

OCC1 618 APPLIED OT PSYCHOSOCIAL THEORY

Credits:	5
Course Coordinators	Raphael Lencucha raphael.lencucha@mcgill.ca Melissa Park melissa.park@mcgill.ca
Course Instructors:	Suzanne Rouleau suzanne.rouleau@mcgill.ca Hiba Zafran hiba.zafran@mcgill.ca Sandra Everitt sandra.everitt@mcgill.ca Zachary Boychuck zachary.boychuck@mcgill.ca

Office Hours: By appointment.

Prerequisites: OCC1 551 is a prerequisite for this course. Specifically, this course builds on basic knowledge of the recovery model as defined in the policy statements of the Mental Health Commission of Canada, common psychiatric diagnosis, subjective & objective assessments, narrative & procedural reasoning in goal setting and intervention for individuals, narrative interviewing and therapeutic use of self, and culture as a figured world.

Course Description: This course is designed to prepare students to work with a variety of treatment models (illness, wellness, and capacity) they will use in both clinic and community mental health, and justify their intervention choices. Strategic action for recovery-oriented care and mental health promotion in Canada will require a both-and use of values and evidence-based medicine for all age groups and psychosocial issues, including those related to physical and/or social determinants whether or not there is a primary psychiatric diagnosis. Values-based practice highlights the values (professional, our own, our patients, and the institutional context) that impact on our clinical decisions and therapeutic use of self. In order to support values-based practice, we will draw from social science theory to illustrate how we integrate “what matters” to particular patients with best evidence (both quantitative and qualitative) in our clinical reasoning process. Evidence-based practice will be examined in the context of frames of reference (cognitive & dialectical behavioral therapy, psychodynamic/object relations, sensory-motor, behavioral), and models of practice (resilience, psychosocial rehabilitation, eclectic) used within psychosocial occupational therapy. These provide theories for the causes for function-dysfunction and add dimensions to activity analysis and the grading activities

Using a matrix on clinical reasoning, developed for this course, students will design a group protocol for persons experiencing psychosocial issues and co-lead one session. In their design process, students will draw from previous course work in occupational science and integrate occupational and activity analysis to

develop occupation-based, recovery-oriented psychosocial group protocols within/using a chosen frame of reference to establish objectives and grade the occupation-based interventions. During their co-leadership of one session from their protocol, students will practice their therapeutic use of self and art of practice (integrating narrative and procedural reasoning in action). Finally, students will reflect on their group co-leadership, therapeutic use of self and group dynamics using their clinical reasoning. Thus, this course will emphasize the development of critical and reflective thinking.

Student learning will be evaluated with 2 formative clinical reasoning workshops (CRWs), an assignment that includes their design of a treatment protocol and reflections on their leadership of a group session, and a comprehensive case-based exam.

Course Structure: (Content and Instructional Method) This course consists of 4 hours of lecture/week (14 weeks) with 20 hours of seminars (8 weeks). The lecture content is organized into Modules I-IV that have been developed to help students create and justify a protocol for an occupation-based group intervention for psychosocial dysfunction and/or wellness. The instructional methods will be lecture with a focus on practice applying psychosocial theory, discussion around 3 in-class CRWs, and feedback during seminars in which students will co-lead one group session from their treatment protocols. We will emphasize discussion (in class, MyCourses) and self-directed learning activities in order to foster students' active reflection and ability to articulate the rationale for occupation-based interventions.

