Background:
An argument for this course is best described in a quote by Mattingly (1994) taken from a landmark study of clinical reasoning of occupational therapists.

“…concern with a patient’s experience of disability derives in part from deep beliefs that belong to occupational therapy’s professional culture….Yet, the phenomenological perspective, from which illness and disability are treated as meaningful experiences, although seemingly fundamental for the problems occupational therapists tackle, is actually quite neglected as an articulating and legitimizing framework for practice. Occupational therapists are trained much more systematically in the biomedically related sciences that provide them with a way of seeing the biomechanical body……There is no such course to equip the occupational therapist to treat the phenomenological body. They learn little or no philosophy, sociology, anthropology. The psychology of disability as an illness experience is addressed incidentally, in less pedagogically emphasized, clinically oriented courses……
Yet the phenomenological body is the one therapists encounter just as often as the biomedical one…..They are drawn into the phenomenological world of these patients by the way they work with them as much as by the questions they ask. The meaning that the patient makes of an illness enters directly into the therapeutic process, because this process is built on a practice of “doing with” the patient. This requires……treatment goals that are meaningful enough to patients that they are motivated to work hard, as partners in the therapeutic process. The therapists thus find themselves constantly confronted with the interpretive task of translating between their way of seeing and the patient’s.” (Mattingly, 1994, p.75.)

Course Rationale and Objectives

The UNC-CH Occupational Science curriculum emphasizes the humanistic, client-centered treatment of occupational therapy clients. This emphasis is based on the assumption that the effective occupational therapist addresses the person’s disability experience as well as the functional problems. Thus, evidence based practice encompasses knowledge acquired from the humanities, the social sciences and health sciences in order to achieve outcomes that will significantly impact the quality of life for clients. This course interweaves phenomenological and biomedical study of illness and disability in order to equip the occupational therapy student with
information, understanding, investigative skills and courage to pursue and improve upon the problems of living for people with disabilities. By the end of this course the students will:

1. Gain information about commonly seen health conditions and related impairments, and their impact on occupational performance.
2. Understand the phenomenological experience of disability from the patient and family perspective, and the effects of disability and illness on occupational patterns and participation with life.
3. Develop investigative skills and habits relating to biomedical and phenomenological problems for evidence-based practice, including seeking information, evaluating assumptions, and valuing constructive criticism.
4. Apply ICF framework to understanding the disablement process and to identifying outcomes of ablement brought about by effective occupational therapy interventions.
5. Inspired by an optimistic view of human adaptability and courage in the face of illness and disability, communicate an attitude that occupation has the power to bring about positive change in individuals.

Content in the Context of the Curriculum

This course held in the Spring semester of the first year of study, draws upon previous coursework in: occupations (OCCT 826), practice environments (OCCT 736), occupation-centered practice (OCCT 748), and musculoskeletal function (OCCT 711). In tandem with this course are two related courses taught this semester. Neuroscience: Processes Supporting Occupation (OCCT 720) will provide information on neurological structures and processes that guide information processing, including thoughts, sensory processing and movement. Occupations, Adaptations and Technologies I (OCCT 750) uses a case based approach to teaching occupational therapy processes and modalities. The topics in OT for Older Adults course (OCCT751) also occurs simultaneous with this course and topics have been arranged to enhance learning. The four courses, as well as the two weeks of Fieldwork in Feb and March, have been constructed for integrated and sequential learning experiences. At the end of this academic year, the student will be prepared for a 12 week Fieldwork II experience a setting with adults.

Physical and mental disabilities across the life span will be included in this course. There are four central reasons for merging the mental illness and physical disorders content. First, a dichotomy falsely implies that the medical diagnosis rather than occupational dysfunction drives the occupational therapy process. Second, psychosocial and physiological functions are inseparable in the individual. Third, psychiatric conditions are often in our culture, leaving individuals and families with stigma of “self-imposed” problems. The similarities of physical and mental disabilities are revealed when brought together in one course. Finally, occupational therapists are best prepared as generalists who address mental health and physical needs of clients regardless of the setting, rather than allowing biases toward physical or mental problems guide interventions.

Curriculum objectives:
All the curriculum objectives are addressed in this course in various forms. The following curriculum objectives are the central foci of this course:

CLINICAL REASONING:
To value and engage in reflective clinical reasoning with clients throughout the intervention process in order to enable clients to better construct daily occupational patterns that are satisfying and consistent with their values and goals.
I.3. Use clinical reasoning to explain a comprehensive picture of the client.(cognitive: eval.)
INVESTIGATIVE REASONING:
To seek, assess, and apply scientific research and scholarly literature to questions and problems that arise in the profession.
III.2. critically evaluate diverse areas of knowledge in order to inform and expand the developing science of occupation and its application to occupational therapy. (cognitive: synthesis & evaluation)
III.3. demonstrate effective habits of scholarly behavior.  (affective: value complex).

OCCUPATION AS A MEDIUM OF CHANGE:
Value and collaborate in the use of occupation as a powerful means of establishing or re-establishing health and well-being
VI.1. use contemporary models of ablement and disablement to discriminate factors that facilitate, enhance, or impede occupational performance. (affective: value complex)

ETHICAL REASONING
General goal: To develop and act on personal and professional standards of conduct that are based on a commitment to the greater good and humanism.

Framework
The titles of the units of this course are about health conditions to offer an organization system to think about those conditions. However, the actual framework or "way of thinking" about the material in the course is the ICF Classification System for Function and Disability. This model offers a thinking frame for incorporating the health condition, the environment, personal characteristics, and associated abilities and disabilities.

<table>
<thead>
<tr>
<th>International Classification of Function and Disability (WHO,2002)</th>
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<tbody>
<tr>
<td>Interaction of Concepts</td>
</tr>
<tr>
<td>Health Condition (disorder/disease)</td>
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<tr>
<td>Body function&amp;structure (Impairment)</td>
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<tr>
<td>Activities (Limitation)</td>
</tr>
<tr>
<td>Participation (Restriction)</td>
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<tr>
<td>Environmental Factors</td>
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<tr>
<td>Personal Factors</td>
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Methods:
The diverse content of this course calls for various teaching methodologies. Medical content will be delivered through readings and lectures. Guest lecturers will range from health professionals, including OT’s to people and family members with health conditions. Phenomenological understanding will arise from reading personal narratives, research of phenomenological themes, as well as presentations by individuals with disabilities and their family members. Learning experiences will include reflection on simulated disabilities and the experience of setting goals for personal change. As it is impossible to explore all relevant diagnostic groups and phenomenological dimensions of disabilities encountered in practice, diagnoses most frequently seen on FW will be covered. More importantly, students will develop skills in
investigative reasoning through course assignments. Students will research biomedical and phenomenological topics in depth. Products of this inquiry will be written work and presentations that are delivered individually and in groups. Peer learning, a critical component of this course, will occur through discussion, presentations to the class and via internet communications. Principles of moral develop that underpin the pedagogy and ethics conveyed in this course are guided by Perry (1970). The course addresses all levels of Bloom’s (1956) cognitive development, with emphasis on application, synthesis and evaluation.

