

Corbett Clinic Case #1 - Teamwork Inter-Departmental Learning Module

CLIENT PROFILE - 'Megan'- MVA Traumatic Brain Injury

Megan is a 14 year-old girl who was involved in a vehicle MVA near Jasper one month ago. Megan was the passenger in the vehicle, which rolled at highway speed. Her 16 year-old boyfriend, Brent, was driving the car. She was not wearing her seat belt although Brent was wearing his seat belt. She displayed decorticate posturing at the scene of the accident. She was stabilized at the Jasper Hospital, orally intubated and airlifted to an acute care hospital in Edmonton. Upon admission, her Glasgow Coma Scale score was 5/10.

Examination revealed right hemiparesis secondary to closed head injury with bifrontal (L>R) intracerebral hemorrhage and intraventricular hemorrhage. She sustained multiple face lacerations

Megan remained in a coma in the intensive care unit (ICU) for 10 days. Two days after waking from her coma she required a tracheostomy due to bilateral atelectasis and consolidation in both lower lobes of her lungs. A gastrostomy feed tube was inserted two weeks later. Her Glasgow Coma Scale score improved to 14/15. Megan was transferred to a Rehabilitation Hospital one month after the accident.

Megan and her parents had recently moved to Edmonton from Hinton. She was in Hinton for the weekend, against her parents' better judgement, visiting her friends and boyfriend. Megan was a good student and was active in gymnastics, volleyball, soccer and horseback riding prior to her accident. Brent suffered only minor injuries from the crash and has visited Megan a few times in the hospital since the accident. Megan's parents are very angry with Brent and feel that his inexperienced driving skills were the main cause of the accident. They are very worried about their daughter's future.

Megan's parents have expressed concerns that she is not the same girl that she was before the accident. Megan is very concerned that people like her and is afraid that her friends and boyfriend will avoid her now that she has a brain injury. She says she would do anything to keep her friends. Since the accident, Megan has been intensely emotionally reactive, becoming easily angered, excited, depressed or anxious by little events or changes to her routine. Her parents describe the situation by saying, "Everything is one extreme or the other with her now, there is no happy medium. You're either her best friend or she hates you." She is often impulsive, saying whatever is on her mind with no apparent thought for the social implications of what she says. She also shows impulsivity in her actions leading them to worry about her safety. Since Megan has become more independent in using the wheeled walker, nursing staff have reported that she is wandering into other patients' rooms and trying to get into bed with them.

Megan's doctor feels that she may be demonstrating "personality change due to a general medical condition" with symptoms similar to borderline personality disorder.

Megan's parents have expressed concerns that she is not the same girl she was before the accident. She is very concerned that people like her and is afraid that her friends and boyfriend will avoid her now that she has a brain injury. She says she would do anything to keep people from abandoning her. Since the accident Megan has been intensely emotionally reactive,

becoming easily angered, excited, depressed or anxious by little events or changes to her routine. Her parents describe the situation by saying, "Everything is either at one extreme or the other with her now, there is no happy medium. You're either her best friend or she hates you." She is often impulsive, saying whatever is on her mind with no apparent though for the social implications of what she says. She also shows impulsivity in her actions leading them to worry about her safety. Megan's doctor feels that she may be demonstrating "personality change due to a general medical condition" with symptoms similar to borderline personality disorder.

'Megan' - Summary of OT Assessment:

Canadian Measure of Occupational Performance

A COPM was conducted with Megan to help her identify and prioritize issues related to selfcare, productivity and leisure. Her parents were also interviewed to determine their areas of concern for Megan.

Self-Care

Megan indicated that she would like to become more independent in many areas of self-care including dressing, bathing, and grooming. She feels that her parents are babying her and believes that being able to do these self-care tasks independently will force them to see her as a teenager instead of a child. She also expressed a desire to be able to walk independently so she won't have to use a walker at school. Her parents expressed concerns about the transfers and home adaptations necessary for when Megan is discharged home.

Productivity

Both Megan and her parents rated returning to school as a priority. Megan would like to be able to complete her final year of junior high so that she can attend the prom with her boyfriend. Her parents expressed concerns about Megan's cognitive impairments interfering with her ability to keep up with her peers in a regular academic program.

