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A CLIENT-CENTERED OCCUPATIONAL THERAPY INTERVENTION FOR A 21 YEAR OLD FEMALE PATIENT WITH DEPRESSION & ANXIETY- A SINGLE CASE STUDY.

Occupational Therapy

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ABSTRACT

Background- By 2020, depressive disorders are expected to be the second biggest cause of disease burden worldwide. Occupational therapy practitioners uses meaningful activities to help children and youth participate in what they need and/or want to do in order to promote physical and mental health and well-being.
Objective- Effect of client-centered occupational therapy in a female patient with depression & anxiety
Study Design- A Single Case Study Design.
Methods- 21 yr old female diagnosed with major depressive disorder , complains of feeling low and no interest in any activity ,loss of interest in all activity, staying alone , not much interaction with family members and others, suspected that people are talking about her and not liking her. Evaluations were done as pre & post therapy. Rehabilitation techniques included relaxation technique, physical exercises, table top activities, group activity, time management technique, role playing and occupation as means and end approach.
Result – Improvement seen in performance and satisfaction on Canadian occupational performance measure & Also in Zung self-rating depression & anxiety scale
Conclusion – Client-centered Occupational therapy is effective in a patient with Depression, anxiety.

KEYWORDS

Mental Health, Occupational Therapy, Depression & Anxiety.

INTRODUCTION :

By 2020, depressive disorders are expected to be the second biggest cause of disease burden worldwide.Females are more vulnerable to develop depression than males due to hormonal differences, as well as childbirth and social conditions related to women's roles and stressors[1]. One in five women are likely to experience a depressive episode at some point in their lives, with 1 in 10 men being affected[1]. Occupational therapy practitioners uses meaningful activities to help children and youth participate in what they need and/or want to do in order to promote physical and mental health and well-being.

Patient's Psychiatric History:

21 years old female , resident of Mumbai, student by Occupation, complains of feeling low and no interest in any activity Patient's concerns were loss of interest in all activity, staying alone , not much interaction with family members and others. She suspected that people are talking about her and not liking her.

Patient was apparently alright 5 years back ,when she was in 11th std, her father pressurized her for appearing Academic Entrance exam. In search of classes to prepare for the examination, she felt low because, she couldn't get admission in coaching class as batch was full due to which she felt depressed. She started self-study hence started staying alone in room, without much interaction with family members. She also remain absent in collage for 2-3 days in a week. She didn't have much friends in collage. She used to speak with collage girls and boys only for study material.

She obtained 83% in 12th std. After 12th she joined coaching classes for Academic Entrance Exam and took 1 year drop for preparation of the entrance, though computer science was her first interest. Even after all preparations she couldn't get admission in entrance which resulted in feeling worthlessness and was worried about her father's reaction about it. Hence she re-appeared for 12th exam and obtained 9o%, and got place in well reputed college. There she continued her limited socialisation. Patient narrated one incident of ragging during college days after which she felt helpless and depressed. She also missed her family members. After the incident, her behaviour changed; she became arrogant, stubborn and disobedient. She described her growing friendship with a cousin who was living nearby. She shared a history of intimate experience with the cousin (1 incident); after that her mood was shifting frequently. She left college and come back to Mumbai. This experience lead to extreme worry about present and future. She experienced anticipated fear about father's reaction over it. She was constantly analysing if she did right or wrong. Though she didn't want to her father to know, she herself told the father about the incident. As her depression was progressing day by day, she was taken to private psychiatrist in Mumbai by her father where antidepressant were started (details not available). Next year she again started entrance preparation and this time she secured admission in another well reputed college. In this college, she consciously took efforts to make friends, and where she enjoyed to interaction with college boys. Here she got involved in intimate experience with her boyfriend (respect confidentiality). She was devastated post the incident. She went on college terrace with intention of suicide however didn't execute it. She informed her father about the relationship with boyfriend on telephonic conversation. After the incident. she again left her college and also stopped antidepressant medication.

She tried another psychiatrist however due no significant progress was obtained hence the psychiatrist referred to Government Hospital ; where on the basis of clinical evaluation – she was diagnosed as a case of Major Depressive Disorder (MDD) by psychiatrist, she was on medication for 4 months. Medicine -T. licab- xl,T. venlor-xr,T. provanol- forte. And she was referred to psychologist for counselling , however no improvement was achieved and frequently changed counsellor and psychologist. Then patient was referred to Occupational Therapy department for Occupational rehabilitation.

Time line : Duration of therapy : Three months

Assessment :

1.Zung self-rating depression & anxiety scale

- Depression Score- 64 (60-69 moderately depressed)
- Anxiety Score – 55 (45-59 mild to moderate anxiety levels)

2.Canadian Occupational Performance Measure

Priorities	Performance	Satisfaction
1. Bathing	7	8
2. Homework	3	2
3. Outings	4	4
4. Parties	0	1
5. Meeting	2	5
	16/50 = 32%	20/50=40%

INTERVENTION :

Intervention plan was based on following -

1. Frames of Reference- Psychodynamic, Behavioral, Occupational performance
2. Approaches- Person centered, Reality focused, Solution oriented, Occupation as means, Occupation as end.