Readings:
Note: Some AJOT articles can be accessed by you as members, on the AOTA website.
REQUIRED TEXTS: * texts required in other courses in the curriculum

Selected Narrative books

Grading and Class Policies
1. **Timeliness.** Class will always begin at stated time. Students are expected to be in class at the start of the session. Sign in to clipboard if you arrive late.
2. **Attendance.** Attendance will be taken daily. Division attendance policy applies to this class.
3. **Deadlines.** Late assignments are deducted 5% of grade for each day late. Exceptions will be made only in clearly documented cases of illness or personal emergencies. In these cases, students must, if at all possible, speak directly to instructor prior to deadline.
4. **Preparation for class.** Students are expected to arrive in class having read and thought about the required materials _using the objectives for the class session as a guide_, as well as other instructions on the syllabus.

Grading Scale. All assignments, as well as final grade, will be calculated on the scale:

- H = 96 to 100
- P = 80 to 95
- L = 69 to 79
- F = < 68

**The Honor code:**
You are encouraged to discuss assignments and study with fellow students outside of class. Exams are to be taken without assistance of readings, notes, or other students, unless otherwise specified. Assignments completed outside of class may be discussed generally with other students. However, you must credit other students’ ideas if you use them in your work.

**Pledge:** You are required to sign a pledge on all written work, according to the Instrument of Student Judicial Governance. On your first assignment, write out the pledge: “On my honor I have not given or received unauthorized aid on this assignment”. On subsequent assignments you may simply write “pledge” and sign your name.
COURSE UNITS
I  Intro to Phenomenological & Biomedical Perspectives: Course Framework
II Neurological Conditions & Meanings of Illness and Disability Experiences
III Mental Conditions in the Context of Culture and Occupational Participation
IV Integrating Ethical, Investigative and Clinical Reasoning to Understand Health Experiences and Conditions
V Synthesis of Phenomenological and Biomedical Perspectives for Occupation Centered Practice

CLASS SCHEDULE & PREPARATION

UNIT 1: Introduction to Phenomenological & Biomedical Perspectives

Class # 1 Monday January 12
Introduction and Overview of Course; ICF Framework;
Integrating Phenomenology & Medicine in Occupational Therapy Practice

Objectives: Student will be able to:
♦ Discuss the rationale for occupational therapy education (and this course in particular) that integrates biomedical and phenomenological perspectives of illness and disability, as well as integrating physical and psychiatric disabilities [application/analysis]
♦ Give examples of how phenomenology and biomedicine differ in perspectives on time, illness, healing, and knowing. Then explain why each approach is essential but alone is insufficient in OT practice. [application]
♦ Explain the components of the International Classification of Function and Disability, and how it could be used to integrate social and biomedical aspects of function. [synthesis]
♦ Discuss the value of self-awareness of mental habits to question assumptions about clients and practice, and to deliberately employ different modes of thinking to solve clinical problems. [evaluation]

Preparation:
♦ Come to class prepared to discuss an illness or disability experience depicted in a movie or as an autobiographical narrative book. Chose a story you have read/seen recently enough to discuss. When you come to class you will consider the dimensions of the ICF(WHO, 2002) in the life of the protagonist that you garnered from the story.
♦ Then read Turpin (2007) The issue is: Recovery of our phenomenological knowledge in occupational therapy. AJOT, 61(4), 469-473. In class we will explore our habits of thinking as we share stories and clinical problems.

Optional readings:
Class # 2 – Wednesday January 14 – Truth and Facts in Illness and Healthcare Experiences – perspectives from patients and providers

This class has two parts. It begins with a discussion of Medical Humanities by our guest speaker, Jane Thrailkill, PhD Professor of English and Comparative Literature, followed by an overview of body systems and related health conditions/pathologies.

◆ Contrast views of truth and fact when considering stories about the meaning illness has in the story of a person's life. [evaluation]
◆ Explore what it means to “practice” in healthcare (as an “imperfect science”), and the culture of learning that is central to but often hidden from patients and the public. [synthesis]
◆ Given a story of a person (in the context of culture/family) who is prescribed treatment, discuss varied meanings of “compliance” or “adherence”. [evaluation]
◆ Describe the main human body systems, and categories of impairments that are likely to arise from health conditions in each system, as well as examples of the interaction between systems.[comprehension & application]
◆ Given an example of a person with a disability, explain how an OT could integrate understandings of problems with living (phenomenological) with problems in a body structure or function. [application]

Preparation:
Read the first three objectives above to guide your reading of these excerpts from books.
- See if there is anything you don’t already know from this website: Communicating with and about people with disabilities. http://www.dol.gov/odep/pubs/fact/comucate.htm

Optional Reading:
- Dr. Thrailkill’s website FYI: http://english.unc.edu/faculty/thrailkillj.html

Required reading for students rusty or unfamiliar with genetic transmission of conditions: http://www.mda.org/publications/gen_faq.html#inherited

Lingering question: How can we best understand facts and truths in stories from our clients?
UNIT 2: Neurological Conditions and Meanings of Illness to the Person & Family

Class#3 - Wednesday Jan 21
Part 1: Power and personhood in healthcare and rehabilitation after Brain Injury
Guest Speaker: Whitby Joyner

Part 2: Overview of Neurological Conditions & CNS impairments over the lifespan

Objectives: Student will be able to:
♦ Identify three different categories of neurological dysfunction. [knowledge]
♦ Describe conditions that produce CNS damage including: types of stroke/CVA, traumatic injuries, neoplasms, infections, degenerative conditions and A-V malformations. [knowledge/comprehension]
♦ Discuss the potential sequelae of CNS damage, including: sensory, motor, visual, perceptual, communication, cognitive and emotional changes. [knowledge/comprehension]
♦ Identify symptoms of CNS damage including: aphasia, dysarthria, agraphia, homonymous hemianopsia, unilateral neglect, apraxia, dystonia, spasticity, hypertonia, athetosis, flaccidity, hypotonia, ataxia and dysphagia. [application]
♦ Discuss the importance of the occupational therapist monitoring of neurological status in persons at risk for neurological changes. [application/analysis]
♦ Distinguish the etiology, area of damage to the neuromuscular system, and likely impairments for the following conditions: Post-Polio, ALS, DMD, Parkinson's (PD), MS [Comprehension]
♦ Give examples of how roles of the provider, perceived helpfulness of services, and personal characteristics of the providers influence clients’ experience of health care. [application]
♦ Apply ICF framework to describe ability and disability in a person with a neurological condition. [application]

Preparation:
Read the following articles with the session objectives in mind. Then based on your readings, generate two questions you would ask of our guest speaker.
• Radomski & Latham – Chapter 39 on ABI – read with focus on pages 1043-1056. You can skim the remainder of the chapter.

