

OT 443

CLIENT OCCUPATIONAL PERFORMANCE PROFILE AND ANALYSIS (10 pt.)

Student: **LAURA SCHEMBER**

OCCUPATIONAL PROFILE

Name: Erik Date: 3-15-2012

Age: 27

Diagnosis (DSM-IV): (1 pt.)

Axis I: 296.26 Major Depressive Disorder, Single Episode, In Full Remission

Axis II: V71.09 No Diagnosis on Axis II

Axis III: None

Axis IV: Occupational problems (Job Dissatisfaction)

Axis V: GAF: 88

Performance in Areas of Occupation: (1 pt.)

- **ADL:** As seen, Erik appears to have no difficulty in any area as he is well dressed and clean, even during his most depressed states (bathing/showering, dressing, personal hygiene and grooming), his glasses are clean and not broken (personal device care), he is of average weight for his height (eating), and he walks independent of assistance (functional mobility). Further assessment is necessary regarding bowel/bladder management, feeding, sexual activity, and toilet hygiene; although it appears Erik functions or would function adequately and without assistance if the opportunity for any of these functions should arise.
- **IADL:** As seen, Erik appears to have no difficulty in any area. His apartment/home is fairly clean, appears to be organized, with some items lying around (home establishment and management). He talks effectively with his doctors, orchestra conductor, and members of the orchestra he belongs to (communication management). Safety and emergency maintenance and health management & maintenance, are areas of concern regarding Erik, as he has a history of previous attempts of suicide and stated he is holding off on his final attempt at suicide as he wishes for it to be permanent this time. Although further assessment is required regarding care of others, care of pets, child rearing, financial management, meal prep/cleanup, religious observance, and shopping, Erik is likely able to function successfully and without assistance in these areas. Regarding child rearing and care of others, Erik should be monitored for emotional and mental stability in the case of relapse so as not to cause harm to others in either direct or indirect (hurting his self and leaving children unattended in potential danger) means.
- **Rest and Sleep:** History of Erik's depression caused him to lie in bed for hours and sometimes all day. This did not occur by choice as in scheduled relaxation time, but instead in reaction to not being happy and wishing himself dead. It appears Erik has trouble resting productively and sleeping at times, relative to his depressive state. Further assessment is necessary regarding sleep preparation.

- Education: Erik successfully and independently participated in Formal Education Participation as he studied music at Julliard and also participated in the Boston Philharmonic Orchestra. Music has been a part of Erik's life since he was 2 years old. He began learning to play the piano at age 2 and began playing the viola at age 9. His music education, talent, and success in music education led him into a classical musician career. Erik is successful and independently functions regarding Informal Personal Educational Needs/Interest Exploration, as he strives to learn and study new forms and techniques of music. He is also successful in Informal Personal Education Participation, as he continues to play in an orchestra, taking instruction from the conductor.
- Work: Erik is a classical musician and plays the viola as part of an orchestra (Employment Interests and Pursuits). It is apparent that in order to be accepted into the orchestra that Erik works for, he must have interviewed and successfully passed the excerpt he likely had to demonstrate from his viola playing skills (Employment Seeking and Acquisition). As Erik was able to maintain his job during his most depressive episodes, he likely performs well as a musician (Job Performance). He stated that playing music is life for him, in terms of career, passion, and leisure. Music is involved in every aspect of Erik's life. Further assessment is necessary regarding Retirement Prep/Adjustment, Volunteer Exploration, and Volunteer Participation.
- Play: N/A as Erik is 27 years old
- Leisure: Although being a musician is Erik's career of choice, he also plays the viola for pleasure. His passion for music allows for the playing of his viola as a leisure activity as well. Taken together, these leisure pursuits qualify for independence in function of Leisure Exploration & Leisure Participation.
- Social Participation: Erik interacts socially with fellow musicians and his conductor. He listens to cues and corrections given by the conductor and adapts his viola playing techniques accordingly. His interviewing skills appeared intact and his logic in answer questions flowed well. He did not appear to experience trouble answering questions or relaying the negative and positive aspects of his life.

Client Factors: (1 pt.)

