# Primary Mental Health Case: Anosha Aslani

Anosha Aslani

**Contents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Purpose** | **Adjustments needed** | **SF/CS notes** |
| Health history | Background for all players **except students** | Suburb & postcode |  |
| Briefing: **Simulated patient** | Notes for simulated patient for in-person interview & observation |  |  |
| Briefing: **Ward doctor** | Notes for doctor to be interviewed by phone | Contact number  Appointment times |  |
| Briefing:  **Case worker** | Notes for specialist to be interviewed by phone | Contact number  Appointment times |  |
| Briefing:  **Husband** | Notes for husband to be interviewed by phone | Contact number  Appointment times |  |
| Activities & Props | Description of on- and off-campus activities and props required |  |  |
| Referral form | For distribution to students | Address & date |  |

**Additional SF/CS Notes:**

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**Anosha Aslani: Health history**

Case Authors: Danielle Hitch, dani.hitch@gmail.com

**Client Details**

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| --- | --- |
| **Name** | Anosha Aslani |
| **Date of Birth** | 25/11/1966 |
| **Address** | 52 Hawk Road  Insert suburb |
| **Health Insurance** | Yes – Family Policy |
| **Work Injury**  **Claim Number:** | Nil |

**Medical / Surgical History**

|  |  |
| --- | --- |
| **Presenting Condition /**  **Current Presentation** | * Diagnosed with generalised anxiety disorder 2 years ago, but experiencing acute relapse. Case managed as an outpatient by community treatment team   Current Symptoms:   * Constantly feeling tense and nervous * Hypervigilant and reactive to mild stimuli * Catastrophising of relatively minor issues * Feeling irritable and unsettled * Muscular pain, dizziness and gastrointestinal upsets * Poor concentration |
| **History of**  **Presenting Condition** | Diagnosed with GAD at 47yrs old, after marked deterioration in her functioning. Made a good recovery with medication and cognitive behavioural therapy, but has relapsed following recent incident of racial abuse on a train. Had ceased leaving the house, but is now doing so with the support of friends. |
| **Past Medical / Surgical History** | * Pre-diabetic and currently borderline obese. Strong history of Type II diabetes in her family. Consulted with dietitian, and follows an approved diet plan to prevent the development of diabetes. * Beginning to experience symptoms of menopause |
| **Allergies** | Nil known |
| **Medications** | Zoloft |
| **Tobacco** | Occasionally smokes a hookah socially with friends, but not smoking on a regular basis |
| **Alcohol** | Non drinker |
| **Illicit Drug Use** | Denies any illicit drug use. |

**Family**

|  |  |
| --- | --- |
| **Living Arrangements** | Lives with her mother, husband and three children |
| **Relationship Status** | Married for 23 years to Farhad |
| **Children** | Two daughters – Hananeh (23) and Parisima (20). One son – Soheil (17) |
| **Mother** | Darya (69) – in poor health, possibly developing dementia |
| **Father** | Kaveh – deceased |
| **Siblings** | No siblings |
| **Responsibilities** | Personal self-care for herself, and increasingly for her mother. All domestic duties and community tasks for the family. |

**Psycho-Social**

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| --- | --- |
| **Affect** | Somewhat shy but friendly. Often apologises for ‘saying the wrong thing’ and speech can be very hesitant. Looks tense and a little agitated, wringing her hands and making sporadic eye contact. Often needs questions repeated, due to poor concentration. |
| **Activity** | Independent in all personal activities of daily living. Unable to complete domestic tasks consistently, as she becomes overwhelmingly anxious that they haven’t been ‘done right’. Reluctant to engage in community activities due to concerns about being verbally abused again. |
| **Relationships** | Used to have extensive social contacts within the local Iranian community, along with some friends from other backgrounds. No longer in contact with as many people due to anxiety. Good relationship with her husband and children, although her relationship with her mother is increasingly fraught. |

**Employment**

|  |  |
| --- | --- |
| Occupation | Not currently employed |
| Employer | Not currently employed |
| Work duties | Not currently employed |

**Orders / Plan**

OT to consult and formulate a client centred plan to support:

* Maintenance of good physical health and healthy weight
* Reconnection with psychologist for cognitive behavioural therapy
* Improved ability to manage physical manifestations of anxiety
* Reconnection with Persian friendship group and local mosque community
* Consistent and comfortable participation in domestic and community activities
* Exploration of possible career as a piano teacher
* Return to independence in using public transport

**Anosha Aslani: Simulated Patient Briefing**

**Summary**

* Anosha was diagnosed with generalized anxiety disorder (GAD) two years ago by her GP, following a period of increasing withdrawal from the community.
* Her symptoms had remitted, but returned in the past three months following an incident while using public transport. Anosha was referred to the community mental health team for more intensive input, and is now being seen on a fortnightly basis.