Resources:
BI Association: http://www.biausa.org/index.html (has some limits in access)
Veterans’ Administration site on Brain Injury: http://www1.va.gov/vhi/page.cfm?pg=33
Defense and Veterans association :http://www.dvbic.org/

Lingering question: What is OT’s responsibility and capability to influence power differentials in healthcare?
Class # 4 – Monday, January 26

Meaningful occupations: Living life to its fullest with Multiple Sclerosis
Guest Speaker: Alice McCall-Smith

Objectives: Student will be able to:

♦ Describe the impairments associated with Multiple Sclerosis, and their potential effects on activity performance. [knowledge/comprehension]

♦ Describe occupation based approaches to manage symptoms of MS and to participate with life with MS. [knowledge/comprehension]

♦ Identify issues of parenting for a person with MS at the impairment, activity and participation level of the ICF classification system. [application/analysis]

♦ Discuss how uncertainty of prognosis creates a different story of illness and disability, as compared to conditions with a predictable course. [synthesis]

Required Readings:

• Matuska & Ericson (2008), Lifestyle balance: How it is described and experienced by women with MS. JOS 5(1), 20-26.

• Radomsky & Latham Book: Forwell, Copperman & Hugos; Neurodegenerative Diseases. Chapter 40, pages 1083-1090 (MS)

• Read this webpage on: Frequently asked questions: http://www.msfacts.org/info_faq.php MS Foundation.

Recommended readings:

• Law, M. (2002). Distinguished scholar lecture: Participation in the occupations of everyday life. AJOT, 56(6), 640-649. (e-reserve)

• Anything by Nancy Mairs.

Lingering question: How might you involve children of a client in occupational therapy intervention?
Class #5 Wednesday January 28
Living a Life with after Stroke /Brain Attack; Non-normative life events
Guest Speaker: Martin Gonzalez, PhD

Objectives: Student will be able to:
♦ Explain variability in patients motivation and feelings of hopefulness over the course of recovery from a health condition. [application/analysis]
♦ Discuss possible differences in the experience of physical disability for a person who works in manual labor as compared to a person with a "desk job". [synthesis/evaluation]
♦ Discuss the limitations of rehabilitation services using time limited acute medical insurance guidelines. [analysis]
♦ Contrast the experiences (of clients and providers) when faced with a non-normative life event such as a stroke occurring in mid-life as compared to late life.[evaluation]

Preparation:
This looks like a lot, but they are short:
- Sabari, JS. Occupational therapy after stroke: Are we providing the right services at the right time? AJOT
- Diabetes is a risk factor for stroke. If you are unfamiliar with diabetes, take a look at this website: http://www.diabetes.org/home.jsp
- Sarton- excerpt on ereserves

Visit website:
American Stroke Association: www.strokeassociation.org A division of the American Heart Association, this organization focuses on prevention, education, support, and research. Browse the site. Be sure to check “warning signs” You may want to use the link that allows you to send the “warning signs” card to someone you know. Also be sure to check the section on “risk factors for stroke.”

Recommended Reading:
- http://www.strokesurvivors.ca/ Is filled with information on health and function after stroke, including specific strategies for life after a stroke.
- National Institute of Neurological Disorders and Stroke, stroke information page: http://www.ninds.nih.gov/disorders/stroke/stroke.htm . NINDS is a division of NIH. Many resources about stroke including research literature and patient information. Has Spanish versions.
- The Heart association also has many resources for prevention, identification and life management after a stroke. http://www.americanheart.org/ - American Heart Association
- Chapter 38 on Stroke by Woodson, in Radomski and Latham.

Lingering question: How do normative and non-normative life events influence our approach to clients?
Class # 6 – Monday, February 2

Loss, Adaptation, and expectations: Lessons from older adults with Parkinson’s Disease
NOTE: This session will be held at local retirement communities: Carol Woods and Carolina Meadows– (see sign up sheet).

Objectives: Student will be able to:

♦ Discuss challenges when health care providers or family invalidate their experiences with their condition, or do not understand conditions such as PD for which symptoms vary greatly. [application/analysis]

♦ Explain how therapists develop repertoires of adaptive strategies learned from experiences with clients, and then use that knowledge to inform practice with other clients. [application]

♦ Discuss the importance of identifying different types of pain in order to identify appropriate approaches to pain management. [application]

♦ Argue in favor of and against the following statement “OT needs to get in there and teach proper strategies before clients develop bad habits to compensate for disability”

Preparation:
This preparation addresses various neurological and neuromuscular conditions.

• Imagine you are not familiar with Parkinson’s and you are about to see a client with this condition. You have 15 minutes to familiarize yourself before the client arrives: Go to this website to prepare: http://www.mayoclinic.com/health/parkinsons-disease/DS00295


• If you are not familiar with genetic transmission of conditions, review: http://www.mda.org/publications/genetics.html

• Gawne, AC – Pain in post-polio syndrome, Spain Rehabilitation Center

Recommended Resources:


http://aztec.asu.edu:80/easterseals/ - Easter Seals

http://www.parkinson.org/ - National Parkinsons Foundation

http://www.parkinsons-foundation.org/ - Parkinsons Foundation

http://apdaparkinson.com/ - Parkinsons Disease Association

Lingering question: With the time pressures in healthcare settings, how do we allow for the natural emergence of adaptive strategies of clients before rushing in with our recommendations?
Class #7 – Wednesday February 4 - Spinal Cord Injuries
Guest Speaker: Angie Webb, OTR/L

Objectives: Students will be able to:
- Describe the etiology, anatomy and physiology of SCI, and common medical intervention associated with acute SCI. [knowledge]
- Describe common secondary complications and precautions associated with various levels of SCI [knowledge]
- Given a case example, identify movement and sensory abilities and limitations associated with complete SCI resulting in paraplegia and quadriplegia, while also recognizing that complete symmetrical SCI is rare. [comprehension]
- Describe common OT evaluation and treatment procedures used with persons with SCI. This includes orthotics, adaptive equipment, as well as resources for further information for use in practice.[comprehension]
- Apply understanding of spinal innervation to hand grasp patterns at SCI levels C5-T2.[application]
- Analyze a case example of OT treatment for a person with a SCI a to determine the type of reasoning that was used (procedural or interactive) and evaluate the treatment in terms of “best practice” with this individual. [analysis/eval]

Required readings:
- Radomski and Latham. Chapter 43 by Atkins on SCI

Recommended resources:
http://www.spinalcord.org/– Spinal Injury Association
http://brain.mgh.harvard.edu:100/hydrsrc.htm – Hydrocephalus, spina bifida…

Lingering question: When OT students encounter same age clients with spinal cord injuries, they often find the tragedy difficult to cope with. Why is this so, and is it a reasonable response?

Unit Summary and Discussion
- Optional: Read Chapter 13 in Cara and MacRae Text by Pendleton and Schultz-Krohn – Psychosocial Issues in Physical Disability.

Exam 1 – Units 1 & 2 - Thursday February 5 – This will be an online exam

NO CLASS FEBRUARY 9-13 – FW I in a setting for people with physical disabilities
UNIT 3: Mental Conditions in the Context of Culture & Occupational Participation

Class # 8- Monday February 16 –
Part 1: Unit Introduction -Overview of mental health conditions, and medical and cultural determinants of mental health.
Part 2: Personality Disorders: Sarah Falgowski, MD

◆ Compare and contrast the origins, assumptions and treatment strategies associated with the following psychological models: Humanistic, Biological, Psychodynamic, Behavioral, and Cognitive. [knowledge/comprehension]
◆ Give an example of how each of the models could be integrated into occupation centered practice, and how they differ from occupation centered practice.[application]
◆ Discuss the framework and components of the DSMIV-R and diagnostic process, including the Axis II conditions.[comprehension]
◆ Considering the diagnosis of a personality disorder is relative to an individual’s cultural expectations, discuss both sides of a controversy associated with bias in diagnosis.
◆ Explore how evidence about environmental factors and genetic predisposition to personality disorders and other mental conditions might influence bias about people with those conditions.[evaluation]

Required Readings:
Cara and MacRae – review objectives to guide your reading
- Chapter 4 – Theories of Mental Illness (Alessandri, Cara and MacRae)
- Chapter 5 –Psychopathology and the Diagnostic Process (MacRae)
- Chapter 9- Personality disorders – skim this to prepare for a presentation about different types of personality disorders, bring questions.

