# SACRED HEART UNIVERSITY

## **GRADUATE PROGRAM IN OCCUPATIONAL THERAPY**

## **OT 527: PROBLEM-BASED LEARNING (PBL) IN MENTAL HEALTH**

## **SPRING 2019**

## **COURSE SYLLABUS AND TOPICAL OUTLINE**

**CREDIT HOURS**: 3

**COURSE COORDINATOR**: Dr. Lola Halperin, Ed.D., OTR/L

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**OFFICE HOURS**: Monday, Tuesday, Wednesday and Friday, by appointment

**PBL TUTORIAL FACILITATORS**: Dr. Ellen Martino, OTD, OTR/L; Dr. Tajhma Burroughs, D.H.Sc, MS, OTR/L; Sylvia Sobocinski, MA, OTR/L; Morgan Villano, MPA/MSPS, OTR/L; Racquel Collins, MS, OTR/L

**CLASS DAY AND TIME**: 9:30-12:30 or 2-5:00 on Mondays. Self-directed groups will meet 9:30 to 12 on Thursdays.

**CLASS FORMAT**: Course content will be provided through small group tutorial discussions and self-directed work with the tutorial groups.

**COURSE DESCRIPTION:**

This course will utilize Problem-Based Learning (PBL) to develop self-directed learning, research, and critical analysis and synthesis of the acquired knowledge for evidence-based practice in mental health occupational therapy. Students will practice clinical decision making while applying their knowledge of occupational therapy foundational theories and principles to the evaluation and intervention process with clients with mental health conditions.

This course will focus on the affective and cognitive domains of learning within Bloom’s taxonomy. Students will develop the ability to “think” like an occupational therapist, considering the contexts of a client’s natural environments, while also beginning to internalize the values of occupational therapy, such as client-centered care. Additionally, students will learn the team skills required of an occupational therapist on a healthcare team, sharing information appropriately while listening to the views of others respectfully and with thoughtful consideration.

**RELATIONSHIP TO OCCUPATIONAL THERAPY PRACTICE AND THE CENTENNIAL VISION**

“As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living”. In order for our profession to fulfill its centennial vision, we need professionals who are not only competent, but those who are ethical, able to communicate effectively with a team, able to use theory, able to consider contextual aspects of cases that might alter decision making, and comfortable using the available evidence to justify their clinical decision making. This course will help you begin to do all of that while practicing a client-centered approach.

**RELATIONSHIP TO CURRICULUM DESIGN**

Our curriculum design is portrayed in the symbol of the tree of life. This tree reflects our beliefs about the complexity and dynamic nature of human learning. In this tree, the roots consist of the foundational knowledge students need to become an exemplary practitioner; the trunk symbolizes the process that supports the scaffolding of knowledge and critical thinking; and the branching of the tree and leaves symbolizes the skills, abilities, and professional behaviors of the entry level clinician graduating from our program. This process is not a hierarchical, but a heterarchical one whereby learning occurs not in linear isolation, but in a dynamic environment, which constantly creates a stream of knowledge to nurture the unique development and emergence of the professional. The tree’s branches circle back to its roots, demonstrating the continual process of learning and the integration of new information with the foundational roots as an occupational therapist grows throughout a lifetime of practice. The entire tree is set within a nutrient rich environment, the faculty and the university, that supports its growth. This course, in the second academic semester, is one that will allow the student to apply knowledge gained in the first semester to clinical practice, and learn to communicate effectively with a team to make team clinical decisions.

**CONCEPTUAL MODEL FOR THIS COURSE**

We will be using the occupational therapy model PEO as the conceptual model for this course. PEO stands for Person, Environment, and Occupation. You have learned this model in your Introduction to Occupational Therapy course, and we will be applying this model as we consider evaluation and intervention planning for clients with mental health conditions.

Copied from: Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The Person-Environment-Occupation Model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy, 63*, (1), 9-23 for this syllabus and educational purposes only.