- Values, Beliefs, and Spirituality:
 - Erik values music, success as a musician, and happiness in life. He also believes in happiness, although he questions happiness as a reality for himself in terms of the depression he has recently experienced. Erik's history of depression has caused him to question the reality of his ability to continue participating in music which directly impacts his happiness.

- Erik also believed undergoing electroconvulsive therapy was his only chance at overcoming depression. Despite the risk of memory loss with each treatment, he wished to follow through with treatment.
- Body Functions:
 - Erik has history of challenges in attention, emotion, and experience of self and time regarding specific mental functions. During his deepest depressive states, he was at times unable to get out of bed for an entire day. He could not focus on his music and began wondering about giving up music altogether. In consideration of giving up music, Erik likely felt an insecure sense of self and time, since music has been intricately tied into his life since he was 2 years old. It is my thought that Erik would be lost in terms of what next to pursue if music was not a part of his life anymore. The cessation of music would likely exacerbate his depression. At present, Erik is able to fully participate (despite some memory loss) in his music career and relayed that he decided music should remain an intricate part of his life.
 - Erik does well with higher-level cognition, memory, perception, and mental functions of sequencing complex movement. An example of this is found in his ability to study music notes on a page, then recall in memory where to place his fingers and position his arm in setup for playing the correct note or sequence of notes, and his ability to follow through with the sequences of movement in correctly playing the notes. Erik experiences mild to moderate difficulty in memory of playing the viola, specifically after electroconvulsive treatments.
 - Regarding global mental functions, Erik experienced vast struggles in temperament and personality in terms of his emotional stability. He found his depression overwhelming and attempted suicide to escape from the emotional pain. In this way, it is apparent Erik was unable to regulate his emotions, even with some anti-depression medications. Today, Erik appears stable and functions nearly as well as he did prior to electroconvulsive therapy. He experiences some memory loss in playing the viola, but actively works to regain his playing ability. Erik has regained his consciousness, orientation, energy and drive, and sleep subsequent to electroconvulsive therapy and the subsiding of his depression. He is happily participating actively in the orchestra again and now smiles when he talks about music and his future.
 - Since Erik wears glasses, his visual acuity is likely compromised without the assistive device. He is able to hear if he is playing his viola in tune, which means his sensory function related to hearing is normal. He feels pain emotionally when his depression is at a high level, but seems to have regulated his emotions and feels free of emotional pain at present. Erik's proprioceptive function is highly functioning, as he is able to sit amongst several musicians in the orchestra, play his viola within the designated amount of space, and cues in to play his piece(s) when appropriate and also ceases playing when he is designated to do so, too. Additional

assessment is necessary regarding Vestibular, Taste, Touch Functions, and Temperature/Pressure. Upon personal assessment, Erik appears to have no dysfunction regarding Neuromusculoskeletal/Movement-Related Functions, Cardiovascular/etc, Voice/Speech Function, Digestive/etc, Genitourinary/Reproductive Function, or Skin/Related-Structure Functions. Further assessment may be required.

- Body Structures: Aside from the fact that Erik experiences poor vision (corrected with assistive device) he experiences no body structure dysfunction. He is able to perform physical components of work and participates in leisure activities (playing his viola and manipulating sheet music). He is also able to manipulate the stand that holds his music and his chair in order to see both his music and the conductor simultaneously; two functions which are pertinent for adequate performance as a musician.

Performance Skills: (1 pt.)