**Context/Presenting condition**

* Diagnosed with GAD at the age of 47 (2 years ago), after a marked deterioration in her ability to function in daily activities. Anosha had always been described as an ‘anxious person’, but had never received a psychiatric diagnosis previously.
* Anosha has been using public transport for community mobility, and caught the train two stops to visit a market approximately three weeks ago. On the return journey, she was racially abused by a couple on the train, who told her to ‘go home’ as ‘all Muslims are terrorists’. Anosha was not physically attacked during this incident, but felt very intimidated and threatened. The couple stood in the doorway and refused to let her off at her stop while they verbally abused her, meaning that she had to travel on to an unfamiliar station and find her way home from there.
* Despite having made a good recovery from the time of her diagnosis (using both medication and cognitive behavioural therapy), this incident has contributed to a relapse in her GAD to the point where Anosha no longer leaves the house.

**Medical history**

* Anosha has been physically healthy throughout her life, with her only hospital admissions associated with the birth of her three children.
* At the time of her diagnosis, she had become very physically inactive and put on approximately 30kg of weight. Blood tests indicated that Anosha was beginning to show signs of ‘pre-diabetes’, and there is a strong history of Type II in her immediate family. She has received some education from a dietitian, and has adopted an approved diet plan to try and prevent the development of diabetes. As her mental state improved, she became more active and lost some of the weight but remains borderline obese.
* Anosha had been taking Zoloft to treat her GAD, but had ceased medication (with her GP’s support) approximately one year ago due to her recovery. During that time, she had also undertaken cognitive behavioural therapy with her local primary mental health team, and had been able to use those strategies to good effect (although she still called herself a ‘bit of a worrier’).
* The community mental health team has recommenced Zoloft and is the process of adjusting the dose. Anosha not been able to reconnect with the psychologist at this time.

**Current Symptoms/Function:**

* Anosha’s symptoms of GAD remain moderate to severe at all times, and the team is yet to see any meaningful abatement in them. These symptoms include:
  + Constantly feeling tense and nervous
  + Hypervigilant and reactive to mild stimuli (i.e. an unusual sound)
  + Catastrophising of relatively minor issues
  + Feeling irritable and unsettled
  + Muscular pain, dizziness and gastrointestinal upsets
  + Difficulties maintaining concentration
* Anosha is experiencing significant insomnia, saying that she finds it extremely difficult to fall asleep at night due to all the thoughts running through her head. She is also eating more than usual, hoping to ‘settle her stomach’ with heavy, starchy foods.

**Presentation: Appearance, Clothing and Props.**

* Female in her late forties
* Average height / overweight
* Conservative dress with a hijab

**Social history**

* Anosha is an only child, and she emigrated from Iran with her parents in the late 1970s.
* Father was a university academic, and passed away five years ago
* Mother was a home maker, and lives with Anosha and her family. Her mother is now in her sixties and is in poor physical health – there is some question as to whether she is developing dementia. While her still tries to help around the house, the bulk of household duties are Anosha’s responsibility.
* Married to Farhad, who was also born in Iran and migrated to Australia with his parents. They have a strong and loving marriage, and Farhad has been supportive of Anosha. He is an engineer, and is currently working long hours on an infrastructure project.
* All three of Anosha’s children are currently living at home – Hananeh (23) is in her final year of university and studying nursing, Parisima (20) is working in childcare and Soheil (17) is currently completing Year 12.
* Anosha feels responsible for the wellbeing of all members of her family, and expects herself to work in the home (cooking, cleaning etc.) for much of her day. She is in charge of the family’s finances, and also does all of the shopping. These activities are of great value to Anosha, in her role as wife and mother.
* Anosha identifies as ‘Iranian – Australian’ and the incident on the train has very much challenged her sense of belonging in the local community.
* She was formerly a regular attendee of her local mosque (with her husband), and was active in Persian friendship group. She has stopped attending this group, but members of it come to visit her regularly. While enjoying their company, she feels under great pressure to have her house immaculately clean for their visits.

