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Enhancing Quality of Life of an Adolescent Burn Survivor from Romania using Fidler’s Lifestyle Performance Model: A Case Study

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
Abstract

The purpose of this case study was to enhance the quality of life of an adolescent burn survivor from Romania using Fidler’s Lifestyle Performance Model. The participant in this case study is a 16-year-old male burn survivor from a Roma (gypsy) family, living in Romania. The participant was burned on his neck, chest, abdomen, back, arms, hands, and legs with an estimated total burn surface area of 60-70%. Evaluation, goal writing, implementation of occupation-based interventions, and discharge took place in Bucharest, Romania over a period of four weeks. Evaluation methods used in this case study included a Lifestyle Performance Interview, semi-structured interviews with key individuals, observations, and informal assessments. The participant’s quality of life was inferred after evaluation of his environment, health status, socioeconomic status, self-esteem, educational performance, self-care performance, vocational experience, reciprocal interpersonal relatedness performance, and participation in leisure occupations. Various formal assessments measuring quality of life were not appropriate in this case study due to language barriers and cultural differences. Results from the evaluations inferred a diminished quality of life. Development of goals and interventions was guided by principles of the Lifestyle Performance Model. Goals for the participant focused on societal contribution performance, leisure occupation experiences, self-esteem issues, and self-maintenance skills. Eight of the 11 established goals were met, and two goals were partially met by discharge. Achievement of the majority of goals inferred an enhanced quality of life through occupational therapy intervention. Occupational therapy recommendations and a potential ten-week program were provided for the participant at discharge. A follow-up evaluation was unable to be completed following discharge.
Introduction

The initial planning process for this case study began in January of 2012. At this time, Dr. Renee McDannel, a registered occupational therapist prominent in global affairs in regards to the profession, approached the occupational therapy program at The University of Toledo. Dr. McDannel is the CEO and co-founder of Broken Heart Ministries Foundation Inc. Broken Heart Ministries is a 501(c)(3) non-profit publicly supported organization, created to serve God’s community in Romania. The organization also offers opportunities to complete Level I and Level II Fieldwork for occupational therapy in the practice areas of schools, homes, outpatient clinics, community centers, orphanages, and hospitals. Other projects in Romania sponsored by the organization include a transitional living center, an academic scholarship program, a lifestyle redesign project, and village outreach (Broken Heart Ministries Foundation Inc., n.d.). Dr. McDannel spent eight years living in Romania, working to build the profession of occupational therapy while serving the Romanian community. During her time there, she became familiar with several cases appropriate for occupational therapy students to gain clinical experience and she proposed these as a way to complete a Capstone experience. One of the opportunities involved working with an adolescent burn survivor. As an occupational therapy student interested in working with burn survivors and also interested in traveling abroad, I decided to undertake an international Capstone project in Romania.

From January to May of 2013, I completed background research including topics on burns, occupational therapy’s role in burn care, occupational therapy in Romania, and Romanian culture. During this time, I also provided direct services to the participant and produced a written dissemination. I spent four weeks in Bucharest, Romania. One week was dedicated to adapting to the new culture, one week focused on evaluation of the participant, and two weeks were devoted
to treatment planning, implementing interventions, and discharge planning. Although each week had a primary focus, my time in Romania was interspersed with opportunities to be exposed to the development of the profession of occupational therapy in the country. Opportunities included attending program development meetings with key stakeholders, attending a curriculum development meeting for occupational therapy at a local university, and observing an occupational therapist provide consultative services to families with children with disabilities who do not routinely receive occupational therapy.

The participant in this case study is Ray, a sixteen-year-old male from Romania. Signed consent from Ray and his mother were obtained for permission to participate in the case study including permission to be included in the written report and use any photographs that were taken, if necessary. The consent form was translated into Romanian for his mother to read and sign. The document was read to Ray in Romanian, who was then asked to sign the form. Ray was not able to speak or soundly understand English; therefore, a translator was present for all therapeutic interactions. Often, Dr. McDannel was the translator due to her ability to speak fluent Romanian.

The purpose of this case study was to enhance Ray’s quality of life through occupational therapy intervention based on the constructs of the Lifestyle Performance Model (Fidler, 1996, & Velde, & Fidler, 2002). The following case report provides an account of the methodological aspects of the case study from an occupational therapy perspective. While reporting this case, it was also my hope that the readers experience a somewhat deeper understanding of Ray’s lifestyle performance within the context of his environments in comparison to other case study participants. I believe his story has the potential to inspire occupational therapy practitioners and students to truly believe in what it is that we do.
Model of Practice

The model of practice used in this case study was the Lifestyle Performance Model (LPM) (Fidler, 1996, & Velde, & Fidler, 2002). This model provides a means to describe and examine the complexity of doing and living in an organized, holistic framework while also possessing the ability to apply the framework to all ages, cultures, and persons. The model emphasizes the power of occupation and that engaging in occupation will enhance the quality of life of the participant. The model is structured into four occupational domains that comprise an individual’s way of living. These four domains exist within the context of the environment. The occupational domains are self-care and self-maintenance, intrinsic gratification, societal contribution, and reciprocal interpersonal relatedness. Self-care and self-maintenance involves occupations of daily living and instrumental occupations of daily living. Intrinsic gratification refers to occupations focused on personal pleasure, enjoyment, and leisure. Societal contribution is the occupations an individual performs that impact the welfare of others such as paid work, volunteerism, and being a student. Occupations focused on developing and sustaining relationships comprise the reciprocal interpersonal relatedness domain. The environmental context is comprised of temporal, sociocultural, physical, and political aspects. The individual’s performance in respect to the occupational domains within the context of the environment comprises the overall lifestyle of the individual (Velde, & Fidler, 2002).

This model of practice was chosen as the fundamental framework for this case study due to the predominant focus on the enhancement of quality of life through engagement in occupation. The nature of this particular case study left much to be desired during the initial planning and preparation phases. A brief background of the participant was known, however, his specific occupational needs were unknown until the evaluation process occurred. I am aware that
the previous statement has the potential to be describing a majority of practicing occupational therapists in the United States. Often, a brief chart review or short conversation with a family member is the extent of the information the practitioner possesses prior to evaluating a patient. The occupational needs of the patient are regularly discovered during the evaluation process. The practitioner then uses clinical-reasoning and decision-making skills to develop an individualized treatment plan. During this process, the practitioner has a variety of resources available to them including other health professionals in support of occupational therapy and a large body of occupational therapy literature to utilize if desired or necessary for a best practice approach. This case study differs because occupational therapy services were implemented in Romania, where the participant lived at the time of the study. A more in depth analysis of the state of occupational therapy in Romania will be discussed later in this dissemination. However, the fact is that I was preparing to travel to a still developing country in which occupational therapy was in its infant stage of development. Availability of resources and a complete understanding of the support for occupational therapy as a profession in Romania were somewhat unknown. By using the Lifestyle Performance Model, I had the ability to be flexible in my therapeutic approach while abroad. For example, the model does not have specific guidelines for evaluation, goal setting, or interventions. A semi-structured or unstructured personal interview is the most preferred method for gathering information on an individual’s lifestyle profile (Velde, & Fidler, 56, 2002). It is open to the practitioner’s clinical-reasoning whether additional formal or informal assessments are appropriate to perform following the initial semi-structured interview, or the Lifestyle Performance Interview as it is referred to in the model. All other assessments are compatible with the LPM as discussed by the authors of the model (Velde, & Fidler, 2002). In regards to goal writing and intervention planning, the practitioner and the participant collaborate
to determine priorities, write goals, and select occupations for interventions that are meaningful to the participant. Overall, the LPM can be described as a framework for a client-centered approach to enhancing quality of life. In one study, the LPM was used to organize and interpret the outcomes of animal-assisted therapy as an occupational therapy intervention (Velde, Cipriani, & Fisher, 2005). This shows the applicability of the model across the variety of practice areas of occupational therapy. Again, the concept of this model made it very applicable to this case study because I had the freedom to modify the treatment plan as the participant’s needs became evident while also continuing to have a client-centered approach with a desired outcome of the enhancement of the participant’s quality of life.

**Participant and the Village Environment**

In becoming more familiar with my participant and his situation, I began to realize that I initially overlooked the vast importance of one aspect of the Lifestyle Performance Model, the environment.

An environment can maximize performance to the extent that it includes, emphasizes, and ensures by nature of its structure, operations, philosophy, and interpersonal practices those doing experiences—those activities that optimize autonomy, individuality, affiliation, volition, predictability, self-efficacy, adventure, and reflections—from the perspective of human performance (Velde, & Fidler, p. 44, 2002). The environment should facilitate an individual’s desired occupations. It became gleamingly apparent that Ray’s home environment in the village was having a severely negative impact on his lifestyle performance and engagement in occupation. At this time, Ray was living in the rural area of Chiselet. Chiselet is a small village on the outskirts of Oltenita, near the border of Bulgaria. Stepping off of the “maxi taxi” or mini bus after a two-hour ride outside of the city, my
feet were on a dirt road and I saw chickens and roosters running loose in the neighborhood. Ray’s home stood alone from the others. The yard did not have a fence and was littered with garbage and broken glass. A small group of stray dogs were occupying the area outside of the home. In the home, hanging blankets covered openings in the windows and walls. One room had a wood-burning stove to provide the only source of heat in the winter. At one point during my visit to the home, a mouse ran across the floor. There was one school and one grocery store in the village. The school did not have educational services available to accommodate children with disabilities or special needs.

In this environment, Ray was not attending school and did not have paid work. He was not receiving three meals a day and the living conditions in the home were poor. His days were unstructured and unsupportive of a productive and meaningful lifestyle.

**Participant and The Door Foundation Environment**

In the past, Ray had stayed at a foundation called The Door. The Door provides assistance and support for children and families in need as well individuals with disabilities (The Door Romania, 2012). At the time of this case study, 18 children were living at The Door. It was arranged that Ray would stay at The Door during my time in Romania. This arrangement was made because the location of The Door is closer to Bucharest as compared to the village in Chiselet, which made working with Ray more accessible. The Door is located in a small town outside of Bucharest called Mogosoaia. The building is down the street from a public park and the historical Palace of Mogosoaia. The facility boasts a large common area equipped with several couches and chairs, a television, a video game system, a selection of movies, and a fish tank. One hallway consists of bedrooms for the girls with two to three girls in each room. Another hallway is for the boys’ bedrooms with three to four boys in each room. The bedrooms
have wardrobes, drawers, and a bed for each child. Each hallway has its own bathroom facility. A third hallway contains a large computer room, with more than ten computers, and a study room. Outside, there is an area for gardening that also houses animals including rabbits and chickens. There is a trampoline and a turf-grass, fenced in soccer field on the grounds. The Door has a full kitchen and cafeteria space to provide three meals a day for all of the children.

