

**Special Problems in Counseling and Human Development Services:
Teaching and/or Counseling Children With Chronic Illness or Chronic Medical Conditions
ECHD 4000
Fall 2004
Tuesdays, 5:00- 8:00pm**

Instructor: Dr. Yvette Q. Getch
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Human Development Services
 408-M Aderhold
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Office Hours: Wednesdays 2-4p.m. (others by appointment)

Course Description:

Psychological, physical, environmental, and sociological aspects of chronic illness and chronic medical conditions in children. This course provides an **overview** of chronic illnesses and chronic medical conditions in children with emphases placed on the medical condition, treatment issues, advocacy, teaching strategies, counseling interventions, accommodations, multicultural issues, adjustment factors, community attitudes, legislation, barrier removal, and strategies for working with children with these conditions and their parents as well as school systems, the medical community, and community agencies.

Course Objectives:

1. Understand the physical, psychological, environmental, and social impact of chronic illness and disability in children.
2. Understand how attitudes of society and professionals impact children with chronic illness and/or disabilities and their families.
3. Be able to identify and discuss legislation that protects children with chronic illness and/or disabilities.
4. Understand the impact stressful events such as chronic illness and disability has on the child and the child's family.
5. Understand multi cultural and gender issues as they impact children with chronic illness and/or disabilities.
6. Understand and identify specific teaching strategies and counseling interventions that may be beneficial to use when working with children with chronic illness and/or disabilities and their families.
7. Become familiar with Individualized Health Plans, 504 Plans, and Medical CARE Plans for children with chronic illness and/or disabilities and their families.
8. Discuss transition, support services, and family supports as they relate to children with chronic illness and/or disabilities.
9. Understand advocacy and its role in working with children with chronic illness and/or disabilities and their families.
10. Become familiar with adjustment and transition models that facilitate intervention planning for children with chronic illness and/or disabilities and their families.
11. Become knowledgeable about existing resources and how to locate additional resources for children with chronic illness and/or disabilities and their families.

Texts:

Bowe, F. (2000). Physical, sensory, and health disabilities: An introduction. Upper Saddle River, NJ: Prentice-Hall.

Supplemental Texts and Materials:

Bleil, M.E., Ramesh, S., Miller, B. D., & Wood, B. L. (2000). The influence of parent-child relatedness

on depressive symptoms in children with asthma: Tests of Moderator and mediator models. Journal of Pediatric Psychology, 25(7), 481-491.

Boekaerts, M. & Roder, I. (1999). Stress, coping, and adjustment in children with a chronic disease: A review of the literature. Disability and Rehabilitation, 21(7), 311-337.

Heller, K. W., Forney, P. E., Alberto, P. A., Schwartzman, M. N., & Goeckel, T. M. (2000). Meeting physical and health needs of children with disabilities: Teaching student participation and management. Toronto: Wadsworth/Thomson Learning.

Klennert, M. D., McQuaid, E. L., McCormick, D., Adinoff, A. D., & Bryant, N. E. (2000). A multimethod assessment of behavioral and emotional adjustment in children with asthma. Journal of Pediatric Psychology, 25(1), 35-46.

Kromer, M. E., Prihoda, T. J., Hidalgo, H. A., & Wood, P. R. (2000). Assessing quality of life in Mexican-American children with asthma: Impact on family and functional status. Journal of Pediatric Psychology, 25(6), 415-426.

Livneh, H. & Antonak, R.F. (1997). Psychosocial adaptation to chronic illness and disability. Gaithersbury, MD: Aspen Publishers, Inc.

Mackelprang, R. & Salsgiver, R. (1999). Disability: A diversity approach in human service practice. Pacific Grove, CA: Brooks/Cole Publishing Company.

Marshak, L.E. & Seligman, M. (1993). Counseling persons with physical disabilities. Austin, TX: Pro-Ed.

Marinelli, R. & Del Orto, A.(Eds.) (1991). The psychological and social impact of disability (3rd ed). New York: Springer Publishing Company.

Miller, J.F. (2000). Coping with chronic illness: Overcoming powerlessness (3rd ed.). Philadelphia, PA: F.A. Davis Company.

Nagler, M (Ed.)(1993). Perspectives on Disability (2nd ed.). Palo Alto, CA: Health Markets Research.

Seagull, E. A. (2000). Beyond mothers and children: Finding the family in pediatric psychology. Journal of Pediatric Psychology, 25(3), 161-169.

Veach, T.A., Nicholas, D. R., & Barton, M. A. (2002). Cancer and the family life cycle: A practitioner's guide. New York: Brunner-Routledge.

