OTAT-1420: FUNDAMENTALS OF PSYCHOSOCIAL DYSFUNCTION

Cuyahoga Community College

Viewing: OTAT-1420: Fundamentals of Psychosocial Dysfunction
Board of Trustees:
2018-01-25

Academic Term:
2018-01-16

Subject Code
OTAT - Occupational Therapy Assisting
Course Number:
1420

Title:
Fundamentals of Psychosocial Dysfunction

Catalog Description:
Overview of psychosocial issues and psychiatric diagnoses in mental health and other clinical settings commonly referred to occupational therapy for treatment. Focuses on signs, symptoms and effects that mental illness and psychosocial issues have on an individual’s life tasks and roles.

Credit Hour(s):
2

Lecture Hour(s):
2

Lab Hour(s):
0

Other Hour(s):
0

Requisites
Prerequisite and Corequisite

I. ACADEMIC CREDIT

Academic Credit According to the Ohio Department of Higher Education, one (1) semester hour of college credit will be awarded for each lecture hour. Students will be expected to work on out-of-class assignments on a regular basis which, over the length of the course, would normally average two hours of out-of-class study for each hour of formal class activity. For laboratory hours, one (1) credit shall be awarded for a minimum of three laboratory hours in a standard week for which little or no out-of-class study is required since three hours will be in the lab (i.e. Laboratory 03 hours). Whereas, one (1) credit shall be awarded for a minimum of two laboratory hours in a standard week, if supplemented by out-of-class assignments which would normally average one hour of out-of-class study preparing for or following up the laboratory experience (i.e. Laboratory 02 hours). Credit is also awarded for other hours such as directed practice, practicum, cooperative work experience, and field experience. The number of hours required to receive credit is listed under Other Hours on the syllabus. The number of credit hours for lecture, lab and other hours are listed at the beginning of the syllabus. Make sure you can prioritize your time accordingly. Proper planning, prioritization and dedication will enhance your success in this course.

The standard expectation for an online course is that you will spend 3 hours per week for each credit hour.
II. ACCESSIBILITY STATEMENT

If you need any special course adaptations or accommodations because of a documented disability, please notify your instructor within a reasonable length of time, preferably the first week of the term with formal notice of that need (i.e. an official letter from the Student Accessibility Services (SAS) office). Accommodations will not be made retroactively. For specific information pertaining to ADA accommodation, please contact your campus SAS office or visit online at http://www.tri-c.edu/accessprograms. Blackboard accessibility information is available at http://access.blackboard.com.

Eastern (216) 987-2052 - Voice
Metropolitan (216) 987-4344 - Voice
Western (216) 987-5079 - Voice
Westshore (216) 987-5079 - Voice
Brunswick (216) 987-5079 - Voice
Off-Site (216) 987-5079 - Voice

III. ATTENDANCE TRACKING

Regular class attendance is expected. Tri-C is required by law to verify the enrollment of students who participate in federal Title IV student aid programs and/or who receive educational benefits through other funding sources. Eligibility for federal student financial aid is, in part, based on your enrollment status. Students who do not attend classes for the entire term are required to withdraw from the course(s). Additionally, students who withdraw from a course or stop attending class without officially withdrawing may be required to return all or a portion of the financial aid based on the date of last attendance. Students who do not attend the full session are responsible for withdrawing from the course(s).

For in-person courses, students are required to attend the course by the 15th day of the semester, or equivalent for terms shorter than 5-weeks, to be considered attending. Students who have not met all attendance requirements for an in-person course, as described herein, within the first two weeks of the semester, or equivalent, will be considered not attending and will be reported for non-attendance and dropped from the course.

For blended-learning courses, students are required to attend the course by the 15th day of the semester, or equivalent for terms shorter than 5-weeks, or submit an assignment, to be considered attending. Students who have not met all attendance requirements for a blended-learning course, as described herein, within the first two weeks of the semester, or equivalent, will be considered not attending and will be reported for non-attendance and dropped from the course.

For online courses, students are required to login in at least two (2) times per week and submit one (1) assignment per week for the first two (2) weeks of the semester, or equivalent to the 15th day of the term. Students who have not met all attendance requirements for an online course, as described herein, within the first two weeks of the semester, or equivalent, will be considered not attending and will be reported for non-attendance and dropped from the course.

At the conclusion of the first two weeks of a semester, or equivalent, instructors report any registered students who have “Never Attended” a course. Those students will be administratively withdrawn from that course. However, after the time period in the previous paragraphs, if a student stops attending a class, wants or needs to withdraw, for any reason, it is the student’s responsibility to take action to withdraw from the course. Students must complete and submit the appropriate Tri-C form by the established withdrawal deadline.