Employees at The Door include the director, secretaries, maintenance staff, housing staff, two educators, and part time volunteers. An educator is present at the facility seven days a week for eight to twelve hours a day. On weekdays, a majority of the children leave the foundation to attend school. The educator is present to offer assistance with homework and provide structure during the time the children are not at school. There is a chore list at The Door in which each child is responsible for completing a task at the foundation. Chores include cleaning the bathroom, helping in the kitchen, or maintaining the garden.

In this environment, Ray would have the opportunity to receive educational lessons from the staff educators. He would receive three balanced meals a day and have a warm place to sleep each night. The organized system at the foundation would provide more structure to his day. There were resources available to support learning, life skills, and social skills development. It should be noted then that The Door environment served to support and facilitate enhanced lifestyle performance in cooperation with the occupational therapy intervention.

**Participant and Burn Injury Background**

Unfortunately, the information that was gathered concerning Ray’s burn injury through Ray, his mother, and a volunteer from the pediatric burn unit where Ray was treated was not consistent between sources. On one occasion, his mother reported that he was ten years old when he was burned. On another occasion, she reported that he was six years old. When inquiring to
Ray, he reported that he was five years old when the accident occurred. The manner in which he was burned became a mystery as well. In one account from his mother, she shared that in 2007, Ray was burned in a house fire in Bucharest. He was playing outside when he realized the house was on fire. Some of his siblings were inside so he ran into the home to rescue them. Ray was the only member of the family burned in the fire. In 2007, Ray would have been ten years old. Ray’s account of the accident, however, was different. He shared that firemen had arrived at the scene but determined it was too dangerous to enter the home. This is when he decided to enter the home. In these two stories, the event of the house fire was consistent but in one case firemen were on the scene and in the other case they were not. There was another aspect of Ray’s account of the accident that was troubling. According to him, he was five years old when he was burned. It is difficult to envision a five year old having the capacity to make the decision to disobey the fireman regarding the safety of the situation and enter a burning building. On the other hand, his courage may have stemmed from knowing his family members were in danger. The volunteer from the pediatric burn unit had another story. She remembered that when Ray was on the unit he had told her that he was burned by scalding water and that it was not an accident. This was startling information. In an effort to find out more, the participant’s information was given to a local journalist in Bucharest to attempt to find a news story about a house fire in 2007 where a young boy was burned. No such story was found. Ray’s percentage of total burn surface area (TBSA) is also not known but he has scarring on his neck, chest, arms, hands, back, abdomen, and legs. The pediatric burn unit volunteer estimated his TBSA to be 60-70%. Again, there was not sufficient concrete information provided to confidently determine the burn injury cause, age at which it occurred, or burn injury severity in this case.
According to the World Health Organization (2012) it is reported that an estimated 195,000 deaths are caused by burn each year with a vast majority occurring in low to middle income countries. A statistic from 2004 reported that nearly 11 million people globally were burned to the extent of requiring medical attention (World Health Organization, 2012). Guidelines for burn care in Europe list a set of criteria to determine whether an individual should be referred to a specialized burn unit for care. Criteria in reference to total burned surface area include 5% of total burn surface area (TBSA) in children less than 2 years of age, 10% of TBSA in children 3-10 years of age, 10% of TBSA in individuals over 65 years of age, 15% of TBSA in children 10-15 years of age, and 20% of TBSA in adults. Additional criteria to determine whether an individual should be referred to a specialized burn unit include individuals in need of burn shock resuscitation, individuals with burns to the face, hands, major joints, or genital area, deep partial and full thickness burns for any age group, circumferential burns for any age group, burns of any size simultaneous to another trauma requiring medical attention, burns with a risk for inhalation injury, major electrical and chemical burns, individuals requiring long-term rehabilitation support, and the presence of a disease associated to burns such as epidermal necrolysis (Brychta, & Magnette, 2011). During a nine-year study, from 1988 to 1997, performed at Grigore Alexandrescu Hospital in Bucharest an estimated 7,000 children were admitted to the pediatric burn unit. Children aged seven and older constituted 29% of the burn unit admissions during this period. An estimated 25% of total admissions were categorized as extensive to very extensive burns with 20% of TBSA or greater. Sources of burn injuries included scald, flame, contact, electrical, and chemical. Scald and flame burns were the most common etiology at 75% and 15.7%, respectively (Enescu, Enescu, Stoicescu & Voicu, 1998). While touring the Grigore Alexandrescu Hospital facility in Bucharest I was able to speak with a
former employee on the topic of burn injuries in Romania and she stated that burn injuries to children in Romania is a problem, especially in the rural villages during the winter. Families are boiling water to heat their homes and this is creating dangerous environments that may lead to scald burns (Covaci, L., personal communication, March 5, 2013).

Currently, the medical staff at the pediatric burn unit is comprised of a plastic surgeon, an anesthesiologist, a pediatrician, and nurses. A physical therapist is providing post surgical services in a small rehabilitation gym for the patients; however, occupational therapy services are not available. Currently, the state of the profession of occupational therapy in Romania is at its beginning stages as discussed by Van Bruggen and Gabriela (2011). In 2002, a committee of physicians, social workers, physiotherapists, nongovernmental organization representatives for individuals with disabilities, and the European Network of Occupational Therapy in Higher Education discussed the need for occupational therapy in Romania. In 2009, the first university was approved to begin an occupational therapy program after meeting standards for the Romanian Agency for Quality in Higher Education. In this year, 28 students became the first official occupational therapy students in Romania (Van Bruggen, & Gabriela, 2011).

Historically, occupational therapy’s role in burn care involves preventing contractures, minimizing scarring, improving the performance skills, and promoting independence for community reintegration. More specifically during the acute stage of burn care occupational therapists are screening for edema, decreased range of motion, contractures, issues with sensation, damage to the graft sites, and psychological adjustment. Interventions during the acute stage address these areas if the need is established through evaluation. At the later stage of recovery the role of occupational therapists may include screening for contractures, hypertrophic scarring, difficulty performing occupations of daily living, and psychological adjustment.
Interventions at this stage may include focusing on greater gains in ROM and promoting independence in occupations of daily living. (Kohlman-Mcgourty, Givens & Buddingh-Fader, 1985; Reeves, 2006).

The identified needs of burn survivors span from physical recovery, psychological distress, and psychosocial adjustment (Smith, Smith, & Rainey, 2006). Psychosocial issues that may arise after a burn injury include fear, anxiety, posttraumatic stress, decreased self-esteem, impaired social skills, depression, and body image issues (Fauerbach, Pruzinsky, & Saxe, 2007; Maslow, & Lobato, 2010; Rimmer et al., 2007; Smith, Smith, & Rainey, 2006; Wallis, Renneberg, Ripper, Germann, Wind, & Jester, 2006). Van Baar et al. (2006) completed a literature review focusing on the functional outcomes after burns. Fifty publications met the inclusion criteria and 16 articles focused specifically on children and adolescents. A majority of the articles (75%) for the children and adolescent population examined mental function as an outcome of burn injury. Other functional outcomes examined included self-care, interpersonal interactions, and community and social life. Wiechman and Patterson (2004) reported that during the acute phase of burn rehabilitation, the prevalence of depression in inpatients was 23-61%, generalized anxiety was 13-47%, and posttraumatic stress was 30%. As individuals progressed into the long-term rehabilitation stage, psychological and psychosocial challenges include anxiety, depression, life role changes, social reintegration, and body dissatisfaction.

Additional research in the area of burns has focused on the overall quality of life of burn survivors (Altier, Malenfant, Forget, & Choiniere, 2002, Leblebici et al., 2006, Moi, Wentzel-Larsen, Salemark, Wahl, & Hanestad, 2006, Rosenberg et al., 2006, & Sheridan et al., 2000). Leblebici and colleagues (2006) found that burn survivors with the presence of joint contractures had statistically significantly lower scores on the quality of life measure SF-36 for physical
functioning, physical role limitations, bodily pain, and vitality when compared to burn survivors that did not have joint contractures. This result indicated a decrease in the overall quality of life for this sample of adult burn survivors. In another study, quality of life was examined in an adolescent population of burn survivors with burns involving 30% of TBSA or more that were at least two years post burn injury. Quality of life was assessed using the Quality of Life Questionnaire, which includes domains focusing on general well being, interpersonal relations, organizational activities, occupational activities, and leisure and recreational activities. Results showed that the adolescent burn survivor population rated their overall quality of life statistically significantly lower than the normative group (Rosenberg et al., 2006).

**Participant and Roma Culture**

In addition to being a burn survivor, Ray is also a Roma. More commonly known as gypsy. Although the actual number of members of this culture in Romania is unknown, it is estimated that 8.32% of the Romanian population is Roma or approximately 1.85 million people (Council of Europe, 2010). The Roma are a nomadic people with origins in India, traced through the Romani language they speak. Historical documentation of intolerance, prejudice, slavery, extermination, discrimination, and assimilation policies exist regarding the treatment toward the Roma people in Europe. As a result of the dire circumstances and societal stereotypes, the Roma have become a self-isolated culture even in modern societies (Council of Europe, n.d.). In a Council of Europe document that discusses defending the Roma human rights, former Commissioner for Human Rights, Alvaro Gil-Robles, states that “the Roma populations face considerable obstacles to the enjoyment of basic rights, notably in the fields of access to health care, housing, education and employment and are often disproportionately affected by poverty” (Council of Europe, n.d.).
After meeting Ray and some members of his family, it was apparent that these descriptors were applicable to their situation. At the time of this case study, the home the family lived in was comprised of cement walls and floors with minimal furniture and crumbling fixtures. The threat of losing electricity was also looming. As reported by Ray’s mother, their diet consisted of bread, beans, and potatoes, minimal meat, and fruits and vegetables were a rarity. Two of his siblings had been part of the foster care system and placed in homes. Four of his other siblings were currently in an orphanage due to a lack of resources to last the family through the winter months including wood and food. Presently, Ray’s mother was unemployed and his father was unable to provide the necessary financial support. The family did not own a telephone or a vehicle, therefore, communication and transportation in case of an emergency was not readily available. As for Ray, he had never attended school or held a paying job. He reported completing labor work for neighbors in the village but was not paid for his services. Never attending school was in part due to the Roma nomadic lifestyle. His mother explained that he did not attend school as a young child because the family was traveling often. After Ray was burned, schools would not receive him due to his odor and appearance. During the time of this case study, Ray was experiencing a severe lack of opportunity in the areas of housing, employment, and education.