Rehabilitation :

- We used Supportive approach i.e. Making client comfortable by warm and brief introduction and then begin with Relaxation Therapy & Stress management technique.

- **Activity selection**

1. Simple, structured, short-term, familiar and repetitive activities were selected for intervention. Initial activities given to the client were difficult enough to keep it interesting and easy enough to succeed. Active choice of the client was encouraged.
2. Gross motor activities were given to release tension , promote intake of oxygen and increase blood flow.

•**Physical exercises** was given which included Transfer objects from one surface to other.

•Physical exercises -Activities like sitting on therapy ball , bouncing on therapy ball along with Prone on therapy ball , peck deck exercises , cycling , inclined and horizontal sanding , ball throwing and catching, ball tapping and catching, hitting the target. Once patient had settled down in the department then started with projective techniques. After Physical exercises started with table to activities.

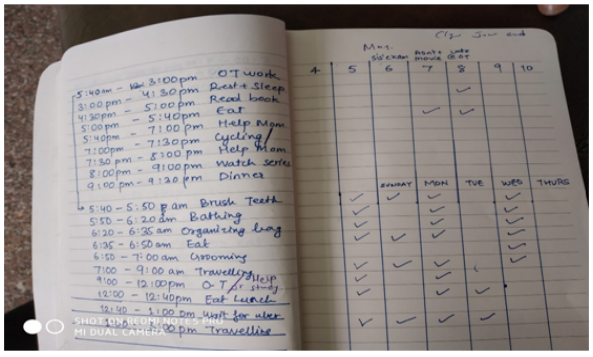
3.Table top activities- Start with deep breathing exercises , Initially start with monotones activity

- Simple short term structured activities, Identification of body parts, Body puzzle ,Kohs blocks, Drawing, writing and reading activities, Drawing for others , knitting work.
- Increasing her self-confidence and self-esteem by giving simple structured activity to improve intrapersonal relationship.

- **Group Therapy** – started with One to one session counselling **,** Then group task making envelopes for OT department for improving intrapersonal and interpersonal skill. Helping in teaching the mathematical problems to other students of OT department arranging the OT activities in the cupboard.

- Discussion on given topic - Drama therapy & Role play
- Involved in **group activity** – such as Ball catching and throwing with counting and reverse counting, Envelope making within group

4. Time-management-Figure_1



Follow ups and Outcomes & Results :

1.Zung self- rating depression & anxiety scale

- Depression Score- Pre -64 & Post - 40 (20-44 normal range)
- Anxiety Score – Pre -55 & Post – 35 (20-44 normal range)

Table 1 :Canadian Occupational Performance Measure

Priorities	Performance	Performance	Satisfaction	Satisfaction
	Pre Therapy	Post Therapy	Pre Therapy	Post Therapy
1. Bathing	7	9	8	10
2. Homework	3	4	2	3
3. Outings	4	8	4	7
4. Parties	0	1	1	5
5. Meeting	2	5	5	10
	16/50 = 32%	36/50 =72 %	20/50=40%	35/50=70%

DISCUSSION:

Our study intervention is supported by the study conducted by Manuela Mihaela Ciucurel et all on a case study of occupational therapy application in a patient with depression and hypoacusis they concluded that This client centered case study is an example of good practice, which re.veals the possibility of achieving a higher level of occupational performance and to increase self-esteem for individuals with depression[2].

Valerie 1. Custer, Kathryn E. Wassink in their study treatment focused on improvement of self-image, social interaction abilities, and stress management skills that would assist the patient in obtaining and keeping a job. Increased knowledge of vocational options and selection of an appropriate training program led to a job placement that the patient has enjoyed and maintained for the past 2 years[3].

Sisko salo-chydenius in their study of Application of occupational therapy in the treatment of Depression they used a basic concepts of a cognitive-behavioural model are introduced and evaluated. The relationship of depression, mourning and suicide is discussed and a model for occupational therapy intervention acting[4].

Elena vegni1 , emanuela mauri conducted study on A quantitative approach to measure occupational therapist–client interactions: a pilot study they concluded that The role plays may be useful in research exploring correlation between the OT communication style and outcome measures such as client satisfaction or comprehension, or in order to assess and offer feedback in teaching communication skills programmes[5].

Ji-Yoon Jung, So-Yeon Park in their study the aimed to examine the effects of a client-centered leisure activity program on satisfaction, upper limb function, self-esteem, and depression in elderly residents of a long-term care facility & concluded that A client-centered leisure activity program motivates elderly people residing in a long-term care facility and induces their voluntary participation. Such customized programs are therefore effective for enhancing physical and psychological functioning in this population[11]

Ping WANG , Xiaochun WANG conducted study on Effect of Time Management Training on Anxiety, Depression, and Sleep Quality they concluded that Time management training has a positive effect on improving anxiety, depression, sleep quality, and time management disposition of perimenopausal women[12]. All these studies are supported for this case study.

CONCLUSION :

Client-centered Occupational therapy is effective in a patient with Depression, anxiety. Further study among various age groups and techniques can focus on more detailed evaluation and factors affecting rehabilitation.

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