

Table19-1: Assessments Used with Jerry

Assessment	Focus and Purpose	Findings: What We Learned About Jerry
Occupational Performance History Interview (OPHI-II)	<p>Includes 3 subscales which are:</p> <ul style="list-style-type: none"> • Occupational Identity • Occupational Competence • Occupational Behavior Settings <p>Provides an opportunity to develop and validate a <i>narrative slope</i> or a visual representation of major life events and fosters discussion of the direction that clients feel their lives are taking</p>	<p>Jerry has maintained a reasonably strong identity as a worker despite his 4 year period of unemployment and has appropriate occupational functioning on all items related to identity. In the area of competence and occupational settings he has numerous areas of occupational dysfunction. Despite being able to identify interests, goals and a desired lifestyle, he is not currently pursuing these areas and identifies that he is unable to make progress toward his goals. Through the life history narrative process, Jerry shared his story and the occupational therapist learned that Jerry stills has hope for an optimistic future.</p>
Worker Role Interview (WRI)	<p>Measure the construct of psychosocial potential for return to work. Can be combined with the OPHI-II and scored after asking some additional work specific questions.</p>	<p>Jerry has a number of strengths in regards to his psychosocial potential for return to work. He enjoys work, and is committed to attempting to return to work if he is able to overcome his obstacles. However, he has numerous factors that are interfering and detract from his potential to return to work. He is worried about stigma associated with his condition and interacting with a boss and coworkers. His daily routine has deteriorated and he has little activity and does not pursue interests. Because of his fear of aggravating his symptoms with too much activity, Jerry’s role of home maintainer interferes in some ways with involvement in work related pursuits.</p>

<p>Occupational Self-Assessment (OSA)</p>	<p>The OSA is designed to capture clients' perceptions of their own occupational competence on their occupational adaptation. Clients are provided with a list of everyday occupations, and assess their level of ability when participating in the occupation and their value for that occupation.</p>	<p>Despite concerns over coworkers' reactions to his condition, Jerry notes that interpersonal relationships with others are strengths as well as well as expressing himself and solving problems. He noted some difficulty with most items related to habituation, routines and performance. He most values developing a satisfying routine and making progress toward his goals among other items ranked as highly important.</p>
---	---	---

Figure 19-1: OPHI-II Clinical Summary Report Form

Client: Jerry Age: 46 Diagnosis: HIV/AIDS Date of Assessment: 9/1/2009

Therapist: Brent Therapist Signature: Brent Braveman

Ratings Key: 4 = exceptionally competent occupational functioning, 3 = Appropriate, satisfactory occupational functioning, 2= Some occupational functioning problems, 1= Extreme occupational functioning problems

Occupational Identity Scale	1	2	3	4	Occupational Competence Scale	1	2	3	4	Occupational Settings (Environment) Scale	1	2	3	4
Has personal goals and projects			X		Maintains satisfying lifestyle		X			Home-life occupational forms		X		
Identifies a desired lifestyle			X		Fulfills role expectations		X			Major productive role occupational forms		X		
Expects success			X		Works toward goals		X			Leisure occupational forms		X		
Accepts responsibility			X		Meets personal performance standards		X			Home-life social group		X		
Appraises abilities and limitations			X		Organizes time for responsibilities		X			Major productive social group		X		
Has commitment and values			X		Participates in interests		X			Leisure social group		X		
Recognizes identity and obligations			X		Fulfilled roles (past)			X		Home-life physical spaces, objects and resources			X	
Has interests			X		Maintained habits (past)			X		Major productive role physical spaces, objects and resources			X	
Felt effective (past)			X		Achieved satisfaction (past)			X		Leisure physical spaces, objects and resources			X	
Found meaning and satisfaction in lifestyle (past)			X											
Made occupational choices (past)			X											

Occupational Identity Scale
 OPHI-II Key form results
 Client Measure: 60
 Standard Error: 5

Occupational Competence Scale
 OPHI-II Key form results
 Client Measure: 46
 Standard Error: 4

Occupational Settings (Environment) Scale
 OPHI-II Key form results
 Client Measure: 42
 Standard Error: 4

Analysis/Plan: Since Jerry has maintained a relatively strong sense of identity in all of his roles including worker, despite his unemployment and disability, occupational therapy intervention will focus on increasing his participation in a full repertoire of roles and associated. Occupation Through discussion, Jerry has acknowledged that he does not have a full understanding of his physical capacity and is limiting involvement in occupations due to the fear that activity will make his neuropathy and fatigue unmanageable. Jerry has agreed to explore options for increasing his involvement and participation including volunteer and leisure pursuits in addition to participation in the Employment Options Program.