Quality of Life

In preparation for discussing the evaluation process, an understanding of quality of life must first be achieved in the context of this case study. The American Occupational Therapy Association defines quality of life as “a client’s dynamic appraisal of life satisfactions (perceptions of progress toward identified goals), self-concept (the composite of beliefs and feelings about themselves), health and functioning (including health status, self-care capabilities),
and socioeconomic factors (e.g., vocation, education, income)” (AOTA, 2008). Velde and Fidler (2002) describe a global model of quality of life using objective and subjective measures. Objective measures in the construction of an individual’s quality of life include the physical and social environment, health status, economic stability, and activity configuration. Subjective measures include the individual’s perceptions of the objective criteria. In the context of this case study, Ray’s quality of life status was inferred after evaluation of his environment, health status, socioeconomic status, self-esteem, educational performance, self-care performance, vocational experience, reciprocal interpersonal relatedness performance, and participation in leisure occupations.

**Uniqueness of Case Study**

On several occasions, the question was raised as to why I chose to conduct a case study involving an adolescent burn survivor in Romania. Individuals in this same population can be identified in the United States that have similar needs. The answer to this question can be found in the American Occupational Therapy Association’s Centennial Vision stating, “We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs” (AOTA, 2006). The initiative of becoming a globally connected profession has been set forth and this case study is a testament to the vision of our governing body.

Another factor in the uniqueness of this case study was the time frame for delivering occupational therapy services. Often, a case study is conducted over several months to achieve an in depth understanding of the participant through observations, interviews, formal assessments, interventions, outcome assessments, caregiver education, and follow-up assessments. Kinghorn and Roberts (1996) conducted a case study on the effect of an inhibitive
weight-bearing splint on tone and function of a pediatric participant with spastic quadriplegia. Data collection was conducted over a 24-week period. In another case study, a 10-month duration was utilized for implementing occupational therapy services using a sensory integrative approach with a pediatric participant with poor sensory processing (Schaaf, & McKeon-Nightlinger, 2007). This current case incorporated the common dilemma in occupational therapy practice of restricted periods of treatment durations such as in the acute care setting. I was in direct contact with my participant for a three-week period. This time frame gave rise to a more practical application of the case because occupational therapists are often providing services for a brief duration and are still required to gather an occupational profile, complete initial assessments, develop appropriate treatment plans, and provide discharge recommendations.

**Evaluation**

**Lifestyle Performance Interview**

A series of observations, informal assessments, and semi-structured interviews were used to construct Ray’s lifestyle performance and reflect his quality of life. The semi-structured interview conducted with Ray was a version of the Lifestyle Performance Interview (LPI) that encompassed the four domains of the LPM including self-care and self-maintenance, societal contributions, intrinsic gratification, and reciprocal interpersonal relatedness (Velde, & Fidler, 2002). The style of this interview is intended to be a conversational exchange between the interviewer and the interviewee. The purpose of the Lifestyle Performance Interview as an evaluation tool was to gather information on Ray’s occupational patterns through a reflective response format in relation to the four domains of the model. Two practice interviews were conducted with young adult male burn survivors from Romania prior to interviewing Ray to establish the flow of the interview, to formulate an appropriate sample of questions, and to
develop my skills in interviewing with the assistance of a translator. In addition to the sample of questions developed prior to conducting the LPI with Ray, I had the freedom to interject probing questions during the interview to increase the quality of the response (see Appendix A for sample questions from the LPI). Material from the Satisfaction with Appearance Scale assessment and the Burn Specific Health Scale-Brief assessment was incorporated into the sampling of questions; however, these formal assessments were not used in their entirety (Lawrence et al., 1998, & Kildal, Andersson, Fugl-Meyer, Lannerstam, & Gerdin, 2001). The interview took place in the common area at The Door. Ray sat on a couch with the translator and the accompanying registered occupational therapist. The translator was a peer that lived at the foundation. I sat on another couch facing Ray.

The interview began with questions related to the self-care and self-maintenance domain. When I asked, “What does self-care mean to you? How would you define it?” His response was, “To learn”. I proceeded to describe to him what self-care means as related to occupational therapy and the model of practice. After my explanation and a nod of understanding from Ray, I inquired as to whether he felt satisfied with his ability to perform self-care tasks. His response was that he does everything on his own and does not experience any difficulties. While discussing the topics in the domain of self-care, I took the opportunity to ask Ray whether his burn scars affect his clothing choices. For example, frequently choosing to wear long sleeved shirts, hooded shirts, or hats. The translator, who reported, summarized his reply; he chooses what to wear based on what he wants not because of his scars. In the same moment Ray was responding to the question, I observed him pulling his long-sleeves down over both of his hands, which were scarred. At this display of discomfort, I steered the interview toward eating patterns and food preparation. Ray shared that he was eating two to three meals a day at The Door. He is
able to cook potatoes and carrots, which is what he often sees his mother preparing at home. In the village, he goes to the grocery story, independently, with a list and money from his mother. I was interested in knowing the extent of his independence in trips to the grocery so I asked Ray if he gathered the items from the list or if someone helped him. He revealed that he would give the grocery list and the money to the store clerk who would then gather all of the items, manage the money exchange, and give the purchased items back to him. I learned that his favorite food was a salami and butter sandwich and he enjoys drinking soda when he can. When asked if he would like to learn how to prepare simple meals, Ray shrugged his shoulders and produced an unpersuasive head nod.

In relation to the self-maintenance aspect of this domain, I inquired about what chores, if any, he was responsible for completing while staying at The Door. He listed one chore, washing the bottles in the morning. He did not elaborate any further but it was concluded after input from one of his peers that this meant he helped with washing dishes in the mornings. It was also learned that Ray did not independently engage in chores in his bedroom and his peers were often helping him to make the bed and maintain a clean space.

The section of the interview that related to the societal contribution domain was focused on the area of school. Although Ray had never been to a formal school, during previous stays at The Door he occasionally received lessons from the staff educator. Ray explained that he enjoyed the lessons and that they were pleasant. He was unable to express why it was pleasant. With further probing of why Ray felt school was important he responded by saying that school is good because it will help him get along in life. It was discovered that he prefers learning in a one-on-one dynamic but if this was not an option he does not mind being in a group setting. Ray denied having difficulty concentrating during his lessons with the educator at The Door but when
asked to repeat the question that had just been asked he was unable to do so. An informal assessment of his educational performance skills was completed and will be discussed later.

Reciprocal interpersonal relatedness was the next domain explored in the interview. I asked, “What activities do you engage in with friends”. Ray listed watching television, playing the PlayStation, playing Grand Theft Auto III on the computer, and playing other video games on the computer. He enjoys being around the boys at the foundation and in the village. He enjoys his friends because they understand each other and they listen to him. Ray explained that he does not speak to girls very often. He stays away from them because they are trouble. He also said that he stays apart from the girls because he is afraid they will not accept him. In the village, girls were laughing at him while he played soccer outside. This prompted me to ask whether people are asking about or staring at his burn scars. Ray said that people are not asking about his scars very much. Tears began to form in his eyes. With probing, he explained that he was feeling pain when talking about this subject and that he did not want to discuss his feelings any further.

The last portion of the interview explored what Ray does simply for fun, or his intrinsic gratification occupations. I began by asking, “What are the activities that you do simply for fun?” Ray’s response was playing soccer. He was not able to give any other examples of things he does for fun. When asked what he would do for fun if he were not able to play soccer he simply stated that if he could not play soccer that would be ok. Examples of other leisure occupations were provided to Ray including watching movies, watching television, going for walks in the park, and going bowling to see whether he engages in them. He still did not report that he engaged in these occupations for fun. However, he did explain that he prefers movies to soap operas and enjoys watching sports on television. What was interesting is that previously, Ray had shared that he enjoys playing video games and going on the computer with his peers but he did not list
these occupations as part of what he does for fun during the interview. I asked Ray, “What other activities would you like to explore?” Again, he did not provide any examples on his own. With probing, Ray expressed that he would try bowling and going to a movie.

**Semi-Structured Interviews**

Velde and Fidler (2002) suggest that information about the participant can be gathered from several sources including family, significant others, social services personnel, and medical records. Semi-structured interviews were conducted with key individuals in Ray’s life including his mother, the director at The Door, and his peers at The Door. All interviews were conducted with an individual to serve as the translator between the interviewer and the interviewee. It must be considered that during the interviews the translator may have altered the structure of the questions and responses of the involved parties. Interviews with Ray’s mother and the foundation director were conducted in the presence of a registered occupational therapist with the ability to speak fluent Romanian. Information gathered from these interviews included a brief family history; numerous versions of his burn accident, and reports on Ray’s lifestyle performance within the intrinsic gratification, societal contribution, reciprocal interpersonal relatedness, and self-care and self-maintenance domains. The summary of the interviews is focused on the reports of Ray’s lifestyle performance.

In regards to societal contribution roles and occupations, his mother reported that he had never attended formal school as a child due to their Roma lifestyle. Following the burn accident, schools would not receive him as a student because of the burn scarring and his decreased level of basic knowledge as compared to students his age. The director at The Door was familiar with Ray’s performance in this domain from his previous stays at the foundation. He provided information based on his observations. Pertaining to Ray’s educational performance and role as a
student at the foundation, the director reported that at times Ray wanted to learn but at times he seemed as though he did not. He also explained it was difficult for Ray to concentrate and he was often nervous when the educators at the foundation were attempting to instruct him. He seemed preoccupied with playing soccer and the foundation staff began to regulate his activities, resulting in a mandate of devoting at least two hours per day to educational tasks before playing soccer. The director reported that Ray’s IQ had never been tested. Ray had not passed any test administered to him because he would stop before completion. He demonstrated difficulty learning and retaining information, as described by the director. For example, he was given assignments to learn the alphabet but was only able to learn eight or nine letters and was not able to retain the learned material. After the setback, he did not display a desire to continue studying. The foundation staff perceived a pattern of Ray initially demonstrating high motivation to learn, which then evolved into carelessness toward education and an emphasis on soccer. The director reported observing this pattern during Ray’s previous stays at the foundation and it had occurred within the first two weeks each time. When speaking to his mother on the subject of his educational performance, she also described Ray as being distracted and lacking motivation during lessons at home with his brother.

During the interview, I inquired to the director about his perception of Ray’s reciprocal interpersonal relatedness performance at the foundation. He reported that Ray was a closed and introverted person who did not talk much. He used the term “like a shadow” when describing Ray’s behavior in uncomfortable or unfamiliar environments. However, in situations in which he felt comfortable, such as playing soccer, his communication increased. The director shared that Ray was even perceived as a leader on the soccer field. Other impressions were that Ray was a more instinctive individual as opposed to being clever. According to the director and peers at
The Door, Ray interacted well with the children and staff. However, in one instance he was observed engaging in a physical altercation with a peer. The director felt as though Ray was unable to express himself verbally at times so he turns to physical strategies to express frustration and anger. During my interview with Ray’s mother, I was able to observe an example of this behavior. Ray was easily tempered while playing a casual game of soccer, displaying his anger by throwing the ball at his brother several times with force.