Leisure

Megan identified socialization as the area where she is most dissatisfied. She is feeling lonely and believes it will be difficult to make friends in Edmonton. Megan is very conscious of her scars and worries that her boyfriend won't love her anymore now that she's "ugly and stupid!" She adds that her parents are driving Brent away because they blame him for the accident. Megan's parents would like to find a social/leisure activity that Megan can participate in after discharge to give her a chance to make new friends.

Functional Independence Measure (FIM)

The FIM was done to assess Megan's level of independence in basic ADLs. In general Megan was able to complete the required tasks with supervision or minimal assistance. Megan demonstrated difficulty with sequencing of tasks and struggled to remember two step directions. While Megan is physically able to do many of these tasks, there is concern as to her safety due to impairments in balance, coordination as well as her tendency to act impulsively and show poor judgement.

Kohlman Evaluation of Living Skills (KELS)

The KELS was administered to determine Megan's competence in basic living skills and to assess her overall ability to learn. Megan had difficulty with most of the items on this measure. She appeared to guess for most of her answers and was unable to provide an adequate

explanation for her choices. When pressed for answers she either made up an answer or became frustrated and non-compliant. Megan shows great difficulty with tasks requiring problem solving or multiple steps.

General Impression

Megan is motivated to attend the OT treatment sessions. She thinks the OT really listens to her and wants to know what is important to her. OT is the one area where she feels she is making significant progress and the improvement she sees are giving her hope that she will make a full recovery.

Case Study # 1 Megan - Discussion Questions

Introduction/ general:

1) What is your role as an occupational therapist with this client?

Stage #1:

- 1) Name, validate and prioritize occupational performance issues.
- 2) Where would you look for more information on your client?

Stage #2:

1) Select theoretical approach(es), both generic and specific, clearly give a rationale for your choice(s).

Stage #3:

- 1) Identify occupational performance components and environmental conditions
- 2) What are the areas you will want to assess?
- 3) List the standardized measures you might use to assess this client.
- 4) What type of information do you hope to uncover with the assessments you have selected?

Stage #4:

- 1) Identify Strengths and Resources
- 2) Write a short Occupational Profile on the client

Stage #5:

- 1) How would you go about negotiating target outcomes with your client?
- 2) Write your negotiated targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium.

Stage #6:

- 1) Megan's parents appear to be quite active, how would you incorporate them into you treatment plan?
- 2) Select two pieces of adaptive equipment from the ADL lab you would prescribe for Megan.

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the client should be in terms of functioning for you together to consider discharge.
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.

Name: Maura Anderson
DOB: June 3, 1960
Referring Physician: Dr. Starlet

Program: Horizon Community Day Program

Referral Reason:

• Assessment and treatment of independent living skills

• Development of strategies to deal with behavioral problems at home

General Description: Maura is a 41-year-old female who attends a day hospital community program. Her psychiatrist has sent a referral to OT because Maura's parents and staff at the day program are concerned about Maura's escalating behavioral problems and her ability to function independently. Staff report that she is difficult to interview because she typically answers with monosyllables.

Medical history: Maura contracted HIV through intravenous drug use. She is currently clean of drugs and has been for three years. She converted from HIV to AIDS 2 years ago and the progression has been rapid. Most of the symptoms she is experiencing are cognitive although she does have poor endurance and tires easily.

Maura seems to have difficulty hearing instructions and there is some indication that she has deficits in body schema and spatial orientation. Staff note that she seems to prefer to wear her headphones and listen to loud rock music rather than interact with other clients. She is forgetful and requires orientation to her daily schedule. She was given the Allen's cognitive level test and scored 3.5. At the center, Maura can perform automatic tasks well but has trouble with any activities requiring problem solving. About once or twice a week Maura becomes extremely agitated and she has done some damage to the furniture in the program. On one occasion a pitcher that Maura had thrown across the room hit another client. Staff at the program report that she has difficulty during transition periods (e.g. from group to lunch), and is easily overwhelmed by noise.

Social/Personal history:

Maura lives with her elderly parents who are having more and more difficulty dealing with her behavior at home. Maura is currently on AISH but previously was on welfare. Her parents have a small pension. She has been in and out of AADAC programs and had lived in a homeless shelter until her parents took her in when she was diagnosed with AIDS. She has 2 grown children, one is a drug addict and the other is in prison. Maura has not had any contact with her children for the past 10 years.