**OUR THOUGHTS ABOUT KNOWLEDGE AND LEARNING** (and how they will impact you in this course)

Acquiring knowledge is a dynamic process that is layered and supported by a solid foundation. Building a foundation of knowledge in a particular area takes patience, persistence, active engagement, and a willingness to accept that proficiency takes time and hard work. We believe that students learn best in a safe environment and a student’s ability to learn is dependent on perceived self-efficacy to succeed, and whether the environment is conducive to success. It is our commitment to each student to provide a positive safe learning environment with the perceived intention that all students will succeed in this course.

**WHAT YOU CAN EXPECT FROM US**

* We will start and end class on time, unless there are extreme events beyond our control.
* We will always be prepared for class.
* You will have our undivided attention in PBL sessions, and we will work hard to facilitate group discussions that stimulate learning.
* We will answer your emails within 48 work-week hours.
* We will provide midweek feedback on your handouts via email.

**WHAT WE EXPEXT OF YOU**

* We expect you to participate during discussions and group activities, ask questions, and request help if you need it.
* We expect you to assume different group roles (e.g., “scribe”, “case manager”, “researcher”, time keeper”, etc.) on a weekly basis and to fulfill these roles to the best of your ability.
* We expect that you will demonstrate the professional behaviors you will need as an occupational therapist. You should behave in this class just as you would behave for your first job as an OT. This includes being on time, coming to class prepared, respectfully attending to your instructors and peers when they are speaking, and refraining from using electronic devices for any purposes other than classwork.
* We expect you to be responsible to learn all material and fulfill all course requirements missed due to absence or lateness.

**TEACHING/LEARNING METHODS**

Course content will be provided through small group tutorial discussions and independent work with the tutorial groups. This course is one part of the whole Mental Health series, which includes PBL, Lab and Seminar (Topics in MH).

Each week, as a team, your group will break down a case study and will assign students to find out necessary information and bring that information back to the group in order to make clinical decisions. You will determine appropriate evaluation and intervention methods for that case, learn the skills needed to conduct those assessments and interventions in lab, and will discuss the evidence behind your decisions in seminar. You will also formulate measurable short-term and long-term goals for each case individually and as a team.

You will be retrieving information from the hard copy of the case or the EHR GO (SHU electronic medical records) as a group while in class, but will work on your individual assignment independently. You will then get together for the self-directed study as a group to coordinate your presentations before you deliver them in class the following week.

Additionally, Team-Based Learning (TBL) approach will be utilized for two clinical case studies presented after the Spring break. TBL is a new evidence-based pedagogy SHU OT department has been implementing since 2017. TBL incorporates individual student work, group collaboration, and immediate instructor and peer feedback provision. Students’ knowledge of the foundational material necessary for the TBL will be assessed via individual and team quizzes (Individual Readiness Assurance Test (iRAT) and Team Readiness Assurance Test (tRAT)) in PBL.

**COURSE POLICIES**

* As per school policy, an 85% attendance rate for all courses is required. Absences from classes or tardiness (coming in 10 or more minutes into the class) are allowed under extraordinary circumstances only (such as illnesses, emergencies, etc.), no more than once throughout the course. Contact your facilitator and the Program Assistant (Ivy Sailor) in advance of an absence, unless there is an emergency. In case of emergency notify the department as soon as possible. **A second absence will result in a full letter grade deduction from the final course grade, unless documentation confirming extraordinary circumstances has been provided by the student before the end of the semester.**
* **Unless arrangements are made with the PBL facilitator in advance, assignments submitted after the due date will receive a reduction of one letter grade increment each day following the due date.**
* All courses follow the University’s Academic Integrity Policies as outlined in the Sacred Heart University Graduate Bulletin as well as the program’s policies which can be found in the Occupational Therapy Student Manual. Please refer to the *Occupational Therapy Program’s Student Manual* and *Sacred Heart University’s Graduate Bulletin* for policies and procedures regarding professional behaviors and academic integrity. Students are also expected to adhere to American Occupational Therapy Association’s Code of Ethics. Additionally, all assignments unless otherwise specified, must adhere to the *Publication Manual of the American Psychological Association* (6th ed.)formatting and writing requirements*.* Please refer to the *APA Manual* for specific guidelines.