While discussing Ray’s performance of self-care and self-maintenance occupations the director explained that Ray wanted to help with chores at The Door but he did not produce good work and complete chores in the proper way. The director felt as though Ray did not possess the skills or understanding necessary to perform basic tasks including household work. His peers expressed that they provided moderate assistance while cleaning his bedroom and engaging in chores at the foundation.

The interviews with key individuals revealed similarities regarding Ray’s lifestyle performance in comparison to the information collected from the LPI. In the domain of self-care and self-maintenance Ray demonstrated a lack of knowledge and the necessary skills to perform basic and instrumental occupations of daily living at an acceptable standard. He was also facing deficits in his role as a student and in basic education. From several reports, his reciprocal interpersonal relatedness performance appeared functional, however, he was experiencing moderate difficulty due to issues of low self-esteem and poor strategies for managing his emotions. It was evident that Ray expended considerable energy on soccer. From Ray’s perspective, soccer was a meaningful leisure occupation. From the perspective of others, soccer was a problematic distraction from engaging in other meaningful occupations. Overall, the
results of the interviews indicated deficits within all lifestyle domains, inferring a decreased quality of life.

**Observations**

Observations occurred in Ray’s home environment, social/community environment, and foundation environment. The first observation took place at Ray’s home on Saturday, March 9, 2013 in the village of Chiselet. Ray was wearing a long-sleeved shirt and pants. His clothing choice was appropriate for the weather. When introduced to Ray, he shook my hand using his right hand. His shirtsleeve was covering a majority of his hand, which prevented any skin contact. As we walked down the road toward Ray’s home he ran ahead of the group to inform his mother that we had arrived. While we spoke with Ray’s mother, Ray was in and out of the room several times. He often changed his position in the room as well. Ray was quiet and reserved during the conversation even when the conversation pertained to him or was directed toward him. Ray’s mother often spoke for him throughout our discussion. Later, Ray, his younger brother, the translator and I went outside to play soccer. Ray appeared more lively and comfortable in this environment. He interacted with me and wanted to be on my team first. While playing, Ray became angry and frustrated toward his brother. The anger escalated quickly but was not projected onto anyone else in the environment. After 20 minutes of playing, Ray started demonstrating the wandering behavior he had engaged in earlier in the day. He went back and forth from playing soccer to being in the house. We started to play a game suggested by the translator that involved touching the person’s hand next to you. Ray covered his hand with the sleeve of his shirt so I did not touch his skin. We played for one minute and then Ray suggested playing a card game instead. At the end of the day, Ray shook my hand again but still left his shirtsleeve covering his hand.
The second observation took place on Tuesday, March 12, 2013. I observed Ray in the community in transit from an area in downtown Bucharest to The Door. Ray was wearing long pants and a sweatshirt with a hood. He was standing on the sidewalk with a young adult male friend that had accompanied him while traveling this day. I was in the passenger seat of a car on the way to pick up Ray and the other boy. When the car pulled up, Ray had his hood over his head and his sleeves pulled down over his hands. He was standing with his head down. Later, the boy that was with Ray explained to me that a young boy had asked Ray about his scars and his reaction was to cover his scars, put his head down, and stay quiet. In the car Ray continued to remain quiet. After 20 minutes, he spoke to give our driver directions to The Door as we made the turn onto the street it was located. His tone and body language indicated that he was excited to be arriving at the foundation.

The third observation also took place on Tuesday, March 12, 2013 upon our arrival at The Door. Ray exited the car and pulled the hood of his sweatshirt down off of his head. He entered the building and immediately hugged and kissed an older gentleman that was a member of the foundation staff. He then hugged the director of the foundation. He was smiling. He walked across the room toward the director’s son to initiate a conversation and shake his hand. Ray initiated conversation with several other individuals at the facility including girls. While I toured the facility Ray darted from room to room while smiling and laughing with some of the other children. I went to Ray to say goodbye and he acknowledged that I was leaving and waved. A few minutes later as I was standing in the lobby to leave, Ray came and gave me a hug. He smiled and walked back toward the room he had come from.

A common event that emerged in the observations was that Ray was conscious of covering his scars around strangers, in the community, and in uncomfortable environments. On
several occasions he had long sleeves covering his hands and he wore a hood for the duration of traveling from his home to the foundation. It was also observed that when Ray felt comfortable, such as at the foundation, he did not hide his scars. A performance characteristic discussed in the interviews that was supported by my observations was Ray’s tendency to wander, lose interest quickly, and lack concentration. This was observed in the home and at the foundation. Ray’s interactions with me, his family, staff at the foundation, and peers at the foundation were appropriate. His interactions with others in the community were subdued and avoidant.

**Informal Assessments**

An informal hand assessment was performed to determine whether the burn scars on bilateral, dorsal surfaces of his hands were inhibiting functional performance. Ray is left hand dominant. Grip strength of his left hand was 4-/5 and his right hand was 3+/5. The fourth digit of the right hand was amputated at the PIP joint and the fifth digit of the right hand was amputated distal to the PIP joint. Ray demonstrated decreased abduction of the fourth and fifth digits of the right hand. Ray was asked to complete a series of gross motor and fine motor tasks including manipulating various sized container caps and picking up small coins. When twisting off a medium sized cap Ray utilized a power grip with his left hand. To twist the cap on Ray used wrist flexion and extension patterns while gripping the cap with digits one, three, four and five and leaving the second digit extended. With his right hand, Ray picked up coins using a 3-point pinch stance. The DIP joints of the second and third digits remained partially extended while the thumb flexed to flip the coin into the hand. His right-handed technique for picking up the coins was to pick up one coin and return it to the table before picking up the next coin. With his left hand, Ray picked up coins using an index to thumb pinch. He was able to pick up a coin and maneuver it to his palm before picking up the next coin. He was able to manipulate four coins
while using his left hand. Ray was able to grasp a writing utensil in each hand without difficulty as well as oppose his thumb to all digits bilaterally. Ray reported 0/10 pain with no hypersensitivity for bilateral hands. After the assessment it was determined that Ray’s hand function was not interfering with his performance of daily occupations.

An informal assessment of Ray’s educational performance was also conducted. Areas assessed included Ray’s ability to recall information, process information, identify and write numbers, perform math problems, identify and write letters of the alphabet, and remain on task. To assess memory recall, Ray was given three words to remember. After 10 minutes, Ray demonstrated 0% recall of the three words. Ray was also told a story about himself. The story was one minute in duration. When asked to answer questions pertaining to the story Ray demonstrated a 25% recall of the information. Ray was able to write numbers 1 through 15 from memory with no mistakes on the first trial. During a second trial, Ray was able to write numbers 1-10 with no mistakes and numbers 11 through 21 with two mistakes. Ray was able to solve addition problems with numbers 1-20 by utilizing a strategy of counting on his fingers. When asked to write letters of the alphabet from memory Ray was able to produce the letters R, B, l, A, q, and M (see Appendix B for informal educational performance assessment). Upon being asked to write his full name Ray wrote his first name in all capital letters and was unable to write his last name. Out of the first eight letters of the alphabet, Ray was able to identify A and E independently. Throughout the assessment of Ray’s educational performance he demonstrated attention to task for 3 to 5 minutes before requiring redirection. Ray reported he did not have difficulty with concentration but was unable to repeat a recently asked question. After this assessment, it was determined that Ray’s educational performance deficits were significantly affecting his engagement in societal contribution occupations.
Goal Setting

Goals were developed based on the lifestyle performance information gathered from the LPI, semi-structured interviews, observations, and informal assessments. Due to the timeline for implementing interventions, all of Ray’s deficits could not be addressed. It was determined that goals would address the areas of education, self-maintenance, and self-esteem. The LPM supports treatment planning in which the therapist collaborates with the participant to identify valued and meaningful goals (Velde, & Fidler, 2002). Although Ray did not self-identify specific goals, he expressed his view concerning the value of receiving an education. He also conveyed his interest in enhancing his leisure experiences. A common thread that emerged from the assessments, which provided evidence of the value Ray places toward self-maintenance occupations, was his desire to perform basic household tasks despite his lack of knowledge and skills in this domain. It was decided that by addressing these basic lifestyle performance needs, which are also meaningful to Ray, there would be a potential for enhancing his quality of life. This decision was justified by the main principle of the Lifestyle Performance Model, enhancing quality of life through engagement in occupation (Velde, & Fidler, 2002).

Caregiver goals were also developed for the primary educator and Ray’s peers at The Door. The purpose of including caregiver goals in the treatment plan was to develop a supportive environment that had the ability to facilitate Ray’s lifestyle performance at the foundation after being discharged from occupational therapy services. A supportive environment has the potential to maximize the satisfaction of an individual’s performance in addition to enhancing the quality of life (Velde, & Fidler, 2002). The caregiver goals were developed for the individuals at The Door because 1) Ray’s goals were developed based off of the opportunities to engage in occupations at the foundation; 2) Occupational therapy interventions would be implemented
while Ray lived in this environment; and 3) A recommendation would be made for Ray to continue living at The Door following discharge.

There were a total of 11 goals developed for the participant and his caregivers for this case study. Eight goals addressed the participant’s performance including six long-term goals and three short-term goals. Two long-term goals were developed for the caregivers. Long-term goals had a time frame of two weeks. Short-term goals did not have a specific time frame but were expected to be met prior to the conclusion of the intervention period. Short-term goals are labeled with a number corresponding to the long-term goal, in addition to a letter.

**Ray’s Goals**

1. At the conclusion of 2 weeks, Ray will recite the basic alphabet with 80% accuracy while utilizing a visual representation of the alphabet.

   1a. Ray will identify a letter from a grouping of 7 letters after receiving a verbal prompt from the therapist or educator for 5 out of 7 trials.

2. At the conclusion of 2 weeks, Ray will write his first and last name with 80% accuracy 2 out of 4 times with 2 or less visual prompts lasting no longer than 3 seconds.

3. At the conclusion of 2 weeks, Ray will verbally describe 3 self-care and self-maintenance occupations to be completed daily with less than 2 verbal cues from the therapist.

   3a. Ray will identify 4 out 5 differences between an image of a clean space and an image of a dirty space with minimal assistance from peers or therapist.

   3b. Ray will independently utilize a self-maintenance checklist for 4 out of 7 days.

4. At the conclusion of 2 weeks, Ray will demonstrate attention to task for 30-minutes during educational occupations with 2 or less cues for re-direction from the therapist, educator, or peers for 6 out of 10 sessions.
5. At the conclusion of 2 weeks, Ray will participate in 3 or more leisure occupations with the therapist and/or his peers.

