

"Reflective Professionals Building Learning Communities"

COURSE TITLE

COUN 434: Medical & Psychosocial Aspects of Disability

INSTRUCTOR INFORMATION

name
office
phone number
email

COURSE DESCRIPTION

Involves study of medical information on a wide range of disabilities from systems perspective. The psychological, social, and vocational implications of the experience of the various disorders will be integrated into the course. Medical terminology, medical specialty practices and health care systems providing diagnosis, treatment, restorative services, or therapy to individuals with disabilities will be discussed. The course, nature, etiology, effects and prognosis of physical, sensory, mental, neurological, developmental, and other disability/disease processes will be covered. Case studies of system-related disabilities will be presented with emphasis on understanding the psychosocial, functional and vocational implications of disease, congenital and adventitious disability.

PREREQUISITE

admission to the program

REQUIRED TEXT

Brodwin, M. G., Brown, S. & Tellez, F. (Eds.). (2002). *Medical, psychological, and vocational aspects of disability* (2nd ed.). Athens, GA: Elliot & Fitzpatrick.

SUPPLEMENTAL TEXTS

Falvo, D. (2005). *Medical and psychosocial aspects of chronic illness and disability* (3rd ed.). Sudbury, MA: Jones & Bartlett.

Falvo, D. (2005). *Medical and psychosocial aspects of chronic illness and disability* (3rd ed.).
Sudbury, MA: Jones & Bartlett.

Other materials and handouts will be placed on reserve and/or provided on a Blackboard Website. All students must have a working E-mail account and access to a computer.

MODE OF INSTRUCTION

Lecture/discussion supplemented with guest speakers and community activities

COURSE OBJECTIVES

The objectives of this course support the College of Education Performance Standard #5 Instruction and are also linked to the CORE (Council on Rehabilitation Education) standards C.2, C.3, and C.9. These objectives will enable students to

1. gain knowledge of the human body system;
2. acquire proficiency in understanding and using medical terminology;
3. understand the medical, functional, and vocational aspects of physical disability and disease;
4. obtain knowledge of the treatment options of various physical disabilities and disease;
5. be able to read and understand medical reports and to interpret the functional implications of medical reports and functional capacity evaluations;
6. become familiar with the various medical specialty areas and to identify specialized medical services in the rehabilitation service provider's community;
7. understand current assistive technologies available to persons with disability that might augment, assist, or circumvent major life activities including communications, mobility, sensory enhancement, information access/learning, prosthetic and orthotic devices;
8. understand basic medical models of service including managed care, preferred providers organizations, and community-based medical programs;
9. understand the unique needs of persons with co-occurring diagnoses;
10. understand the concept of functional capacity and its implications for facilitating work;

11. obtain skill and knowledge in life care planning; and
12. gain competency in wellness and illness prevention concepts and strategies.

Student Outcomes as demonstrated by the ability to: (each outcome is followed by its corresponding CORE Curriculum standard code)

1. Explain basic medical aspects of the human body system and disabilities C.9.1
2. Access resources for researching disability information C.9.2
3. Explain functional capacity implications of medical and psychosocial information C.9.3
4. Determine the need for assistive technology and the appropriate intervention resources C.9.4
5. Apply working knowledge of the impact of disability on the individual, the family, and the environment C.9.5
6. Support consumer empowerment and advocacy as it relates to medical treatment C.9.6
7. Utilize existing or acquired information about the existence, onset, severity, progression, and expected duration of an individual's disability C.9.7
8. Consult with medical professionals regarding functional capacities, prognosis, and treatment plans for consumers C.9.8
9. Practice in a manner that shows an understanding of the environmental and attitudinal barriers to individuals with disabilities C.2.4
10. Identify and articulate an understanding of the social, economic, and environmental forces that may present barriers to a consumer's rehabilitation C.2.6
11. Explain basic medical aspects of the human body system and disabilities C.9.1
12. Access resources for researching disability information C.9.2
13. Explain functional capacity implications of medical and psychosocial information C.9.3
13. Determine the need for assistive technology and the appropriate intervention resources C.9.4
14. Apply working knowledge of the impact of disability on the individual, the family, and the environment C.9.5

15. Assess an individual's need for rehabilitation engineering/technology services throughout the rehabilitation process C.7.7 and
16. Assess the environment and make modifications for reasonable accommodations. C.7.8

REQUIRED PROJECTS

Students will submit three written reports and make oral presentations to the class of the results of these reports. These assignments satisfy the performance-based assessment component of the course.