**Activities of daily living including leisure and work**

Current

**Activities of daily living**

* Anosha has the skills to complete all personal activities of daily living, but has lost the motivation to complete them consistently. She doesn’t feel like doing her hair or makeup now, as she’s ‘not going anywhere’ and doesn’t want to attract any attention to herself
* Anosha is unable to consistently complete her domestic tasks, as she becomes extremely anxious that they have not been completed to the appropriate standard. She has started to repeat tasks several times to ‘get them right’, and takes every perceived criticism of her performance to heart. For example; her son recently said that he didn’t feel like the dinner she’d cooked. This has led to her becoming very distressed to the point of being sick. A major stressor for her at the moment is her broken down washing machine, which she needs to get repaired.
* Anosha continues to engage in community activities of daily living through necessity, but reports feeling terrified that someone will verbally abuse her again. She doesn’t feel safe on public transport, so her friends are currently giving her lifts and accompanying her shopping.

**Leisure/interests**

* Anosha is a keen reader (in both Persian and English), and visited the local library on a weekly basis prior to this relapse.
* She is also a talented pianist, and reports her daily practice has been a solace to her throughout her life. Her own mother also played piano, and she has taught her own children to play.
* A shared interest with her husband is soccer, and Anosha avidly follows results across several leagues via cable TV.

**Employment**

* Anosha has always been a homemaker, but has occasionally earnt additional cash for the family by taking in ironing or caring for children after school.
* As her children have gotten older, Anosha has considered training to become a piano teacher as a part time job, but says she wouldn’t know where to start.

**Transport**

* Anosha used public transport independently up until the recent incident. Her husband can drive, and they have a family car, but he often takes that to work with him.

**Home**

* Anosha lives in a large double storey house in the suburbs, which houses all six members of her family. While there is sufficient space for everyone, there are also a lot of domestic duties that need to be done regularly.
* Anosha’s house is very tidy, clean and well maintained.

**Behaviour, affect and mannerisms**

* Somewhat shy but friendly woman
* Frequently says ‘I’m sorry’ as she thinks she has said the wrong thing, and her speech is very hesitant sometimes
* Looks tense and a little agitated, wrings her hands as speaks and makes sporadic eye contact
* Often loses her train of thought and has to have questions repeated to her

**General Ideas**

* Anosha feels like her world has fallen apart since the train incident, as she says she no longer feels welcome outside of her family. It has led her to question her place in the Australian community, and she worries that being a homemaker ‘isn’t enough’.
* She would like to get back on top of her household duties, as they are so central to her identify and self-worth. Anosha also wants to return to cognitive behavioural therapy, but is worried the psychologist will think she is a ‘failure’ for having a relapse
* Anosha recognizes that her life roles are changing as her children become more independent, although she is also transitioning into the role of carer for her mother. She would like support to recover from this episode of her GAD, and make these transitions successfully.

**Concerns**

* Anosha is worried about all of her current physical symptoms, and while she knows they can be a part of anxiety she can’t help but think it could be something serious (like cancer).
* She worries that her family now think less of her, and says her children are complaining that they have to do things that she did for them before. While her husband is supportive, he has also been a little impatient with her recently
* Anosha wants to regain her sense of safety and acceptance in the local community, but is worried this has now gone forever

**Expectations**

* To reconnect with cognitive behavioural therapy in some form, given that it worked so well in the past
* To re-establish domestic activities of daily living, to a standard that satisfied Anosha
* To explore options around the transition from being a full time mother to the next phase in her life

**Key Stakeholders**

Paul Peterson – Case Manager (Nurse)

Farhad Aslani – Husband

Dr. Hazem Muhammed – GP (Has known Anosha for a long time)

**Anosha Aslani: Ward Doctor Briefing**

**1. Title**

Name: Dr. Hazem Mohammed

Position: GP

Contact: [Contact number]

Appointments:

[Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are a GP in a community bulk billing clinic, and have treated Anosha Aslani for almost 20 years.