6. At the conclusion of 2 weeks, Ray will identify at least 2 strategies learned to improve self-esteem and self-perception with minimal assistance from the therapist.

**Caregiver Goals**

1. At the conclusion of 2 weeks, Ray’s primary educator will identify and/or implement at least 3 strategies with Ray during lessons to improve attention to task and retention of material with 100% accuracy.

2. At the conclusion of 2 weeks, Ray’s peers will identify and/or implement at least 3 strategies with Ray to reinforce educational lessons and improve retention of material with 100% accuracy.

**Interventions**

Similar to the principles for goal writing, the Lifestyle Performance Model suggests that interventions be planned in collaboration with the participant and should be meaningful to the participant (Velde, & Fidler, 2002). The interventions implemented in this case study were meaningful to the participant because they addressed his goals, which were developed from lifestyle performance needs that he expressed were valued and meaningful to him. I collaborated with Ray to decide what leisure occupations to include as interventions. I also attempted to incorporate aspects of soccer into several interventions, which was meaningful to Ray. The LPM allowed me to have freedom in designing and implementing the following client-centered interventions.

**Occupational Forms**

The most common occupational form interventions took place in was the study room at The Door (see Appendix C for a picture of the study room). The room was equipped with
adequate natural light as well as artificial lighting. One wall had a chalkboard with the letters of the alphabet posted above it and the other walls were lined with shelving for books and resource material. Shelves were lined with books on subjects including math, language, geography, and science. There were also fictional books to read for pleasure. Along the back wall underneath the windows was another shelving unit that had toy dinosaurs lined up across the top. Seating was arranged into eight rectangular tables rather than individual desk areas. The chairs were wooden and equipped with moveable padding to place on the seat or as part of the backrest. During some sessions, I was able to work with Ray alone in the study room. During other sessions, eight to ten children were present in the study room along with an educator. Other occupational forms where interventions took place included Ray’s bedroom, the computer room, a nearby park, a local mall, and the conference room at another facility. Occupational forms that were used during interventions included an array of school supplies, a visual representation of the alphabet, a visual schedule I designed for Ray to use to help understand the plan for each day of the two intervention weeks, and a scoreboard tool I designed to help Ray stay on task during interventions.

**Treatment Plan**

Interventions were implemented over two consecutive weeks starting March 18, 2013. There was a total of nine intervention days. The duration of an individual intervention session was between two hours and six hours. Longer sessions were inclusive of leisure occupation interventions such as shopping and attending a movie. Interventions took place on weekdays only. Seven out of the nine interventions were direct services in which I was working with Ray. One intervention consisted of caregiver training in which I discussed the recommended strategies for Ray with the primary educator at The Door and gave her the opportunity to practice
implementing the strategies. The last session involved a final assessment of Ray’s progress toward the established goals and a review of his discharge recommendations with his mother.

**Interventions**

**Intervention 1 with Occupational Analysis.** Upon arrival, Ray was in the study room working on an alphabet assignment from the educator that consisted of practicing writing upper case and lower case letters. A peer reported he had been working on it for 1 hour. We spent 20 minutes discussing what he had done over the weekend. We also discussed what goals we would be working on for the next two weeks. Ray did not identify additional goals for himself. His temperament was lively, energetic, and happy. I then began to talk about the goal of increasing self-esteem and the opportunity to meet other burn survivors. Ray reported he had never met any other burn survivor outside of the hospital. At this point, he became very quiet and closed off. He put his head down on the table and was no longer responding. When asked if he would like to meet the burn survivors he stated “No… I don’t know.” A plan was made that we would take a day or two to think about it and decide later. After the initial review of goals, I explained the scoreboard tool that I made for him (see Appendix D for the scoreboard). The scoreboard kept track of points he could accumulate during the occupation. I designed the board to look like a soccer field to relate to Ray’s interest in soccer. The objective was to score 50 points to reach his goal or reward. I would award points for correct answers, staying attentive to the tasks, and overall effort during the session. The paper clip slid along the hash marks to track the points on the field. The goal on the scoreboard was covered with masking tape so a new reward could be written in that space each time. He chose the reward of going outside to play soccer. I wrote the word “outside” in his goal to remind him what he was accumulating points for during this portion of the session.
The first occupation was a version of Rock-Paper-Scissors using math problems. The deck consisted of addition problems using numbers 1 through 30. The directions were to solve the math problem, write the answer on paper, and then play out the symbol on the card (rock, paper, or scissor) with the opponent to see who wins the cards. The first player to collect all of the cards wins. Ray was given an abacus to use during the occupation. After Ray attempted the first math problem, 27 + 11, it was necessary to grade down the challenge to only using cards with addition problems consisting of numbers 1-10. Ray had sustained attention for approximately 8-10 minute segments.

The next occupation was the same game but using letters of the alphabet. Upper case and lower case letters were written on cards. The instructions were to write the letter on a separate piece of paper, identify the letter verbally, and then play out the symbol on the card with the opponent. He was able to write the letters independently and verbally identify 25% of the letters. A peer was involved in this session and 75% of the time was verbally identifying the letter for Ray so he could model the sound. Ray had an average processing time of approximately 13 seconds when verbally identifying letters. He sustained attention for 6-7 minute increments. After 1 hour Ray had scored 50 points on the scoreboard and was given his reward. At this point, he did not want to go outside so he chose to use the computer for 20 minutes.

After 20 minutes, he was asked to return to the study room to begin his alphabet book occupation. It took 10 minutes for Ray to begin to concentrate on the task. The instructions were to write the first letter of the alphabet, ‘A’, on the first page. Then he could draw a picture of an object that's name started with the corresponding letter, find a picture in a magazine to cut out, or find the same letter in a magazine to cut out and put on the page. It became apparent that the occupation was not structured enough after his transition from the computer. He drew a picture
of an abacus on the ‘A’ page and then flipped the page and started drawing. He drew a robot. Although the instructions were to go in alphabetical order in the book, Ray began to display intrinsic gratification while drawing the picture. He labeled the page with an ‘R’ and continued to work on the robot drawing for 10 minutes.

Assessment information was gained from Ray’s occupational performance during the intervention. First, it was evident that Ray was experiencing challenges in coping with his role as a burn survivor. His negative reaction to meeting other burn survivors demonstrated this. Ray was confident when working with small numbers but did not possess the skills to manage larger quantity numbers. During this intervention, I was able to assess that Ray had processing delays. It was determined that from this point, he would be given 15 seconds to process and respond to information being received. Another area that was assessed was his ability to transition between occupations. He had difficulty transitioning from his break back to the study room. Due to this assessment, I created a visual schedule for Ray to assist in structuring his transitions. Lastly, I observed that Ray enjoyed engaging in arts and crafts related occupations.

One way in which I would resynthesize the occupational form of this intervention would be to only include flash cards with small number amounts. By incorporating the larger numbers for his first attempt, Ray experienced a sense of failure before he was able to experience success. This was my first intervention with Ray and I wanted to begin developing a rapport with him. Unintentionally setting him up for failure at the beginning of the intervention session would not be a preferred strategy for developing this rapport.

**Intervention 2.** We reviewed the visual schedule I put together for Ray so he could see the plan for the day and the days ahead (see Appendix E for the visual schedule of the first five interventions). We put a check mark on Monday to show that he had finished that day and what
was accomplished in that day. As we went through the schedule I explained that we would go to the park on Thursday and to a movie on Friday. Ray became excited and his body language displayed interest. As I explained further into next week the topic of meeting the burn survivors arose again and almost immediately his demeanor became closed off and he leaned away from the table. We finished reviewing the schedule and began the first occupation. We started by using a foam letter board to review the sounds of the letters beginning with the first row, which were letters A through F. On the first attempt, Ray correctly verbalized A, B, and E without verbal cues. On the second attempt, he correctly verbalized A, B, E and F without verbal cues. Ray had difficulty identifying C and D. At times he assigned the sounds of E and P with C and D, respectively. To reinforce the letters a peer and I began showing Ray objects that started with the corresponding letter such as dinosaur and camel. I suggested that Ray repeat the sound ten times for reinforcement. At this point, he had sustained attention for 9 minutes and then required a redirection. Even after repetitions, he was not able to recall the sound of C and D after one minute. We began to reinforce the information with kinesthetic movements. Ray was asked to clap or punch the air each time he said a sound of the letter. We moved from the table to the chalkboard to write big letters for gross motor input. Ray began to retain the information for letters A, B, C and D. I brought in a soccer ball and began to pass back and forth with him while saying the sounds of the letters. He was able to correctly verbalize the sounds with more accuracy during this active movement exercise. Other movement reinforcements that were utilized included bouncing a ball on the table for each letter and bouncing the ball off of the chalkboard against the written letter as he said the sound. After kinesthetic reinforcement, Ray independently went back to the table to practice the sounds. He repeatedly went through the letters A, B, C and D. At this point, we took a break to challenge his retention of the information.
The goal on the scoreboard for the day was to go outside and he had scored 50 points after 1 hour. After a 45-minute break the participant came back into the study room and was able to correctly pronounce A, B, C, D, E and F with one verbal cue. After this quick review we returned to the visual schedule to structure the transition back into the lesson.

The next occupation was to complete a paint by letter picture. I had assigned letters to paint colors and also wrote the letters on spaces in the picture that was to be painted. The letters included A, R, V, G, and M. These letters corresponded with the first letter in the name of the color of paint. For example, V corresponded with verde, which is green in Romanian. Ray was able to correctly identify the letters on the picture independently and paint all letters with the correct color paint. He sustained attention to this task for 45 minutes.

**Intervention 3.** We reviewed self-maintenance tasks for keeping a clean room. Ray practiced making the top bunk of the bed two times, practiced folding clothes, took dirty clothes to the laundry, swept the floor, and organized the items on the table. A peer provided instructions for Ray to make the bed in a more efficient manner. At first, Ray stood on top of the mattress in a crouched position to make the bed. He hit his head on the ceiling two times. His peer instructed him to come down and stand on the railing of the bunk so he could reach his bunk. We reviewed a bedroom checklist for Ray to use daily (see Appendix F for the checklist). This checklist provided pictures representing daily tasks to be performed to manage his bedroom space. The tasks included making his bed, taking dirty clothes to the laundry, folding and putting away clean clothes, putting away his shoes, making sure the table was cleaned off and organized, sweeping the floors, and opening the window to air out the room. A piece of masking tape was placed on one side of the checklist so Ray could make checks marks when a task was completed and then
clear the marks when he completed them all. He taped it to the bedroom door with help from a peer.

