CASE REPORT

Occupational Therapy Intervention for an Adult With Depression and Suicidal Tendencies

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Depression and suicidal tendencies are common problems among patients in both inpatient and outpatient mental health settings. To help patients work through depression and overcome self-destructive tendencies, the psychiatrist, occupational therapist, and patient must work cooperatively to set goals. The following report describes the steps taken to help a suicidal patient improve his self-image through occupation and selected work activities.

Background Information

Ralph, a 40-year-old married man, was admitted to the psychiatric unit of The University of Texas Medical Branch Hospitals, Galveston, in April 1988 with major depression and diabetes controlled by diet. At the time of admission, he had symptoms of depression with suicide ideations. He reported that he kept a loaded gun at home and on several occasions had held it to his head. The patient lived with his wife of 11 years and his teenage stepdaughter.

The patient’s mental health problems were first diagnosed when he was 14 years old; at that time, he was hospitalized for 4 months for “antisocial” problems. Several subsequent hospitalizations followed for substance abuse and panic attacks. Because of his work history since that time, we assumed that he had been treated with some success.

Clinical Program

Early in this hospitalization, Ralph was referred to occupational therapy, where he was evaluated with the occupational therapy department’s initial interview, Peloquin’s interview (Peloquin, 1983), the coin purse evaluation (Allen, 1985), and clinical observation. During the interviews, Ralph reported multiple life stressors, with the major problem being his difficulty in finding work and in maintaining work in his interest area. He reported being a writer and having difficulty publishing or obtaining rewarding employment. Other problems he identified were difficulty with his father-in-law, chronic fatigue, decreased enjoyment of pleasurable activities, frequent awakening at night, and feelings of despair.

The psychiatric occupational therapist noted several functional problems. The patient’s lack of social skills was exhibited in his tendency toward isolation. He reported that while growing up he had always been somewhat of a loner, and his current depressive symptoms seemed to increase his tendency toward isolation. Ralph’s self-perception seemed to fluctuate between grandiosity and feelings of worthlessness and of being a failure. Ralph was resistant to authority and had difficulty accepting constructive criticism. His stress management and time management skills were poor, and he showed traits of compulsive perfectionism. He even admitted that he placed unnecessary stress on himself while trying to do things...
perfectly, and this began to impair his function in daily activities.

Referral to a Work Program

Because many of Ralph’s problems were related to his inability to find or maintain satisfying employment, the therapist referred Ralph to the occupational therapy department’s work program. This program administers many types of work evaluation, offers work hardening, and has a program to develop job-search skills.

The patient’s performance on the various work evaluations indicated that he had good potential for competitive employment. Academic and cognitive testing was performed with the Microcomputer Evaluation and Systems Screening Analysis (Valpar International, 1984) and the Wide Range Achievement Test (Jastak & Jastak, 1978), which showed that he had good skills in such areas as concentration in following complex instructions and problem-solving. On two interest inventories—the Self Directed Search (Holland, 1985) and the Gordon Occupational Checklist (Gordon, 1967)—the patient scored high in the areas of artistic and people-related occupations. These results are comparable with the patient’s previous work interests. A physical capabilities assessment with the WEST 2 system (Work Evaluation System Technology, 1985) and the Round Blocks subtest of the Physical Capacities Evaluation (Smith, 1983) revealed scores within normal limits and showed that the patient had no significant problems in lifting strength, hand speed, or endurance. (The Round Blocks subtest of the Physical Capacities Evaluation score was 80% with the right [dominant] hand and 85% with the left hand. The physical capabilities assessment showed a medium work level, in which the maximum lifting weight is 50 lb, with frequent lifts of 25 lb."

Observation of Ralph’s social and worker behaviors during the testing of the work program, however, revealed several problem areas that had been noted previously in the occupational therapy clinic. During the initial interview in work programs, Ralph verbalized severe feelings of failure; although as a writer he sometimes had articles published, he was unable to maintain a steady income by writing. He stated that he often had writer’s block and would sit at his typewriter and play Russian roulette with a loaded gun. He believed that he had the intellectual potential to be successful in the job market, yet he had continually failed. Ralph’s job titles, as reported in the work program evaluations, included writer, copier, machine operator, office technician, bindery worker, and warehouse operations manager. He expressed deep disappointment in himself because he had nothing to show for the 2 years he had spent in college. He had not completed an associate’s degree. He had started a program in architecture, which had been financed by the Texas Rehabilitation Commission, but had dropped out because he thought that he knew more than the instructor. At 40 years of age, Ralph believed that he had wasted his life and was not “man enough” to earn a steady income with which to support his family.