- Sensory Perceptual Skills: In the extreme episodes of his depression, Erik's sensory-perceptual skills are compromised, which is evident in his description of being unable to get out of bed to face a day of interaction with others or objects. He appears non-functioning and fails to associate with stimuli of any sort. At present, he is highly functioning in terms of sensory perceptual skills, as depicted in his ability to carry out commands for work and leisure (playing viola), including positioning himself properly for playing the viola, having knowledge of where to position his fingers, hands, and arms in order to produce the correct sequence of notes, read notes from his sheet music and also recall their meaning, and follow through in playing an excerpt or whole sheet(s) of music. In this way, Erik is successful in taking in visual, auditory, and proprioceptive stimuli while producing music (with the aid of glasses), in which he successfully processes the stimuli, integrates the stimuli into his memory of similar stimuli, assigns new and/or refined meaning to the stimuli and reacts appropriately.
- Motor and Praxis Skills: Regarding fine motor skills, Erik can hold down various strings of his viola with his fingers and grasp the bow for stringing with his hand, both as independent functions and simultaneously. He is also able to hold a pencil and/or pen to note changes or reminders on his music sheets and undo the clasps of his viola case. Regarding gross motor skills, Erik is successful in lifting his viola out of its case and positions it to rest above his shoulder but below his chin. He is also able to stabilize his upper body while seated in a chair, in order to play the viola. Erik has no difficulty and requires no assistance in ambulating.
- Emotional Regulation Skills: During depressive episodes, which have occurred in the past, Erik's ability to regulate his emotions is significantly diminished. He experiences extreme negativity about life, which has led to his attempt to commit suicide in order to rid his self of the emotional stress and pain. His emotional deregulation has caused him to debate the continuation of performing in the music arena. This is abnormal for Erik, as music "is life" for him (his words). At present,

and subsequent to electroconvulsive therapy, Erik appears successful at regulating his emotions. As he works to regain the parts of his memory that have been lost in terms of his viola playing ability (consequence of this therapy procedure), he smiles and appears happy in his description of confirming that music is the passion he would like to continue life with. He even used the words 'happy' and 'miraculously better' in his description of his feelings post-shock therapy, as he feels his perception of everything is positively different. He relayed that because it feels foreign to play the viola he is nervous and anxious to take it up again.

- **Cognitive Skills:** Erik is able to play his viola when experiencing a depressive episode, even though his passion appears dampened. He contemplated the continuation of performing music due to the lack of joy he experienced during depressive episodes (as even the viola did not seem to bring about happiness during these times) and not because he had lost the ability to play. In order to determine if music is the path Erik should follow, he relayed that he needed to be happy first, which is why he decided on electroconvulsive therapy despite the memory loss side effects. He believed this was his only chance left at overcoming depression, so he scheduled the appointments, underwent treatment, and relayed his experience (all without assistance). Most apparent, Erik is able to understand that he is unhappy, and seeks medical attention to remedy these feelings. He realized happiness is what he desires and carried out the appropriate steps in achieving it.
- **Communication and Social Skills:** Erik interacts with the fellow members of the orchestra and the conductor. They represent his social life. Erik does not specifically call out any particular person(s) of special interest to him. It is currently unknown if he has close friends. He is able to interpret the conductor's adjustments to his playing technique and makes the appropriate corrections. In terms of his recovery, he relayed to the interviewer, as well as his doctor, that he is unhappy with the effect of anti-depression medication. He explores his options with the doctor and determines electroconvulsive therapy is the technique of choice. In terms of performance, Erik makes eye contact, stays on topic, answers questions relevantly, and displays his intellect with choice of vocabulary to clarify or signify understanding.

Performance Patterns: (1 pt.)

- **Habits:** Erik has a habit of lying in bed all day and having a flat affect when experiencing depression. When feeling normal (happy and in control), he makes practicing his viola a regular habit.
- **Routines:** At present, Erik sleeps, wakes, showers (likely, as seen in his appearance), and attends music rehearsals (aka: work) regularly throughout the week, and possibly on the weekend too. He practices his music several times per week at home. He maintains his apartment/house and has regular checkups with his doctor regarding symptom management of depression and additional electro convulsive treatment.

- Roles: Erik is a son (although his parents were not mentioned), a musician, an employee, a co-worker and a patient. He may also be a friend to his fellow friend musicians, but this connection was not directly made in the film.
- Rituals: Erik ritualistically undergoes electroconvulsive therapy to manage the symptoms of depression. In the past, he took medication in an attempt to manage these same symptoms, apparently to no avail.

Context and Environment: (1 pt.)