The next occupation was an alphabet scavenger hunt around the foundation. I had Ray’s peer help with this game. We assigned letters A through F to objects around the foundation that began with one of those letters using sticky notes. Each letter was used twice. On the back of the note was the word of the object. For example letter E was on a stuffed an elephant with the word elephant on the back of the card. Ray was instructed to find a letter, say the letter and the name of the object, bring the letter back to the table in his room, write the letter and say the letter again. This was process was repeated for each letter. Ray had difficulty identifying the letters C and D. He was not able to make the connection between the object name and the letter it starts with. I had Ray incorporate hitting the table to give a rhythm while he said the sounds. Ray found half of the letters before needing to take a break. He began to lose concentration due to frustration of not being able to remember the letters C and D. After a 30-minute break we continued the game. After finding all of the letters around the foundation, Ray was able to correctly say the sounds of all of the letters after 2 verbal prompts. He was then asked to identify letters by circling them on a piece of paper. I wrote letters A through J in a random pattern on the paper. He was able to independently identify all of the letters with the exception of D with 100% accuracy. He required 2 verbal cues to correctly identify D. We then reviewed his schedule to mark what had been accomplished for the day and what was coming the rest of the week.

**Intervention 4.** Ray had his bed made upon my arrival and used the checklist posted on the door to mark off that task. We completed a walk in the park alphabet scavenger hunt this day. The purpose of the scavenger hunt was to first identify an object in the park such as a bench. Second, we would identify what letter of the alphabet the word started with. Then, Ray would
have his picture taken with that object. He identified ten objects with different beginning letters with moderate assistance. The plan was to have the photographs developed and he would place them in his alphabet book. Ray bought us a snack in the park from a street vendor independently. We went shopping for age appropriate clothing and gifts for others. When asked what he wanted to go shopping for Ray stated that he needed to buy something for his friend and chocolates for the girls at the foundation. When asked what he wanted for himself he said he didn't know. He chose clothing independently. His interactions with store employees were appropriate. He did not pay for the clothing independently.

**Intervention 5.** I checked Ray’s room and he had made the bed and folded clean clothes. He used the checklist on the door for these items. Ray worked on three pages in his alphabet book for letters B, C and D. He spent time practicing writing his first and last name with appropriate spacing, capital letters, and size of letters. At first, he had a visual prompt of his name written in the correct format to look at and then he practiced writing his name from memory. By the end of this occupation, he was able to write his first and last name with minimal verbal cues and 2 visual cues with 80% accuracy.

We played alphabet BINGO with his peers calling the letters. He was able to identify approximately 30% of the letters on the first attempt. His peers were reminded not to give Ray the answers too quickly and to allow at least 15 seconds for him to respond before asking the question again. Ray remained on task for the full 1-hour session without need for redirection even with the distraction of other peers in the study room. After the 1-hour session, I took Ray and a peer to a 3D movie. He wore the clothing that was purchased the previous day during our shopping occupation. He carried himself with more confidence during our trip to the movie as
though he felt like he fit in. He was asking to take pictures and was talkative with his peer. This was the first 3D movie he had seen and also the first time he had popcorn.

**Intervention 6.** I spoke with the director about Ray’s progress. We discussed the option for Ray to stay at the foundation and continue with the proposed program or if an alternative must be found. I spoke with Ray about options for staying, going home, or visiting another foundation. He did not want to go to the other foundation and wanted to stay where he is. He does not want to go back home. I explained that his behavior must remain positive, there can be no fighting with peers and he needs to stay focused on working with the staff educator during the day. The good opportunities available at the other foundation were explained in the event that this became his only option. Ray shared his experience at the movie and shopping for new clothes with Dr. McDannel. I had Ray watch videos of individuals with disabilities and their stories. The videos included the story of Nick Vujicic, an individual born without arms or legs, the story of Tim’s Place, a restaurant owned by an individual with Down’s Syndrome, the story of Great Britain’s Paralympic blind soccer team, and the story of J.R. Martinez, a burn survivor that recently won the reality series Dancing With The Stars. We discussed that these individuals, despite the challenges they face, were experiencing success in their lives. I could see that Ray’s eyes were watering and several times he put his head in his lap. He did not reflect on his thoughts or feelings about the videos. I gave him the opportunity for free drawing after watching the videos. He drew a crown and chose to use many different colors. He stated that it was the crown from the movie he saw on Friday.

**Intervention 7.** Ray participated in a support group session with two young adult male burn survivors and an adult female burn survivor at Don Orione Association. Don Orione Association is located in Bucharest. The association serves children, young adults, and older
adults with disabilities. A residential program is offered for older adults as well as children with disabilities consisting of nursing care and therapeutic intervention services. A day program for teaching skills in a functional and naturalistic environment is offered for children with autism and other special needs. Currently, the staff at Don Orione Association is developing a residential program for young adults with disabilities to train life skills and provide medical care (Association Don Orione, 2012). The two male burn survivors taking part in the support group will be part of this young adult program.

The session began by watching the videos of individuals with disabilities that had been previously watched in session six. Each video was viewed and then a short discussion between the support group members took place. Topics included forming relationships, setting goals and having dreams for yourself, and what feelings did watching the videos evoke and why. During this time Ray was quiet and closed off. Two times he stood from his chair and walked over to the windows in the room while the others were having a discussion. He did not demonstrate a deep reflection when prompted to participate in the discussions. He did state that his dream was to play soccer. After the videos, the adult female burn survivor shared her story with the other group members. At this point, staff members that were developing the young adult program at the association were present. They began to ask Ray more about his story. They were very adamant that he should be attending school. After it was explained that Ray had not attended school for reasons other than being Roma they understood that it was not his choice to have not attended school before. During this stage of the session Ray became more open and talked freely. His posture was erect and he held eye contact when speaking with the burn survivors and staff members of the association. He smiled several times throughout the conversation. When asked by the staff member if he would like to come to this association to be part of the young adult
program his response was to ask them as he pointed toward Dr. McDannel and myself for permission. Later, Ray was asked again if he would like to live at Don Orione Association and he said he would rather stay at The Door. When asked if he would rather go back to Chiselet or come to Don Orione Association he said he would rather come to Don Orione.

The recommendation would be to have Ray come to Don Orione for the more structured young adult program if he met the program’s criteria. He would have more support in terms of his education and vocation. He would also have the opportunity to form new relationships with individuals that are burn survivors and are at similar levels of maturity. He was considered as an equal when with the two young adult burn survivors instead of as someone that needs to be taken care of in terms of his relationship with some of his peers at The Door. The staff at Don Orione Association also understood that he has a learning disability and that he will need an individualized plan to be successful.

**Intervention 8.** Ray completed pages in his alphabet book. We then reviewed all of the letters of the alphabet. The participant was able to verbally identify 16 out of 26 letters while using a visual prompt of the letters with minimal cues. The other 10 letters required moderate to maximal verbal cueing from myself as well as additional visual prompts such as objects beginning with the corresponding letter of the alphabet.

This session also included the caregiver training. The primary staff educator at the foundation and I went through the recommended strategies, a 10-week potential program, and additional resources developed for Ray. She reported understanding of the material but shared she would make a translated version in Romanian to feel more confident about it. Contact information was exchanged for continued communication and follow-up inquiries. After discussing the recommendations, we played BINGO with Ray and three peers. The primary
educator implemented one strategy during play. This strategy was to give Ray an appropriate amount of time to respond to the question/information he had been given. Also while playing, Ray’s peers implemented three strategies. These included giving Ray appropriate time to respond, and giving him positive affirmations. Another peer implemented integrating movements during the game. The peer began to spell a letter on the table using his finger and having Ray do this as well. He motioned for Ray to spell the letter H on the table and then to try to find the letter on his BINGO card. All of these strategies were implemented independently.

**Intervention 9.** Ray added the pictures from the park to his alphabet book. Ray was able to identify the correct picture to match the letter when given a choice between two pictures. He was able to make better connections with the real objects from the pictures to the letters as compared to drawings or other images we had been using. Ray independently went through his bedroom checklist and was able to identify all of the tasks he should perform daily. When I asked him where the schedule was that I made for him he took it out of his pocket. He had made check marks on all the days and asked about the images for that day. It was encouraging that he had been carrying the schedule around in his pocket.

I spoke with Ray’s mother about his progress and educated her on the recommended strategies. We also spoke to her about plans for the future including keeping Ray at The Door, trying to get him qualified for an education program, and/or finding him a foster home. She was agreeable to allowing him to stay at The Door. The director of the foundation was also updated on Ray’s progress. He believed that the best option was to find an educational program that Ray could qualify for. A staff member from the Child Protection Department of the Social Assistance and Child Protection agency in Sector 6 of Bucharest was contacted. He agreed to take on Ray’s
case and work to make an educational program a more available option. As it stands, recommendations and a potential ten-week program are in place at The Door for Ray.

Outcomes

As previously stated, there were eight long-term goals and three short-term goals in this case study. Of the 11 goals, eight goals were met by the conclusion of two weeks. Ray was able to meet six out of his eight goals and one caregiver goal was met. Two goals were partially met by discharge. The remaining goal was not met but was in progress at the conclusion of the intervention period. With a majority of goals met or partially met, it was inferred that Ray’s quality of life was enhanced through occupational therapy intervention. By meeting his goals he demonstrated increased participation in occupation leading to enhanced lifestyle performance within each occupational domain. Each outcome will be discussed in terms of whether the goal was met, partially met, or in progress.

Ray’s Goals

1. At the conclusion of 2 weeks, Ray will recite the basic alphabet with 80% accuracy while utilizing a visual representation of the alphabet.

This goal was partially met. Prior to the interventions, Ray was able to identify six letters of the alphabet by writing them on a piece of paper and pronounce the letters A and E. At the conclusion of two weeks, he was able to identify and pronounce 16 of 26 letters of the alphabet independently on his first attempt (see Appendix G for sample of goal 1 outcome). Although the goal was not met, he did demonstrate more than a 50% increase of his knowledge from baseline in a span of two weeks.

1a. Ray will identify a letter from a grouping of 7 letters after receiving a verbal prompt from the therapist or educator for 5 out of 7 trials.
This goal was met and exceeded by the conclusion of week one. Ray was able to point to the correct letter written on a piece of paper after I pronounced the corresponding letter. For example, if I said, “A”, Ray would point to the letter A. He was able to independently identify six letters from a group of seven for six out of seven trials.

2. At the conclusion of 2 weeks, Ray will write his first and last name with 80% accuracy 3 out of 4 times with 2 or less visual prompts lasting no longer than 3 seconds.

This goal was met. Ray was able to write his first and last name using appropriate upper and lowercase lettering and proper spacing between names. He was able perform this four out of four times with two visual cues of the correct spelling of his name lasting two seconds.

3. At the conclusion of 2 weeks, Ray will verbally describe 3 self-care and self-maintenance occupations to be completed daily with less than 2 verbal cues from the therapist.