STUDENT EVALUATION

Content Exams	2 @ 100 each	200 points
Terminology Exams	2 @ 100 each	200 points
Reports	3 @ 50 each	<u>150 points</u>
Total		550 points

Participation and reports include two community-based projects:

1. A group site visit to The Rehabilitation Institute of Chicago with a subsequent report of 2-3 pages, typewritten using APA format. These areas should be covered: a) What types of disabilities are served? b) What services are provided? c) What specific professionals are employed with RIC? d) How are customers obtained/referred? e) What was your overall impression?
2. An interview with a person, family or family member that has experienced the onset of a severe disability. The goals for the interview include: a) an understanding of the psychological adjustment to the disability on cognitive, affective, and behavioral levels; b) how did the system respond to their needs? How did other members of the community respond? For example, medical professionals, clergy, friends, neighbors, other family members, fellow workers/employer, c) how was the person's self-concept modified, if at all? How did the individual see himself or herself as a result? Were/are there any long-lasting psychological affects such as may be seen with PTSD (nightmares, substance abuse, hostility/aggression)? d) How has the person(s) compensated for the disability? e) finally, summarize the experience by reflecting on a personal level: did the experience and knowledge obtained change your perceptions, attitudes, or beliefs about persons with disability? Were any myths or stereotypes dispelled or reinforced? Ten extra points will be given for conducting the interview with an individual or family from a different culture than your own. Explain in the report how this person(s) is/are culturally different? Do you think that this person(s) experienced the disability differently in their culture than your own?

3. Conduct research and report on an assistive technology from among the following:
- a. Augmentative communication device
 - b. JAWS, Dragon-speak or other text-to-voice or voice-to-text software
 - c. Adaptive sport (beach, ski, sailing, golf, beep-ball)
 - d. Adaptive keyboards
 - e. Real time captioning
 - f. Alternative listening devices
 - g. Universal design
 - h. Universal instructional design (UID)/Universal Design for Learning (UDL)
 - i. TENS (transcutaneous electrical nerve stimulation)
 - j. Mechanical ventilators/breathing training
 - k. Pressure garments
 - l. Catheterization options and bladder/bowel management
 - m. Subcutaneous pumps
 - n. Seating and positioning systems
 - o. Orthoses/prostheses
 - p. Service animals
 - q. Ergonomics (specify a context e.g. office, assembly line, health care)
 - r. Electric wheelchairs (include gel seating pad or other prevention cushions)

Note: Guidelines, criteria, and resources will be provided in a handout.

GRADING POLICY

A = 90-99% of total points

B = 80-89% of total points

C = 70-79% of total points

D = 60-69% of total points

F = below 60% of total points

ASSESSMENT OF LEARNING

Assessment of learning begins in the initial class session and is on-going throughout the course. Data from the specific assessment tools will be analyzed and the results used to improve instruction and facilitate increased student learning. This feedback may be used to make adjustments in the course as it progresses and to implement future changes.

STUDENT ACCOMMODATIONS

In accordance with the Americans with Disabilities Act of 1990, Northeastern Illinois University does not discriminate against employees or students on the basis of disability. In addition, the university provides reasonable accommodations for both employees and students with disability. Students seeking reasonable accommodations in the classroom should contact the Accessibility Center/HELP, A-118 (phone 773/442-5495, 5496, or 5497; TDD 773/442-5499).

The University Policy on Services for Students with Disabilities may be found at: <http://www.neiu.edu/%7EDeanSt/survival/disabilities.pdf>. Students should feel free to meet with the instructor, in confidence, at any time to discuss any reasonable accommodations or removal of barriers that may be hinder full inclusion and participation in the course and their learning experience.

STUDENT RESPONSIBILITIES

All students are expected to attend all class meetings and to submit assigned materials by the due date. Students are expected to conduct themselves professionally and ethically, respecting individual differences, needs, opinions, and the confidentiality of others. Attendance is vital to learning success.

