

**OTA 180**  
**PSYCHOSOCIAL DYSFUNCTION**

**COURSE DESCRIPTION:**

Prerequisites: PSY 281

Corequisites: OTA 130

This course uses theories and principles related to psychological/psychiatric health and illnesses as well as provides training in assessing and treating symptoms of dysfunction and therapeutic use of self and groups. Topics include psychiatric illnesses, symptoms of dysfunction, assessment and treatment of individuals, planning and facilitating therapeutic groups, client safety, and psychosocial aspects of practice. Upon completion, students should be able to plan effectively and conduct individual and group treatment for client conditions related to psychosocial dysfunction recognizing temporal, socioeconomic, and cultural contexts. Course Hours Per Week: Class, 2. Lab, 3. Semester Hours Credit, 3.

**LEARNING OUTCOMES:**

At the completion of this course, the student will be able to:

- A. Seek adequate information prior to acting.
  - 1) Use chart and case review to gather pertinent information
  - 2) Identify common precautions and safety issues in mental health settings of care.
  - 3) Follow correct procedures prior to starting treatment with clients with cognitive impairment or psychosocial impairment.
- B. Use standard occupational therapy principles.
  - 1) Relate the occupational therapy principles to clients treated in psychosocial settings/practice areas.
  - 2) Identify the relationship of different theoretical approaches to occupational therapy principles and treatment in psychosocial practice settings.
- C. Grasp new ideas quickly
  - 1) Discuss practical implications of the use of different theoretical approaches when working with clients with interactional or cognitive/processing conditions.
  - 2) Identify the role of stress in all major interactional or cognitive/processing conditions.
- D. Use tact and diplomacy in mental health situations.
- E. Ask questions to gain appropriate information
  - 1) Appropriately use client interviewing skills.
  - 2) Use terminology and wording of questions to elicit needed information from clients with psychosocial or cognitive deficits.
- F. Use therapeutic communication techniques
  - 1) Use group interaction techniques to guide and direct group activities and process.

- 2) Use therapeutic interaction skills in one to one treatment situations.
  - 3) Identify and remediate barriers to effective communication with clients with interactional or processing conditions.
  - 4) Identify and use facilitators to effective therapeutic communications.
- G. Demonstrate a caring non-judgmental attitude in all therapeutic interactions.
- H. Use accepted terminology and abbreviations for interactional or processing conditions and practice areas.
- I. Respect client's rights and values.
- 1) Recognize cultural and religious diversity in assessing and treating clients with interactional or processing conditions.
  - 2) Demonstrate understanding of client's rights and individual values in developing and implementing treatment programs.
  - 3) Describe the basic tenets of a majority of world religions
  - 4) Describe various relationships an individual might have to a religious system or belief set – its impact on mental health and mental illness
  - 5) Define culture, cultural expectations, bias, norms, and isolation
  - 6) Describe the basic norms and expectations for cultures commonly found in this region
- J. Provide for client safety and privacy, with special emphasis on psychosocial settings and cognitive/ processing impairment considerations.
- K. Provide training in community living skills for clients with cognitive, psychological, social skills or affective conditions.
- L. Perform activity analysis.
- 1) Analyze activities for processing components and considerations.
  - 2) Analyze activities for affective and emotional components and considerations.
  - 3) Analyze activities for social and interactive components and considerations.
  - 4) Analyze social and interactive activities for physical and psychomotor components and considerations.
- M. Practice therapeutic techniques to optimize client safety and social integration.
- 1) Identify rationale for use of techniques.
  - 2) Identify appropriate situations for use of techniques.
  - 3) Demonstrate correct and appropriate use of techniques in simulated situations.
  - 4) Demonstrate correct use of documentation systems in programs.
- N. Employ group process skills for psychosocial, educational, or community practice settings.
- O. Identify barriers to effective learning for clients with cognitive, psychological, social skills or affective conditions.
- P. Use learning and teaching principles specific to clients with cognitive, psychological, social skills or affective conditions.
- Q. Use appropriate cognitive retraining techniques.
- R. Interact with clients to determine their needs specifically in the areas of cognitive, psychological, social skills or affective conditions.