During the testing sessions in the work program, the patient showed poor social skills, such as interrupting and arguing with the staff, and refused to listen to others’ opinions if they conflicted with his own. He would intellectualize by telling others how to do things or giving the impression that he knew how to do things better. He often made grandiose statements about his abilities, perhaps to compensate for his insecurities and fear of failure.

While in the work program, Ralph continued to question authority and had difficulty accepting criticism. He exhibited compulsive traits that increased his anxiety unnecessarily and often slowed his rate of production. He exhibited limited insight regarding his strengths and weaknesses, as revealed in the testing, and had no vocational plans or goals to improve his situation. His pessimism impeded his potential and caused him to look first at the negative aspects of situations. An additional vocational barrier was his limited knowledge of marketable fields in his interest areas (arts and people) and available educational programs that could enhance his skills.

Treatment Plan

After reviewing the results of the work program evaluations, we began a work preparation treatment plan that focused on the following goals:

1. Improvement of time management skills to promote effective use of time in preparation for balancing work, rest, and play once employment was secured.
2. Training in stress management skills, with a focus on techniques that could be used either at work or at home.
3. Improvement in self-image to facilitate a more confident impression during the employment interview process and once employment was achieved.
4. Improvement of social skills in preparation for positive interactions with co-workers and authority figures.
5. Improvement of knowledge of vocational sources and markets in the areas of artistic and people-related occupations so as to plan and implement a realistic vocational goal.
6. Improvement of job hunting skills to facilitate and improve marketability as a potential employee.

The vocational treatment plan was implemented for 3 weeks, until Ralph was discharged. Discharge plans included follow-up with a psychologist at a mental health–mental retardation facility near Ralph’s home and
continuation with antidepressant medications. Because Ralph still had suicidal thoughts, the occupational therapist recommended referral to outpatient occupational therapy for continued structure and time management so as to keep Ralph’s depression from causing a rehospitalization.

During his outpatient care, the patient often contacted the occupational therapist outside of his daily treatment sessions, at which time the therapist provided him with continual nurturing and encouragement. The therapist continued to remind him of his accomplishments and improvements. When Ralph verbalized negative thoughts, he was redirected to more positive thoughts and solutions.

Initially, the occupational therapist assisted the patient in determining his first realistic vocational goal, which was to return to school to pursue a degree. Because the patient was threatened by the possibility of another failure, the therapist insisted on positive thinking and practical step-by-step planning. The therapist aided the patient in a search through college catalogues for a program compatible with his decision to pursue a communications degree with a major in radio broadcasting. The therapist contacted the Texas Rehabilitation Commission, and Ralph’s case was reopened and financial support was allocated. Because this was accomplished in June and school did not begin until September, constructive activities in addition to occupational therapy were needed in the interim. The patient began work, through the volunteer division of the hospital, in the occupational therapy department, which kept him productive and challenged as he waited for school to begin. His tasks were to care for the plants in the occupational therapy greenhouse and to help geriatric patients work with the plants. He also performed light clerical work, such as copying and collating for the occupational therapy department, and helped volunteer services with their hospitality cart. He sometimes talked with new patients who had been referred to the job readiness program and told them how he was being assisted.

Initially, Ralph’s treatment progressed slowly. He created unnecessary crises by perceiving problems as obstacles in his recovery and giving up on his goals. For example, the therapist worked to plan a school program, which Ralph was quick to abandon when a transportation problem (i.e., who would use the family car) arose. The therapist taught the patient problem-solving techniques, which involved the following steps:

1. Break problems down into small steps to decrease the tendency to become overwhelmed.

2. Use a goal work sheet (Hughes & Mullins, 1981) to visually assess the problem and solve only one part of the problem at a time until the problem is alleviated.

3. Understand that there may be more than one way to solve a problem; do not give up if one plan does not work.

Concerning Ralph’s problem with use of the family car, the therapist’s guidance in using this problem-solving process helped Ralph find an alternate mode of transportation.