Zimet, G. D., Cutler, M., Litvene, M., Dahms, W., Owens, R., & Cuttler, L. (1995). Psychological Adjustment of children evaluated for short stature: A preliminary report. Developmental And Behavioral Pediatrics, 16(4), 264-269.

Course Format:

The daily format of the class will vary depending on the topic to be covered. This course includes didactic content, personal reflection, and experiential elements. Lecture, guest speakers, discussion, group activities, and in-class presentations are learning strategies that will be used in this course. Therefore, your personal and active involvement in the process is essential for your successful completion of this course. Children will be coming to our class to discuss their condition or to talk about what it is like to have a sibling with a chronic medical condition. **NOTE: You are expected to respect the privacy of these children and their parents.** They share with you to increase your knowledge and to assist you in gaining insight into their world. **You are not to divulge their names or identities to anyone outside of our class.**

Accommodation Needs:

The University of Georgia Department of Counseling and Human Development Services is committed to providing access to all persons with disabilities and will provide accommodation if notified. If you have a documented disability or any other special needs and wish to discuss academic accommodations, please contact me as soon as possible. Necessary academic accommodations will be made for you based on the recommendations received from Disability Services. You must be registered with Disability Services to receive academic accommodations.

Academic Honesty and Integrity:

The University of Georgia's Honor code states: "I will be academically honest in all of my academic work and will not tolerate academic dishonesty of others."

1. All students are responsible for maintaining the highest standards of honesty and integrity in every phase of their academic careers. The penalties for academic dishonesty are severe and ignorance is not an acceptable defense.
2. Academic honesty means performing all academic work without plagiarism, cheating, lying, tampering, stealing, receiving unauthorized or illegitimate assistance from any other person, or using any source of information that is not common knowledge.

Suspicious of dishonesty will be reported to the Office of the Vice President for Instruction for resolution according to the UGA academic honesty policy, *A Culture of Honesty*. Students are responsible for reading and abiding by the honesty policy, which is found at: <http://www.uga.edu/ovpi>.

In addition to the University policy, students in the Department of Counseling and Human Development Services found in violation of the University's academic honesty policies or codes of professional ethics are subject to review and possible permanent expulsion from the programs offered in the Department.

Evaluation:

1.	Quiz #1	15%	
2.	Quiz #2	15%	
3.	Development of a resource list for a specific medical condition	10%	
4.	Interviews or a visit to a camp or hospital	10%	
5.	Development of a Medical CARE Plan, 504 Plan, or IHP		10%
6.	Final Intervention Project & Poster Presentation	30%	
7.	Class Participation	10%	

Grading Scale:

A = 93-100	D = 70-77
B = 86-92	F = 69 and below
C = 78-85	

The grading scale is elevated due to the natural break in grades noted by the professor in previous semesters teaching the course. The grading scale is not meant to be seen as overly harsh or high, but rather reflects the high quality of the students who typically select this course. **If you are concerned or confused regarding the grading scale, please discuss your concerns with the instructor.**

Course Requirements:

Students are expected to **attend class and be prepared** to discuss the assigned readings. Additional readings may be assigned during the semester and students are expected to read these as well. Articles will be made available for photocopying and procedures for doing this will be explained in class.

Students are encouraged to share information and articles they have found that relate to the course.

Participation:

100 points (10%) of your grade is determined through class participation and contribution. Active participation is essential to your learning and contributes to the learning of others. A class roll will be sent around every class period for students to sign. It is **your responsibility to sign the roll sheet** before you leave class. Students are expected to notify the instructor about absences and it is the student's responsibility to obtain the information missed. An excused absence will not adversely impact your participation grade. An excused absence may include illness or death of an immediate family member or other absence deemed excusable by the professor. Participation will be evaluated in the following way:

- Excellent – Proactive participation through leading, originating, informing, as well as asking questions that are thought provoking and indicate that you have **read** the material and reflected upon the readings and discussions. Participation does not mean dominating the discussion, making comments merely to make comments, or taking up class time with personal issues or tangential items. [93-100 points]
- Satisfactory – Reactive participation with supportive, follow-up contributions that are relevant and of value, but rely on the leadership and study of others. Active participation in group activities. [86 – 92 points]
- Minimally acceptable – Passive participation including being present, awake, alert, attentive, but not actively involved. I call it the “seat warmer”. While you may be learning, you are not contributing to other's learning nor are you assisting in producing discussions that engage others in learning. [78 - 85 points]
- Unsatisfactory – Uninvolved including being absent, **late**, leaving early, present but not attentive, sleeping, asking questions that clearly indicate you have not kept up with the readings or class discussions, and making irrelevant contributions that inhibit the progress of the discussion. [77 points or less]

Assignment Descriptions:

CARE Plans, IHPs, and 504 plans:

You will learn how to assist teachers, parents, and service providers in the development of a CARE Plan, IHP, or 504 plan. As one of your assignments, you will be expected to develop one of the following (a) a CARE plan for a child and his/her family, (b) an IHP, or (c) a 504 Plan. A care plan will be presented in class. Examples of IHPs and 504 Plans will also be presented in class. You are expected to develop a complete and accurate plan. The most effective way to develop a complete and accurate plan is to work with a parent, teacher, school nurse, etc..

