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PT 570.01: Psychology of Illness and Disability

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PT 570, Fall 2002

PSYCHOLOGY OF ILLNESS AND DISABILITY

- I. PT 570 Psychology of Illness and Disability
- II. Credit: 2 credits
- III. Instructor: Ann K. Williams, PT, PhD
Guest Lecturers
- IV. Clock Hours: Tu 1-2, Fri 8-10, Sep 3 - Nov 22
- V. Description: Review of psychosocial aspects of illness and disability to include responses of the individual, family, and support network to the stress of illness and disability, strategies to promote healthy behaviors and positive coping responses, cultural influences on individual and family responses, chronic pain, physiological manifestations of psychopathology, treatment of persons after sexual abuse, self psychological health, and application of these principles to physical therapy practice.
- VI. Objectives and Content: See attached
- VII. Teaching Methods: Lecture/discussion, presentations, case studies
- VIII. Required Reading:

Bonder, BR; Martin, L, Miracle AW. Culture in Clinical Care. Slack Incorporated, NJ, 2002
Selected readings on reserve.
- IX. The course is divided into three general units:
 1. Psychology of health, illness, and disability
 2. Chronic Pain, Sexual abuse, Psychopathology
 3. Cultural Competence
- X. Class Presentation: Groups of four to five students will present to the class on particular cultures/ethnic groups. The presentation will cover a general overview of the culture and implications for clinical treatment, clinical education, and supervision and will last about 25 minutes (including questions). Every class member should receive an outline of the presentation (2-3 pages) and a **bibliography**. Creative presentations are encouraged. Cultural/ethnic groups to be covered may include: Native American, African-American, Hispanic, Asian, Islamic, and Pacific Islander. If you have another culture that you would like to present, please contact the instructor.

XI. Journal: Each student will pick a positive change to make in her/his activities or behaviors. It could be stopping something or adding something. For example, resolving to exercise more, eat more vegetables, or help more around the house, etc. The student must try to maintain this change for three weeks. Each student will keep a journal documenting the proposed change, level of achievement, **reflections on the experience, and applications to clinical practice**. Documentation must occur at least 3x/week. Students are encouraged to work in pairs with one as “coach”. Due Oct 25, 2002.

XII. Methods of Evaluation:

Journal and class assignments	10%
Presentation	30%
Written Midterm Examination	30%
Written Final Examination	30%

Objectives

Objectives:

- 1 - Knowledge and Comprehension
- 2 - Application
- 3 - Psychomotor
- 4 - Analysis, synthesis, and evaluation
- 5 - Affective

As evaluated by written examinations and presentations, the student will with at least 70% accuracy:

- A. Cultural influences on health behaviors and psychological responses to illness and disability.
 - 1.1 Define cultural competence and its application to physical therapy.
 - 1.2 Describe the influences of various cultures on health behaviors, psychological responses to illness and disability, and coping responses to include various European cultures, Native American cultures, Afro-American cultures, Asian cultures, Hispanic, and Islamic cultures.
 - 2.1 Given the information in 1.1, indicate how these influences may affect physical therapy treatment.
 - 4.1 Given a case study, analyze the cultural influences and determine appropriate communication and methods to promote positive coping responses in physical therapy treatment.
 - 4.2 Present to fellow class members an overview of a particular culture/ethnic group and the implications of this for clinical treatment, clinical education, and supervision.

- B. Health Psychology
 - 1.1 Describe the biopsychosocial model of illness.
 - 1.2 Describe the various theories of health behavior change.
 - 2.1 Apply principles of individual autonomy and responsibility and client education to behaviors, goal setting, coping, and primary, secondary, and tertiary prevention.
 - 4.1 Using case studies, demonstrate successful communication of HCP to patient/client to promote appropriate information giving, positive coping, adherence, healthful behaviors, with emphasis on exercise and prevention.
 - 4.2 Given case studies, apply the principles of health behavior change to promote adherence and healthy behaviors.

- C. Psychological responses of the individual, family, and support networks to illness and disability.
 - 1.1 Describe the various psychological responses of the individual, family, and support networks to stress, illness, and disability.
 - 1.3 Describe various coping responses.
 - 1.4 Describe the signs and symptoms of depression.
 - 2.1 Indicate how these various psychological and coping responses may influence physical therapy intervention.
 - 3.1 Given a case example, apply appropriate principles to the treatment of the individual with depression.
 - 4.1 Given a case study, analyze the various responses and determine strategies to promote positive coping responses, healthy behaviors, and patient education and responsibility for primary and secondary prevention.
 - 4.2 Given a case study, determine when referral to other health care professionals is appropriate.

- D. Optimal Management of psychosocial issues in patient, social networks, peer, and supervisory relationships.
 - 1.1 Describe motivational and behavioral modification strategies to utilize with patients, social networks, peer, and supervisory relationships.
 - 4.1 Given a case study, indicate appropriate motivational and behavioral modification strategies to utilize with patients, social networks, peer, and supervisory relationships.

- E. Psychological Response to Behavioral Change
 - 4.1 As evidenced in a personal journal, the student will reflect upon the experience of goal setting and changing a behavior.