Maura comes to the program clean and well groomed. She says that her mother does her hair for her and takes good care of her. Maura's mother reports that Maura resents taking showers and gets very agitated when she is tired. Maura is unable to identify any goals for herself. She likes listening to loud rock music and watching TV. Maura's parents say the weekends are tough because all she wants to do is watch TV all day. They want her to be involved in some other kind of activity.

Case Study # 2 Maura Anderson – Discussion Questions

Introduction/ general:

- 1) What is your role as an occupational therapist with this client?
- 2) What precautions if any would you take as Maura has been diagnosed with AIDS?

Stage #1:

- 1) Describe exactly what you would say during the first half hour interview you have with Maura.
- 2) Name, validate and prioritize occupational performance issues
- 3) Where would you look for more information on your client?

Stage #2:

1) Select theoretical approach(es), both generic and specific, and clearly give a rationale for your choice(s). Remember that your theoretical approach should be reflected in the assessments you choose and the goals and intervention plans.

Stage #3:

- 1) Identify Occupational Performance Components and Environmental Conditions
- 2) What are the areas you will want to assess?
- 3) List the standardized measures you might use to assess this client.
- 4) What type of information do you hope to uncover with the assessments you have selected?

Stage #4:

- 1) Identify Strengths and Resources
- 2) Write a short Occupational Profile on the client

Stage #5:

- 1) How would you go about negotiating target outcomes with your client?
- 2) Write your negotiate targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium.

Stage #6:

- 1) What strategies would you recommend for dealing with Maura's behavior?
- 2) What role does OT have in Maura's difficulty with hearing?
- 3) How will you incorporate meaningful activities in your intervention?
- 4) Select two pieces of adaptive equipment from the ADL lab you would prescribe for Maura.

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the client should be in terms of functioning for you together to consider discharge.
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.

Name: Jessica McNeill

DOB: April 17, 1944

Referral Source: Dr. Wong

Program: Outpatient Rehabilitation Clinic

Diagnosis: POST POLIO SEQUELA, Depression

Referral Reason:

Jessica was referred to the clinic by her GP with a general referral to assess and treat. Dr. Wong has sent relevant case notes that indicate that she has previously been seen several times in the past few years by physical therapy at this clinic.

General Description:

Jessica, a 57 year old female, has been experiencing extreme general fatigue for the past several months. She has also become quite hypersensitive to cold temperatures. Jessica describes herself as being increasingly clumsy. Other complaints include back pain and left knee pain. Her left leg tends to give out on her (sudden weakness).

Medical History:

Jessica is alert and oriented to time, place and person. Although quite concerned about her condition, Jessica is focused on returning to work. During the initial interview Jessica's eyes filled with tears several times. She spoke quietly and stated that a big part of her problem is that she just doesn't have any energy. She reported that she had lost almost 15 pounds in the past month.

Assessment indicates full ROM in all extremities. Muscle strength for left lower extremity is graded at 2-3 for hip and knee flexors. Ankle dorsiflexion is at a grade of 2-3. Left hip and knee extensor as well as ankle planter flexors are graded at a 4. Right lower is assessed to be within normal limits. Upper extremity strength is within normal limits.

The only significant issue in past medical history is a diagnosis of Polio in 1957 after which the client made a full recovery.

Social/Personal History:

Jessica is married, has no children and works as a CEO at a major broadcasting firm. She has a MBA as well as a degree in Industrial Relations.

Jessica reports having no consistent leisure pursuits as she has no time for them. She and her husband go out for dinner on occasion. They take a 2-week exotic vacation every year.

Case Study # 3 Jessica McNeil – Discussion Questions

Introduction/ general:

1) What is your role as an occupational therapist with this client?

Stage #1:

- 1) Name, Validate and Prioritize Occupational Performance Issues
- 2) Where would you look for more information on your client?

Stage #2:

1) Select Theoretical Approach(es) Generic and Specific, clearly give a rationale for your choice(s).