Tri-C is required to ensure that students receive financial aid only for courses that they attend and complete. Students reported for not attending at least one of their registered courses will have all financial aid funds held until confirmation of attendance in registered courses has been verified. Students who fail to complete at least one course may be required to repay all or a portion of their federal financial aid funds and may be ineligible to receive future federal financial aid awards. Students who withdraw from classes prior to completing more than 60 percent of their enrolled class time may be subject to the required federal refund policy. If illness or emergency should necessitate a brief absence from class, students should confer with instructors upon their return. Students having problems with class work because of a prolonged absence should confer with the instructor or a counselor.

IV. CONCEALED CARRY STATEMENT

College policy prohibits the possession of weapons on college property by students, faculty and staff, unless specifically approved in advance as a job-related requirement (i.e., Tri-C campus police officers) or, in accordance with Ohio law, secured in a parked vehicle in a designated parking area only by an individual in possession of a valid conceal carry permit. As a Tri-C student, your behavior on campus must comply with the student code of conduct which is available on page 29 within the Tri-C student handbook, available athttp://www.tri-c.edu/student-resources/documents/studenthandbook.pdfYou must also comply with the College’s Zero Tolerance for Violence on College Property available athttp://www.tri-c.edu/policies-and-procedures/documents/3354-1-20-10-zero-tolerance-for-violence-policy.pdf
Outcomes

Course Outcome(s):
Research psychiatric disorders and/or related psychosocial conditions that are commonly referred to occupational therapy and present findings to classmates.

Essential Learning Outcome Mapping:
Oral Communication: Demonstrate effective verbal and nonverbal communication for an intended audience that is clear, organized, and delivered effectively following the standard conventions of that language.

Objective(s):
1. Describe criteria and symptoms of mental health conditions seen in OT practice.
2. Describe treatment strategies for the different types of psychiatric disorders.
3. Communicate with professional terminology used in mental health setting.
4. Articulate general theoretical considerations underpinning occupational therapy intervention strategies.
5. Differentiate the roles of the occupational therapists and occupational therapy assistant in the management of occupational therapy services in mental health settings.
6. Identify the disorders that are included in the "other disorders" category of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)
7. Identify OT principles and practice skills using purposeful activity and occupation for enhancement of role functions of the dysfunctional individual.

Course Outcome(s):
Discuss individual factors, such as pharmacokinetics, pharmacodynamics, and pharmacogenomics that may alter a client's response to therapy.

Objective(s):
1. Describe the action of psychopharmacological agents on the nervous system.
2. Describe the role that occupational therapy practitioners can play in optimizing client outcomes related to use of psychiatric medications.
3. Identify development of personality traits and cognition throughout the life span.
4. Identify common medications and pharmacologic classes used to treat psychiatric disorders.
5. Discuss the benefits and risks associated with using pharmacological treatments in the care of people with psychiatric disorders.
6. Identify which pharmacologic classes are used most frequently to treat regularly encountered psychiatric disorders.
7. Explain the mode of action, indications, side effects and contraindications of the main psychotropic drugs commonly used to treat psychiatric disorders.

Course Outcome(s):
Use the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) to identify a psychiatric diagnosis, based on identified symptoms.

Objective(s):
1. Discuss the reasons for having a classification system for psychiatric disorders.
2. Describe the history of the development of the American Psychiatric Association's (APA) Diagnosis and Statistical Manual of Mental Disorders (DSM) editions.
3. Compare and contrast the DSM; the World Health Organization's (WHO) International Classification of Disorders (ICD); and the WHO's International Classification of Functioning, Disability and Health (ICF).
4. Discuss the reasons for the revision of the DSM and the process that was undertaken to develop the DSM-V.
5. Identify ways in which occupational therapy categorization of psychosocial dysfunction differs from psychiatric diagnosis.
6. Identify the main points of several occupational therapy frame of reference for mental health.
7. Describe the six areas of focus for occupational therapy, as described in the Occupational Therapy Practice Framework.

Course Outcome(s):
Develop a plan of action listing specific strategies on how to reduce stigma and discrimination against people with mental illness.

Objective(s):
1. Recognize and understand the social stigma attached to mental health problems and the impact and discrimination on help seeking behavior.
2. Express insight into stigma across different mental illnesses.
3. Investigate the attitudes of people in the community about mental illness.
4. Describe ways of overcoming stigma and promoting a more realistic and positive understanding of mental illnesses.
5. Explore the meaning of the term stigma and the relationship between attitudes (beliefs) and discriminatory treatment (behavior and actions) toward people with mental illness.
Course Outcome(s):
Discuss the history of mental health in United States of America and recognize the significance of the history of occupational therapy on the current role of occupational therapy practitioners in mental health practice.