- Cultural: Erik is a part of the American and Caucasian culture. He also belongs to the Music culture (creativity, inspiration searching, achievement oriented) and Work culture (hard working, timely, professional, accountable, self-motivated, team-work).
- Personal: Erik is a 27 year old male who studied to become a musician and now works and performs as a classical musician. He has recently debated about his desire to continue his work as a musician, a consequence of his depression, but has decided to continue at least for the time being. He studied music at Julliard, which suggests his desire to be high achieving and thus hard-working, which this school accommodates.
- Physical: Erik appears to live alone in a small apartment/house. Erik has history of spending numerous hours during the day, sometimes all day, in bed. He is regularly found within the concert hall of a music theater, as well as the doctor's office.
- Social: Erik interacts in these contexts with his fellow musicians and conductor. He also interacts with his doctors and the administrators of electroconvulsive treatment therapy. He appears to spend much of his time at home alone.
- Temporal: Erik is a young adult (nearing middle adulthood) who attends work weekly, and likely performs in concerts regularly. It is possible he works during the weekend too (frequency is unknown). Erik experiences increased stress and has a history of depression.
- Virtual: Erik's use of virtual communication is not directly apparent, but given his advanced Julliard education and his career-oriented success he is likely able to manipulate and use objects such as a phone and computer. Further assessment is needed.

Activity Demands: (1 pt.)

Goal: To assist Erik in regaining his ability to play the viola at the level he was able to prior to memory loss and to continue past this point if Erik desires; all in order to

maintain and enhance opportunities for Erik's happiness in order to prevent relapse of depression.

- Objects Used and Their Properties: Music stand (personal one too), Sheet music at varying difficulty levels, Music folder, Concert chair (personal one too), Viola and Bow, Hard case to carry viola, Tape Recorder
- Space Demands: A quiet music room designed for practice (for best results as accurate acoustics are in place), but also a quiet room at home for additional practice. Room should be big enough to house a chair and music stand.
- Social Demands: Having a conductor to listen while Erik practices would be beneficial for productive feedback. The tape recorder can be analyzed by the conductor in cases where Erik practices at home. Erik needs to be willing to accept constructive criticism from the conductor and alter his technique to meet the needs of what is asked of him. Additionally, integrating practice into the group setting should occur as Erik regains his ability to knowingly play at concert level, as he needs to blend well with the group.
- Sequencing and Timing: Erik should gather his viola (in its case) and his folder full of music and carry them to the music room for private practice lessons with the conductor, three times per week for two hours each session. He should break down the music by specific technique, with the guidance of his conductor, and practice each small segment repetitively until mastery is achieved. Upon achieving mastery, Erik should combine segments and play them together to achieve fluidity. Once the segments are all combined, and Erik is able to play all the way through a piece fluidly, he should begin working on the tempo and dynamics of the piece (the specifics that create uniqueness in music). During this process, Erik should listen to the suggestions of his conductor and adjust his playing and unique techniques accordingly, in order to blend into the orchestra as a whole. Upon arriving home, Erik should continue practicing whichever components were on that day's agenda in private practice, in order to create automaticity. Areas of greatest struggle should be rehearsed the most. These home practices should be recorded and reviewed by the conductor in order to remedy any inconsistencies straight away so that Erik is not creating a habit of practicing incorrectly. Erik should continue to join group practices in order to get a feel for the piece(s) they will be performing together, so that as he practices on his own he can learn the integration of his piece. He should record the group practices so that he can play them back at home and practice to their tempo. This will also aid in his integration.
- Required Actions: Erik needs to balance upright in the seated position with his feet flat on the floor, his shoulders back, his back straight, and his chin resting on top of the viola but in an upward position in order to look at his sheet music. Additionally, he needs to be able to lift his viola into playing position, maintain raised arms with flexion in both elbows and extension in at least the elbow manipulating the bow, and

maintain grip on the neck of his viola with flexion/extension of that hand's fingers along with radial and ulnar deviation of that wrist for pressing down on certain points of the strings. He also needs to grasp the bow with the opposite hand, maintain wrist stability, and flex and extend that arm's elbow to draw the bow across the strings. Erik will also need to maintain focus and attention, organization, and control of his emotions while interpreting the tempo and dynamics of his own performance, as well as when the group is playing together.

