

Schizophrenia Spectrum:

It is a psychotic disorder that is defined by manifestation of one or more symptoms (Delusions, hallucinations, disorganized thinking, abnormal motor behavior, & negative symptoms). It can be mild, moderate, or severe, and can be accompanied with other conditions.

Obsessive Compulsive Disorder:

It is a long lasting disorder characterized by uncontrollable thoughts (obsessions) and behaviors that the person feels driven to perform in response to an obsession according to rigid rules. The obsessions or compulsions are time consuming, such as spending 1 hour or more/day.

Patient profile:

A.L is a 63 years old patient diagnosed with moderate schizophrenia. She was first diagnosed in 1980 while the symptoms began to appear. She spent 13 years between hospital & home until 2003 when she was admitted for the last time. She has been diagnosed according to the symptoms shown. She had persecutory delusions against her brother, and somatic delusions as she said her sickness limited her from walking and transferring inside home. Her case is unique as she was noticed to have obsessive compulsivity disorder (OCD). Her OCD behavior is specifically in cleaning and dressing, which is more obvious. Although her mental retardation is very mild, it affects her performance in some areas.

Her level of education has been stopped at 2nd intermediate school. She has been working in Al-Adan hospital as a medical records clerk for few years before hospital admission.

A.L is an active and social patient as reported by the nursing staff. Sometimes she becomes impulsive, but can quickly control herself. She likes to interact with other patients as she is very talkative. The reports shows that she did not have delusions or hallucinations during her

rehabilitation period.

Evaluation (OT Mental health assessment):

A.L is an 80% neurosis patient who is oriented to everything around her, but has some missing information regarding her condition. She mentioned that she has 1 brother and 2 sisters, one of them died 1 month ago. She is aware about her mental illness which is the reason of her admission long time ago, and that she is still in the hospital because she has no house and cannot live with her brother. A.L said that one reason of making her condition worse is the antidepressant medication taken randomly for a long time when she was young. A.L has no medical conditions such as hypertension or diabetes, but only eye allergy against dust.

Values and concerns:

A.L wants to go out of the hospital but does not know where to go. She said that she wishes to have a family that loves her and cares about her. She has no goal of the hospital stay and does not look for any change.

Performance pattern:

Roles: Sister, aunt

Routines: She has a good and organized routine between self-care, leisure, and rest.

Habits: Exercising, listening to radio, and reading Quran.

Functional checklist:

A.L is independent in all of the occupational areas that are available to her (ADL's , play, leisure, rest & sleep, and social participation). The other areas of occupation are not applicable.

Clients Factors:

- She has adequate sensory functions.
- Adequate neuromuscular functions.
- Adequate mental functions, except the drive as she has no goal or passion in her life.
- Adequate environments and contexts except for the virtual context which is not available.

Performance skills:

- Motor skills are effective.
- Process skills are effective.
- Social and interaction skills are perfectly effective.

House Tree person (HTP) projection test: (figure 1)

The purpose of the HTP is to measure aspects of the person's unconsciousness through interpretation of drawings.

After briefly explaining for her what to do, she started drawing automatically as it is one of her interests. - House: has no windows or door, which means that her relation to the outside world is not good, which may be due to her very long stay at hospital, and the poor relationship with her brother.

- Tree: No branches or roots, which also shows her poor relationship with outside world.
- Person: body disfigurement, feminine, and no hands, expressing the dislike of aggression.

Lerner Magazine Picture Collage (LMPC) projection test:

It is a comprehensive psychosocial occupational therapy evaluation method. It is used to facilitate personal concerns expression.

A.L's test: She chose a picture of a beautiful girl in a beauty care advertisement. Her comment on the picture was that she chose it because the beautiful girl reminds of her sister, and reminds her about the beautiful life she was living when her parents were alive. This shows that she loves the life, but not the present one, she is still thinking of her past, stuck in it, without having a goal for future. This is due to her personal and social context represented by her family.

Problem statement:

1-A.L has a problem in participating in outside hospital IADL's, with depending on others to provide her with what she needs from outside due to her fear of the outside world, and distrust in people around.

2-A.L has a problem in exploring activities due to her poor quality of life and lack of purpose affected by her personal and social contexts.

Goals:

LTG 1: A.L will be able to participate in shopping activities organized by social workers in the hospital successfully with minimal assistance after 2 months.

STG: 1- A.L will be able to shop online with moderate help of the nurses 50% of the times after 1 month.

2- A.L will be able to shop online with minimal assistance of the nurses 75% of the times after 6 weeks.

LTG 2: A.L will be able to decide and organize for engaging in an occupation that has financial or moral benefits independently and successfully after 2 months.

STG: 1- A.L will be able to ask for volunteering in 50% of the activities organized by workers inside the hospital after 1 month.

2- A.L will be able to ask for volunteering in 75% of the activities organized by workers inside the hospital after 6 weeks.

Intervention Plan

- Active kindness is used with A.L as she is stable, has good communication skills and follows the instructions and rules without breaking them. (CBT)
- As A.L has clear transference in a way to compensate for the lack of family, therapeutic use of self can be used with respect and being genius to control it. Active listening should be managed. (CBT)
- Because of her anxiety of the outer world and fear of engaging, **ego defense mechanisms** can be improved to reduce her anxiety and develop balanced effective coping strategies. (Psychodynamic FOR)
- Metacognition training can be provided to increase her self-esteem and educate about the importance of having a life goal. This enhances her drive to engage in beneficial activities to improve her self-accomplishment. (CBT)
- Encouraging is the most important way should be used with her to increase self-esteem and start exploring for meaningful activities. (MOHO)

Frames of reference:

- CBT: Used to manage her anxiety from outer world and increase her self- esteem.

- MOHO: Used to increase her personal causation.
- Psychodynamic FOR: Used to decrease her anxiety and develop coping strategies.

References:

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2. Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association, 2013.
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(Figure 1)

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