

Chapter 33

George: Bipolar Disorder, Manic Episode

George is a 37-year-old Caucasian man with a diagnosis of bipolar disorder, manic episode. George has a secondary diagnosis of alcohol and cocaine abuse and a past medical history of hospitalizations related to his substance abuse and his bipolar disorder. George is admitted to the locked inpatient treatment facility from the emergency room of another hospital.

George has reportedly become increasingly manic over the past 3 weeks. His symptoms include pressured speech, flight of ideas, grandiosity, and physical changes, such as voracious appetite, increased blood pressure and heart rate, and lack of sleep. George denies using any illegal substances. This is confirmed by his blood tests. George's wife reports he's been taking his medication, Lithium, sporadically for over a month.

George is a father of two boys, ages 10 and 8. He is currently separated from his wife, Nina, to whom he has been married for 12 years. He and Nina have been separated in the past, usually around the time the mania or the substance abuse begins. At his request, Nina is contacted when George is admitted to the hospital. She refuses to come to the hospital but does answer the psychiatrist's questions over the phone. "He stops taking his medication and gets crazy on me! I'm not letting the boys see it anymore. I'll do what I can to help, but I'm not going down there again!" she says.

George is an educated man with a master's degree in marketing and public relations. George has been trying to get his own business off the ground. Until 2 months ago, he had been working for an investment firm in the marketing department, but felt "confined by the rules of a large corporation." George had only been at this job for less than a year. He is very good at what he does, but his egotistical personality and his unreliability often result in conflicts with management. The pattern usually continues with George either quitting or getting fired. In the last instance, George quit his job with the plan of running his own business full-time rather than on a consulting basis. However, his own business is not doing very well, simply because he has not been able to stay focused on it long enough to make it run smoothly. Prior to the exacerbation of his illness, George had been working full-time and managing his home and own self independently. When he is not experiencing symptoms, he is described as very social and fun to be around.

The plan is for George to remain at the hospital until his symptoms are under control. The discharge plan is for George to return to the community. His wife makes it clear that he is not welcome back in their home as long as he is experiencing manic symptoms. She expresses that she might not let him back into their home at all. George is to be involved with all the disciplines on the unit including the psychiatrist, nursing, recreation, OT, pastoral counseling, and social work.

Occupational Therapy Evaluation

Upon approach, George is eager to talk with an occupational therapist. "I've been waiting for you to get to me! When can I start groups?" he shouts down the hall as the OT walks toward him. The therapist leads George into an evaluation room. The room has a small table and two chairs. There are large glass windows on either side of the door so staff can see in and patients can see out. During the evaluation, George has a difficult time remaining in his seat. He gets up and then sits down again frequently (Figure 33-1). When he is sitting, he is unable to sit still. He picks pieces of lint off the chair, kicks the table leg, and twists the phone cord until the receiver falls off the hook.

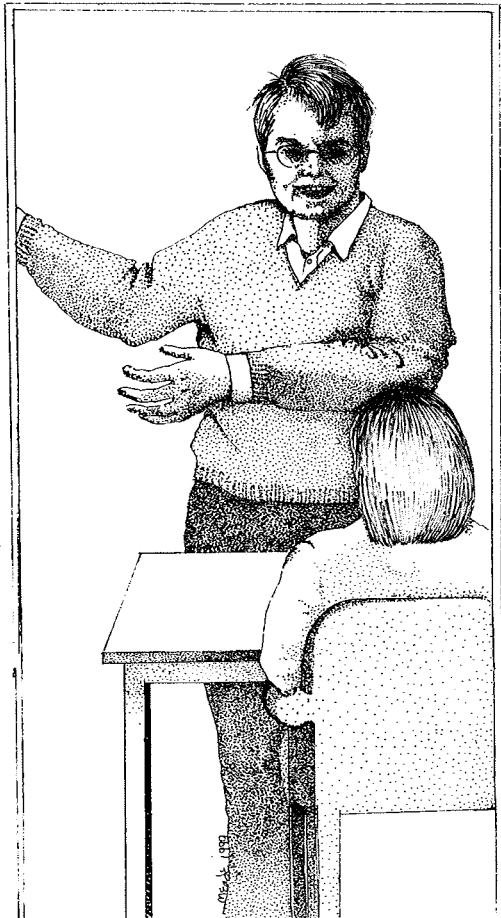


Figure 33-1.