The therapist also taught the patient basic stress management techniques, as described by Courtney and Escobedo (1990), to promote calmer, clearer thinking. Later, more complex stress management techniques, involving biofeedback; visual imagery; slow, repetitive, deep breathing; and progressive muscle relaxation (Charlesworth & Nathan, 1984), were taught as ways to reduce overall anxiety. The patient found that visual imagery and breathing techniques worked best for him, and he successfully incorporated them into his daily routine.

The therapist taught Ralph to keep a log of his daily activities to improve his time management skills (Larrington, 1970). Every hour of every day was documented. Once the patient did this consistently, the therapist discussed ways in which to achieve a greater balance between work, rest, and leisure activities and provided practical suggestions to improve his productive use of time. The therapist helped Ralph develop a structured schedule; he was required to spend a certain amount of time each day doing things that were important to him, such as volunteer work, planning for school, and making extra time for family activities, as well as doing something especially meaningful to him.

To improve the patient’s self-esteem and feelings of self-worth, the therapist used role-playing. In addition, the patient was required to report on one positive thing he had done for himself every day. To improve the patient’s social skills and acceptance of authority, the occupational therapist confronted the patient whenever he questioned the therapist’s authority or verbalized grandiose, unrealistic statements about himself or a situation.

Ralph used his good academic and writing skills by instructing another patient on résumé writing. This situation provided an opportunity for Ralph to experience immediate feedback from the therapist on his social interactions while simultaneously showing him that he was making a contribution. Role-playing techniques were used to solve difficult social situations. Ralph was shown ways to respond tactfully to authority, even when there was disagreement; provided with suggestions for appropriate conversation; and taught positive interview techniques and ways to make a good first impression in preparation for job hunting (Wassink, 1988).

When the patient started school, he began to experience more successes in his life. During this time, the task in treatment was to reduce the patient’s dependency on the therapist and to help him develop more confidence in
his own strengths and abilities. The patient’s motivation for positive changes in his life became stronger. He was thus able to plan and present a program on mental health as a class project. During mental health week, he was asked to present the program on a local radio station. Ralph received much positive feedback from his instructors and classmates, which helped to reinforce his feelings of self-worth. Ralph wanted to help others by sharing his experience of battling depression. He allowed the second author to interview him on videotape as he gave testimony of his problems and rehabilitation.

During the second half of his class work, Ralph was selected by his instructors to receive training from one of the more competitive radio stations in the area as a disc jockey and to help with the day-to-day running of the station. As he became more involved with his education and in his progress in the rehabilitation program, his hours of volunteer service were gradually reduced. Because he had accomplished all of the occupational therapy goals outlined in his original treatment plan, he was discharged from occupational therapy. His testimony on videotape indicated that he was no longer suicidal.

Ralph’s inpatient care had been covered by his spouse’s insurance. As an outpatient, Ralph’s position with the hospital volunteer services and placement in occupational therapy permitted the therapist to monitor his behavior until school started. His school expenses were paid for by the Texas Rehabilitation Commission.

Follow-Up

Ralph finished the 1-year program required for certification in broadcasting and communications and continues to work at the local radio station. During the week he operates equipment for the radio station, and on weekends he serves as the disc jockey. While monitoring equipment, he has blocks of time when he is allowed to work on other projects and is currently writing a novel. Since his discharge from the occupational therapy program, he has survived the crisis of a separation from his wife. Ralph used the coping skills learned in occupational therapy to handle the crisis and to continue to pursue his occupational goals.

This patient received considerable individual time with the therapist, in contrast to the usual occupational therapy programming. Specific patients, because of their insight and motivation, will benefit more from one-on-one intervention for goal attainment. Ralph was such a patient.

Summary

A hospitalized patient with depression and suicidal tendencies was referred for occupational therapy. The patient’s evaluations while hospitalized indicated a lack of social skills and unrealistic expectations concerning abilities and aspirations. A work evaluation showed high scores in artistic and people-related occupations.

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.

References


Editor’s Note: To continue the Case Report department, we need and welcome reports that document the practice of occupational therapy for specific clinical situations. Guidelines for writing case reports are available from the Editor.