

Occupational Therapy Case Study template

Thank-you for providing case studies of the varied ways in which OT can add value to Mental Health input. Case studies are collected to support promotion of the OT role and service development. All information should be anonymised and not contain any information that could lead to identification of the individual/s involved.

Case study template adapted from RCOT - <https://www.rcot.co.uk/files/case-study-template>

Area of Practice	Domestic Abuse
<p>Background</p> <ul style="list-style-type: none"> • What was happening before your involvement? • How were you involved? • Any other relevant background 	<p>Mair (pseudonym), had been in an abusive relationship for approximately seven years; she had attempted to leave the relationship two years prior but commonly experienced depression, anxiety and suicidal ideations. Consequently, she had returned to the perpetrator, as she believed he provided safety, purpose and felt a responsibility for him. This pattern of leaving and returning to the relationship had occurred on more occasions than she could recall, however, three weeks prior to the occupational therapy initial assessment, Mair had ended the relationship, accessed support and visited her GP. Since ending the relationship, she was once again having intrusive suicidal thoughts and felt fearful of further attempts on her life. Her mental distress was affecting her ability to function in the work place, home, and participate in basic daily tasks.</p> <p>Mair had supportive family, friends and work colleagues however, through experiencing physical, psychological, emotional and coercive control, she had not told them about the abusive or that the relationship had recommenced two years prior. While Mair was being supported with practical issues from DASU to stay safe in her home and the community, she was referred to occupational therapy to coach her to implement routine and structure and managing symptoms of anxiety and loneliness.</p>
<p>Your story:</p> <p>Brief summary of the intervention</p> <ul style="list-style-type: none"> • What you did, • Why you did it, • What were you aiming to achieve? 	<p>Assessments completed:</p> <ul style="list-style-type: none"> • Occupational Circumstances Interview Assessment Rating Scale (OCAIRS) (Deshpande et al., 2002)– used to build therapeutic relationship, understand strengths and values, and build intervention foundation using a personalised approach (Coulter, A. et al., 2015, SCIE , 2015) • Physical Health Questionnaire 9 (PHQ9)(Kroenke and Spitzer, 2002), and General Anxiety Disorder 7 item scale (GAD 7)(Löwe, B. et al. 2008)– used to monitor depression, suicidal thoughts and anxiety. • Role checklist – Used to assess, develop and rebuild values and roles (Scot et al., 2017).