**INDIVIDUAL AND GROUP WORK**

Please note that, since PBL is based on a team work, your absence from a PBL session may affect the performance of your group as a whole. Ways to make up for potential absences need to be discussed with the entire PBL group in advance.

Your individual participation in PBL and your written assignments will be graded by your PBL instructor on a weekly basis. You will be taking the iRAT independently, but will be graded on the tRAT as a group. Additionally, each student will be provided with a graded peer feedback at midterm, during the TBL experience and during the final week.

**ACADEMIC INTEGRITY: refer to Program Manual**

**PROFESSIONAL BEHAVIORS: refer to Program Manual**

## **JANDRISEVITS LEARNING CENTER (JLC)**

The Jandrisevits Learning Center (JLC) is Sacred Heart University’s central academic support service and is open to all SHU students. The JLC is located at the new Student Success Center and offers a range of learning resources across a variety of subject and skills. The following resources are designed to help students connect to course material including:

* **Tutors:** Both professor and student tutors work with students on specific course material
* **Classroom Learning Assistants (CLA’s):** Students who have done well in a specific class lead study groups each week. This is a great way to learn and discuss information before handing in homework, or taking quizzes and exams.
* **Workshops:** The JLC offers workshops on much-needed skill development for college students. Watch your email for announcements!
* **Writing:** Students can review writing assignments in person with professional tutors who are professors of writing. In addition, students may submit papers electronically for review via the Online Writing Lab (OWL).
* **Academic Coaching:** Students can meet 1-on-1 with an academic coach to discuss academic needs, plans, struggles, and goals. Academic Coaches in the JLC are available to help motivate and strategize the best way to be successful both inside and outside the classroom.

### **OFFICE OF SPECIAL LEARNING SERVICES**

Sacred Heart University is committed to providing an equal educational opportunity for all students regardless of disability status. The Office of Special Learning Services (OSLS) provides reasonable accommodations for students with disabilities. In order to receive these services, students who request accommodations must have a documented disability, submit appropriate documentation, and register with the Office of Special Learning Services at the Jandrisevits Learning Center. For further information about requesting accommodations, please contact Beth Skudzienski, Assistant Director Special Learning Services at skudzienskie@sacredheart.edu. Students are responsible for utilizing academic support resources and for requesting accommodations in advance in order to implement them in their courses. Accommodations are not retroactive and must be renewed each and every semester.  Students are also expected to discuss accommodations with their instructors. All information shared with instructors will be kept confidential.

**REQUIRED TEXTS** **(You will be using all of your textbooks for Lab, Seminar and PBL!)**

1. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed*. (DSM-5™). Washington, DC: American Psychiatric Publishing.
2. Brown, C. & Stoffel, V.C. (2011), *Occupational Therapy in Mental Health: a Vision for Participation.* FA Davis, Philadelphia, PA.
3. Cole, M. B. (2012). *Group Dynamics in Occupational Therapy: The Theoretical Basis and Practice Application of Group Therapy, 4th Ed.* Thorofare, NJ: Slack, Inc.
4. Cole, M. B. & Tufano, R. (2008). *Applied Theories in Occupational Therapy: A Practical Approach.* Thorofare, NJ: SLACK.
5. Sames, K.M. (2015). *Documenting Occupational Therapy Practice,* 3rd Ed. Pearson Education Inc., Upper Saddle River, NJ.