Exams:

There will be two exams during the Semester. The format may include short answer, multiple choice, matching, and short essay. The midterm exam is tentatively scheduled but may be moved due to guest speaker schedules. The exact date of the midterm will be announced at least one week prior to the date indicated on the syllabus. The midterm will be given the first part of class and class will resume after the exam is completed. Note: there may be take home parts to the exams.

Interview, camp visit, or hospital visit:

You will be required to interview a child with a chronic illness/medical condition and their family (usually a parent and the child) or the parent of a child with a chronic illness/medical condition or visit a children's hospital or a camp for children with chronic illness and interview a staff member (nurse, coordinator, social worker, child life worker, etc.) and interview the nursing staff, social worker, child life worker, etc. You must turn in a written summary of your interview **without any identifying information regarding the child and family you interviewed**. In the summary you must include your thoughts, reflections, what you learned from the experience, and any insight you gained from the experience. You can

utilize this information to develop the CARE Plan, IHP, or 504 Plan. If you visit a children's hospital you must have a tour and be able to interview at least one staff member involved with providing services to children and their families.

Intervention Project and Poster Presentation:

During the semester you are to develop some type of intervention that will assist a child with a chronic illness/medical condition and his/her family. You may develop a social skill intervention, a Medical CARE Plan with the development of community and school supports, a support group intervention, classroom teaching modules for a specific age group, or a specific counseling strategy, etc to use with the individual that will facilitate adjustment to disability, acceptance of disability, enhancement of abilities, development of community and familial support systems, etc. You could also choose to develop a sequence of lesson plans devoted to teaching a unit to children about a specific chronic illness/medical condition. This is an individual project that will be shared during final exam time as a final project. In some instances students may work in pairs. However, prior permission is required to work in pairs and a clear description of the project must be relayed to the instructor.

The project should be outlined in detail and include strategies to facilitate involvement, potential problems, potential benefits, and possible negative consequences. A poster presentation session will be scheduled for you present your final project. Examples of posters from a previous class will be available to you. Simply providing information on a specific condition does not constitute an intervention. The intervention must be deliverable to a specific target audience. Posters will be evaluated based upon the quality and creativeness of the intervention, a clearly articulated rationale for the intervention, the target population and mode of delivery should be clearly stated, and neatness counts as well. A rubric will be provided.

Resource List:

You are required to develop a resource list with at least 10 resources that are beneficial to a child with a chronic illness and or their families, teachers, etc. The list should be e-mailed to the instructor by the date due so the resources can be compiled and shared with the entire class. The resources should be described and complete contact or reference information should be listed. You are also to specify who may benefit from the resources.

Additional Student Responsibilities:

Students are expected to make copies of the articles provided in the notebook in the Curriculum Materials Center on the 2nd Floor of Aderhold if they are unable to access these articles via the web. The professor is making an effort to provide these articles via the web but cannot ensure that readings will be available in this format.

Also, it is a privilege for you to receive the professor's power point presentations. It is **NOT** an entitlement. I share these so we can have better class discussions. I do **not** guarantee that you will have these power point handouts e-mailed to you before every class. It is your responsibility to record the information you deem necessary.

If you miss class it is **your** responsibility to notify the instructor of your absence. It is also **your** responsibility to get any handouts, etc. from fellow students. It is **your** responsibility to ensure that your uga e-mail account is working. The professor will only use your official UGA e-mail account. I normally announce in class that I have sent information via e-mail. If your e-mail account is not working correctly you need to attend to it.

You need to check your e-mail regularly. Because I schedule families and children to speak to our class, we sometimes must shift content, etc. Remember, these families have children with chronic medical conditions and they do become ill or must reschedule due to unexpected medical procedures. All attempts will be made to adhere to the course outline, but due to the nature of the course there may be deviations from this outline.