LINGERING QUESTION: What are your biases about whether psychopathology is socially constructed or a medical condition?

Recommended Reading:
- Cara and MacRae Chapter 3- History and Philosophy of Psychosocial OT.

Class #9 – February 18 – Self – assessment and self-management of mental wellbeing;
Part 1: Mood disorders
   Guest Speaker: Gloria Lightsey-Lewis, MDiv
Part 2: Geropsychiatry
◆ Contrast the cognitive and family centered approach to depression described by Yapko (1999), with the individual and medically oriented approaches described in the chapter by Cara (1998). [evaluation]
◆ Argue the rationale for occupation as a fundamental approach to management of mental illness, and furthermore how occupation can be a part of a comprehensive intervention that would include medication, cognitive restructuring and lifestyle interventions. [evaluation]
◆ Offer strategies that OTs can offer to assist in the self-assessment and lifestyle management of mental health. [application]
Differentiate features of delirium, depression and dementia in older adults, as well as the
difference in how these conditions are managed. (also recognize they can appear together)
[comprehension] (Note Geriatric conference will offer more information on this topic)

Preparation:
Cara and McRae:
- Chapter 7 – Mood Disorders – Cara - read this, it is filled with good information
- Chapter 8- Anxiety Disorders – Levitt – skim, so it’s a future reference
- Chapter 12- Mental Health in Older Adults offers reference information that will enhance
what you are learning in the OCCT 751 class on dementia, delirium and depression.
Look at the following excerpts:
  - page 337- Table 12-1 Presentation of psychiatric symptoms in older adults;
  - Page 341 -clinical course of Alzheimer’s;
  - page 343-Case Illustration: Mrs. Ayala: In vivo assessment;
  - page 349- Case: The abuse of Mr. Dempsey
Then to shift to a cognitive-behavioral and family focused approach by a psychologist in the
spreading in families. New York: Golden Books. Read Chapter 7 (pp139-166), You won’t be
able to read this without considering your family habits of thinking and interacting, and be
careful that you don’t ‘pathologize’ your family…more than they deserve. Does the article
the optimism changing thinking habits to influence mental wellbeing? Also consider whether
a purely psychological, rather than biomedical view is sufficient to understand depression.

Recommended Reading:
Scheinholtz M: Understanding and preventing suicide. (e:reserve, written by an OT, very
practical and personal)
Styron W. “Darkness Visible” (excerpt, ereserve, an autobiographical account of depression by
a well know author.

Lingering question: If you had a mental illness, would you be less likely to
disclose it than if you had a ‘physical’ condition?

Class #10 – February 23
Part 1: Consumers views of mental health practices and services
  Speakers: Club Nova Speakers Bureau
Part 2: Psychotic Disorders - Guest Speaker: Abraham Nussbaum, MD

Objectives: Student will be able to:
- Discuss the importance of partnership with people with mental illness to address issues of
  stigma and participation that they face. [comprehension]
- Demonstrate effective listening when people describe their illness and disability
  experiences, to better understand the emotional and practical aspects of living. [application]
- Notice themes of meaning of occupation described by people with persistent mental illness.
  [analysis]
- Describe the etiology (if known) & features of schizophrenia, mood disorders, anxiety
  disorders and personality disorders, and contrast medical management approaches to each
  of those general groups. [knowledge/comprehension]
Describe symptoms of mental illness in the categories of: thought, language, perception, hallucinations, delusions, affect, lability, orientation, memory, and sensorimotor changes. [knowledge]

Describe characteristics of schizophrenia relative to disturbance of: content of thought, form of thought, perception, affect, volition, sense of self, and psychomotor behavior (negative and positive symptoms). [knowledge/comprehension]

Describe symptoms of medication induced movement disorders: tardive dyskinesia, akathesia, neuroleptic induced parkinsonism. [knowledge/comprehension]

**Preparation/Required Readings:**

Read the following resources
- Cara and MacRae: Chapter 6 – Schizophrenia – MacRae (use session objectives, part 2, to guide your reading)

Watch or read–”A Beautiful Mind” if you haven’t already. Then look at Will, GF. John Nash’s renunciation e:reserve.

Club Nova: [http://www.clubnova.org/](http://www.clubnova.org/) (check out the website of our guest speakers’ program)

**Optional:**


Clubhouse model programs: [http://www.iccd.org/default.aspx](http://www.iccd.org/default.aspx) - check it out

*Lingering question: What is the best mechanism to dispel myths about schizophrenia? When someone says they are feeling ‘schizophrenic’ about something, do you correct them and recommend they say they are ‘of two minds’ about something?*

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**Class #11 February 25**

**Family Experiences in Mental Health: Family occupations and communication challenges in the mental health system**

**Guest Speaker: Lee Smith**

**Objectives:** Student will be able to:
- Discuss the variety of responses that family members may have to mental illness. [knowledge/comprehension]
- Appreciate the effect that mental illness can have on individuals, family members and the family structure. [synthesis]
- Identify cues in a family member that indicate problems with coping or inadequate support network, and how occupation can be therapeutic for family.[application]
- Describe the contributions of organizations such as NAMI for information, political action, and support. [evaluation]
- Discuss the importance and also limitations of family involvement in treatment of an individual with mental illness. [application]
Preparation:
- Begin by reflecting on the guest speakers from last session to consider if their comments about occupation aligned with the findings of the following study. (When reading the article, briefly read the background and methods, and then focus on the themes and discussion)
- Then in preparation for today, shift to thinking about families with mental illness, read Cara and MacRae’s Chapter 1 –The client and family experience (Roth and McCune)
- Read this account by author Lee Smith, our guest speaker for today, and notice how she sees occupation for herself as well as for her son:
  http://www.leesmith.com/works/showingup.php
  Also located at: http://www.newsobserver.com/105/story/490302.html

Check it out:
- NAMI Homepage: http://www.nami.org/
- Mental Health Association of NC: http://www.mha-nc.org/english/

Lingering question: Recognizing the value of confidentiality under HIPAA, do you feel that families of people with mental illness should be given full information regardless of whether the client gives permission? In what cases do you think health information should or should not be given? In a system that requires ‘commitment’ for inpatient services, what are potential effects on trust and cohesion in a family?