**RECOMMENDED RESOURCES**

1. Brown, C. (2012). *Occupational Therapy Practice Guidelines for Adults with Serious Mental Illness.* AOTA.
2. Bazyk, S. (2013). *Occupational Therapy Practice Guidelines for Mental Health Promotion, Prevention, and Intervention for Children and Youth.* AOTA.
3. Cara, E. & MacRae, A. (2013). *Psychosocial Occupational Therapy: a Clinical Practice,* 3rd Ed. Delmar, Clifton Park, NY.
4. Pedersen, D.D. (2014). *Psych Notes: Clinical Pocket Guide,* 4th Ed. FA Davis, Philadelphia, PA.
5. Yalom, I.D. (2005). *The Theory and Practice of Group Psychotherapy*, 5th Ed. New York, NY: Basic Books.

**PULLING IT TOGETHER WITH LEARNING OBJECTIVES**

Each program in OT must meet the same Accreditation Council for Occupational Therapy Education **(**ACOTE) standards. How they are met varies from program to program. In each program, each standard must be addressed in at least two courses. The standards that are addressed in this course are listed below. To review each standard, please refer the AOTA website at  [ACOTE Standards](https://www.aota.org/Education-Careers/Accreditation/StandardsReview.aspx)

The course learning objectives are linked to the ACOTE standards as well as the program’s objectives, mission and vision, and the overall curricular design. The program’s objectives were developed based upon our PRIDE vision. The chart below shows the connection between the course learning objectives, the program objectives they are linked to, the ACOTE standards that are addressed in this course, as well as how we plan to meet and measure the learning objectives for this course. By the time you graduate from the program and in preparation for entry-level practice, you should meet the course objectives, program objectives, and ACOTE standards.

All course expectations are designed according to Bloom’s Taxonomy of Learning Domains (Remember, Understand, Apply, Analyze, Evaluate, and Create). This course will facilitate students to perform within the Domains of Apply, Analyze, Evaluate and Create. Refer to [Bloom's Taxonomy](http://www.celt.iastate.edu/teaching-resources/effective-practice/revised-blooms-taxonomy/)

