



## Model of Human Occupation

### Archived List Serv Discussion

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#### Victim of RTA

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**September 4, 2008**

We currently have a client on our acute rehab ward who has been a victim of an RTA and as a result has a brain injury. We are having difficulty engaging the client due to the level of agitation experienced at present and the client fixating on family, and pain. Does anyone have any ideas on how to engage this client within these early stages????

D Jones

**September 6, 2008**

Dear Deborah

Whats the base line, how old is he/she, and what is the previous level of education and functioning? I presume the client can see, hear, and has a reasonable understanding of language? Has he/she a system for knowing the days of the week and the time of day? Has he/she a schedule for the day for the week that he/she understands?

In the late 1970's I was working in a hospital department and asked to see a lab scientist with a head injury who was pacing the ward and asking to go home. He had been restrained for periods by ward staff in a Buxton chair. These periods of restraint had distressed him, increasing his arousal.

I met him as he was walking up and down the ward, and walked up and down the ward with him. I told him I was the OT it was my job to help him get home, and that I needed to work with him to sort things out a bit at a time. By this point his walking up and down the ward got to the point that he was leaving by the door which led onto the corridor which he was not allowed to do. I put both my hands on his hips and swung round saying, 'We have to turn round here', which he did, and went on walking saying "I have an appointment for you this afternoon at the OT department, you can leave the ward then and afterwards come back to the ward for supper". He settled, I left.

I had no idea at that point what I would do with him. I got out simple logic puzzles and pictures that you put in sequence etc. The staff had complained that he had drunk the wards supply of milk so I did order a pint from stores.

He arrived, I cannot remember if I fetched him, probably. The table/work station was laid out ready. Milk in the fridge. He was the only patient in the department, as my

colleagues had advised that he would disturb the others. This with hindsight was fortunate as 25 years later I learned about anxiety, high arousal levels and the value of distraction free environments for adults with a learning disability.

I said that it was my job to help him get home and eventually back to work. We had to start at the beginning. Which would he like to do, the word puzzles or the picture sequences? I noticed his arousal levels increasing and said "I have some milk for you, pick which you want to do and then have a glass". I poured a glass and put it out of reach ready to serve. He chose the word puzzles, drank the glass of milk I gave him, and then started to my astonishment to quite correctly join up letters to make words. So we progressed on this work supported by this very simple reinforcement system. We went on from there. Very soon the psychologist could test him. After I received the report, I knew what deficits I was dealing with. I then explained them to him and we worked on strategies to overcome them. I think I only needed the milk for two sessions. As he progressed he said he had not realised how important the psychologists tests were and wished he had tried harder. In the following years he returned to work and then some years later retired.

I suggest therefore that you start by finding an environment in the hospital which is acceptable to your patient and one in which you can manage the arousal level and then devise an activity based on his interests which are his family. You could support his interest by drawing a family tree - known in the literature as a genogram. This might engage his attention and distract him from his pain. He would need to give you the information. And you would talk round the roles of the people that he mentioned and how he feels about them. You could also draw a sociogram. That is a diagram of his family that live in his house with him, and his work and other connections. I imagine he might like to write/email to those who cannot visit and any colleagues at college or school. You could use your office and computer with him as if you were in an Internet cafe, perhaps write the first ones and then progress from there to him logging on to his own email address etc.

Good luck

Jess Mortimer - Occupational Therapist

**September 8, 2008**

Dear Deborah: When people are so overwhelmed with symptoms, we should analyze very carefully their conditions and possibilities to engage. Some people need more time than others for diverse reasons. When you do client centered practice with MOHO, it allows you to decide which goals are best for people in each step of the recovery process..

I suggest you begin to integrate the knowledge of his volition related to his current conditions and the environmental demands and arousal provided. Use the VQ and follow the remotivation process. May be this is not the time for him to "engage" but you could

validate him in different ways and work with environmental aspects, and see which could be your role as an occupational therapist according to his needs.

"Active Engagement" is a result of a complex process. It is not the only goal for people at any given conditions or step of their own process. Do an evaluation process centered on his needs (his world, his reality) and you will find out the answers.

Again, I suggest to read the Remotivation Process in order to understand better the different steps of the process and your role, which does not limit only to expect that people "perform".

If you want, give more specifics about this person's conditions, environment and others so I could better help you

Warm regards

Carmen Gloria de las Heras, MS, OTR

**September 24, 2008**

Hello,

I have been following this discussion and think that there are some great suggestions here. I would also add that if a client is in pain then it is something that will often dominate his thoughts. So, pain management strategies may also be beneficial for his physical needs and gaining his trust; maybe even as simple as bringing him relaxing music, massage and so forth. Best of Luck.

Jess Mortimer