Figure 19-2: Life History Narrative Form

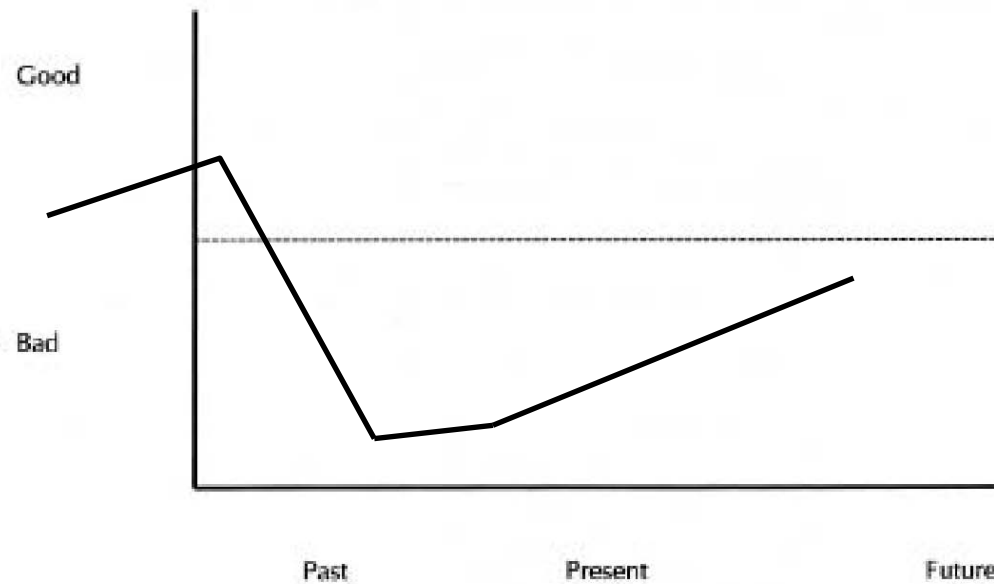
Client: Jerry

Therapist: Brent

Date: 9/1/2009

Narrative Slope

Draw slope including major life events and how the client's life got better or worse from these events. Angle of slope indicates severity or changes in events.



Meaning/Implication of the life story: Jerry describes his currently life narrative as most closely resembling an unfinished “tragedy” with hopes for a happy ending. He describes a childhood that was “normal and happy” and that as a young man he was filled with hope for a bright future. He describes the best time of his life as living happily with his partner in their first home, before his partner became ill. He balances this point with the lowest point in his life which is when his partner died 8 years ago. Since that time he has struggled with depression and the symptoms associated with his own HIV became worse. He eventually left

work and since has been in 'holding pattern.' He currently describes being at a low point in his life, but states that he remains optimistic for the future and hopes that he can overcome his current challenges and return to living "a normal, pleasant and functional life."

Life History Narrative

Illustrating the slope drawn above, describe the client's life history. Where possible, make appropriate reference to the five thematic areas (Activity/Occupational Choices, Critical Life Events, Daily Routine, Occupational Roles, and Occupational Settings [Environment])

Jerry is a 46 year old Black male living alone in a small condominium. He is ADL and I/ADL independent but has difficulties with symptoms secondary to HIV/AIDS including significant lower extremity neuropathy and significant fatigue. He has been unemployed for 4 years but prior to that he had a long-term stable work history with a single employer as an information technologist. Despite his unemployment he includes the worker role in his self-description and notes he would like to return to work but does not think it is likely.

He describes a childhood and college years that are positive and "just like any typical kid" with good family support and friends. Just out of college Jerry met his life partner and they moved in together. Jerry reports living with his partner as the best time of his life. Jerry and his partner both learned they were HIV positive over 20 years ago and his partner became ill and died of AIDS related complications 8 years ago. Jerry notes that time as the hardest time in his life. Since that time Jerry has lived alone and 4 years ago he filed for private disability benefits and left work.

Jerry has become socially isolated and while he can identify interests, he pursues few of them. He worries that standing or walking for extended periods of times can cause an exacerbation of pain and tingling in his feet but is unable to state how long he can walk or stand without this happening. As a result he avoids most activities outside of the home. He reports that depression is becoming more of a problem and that he misses the socialization that came with going to work every day. He noted that he gets along well with most people and that interacting with others is a strength. He is aware of the ADA but is concerned about the reaction of coworkers if he were to disclose his condition and request reasonable accommodations.

Jerry expresses optimism for the future and has enrolled in a return to work program to explore options for reentering the field of information technology. While he describes his life story as a "Great American Tragedy" he is able to see that things could get better in the future and that there are ways he could overcome the current challenges facing him. He is open to participating in group educational sessions and to working individually in occupational therapy to explore options for increasing his involvement in social groups and the community and for exploring return to work as long as that does not jeopardize or can replace the health benefits he is currently receiving.

Figure 19-4: OSA Data Summary Sheet: Initial OSA Results

Client: Jerry **DOB:** 3/1/65 **Diagnosis:** HIV/AIDS

Date completed: 9/8/09

	Competence				Values				Priority
	Lot of problem	Some difficulty	Well	Extremely	Not so important	Important	More important	Most important	
<i>Myself</i>									
Concentrating on my tasks			X				X		
Physically doing what I set out to do		X				X			
Taking care of the place where I live		X				X			
Taking care of myself				X				X	
Taking care of others for whom I am responsible									
Getting where I need to go		X				X			
Managing my finances			X			X			
Managing my basic needs (food, medicine)				X		X			
Expressing myself to others				X	X				
Getting along with others				X			X		
Identifying and solving problems				X			X		
Relaxing and enjoying myself		X				X			
Getting done what I need to do		X						X	
Having a satisfying routine		X						X	
Handling my responsibilities		X						X	
Being involved as a student, worker, volunteer, and/or family member		X					X		
Doing activities I like		X				X			
Working towards my goals		X						X	
Making important decisions based on what I think is important		X					X		
Accomplishing what I set out to do		X						X	
Effectively using my abilities		X						X	

Competence Scale
 OSA Key Form Results
 Client Measure: 47
 Standard Error: 3

Values Scale
 OSA Key Form Results
 Client Measure: 56
 Standard Error: 3

Comments: Jerry identifies some difficulty in numerous areas related to volition, habituation and performance. He also has strengths most notably in social skills although he currently is isolated. The areas where there is the biggest gap between competence and values relate to the lack of a satisfying routine and frustration over not making progress on work related goals.