| ACOTE Standard | Program Objective | Course Learning Objective | Learning Experiences | How will the Learning Objective be Measured? |
| --- | --- | --- | --- | --- |
| B.1.8Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology. | Identify areas for creativity and innovation in practice and scholarship. | Effectively gather all necessary information pertaining to a client’s occupational profile and occupational profile analysis from the hard copy of the case or from the electronic health records (EHR) system (when available).Illustrate concepts in PBL for peers/ team members using visuals, such as demonstration, images, videos, catalogs, or actual tools and equipment from the labs. | EHR-based case discussion in PBL and self-directed groups | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluations |
| B.2.10Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed. | Exhibit critical thinking, clinical reasoning, and competence in skills requisite for entry-level occupational therapy practice.Practice in a safe, legal, and ethical manner. | Choose occupational therapy interventions for each case and defend decisions using evidence. | - Case discussion in PBL and self-directed groups- OTPF-based grids and treatment planning forms- TBL experiences- Role play in PBL | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationsiRAT, tRAT  |
| B.2.11Analyze, synthesize, and apply models of occupational performance. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency. | Apply OT theories and frames of reference to clinical cases. | - Case discussion in PBL and self-directed groups- OTPF-based grids and treatment planning forms- TBL experience | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluations iRAT, tRAT |
| B.3.2Compare and contrast models of practice and frames of reference that are used in occupational therapy. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency. | Apply OT theories and frames of reference to clinical cases. | - Case discussion in PBL and self-directed groups- OTPF-based grids and treatment planning forms- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationsiRAT, tRAT  |
| B.3.3Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency. | Apply OT theories and frames of reference to clinical cases.Choose occupational therapy assessments for each case and defend decisions using evidence. Choose occupational therapy interventions for each case and defend decisions using evidence.  | - Case discussion in PBL and self-directed groups- OTPF grids and treatment planning forms- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluations iRAT, tRAT |
| B.3.5Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Apply OT theories and frames of reference to clinical cases.Choose occupational therapy assessments for each case and defend decisions using evidence.Choose occupational therapy interventions for each case and defend decisions using evidence.  | - Case discussion in PBL and self-directed groups- OTPF grids and treatment planning forms- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationsiRAT, tRAT |
| B.4.2Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.B.4.7Consider factors that might bias assessment results, such as culture, disability status, and situationalvariables related to the individual and context | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Choose occupational therapy assessments for each case and defend decisions using evidence. Incorporate client-centered and family centered practice principles into your clinical reasoning and decision-making. Follow proper administration procedures for evaluation and assessment in mental health occupational therapy.Use appropriate safety precautions with all evaluation and intervention interactions.  | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- OTPF-based grids and treatment planning forms- Role-play in PBL- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationsiRAT, tRAT  |
| B.4.8Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.  | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency. | Apply OT theories and frames of reference to clinical cases.Share information with peers/ team members using appropriate terminology, concise communication, and professional demeanor. | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationsiRAT, tRAT |
| B.4.9Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Identify instances in which advanced level OT services or non-OT evaluations and/or interventions may be required, and discuss potential referrals. | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationsiRAT, tRAT  |
| B.5.1Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency. | Formulate appropriate and measurable long-term and short-term goals for each clinical case.Choose occupational therapy interventions for each case and defend decisions using evidence.Work effectively with peers /team members to gather information and make clinical decisions.Present complex information clearly so that peers (team members) can understand it. | - Case discussion in PBL and self-directed groups- OTPF grids and treatment planning forms- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationPBL Peer FeedbackTBL Peer Feedback |
| B.5.2Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.  | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Choose occupational therapy interventions for each case and defend decisions using evidence. | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- OTPF-based grids and treatment planning forms- Role-play- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationiRAT, tRAT |
| B.5.8Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Choose occupational therapy interventions for each case and defend decisions using evidence. | - Weekly student presentation of case-related research findings- OTPF-based grids and treatment planning forms- Role-play in PBL- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationiRAT, tRAT |
| B.5.17Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.  | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency. | Choose occupational therapy interventions for each case and defend decisions using evidence. | - Weekly student presentation of case-related research findings- OTPF-based grids and treatment planning forms- TBL experiences- Role play in PBL | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationiRAT, tRAT |
| B.5.22Refer to the specialists (both internal and external to the profession) for consultation and intervention.  | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Identify instances in which advanced level OT services or non-OT evaluations and/or interventions may be required, and discuss potential referrals. | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- OTPF-based grids and treatment planning forms- Role play in PBL- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationiRAT, tRAT |
| B.5.29Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client ’s current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client’s progression along the continuum toward outcome goals. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Formulate appropriate and measurable long-term and short-term goals for each clinical case. | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- OTPF-based grids and treatment planning forms- Role play in PBL | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluation |
| B.5.31Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations,and referrals and discussion of post discharge needs with the client and with appropriate others. | Practice in a safe, legal, and ethical manner.Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency. | Formulate appropriate and measurable long-term and short-term goals for each clinical case. | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- OTPF-based grids and treatment planning forms- Role play in PBL | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluation |
| B.7.1Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services. | Exhibit critical thinking and clinical reasoning skills requisite for entry-level occupational therapy practice and ongoing continued competency.Practice in a safe, legal, and ethical manner. | Describe the influence of practice setting on decision making related to a client case.Incorporate client-centered and family centered practice principles into your clinical reasoning and decision-making. | - Case discussion in PBL and self-directed groups- Weekly student presentation of case-related research findings- TBL experiences | Weekly student written assignments and presentationsWeekly, midterm and final PBL evaluationsiRAT, tRAT  |
| B.9.6 Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities. | Demonstrate self-reflection.  | Provide constructive feedback to other PBL group members. Modify behaviors in response to peer feedback while in PBL. Initiate and propose appropriate ideas to help the work of the team.  | Weekly discussion of individual and group goals relevant to the learning process, and peer feedback provision.  | Midterm and final PBL peer feedbackTBL peer feedback |