Stage #3:

- 1) Identify Occupational Performance Components and Environmental Conditions
- 2) What are the areas you will want to assess?
- 3) List the standardized measures you might use to assess this client.
- 4) What type of information do you hope to uncover with the assessments you have selected?
- 5) Describe how you would go about a physical assessment.
- 6) How will you assess the impact of depression on Jessica?
- 7) What are the priorities for assessment? (physical or emotional, why)

Stage #4:

- 1) Identify strengths and resources.
- 2) Write a short Occupational Profile on the client.

Stage #5:

- 1) How would you go about negotiating target outcomes with your client?
- 2) Write your negotiate targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium.

Stage #6:

- 1) How would you apply principles of energy conservation to Jessica's home and work setting?
- 2) Outline a fitness program you would prescribe for Jessica.
- 3) Select two pieces of adaptive equipment from the ADL lab you would prescribe for Jessica.

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the client should be in terms of functioning for you together to consider discharge.
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.

Name: Maggie Constantine DOB: October 1, 1940

Referring Physician: Dr. Anton

Program: Outpatient services, acute care hospital

Diagnosis: Colles Fracture

Referral Reason:

Maggie was referred to outpatient services by her doctor because of persistent pain and reduced ROM in her shoulder.

General Description:

Maggie is a 61 year old female referred for occupational therapy 6 weeks after a right Colles fracture sustained in a MVA while being driven to a doctor's appointment by her neighbor. Additional diagnoses include chronic fibromyalgia, diverticulitis and ETOH abuse. Maggie has pain with movement of the shoulder in flexion beyond 25 degrees and extension beyond 10 degrees. Her posture and expression suggest that she is in extreme pain. When you first introduce yourself, Maggie appears overtly anxious and reluctant to participate in any physical assessment.

Medical History:

Maggie was diagnosed with fibromyalgia 7 years ago. She has a long history of widespread aching, stiffness and fatigue. She reports multiple tender points bilaterally in her neck, shoulders, and upper back. The pain has intensified since her recent MVA. For the past 4 years Maggie has taken various medications to improve her sleep and relax her muscles. She also takes several medications for her diverticulitis, which is a source of daily abdominal pain. ROM in Maggie's right arm is difficult to assess because of the pain Maggie experiences.

Social/Personal History:

Maggie retired early when she was diagnosed with fibromyalgia. She is married with 2 grown children who live with their own spouses and children in Edmonton. Her husband is still employed as a bank manager and works long hours. He has responded to the crisis by hiring a half-time housekeeper. Maggie reports that she has been unable to drive for the past 3 years "partly because she is just too anxious." Prior to the MVA Maggie enjoyed participating in church activities, reading and watching her soaps. Recently, she has stopped all church related activities and spends most of her time watching T.V.

Case Study # 4 Maggie – Discussion Questions

Introduction/ general:

1) What is your role as an occupational therapist with this client?

Stage #1:

- 1) Name, Validate and Prioritize Occupational Performance Issues
- 2) Where would you look for more information on your client?

Stage #2:

1) Select Theoretical Approach(es) Generic and Specific, clearly give a rationale for your choice(s).

Stage #3:

- 1) Identify occupational performance components and environmental conditions.
- 2) What are the areas you will want to assess?
- 3) List the standardized measures you might use to assess this client.
- 4) What type of information do you hope to uncover with the assessments you have selected?
- 5) Describe how you would go about a physical assessment due to the extreme pain reported by Maggie?

Stage #4:

- 1) Identify strengths and resources.
- 2) Write a short Occupational Profile on the client.

Stage #5:

- 1) How would you go about negotiating target outcomes with your client?
- 2) Write your negotiate targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium.

Stage #6:

1) Select two pieces of adaptive equipment from the ADL lab you would prescribe for Maggie

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the client should be in terms of functioning for you together to consider discharge.
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.

<u>Corbett Clinic Case #5</u> (revision & adaptation from a case study by Mary McArthur and Marlene Allen)

Name: Anna Odinsky DOB: June 6, 1924 Referring Physician: Dr. Jamal

Program: Extended Care Facility

Diagnosis: Seizure Disorder, Hip Replacement, Pressure Sore

Referral Reason: Mrs. Odinsky is a 77 year old female who has been referred to OT for seating and ADL assessment.

