

Spotting Potential in Our Clients



Approximately three years ago, I was a traveling OT in a skilled nursing facility in Southern California. Even though from the outside the building looked small, it was rather large, and it took about 10 minutes to walk from one end to the other. This was especially challenging when I needed to ask a particular nurse a question.

At the end of the main hall was an area where several residents sat and watched the goings on. I recall one resident in particular, JS. He was about 50 years old and had spastic cerebral palsy, along with a fairly significant dysarthria which made it difficult for us to understand his speech.

JS was friendly and was liked by everyone. We often would sit and chat with him. Most of the time, however, we had to guess to understand his spoken answers.

One time I was looking for Angie, the wound care nurse. JS heard me say, "Where is Angie?" In response, he leaned to the right and bobbed his head, while saying, "Ah Ah Ah." As I turned my attention toward him, he repeated this activity. I peeked around the corner, and lo and behold, there was Angie at the nursing cart!

Another time, he noticed a resident at risk for falls stand up by herself, and alerted us. I was impressed. Not only was JS observant, but he was able to actively participate in my finding Angie, and he knew to notify us of a potentially dangerous situation. He reminded me of an independent living client, HZ, for whom I provided personal care in Berkeley, CA. HZ had athetoid cerebral palsy, drove his electric wheelchair with a head stick, and also had a severe dysarthria. Despite these limitations, HZ was instrumental in lobbying efforts for equal accessibility in private businesses. I was reminded by reflecting on my memories of HZ, that there is potential in everyone.

Unfortunately in JS's facility, there weren't any speech therapists. So I took it upon myself to offer JS occupational therapy to address his daily communication needs. After I asked if he was interested (to which he said, "Yes"), I used my occupational therapy skills to devise a set of flash cards with words and symbols to signify his most common needs. That way we could flip through the flash cards, read them out loud, and he would answer yes or no. This was effective; it made meeting his needs easier for the staff and less frustrating for him.

I thought further about how we could help JS communicate on his own. I had learned, during my evaluation of JS, that he hadn't attended school. He was from the era when disabled children were either kept at home or put in an institution, and didn't receive basic education. In recalling HZ with his head stick, I rigged a head stick on a cap and had JS practice moving small items (poker chips, small pieces of paper, cards) around on the tabletop. He did very well. I taught him to arrange letters for his name, for his favorite food (pizza), and his primary caregiver's name (Gonzo). Again, he did well.

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After that I taught him to type these words on the computer keyboard. JS was excited, and wanted to learn more, so I arranged for a literacy volunteer to come to the facility and work with him once a week. I attended their session to assist JS with using his head stick and communicating with the volunteer. JS continued to progress with his reading. Unfortunately, before long I was moved to another traveling OT setting. I was, however, glad to make a difference in JS's life.

I believe, as occupational therapists, we have an opportunity to make a significant difference in our clients' lives. Part of the fun of being a therapist is the opportunity to discover the potential that our clients have.

I remember the first time I worked with a client, MP, who was also a physical therapist. MP had had a brain stem stroke, which left her paralyzed from the neck down. Initially it was unnerving because but for

grace of God, it could have been me. I was able to control my apprehension and recall my core value of trying to accomplish something significant with each client. When I worked with her, I tried to think about what I would like to accomplish if I were in her shoes.

Returning to my memory bank of experiences, I recalled that I had previously worked with another independent living client, a young man with a C4 spinal cord injury who used a mobile arm support to assist with arm movement for self feeding and driving his electric wheelchair.

As the motor function in her arms returned, I set MP up with a mobile arm support so that she could use gravity to assist her arm movements. By using the mobile arm supports, MP was able to learn to feed herself and throw a Nerf ball. Later, I facilitated an activity of throwing water balloons against the building wall. MP was able to use this activity to work out her anger at her situation and build arm strength at the same time; we even ended the session with laughter.

We continued to work on functional gains, and eventually she returned home. Thanks to the entire rehab team she was able to walk into her house with a wide-based quad cane and navigate the kitchen in order to get herself a drink of water.

I think the most important use of "therapeutic use of self" would be to remember how we would want to be treated if we were in our clients' shoes. Would we want someone to give up on us easily, or would we want someone to look for the potential even if, initially, it seems invisible? We, as therapists, have the calling to provide hope and vision and to guide the accomplishments of our clients. So don't forget to get out your Sherlock Holmes magnifying glass and discover the potential in your clients. It will be rewarding for both of you. ■

Jacqueline Thrash, OTR, has nearly 20 years of clinical experience in California and Arizona, in acute care and outpatient, acute rehab, SNE, adult day treatment, and home health. She holds a California license on inactive status during medical leave. Jacqueline can be reached by email at thrash@pinkiemae.com.