

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

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## OCCUPATIONAL THERAPY ASSESSMENT REPORT

<b>Name</b>	Brooke Ferguson
<b>NDIS Ref No.</b>	430925303
<b>Date of Birth</b>	03 <sup>rd</sup> January 1996
<b>Address</b>	9 Discovery Avenue, Cranbourne North, VIC 3977
<b>Current medications</b>	<ul style="list-style-type: none"><li>• Risperidone 0.5 mg PO between 08:30 and 09:00 am</li><li>• Risperidone 2 mg PO Nocte</li><li>• Sodium Valproate (200 mg/5 ml) between 08:30 and 09:00 am and 400 mg (10 ml) PO Nocte (08:30 pm)</li><li>• Benzotropine 2mg PO Nocte (08:30 pm)</li></ul>
<b>Current diagnoses</b>	<p><b>PSYCHIATRIC</b></p> <p><b>Neurodevelopmental Disorders</b></p> <ul style="list-style-type: none"><li>• Moderate to Severe Intellectual Disability</li><li>• ? Autism Spectrum Disorder</li></ul> <p><b>Anxiety Disorders</b></p> <ul style="list-style-type: none"><li>• Unspecified Anxiety Disorder</li></ul> <p><b>Depressive Disorders</b></p> <ul style="list-style-type: none"><li>• Unspecified Depression</li></ul> <p><b>Working Diagnosis</b></p> <ul style="list-style-type: none"><li>• Manic Episode with psychotic features</li></ul> <p><b>Differential Diagnoses</b></p> <ul style="list-style-type: none"><li>• Bipolar Disorder Type 1</li><li>• Manic Episode exacerbated by antidepressant</li><li>• Schizoaffective Disorder</li><li>• Possible underlying psychosis</li></ul>

## **MEDICAL**

### **Other diagnoses being considered**

- Gastritis
- Gastro-oesophageal reflux disease (GORD)
- Scoliosis
- Severe developmental motor dyspraxia

**Dates of Assessment**      August - September 2020

**Date of Report**            21<sup>st</sup> September 2020

## **Reason for Referral**

Brooke was referred to the Mental Health Intellectual Disability Initiative – Adult (MHIDI-A) team in June 2020 by Casey Emergency Psychiatric Services with the support of GP Dr Sally McDonald and private Psychiatrist Dr Mitali Das. Brooke attended the Casey Emergency Department on 20/06/2020 as her family was worried about her vomiting 10 times or more a day which had been happening since October 2019. It was unknown whether this could be self-induced. As part of the multidisciplinary evaluation, Brooke was proposed to engage in a series of assessments to gain a better understanding of her:

- 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 and;
- Possible intervention strategies to assist Brooke and her immediate supports in challenging areas of occupational performance.

## **Background History**

Brooke is a 24-year-old young lady living with her parents, Pam and Trevor and 2 other siblings, Krystal and Jasmine in their home in Cranbourne North. Brooke is the middle daughter and likes jumping on the trampoline and engaging in Art activities, spending time with her auntie Linda, riding horses and watching Netflix.

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**Dandenong  
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**Casey Hospital**  
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**Community-based  
services across the  
South East**  
  
ABN 82 142 080 338

Prior to COVID-19 pandemic, Brooke was a very active young person. She occupied her time by attending a day program, the gymnasium, swimming pool, cooking course, horse riding and engaging in art therapy. As restrictions became tighter in the State of Victoria, Brooke found herself being at home on most days and unable to participate in a variety of activities.

From conversations with Brooke's family and her NDIS Support Coordinator, it appears that Brooke has a NDIS plan which is due for review sometime in October of this year. It is my understanding that Brooke has not utilised her NDIS plan fully this year to access further allied health supports due to the current COVID-19 pandemic and her disruptive behaviours at home including:

- Yelling;
- Screaming and making noises;
- Running through the house;
- 'Talking' to dead relatives;
- Preoccupation with the Police being after her;
- Excessive daily episodes of vomiting.

More information regarding Brooke's presentation and current challenges can be found in the multi-disciplinary NDIS review letter.

### Current Supports Around Brooke

Brooke has the unflinching support of her parents and sisters. It is my understanding that the following people work in collaboration with her:

- Dr Sally McDonald – GP, Lakeside Square Medical Centre, Pakenham;
- Dr Mitali Das – Private Psychiatrist, South Eastern Consulting, Narre Warren;
- Ms Lynne Wood – NDIS Support Coordinator from Co-Ability, Tecoma;
- Jane Caserta – Speech Pathologist from Kew, Victoria;
- Medical and Allied Health Teams – MHIDI-A, Dandenong;
- Kay Murray – Carer/Horse Groomer
- Helan Tero – Art Therapy

## Occupational Therapy Assessments

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

- 1) Canadian Model of Occupational Performance and Engagement (COMP-E);
- 2) Adolescent/Adult Sensory Profile (Assessment administered in May 2020 by Zara Paygham - Occupational Therapist at High HealthCare);
- 3) Adaptive Behaviour Assessment System (ABAS-3);
- 4) Life skills profile (LSP-16);
- 5) Coping and safety planning tool;
- 6) World Health Organisation disability assessment schedule (WHODAS) 2.0.