Objective(s):
1. Identify the key historical events which led to the growth of asylums.
2. Describe how the field of psychiatric and clinical psychology grew and changed over the past 300 years.
3. Select four factors which led to the eventual closure of asylums and the present day focus on community service.
4. Describe the features of the "moral treatment" approach used by Chiarugi, Pinel, and Tuke.
5. Describe Kräpelin's classification of mental illness and the current DSM system.
6. Explain the differences in treatment facilities for the mentally ill (e.g., mental hospitals, asylums, community mental health centers).

Course Outcome(s):
Identify the criteria that are used to determine whether a behavior is normal or abnormal.

Objective(s):
1. Recognize the various definitions of abnormal behavior.
2. Differentiate between deviance and dysfunction.
3. Discuss the complexities of legal definitions and insanity.

Methods of Evaluation:
1. Research paper
2. Oral presentation
3. Exams

Course Content Outline:
1. Developmental Disorders
   a. Intellectual Disabilities
   b. Communication Disorders
   c. Autism Spectrum Disorder
   d. Attention Deficit/Hyperactivity Disorder
   e. Motor Disorders
      i. Stereotypic Movement Disorder
      ii. Tic Disorder
2. Schizophrenia Spectrum and other Psychotic Disorders
   a. Delusional Disorder
   b. Brief Psychotic Disorder
   c. Schizophreniform Disorder
   d. Schizophrenia
   e. Schizoaffective Disorder
   f. Substance Medication Induce Psychotic Disorder
3. Depressive Disorders
   a. Disruptive Mood Dysregulation Disorder
   b. Major Depressive Disorder
   c. Persistent Depressive Disorder
4. Anxiety Disorders
   a. Separation Anxiety Disorder
   b. Selective Mutism
   c. Specific Phobia
      i. Agoraphobia
   d. Social Anxiety Disorder (Social Phobia)
   e. Panic Disorder
   f. Generalized Anxiety Disorder
5. Obsessive-Compulsive and Related Disorders
   a. Body Dysmorphic Disorder
   b. Hoarding Disorder
   c. Trichotillomania; Excoriation Disorder
6. Trauma-Related and Stressor-Related Disorders
   a. Reactive-Attachment Disorder and Disinhibited Social Engagement Disorder
   b. Posttraumatic Stress Disorder
   c. Acute Stress Disorder
   d. Adjustment Disorder
7. Feeding and Eating Disorders
   a. Pica
   b. Rumination Disorder
   c. Avoidant/Restrictive Food Intake Disorder
   d. Anorexia Nervosa
   e. Bulimia Nervosa
   f. Binge Eating Disorder
8. Disruptive, Impulse-Control, and Conduct Disorders
   a. Oppositional Defiant Disorder
   b. Intermittent Explosive Disorder
   c. Antisocial Personality Disorder
      i. Pyromania
      ii. Kleptomania
9. Substance-Related and Addictive Disorders
   a. Alcohol
      i. Alcohol Use Disorder
      ii. Alcohol Intoxication
      iii. Alcohol Withdrawal
   b. Cannabis Use Disorder
   c. Hallucinogens
   d. Inhalants
   e. Opioid Use Disorders
   f. Sedatives, Hypnotics and Anxiolytics
   g. Stimulants
   h. Gambling Disorder
10. Neurocognitive Disorders
    a. Delirium
    b. Alzheimer’s Disease
    c. HIV Infection
11. Personality Disorders
    a. Cluster A
       i. Paranoid Personality Disorder
       ii. Schizoid Personality Disorder
       iii. Schizotypal Personality Disorder
    b. Cluster B
       i. Antisocial Personality Disorder
       ii. Borderline Personality Disorder
    c. Cluster C
       i. Avoidant Personality Disorder
       ii. Obsessive Personality Disorder
12. Psychopharmacology
    a. History of psychopharmacology
    b. Drug development process
    c. Neurotransmission
    d. Pharmacodynamics, Pharmacokinetics, and Pharmacogenomics
    e. Antipsychotics
    f. Mood stabilizers
    g. Antidepressants
    h. Anxiolytics
       i. Hypnotics
    j. Dementia medications
13. DSM-5 and Occupational Therapy
    a. Psychiatric Theories of Mental Disorders
    b. Occupational Therapy View of Mental Disorder
c. Domain of Occupational Therapy
d. Theories of Occupational Therapy Practice in Mental Health
e. Trends Affecting Mental Health Care in Occupational Therapy

14. Psychiatric Diagnosis and the Classification System
   a. Emergence of the Diagnostic and Statistical Manual of Mental Disorders
   b. Toward the Diagnostic and Statistical Manual of Mental Disorders - 5
   c. Format of the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition

Resources


Resources Other
1. OhioLink.
2. Netscape.
3. Videos (updated as appropriate).

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