Clinical history

- Female, 42 Major Depression
- Hit 10 year old daughter with iron pan several times
- Fractured skull
- MSU assessment ward

In the time between the offence and admission, the client regressed to the level of Tone, seen on admission. If you view the assessment form and compare the level of Tone with the following description, you will see that she is on Tone. She had to be tube fed as there was no response even to approaches to be fed. Incontinent, no verbal communication or help seeking, in bed all of the time and eyes looking at the ceiling. No movement. The first 3 months of admission, the aims were aligned to Tone.

Tone

Aims:

Improve sense of security

Increase awareness (self/environment)

Develop response to stimuli

Structuring/handling/presentation

Cared for: frequent OT + Ns visits (3-5 mins repeated); personal management input

Accepting attitude; no expectations of a response. Verbalised everything: encouraged response of 'yes/no' re: comfort/discomfort

Orientation: day, time, weather, place, names.

Hand massage: herbal essences

Hands in potpourri

Use of cotton, flannel, wool for PMgt

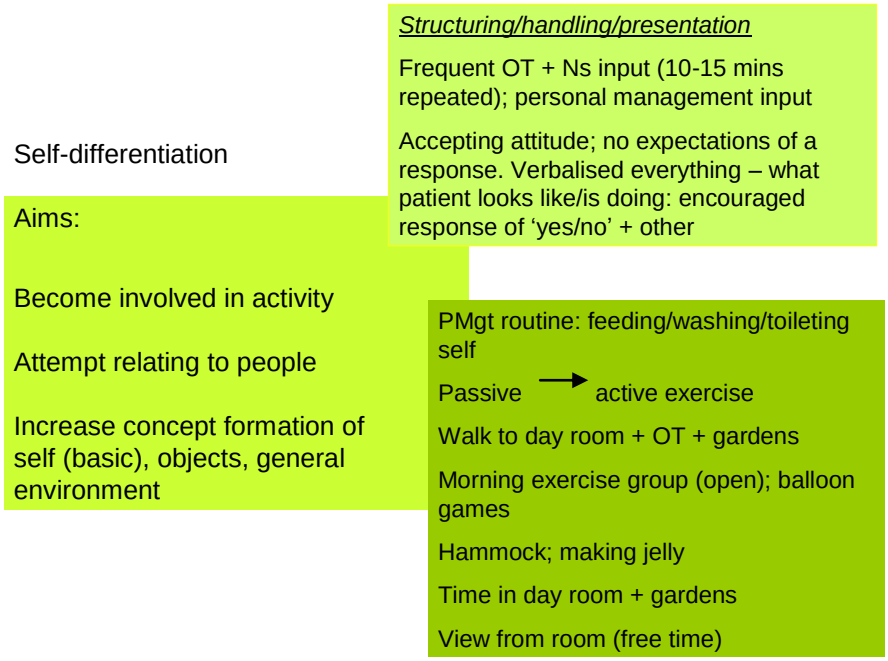
Passive exercises (mobilisation, ROM)

Bed → comfortable chair

Moving in room → (W/C: walk to)

Structuring etc aimed to create an awareness of being cared for and increase sense of security. Visits by OTs and nurses. Personal management input for stimulation of awareness of self. Orientation aimed for by stating the day, time etc. Different textures/materials used for personal management for sensory stimulation. Passive movement first – sitting her up, moving her arms etc and efforts to support her physically to move/walk to the toilet rather than relying on the wheelchair.

In the 4th month post admission the clinical picture was: going to the toilet if she needed to, washed her hands and face and some attempt at tasks. Some verbal expression "No, I don't" but no conversation although there was help seeking. Able to sit in her room (gaining of positive tone / posture – some bodily control) and would go to the day room. Still some motor and sensory dysfunction including numbness. Assessment: self –differentiation.



Created a routine for personal management. The ward purchased a hammock – a large curved seat that hung from a frame – soothing movement. Making jelly and gelatine based food is culturally relevant, quick, sensory. Introduced the concept of free time with time to sit and see the view from her room which she enjoyed.

6-8 months after admission, the clinical picture: almost independent in personal management and going to hospital shop twice a week to purchase things she liked/needed. There was conversation with staff and a few others; help seeking in terms of wanting to know the time and what was happening; consistent attendance for OT programme and constructive activities were engaged in outside of the programme including watering the plants. Free time: sitting in the garden, picking grasses, wrote a letter, playing solitary card games, walking and table tennis with others. Assessment: self-presentation

Self-presentation

Aims:

Improve self esteem
Improve social awareness + communication
Improve basic tool handling / improve motor function for daily living tasks
Improve awareness of effect of self on environment
Experience fun/enjoyment

Structuring/handling/presentation

Frequent OT + Ns input (10-15 mins repeated); personal management input

Accepting attitude; enthusiasm/praise re: efforts and appearance/behaviour encouraged response of 'yes/no' + other

PMgt routine: feeding/washing/toileting self. Hair style + grooming

Active exercise: bike machine

Morning exercise group + body workshop (open); hammock

Stick weaving; planting + picking grasses; instructions - coloured ball into correct place; card games; colouring

1:1 cooking (sandwich/toast/veg soup/scrambled egg)

View from room + card games (free time)

Refined self care/personal management introduced. She liked riding a bike (also culturally relevant) and used the static bike machine (developing strength and stamina). Stick weaving for learning the process only (not to make a tangible product) – to learn the qualities of the materials and the process. Cognitive activities for following instructions. Compound concepts developing through cooking – an egg changes to become scrambled and developing task concept.

This was the condition of this patient at the time that the presentation was made in Japan in March 2008. This case very clearly shows the key aspects of the levels and how the aims and interventions relate to the levels. Congratulations to Takeshi Misawa for an excellent case.