COURSE TOPICS AND SCHEDULE

<u>Week</u>	<u>Topic</u>	<u>Assignment Due</u>
Week 1	Introduction Syllabus Student survey Rehabilitation philosophy, goals Medical model, Rehab model, Biopsychosocial model Adjustment models to disability: stage models, multi-modal models, stress model Handout: Medical suffixes and prefixes	
Week 2	Stress, appraisal and coping Disability, impairment, handicap Belief systems re: health, disability; attitudes toward healthcare professionals Biomedical ethics Medical, psychological specialties. Scopes of practice	Terminology Quiz #1
Week 3	Spinal cord injury, hemiplegia, paraplegia, quadriplegia Neurological disease, Epilepsy, MS, Myasthenia Gravis Neuromuscular disorders	
Week 4	Traumatic Brain Injury Distress, depression and anxiety Alzheimer's	Terminology Quiz #2
Week 5	Systemic diseases AIDS, rheumatic diseases, cardiovascular, cancers, diabetes Dementia	
Week 5	Speech, language, hearing, and aphagia/aphasia	
Week 6	Content Exam #1 Blindness and visual impairments	
Week 7	Respiratory, pulmonary disorders	
Week 8	Developmental disabilities of physical nature - CP, Spina Bifida	

Assignment Due

<u>Week</u>	<u>Topic</u>	
Week 9	Burns Chronic pain	Interview Report Due
Week 10	Digestive disorders Ostomies	
Week 11	Assistive Technologies - assessment, planning, implementation, evaluation	
Week 12	Visit Rehab Institute of Chicago	
Week 13	Substance abuse disorders Co-occurring disorders	
Week 14	Psychiatric Disabilities	RIC Report due.
Week 15	Psychiatric Disabilities	
Week 16	Content Exam #2	

REFERENCES

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- Brodwin, M. G., Tellez, F., & Brodwin, S. (1995). *Medical, psychological and vocational aspects of disability*. Athens, GA: Elliot & Fitzpatrick.
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- Corbet, B. (2002). *Spinal network: The total wheelchair resource book* (3rd ed.). Horsham, PA: New Mobility Magazine.
- Dirckx, J.H. (Ed.). (2005). *Stedman's concise medical dictionary for the health professions*, (5th ed.). New York: Lippincott, Williams and Wilkins.
- Evans, R.W. (2003). *Saunders manual of neurologic practice*. Amsterdam, The Netherlands: Elsevier.
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- Kottke, F.J., & Lehmann, J.F. (1990). *Krusen's handbook of physical medicine and rehabilitation* (3rd ed.). Amsterdam, The Netherlands: Elsevier.
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- Rubin, A.L., & Rubin, A. (1999). *Diabetes for dummies* (2nd ed.). New York: Wiley.
- Senelick, R.C., & Dougherty, K. (2004). *The spinal cord injury handbook for patients and their families* (Revised ed.). Stamford, CT: Thompson Learning.
- Seymour, R. (2002). *Prosthetics and orthotics: Lower limb and spinal*. New York: Lippincott, Williams and Wilkins.
- Shipes, E. A. & Lehr, S. T. (1980). *Sexual counseling for ostomates*. Springfield, IL: Charles C. Thomas.
- Venes, D., Taber, C.W., & Thomas, C.L. (Eds.). (2005). *Taber's cyclopedic medical dictionary* (20th ed.). Philadelphia, PA: F.A. Davis.
- Willis, M.C., & Kirk, H.W. (2004) *Medical Terminology: A programmed learning approach to the language of health care* (5th ed.). New York: Lippincott, Williams and Wilkins.

Internet Resources

American Association of Physical Medicine and Rehabilitation
<http://www.aapmr.org>

Center for Disease Control
<http://www.cdc.gov>

Family Village - a wide variety of resources
<http://www.familyvillage.org>

Great Lakes ADA and IT Center
<http://www.adagreatlakes.org/index.htm>

Georgia Tech Center for Assistive Technology & Environmental
Access (CATEA)
<http://www.assistivetech.net>

National Institutes of Health
<http://www.nih.gov>

National Library of Medicine
<http://www.nlm.nih.gov/>

New Mobility magazine -a wonderful resources re: disability and spinal cord injury
<http://www.newmobility.com/>

Office of the Surgeon General
<http://www.surgeongeneral.gov/sgoffice.htm>

Parents Let's Unite for Kids (PLUK) - Assistive Technology guide <http://www.pluk.org>

Rehabilitation Engineering Society of North America
<http://www.resna.org>

Spinal Cord Injury Information Network
<http://www.spinalcord.uab.edu/>

Trace Center
<http://www.trace.wisc.edu>