Class # 12 March 2
Mental Health and Occupation in the Context of War, Disaster and Incarceration
Guest Speakers: Valerie Fox, MS, OTR/L; Stan Bennett, MS, OTR/L, LT, USPHS; Julie Toporek, MS, OTR/L

Objectives
- Explain the role of OT in working with individuals with mental health conditions in the context of war, disaster and incarceration [application]
- Discuss the confounding influence of depression, PTSD and substance abuse on management of other conditions. [application/analysis]
- Differentiate substance abuse, dependence, addiction and dual diagnosis. [knowledge/comprehension]
- Describe how an occupational therapist might use a substance abuse evaluation (CAGE questions), elements of treatment models (12-step or cognitive behavioral) as well as the Transtheoretical Model of Behavior Change in practice. [knowledge/comprehension]
- Discuss problems with recovery posed by an individual’s home environment and the occupations associated with using that are part of that context.[application/analysis]

Required Reading:

Cara and MacRae:
- Chapter 16 – Substance Use Disorders – Stoffel & Moyers
- Chapter 20 OT in the Criminal Justice system by Snivley and Dressler
- Skim Chapter 8 section on PTSD
AOTA (2006). The role of occupational therapy in disaster preparedness, response and recovery. American Journal of Occupational Therapy, 60(6), 542-649. – Find in online AJOT

Recommended Reading:

Lingering questions: People who are convicted of crimes are often punished by depriving them of rights, including occupational justice. How does occupational therapy reconcile our position on occupational justice within the penal system? Consider this in the case of a person with depression who is in prison. Consider this in the case of a person who committed murder or rape.

Class #13 March 4
Part 1: Mental Health Conditions in Childhood and Adolescence
Guest Speaker: TBA
Part 2: Unit review

Objectives:
- Explain helpful concepts posed in your readings with regard to childhood and adolescent mental health: structure/consistency, limit setting, avoiding power struggles, team approach and medications.[comprehension]
- Give an example of the distinction in mental health diagnostic process in children and adolescents, as compared to adults.[application]

Reading:
Cara & MacRae (Reminder: use the class objectives to guide your reading)
- Chapter 10- Mental Health of Children - Lambert
- Chapter 11-Mental health of adolescents- Haiman, Lambert and Rodriguez

Lingering question: What is your level of comfort in working with children with mental illness? What is the place of warmth and unconditional love in the context of a child who commits arson or injures animals? What about your ability to accept that children who are being discharged from your services may return to a hostile home life?

Exam on Unit 3 – This will be an online exam through Blackboard – March 4

March 5-6 Geriatric conference: Multiple diagnoses and issues will be discussed including:

MARCH 9-20 – No Class; FW I in Mental Health setting and Spring Break
UNIT 4: Integrating Ethical, Investigative and Clinical Reasoning to Understand Health Experiences and Conditions

Class # 14 - March 23 –
Part 1: Exploration of meanings of suffering, mind-body dichotomies, and beliefs about change.
Part 2: International Perspective on Infectious Diseases & HIV; Health Disparities
   Guest Speaker: Irving Hoffman, Director, International Operations
   UNC School of Medicine, Division of Infectious Diseases

Objectives:
- Engage in a dialog about how beliefs about a mind-body dichotomy informs or complicates our understanding of human suffering. [evaluation]
- Discuss how the transtheoretical model of change and health beliefs model apply to your goal attainment scaling experience. [application]
- Discuss HIV from a public health perspective, as it has evolved from epidemic to pandemic and from a fatal disease to chronic condition. [comprehension]
- Evaluate the significance of confidentiality, fear and stigma, as they apply to persons with AIDS. [synthesis/evaluation]
- Explore the impact of overt and unspoken health disparities that are likely in the context of social privileges in the US. [analysis]

Preparation:
Part 1:
- Review the syllabus and assignments, come to class with questions. Also review your Goal Attainment Scaling plan.

Part 2:
- Ezzy, D. (2000). Illness narratives: time, hope, and HIV. Social Science and Medicine, 50(2000), 605-617. This is a long article, just skim it, but I hope you’ll take time to read it later.

Recommended Reading:

Lingering questions: After reading the article about white privilege, do you feel that this problem exists in your life (ie Is it a dilemma for you)? Do you feel you can stand up and speak when disparities are in your view? What responsibility does our country and our profession have to address world issues, such as the HIV pandemic? Imagine... 20 million lives.
Class # 15 – March 25 – Neurodevelopmental Disorders: Focus on Autism  
Guest Speaker: Grace Baranek, PhD, OTR/L

Objectives: Student will be able to:
- Describe the differential diagnosis of autism, mental retardation and learning disabilities. [knowledge/comprehension]
- Discuss mental retardation and autism, with regard to sensory processing, communication and occupational performance deficits. [application/analysis]
- Discuss the importance of the environment and task modification in providing the cues, structure and opportunities for enhanced performance for persons with mental retardation and autism. [application/analysis]
- Propose strategies to enhance the quality of life for older adults with developmental disabilities. [synthesis/evaluation]
- Discuss the value of understanding personal perspectives of a person with autism and a sibling of a person with autism, in order to provide more efficacious occupational therapy services. [application]

Required Readings
- Then to think about family and community context either
  2. Watch “Gilbert Grape” Movie (Sue has DVD)

Recommended Readings

Lingering question: While the data shows no evidence that autism can be caused by vaccines, what is your feeling about a parent who does not vaccinate their children and risks public health of others, on the belief that a vaccine might harm their child.
Class # 16 - March 30

Adaptation to Work & Aging with CP, Guest Speaker - Ellen Scherling-Morales, MA, OTR/L - NC Division of Vocational Rehabilitation

Objectives: Student will be able to:

- Discuss the potential impact on environmental exploration and social participation imposed by impairments in sensory and motor function in a child with CNS dysfunction. [Synthesis]
- Argue the importance of interdisciplinary teamwork that includes family and caregivers in the care of children and adults with CNS conditions. [Synthesis]
- Discuss the challenges of aging with a disability and its impact on work and future plans. [Synthesis/evaluation]

Preparation:

- Christiansen text, Ways of Living, Chapter 11 Self care strategies for people with movement disorders, by Poole. – Skim this so you’ll keep this as a reference
- My Left Foot- Book or movie

Lingering question: When you work with a child with a developmental disability, does it help to imagine their life and function as an adult or older adult? Can it enhance or limit your view of what you should do? How do you best balance interacting with a person with a speech communication disorder that is both natural and also ensures that you are understood? Consider when a person does not make eye contact with you or is sitting in a wheelchair.

Class #17 – April 1

Cardiopulmonary Conditions: Quality of life with Fear, Fatigue and Dypsnea

Objectives

- Describe important symptoms and impairments cardiac and pulmonary disorders. [Knowledge/comprehension]
- Discuss the limitations in social participation that may arise from pulmonary disorders, and ways OT’s can address environmental barriers and grade occupations to promote participation. [Application/analysis]
- Discuss the psychosocial aspects of cardiac and pulmonary disorders, and the implications of programming that only addresses physiological aspects of function. [Synthesis/evaluation]
- Evaluate one’s own limitations and strengths with regard to working with clients with terminal conditions. [affective]
- Explain how occupational projects can become central to life and occupational therapy with people with limited energy or limited time. [synthesis]
Preparation:
- Skim - Trombly and Radomski- Ch 47- Cardiac and Pulmonary Dz, by Huntley -

Lingering question: Imagine that you are invited to go rock climbing with a friend who has an UE prosthetic. What questions or concerns might you have?