- I. Core constructs of clinical reasoning for psychosocial occupational therapy
 - a. Values-based practice
 - b. Paradigms of human development
 - c. Evaluation & goal setting integrating both-and procedural and narrative reasoning
 - d. Narrative strategies for the design and implementation of occupation-based interventions
- II. Individual-based theories and frames of reference (FOR)
 - a. Cognitive & Dialectical Behavioral Therapy
 - b. Psychodynamic (Object relations)
 - c. Sensory Motor
 - d. Behavioral
- III. Models of practice
 - a. Resilience
 - b. Psychosocial Rehabilitation (PSR)
- IV. Eclectic practice

Course materials:

- Course Pack
- Cara, E. & MacRae, A. (2004). *Psychosocial Occupational Therapy: A Clinical Practice, 2nd ed.* Clifton Park, NY: Thompson Delmar Learning.
- Cole, M.B. (2012). *Group Dynamics in Occupational Therapy ~ The theoretical basis and practice application of group intervention* . 4th ed. New Jersey: Slack Inc.
- Dimock, H.G. & Kass, R. (2007). *How to observe your group.* 4th ed. North Concord, ON: Captus Press Inc.

Recommended Texts:

- American Psychiatric Association, (latest edition), *Diagnostic and statistical manual of mental disorders.* Washington, D.C.: American Psychiatric Association.
- Bruce, M. & Borg, B. (2002). *Psychosocial Frames of Reference. Core for Occupation-Based Practice.* 3rd Ed. New Jersey: Slack Inc.
- Hemphill-Pearson, B. (2008). *Assessments in Occupational Therapy Mental Health: An Integrative Approach, 2nd ed.* Thorofare: Slack.
- Kaplan, H.I., & Sadock, B.J. (latest edition), *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry,* Baltimore: Lippincott, Williams & Wilkins.
- Lougher, L. (2001). *Occupational Therapy for Child and Adolescent Mental Health.* London: Harcourt Publishers
- Nicholls, L., Cunningham-Piergrossi, J., de Sena-Gibertoni, C., & Daniel, M. (2012). *Psychoanalytic Thinking in Occupational Therapy.* John Wiley & Sons.
- Copyright of course materials: Instructor generated course materials (e.g., handouts, notes, summaries, exam questions, etc.) are protected by law and may not be copied or distributed in any form or in any medium without explicit permission of the instructor. Note that infringements of copyright can be subject to follow up by the University under the Code of Student Conduct and Disciplinary Procedures.

Learning outcomes: By the end of this course, students will acquire knowledge and skills necessary to:

*Expert in Enabling Occupation*¹

¹ Note that the core profile role is *Expert in Enabling Occupation*, and that each of the other roles contributes to this ultimate objective. In addition, each objective may cut across a number of different of profile roles.

- (1) Assess the occupational performance of clients with psychosocial dysfunction using different paradigms of human development;
- (2) Understand, develop knowledge, and be able to articulate the relationship between recovery and engagement in meaningful occupations² (communicator; scholarly practitioner);
- (3) Create a group protocol and implement this protocol in practice
- (4) Explore the different paradigms³ of human development, models of practice, and frames of reference and how these can shape the therapeutic relationship (collaborator)

Communicator (expert)

- (5) Articulate the procedural and narrative reasoning⁴ underlying their clinical reasoning for:
 - a) Evaluation measures
 - b) Choice in a particular frames of reference or treatment models;
 - c) Goal-setting & occupation-based group protocol; and
 - d) Design and co-leadership of a group session

Collaborator

- (6) Identify what is meaningful to clients by identifying what they value in their personal narratives (expert);
- (7) Identify personal and professional values⁵ and how these values contribute to or hinder the therapeutic relationship (professional);
- (8) To analyze how the institutional environment (i.e. rules, norms, strategies) influences the client-therapist relationship (e.g. identify policies that shape and are shaped by practice) (professional);
- (9) To investigate opportunities to shape the institutional environment and interrogate how factors (e.g. values, evidence, politics, norms) contribute to institution-building;

Scholarly Practitioner

- 10) Provide rationale for their treatment plans, drawing from best evidence (quantitative/ qualitative) and emergent recovery-oriented policy;

² To “articulate” the relationship between a strengths-based recovery approach and core principles of occupational therapy also indicates that this objective applies also to our role as *Communicator* and *Scholarly Practitioner*, as well as central to our ability to be *Change Agents* in mental health promotion.