General Description: Mrs. Odinsky is a cheerful Ukranian lady who speaks somewhat broken English. She has been living at the extended care for the past 6 months and seems to like the social life at the facility. Mobility is a big concern for her.

Medical History: Mrs. Odinsky has multiple diagnoses including gallstones, and esophageal reflux and keratitis. A year ago she had a right total mastectomy for breast cancer. There appears to be some damage to the posterior cord of the brachial plexus during the lymphadenectomy. Subsequent biopsies indicate that there is no recurring cancer. ROM in her right shoulder remains compromised as well as the muscles in the posterior compartment of upper arm and the forearm extensors.

Two months ago she fell during a seizure and was transferred to an acute care hospital. She fractured her left hip (impacted subcapital fracture) and she required internal fixation using three canulated screws. She was also seen by a neurologist who diagnosed a seizure disorder. The only obvious deficits resulting from the seizure are related to her expressive speech which is sometimes very difficult to understand. Mrs. Odinsky was transferred back to the extended care facility but she could no longer ambulate using the rollator she had used previously. A referral was sent to OT for a seating assessment. Because of safety concerns staff at the extended care facility nursing staff had been placing her in a geri chair.

In November, nursing staff noted an area of erythema on the heel of her right foot and a blister on the heel of her left foot. Nursing staff put sheepskin booties on her. The blister broke and the loose tissue flap was removed. Lasix was prescribed for the ongoing edema in her left lower extremity. During routine range of motion later that month by the physiotherapist a stage three wound was identified on the medial aspect of the calcaneous of her left foot. The measurements were as follows: width 2 cm, length 1.0cm and depth .3 cm. The wound had dark areas of necrosis and 15 % slough. The wound bed was moist and the border tissue was pale. The wound was surrounded by an area of erythema of 1-2.5 cm. This tissue was boggy on palpation. There was some granulation in the central portion of the wound and fresh blood was noted. Edema distal to the knee was noted.

Personal/ Social History: Mrs. Odinsky is an optimistic person who is convinced that she will be able to return to her previous functioning. She repeatedly reminds the treatment team "...well, you know, that's why I went through all those surgeries. I'll soon be back on my feet again. That's just the kind of person I am. I beat my cancer, you know!" Mrs. Odinsky has stated that she wants to be able to dress independently again as this was one area of self-care that she had been performing independently prior to the seizure. She has a married son who lives in the city with his 3 children. The son is actively involved with the treatment team but leads a very busy life. He does try to take his mom out for dinner to their home once a week but this has become increasingly difficult because of Mrs. Odinsky's mobility issues.

Case Study # 5 Mrs. Odinsky - Discussion Questions

Introduction/ general:

1) What is your role as an occupational therapist with this client?

Stage #1:

- 1) Name, validate and prioritize occupational performance issues.
- 2) Where would you look for more information on your client?

Stage #2:

1) Select theoretical approach(es), both generic and specific, and clearly give a rationale for your choice(s).

Stage #3:

- 1) Identify occupational performance components and environmental conditions
- 2) What are the areas you will want to assess?
- 3) List the standardized measures you might use to assess this client.
- 4) What type of information do you hope to uncover with the assessments you have selected?
- 5) Describe how you would go about a physical assessment due to the extreme pain reported by Mrs. Odinski?

Stage #4:

- 1) Identify Strengths and Resources
- 2) Write a short Occupational Profile on the client

Stage #5:

- 1) How would you go about negotiating target outcomes with your client?
- 2) Write your negotiate targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium.

Stage #6:

- 1) What precautions would you teach Mrs. Odinsky due to her hip injury.
- 2) Select two pieces of adaptive equipment from the ADL lab or equipment catalogues you would prescribe for Mrs. Odinsky.

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the client should be in terms of functioning for you together to consider discharge.
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.

Case # 6: PLANNING AND DESIGNING A GROUP

Due to budget cuts and the need to enhance the service component of the mission statement of the occupational therapy dept. Corbett Clinic has agreed to take on contracts from various health care facilities. Manpower will consist of instructors who are also OTs and 3rd and 4th year students.