## **OUTLINE OF INSTRUCTION:**

- I. Review the language of psychiatry and mental illness
  - A. Use of jargon and abbreviations
  - B. Identify resources to assist with learning the language
  - C. Correct use of the language
  - D. Translating psychiatric language to common slang/language
  - E. Use of uniform terminology
  
- II. Establishing a framework to explore psychosocial deficits
  - A. Diagnosis
  - B. Etiology and Pathology
  - C. Signs and symptoms of dysfunction
  - D. Common procedures, tests and evaluations
  - E. Precautions and safety issues
  - F. Prognosis
  - G. Impact of dysfunction on occupational components and performance areas
  
- III. Common conditions treated by Occupational Therapy
  - A. Psychiatric diagnoses
  - B. Cognitive impairment
  - C. Multi-system complex medical conditions
  - D. Social deficits
  - E. Other conditions
  
- IV. Commonly used treatment approaches for psychiatric diagnoses
  - A. Individual psychotherapy
  - B. Group therapy
  - C. Drug therapy
  - D. ECT
  - E. Substance abuse treatment
  - F. Behavior modification therapy
  - G. Behavior management treatment
  - H. Family therapy
  - I. Habilitation therapy
  - J. Religious treatment
  - K. Other culturally structured interventions
  
- V. Cultural identity – understanding other viewpoints and beliefs
  - A. Review concepts of culture, cultural behaviors and expectations, and beliefs for cultures common to this region
  
- VI. Therapeutic use of self as a therapist
  - A. Rapport and relationship building
  - B. Communication facilitator
  - C. Reflector - feedback provider
  - D. Reinforcer
  - E. Group leader & facilitator

- F. Identify barriers and facilitators of communication
  - G. Non-verbal and verbal behaviors
- VII. Group process and behaviors
- A. Types of groups
  - B. Roles in groups
  - C. Group dynamics
  - D. Therapist's responsibilities
  - E. Group management
  - F. Team building
- VIII. Theoretical approaches for occupational therapy in mental health
- A. Behavioral & cognitive behavioral
  - B. Neuroscientific - cognitive disabilities & neurodevelopmental/ sensory integrative
  - C. Developmental – adaptive skills & role acquisition & social skills
  - D. Client-Centered Therapy - Model of Human Occupation
  - E. Psychiatric rehabilitation – psychoeducational model & Model of Human Occupation
- IX. Therapeutic techniques for optimizing client interactional behaviors
- A. Formal training options
  - B. Application of therapeutic use of self
  - C. Verbal and non-verbal behavior to foster control
  - D. Situational role play
- X. Cognitive/processing function and dysfunction
- A. Sensory processing
  - B. Perceptual processing
  - C. Basic cognitive skills
  - D. Executive function skills
- XI. Stress and response to stressors as a common thread in psychosocial deficits.
- A. Biopsychosocial model
  - B. Adaptation theories
  - C. Homeostatic reserve
  - D. Autonomic responses
  - E. Chronic exposure
  - F. Stress management & reduction
  - G. Awareness and feedback
- XII. Emphasis on independent living with a variety of client populations
- A. Move from residential programs to community programming
  - B. Move from traditional programming to non-traditional programming
  - C. Non-traditional populations
  - D. Non-traditional settings

- XIII. Trends in Occupational Therapy and mental health practice
  - A. Practice opportunities
  - B. Funding limitations
  - C. Roles & responsibilities

**REQUIRED TEXTBOOKS AND MATERIALS:**

Early, M.B. (2000). *Mental Health Concepts for the Occupational Therapy Assistant* (4<sup>th</sup>. ed.). Baltimore: Lippincott, Williams and Wilkins.

**STATEMENT FOR STUDENTS WITH DISABILITIES:**

Students who require academic accommodations due to any physical, psychological, or learning disability are encouraged to request assistance from a disability services counselor within the first two weeks of class. Likewise, students who potentially require emergency medical attention due to any chronic health condition are encouraged to disclose this information to a disability services counselor within the first two weeks of class. Counselors can be contacted by calling 536-7207, ext. 1413 or by visiting the Student Development Office in the Phail Wynn Jr. Student Services Center, room 1309.