**DESCRIPTION OF ASSIGNMENTS AND GRADING**

Each week, as a team, your group will break down a PBL case and will assign students to find out necessary information and bring that information back to the group in order to make clinical decisions. You will provide your peers with a 1-2 pages handout that summarizes your content and lists resources, citations and links to abstracts of research evidence you used in creating your summary. You may choose to use a Power Point format for your presentation, however, it is not mandatory. You should be prepared to speak about your topic WITHOUT reading directly from your handout. Demonstrations and activities (such as role-playing) for your peers are encouraged. Your presentation should take about 10-15 minutes.
At the end of each session PBL facilitator and group members will be expected to provide verbal feedback to each other. Your facilitator will grade you weekly using the Weekly PBL Evaluation form (see Evaluation Forms on Blackboard). This form measures professional behaviors and clinical reasoning. You will also utilize this form weekly to self-evaluate and track your progress. At midterm and during the final week you will be asked to average your weekly self-assessment total scores and submit them to your PBL instructor to help facilitate your evaluation and reflection process.

In addition, your facilitator will grade your written assignments each week, using the Weekly Written Assignment form. This form measures your use of credible information, goal-writing, OTPF and APA style utilization, and the overall quality of writing.

Your facilitator will meet with you to provide you with feedback at midterm and during the final week. The facilitator may also meet with you prior to or/and after the midterm to provide an ongoing feedback as needed.

Additionally, your overall participation in PBL will be evaluated by your peers at midterm and during the final week, as well as during the TBL experiences. Students’ knowledge of the foundational material necessary for the TBL will be assessed via individual and team quizzes (Individual Readiness Assurance Test (iRAT) and Team Readiness Assurance Test (tRAT)) in PBL. The **total** PBL grade will consist of the following:

|  | **Weekly PBL Participation** | **Weekly Written Assignments** | **PBL Peer Feedback** | **TBL****Peer Feedback** |  **iRAT-s** |  **tRAT-s** |
| --- | --- | --- | --- | --- | --- | --- |
| **Week 1 until Midterm** | 18%(3% each) | 12%(2% each) | 1% | NA | NA | NA |
| **Midterm through Final week** | 30% (6% each) | 20%(4% each) | 2% | 1st TBL – 3%2nd TBL –4% | 6% (3% each) | 4%(2% each) |

**TOTAL: 100%**

**TOPICAL OUTLINE**

**Please note that the topical outline is one document that includes the entire course series of the PBL, Lab, and Seminar (Topics in MH) together, so that you can see the cohesive whole. Please also note that the topical outline may be subject to change.**

| **Week of** | **Readings\*\*\*** | **PBL Case/(Monday)** | **Lab 1 (Tuesday)** | **Lab 2 (Wednesday)** | **Seminar (Thursday)** |
| --- | --- | --- | --- | --- | --- |
| Jan 7th | - Chapters 8, 29, 30 & 48 in Brown & Stoffel- Chapter 12 in Sames | **Jacob** (a boy with ADHD/behavioral issues from an observant Jewish family treated in a private OT clinic) | * Conducting interviews with OT clients
* COPM (for clients and care-givers): video and demonstration/

Practice* Sample psychiatric interviews (videos)
* Goal-writing in MH OT
 | * Behavioral strategies for children and adolescents (video!)
* Token Economy
* CBT Strategies for children and adolescents
 | * Case overview
* Behavioral and cognitive-behavioral strategies for children with ADHD and other mental health conditions
* Cultural aspects of OT services provision to mental health consumers
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| --- | --- | --- | --- | --- | --- |
| Jan 14th | - Chapters 9, 18, 20, 52 in Brown & Stoffel- Chapters 15 &16 in Sames- Articles posted to BB  | **Lucy and Alex** (adapted siblings from Belarus with Fetal Alcohol Syndrome and ODD) | * Pediatric Interest Profile
* AASP (to be filled out and scored individually in class)
* DOTCA (demonstration and practice)
 | **Sections** **A and C*** Sensory Kits for children and adolescents
* Environmental modifications and sensory strategies for home
* Board games and other activities that enhance cognition in children