The U of A hospital has approached "Corbett Clinic" to develop some sort of program for a group of chronic psychiatric patients who don't fit in to any of their treatment programs. These patients are all functioning at about a level 3-4 (Allen's cognitive levels). They would be able to function at or just below a project level (Mosey). The number of patients varies depending on admissions and bed availability. There is usually an average of 8 patients to a maximum of 10.

Deficits may include all or some of the following:

- decreased ADL functioning
- poor performance skills
- decreased life skills
- decreased motivation
- poor social interaction skill

CLIENT PROFILES

<u>John</u>

Age: 45

Diagnosis: Paranoia

Clinical Features & Behaviours: Sullen on approach, noncompliance with treatment, great reluctance to participate. Referred with a long history of admissions to acute psychiatry. Has reported hearing voices which advise him to stop taking medications. Almost all of his delusions involve the theme of a conspiracy to harass him. Has limited insight and is almost totally socially isolated. Affect is blunted. John has been unable to work for the past 3 years. Has a very supportive case worker who has set up most of the resources John needs. She is not part of his delusional system.

Aaron

Age: 75

Diagnosis: Admitted for assessment

Clinical Features & Behaviours: Low frustration tolerance (especially with others), self-muttering, isolating behaviours. Lives in a senior's complex but grumbles about the administration trying to get him out. Aaron was a successful building contractor until age 70. Sons report that he is becoming more forgetful and is very hard to get along with in the last few years. Loves to do woodworking and has made hundreds of wooden toys for underprivileged children.

Alice

Age: 30

Diagnosis: Schizophrenia

Clinical Features & Behaviours: Accountant, meticulous, stubborn, few positive symptoms but negative symptoms appear to be increasing. Continues to work sporadically from home but currently has reported poor concentration. He is a perfectionist who likes to control what is going on in the group. Has been admitted 4 times in the past year and is currently on Clozaril which makes him very tired in the mornings but has improved his overall functioning.

Mary

Age: 45

Diagnosis: Anxiety Disorder

Clinical Features & Behaviours: Fearful, withdrawn from group, nervous, easily intimidated. Has two children at home and she worries about them and her own parents who have some health concerns. Although she recognizes that many of her worries are unfounded she can't stop worrying. Mary seems tense and unable to relax and has previously attended a relaxation group which she reports "did nothing". Husband is a GP who seems to be quite supportive.

Eric

Age: 68

Diagnosis: Admitted for assessment

Clinical Features & Behaviours: Poor concentration, confused, easily distracted. Eric is keen to figure out what is going on but thinks the hospital should be doing more medical tests. He's not really sure what he can get out of going to a group. He has a very supportive wife who reports that Eric has been very focused on caring for his elderly mother who recently passed away. Likes to keep busy.

Andrea

Age: 50

Diagnosis: Mood Disorder

Clinical Features & Behaviours: Manic, limited sitting tolerance, flight of ideas, controllable with direction. Andrea has recently cashed in all of her RRSPs and spent the money on clothing and entertainment. She has some insight and wants to get focused on her life. Currently unemployed but worked recently as a salesperson at a ladies clothing boutique. Has lots of ideas and likes to contribute them.

Joshua

Age: 20

Diagnosis: Substance Abuse

Clinical Features & Behaviours: Inability to follow 2 step instruction, signs of organic impairment, easily confused. Drug-induced psychosis diagnosed 3 years ago; currently reports occasional cannabis and alcohol use. Frequently disoriented with increased psychomotor activity. Living in a group home prior to his admission. Can be quite disruptive.

Case Study # 6 Group therapy – Discussion Questions

Introduction/ general:

1) What unique contribution can you make as an occupational therapist facilitating this group?

Stage #1:

- 1) Name, Validate and Prioritize Occupational Performance Issues for each individual group member as well as the group as a whole.
- 2) Where would you look for more information on your clients?

Stage #2:

1) Select theoretical approach(es) you would use for the group you will develop, and clearly give a rationale for your choice(s).

Stage #3:

- 1) How would you approach identifying occupational performance components and environmental conditions for the group members?
- 2) What are the areas you will want to assess to determine if the clients would benefit from the group?
- 3) List the standardized measures you might use to assess this client.
- 4) What type of information do you hope to uncover with the assessments you have selected?

