

Mental Health Intellectual Disability Initiative
(MHIDI) –Adult
Casey Adult Mental Health Service

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OCCUPATIONAL THERAPY REPORT

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| • NAME: | Chloe Mamawan |
| • DATE OF BIRTH: | 12 th June 1998 |
| • OCCUPATIONAL THERAPIST: | Christel Joomun |
| • DATE OF REPORT: | 3 rd August 2021 |
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Reason For Referral

In line with the upcoming NDIS plan review and due to insufficient funding to conduct occupational therapy assessments by Chloe's NDIS Occupational Therapist, MHIDI-A organised for a variety of screens and assessments to be administered to gain a better understanding of Chloe's:

- Level of independent functioning;
- Ability to care for herself in the domains of personal care, domestic tasks of everyday living and community access;
- Needs, level of supports and funding requirement for NDIS purposes;
- Possible intervention strategies to assist Chloe and her immediate supports in challenging areas of occupational performance.

Background History

Chloe is 23-year-old woman of Pilipino background, who currently lives with her mother (Editha), father (Catalino) and older sister (Dimka) in Lynbrook. Chloe was diagnosed with Bipolar Affective Disorder in 2019 and more recently was diagnosed with Seizure Disorder. She also has severe Intellectual Disability (ID), Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD).

Chloe was first referred to Monash Health Mental Health Intellectual Disability Initiative – Adult (MHIDI-A) in May 2018 for a multi-disciplinary assessment and intervention in relation to significant behaviours of concern including:

- de-robbing at day program;
- screaming, throwing herself on the floor;
- head banging;
- damaging property by smashing items and
- running into it or pushing them off the table.

Throughout the past years, our prolonged psychiatric assessment and analysis led to Chloe's **additional diagnoses** and **need for further support** to assist in her everyday functional occupations. Chloe's detailed medical conditions and medications can be found in NDIS plan review letter.

Current Supports Around Chloe

Chloe's main supports are her parents and sister. Other supports around Chloe are:

- Dr Ley Chea – GP, Balmoral Ave, Springvale
- Mr Rhoda Ku – Occupational Therapist
- Ms Brittany Henderson - Speech Language Pathologist
- Ms Savannah Marquis – Behaviour Support Practitioner
- Mr Hinda Kasri - NDIS Support Coordinator
- Associate Prof. Ernie Butler – Neurologist, Cranbourne Road, Frankston
- Dr Stephan Gilmore – Dermatologist; Dandenong Dermatology Centre
- Medical and Allied Health Team – MHIDI-A, Monash Health, Casey Community Service

Occupational Therapy Assessments

The following Occupational Therapy assessments and screens were **administered/reviewed**:

- 1) Adaptive Behaviour Assessment System (ABAS-3);
- 2) Modified Barthel Index;
- 3) Electronic Care and Needs Scale (eCANS);
- 4) Life skills profile (LSP-16);
- 5) World Health Organisation disability assessment schedule (WHODAS) 2.0.
- 6) Adolescent/Adult Sensory Profile (Assessment administered in 2019 by Rhoda Ku)

These assessments can assist in enabling the support team around Chloe to identify:

- Chloe's current level of occupational functioning in activities of daily living (ADLs);
- Meaningful and purposeful occupations that Chloe would like to engage in;
- The impact of Chloe's condition on her sensory, physical and psychiatric functions;
- Suitability for psychosocial rehabilitation;
- Enablers and barriers for social and community participation;
- Types of interventions that would be most beneficial;
- Problem areas and priorities in occupational performance and;
- Needs, level of supports and funding requirement for NDIS purposes.

Each of the above assessments/screens and findings are annexed. A summary of the findings and recommendations are discussed below including collateral information from some of Chloe's current supports.

Brief explanation of scores of each assessment used/reviewed and results

Adaptive Behaviour Assessment System (ABAS-3)

The Adaptive Behaviour Assessment System was administered. The ABAS-3 assists in giving you a complete picture of Chloe's current adaptive skills across her life span. Adaptive behaviour is made up of the skills an individual uses to function in daily life, including taking care of herself and interacting with other people. Editha completed the questionnaire consisting of approximately 240 questions.

Chloe's overall adaptive behaviour can be characterized as **extreme lower functioning** than that of almost all individuals of her age. Chloe's conceptual adaptive behaviour can be characterized as **extreme lower functioning** than that of almost all individuals of her age. Chloe's social adaptive behaviour can be characterized as **extreme lower functioning** than that of almost all individuals of her age. Chloe's practical adaptive behaviour can be characterized as **lower functioning** than that of almost all individuals her age.