This goal was met. Ray was able to independently describe making his bed, folding clean clothes, opening the window, and sweeping the floors as self-maintenance occupations to be completed daily. He was also able to describe taking dirty clothes to the laundry, and taking out the garbage with one verbal cue per occupation.

3a. Ray will identify 4 out 5 differences between an image of a clean space and an image of a dirty space with minimal assistance from peers or therapist.

This goal was met by the conclusion of week one. With minimal assistance, Ray identified an organized closet, a made bed, no clothes on the floor, no garbage on the floor, and an organized table in the clean room as differences from the dirty room. He was able to immediately observe that there were differences between the rooms but he required minimal assistance to express his observations in detail.

3b. Ray will independently utilize a self-maintenance checklist for 4 out of 7 days.
This goal was met. Ray was introduced to the checklist during the third intervention. A check mark on at least one occupation was considered as using the checklist. After assessing whether Ray used the checklist each day, I erased any checkmarks so the checklist was blank for the next use. He independently utilized the checklist on four days and also on two other days with minimal cues.

4. At the conclusion of 2 weeks, Ray will demonstrate attention to task for 30-minutes during educational occupations with 2 or less cues for re-direction from the therapist, educator, or peers for 6 out of 9 sessions.

This goal was met and exceeded. At the end of week one, Ray had demonstrated attention to task for 30-minutes for three out five sessions. By the end of week two, Ray demonstrated attention to task for at least 30-minutes with less than two cues for redirection for a total of six sessions. On several occasions, he demonstrated attention to task for up to one hour requiring one cue for redirection.

5. At the conclusion of 2 weeks, Ray will participate in 3 or more leisure occupations with the therapist and/or his peers.

This goal was met. The leisure occupations Ray participated in included going for a walk in the park, going shopping, and going to a movie. Our walk in the park also consisted of posing for pictures, which Ray began to really enjoy. Towards the conclusion of this occupation he began to ask for his picture to be taken. Ray also enjoyed going shopping. He independently picked out a hat, shoes, a t-shirt, and two long sleeved jackets. While shopping he also made a point to purchase gifts for his peers at the foundation including a variety of chocolates. One of Ray’s peers joined us for the movie. They wore 3D glasses and bought snacks for the show. Ray continued to talk about the movie three days after we had went.
6. At the conclusion of 2 weeks, Ray will identify at least 2 strategies learned to improve self-esteem and self-perception with minimal assistance from the therapist. This goal was not met at the conclusion of two weeks but was in progress. He did not identify strategies for improving self-esteem, however, he actively participated in a burn survivor support group intervention, which was previously discussed. He also viewed videos of individuals with disabilities and participated in discussions regarding overcoming challenges and experiencing success. While shopping, we discussed how clothing choices and appearance might affect an individual’s self-esteem in a positive way. Although strategies were not yet identified, Ray was participating in interventions that addressed self-esteem concepts and strategies for improvement.

In addition to intervention outcomes directly related to established goals, an outcome emerged that was not formally addressed. Overall, through occupational therapy intervention, Ray demonstrated success in occupations, therefore, allowing him to experience a sense of competence in his lifestyle performance. As a result of this newly formed competence, his motivation to continue progressing toward his goals increased. At this point, I began to ponder the benefits of his established outcomes in comparison to the emergent outcome at discharge. In the end, it was evident that a change in his environment, experiencing success, and developing a sense of competence became equally as important as Ray achieving his identified goals such as knowing the ABC’s.

Caregiver Goals

1. At the conclusion of 2 weeks, Ray’s primary educator will identify and/or implement at least 3 strategies with Ray during lessons to improve attention to task and retention of material with 100% accuracy.
This goal was partially met. Due to the time constraint of two weeks for implementing interventions, only one intervention was dedicated to caregiver training for the primary educator. During this session, we were able to review all of the recommended strategies, materials, and resources I provided for Ray. The educator expressed understanding of the recommended strategies. She did report that a translated version in Romanian of the recommendations would help her to feel more confident when implementing the strategies. Following our discussion, I set up a BINGO occupation for Ray and his peers to play so the educator had an opportunity to implement the strategies. She was able to independently implement one strategy with 100% accuracy. While playing, she reminded his peers to give him at least 15 seconds to process and respond to information being received. She also practiced this strategy herself by waiting 15 seconds after asking Ray a question to receive his response or repeat the question. At the end of the intervention, a folder housing all of the documentation of recommendations and additional materials was provided to the primary educator for her records.

2. At the conclusion of 2 weeks, Ray’s peers will identify and/or implement at least 3 strategies with Ray to reinforce educational lessons and improve retention of material with 100% accuracy. This goal was met. Peers were educated on the strategies throughout the two weeks of intervention. As strategies were developed I would share them with his peers, as they were often included in the intervention sessions each day. By the conclusion of two weeks, Ray’s peers had independently implemented four strategies with Ray with 100% accuracy, including: 1) Allow Ray 15 seconds to process and respond to information being received, 2) Give Ray positive affirmations such as good job and I’m proud of you, 3) Use movement during lessons to reinforce information, and 4) Encourage three meals a day to promote a balanced diet for enhanced cognitive functioning.
Follow-up

A follow-up of Ray’s progress was attempted through electronic mail to the primary educator at The Door. The follow-up inquiry was sent one week after discharge. Dr. McDannel also attempted to make a connection through electronic mail with the individual from the Child Protection Department of the Social Assistance and Child Protection agency in Romania who was contacted about Ray’s case prior to discharge. The follow-up inquires attempted to gather information on where Ray was living following discharge, any lifestyle performance progress he had made following discharge, whether the recommended occupational therapy strategies continued to be effective, whether the primary educator had any questions or concerns regarding the recommendations, and whether his case was picked up by the Child Protection Department. Unfortunately, responses to the follow-ups were not received prior to the submission of this case study dissemination. Therefore, it was unknown as to whether Ray remained at The Door or returned to the village after discharge, and whether he continued to progress in his lifestyle performance utilizing the recommended occupational therapy strategies.

Conclusions

Discharge Recommendations

Occupational therapy discharge recommendations were developed to support Ray’s lifestyle performance within The Door environment. They were provided to the primary educator at The Door. Recommendations were discussed with Ray’s mother at discharge. The decision was made that recommendations would be distributed exclusively to the primary educator, rather than both foundation educators, because she demonstrated a greater level of interest and investment in Ray’s lifestyle performance. This also provided a way to better ensure the consistency and accuracy of the implementation of the strategies. Recommendations included
strategies for daily living, strategies for the organization of lessons, strategies to enhance concentration, and strategies to enhance learning ability. In the event Ray was able to live at The Door for an extended time following discharge, a ten-week basic life skills program was created for him to participate in and the primary educator to implement (see Appendix H for the complete program). The purpose of the program was to engage Ray in basic societal contribution, self-care and self-maintenance, and reciprocal interpersonal relatedness occupations as a means to continue enhancing his lifestyle performance. Program interventions were to be implemented every other day over the ten-week period. For days the primary educator was not working at the foundation, it was planned that Ray completed independent work. The program was reviewed with the educator and all materials necessary to implement the program interventions were provided. In the event Ray was moved from The Door to another foundation or into an educational program, Dr. McDannel offered to make the effort to remain updated on his case during return visits to Romania. The recommendation documents were shared with her so she was able to distribute them as needed in the future.

The following is a complete list of the occupational therapy discharge recommendations.

- Encourage 3 meals a day. Food is fuel for the brain. He may not be used to having 3 meals a day so start small and build. The food and fluids will help him concentrate and allow his brain to work at full capacity.

- Increase Ray’s responsibility at the foundation. Include him on the list of duties with his peers to complete daily or weekly.

- Give Ray positive affirmations. He responds well to praise. Phrases such as good job, you did it, and I’m proud of you will help keep him motivated and feeling successful.
- Keep a record of his work and include the date and his first and last name. This will provide a way to track his progress and increase motivation to continue. Two folders have been provided to store his written work. Hang or showcase drawings or paintings.

- Work with Ray one-on-one if time is available. If working in a group, his peers should be at a similar level educationally and the group should be 4 or less peers.

- Structure lessons in 1-hour subject segments such as an alphabet lesson for 1-hour and a math lesson for another hour. Within the hour segments try to change the activity to reinforce the material. An example for an alphabet lesson would be to first review a grouping of letters, then use the letters in a game, then use the letters during an art activity.

- Schedule lessons for the same time each morning. This will provide Ray with structure and a better sense of time. A strategy could be to choose a peer that leaves for school in the morning and have Ray do his lessons while his peer is at school. This way he is modeling the behavior of a peer and also provides structure.

- Structure transitions between lessons. Give him a visual schedule of what the lesson will be for the day and review it. This way he will know what is expected and will be able to see what he has accomplished. Have him physically mark off what has been completed and identify what will be next.

- Review material from the previous lesson and build on the information. For example, after he has learned a grouping of letters, always include those letters in future lessons.

- Difficulty concentrating does not mean lack of motivation to learn. He has little experience with structured schedules and is still learning what it means to have
responsibility and respect schedules. Currently, he is demonstrating the ability to stay on task for 1-hour, take a short break, and continue a lesson for another 1-hour.

- On days that Ray is having difficulty concentrating are days to really incorporate a variety of learning strategies such as adding movement to the lesson, varying activities within the lesson, and also allowing Ray to have a 20-30 minute break.

- Continue to implement the scoreboard during lessons. It tracks his success during the lesson and reminds him of the reward he is working toward.

- Use a timer or stopwatch during lessons or when giving Ray breaks. This will provide structure and help Ray begin to develop a sense of time.

- Reinforce information with kinesthetic movement and tactile feedback. Ray has difficulty processing and retaining information when it is only auditory or visual. Adding movement such as clapping, bouncing a ball, or spelling the letter in the air will help him to process the information in a different way. Other ideas include standing at the chalkboard and writing large letters or putting shaving cream on a plate and having him write letters with his finger.

- Give him time to process and respond to questions. On average, Ray needs about 15 seconds to process what is being asked of him. After 15 seconds, ask the question again.

- Use a mirror when learning the pronunciation of letters. Have Ray watch his mouth and the way it moves when pronouncing letters. Currently, he has difficulty with forming his mouth and tongue to produce the correct sound of letters including but not limited to D, Z, T, B, and L.
• Use the computer as a learning tool. He enjoys the computer and has skill in navigating it. Sebran’s ABC software has been downloaded onto the second computer on the left wall of the computer room. This software includes alphabet and number lessons. Another way to use the computer would be to have Ray create a website card for his leisure time.
  o Have him visit the websites he often uses and practice writing the website address. He can make a card to use so he is better able to access the websites instead of reaching them by trial and error or asking his peers to do it for him.