- F. Chronic Pain
 - 1.1 Define and explain "acute pain" and "chronic pain".
 - 1.2 Describe the primary pain pathway in the CNS.
 - 1.3 Describe the possible evolution scenarios for the development of the "Chronic Pain Syndrome".
 - 1.4 Explain the differences between the "science" and the "art" of physical therapy in relation to persons with "chronic Pain Syndrome"
 - 2.1 Demonstrate an appreciation and understanding of the multidisciplinary approach to working with the patient with "Chronic Pain Syndrome" and specific importance of the physician, psychologist, physical therapist, and family members.
 - 4.1 Examine the societal and cultural influences on the "pain experience".
 - 4.2 Analyze the possible influence of characteristics of the current health care system in the USA on the development of "Chronic Pain Syndrome".
 - 4.3 Evaluate and analyze the influence of the physical therapist behaviors in relation to the personality characteristics of the patient with "Chronic Pain Syndrome". Provide examples of ways to encourage healthy behaviors and promote positive coping.

- G. Cognition
 - 1.1 Describe examination procedures appropriate for the physical therapist to assess cognitive abilities.
 - 1.2 Describe possible intervention strategies for clients with cognitive deficits.
 - 2.1 Differentiate depression, delirium, and dementia.
 - 4.1 Given a case example, determine the appropriate examination and intervention techniques to assess cognitive abilities and maximize function.

- H. Physiological manifestations of psychopathology.
 - 1.1 Describe conditions with strong psychological components such as post-traumatic stress syndrome, conversion reactions, obsessive-compulsive disorder, and hysterical paralysis.
 - 1.2 Describe cognitive behavioral techniques.
 - 1.3 Describe anxiety, depressive, and aggressive disorders.
 - 1.4 Describe the behavioral and physical signs of abuse.
 - 1.5 Describe the common classifications of medications used for depression, anxiety, and cognitive disorders including brand names and side effects.
 - 2.1 As appropriate apply cognitive behavioral techniques to physical therapy interventions.
 - 4.1 Given case studies as in D 1.1, determine the appropriate role of physical therapy in the treatment of persons with these conditions and when referral is necessary.

- H. Hospice and Death and Dying
 - 1.1 Describe the common psychological responses to terminal illness.
 - 1.2 Describe the role of the physical therapist in the hospice team
 - 2.1 Differentiate death and dying
 - 4.1 Given a case example, determine the appropriate examination and intervention procedures for a patient in a hospice environment.

- I. Sensitive Practice with Persons who have been sexually abused
 - 1.1 Describe the principles of sensitive practice.
 - 2.1 Demonstrate appropriate interview techniques for discovery of abuse.
 - 3.1 In a case example and clinical affiliations, apply the principles of sensitive practice.
 - 4.1 Given a case example, determine appropriate modifications of PT evaluation and intervention.

- J. Self-Psychological Health
 - 1.1 Describe methods for maintaining psychological health within the professional environment.
 - 2.1 Develop a plan for personal and professional development which reflects concepts of life-long learning and healthy behaviors.

Course Outline

Date	Topic	Reading
Wk 1 Sep 3,5	Introduction, Stage Theory, Stress, Coping Strategies	
Wk 2 Sep 10,13	Promoting Healthful Behaviors, Adherence, Exercise Promotion	McLoy Article
Wk 3 Sep 17, 20	Emotions, Depression, Anxiety, Aggression	Bazeley Chap DiPetro Art King Art Penninx Art
Wk 4 Sep 24,27	Caregiving, Life Span Issues, Applied Pharm	Seltzer Article Schulz Article Ory Article
Wk 5 Oct 1,4	Cultural Competence, Cultural Presentations	Bonder Chap 1-4
Wk 6 Oct 8,11	Cultural Presentations Written Midterm	Bonder Chap 5-8
Wk 7 Oct 15,18	Psychopathology, Cognitive Behavioral Therapy	
Wk 8 Oct 22,25	Dementia, Assessment of Cognition, Dealing with the Confused patient	
Wk 9 Oct29,Nov 1	Hospice, Death and Dying , Chronic Pain	Gunter-Hunt Art
Wk 10 Nov 8	Chronic Pain	
Wk 11 Nov 12,15	Self-Psychological Health, Development Plan, Focus Groups	
Written Final as per final schedule		

Readings:

Bazeley, R. (1992). Promoting health through exercise. In Rothman & Levine Eds. Prevention Practice: Strategies for Physical Therapy and Occupational Therapy. W.B. Saunders, Philadelphia, PA, 36-58.

DiPietro L., (2001). Physical activity in aging; changes in patterns and their relationship to health and function. Journals of Gerontology, Series A. 56A(Sp Issue II): 13-22.

Gunter-Hunt, G., Mahoney, J., Sieger J. A comparison of state advance directive documents. The Gerontologist. 42(1), 51-60.

King, A. (2001). Interventions to promote physical activity by older adults. Journals of Gerontology, Series A. 56A(Sp Issue II): 36-46.

Mcloy, CM. (2001). Can the physical therapist make the paradigm shift from health to wellness? Orthopaedic Physical Therapy Clinics of North America. 10(2), 303-328.

Ory, M., Hoffman, R., Yee J., Tennstedt S., Schulz R. (1999). Prevalence and impact of caregiving: A detailed comparison between dementia and nondementia caregivers. The Gerontologist. 39(2), 177-185.

Penninx, B., Rejeski, W., Pandya, J., Miller, M., DiBari, M., Applegate, W., Pahor, M. Exercise and depressive symptoms: A comparison of aerobic and resistance exercise effects on emotional and physical function in older persons with high and low depressive symptomatology. Journal of Gerontology: Psychological Sciences. 57B No2, P124-P132.

Seltzer, M., Wailing L. (2000). The dynamics of caregiving: Transitions during a three-year prospective study. The Gerontologist., 40(2):165-178.

Schulz R., Quittner A. (1998). Caregiving for children and adults with chronic conditions: Introduction to the special issue. Health Psychology. 17(2), 1-7-111.