Course Outline:

Although every effort will be made to follow the course schedule, unforeseen circumstances may require that we deviate from the proposed schedule. If this should occur, the instructor will inform the students (in class) of the changes. *Note: Not all the readings are listed on the outline below. Given the nature of the course new material may become available and students will be notified regarding additional required readings.*

Topical Outline:

August 24

Introduction and Overview of Children with Chronic Illness

The population of children with chronic illness/medical conditions

Welcome to Holland

Legislation: Section 504, ADA, and IDEA

Legislation protecting children with chronic illness/medical conditions
(Bowe) Chapters 1 & 2

DeBettencourt, L. U. (2002). Understanding the differences between
IDEA and Section 504. TEACHING Exceptional Children, 34(3), 16-23.

August 31

Asthma, Allergies, and Diabetes

Guest Speakers: Dr. Larry Aull and Dr. Tommy Johnson

(Bowe) ch. 9 pp. 203-207 & 222-226; (Heller) review ch.4 pp. 79-84

*Cohen, S. Y. & Wamboldt, F. S. (2000). The parent-physician relationship in
Pediatric asthma care. . Journal of Pediatric Psychology, 25(2), 69-77.

Getch, Y. Q., & Neuharth-Pritchett, S. (1999). Children with asthma: Strategies
for educators. TEACHING Exceptional Children, 31(3), 30-36.

*Markson, S. F. & Fiese, B. (2000). Family rituals as a protective factor for
children with asthma. Journal of Pediatric Psychology, 25(7), 471-479.

Neuharth-Pritchett, S., & Getch, Y. Q. (2001). Asthma and the school
teacher: The status of teacher preparedness and training. Journal of School
Nursing, 17(6), 323-328.

Neuharth-Pritchett, S., & Getch, Y. Q. (2001). Entering school with chronic
illness: Advocating for children with asthma. Focus on Pre-K and K, 14(1), 1-6.

(Bowe) ch.9 , 227-232

Wysocki, T. Educating kids about their diabetes. *Diabetes Health Monitor*, 5.

Telling your class about diabetes. *Kids Corner*

Siminerio, L. (1992). Childhood development: What's normal and what's not.
Diabetes Self-Management, 43-45.

Bearman, K. J. & La Greca, A. M. (2002). Assising friend support of
adolescents' diabetes care: The Diabetes Social Support Questionnaire-
Friends Version. *Society of Pediatric Psychology*, 27(5), 417-428.

September 7

Asthma, Allergies, and Diabetes Continued

Lecture, Guest Speakers, and Discussion

**Guest Speakers: Michelle Krumm, Lauren, and Brittany
Roberta Watson
Child panel discussion (I hope!)**

Children with Cystic Fibrosis (CF)

Heller et al. chapter 14

Bowe ch. 9 pp. 222-226

*Schmitt, G. M. (1993). Perception of illness and coping in adolescents and young Adults suffering from cystic fibrosis. Zeitschrift fuer Klinische Psychologie. Forschung und Praxis, 22(2), 153-159.

Guest Speaker:

September 14 504 Plans, IHPs, and Medical Care Plans

(Bowe) Chapter 3; (Heller et al, Chapters 1 & 4) This book will be placed on reserve in the Curriculum and Materials Center on the 2nd floor of Aderhold or copies will be made available in the folder.

Special Readings:

Blazer, B. (1999). Developing 504 classroom accommodation plans: A Collaborative, systematic parent-student-teacher approach. TEACHING Exceptional Children, 32(2), 28-33.

Sexson, S. Madan-Swain, A. (1995). The chronically ill child in the school. *School Psychology Quarterly*, 10(4), 359-368.

Sexson, S. Madan-Swain, A. (1993). School reentry for the child with chronic illness. *Journal of Learning Disabilities*, 26(2), 115-125.

The School Team: SST, 504, IEP

September 21 Children with Heart Conditions

Children with Blood Disorders or Auto Immune Diseases: Sickle-Cell Anemia; Hemophilia; HIV/AIDS

(Bowe) CH. 8, pp. 237-242

Read ch. 8 pp. 177-191 & 195-200 in

Falvo, D. R. (1999). Psychosocial and functional aspects of chronic illness and disability. Gaithersbury, MD: Aspen Publishers, Inc.

Graham, L.M. (2002). Sickle Cell Disease: Presents a roll call of respiratory complications. *Advance for Managers of Respiratory Care*, 40-42 & 80.

September 28 Children with Spina Bifida, Muscular Dystrophy, Amputation, or Arthritis

Bowe pp. 170-186; Heller et al., Chapter 7.