**Sections** **B and D*** EHR GO presentation with Dr. Stephen Burrows
* SHU Health Sciences Library Resources presentation with Geoffrey Staysniak
 | * Case overview
* Impact of orphanages on children’s emotional and cognitive development
* Working with clients with intellectual disability and behavioral issues
* Environmental modifications and sensory strategies for this population
* Selecting activities for children with intellectual disability and/or behavioral issues
 |
| Jan 21st | Same as last week | **No PBL****(MLK Day)** | * Visits to the Bridge House, Merton House and Spooner House
 | **Sections** **B and D*** Sensory Kits for children and adolescents
* Environmental modifications and sensory strategies for home

**Sections** **A and C*** EHR GO presentation with Dr. Stephen Burrows
* SHU Health Sciences Library Resources presentation with Geoffrey Staysniak
 | * Dr. Amiya Waldman-Levi presentation on Play and Co-Play
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| Jan 28th | Chapters 7, 21 & 41 in Brown & Stoffel | **Rohit** (EMR case; a boy of Indian descent with PDD and SPD in an acute psychiatric setting) | * SIS (Social Interaction Scale) (demo)
* ESI (Evaluation of Social Interaction) (discussion)
* Social Skills Training for children with neuro-developmental conditions
 | * Using sensory strategies in MH groups (demo and practice)
* Flaghouse presentation
 | * Case overview
* Sensory processing of individuals affected by mental health conditions
* OT assessments of social skills
* The role of OT in acute psychiatric settings
* Collaboration with an interdisciplinary team/referral making
 |
| Feb 4th | - Chapter 13 in Brown & Stoffel- Pages 122-127 in Bazyk & Bazyk (posted to BB) | **David’s case** (adolescent with OCD in a school setting) | * Exposure and Response Prevention (ERP) therapy and OT role in regards to it
* OT involvement in anti-bullying programs
* Creating a protocol for an anti-bullying group intervention
 | * Self-esteem assessments
* Individual and group activities to improve self-esteem
 | * Case overview
* Developmental needs of adolescents
* OT role with clients affected by OCD
* OT role in addressing bullying in school settings
 |
| Feb 11th | Chapters 1, 14, 39, 47 and 50 in Brown & Stoffel | **Ernesto’s case** (a young adult of a Latino descent with Schizophrenia in an Intensive Psychiatric Rehabilitation Treatment facility) | * KELS
* ACL
* RTI
* Role Checklist
* AMPS
* Worker Role Interview (OCAIRS)
 | * Creating group protocols in psychosocial rehab settings
* Driving simulation for young adults with mental illness (Sheelagh Schlegel)
 | * Case overview
* Developmental needs of young adults
* IADL, Social Skills and Prevocational Training for people with Schizophrenia
 |
| Feb 18th | Chapters 10, 11, 22 and 49 in Brown & Stoffel | **Felicia** (EMR case; a female college student with Anorexia and a Borderline personality disorder in an outpatient setting) | * Collage (as a group activity)
* Interest Checklist for adults
* Weekly Calendar Planning Activity
 | * Joselyn Novella (Director of Counseling,

SHU Student Counseling Center) presentation | * Case overview
* Working with challenging client behaviors (splitting, transference, resistance to treatment, etc.)
* Use of Expressive Media in OT