• Relate lessons to his interests such as soccer. Activities could include spelling or writing the players names, using the jersey numbers to form math problems, or reading news articles about the sport once he has reached this level of ability.

**Innovation, Implication, and Contribution**

This case study demonstrated innovative qualities throughout the duration of the experience. The case was an international academic Capstone, which took place in Romania. This was the first international Capstone experience to be completed within The University of Toledo Occupational Therapy Doctorate Program, which paved a road for future students to embark on international projects in addition to fieldwork placements. Implementing occupational therapy practices in Romania at this time was also innovative because the profession was in the initial stage of development in the country. Occupational therapy was only recently recognized as a profession. This case provided an opportunity to advocate for the profession, as well as contribute to its development in Romania.

Another unique aspect of this case was the rich cultural experience. The participant in this case study was an adolescent burn survivor from a Roma family. The Roma, more
commonly known as gypsies, have their own cultural identity, which is often misunderstood and discriminated against. Occupational therapy services provided throughout the case demanded an emphasis on culture sensitivity for both Romanian and Roma customs. This was achieved through extensive background research of the cultures, adapting to the customs within my environment, and employing a client-centered approach with the participant and his caregivers. As a result, the case stands as contributing evidence that occupational therapy services have the ability to produce therapeutic outcomes in an unusual practice setting, with an individual from a culturally unique background despite barriers existing within the environment.

The Lifestyle Performance Model is largely based on the principle of engaging in occupation to enhance quality of life (Velde, & Fidler, 2002). This model was used in the case study to guide the applied occupational therapy services. The model is adaptable to diverse situations and allows considerable freedom in clinical-decisions for treatment planning. An assumption could be made that this model is commonly applied in clinical practice. However, a literature search for research articles and resource material incorporating the Lifestyle Performance Model did not provide a wealth of results inferring this model is not commonly applied clinically or for research purposes. Therefore, this case study demonstrated innovation by employing this model to guide therapeutic practice. It also contributes an example of a practical application of the Lifestyle Performance Model to include in occupational therapy literature. Further case studies and experimental studies applying the Lifestyle Performance Model should be performed to build a body of evidence supporting its therapeutic efficacy. Potential areas of research include applying the model to pediatric or geriatric populations with a larger sample size. It would be beneficial to explore the application of the model in more structured practice areas such as skilled nursing facilities and inpatient rehabilitation facilities. Clinically, this model
has the potential be effortlessly applied to therapeutic practice due to the flexible treatment plan guidelines, emphasis on client-centered approaches, and its principle outcome of enhanced quality of life.

As previously discussed, the American Occupational Therapy Association’s Centennial Vision involves the promotion of global initiatives within the profession (AOTA, 2006). International professional relationships between the United States and Romania were developed and maintained during the course of this case study. These relationships represent an opportunity to exchange information at an international level regarding occupational therapy practice, research, and innovative developments. The potential exists then, that as our professional workforce formulates meaningful, global relations, the profession’s body of knowledge will be enhanced through shared growth and development, and the profession will become soundly understood among the communities and individuals it aims to serve.

In closing, this Capstone case study was an enriching, unique experience that will undoubtedly continue to impact professional and personal endeavors. An incredible amount of knowledge was gained, and ultimately shared, in regards to client-centered occupational therapy practice focused on enhancing the quality of life of an adolescent burn survivor across geographical and cultural borders.
Acknowledgements

I would like to take this time to immensely thank my site mentor Dr. Renee McDannel for being my mentor, my tour guide, my translator, and so much more. My Capstone experience would not have been possible without you. My faculty mentor, Dr. Beth Ann Hatkevich for allowing me fly off to another country for this case study. Your moral support really helped me through this process. I would like to thank Ray and his family for letting me into their lives. I know they will always be in my heart. Thank you to all the individuals from Romania that gave me a place to live, food to eat, and learning experiences that will last a lifetime. To my classmates …thank you for filling these last 3 years with laughter and memories. And of course, thank you to my family and fiancé for all of your love and support.
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Appendix A

Lifestyle Performance Interview: Sample Questions

- What does self-care mean to you?
  - How would you define it?

- In what ways did your burn injury affect your self-care routine, such as clothing choices, and personal hygiene?
  - How does it still affect your self-care routine?

- Are you satisfied with your ability to care for yourself?

- Are you responsible for doing any chores while you are at The Door?

- Do you know how to cook and prepare simple meals?

- Have you ever had the opportunity to make money?
  - What were you doing?

- When you were at Open Door before, did you like going to school?
  - Why or why not?

- Did you feel like you were able to concentrate on your schoolwork?

- What are the activities that you do simply for fun?

- What other activities would you like to explore?

- What activities do you engage in with friends?

- Do you feel as though your burns prevent you from participating in social activities?
  - If so, why do you think this is so?
Appendix B

Informal Assessment: Educational Performance

RBA M
Appendix C

Occupational Form: Study Room at The Door
Appendix D

Scoreboard
Appendix E

Visual Schedule
Appendix F

Bedroom Checklist

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Appendix G

Goal 1 Outcome
# Appendix H

## Ten-Week Basic Life Skills Program: April

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<th>Monday</th>
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<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>1</td>
<td>Independent work</td>
<td>Begin with review</td>
<td>Independent work</td>
<td>Begin with review</td>
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<tr>
<td>Letters A-F</td>
<td>-Learn pronunciation of letters and practice writing</td>
<td>-Walk around building to find objects that begin with weekly letters. Can label the object with just the letter or can practice writing the full word to use as the label. -Introduction to subtraction using 1-10. Use pieces of candy to reinforce the concept. Then he can have the candy at the end of the lesson.</td>
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<td>-Paint by letter or number art. -Add drawings/words/magazine clippings to alphabet book -Introduction to telling time on a clock. Make a clock with mobile hour and minute hand.</td>
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<tr>
<td>Numbers 1-10</td>
<td>-Complete addition problems.</td>
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<td>Letters G-M</td>
<td>Independent work</td>
<td>Begin with review</td>
<td>Independent work</td>
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<td>Numbers 10-20</td>
<td>-Learn pronunciation and practice writing</td>
<td>-Add to/complete pages in alphabet book</td>
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<td>-Complete addition problems with 1-20</td>
<td>-Practice telling time on a clock. Have him match his clock to images of clocks with different times.</td>
<td>-Work on subtraction problems with 1-20</td>
<td>-Practice telling time by making a schedule of daily events such as what time he wakes up, what time he eats breakfast, what time he has lessons, what time he eats lunch, what time he eats dinner, and what time he goes to bed. Draw what the clock looks like at those times next to each event. Hang schedule in room for him to use daily.</td>
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<tr>
<td>Numbers 20-30</td>
<td>Begin with review</td>
<td>Numbers 30-40</td>
<td>Begin with review</td>
<td>Numbers 40-50</td>
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<tr>
<td>-Learn pronunciation and practice writing</td>
<td>-Place letters around soccer field. Have Ray dribble the ball to the letters in correct alphabetical order.</td>
<td>-Complete addition problems with 1-40.</td>
<td>-Complete pages in alphabet book.</td>
<td>-Complete addition problems with 1-50.</td>
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<tr>
<td>-Complete addition problems with 1-30</td>
<td>-Subtraction problems with 1-30</td>
<td>-Practice telling time by giving him a time to then match on his clock.</td>
<td>-Play Rock-Paper-Scissor game with math problems.</td>
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<td>Numbers 30-40</td>
<td>-Use sidewalk chalk outside to then draw those same times on the ground.</td>
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<td>Numbers 40-50</td>
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<td>-Learn pronunciation and practice writing.</td>
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<td></td>
<td>Begin with review</td>
<td>Play BINGO game</td>
<td>for a full review of letters.</td>
<td>Independent work</td>
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<td></td>
<td>-Play Rock-Paper-Scissor game for a full review of letters.</td>
<td>-Subtraction problems with 1-50.</td>
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<td>-Complete pages in alphabet book.</td>
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<td>Independent work</td>
<td>Begin with review</td>
<td>-Start constructing simple words (3 or 4 letters long).</td>
<td>Independent work</td>
<td>-Play memory game with cards created during last lesson.</td>
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<td></td>
<td>-Create matching cards: 1 card with the word and 1 card with the picture of the word. Have Ray write words and draw pictures.</td>
<td>-Introduction to money denominations.</td>
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<td>Has to match the word card with the correct picture card.</td>
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<td>Begin with review</td>
<td>Independent work</td>
<td>-Flip through pages of books to try and identify words that he has learned from the previous lessons.</td>
<td>Independent work</td>
<td>-Practice identifying coins and paper money. Set up simple math problems using the money.</td>
</tr>
<tr>
<td>-Create more simple words along with matching picture cards.</td>
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<td>-Complete money activity again. This time come up with prices that he will not be able to have exact change for, then have him figure out what amount to use and how much change he should get.</td>
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<td>-Complete a money activity. Give Ray a sum of money using coins and paper money. Assign prices to objects around the room. Come up with different combinations of items for him to buy with the money.</td>
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<td>Independent work</td>
<td>Begin with review -Set-up a scenario that Ray is going into the city for a movie. Give him the cost of the movie ticket, a variety of snacks, cost to ride the maxi taxi, and cost to use a taxi to and from. He needs to figure out how much the trip will cost him. Also, role-play and have Ray pretend to actually purchase and pay for all of these things just as if he were at the movie theater. -Introduction to days of the week and months of the year. -Create flash cards for these words.</td>
<td>Independent work</td>
<td>Begin with review -Practice putting days of the week and months of the year in order using flash cards. -Have Ray make his own calendar for one year. Could do this activity on the computer. He could add soccer or car pictures for each month of the year. Print and hang in room.</td>
<td>Independent work</td>
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<th>27</th>
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<tbody>
<tr>
<td>Begin with review -Look through books and identify familiar words. -Create more simple word cards with matching picture cards.</td>
<td>Independent work</td>
<td>Begin with review -Play memory game with word and picture cards. -Play Sebran’s ABC software using more difficult level.</td>
<td>Independent work</td>
<td>Begin with review -Make up a short story leaving blanks for Ray to fill in words. Use the flash cards with words to fill in the missing words of the story. Give him 3 cards to choose from per blank space.</td>
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## Ten-Week Basic Life Skills Program: June

<table>
<thead>
<tr>
<th>Monday</th>
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<tr>
<td>Independent work</td>
<td>Begin with review -Begin to practice forming short sentences with word flash cards. -After sentences are formed using the cards have him practice writing the complete sentence on paper.</td>
<td>Independent work</td>
<td>Begin with review -Practice sentence formation with flash cards. -Help him to write me a letter about his progress.</td>
<td>Independent work</td>
</tr>
</tbody>
</table>