Special Readings: Read ch. 11 pp. 265-288.in

Miller, J.F. (2000). Coping with chronic illness: Overcoming powerlessness (3rd ed.). Philadelphia, PA: F.A. Davis Company

Read ch, 4 in

Miller, J.F. (1992). Coping with chronic illness: Overcoming powerlessness (2nd ed.). Philadelphia, PA: F.A. Davis Company

von Weiss, R. T., Rapoff, M. A., Varni, J. W., Lindsley, C. B., Olson, N. Y., Madson, K. L., & Bernstein, B. H. (2002). Daily hassles and social support as predictors of adjustment in children with pediatric rheumatic disease. *Society of Pediatric Psychology, 27*(2), 155-165.

October 5

Children with Gastro-Intestinal Disorders, Crohn's; Colitis, Inflammatory Bowel Disease

****Guest Speaker: Robin Sosbee, Mother of a preteen who has Crohn's. Heller et al., Chapter 12**

***Wood, B. Watkins, J. B., Boyle, J. T., & Nogueira, J. (1987). Psychological Functioning in children with Crohn's disease and ulcerative colitis: Implications for models of psychobiological interaction. Journal of the American Academy of Child & Adolescent Psychiatry, 26(5), 774-781.**

Thomsen, H. A., Compas, B. E., Colletti, R. B., Stranger, C. Boyer, M. C., & Konik, B. S. (2002). Parent reports of coping and stress responses in children with recurrent abdominal Pain. *Journal of Pediatric Psychology, 27*(3), 216-226.

Videotape: Expressive Art Therapy use with children with Crohn's Disease

October 12

Exam 1

October 19

Chronic Illness: A family Affair

***Guest Speaker: Dan Mathew: Project Director, Camp Twin Lakes**

Livneh, H.

& Antonak, R.F. (1997). Psychosocial Adaptation to Chronic Illness and Disability, (pp. 3-34). Gaithersbury, MD: Aspen Publishers, Inc.

Falvo, D. R. (1999). Psychosocial and functional aspects of chronic illness and disability. (pp. 1-22). Gaithersbury, MD: Aspen Publishers, Inc.

Miller, J. F.(2000). Coping with chronic illness: Overcoming powerlessness (3rd ed.) [read chapter 2]. Philadelphia, PA: F.A. Davis Company

October 26

The impact of chronic illness on the Family System

Ecograms

Canning, R. D., Harris, E. S., & Kelleher, K. J. (1996). Factors predicting distress among caregivers to children with chronic medical conditions. *Journal of Pediatric Psychology, 21* (5), 735-749.

Gartstein, M. A., Short, A. D., Vannatta, K. & Noll, R. B. (1999). Psychosocial adjustment of children with chronic illness: An evaluation of three models. *Developmental and behavioral Pediatrics, 20*(3), 157-163.

Painful Procedures

Guest Speaker: Dr. Ronald Blount

November 2

Children with Epilepsy

**Guest Speaker: Mandy Salensky
7pm -8pm**

Bowe Ch. 9 pp. 213-217 & 158-166

Video: No Label required: Teens talk straight about epilepsy

**Connelly, C. & Swyberius, S. J. (2001). Catastrophic epilepsy in infancy and childhood. Living with epilepsy, 2(3), 9-10.
Interviews Due**

Children with burns (6:40-7:45)

November 9

The OTC lecture was given by Matt Perri: mperry@rx.uga.edu

The drugs of abuse was given by Randall Tackett: rtackett@rx.uga.edu

November 16

Children with Growth Disorders and children whose growth has been impacted by chronic illness

Heller et al., ch. 9

MAGIC Foundation Web Site: Review all disorders listed

<http://www.magicfoundation.org>

(Bowe) pp. 187-192

***Sandberg, D. E., Ognibene, T. C., Brook, A. E., & Barrick, C. (1998). Academic Outcomes among children and adolescents receiving growth hormone Therapy. Children's Health Care, 27(4), 265-282.**

November 23

Children with Cancer

(Bowe) pp. 196-202 & 207-213; Miller chapter 14

Eiser, C. (1998). Long-term consequences of childhood cancer. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 39(5) 621-633.

Kazak, A., Barakat, L., Meeske, K., Christakis, D., Meadows, A., Casey, R., Penati, B., Stuber, M. (1997) Posttraumatic stress, family functioning, and social support in survivors of childhood leukemia and their mothers and fathers. *Journal of Consulting and Clinical Psychology*, 65(1), 120-129.

***Guest Speaker: Suzanne Kilgore, 4th grade teacher and her niece Savannah**

Careplan/504 plan/ OR IHP Due

November 30

Wrap up, Presentations, and Poster Presentations

Final Exam:

Tuesday December 14th 7-10 pm.