	<ul style="list-style-type: none"> • Canadian Occupational Performance Measure (COPM)(Carswell, A. et al. 2004, Law, M. et al. 2014.) – To identify and prioritise meaningful goals for intervention, and to visualise the Mair’s self-perception of their occupational performance and satisfaction. <p>Interventions completed: (see intervention plan)</p> <ul style="list-style-type: none"> • Advised to seek support further from GP for anxiety and depression • SMART small goal setting to build functional activity towards larger goals (Bovend'Eerd et al., 2009) • Five Ways to wellbeing (Aked, J. et al. 2008) • Anxiety management education and techniques (Critcher and Dunning, 2014, Ingram and Luxton, 2005) • Depression management education and techniques (Iverson and Luxton, 2009, Critcher and Dunning,2014) • Sleep hygiene (Faulkner, 2017, Bothelius, K. et al. 2013). • Establishing roles (Mattingly Lewandowski, 2013) • Establishing routines in both her work and home life (Fritz and Cutchin, 2016) • Mindfulness and future focused visualisations (Randal et al., 2015) • Motivational Interviewing techniques used to support change (Prochaska and Velicer,1997, Rollnick et al. 2008) 																														
<p>Number of contacts:</p>	<p>9 sessions completed in total. These were delivered through a mixture of phone sessions and socially distanced face-to-face sessions</p>																														
<p>Outcomes: Evidence of Impact</p> <ul style="list-style-type: none"> • What were the results? • Who has benefited? • What are the long term benefits? <p>Please state if there has perceived service level/financial benefits?</p>	<p>Outcomes on review at the point of discharge from Occupational therapy:</p> <p>Quantitative Outcomes COPM change scores for each goal P= Performance S= Satisfaction with performance:</p> <table border="1"> <thead> <tr> <th>Score</th> <th>Old score</th> <th>New Scores</th> <th>Change</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>1. Maintaining her home</td> <td>5</td> <td>7</td> <td>+2</td> <td>+2</td> </tr> <tr> <td>2. Sleep pattern</td> <td>5</td> <td>10</td> <td>+5</td> <td>+4</td> </tr> <tr> <td>3. Maintaining work</td> <td>5</td> <td>8</td> <td>+3</td> <td>+3</td> </tr> <tr> <td>4. Time with her horse</td> <td>3</td> <td>6</td> <td>+3</td> <td>+4</td> </tr> <tr> <td>5. Maintaining friendships</td> <td>5</td> <td>5</td> <td>0</td> <td>+2</td> </tr> </tbody> </table> <p>Average Change Scores +2.6 +3</p> <p>NB. Scores over 2 are considered statistically significant with the COPM (Carswell, A. et al. 2004).</p> <p>Qualitative Outcomes Patient Reported Outcomes re progress with goal</p>	Score	Old score	New Scores	Change	Score	1. Maintaining her home	5	7	+2	+2	2. Sleep pattern	5	10	+5	+4	3. Maintaining work	5	8	+3	+3	4. Time with her horse	3	6	+3	+4	5. Maintaining friendships	5	5	0	+2
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	<p>1. Maintaining her home: Mair stated she did not feel this to be a problem anymore as is keeping on top of her housework</p> <p>2. Sleep pattern: Mair stated her sleep pattern had improved over the last 2 weeks, she has gone from 2-3 hours' sleep a night to 8 hours. Of which, was having a positive knock on effect as her mood had lifted and she feels she has more energy throughout the day.</p> <p>3. Maintaining work habits: Mair stated she is maintaining good work habits, as this was the first goal she worked on, due to the risk of losing her job. Mair is working from home so had found it difficult to self-motivate, but implemented a visual aid to support with structure of the jobs that needed doing. Mair has received great feedback from her manager regarding her new work ethic; her manager explained they have really seen a change in her attitude, which has empowered her to be the best she can within her role.</p> <p>4. Time with her animals: Mair stated she is spending more time with her animals, and has started to enjoy it again. Mair engaged well in conversation about her animals as this has always been her passion.</p> <p>5. Maintaining friendships: Mair stated this was difficult due to COVID restrictions, but when she does speak to them it is because she wants to and does not feel forced too.</p> <p><u>Occupational Therapist's assessment of change in perception</u> Mair's perspective on the perpetrator and his abuse has shifted significantly, reducing the risk of her returning to the relationship. She shows a clear understanding of the methods of control he uses, and has acknowledged, for the first time, his duplicity, dishonesty and disregard for her. She feels confident in her future and the way forward. She has good family and friend support, work is going well, and she notices a zest for life and activity in herself that was not there during the abusive relationship. She was also very clear that if the perpetrator does try and instigate contact, she won't hesitate to report home the police, should he fail to leave her alone when asked.</p>
<p>Feedback from the Client/ Carers/Team etc:</p> <p>i.e. Human interest story If possible please include direct quotes.</p>	<p>DASU worker feedback:</p> <p>I believe the OT service providing specialist intervention which has enabled this client to improve far swifter than would have otherwise taken place.</p>

	<p>Client's feedback: Quotes</p> <ul style="list-style-type: none">• 'I have enough tools to take forward, and build my new life'.• 'I feel like my old self again'.• 'They are his behaviours and he has to deal with them, he is an adult'.• 'I am beginning to catch up with things I have been putting off, such as taking the dog for his booster'.• 'Work have seen a massive change in my productivity, quality and concentration'.• 'I feel less of an emotional connection to my ex'.• 'Spending time with my animals is more of a joy than a hindrance'
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