Overall, results on the ABAS-3 indicate that Chloe requires lifelong assistance in all domains of activities of daily living.

Modified Barthel Index

The Modified Barthel Index is an ordinal scale used to measure the performance and degree of assistance required by an individual on 10 items of mobility and self-care in activities of daily living (ADL). Total possible scores range from 0 – 20, with **lower scores indicating increased disability**.

- A score of <15 – usually represents moderate disability
- A score of <10 – usually represents severe disability

Chloe scored **14/20** indicating **moderate disability**. However, in 2019, Chloe obtained a score of 15/20 indicating that there was a decline in functioning over the past years that could be attributed to her newly diagnoses.

The electronic Care And Needs Scale (e-CANS)

The electronic Care and Needs Scale (e-CANS; Tate, 2004) is an 8-level categorical scale that is designed to measure the level of support needs of older adolescents and adults with traumatic brain injury. The e-CANS is suitable for people who are 16 years of age and older.

The e-CANS comprises two sections: a Needs Checklist and Support Levels.

- **Section 1: Needs Checklist** – for evaluating the **type of care and support need**. This 28-item checklist covers the type of care and support need. The focus of the checklist is on functional activities, rather than impairments.
- **Section 2: Support Levels** – for assessing the **length of time that can be left alone**. This section covers the extent, intensity and frequency of care and support need. A rating is made in one of eight categories, which range from very high levels of care and support needs (e.g., ‘cannot be left alone’) to very low levels (e.g., ‘is completely independent’).

Chloe’s results indicate that she is on **Level 6** and would require support **20-23 hours per day**. This score is similar to the one obtained in 2019 indicating that Chloe still requires a high level of support to attend to her daily occupations.

Life skills profile (LSP-16)

The LSP-16 was developed to assess a person’s abilities with respect to basic life skills. Its focus is on the person’s general functioning and disability rather than their clinical symptoms. **A high score on the LSP-16 indicate a greater degree of disability.** Chloe’s mother completed this profile earlier in June 2021 and detailed results are annexed. In summary, Chloe obtained a score of 24/48 indicating **moderate to severe dysfunction** in general functioning.

World Health Organisation disability assessment schedule (WHODAS) 2.0.

The WHODAS assesses health status and disability across different cultures and settings. It covers 6 domains of functioning namely cognition, mobility, self-care, getting along, life activities and participation. **The higher the score, the greater the disability** (where 0 = no disability; 100 = full disability). Chloe’s score was 84% indicating **moderate to severe dysfunction** and disability. However in 2019, Chloe’s score was 80% still indicating the same level of dysfunction. More information can be found at the end of this report.

Adolescent/Adult Sensory Profile

The Adolescent/Adult Sensory Profile is a measure of an individual's responses to sensory events in daily life. This test was administered by Rhoda Ku – Occupational Therapist at Care Squared in 2019. Results of this assessment were reviewed to determine whether aspects of sensory processing might be contributing to performance challenges in the daily life of Chloe. It appears that Chloe still experiences to interpret sensory information in her environment which is having a direct impact on her current behaviours of concern and ability to perform activities of daily living.

The table below gives an indication on how Chloe's performance and support required from 2019 to 2021.

Test/Screeners	Jul 2019	Aug 2021	Interpretation
ABAS-3	N/A	Extremely Low	Chloe requires lifelong support and assistance in all domains of functioning.
Barthel Index	15/20	14/20	Slight decline in functioning.
e-CANS	Level 6 20-23 hours	Level 6 20-23 hours	Level of support did not change.
LSP	N/A	24/48	Moderate to severe dysfunction in general functioning.
WHODAS	80/100	84/100	Decline in performance level. Still in the moderate to severe dysfunction and disability.
Sensory Profile	Sensory seeking	N/A	Chloe appears to be having difficulty in the Sensation Seeking domain requiring the use of sensory items.

Overall, this table shows that Chloe appears to require considerable assistance and support to pursue activities in her daily life both at an optimal and safe level. Possible reasons for either a decline in functioning and/or limited progress might include: -

- Frequent lockdowns leading to disruptions in Chloe's routine and access to therapy, day program and community.
- Insufficient NDIS funding to engage in therapy on a regular basis.
- Lack of support workers to assist Chloe in participating in meaningful activities in the community.
- New diagnoses impacting on her sleep and self-care performance.