Stage #4:

- 1) How would identify strengths and resources of the various group members and how would this enhance the group experience experienced by all the members.
- 2) Write a short description of the clients as a group.

Stage #5:

- 1) How would you go about negotiating target outcomes with the group?
- 2) Write your negotiate targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium for the group.

Stage #6:

- 1) Describe what leadership style would you use with this group?
- 2) Briefly describe a group therapy session, outlining what would be done at each stage.

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the group members should be in terms of functioning for you together to consider discharge or termination of the group?
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.

Name: Jack Perry DOB: July 30, 1959 Referring Physician: Dr. Saunders

Program: Inpatient Psychiatry
Diagnosis: Psychosis, COPD, Burns

Referral Reason: Jack is a 42 year old male who was referred to the OT department by his psychiatrist. The referral order simply states: "Assess and treat."

General Description: One month ago Jack became acutely psychotic. He had experienced auditory hallucinations advising him to cleanse his skin using fire. On a recent weekend home visit to his mother's home he had gone to the garage, taken the propane tank used for the barbecue, and carried it to the basement where he had opened the valve close to the pilot light of the furnace. The tank exploded and Jack suffered partial thickness and full thickness burns on the dorsum and palmar sides of both hands. The burns on his hands and wrists have affected his dexterity, sensation, and ROM.

Medical History: Jack has a longstanding history of psychosis. He has been a chronic smoker since the age of 17 and was diagnosed with chronic obstructive pulmonary disease during his last psychiatric admission. Attempts to quit smoking have been unsuccessful despite a strict behavioural program limiting his opportunities to cigarettes and lighters. Cigarettes are currently the only real incentive to get Jack to participate in any programmed activities.

Personal/ Social History: Jack has been living in a group home where there is 24-hour supervision. Clients living in the home are expected to attend a day program and complete all self-care activities independently. Until the burn injury Jack attended a supported work program half days in which he went with a small-supervised team to pick up paper recycling at the Glenrose Hospital. The other half day was spent attending a recreational program offered by the Canadian Mental Health Association. His group home has advised his case worker that he will only be allowed to continue living in the group home if OT evaluation states that he can achieve independence in self-care activities. Jack was raised by his mom who is still working full-time as a nursing assistant. She has always been a strong advocate for her only child and she's good at getting the resources Jack needs.

Case Study # 7 Jack – Discussion Questions

Introduction/ general:

1) What is your role as an occupational therapist with this client?

Stage #1:

- 1) Name, validate and prioritize occupational performance issues
- 2) Where would you look for more information on your clients?

Stage #2:

1) Select theoretical approach(es) both generic and specific, clearly give a rationale for your choice(s).

Stage #3:

- 1) Identify occupational performance components and environmental conditions
- 2) What are the areas you will want to assess?
- 3) List the standardized measures you might use to assess this client.
- 4) What type of information do you hope to uncover with the assessments you have selected?

Stage #4:

- 1) Identify Strengths and Resources
- 2) Write a short Occupational Profile on the client

Stage #5:

- 1) How would you go about negotiating target outcomes with your client?
- 2) Write your negotiate targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium.

Stage #6:

- 1) What role can jack's mother play in the intervention process?
- 2) How would Jack's COPD influence how you would approach intervention.
- 3) Select two pieces of adaptive equipment from the ADL lab or equipment catalogues you would prescribe for Jack

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the client should be in terms of functioning for you together to consider discharge.
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.

Name: Dorothy Smith DOB: July 30, 1959 Referring Physician: Dr. Thibault

Program:

Diagnosis: Back Injury, Diabetes, Obesity

Referral Reason: Dorothy is a 58-year-old female who was referred to the OT department following a back injury.

General Description: Dorothy's back injury occurred two weeks ago as she was lifting her 2-year-old grandson. Other diagnoses are diabetes and obesity. She complains of moderate discomfort in her back when sitting, standing and walking. Also, she describes mild to moderate pain in her feet while standing and walking. Her legs and feet are noticeably edematous and she is wearing soft slip-on shoes.

Medical History:

Dorothy was assessed by her family physician following her back injury. The diagnosis was "back strain", with no significant neurological or disc involvement. Dorothy was diagnosed with diabetes and obesity 12 years ago. She is insulin-dependent, and is currently taking Tylenol 1 for pain relief.