Class # 18 – April 6 – Arthritis
Guest speakers: Patient Partners- Mary Roberts, 1-2:30
OT perspectives on RHE -2:30-3

Objectives: Student will be able to:
♦ Describe the symptoms and sequellae of OA and RA. [comprehension]
♦ Recognize there are many types of rheumatic conditions. [knowledge]
♦ Describe the role of medications and surgery in management of rheumatic diseases. [comprehension]
♦ Argue the rationale for the use of a top-down approach to evaluation of individuals with arthritis. [comprehension]
♦ Give examples OT interventions (joint protection, energy conservation, etc), resources, splints and assistive devices that can be useful for people with arthritis. [application]
♦ Gain comfort in touching and asking questions to a person with arthritis. [application]

Required Readings:
- Radomski and Latham– Chapter 44-RA, OA & Fibromyalgia by Yasuda
- http://www.arthritis.org/ - Arthritis Foundation - Visit the website to take in resources and note the many different types of arthritis.

Resources:
- Jeannie Melvin’s book on Rheumatic Conditions is an excellent resource for OT’s.
- Arthritis Foundation website : http://www.arthritis.org/conditions/diseasecenter/RA/

Lingering question: If you found out you had rheumatoid arthritis, what would be the first thing you would want to do?
Class # 19 – April 8  Life with and altered body image: Amputations, Prosthetics
Guest Speaker: Fay Tripp, MS, OTR/L

Objectives: Student will be able to:
- Describe the etiology, anatomy and physiology of amputations, and common medical intervention associated with acute amputations. [knowledge]
- Identify abbreviations associated with amputations, and the parts of prosthetic devices.[knowledge]
- Explain abilities and physical limitations associated with levels of amputation in upper and lower extremity, and how these factors influence options for prosthetic devices. [application]
- Describe common OT evaluation and treatment procedures used with persons with amputations: psychosocial aspects of loss of limbs, pain management, compensatory techniques, desensitization, stump shaping, pre-prosthetic training, prosthetics devices, and other assistive technology. [knowledge-application]
- Discuss how the experience of congenital malformations of limbs might be different than loss of limbs from injury or war. [synthesis/evaluation]

Required readings
- Radomski and Latham Chapter 46 by Celikyol – Amputations and Prosthetics
- Review this website on services for soldiers with amputations from the war in Iraq: http://www.amputee-coalition.org/military-instep/amputee-rehab.html

Lingering question: Imagine that you are invited to go rock climbing with a friend who has an UE prosthesis. What questions or concerns might you have?

Class #20 – April 13 STUDENT PRESENTATIONS – Diagnosis Based
Class #21 – April 15 STUDENT PRESENTATIONS – Diagnosis based

Class #22- April 20
Integrating procedural reasoning with occupation-centered practices: Hand Injuries
Guest Speaker: Nancy Belding, MS, OTR/L, CHT

Objectives:
- Describe procedural interventions that must balance protection of healing structures, and prevention of stiffness following upper extremity trauma. [application/analysis]
- Explain the etiology of two common upper extremity fractures (proximal humerus and distal forearm) of older adults, and the procedural based management of these fractures. [knowledge/comprehension]
- Identify resources for precautions and OT treatment protocols for common hand injuries and surgical repairs, including management of edema, scarring, stiffness and weakness. [comprehension]

Reading:
- Radomski and Latham Ch 42- Hand Impairments by Cooper

Lingering question: What would you do if the orthopaedic surgeon who refers a client tells you not to ask how the client’s injury occurred?
Unit V: Synthesis of Phenomenological and Biomedical Perspectives for Occupation Centered Practice

Class #23 – April 22

Life participation in the context of change in future time.

Objective:

- Write an objective for yourself to advance your effectiveness as a clinician serving clients (including families) who are facing end of life.

Preparation:

- If you know little about hospice: look around this website: [http://www.hospicefoundation](http://www.hospicefoundation).
- Price R(1994) A whole new life. – Excerpts on e:reserve

*Lingering question:* How might you argue for OT intervention for a person on hospice to complete an occupational project of a quilt? What if the case manager says that this service is not covered or medically necessary?

Class #27 – April 27 – Class Synthesis and Evaluation

April 29– STUDENT PRESENTATIONS – 9AM-3PM Narrative Books and Themes
ASSIGNMENTS AND GRADING

SUMMARY

<table>
<thead>
<tr>
<th>Assignment – Date Due</th>
<th>% of grade</th>
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<tbody>
<tr>
<td>I. Exam- Intro and Unit 1 &amp; 2 – February 5</td>
<td>10%</td>
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<tr>
<td>II. Exam- Unit 3- March 4</td>
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<tr>
<td>III. Diagnosis Project – Handout 4/8; Present April 13&amp;15</td>
<td>25%</td>
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<tr>
<td>IV. Narrative Research Presentation – April 29</td>
<td>25%</td>
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<td>V. Reflections on disability experiences –multiple dates</td>
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<td>VI. Participation – pop quiz</td>
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I & II: Internet based exams

III. Diagnosis Based Presentation and Handout (25% of grade):

Use the grading rubric to guide the contents. Based on ICF, research on the diagnosis, and communication with or from individuals (more than one if possible) with the condition. Consider internet connections, support group, books, movies. *Try to have a direct contact.* This assignment has three parts:

a) **Handout:** approx 4 pages (sides of page) that is a reference for other students.

b) **Class Presentation:**
   Each student will each have 8 minutes for the in-class presentation.

c) **Discussion Forum:**
   Students will post your handout and any additional comments on the researched diagnosis on the discussion forum for the class. Post it between April 18 and 20.

DIAGNOSIS LIST FOR PRESENTATIONS – select a diagnosis that is either unfamiliar to you or that you have a lot to learn about. Also select a diagnosis that is likely to be seen at an upcoming fieldwork placement.

- ADHD or ADD
- ALS
- Aspergers
- Asthma
- Burns
- Celiac Sprue or Chrohn’s Dz
- Cleft palate
- Diabetes
- Duchennes Muscular dystrophy
- Dwarfism
- Eating Disorders
- Fragile X
- Guillian Barre Syndrome GBS
- Lewey Body Dementia or Picks
- Lupus
- Macular Degeneration
- Marfans syndrome
- Meniere’s Disease
- Multiple Myeloma
- Obsessive Compulsive Disorder
- Osteoporosis
- Pseudobulbar palsy
- Polymyositis or polymyalgia rheumatica
- Post-polio
- Rhetts Syndrome
- Sceleroderma
- Spina bifada
- Tourettes
**Contents & Grading: OCCT 722 Diagnosis Project**

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
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<td><strong>Body Structures &amp; Functions</strong></td>
<td>Impairments/OT interventions at this level*</td>
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<td><strong>Personal Factors</strong></td>
<td>- Also address lifespan/ developmental perspective on the condition**</td>
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<td><strong>Environment</strong></td>
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<td>Minimal/ Adequate/Multiple sources</td>
<td>Thorough Errors</td>
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<td>APA Style Well Synthesized</td>
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<tr>
<td>Handout</td>
<td>(4 sides max, 11+pt font, incl: refs, course, your name, date)</td>
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<td>Organized &amp; Well designed</td>
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<tr>
<td>Discussion Forum Posting</td>
<td>– Your handout – 5 points- post April 18-20</td>
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*Issues that frequently (but not always!) arise with condition. TOTAL: [   ]
IV. Phenomenological Presentations – Themes Based On Illness and Disability Narratives