- Required Body Functions: Erik needs appropriate and high-functioning cognitive skills in order to remain focused and attentive during rehearsals and concert performances. He is required to sequence many tasks simultaneously while playing the viola, such as keeping place on the music sheet, reading and understanding the meaning of notes, maintain correct playing posture, performing the functions of playing music, listening to other musicians around him, and watching the conductor for correct tempo. He also needs to be able to stabilize his torso in order to remain upright with shoulders back and head up, which allows for correct playing posture. For grip and stringing ability, he needs finger dexterity and wrist stability and radial and ulnar deviation. To stroke the bow, he needs finger, wrist, elbow, and shoulder ROM and joint flexibility.
- Required Body Structures: Erik requires both hands with all digits on the stringing hand and at least digits I, II, and III on the bowing hand. Core strength for maintaining an upright supportive position is necessary as well. Accurate vision and auditory sense is essential in successfully carrying out all duties of a musician.

ANALYSIS OF OCCUPATIONAL PERFORMANCE

Facilitators and Barriers to Performance: (1 pt.)

Facilitators: Erik wished to feel happy while diminishing the symptoms of depression he had been experiencing for two years. While he had given up hope that medications would assist in conquering these two feats, he was at least somewhat optimistic about the hopeful success of electroconvulsive therapy. It appears he achieved happiness and a decrease/cease in symptoms of depression subsequent to electroconvulsive therapy. Unfortunately, Erik was left with some memory loss as a side-effect to such therapy. Although he has played the viola since he was 9 years of age, playing now is foreign and anxiety-ridden for him. After debate during his depression, but finally determining that music is the path he wishes to continue to pursue, Erik desires to regain knowledge of his playing ability. His passion for music, newfound feelings of happiness, increased motivation accompanied with increased self-esteem, and his talent as a musician will assist in achieving his desires.

Barriers: Playing the viola and performing as a musician is Erik's entire life. It comprises his career, his leisure time, and his social interactions (the intricacies of his life). Music is everything for Erik. His decreased ability to play has the potential to cause relapse of depression for him, especially if he is unable to regain playing ability equal to his ability prior to electroconvulsive treatment. Should relapse occur, Erik may change his mind and decide instead that music is not a desire for him anymore. In this case, Erik is likely going to feel helpless and lost which will likely further exacerbate his symptoms of depression and potentially cause him to attempt suicide again. Playing ability is a sensitive matter in terms of Erik's immediate future (happiness and prevention of relapse of depression).

Performance Strengths and Weaknesses: (1 pt.)

Strengths: Erik is motivated, passionate, and self-driven by music. He is musically talented, as well. He has also spent the majority of his life dedicated to playing the viola and has worked hard to make music his career. These traits and instances may increase his chances of regaining playing ability equal to the level prior to memory loss. The fact that he has played the viola for nearly 20 years means the brain circuits created in regard to music should be strong and easily reactivated. Practice for Erik should bring about his desired regains in musical ability.

Weaknesses: Erik has history of severe depression. He questioned whether music made him happy when he could not feel happiness. Now that happiness has been achieved, he is unable to remember how to play entirely. If he is unsuccessful in achieving the regains in his playing ability within the timeframe he is expecting (which is currently unknown), he may relapse into depression. This may cause Erik to give up music, which presents drastic changes in his life. Additionally, it may cause further negative feelings of helplessness, disappointment, confusion, lack of direction, and low self-esteem. These

feelings should be avoided as often as possible for an individual who has history of depression, as experiencing them can exacerbate his symptoms of depression and potentially lead to another attempt at suicide. Based on his words, the next attempt will be the death of him.

Targeted Outcomes: (1 pt.)

- Enhance Erik's playing ability to at least the level it was prior to memory loss, or to a level acceptable to Erik (his perception is the primary focus).
- Have Erik practice incrementally in varying environments for maximal transfer of learning.
- Erik should practice one-on-one with the conductor, at home while recording his performance, and also with the entire orchestra in the hopes of a speedy regain in playing ability.
- Ultimately, assist Erik in reaching his musical goals in order to prevent relapse of depression, while maintaining and enhancing opportunities for happiness.