Social/Leisure History:

Dorothy is a divorced mother of one daughter, who is a student and often asks Dorothy to provide child-care for her two-year-old son. Dorothy worked part-time as a store clerk until her diabetes caused her to leave her job 5 years ago; she is now on long-term disability benefits. She lives alone in a main floor apartment and does not own a vehicle. Her daughter and a friend provide transportation for shopping and appointments. Dorothy's leisure interests are sedentary ones.

Summary of OT Assessment:

Musculo-skeletal: Dorothy had weakness and spasm in her back extensors. Her abdominal muscles were also weak, and her hip flexors were tight, causing her to have an extreme lordosis in sitting and standing. Spinal flexion and rotation caused her to complain of severe low back pain. She had limited range of motion in hip flexion and external rotation, and in ankle dorsiflexion.

Foot assessment: Severe edema was present in both feet. Dorothy complained of pain under the MTP heads of both feet when standing for more than 5 minutes, and in walking for 100 feet in the hallway. She also complained of left ankle pain in walking.

ADL assessment: Before her back injury, Dorothy stated that she was independent in all ADLs; she reported that she transferred in/out of the shower using a grab bar on the wall. Since her injury, she has had difficulty dressing her lower extremities, transferring on/off the toilet and into/out of the bathtub because of her severe back pain. Her sitting tolerance has been limited to 10 minutes because of back pain. IADL assessment: Before her injury, Dorothy reported being independent in cooking and laundry if she performed tasks for short periods. She required assistance with cleaning, shopping, banking, etc. because of foot pain on walking. She also

reported shortness of breath during prolonged walking. Following her injury, she has had difficulty with all IADLs because of her limited standing and walking tolerance. Work/Leisure: Dorothy has been unable to provide child-care for her grandson since her injury. She has not been able to attend her weekly card-playing group, visit with friends and family, or to sit for prolonged periods to do needlework.

Canadian Measure of Occupational Performance

A COPM was conducted with Dorothy to identify and prioritize issues related to self-care, productivity and leisure.

Self-Care

Dorothy indicated that she would like to regain independence in dressing and transfers.

Productivity.

Dorothy stated that she would like to regain/improve her independence in IADLs. Her limited standing and walking tolerance is a main issue, and she expressed a need for information on correct footwear and back care. Also, she stated that she would like to resume providing child-care for her grandson three half-days per week.

Leisure

She expressed frustration with being unable to visit friends, attend her weekly social group, and do needlework. Increasing her sitting and walking tolerance was identified as a priority for her quality of life.

Case Study # 8 Dorothy - Discussion Questions

Introduction/ general:

1) What is your role as an occupational therapist with this client?

Stage #1:

- 1) Name, Validate and Prioritize Occupational Performance Issues
- 2) Where would you look for more information on your client?

Stage #2:

1) Select Theoretical Approach(es) Generic and Specific, clearly give a rationale for your choice(s).

Stage #3:

- 1) Identify Occupational Performance Components and Environmental Conditions
- 3) What are the areas you will want to assess?
- 4) List the standardized measures you might use to assess this client.
- 5) What type of information do you hope to uncover with the assessments you have selected?
- 6) Dorothy describes pain in her feet; outline how you would assess her feet.

Stage #4:

- 1) Identify Strengths and Resources
- 2) Write a short Occupational Profile on the client

Stage #5:

- 1) How would you go about negotiating target outcomes with your client?
- 2) Write your negotiate targeted outcomes, goals and action plans in order of priority.
- 3) Choose one activity from the activities lab and complete a mini activity analysis, demonstrating its value as a therapeutic medium.

Stage #6:

- 1) Describe some teaching Dorothy would benefit from.
- 2) Select two pieces of adaptive equipment from the ADL lab or equipment catalogues you would prescribe for Dorothy.

- 1) What criteria would you use to determine if your targeted outcome has been achieved?
- 2) Describe qualitatively where the client should be in terms of functioning for you together to consider discharge.
- 3) If your targeted outcomes have been met what follow-up resources would you prescribe?
- 4) In general briefly describe how you would evaluate your intervention with this client.