Research Presentation to Class (30% of grade). Students will present in groups of 3-4 on topics built from an illness or disability narrative book. Each group has 40 minutes to give a formal presentation as well as an activity or class discussion of material presented. Each presentation will center upon an illness or disability narrative which students have read carefully, thought deeply about, and researched in order to investigate themes of particular relevance to life participation of the protagonists. Each group will address one or two themes, selected from the list below and approved by the instructor, which particularly stands out in the narrative. Chosen themes will be expanded upon with relevant peer-reviewed scholarship and research in OT, OS and other fields such as anthropology, sociology and philosophy. Successfully expanding upon the theme through peer-reviewed literature constitutes the research dimension of this assignment. Defining a question for inquiry prepares the student for research skills that will be further developed in the second year of the OS program. Also, the student group, through their themes, must succeed in portraying of who their protagonists are/were as occupational beings, and the implications of their research on occupational therapy practice. Handouts are optional but recommended.

Learning Objectives:
♦ Utilize narrative of disability to understand phenomenological experiences of disability and to select a theme for research.
♦ Research a disability theme, using original sources outside of OT, and within OT where appropriate, to define and pursue a research question that relates to practice.
♦ Work collaboratively with other students to explore a topic and create an interesting and cohesive presentation to class.

Project Design & Timetable:
♦ Review assignment in syllabus. Read and discuss text with group.
♦ Determine possible research themes from list.
♦ Meet with professor to discuss book, select theme, and obtain guidance on where to begin research. (March 24)
♦ Research theme, and identify clearly stated research question. (April 7)
♦ Prepare collaborative presentation for class.
♦ Meet with professor to finalize class presentation / Request additional meetings as needed.
♦ Class Presentation – review grading criteria that follows to guide planning. Use visual and auditory…but don’t kill us with ppt.
Illness and Disability Narrative Books


I will consider other books, given a compelling reason. Contact via email for approval:
Author, date, title, contents. Keep in mind it must be a non-fiction first person account of illness or disability. Give your reasons for the choice.
<table>
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<tr>
<th>Evaluation Criteria</th>
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<tr>
<td>Focus on the narrative is too long or too short, and addressed low priority or superficial aspects of the book.</td>
<td>Narrative is conveyed, but lacking some depth of key elements of the person as an occupational being.</td>
<td>Demonstrated accurate and comprehensive understanding of the narrative and of the protagonist as an occupational being, and their participation with life. Includes effective selection from reading given in advance.</td>
<td>X 4</td>
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<td>Implications for OT are not identified.</td>
<td>Some reference to implications for OT and the role of occupation as a medium of change.</td>
<td>Very clearly conveyed how understanding of the protagonist would influence occupational therapy intervention with this individual.</td>
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<td>Five or fewer references or use of only one source (eg. Secondary sources, or only health science literature) Handout of cited references particular to his or her theme using APA format.</td>
<td>Literature is from a few different sources, mostly original, peer review literature. Research is included in the presentation, but without flow and clear connections to theme. Key references not clearly described.</td>
<td>Student smoothly and appropriately referenced peer-reviewed literature in context of presentation, from 6 or more sources. At least two original works are explained in more depth in the presentation.</td>
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<td>Lacking in thought or cohesiveness throughout presentation. No clearly stated research question.</td>
<td>Depth of research and thought, but lacking in cohesiveness, or central theme. Research question is vague, too broad or too narrow.</td>
<td>Excellent depth of research and critical thought about major theme of presentation and its relationship to participation. Research question is clear, interesting and researchable.</td>
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<td>Disorganized presentation. Difficult to follow throughout. Uninteresting, or distracting elements of presentation.</td>
<td>Presentation had central theme, but flow of ideas sometimes difficult. Style of presentation occasionally caused audience to lose interest.</td>
<td>Presentation was well organized, logically developed, creatively delivered and interesting. Including effective use of audiovisuals and handouts.</td>
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<td>Disjointed presentation. Disrespect shown to presentation partner.</td>
<td>Presentation mostly smooth, but reflects lack of thorough planning, rehearsal</td>
<td>Presented a cohesive presentation with group. All aspects of the presentation have been worked out prior</td>
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Clear lack of prep. or communication. to the presentation. There is clear respect and appreciation of the partner’s work.

Lack of class participation. Class participation seemed forced, but occurred. Effectively elicited and sustained a thoughtful discussion following presentation. X 1

Poor preparation throughout the process. Prepared for meetings and deadlines in the process of this project. Prepared in advance for all meetings and deadlines, able to easily shift course if appropriate. Demonstrates interest, inquisitiveness and enthusiasm for project. X 1

TOTAL

Themes for Research Presentation –Link to Participation
Experiences of interdependence/ dependence
Cross - cultural determinants of disability
Stigma & marginalization
End of life experiences
Disability experience from a family perspective
Individual perspectives on safety and autonomy
Invisible disabilities
Experience of the passage of time with a disability
Impact of disability on sexuality
Experiences of chronic vs. acute illnesses
Historical perspectives on disability and the independent living movement
Gender bias in disability experience
Influence of pain on lived experience
Social support- influences on disability experiences
Influence of communication on experience of disability
Illness as Metaphor
Experiences with the health care system
Experiences of employment with disability
Experiences with educational institutions with disability
Leisure participation and disability experience
Socioeconomic influences on the illness experience; social privilege and bias
Occupation and existentialism
Influence of spirituality on illness experiences
Impact of habits and/or routines on adaptation to disability
V. Disability & Ablement Experiences (20% of grade)

Each student will report on the experiences to the course discussion forum, using the questions posed below. Each entry will be between 100-300 words. Five points given for meeting each of the five criteria below.

1. Timely completion
2. Adherence to space & location requirements
3. Clear report of events
4. Comments on personal experience
5. Reflects on experience

INSTRUCTIONS:
Submit your report via Blackboard: W/C, Splint, Vision, GAS
Give your posting a title that conveys a key point of your essay.

Note: If any of these experiences gives you excessive personal stress, discontinue the experience and try again later or contact Sue.

1. Goal Attainment Scaling – goals due January 16 - complete by April 20
Reflect on your experience with the goal attainment scaling process for yourself.
- Discuss the benefits of setting goals at each of the levels.
- How did your personal characteristics affect your selection of the goals, and your ability to follow through?
- How did the environment (physical, social, cultural) affect your selection of the goals and your ability to follow through?

2. Vision impairment – complete by January 26
Wear one of the pairs of vision impairment glasses for a full hour when you are awake, or occlude your eyes for an hour.
- What was the biggest problem you encountered and how did you adapt to the problem?
- What did you learn about yourself and the environment?