Opinion and Recommendations

Ms Chloe Mamawan is a 23-year-old woman of Pilipino background, who currently lives with her parents and sister in Lynbrook. Currently, Chloe is at home due to numerous lockdowns and inability to secure appropriate support at day program. My understanding is that Chloe's short-term goal is to secure sufficient funding to access a day program with required hours for support workers as well as having 2:1 support for community access.

Due to recurrent lockdowns' restrictions and Chloe's complex medical needs, it was challenging to maintain consistent and regular therapy over the past year. Assessments conducted and information obtained from her family and private Occupational Therapist indicated that she is having moderate to maximal difficulties with independent living. Her lifelong and substantially reduced functional capacity to interact socially, learn, understand and interpret some aspects of conversations, and manage herself put her at a very high risk of vulnerability in the society.

Based on Chloe's current assessment results as well as the corroborative history obtained from her current supports, it is suggestive that she has a strong need for routine, predictability and structure throughout her day. As a result of her diagnoses and more importantly recently assigned diagnoses, Chloe will require ongoing clinical management and treatment, and as such she will also potentially require ongoing, lifelong NDIS support.

At this stage, Chloe requires direct support and assistance in all functional domains in the form of further assessment in the community, skills training, education and compensatory strategies by both professionals and support workers. Results on the e-CANS and ABAS-3 as well as her current multitude diagnoses warrant the need for 2:1 support for Chloe; especially in the community. It was reported that Chloe could easily get lost and put herself in danger when engaging in community access.

Occupational therapy intervention for Chloe appears to be an ongoing process that needs to be both gradual and dynamic. Intervention will have to focus on Chloe's changing needs, desires and preferences in all areas of occupation. The following considerations will apply in most interactions with Chloe:

- Repeated drills and practice to achieve internalization and learning such as daily self-care;
- Performance in a variety of contexts to enable generalization such as functional skills;
- Interventions carried out in Chloe's various daily environments to enable and encourage her participation in the many contexts of her life such as self-care, home living, health and safety and leisure.

Other considerations would be:

- Environmental adaptations to meet Chloe's cognitive and sensory needs
- Guidance
- Monitoring
- Counseling of family members and support workers
- Review of Chloe's body alignment and feet anatomy through the lens of a Chiropractor and Podiatrist respectively
- Yearly dental check ups
- Physical health examination by GP

Consider the development of coping skills for managing stress and anxiety. Using the results of Chloe's sensory assessment to continue identifying Chloe's sensory preferences and needs, and appropriate strategies might be of benefit in supporting Chloe to deal with stressful and anxiety-provoking situations.

Continued consultation with Chloe's Behavioural Support Practitioner would be beneficial to support Chloe's emotional regulation and other aspects of relationships building with people in her surroundings.

In addition, Chloe needs to continue engaging with her Speech Pathologist who will inform further intervention planning to promote Chloe's communication and social interaction skills. This continued evaluation would support Chloe in understanding acceptable social norms, as well as learning and practicing activities that lead to satisfactory social interactions at home, in the community and when she engages in day program activities.

Consideration to consult a Dietician to explain the importance of living a healthy lifestyle, staying fit and maintaining a healthy weight. Seeing a dietician would be beneficial to help successfully achieve finding the right strategy for Chloe, that is enjoyable and fits in with her lifestyle, and help prevent or control many health problems.

Furthermore, yearly consultation with an Optometrist should be considered to assess Chloe's eye health and visual performance which are important components in supporting Chloe in her daily occupations such as self-care, being in the community, attending day program and interacting with other people in her surroundings.

In terms of NDIS funding and further occupational therapy recommendations, please refer to **Ms Rhoda Ku's report** for additional pertinent information.

Overall, Chloe requires person-to-person support from relevant health practitioners and support workers so that her capacity to communicate her needs and participate safely in daily meaningful and purposeful activities are as independent as possible.

It is my understanding that Chloe currently accesses the NDIS. I believe that this insurance scheme would support Chloe in her quest to develop effective strategies to promote her social and community participation. These reasonable and necessary criteria will support Chloe in enhancing her current level of personal and social functioning in all aspects of daily exchange and self-management.

Please do not hesitate to contact us if you would like to discuss any aspect of this report.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Christel'.

Christel Joomun, Occupational Therapist

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A handwritten signature in dark ink, appearing to read 'Daisy'.

Daisy Wang, Monash Uni, OT Student