George is unable to stay focused on the conversation. His speech is pressured and tangential. His eyes dart about as he speaks, and he is unable to maintain eye contact for longer than a few seconds. His attention span is under a minute. George appears to have no visual or hearing deficits and in fact seems acutely aware of all the noises and sights around him, as he comments and yells out in response to every sound he hears. He notices every person who walks by the evaluation room and bellows out a greeting to them. Several times during the evaluation, he stands up at the table and yells over the therapist's head to someone out in the hallway (see Figure 33-1). He is unable to filter out external stimuli during the evaluation. He scores a 4.9 on the Allen's Cognitive Level test.

George appears to have no physical limitations. He ambulates independently with a quick cadence. As he walks, he runs his hands along the walls, possibly to take in more stimuli. The nurses say that he dressed himself this morning but refused to shower. He is clean-shaven, however. George claims he is independent in all work tasks, but this cannot be verified, as he is unable to attend long enough to complete the evaluation.

George responds to questions regarding his leisure time with answers like "What leisure time?" and "Leisure is my life!" When asked about attending programs on the unit and being involved with occupational therapy, George responds "I love occupational therapy!" When asked about his goals for occupational therapy treatment, his reply is "to make something for the kids in art class."

QUESTIONS

Goals/Treatment Plan

1. Review again the evaluation session with George. What could have been done to minimize his symptoms and further the evaluation process?
2. Write out a problem list for George.

3. List George's strengths.
4. What goals would you set for occupational therapy treatment for George since he cannot set them for himself? What types of groups do you feel George would benefit from? Why?
5. What difficulties might you anticipate arising while working with George toward his goals?
6. How might you collaborate with other team members to assist in meeting these goals?
7. Write out a specific treatment plan including frequency.

Safety/Precautions

8. What are some safety issues that may arise while George is on the unit?
9. What are some things occupational therapy clinicians can do to minimize these safety risks during occupational therapy groups?
10. What types of treatment or groups would be unsafe for George at this time?

Self-Care/Work/Leisure

11. How would you begin to address George's self-care deficits?
12. What type of treatment plan would you devise to focus on George's vocational issues?
13. How would you implement this treatment plan?
14. What role do you think leisure would have in George's treatment plan?
15. How important do you feel leisure is in his recovery? Why?

Equipment/Adaptations

16. What type of adaptations would need to be made for George to be successful in a group setting?
17. What type of adaptations would need to be made for George to be successful in a one-to-one meeting?

Cognition/Perception

18. According to the Model of Human Occupation (MOHO), what are George's strengths and deficits?
19. How would occupational therapy work within the MOHO framework to address his strengths and deficits?
20. What could you do to work on George's attention span?

Psychosocial

21. What impact has George's bipolar disorder had on his relationship with his family?
22. How might George feel toward his family after the manic symptoms have subsided? Why?
23. How has his illness affected his relationships at work?
24. What are some social skills George is presently unable to demonstrate?

NOTES

Patient/Family Education

25. How could the treatment team involve George's family in his recovery?
26. At what point in his recovery do you think George would benefit from education regarding his disease?

Situations

27. You invite George to a group and he agrees to attend. However, he arrives at the group 15 minutes late. George insists you allow him in since you did invite him. What do you do?
28. George tells you it's his son's birthday and asks you to allow him to use the staff phone to call home. He tells you he asked the unit manager and she said it was all right. You can see that George is very anxious and he is shaking. What do you do?
29. You are in a group with George and he begins singing aloud. Some of the other patients don't seem to be bothered, while the one sitting next to him gets up and moves her seat. What do you do?
30. George requests a singing group to be held on the unit. The other patient with manic symptoms agrees that she would like to go to a group like that. What are your immediate thoughts on the idea? What is your response?
31. George signs himself up for a walk to the store with the community living skills group. George does not have privileges to leave the unit at this time. How could you involve George without him leaving the unit?
32. George seems to feel comfortable with you. He asks you if he could call you after he is discharged. How do you respond? How would this make you feel?

Discharge Planning

33. George is being discharged from the hospital. What changes might you expect in his behavior by the time he is ready for discharge?
34. George's wife decides she does not want him to return to their house after discharge. Do you think he is able to go home and live on his own? If not, what type of placement options would there be for him in the community?
35. George is to attend a day hospital program upon discharge from the inpatient facility. What would you expect the OT focus to be in that setting? What recommendations would you make for his OT treatment?
36. Write a discharge note for George.

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