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

- Brooke's current level of occupational functioning in activities of daily living (ADLs);
- Meaningful and purposeful occupations that Brooke would like to engage in;
- The impact of Brooke'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 Brooke's current supports.

It is to be noted that most of the assessments were administered at Brooke's home to promote familiarity, confidence and development of realistic recommendations.

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

### ***Canadian Model of Occupational Performance and Engagement (COMP-E)***

The CMOP-E is an occupational performance model, which is evolved from the Canadian Model of Occupational Performance (CMOP). The CMOP-E includes three main components: person, environment, and occupation. It is an individualized measure designed to:

- Identify problem areas in occupational performance and engagement;
- Provide a range of the Brooke's priorities in life and how the environment plays a vital role;
- Evaluate performance and satisfaction relative to those problem areas;
- Can be used to enable Brooke to choose and perform meaningful occupations in her environment.

Brooke identified a few important occupational performance and engagement issues in her life and rated each one on a 10-point scale of importance. A summary of the results can be found below. This information was provided early in September of this year.

### Scale of Importance

Occupational Performance Problem	Importance (1=not important at all, 10 = extremely important)	Performance (1=not able to do it, 10 = able to do it extremely well)	Satisfaction (1=not satisfied at all, 10 = extremely satisfied)
Continue with horse riding	10	3	2
Continue with Art Therapy	10	3	2
Being able to keep fit to jump on the trampoline	10	5	4
Promote her writing skills	10	2	1

Brooke commented that she would like to continue enhancing her abilities to perform the above-named activities amongst others. However, due to the current uncertainty of how the situation will evolve in Victoria post COVID-19, it might be challenging to plan accordingly for the continuity of those goals. It must be noted that the following goals were also expressed by Brooke and her family to be included in her episode of care for the next 12 months:

- Assessments and recommendations from medical and allied health professionals in determining Brooke's needs for better health, fitness, wellbeing and emotional stability to live a happy and fulfilling life;
- How to occupy her time and cope being left by herself when her family is doing other house chores;
- Being comfortable while having her nails cut;
- Attend a day program that will enhance her independence and daily living skills;
- Work towards the skills of:
  - Developing friendships through social and community participation;
  - Gaining regular employment in the local community.

### 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 Zara Paygham – Occupational Therapist at High HealthCare in May 2020. Results of this assessment was used to determine whether aspects of sensory processing might be contributing to performance challenges in the daily life of Brooke. The table below indicates how Brooke processes sensory information and how these patterns might be contributing to or creating barriers to performance in her daily life.

## QUADRANT RAW SCORES/CLASSIFICATIONS

Quadrant	Raw Score	Cut Score Range	Cut Score Classification
1. Low Registration	34/75	24-35	Similar to others
2. Sensation Seeking	47/75	43-56	Similar to others
3. Sensory Sensitivity	42/75	42-48	More Than Most People
4. Sensation Avoiding	36/75	27-49	Similar to others

Ages 18:0 to 64:11: Classifications are based on the performance of individuals without disabilities (n = 496).

The results above indicate that Brooke needs to be in a **predictable** and **structured** environment to reach her optimum level of performance on tasks and in activities of daily life. During verbal conversations, Brooke would also benefit from **regular check-in** to confirm that she has understood and is keeping up with the information presented.

Moreover, the sensory assessment also revealed that Brooke:

- *Displays a difference in **Auditory processing**. She frequently holds her hands over her ears to protect ears from sound, is distracted when there is a lot of noise around and enjoys strange noises or makes noise for noise sake.*
- *Presents with a difference with **Visual processing**. She frequently looks intensely at objects and struggles to find objects in competing backgrounds.*
- *Presents with a definite difference in **Movement processing** as she frequently would seek out all kinds of movement and occasionally rocks unconsciously.*
- *Presents with a definite difference with **Tactile processing**. She frequently expresses distress with fingernail cutting, dental work and touches people and frequently knocks on walls.*
- *Is sensitive to **Oral input**. She seeks out certain smells including junk food and craves sweet and salty foods. She would also frequently chew and mouth non-food objects.*

### ***Adaptive Behaviour Assessment System (ABAS-3)***

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

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

The areas reported to be most affected were:

- Community Use
- Functional Academics
- Home Living
- Self-direction

Overall, results on the ABAS-3 indicate that at the time of writing Brooke requires lifelong assistance in all domains of activities of daily living. Further information regarding this assessment can be found at the end of this report.

### ***Life skills profile (LSP-16)***

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

### ***Coping and safety planning tool***

The coping and safety planning tool was developed by Monash Health mental health clinicians to develop coping strategies for people with a mental health illness. On administration, Brooke identified her current **stressors** as being:

- Worrying about what will happen to her if parents die
- Going to new places
- Worries about:
  - constant vomiting
  - constipation
  - what her next meal would be?
- Police knocking at door
- Needles
- Thunderstorm/Lightning

Brooke figured out that her **early warning signs** prior to an outburst would be:

- Less sleep
- Dry mouth
- Eating less food
- Being unable to sit still
- Yelling and/or swearing
- Feeling irritable or angry and especially when she is having her period
- Isolating herself in her bedroom and avoiding people in her surrounding
- Wanting to throw objects as well as slamming doors
- Hearing voices
- Talking to self and/or the voices

Brooke mentioned that her top 3 **coping skills** would be:

- Having a warm shower
- Going to her bed early
- Sleepy tea

### ***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). Brooke's score was 70.83% indicating ***moderate to severe dysfunction*** and disability. More information can be found at the end of this report.



