2017). A case report on the treatment of complex chronic pain and opioid dependence by a multidisciplinary transitional pain service using the ACT Matrix and buprenorphine/naloxone. *Journal of Pain Research*, Mar 27, 10, 747-755. doi: 10.2147/JPR.S124566

Feb. 6, 2019

WEEK 5 – Dr. Sander Hitzig - Effects of social isolation on health and wellbeing

1. Robinson-Whelen, S., Taylor, H.B., Feltz, M., & Whelen, M. (2016). Loneliness Among People With Spinal Cord Injury: Exploring the psychometric properties of the 3-item

Loneliness Scale. *Arch Phys Med Rehabil*, 97(10), 1728-1734. <http://dx.doi.org/doi:10.1016/j.apmr.2016.04.008>

2. Zinman, A., Digout, N., Bain, P., Haycock, S., Hebert, D. & Hitzig S.L. (2014). Evaluation of a community reintegration outpatient program (CROP) service for community-dwelling persons with spinal cord injury. *Rehabilitation Research and Practice*, Article ID 989025. <http://dx.doi.org/10.1155/2014/989025>

Additional Readings:

1. Hitzig S.L., Hunter, J.P., Ballantyne, E., Katz, J., Rapson, L., Craven, B.C., & Boschen, K. (2016). Outcomes and reflections on a consensus-building workshop for developing a spinal cord injury-related pain research agenda. *Journal of Spinal Cord Medicine*. Feb 10:1-10. [Epub ahead of print].
2. Loh E, Guy SD, Mehta S, Moulin DE, Bryce TN, Middleton JW, ... & Wolfe, D. (2016). CanPainSCI Rehabilitation Clinical Practice Guideline for Management of Neuropathic Pain after Spinal Cord Injury: Introduction, methodology, and recommendation overview. *Spinal Cord*, 54 Suppl 1:S1-S6.

Feb. 14, 2019

WEEK 6 - Dr. Andrew Matthew - Health psychology in a hospital oncology setting: Psychosocial approaches to diagnosis and management across the disease trajectory

1. Neville, S.A., Sanson-Fisher, R.W., & Savolainen, N.J. (2002). Systematic review of psychological therapies for cancer patients: overview and recommendations for future research. *Journal of the National Cancer Institute*, 94(8), 558-584.
2. Rodin, G. & Gillies, L.A. (2000). Individual psychotherapy for the patient with advanced disease. In the *Handbook of Psychiatry in Palliative Medicine*. Chochinov, H.M., Breitbart, W. (eds) Oxford University Press pp. 189-196.
3. Cunningham, A.J., Edmonds, C.V.I., Phillips, C., Soots, K.I., Hedley, D., and Lockword, G.A. (2000). A prospective longitudinal study of the relationship of psychological work to duration of survival in patients with metastatic cancer. *Psycho-oncology*, 9, 323-339.

Additional Readings

1. Glaser, R., & Kiecolt-Glaser, J. K. (2005). Stress-induced immune dysfunction: implications for health. *Nat Rev Immunol*, 5(3), 243-251
2. Goodwin, P. J., Leszcz, M., Ennis, M., Koopmans, J., Vincent, L., Guthrie, H., et al. (2001). The effect of group psychosocial support on survival in metastatic breast cancer. *N Engl J Med*, 345(24), 1719-1726.
3. Rosenberg, H. J., Rosenberg, S. D., Ernstoff, M. S., Wolford, G. L., Amdur, R. J., Elshamy, M. R., et al. (2002). Expressive disclosure and health outcomes in a prostate cancer population. *Int J Psychiatry Med*, 32(1), 37-53.
4. Spiegel, D. (2001). Mind matters -- group therapy and survival in breast cancer. *N Engl J Med*, 345(24), 1767-1768.

Feb. 20, 2019 - Reading Week – no classes

Feb. 27, 2019

WEEK 8 – Dr. Kathryn Curtis - Yoga for chronic health conditions – psychological and emotional effects

1. Curtis, K.J.B., Osadchuk, A., & Katz, J. (2011). An eight-week yoga intervention is associated with improvements in pain, psychological functioning and mindfulness and changes in cortisol levels in women with fibromyalgia. *Journal of Pain Research*, 4, 189-201. <http://dx.doi.org/10.2147/JPR.S22761>
2. Curtis, K., Hitzig, S.L., Bechsgaard, G., Stoliker, C., Alton, C., Saunders, N., Leong, N., & Katz, J. (2017). Evaluation of a specialized yoga program for persons with spinal cord injury: A pilot, randomized controlled trial. *Journal of Pain Research*, 10, 999-1017. DOI <https://doi.org/10.2147/JPR.S130530>

Additional Readings:

1. Curtis, K.J.B., Weinrib, A., & Katz, J. (2012). Systematic review of yoga for pregnant women: Current status and future directions. *Evidence-Based Complementary and Alternative Medicine*, 2012, 1-13. doi:10.1155/2012/715942
2. Curtis, K., Hitzig, S.L., Leong, K., Wicks, C., Ditor, D.S., & Katz, J. (2015). Evaluation of a modified yoga program for persons with spinal cord injury: A pilot study. *Therapeutic Recreation Journal*, 49 (2), 97-117.
3. Curtis, K., Kuluski, K., Bechsgaard, G., Ridgway, J., & Katz, J. (2016). Evaluation of a specialized yoga program for persons admitted to a complex continuing care hospital: A pilot study. *Evidence-Based Complementary and Alternative Medicine*, 2016, 1-16. <http://dx.doi.org/10.1155/2016/6267879>
4. Sherman KJ. Guidelines for developing yoga interventions for randomized trials. *Evidence-Based Complementary and Alternative Medicine*, 2012 (2012):143271.

March 6, 2019

WEEK 9 – Student Presentations – Topics and Readings to be Assigned

March 13, 2019

WEEK 10 – Student Presentations – Topics and Readings to be Assigned

March 20, 2019

WEEK 11 – Student Presentations – Topics and Readings to be Assigned

March 27, 2019

WEEK 12 – Student Presentations – Topics and Readings to be Assigned

April 3, 2019

WEEK 13 – Student Presentations – Topics and Readings to be Assigned