Diane Makovsky

Occupational Profile of Sherry

The following is information derived from a video interview with a client named Sherry.

History

Background Information.

Sherry is 36. She lives in a group home. She grew up in California.

Prior Medical History.

Sherry reported she had a nervous breakdown around 1976 when she did not get accepted to Bible College. Sherry received an initial diagnosis of chronic schizophrenia and a later diagnosis of schizoaffective disorder, which is a mental condition that causes both a loss of contact with reality (psychosis) and mood problems. Sherry has been hospitalized about once a year with her illness, most often because she decides to stop her medication, which leads to withdrawal, signs of depression, and hallucinations. Since age 30, Sherry has been on lithium, which she finds is effective, and presently she continues to take lithium and haldol.

Social History.

Sherry had a baby that she gave up for adoption when she was having trouble with her illness, not having enough money, or a place to live. The baby was born approximately a month after Sherry's mother and grandfather died. Shortly thereafter her grandmother died. She still has a relationship with her father and stepmother, although Sherry says they do not get involved with her psychological/health issues. Sherry's main other support comes from her social worker and the OT student who is providing therapy.

Educational History.

Sherry holds a bachelor's degree from University of Oregon.

Work History.

Since college, Sherry has held a number of positions such as sales girl, secretary, and babysitter. Her most recent position, one-and-a-half years ago, was as a nanny. She left the position because she did not get along with the father of the family and because her own father found the position was causing Sherry stress.

Daily Routine

Typical Weekday.

Sherry gets up at 7 a.m., has breakfast at 7:30 a.m., gets ready for the day, and takes the bus to OT at San Jose University. After OT she often goes window shopping at nearby East Ridge Plaza, and then goes home to bed. She has no assigned chores in the group home.

Typical Weekend.

Sherry says she does absolutely nothing on weekends, unless she goes to see her parents. Weekends are therefore generally without structure.

Life Roles

Competence and Satisfaction with Roles.

Sherry describes herself as a doer, but realizes she was more active when she was not ill. She is not satisfied with life and would like to be busier.

She considers that she could be a volunteer and a part-time student. She considers her OT to be a class. Sherry thinks of herself as an organizer. She likes to cook and to shop.

Client Goals

In the short term, Sherry would like to be busier. When she is busy and active, she is less prone to depression and withdrawing.

In the long term, she would like to leave the group home and either live alone or with a roommate.

As a long-term goal, she would like to be married. Sherry would also like to have a job and go to school part-time.

Strengths and Problem Areas

Strengths.

Sherry has an expressed interest in living up to and promoting high moral values. She enjoys taking care of children. She enjoys the activity of organizing. She enjoys cooking and shopping for bargains.

She enjoys reading books and she enjoys holidays with family. Importantly, she is inspired to be able to take care of herself.

Problem Areas.

Sherry has a tendency to feel better when taking her medications. When feeling better, she begins wanting to avoid the negative side effects of the medication, such as increased bathroom visits and weight gain. When she is well, Sherry has shown a history of stopping her medication. This choice leads to a loss of day-to-day motivation and social engagement, which in turn leads to an increase in depression and associated delusional episodes and hallucination. The result is often another bout of hospitalization, where with attention and treatment she returns to a more balanced state. This clearly risks becoming a cyclic pattern.

What Sherry describes in the interview seems to represent a remembered aspect of her life and one that does not quite match her current one. For example, there seems to be a disconnection between her current life and her memories regarding the amount of activity in her day and the amount of actual interaction with friends and family.

There may also be a problem in that her interaction with OT is effectively a kind of dependency and perhaps a substitute for friends and family.

Treatment Intervention (Areas of Focus)

Activity.

Since activity and interaction with people bring Sherry a sense of worth, this integration this should be fostered. Completely unstructured and solitary time should be minimized.

Book Club.

Since solitary time is inevitable, perhaps introduction to a book reading club that meets to discuss what has been read would be helpful.

Volunteering.

Since unstructured time is more common at the weekend, it might well be possible to gently explore connection with weekend volunteer work perhaps for a Christian charity.

Increasing activity and interactions would be likely to help create a larger circle of supportive friends for Sherry and also contribute to her own self-opinion if the activities are aimed to be helpful to others – as might be likely from volunteer work.

Conclusion

Sherry appears to be generally capable of quite a high level of functioning in society. Therefore, there is hope that the occasional problems caused largely by failing to take medicine regularly can be addressed. Additionally, a supplemental OT program should be undertaken to help increase Sherry's connectedness to society. It is possible that, over time, she can return to a stable and largely independent lifestyle. She shows a desire to improve and become more independent, which is an excellent starting point. It falls to OT to try and strengthen her connectedness to society and thereby enable her to recover a stronger feeling of self-worth that will naturally dampen the swings of depression.