3. Wheelchair experience - complete by February 4:
Students will function as a complete T-10 paraplegic using a wheelchair for 24 hours, continuing to go about daily routines. The wheelchair is reserved and checked out from B-1. Students write in the class discussion forum a brief report of learning that that answers the following questions:
- What was the most profound phenomenological aspect of this experience?
- What was the most significant physical limitation you encountered in the environment?

4. Splint – Complete by April 5
Wear a splint made in the splinting lab by another student. Attempt to wear the splint for 24 hours. If you cannot wear it full time, you may use a “2 hours on/ 1 hour off” schedule during the day, and then try to wear it all night. If you get a red area that persists more than 10 minutes after the splint is removed, then stop wearing it. Also remove it if it keeps you from sleeping.
- What did you learn from your experience?
- How will that influence how you will practice in prescribing a splint, fabricating a splint and instructing a patient about a splint?
<table>
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<th>Dates</th>
<th>Theme</th>
<th>Conditions</th>
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<tr>
<td>Jan 12</td>
<td>Ways of knowing through stories and illness narratives; Clients as teachers</td>
<td>Biomedical Culture: language and approaches to knowing</td>
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<tr>
<td>Jan 14</td>
<td>Truth and Facts in Illness and Healthcare Experiences (Thraillkill 1-2)</td>
<td>Body systems: physical health and mental health</td>
<td>Jan 16-Goal Attainment Scaling Plan</td>
</tr>
<tr>
<td>Jan 21</td>
<td>Power and personhood in healthcare and rehabilitation (Joyner 1-2)</td>
<td>Unit Intro – neurological conditions over the lifespan &amp; ABI</td>
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<tr>
<td>Jan 26</td>
<td>When the future changes: occupation, parenting &amp; relationships; (McCall-Smith 1-2)</td>
<td>Multiple Sclerosis</td>
<td>Vision Experience post</td>
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<tr>
<td>Jan 28</td>
<td>Non-normative life events (Gonzales 1-2)</td>
<td>Brain Attack / Stroke</td>
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<tr>
<td>Feb 2</td>
<td>Loss, Adaptation, and Expectations: Lessons from older adults</td>
<td>Parkinson’s Disease</td>
<td>w/c experience post</td>
</tr>
<tr>
<td>Feb 4</td>
<td>Participation in the physical and social environment after traumatic injury (Webb 1-2)</td>
<td>Spinal Cord Injuries and conditions</td>
<td>EXAM 1</td>
</tr>
<tr>
<td>Feb 9-13</td>
<td>FIELDWORK</td>
<td></td>
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<tr>
<td>Feb 16</td>
<td>Barriers to participation for people with mental health conditions –Cultural determinants and evolution of diagnoses &amp; tx (Falgowski 2-3)</td>
<td>Overview of mental health conditions &amp; personality disorders</td>
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<tr>
<td>Feb 18</td>
<td>Self-Assessment &amp; Self-Management of mental health (Lightsey-Lewis 1-2)</td>
<td>Mood disorders; Geropsychiatry</td>
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<tr>
<td>Feb 23</td>
<td>Consumers’ views of mental health practices and services (Club Nova Speakers Bureau 1-2; Nussbaum 2-3)</td>
<td>Psychotic disorders</td>
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<tr>
<td>Feb 25</td>
<td>Family experiences with mental illnesses: Communication challenges in mental health (Lee Smith 1-2)</td>
<td>The mental health system from a family perspective</td>
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<tr>
<td>March 2</td>
<td>Mental health in the context of war, disaster, and incarceration (Panel: Fox, Bennett, Toporek 1-3)</td>
<td>PTSD &amp; Substance Abuse</td>
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<tr>
<td>March 4</td>
<td>Unit review; speaker from psychiatry</td>
<td>Mental health conditions in childhood.</td>
<td>Exam 2 – Mar 5</td>
</tr>
<tr>
<td>March 5-6</td>
<td>UNC Interdisciplinary Geriatrics Conference at the Friday Center. <a href="http://www.med.unc.edu/cme/events/annual-geriatrics-conference">http://www.med.unc.edu/cme/events/annual-geriatrics-conference</a></td>
<td>Topics: Dementia, cardiovascular dx, Cancer, Mental Health, Pain, End of life, polypharmacy</td>
<td>Note this is Thurs and Fri.</td>
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<tr>
<td>Mar 9-20</td>
<td>SPRING BREAK/FIELDWORK</td>
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<tr>
<td>Date</td>
<td>Topic</td>
<td>Notes</td>
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<tr>
<td>March 23</td>
<td>Meanings of Suffering: Challenges of Change in times of suffering; International perspectives &amp; health disparities- (Hoffman)</td>
<td>Mind-body connection Transactionalism Health disparities 3/24 meeting on phenom project; arrive having read and discussed the book and have ideas for themes</td>
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<tr>
<td>March 24</td>
<td>Health Affairs Interdisciplinary Case Conference 5-9PM</td>
<td>This is attached to OCCT750</td>
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<tr>
<td>Mar 25</td>
<td>Impact of sensory and information processing disabilities on participation (Baranek 1-3)</td>
<td>Neurodevelopmental Conditions:Autism &amp; Intellectual disabilities</td>
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<tr>
<td>Mar 30</td>
<td>Life course perspective on Neurodevelopmental conditions (Scherling-Morales 1-2)</td>
<td>CP &amp; Heritable Muscular dystrophies (Genetics)</td>
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<tr>
<td>April 1</td>
<td>Life participation in the context of fatigue and fear about survival</td>
<td>Cardiac &amp; Pulmonary conditions 4/5 Splint experience</td>
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<tr>
<td>April 6</td>
<td>Pain – Is it all in your head? Experiences of chronic vs acute pain. Relationship of pain and control.</td>
<td>Arthritis / RHE 4/7 mtg on phenom project. Bring theme &amp; supporting research</td>
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<tr>
<td>April 8</td>
<td>Life with an altered body image (Tripp 1-2)</td>
<td>Amputations</td>
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<tr>
<td>April 13</td>
<td>Student presentations</td>
<td>Multiple Diagnoses Presentation (Dx)</td>
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<tr>
<td>April 15</td>
<td>Student presentations</td>
<td>Multiple Diagnoses Presentation (Dx)</td>
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<tr>
<td>April 20</td>
<td>Integrating procedural reasoning into client-and occupation-centered practice (1-3)</td>
<td>Hand injuries (Belding)</td>
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<tr>
<td>April 22</td>
<td>Occupations at the end of life, and when life is 'extended'.</td>
<td>Terminal conditions; cure vs palliation 4/20 G. A. S. post</td>
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<tr>
<td>April 27</td>
<td>Class synthesis and evaluation</td>
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<tr>
<td>April 29- 8AM-3PM</td>
<td>Student Presentations – Phenomenological Themes – Participation and Occupation as a medium of change</td>
<td>Group Presentations</td>
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</tbody>
</table>

**GUIDE TO SUCCESS IN THIS COURSE:**
1) Keep up with the readings and due dates. Manage your time!
2) Use objectives to guide your preparation for class and exams.
3) Carefully read and re-read the assignment instructions.
4) Ask questions if you do not understand assignments.
5) Be an active learner: offer, receive and evaluate ideas.
6) Know that you have the capability to do well in this course.