(validity of the Lerner’s Collage assessment)* Interventions aimed at helping clients improve self-esteem
* Introduction to TBL (in preparation for TBL work after the spring break)
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| Feb 25th | Chapters 15 and 16in Brown & Stoffel | **Midterm Evaluations****Martina** (a case study adapted from Bonder’s textbook; 26 year old female with a history of trauma, addiction to heroin and fibromyalgia) | * Presentation on biofeedback by Laura Koch, OTL, Family Holistic Healthcare of Fairfield
* Motivational Interviewing (demonstration and practice)
 | **Lab Exam 1** **(for the entire class)**  | **Quiz 1** |
| Mar 4th | **Spring Break** | **Spring Break** | **Spring Break** | **Spring Break** | **Spring Break** |
| March 11th | Chapters 12, 42, 46 & 51 in Brown & Stoffel | **Patrick’s case** (based on the character from the *Silver Lining Playbook* movie; an adult male of Italian descent with Bipolar Illness; presumably treated on outpatient basis)Students are expected to watch the movie and to independently create a treatment plan for Patrick prior to coming to class. **TBL experience will take place during the PBL and seminar. The** **iRAT and tRAT will be administered in PBL.** | * Stress Management Principles
* Time Management Strategies
* Assertiveness Training
* Individualizing group schedules (for clients with mania, depression, etc.)
 | * Stretch exercise and relaxation group demo
* **Sensory Kits for Adults (students are to make at home and bring to class)**
 | **TBL experience will continue during the seminar.** |
| March 18th | - Chapters 12, 19 and 24 in Brown & Stoffel- Chapters 5 and 6 in Cole | **Sally’s case** (EMR case; a Caucasian woman with Post-Partum Depression and an underlying Histrionic/ Dependent personality disorder hospitalized due to a suicidal attempt) | * Beck Depression Inventory
* Hamilton Depression Rating Scale
* CBT/DBT Strategies
 | * Psychodynamic FOR-based OT group demo and discussion
* Cognitive-Behavioral FOR-based OT group demo and discussion
 | * Case overview
* Suicide prevention
* CBT and DBT for adults
* Group therapy in acute psychiatric settings
 |
| March 25th | - Chapter 13 in Brown & Stoffel- Chapters 1, 2 and 13 in Cole- AOTA Fact Sheet about OT for PTSD (posted to BB)- Plach & Sells’s article (posted to BB) | **June** (a U-Tube-based case; an African American female war veteran with a PTSD; presumably treated in an outpatient group therapy).Students are expected to watch the U-tube video and to independently create a treatment plan for June prior to coming to class. **TBL experience will take place during the PBL and seminar.** **The** **iRAT and tRAT will be administered in PBL.**  | * Grounding Techniques for flashbacks
* Anger Management Techniques/ Role-Play
 | **Documentary “Color of Fear”** (will be viewed in class, and basic group facilitation techniques and cultural aspects of group therapy will be discussed)  | **TBL experience will continue during the seminar.** |
| April 1st | - Chapter 55 in Brown & Stoffel- Chapters 8, 10 and 11 in Cole- Chapter 17 in Sames | **Mrs. Kwan** (an older female widow of Korean descent with grief issues in a Senior Day Center) | * Grief Assessment
* Coping strategies for grief (group demonstration)
 | * MOHO-and Developmental FOR-based groups demo and discussion
* Creating a group protocol
* Group notes
 | **Online seminar** (due to AOTA conference) |
| April 8th | - Chapters 17& 18in Brown & Stoffel- Chapters 7 and 9 in Cole | **Albert’s case** (EMR case; an older man with dementia and depression in an acute psych setting) | * Mini-Mental versus Montreal Cognitive Assessment
* LOTCA
* Safety Assessments
* Elder Depression Scale
 | Independent student group facilitation(4 groups) | * Case overview
* Developmental needs of older adults
* OT role with clients with mild dementia
* Cognitive assessments for older clients
 |
| April 15th | Chapters 16, 40, 43 and 47 in Brown & Stoffel | **Samson** (a 65 year old Native American male with PTSD, depression, substance abuse, grieving issues and possible alcohol-induced dementia in a homeless shelter setting) | Independent student group facilitation (4 groups) | Independent student group facilitation 1. groups)
 | **No seminar****(Easter Holiday)** |
| April 22nd | Review all course materials | **Final Evaluations** (no new case) | * Independent student group facilitation (4 groups)
* Termination of the group process (as a large group)
 | **Final Lab Exam** | **Quiz 2** |