## Opinion and Recommendations

Ms Brooke Ferguson is a 24-year-old young adult who lives with her parents and siblings in Cranbourne North. Currently, Brooke is at home due to COVID-19. My understanding is that Brooke's longer-term goal is to gain regular employment in the local community. In the meantime, Brooke would like to continue engaging in horse riding and art therapy as well as attending a day program.

Due to current COVID-19 Stage 4 restrictions and Brooke's complex medical needs, it was challenging to find service providers to work with her and her current supports over the past year. The ABAS-3 was the only functional assessment that was done to capture Brooke's holistic functional ability. Other functional assessments were unable to be conducted due the coronavirus pandemic and will need to be undertaken post-lockdown to obtain further information on Brooke's current functioning.

Brooke's functional assessment and information obtained from her family 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 Brooke's current assessment results as well as the corroborative history obtained from the family, it is suggestive that she has a strong need for routine, predictability and structure throughout her day. As a result of her diagnoses, Brooke will require ongoing clinical management and treatment, and as such she will also potentially require ongoing, lifelong NDIS support.

At this stage, Brooke 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.

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

- 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 Brooke's various daily environments to enable and encourage her participation in the many contexts of her life such as using her bank card while purchasing items at the shop.

Other considerations would be:

- Environmental adaptations to meet Brooke's cognitive and sensory needs
- Guidance
- Monitoring
- Counseling of family members and support workers

Consider NDIS referral for further supports to assist with:

- Potential assistive technology that would promote Brooke's safety and further engagement in daily occupations such as how to use her mobile phone in a friendly-user manner, an upgraded iPad, relevant iPad applications, sensory items, noise cancelling wall panels and other daily living items;
- Review of Brooke's body alignment and feet anatomy through the lens of a Chiropractor and Podiatrist respectively;
- OT vocational and work-site assessment to determine which industries Brooke could potentially gain employment.

Consider linking Brooke with a local peer matching group, or other local community groups to promote social interaction, and to provide increased opportunities for activity engagement in her routine.

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

Consultation with a Psychologist/Behavioural Support Practitioner would be beneficial to support Brooke's emotional regulation and other aspects of relationships building with people in her surroundings.

In addition, Brooke needs to continue engaging with a Speech Pathologist that will inform further intervention planning to promote Brooke's communication and social interaction skills. This evaluation would support Brooke in understanding acceptable social norms, as well as learning and practicing activities that lead to satisfactory social interactions at home, in the community and potentially engaging in meaningful work.

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 Brooke, 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 Brooke's eye health and visual performance which are important components in supporting Brooke in her daily occupations such as self-care, home duties, managing her mobile phone/iPad, being in the community, attending her courses/day program and interacting with other people in her surroundings.

Due to Brooke's functional decline, consideration for a neuropsychological assessment/testing could be beneficial to define Brooke's cognitive, psychological/emotional and behavioural functioning and identifying the root causes of presenting problems.

Overall, Brooke requires person-to-person support (ideally 1:1 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 Brooke currently accesses the NDIS. I believe that this insurance scheme would support Brooke in her quest to develop effective strategies to promote her social and community participation. These reasonable and necessary criteria will support Brooke in enhancing her current level of personal and social functioning in all aspects of daily exchange and self-management.

In terms of NDIS funding, the following Occupational Therapy hours/funding could be considered to support Brooke in getting closer to her goals for the next 12 months:

- Improved daily living – 20 hours for assessment and training of staff/family members and 35 hours for intervention (excluding therapist travel)
- Consumable items – A minimum of \$2,000.00

Please do not hesitate to contact me if you would like to discuss any aspect of this report. Further distribution of this report requires consent from Brooke and her family.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Christel Joomun', enclosed in a thin black rectangular border.

**Christel Joomun, Occupational Therapist**

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ABN 82 142 080 338

## Multidisciplinary Team

It is my understanding that the following people are involved in Brooke's current care.

Please contact Brooke's family to obtain consent prior to contacting the multidisciplinary team.

Name	Discipline	Email or Phone number
<b>Dr Sally McDonald</b>	General Practitioner	9796 2111
<b>Dr Mitali Das</b>	Private Psychiatrist	8743 9910
<b>Ms Lynne Wood</b>	NDIS Support Coordinator	0418 147 558
<b>Ms Jane Caserta</b>	Speech Pathologist	
<b>MHIDI-A Team</b>	Psychiatry/Allied Health	8572 5070
<b>Ms Kay Murray</b>	Carer/Horse Groomer	0435 489 791
<b>Ms Helan Tero</b>	Art Therapy	0419 808 718

**- End of Report -**