³ Critical reflexivity on how paradigms shape practices is fundamental to being a change agent and scholarly practitioner; fostering therapeutic relationships is collaborative.

⁴ Recognizing and respecting client values is essential to being a *Collaborator*, and *Change Agent*.

⁵ To reflect on personal, professional, institutional and other cultural values is not only critical to being an *Expert* (understanding values of the client), but also fundamental to being a *Change Agent* (institutional & cultural values that shape practice), and *Scholarly Practitioner*, *Professional* as well as other values that shape ‘evidence’ and practice.

11) To develop the ability to discriminate between different ideas and their origins in scholarly material from the social sciences.

** Learning objectives and outcomes for the Group Protocol will be posted.

Assignments and Evaluations: This course falls under the regulations concerning theoretical and practical evaluation as well as individual and group evaluation. Please refer to the section on marks in the Rules and Regulations for Student Evaluation and Promotion of the Occupational Therapy Course Guides. Student evaluation will include both formative and summative evaluations, with a focus on their clinical reasoning.

<i>Assignment</i>	<i>Type of evaluation</i>	<i>Weight</i>
Formative CRW 1	Case Study & Presentation	5% (group)
Formative CRW 2	Case Management	5% (group)
Group Intervention	Group Protocol	Protocol 25%
	Analysis of Group	Analysis 25% (pair)
Final Exam	Multiple Choice, Short answer, essay on course content and case studies	40% (individual)

Skills Building Attendance Mark: Attendance is mandatory and will be monitored at *all seminars* and *CRW*'s. Students will not be able to miss more than 10% (< 1 per term) of the seminars or 10% (< 1 per term) of the clinical reasoning workshops without a written excuse. If they do, 10% of the total course mark will be removed.

Consequences of not completing assignments as requested: All assignments must be submitted at the *beginning of the identified lecture through MyCourses assignments section*. Late submissions will be penalized by the loss of 5 % per day, including weekends.

Special Requirements for Course Completion and Program Continuation: In order to pass the course, a grade of at least B- (65%) must be obtained of the individual, group, and total mark. Please refer to the appropriate sections in both undergraduate and graduate calendars on University regulations regarding final and supplemental examinations.

Plagiarism/Academic Integrity: [Amended by Senate on April 17, 2013]: McGill University values academic integrity. Therefore all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the [Code of Student Conduct and Disciplinary Procedures](#).

L'université McGill attache une haute importance à l'honnêteté académique. Il incombe par conséquent à tous les étudiants de comprendre ce que l'on entend par tricherie, plagiat et autres infractions académiques, ainsi que les

conséquences que peuvent avoir de telles actions, selon le [Code de conduite de l'étudiant et des procédures disciplinaires](#).

Right to submit in English or French written work that is to be graded: In accord with McGill University's Charter of Students' Rights, students in this course have the right to submit in English or in French any written work that is to be graded.

Conformément à la Charte des droits de l'étudiant de l'Université McGill, chaque étudiant a le droit de soumettre en français ou en anglais tout travail écrit devant être noté (sauf dans le cas des cours dont l'un des objets est la maîtrise d'une langue).

Dress Code: Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities. When working with simulated patients student must be dressed professionally.

Disability: If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the [Office for Students with Disabilities](#) at 514-398-6009 before you do this.

Professional Conduct: Professionalism and accountability are expected throughout the course of the semester. This includes the on-going respectful nature of teacher-student as well as student-student interactions.

Technology in Class: Your respectful attentive presence is expected, therefore while you are permitted to use your laptop in class, it is understood that you will not be using your laptop or cell-phone for social purposes during class time (e.g. email, msn, sms). Your cell phone should be on silence during class time and phone calls should only take place during the break or after class.

In the event of extraordinary circumstances beyond the University's control, the content and/or evaluation scheme in this course is subject to change.