You are being interviewed today by second-year Occupational Therapy students who have been asked to develop an intervention plan for Anosha Aslani. Anosha is 49 years old, and has recently had a relapse of her generalised anxiety disorder leading to substantial social isolation and withdrawal from usual activities.

The nature of the interview today is for the students to gain a perspective of how Anosha had been participating prior to and at the time of her current relapse, and to gain some feedback on the proposed intervention plan.

**3. Learning objectives**

* Establish rapport and effectively elicit required information from the GP
* Communicate with the GP in an appropriately professional manner

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of finding out how Anosha had been participating prior to and at the time of her current relapse, and to gain some feedback on the proposed intervention plan.

**5. Setting**

* You are in a community bulk billing clinic, and are between patients. You time to speak is therefore quite brief.

***Specifically for the simulated person***

**6. Affect/behaviours**

* You arrived in Australia in the same year as Anosha’s parents, and feel very compassionate towards the struggles faced by immigrants (no matter how long they have been in Australia)
* You are informative but business like due to the time restrictions on the call
* You express some ambivalence about the usefulness of occupational therapy for Anosha, as you are strongly in favour of her returning to psychology

**7. Opening lines/questions/prompts**

* “I may be an old GP, but I keep up with developments in mental health because it’s a huge issue for anyone who has taken the risk of leaving their homeland”
* “I appreciate your work with Anosha, but the best thing for her will be to return to psychology”
* “Please keep me fully informed of your work with her, and I would appreciate regular written reports”

**8. GP’s ideas, concerns and expectations of the interaction**

**Ideas**

* Believes Anosha is capable of making a full recovery, mainly based on medication and psychology
* Aware of Anosha’s mothers health problems, and is ‘working with the family’ to get them to the point of agreeing to an ACAT assessment
* Isn’t adverse to occupational therapy, but views it as an ‘added extra’ rather than key to Anosha’s treatment. He is also confused about the role of occupational therapy, as he’s only contact to date has been to refer for equipment provision.

**Concerns**

* Worried that Anosha has had a relapse, as there will always be life events which could potentially precipitate further relapses
* Concerned that her current lack of access to the psychologist will delay her recovery
* Unhappy with the amount of communication between himself and the community mental health team, which he feels has been inadequate.

**Expectations**

* Expects Anosha to make a good recovery, but believes it will take her longer to achieve this than last time
* Wants to be keep informed of all treatment Anosha is receiving on an (at least) fortnightly basis, as he sees himself in a gatekeeping role.

**9. Patient’s history of the problem**

Anosha has been using public transport for community mobility, and caught the train two stops to visit a market approximately three weeks ago. On the return journey, she was racially abused by a couple on the train, who told her to ‘go home’ as ‘all Muslims are terrorists’. Anosha was not physically attacked during this incident, but felt very intimidated and threatened. The couple stood in the doorway and refused to let her off at her stop while they verbally abused her, meaning that she had to travel on to an unfamiliar station and find her way home from there. As a result of this incident, she has experienced a relapse of her generalised anxiety disorder, to the point where she is no longer leaving her house. Currently, Anosha is easily distressed and spends much of her time ruminating about all the things she is going wrong at home.

**10. Patient’s past medical history**

* GP has a detailed history of Anosha’s past medical history, and is able to recount this succinctly during the call

**11. Patient’s family history**

* GP also has a detailed history of her family history. He reports her father was somewhat ‘high strung’, and had sought treatment for depression at several points since his arrival in Australia. This was managed by medication only.

**12. Patient’s social information (work, lifestyle, habits)**

* GP is aware of Anosha’s enactment of her housewife role, which he states is both culturally and generationally appropriate.
* Expresses doubts that Anosha will move into a paid employment role, but on reflection considers this could be very positive for her overall wellbeing.
* Discloses that Anosha has always visited him frequently for relatively minor complaints, but reports he has always been able to manage this with her by addressing her questions and providing reassurance.

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* Very focused on the conversation, and keeps answers brief and to the point.

**Anosha Aslani: Case Manager Briefing Notes**

**1. Title**

Name: Paul Peterson

Position: Case Manager

Contact: [Contact number]

Appointments:

[Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are a case manager, and you also a qualified psychiatric nurse. You are supporting of the referral from the inpatient occupational therapist for specialist assessment and support.

You are being interviewed today by second-year Occupational Therapy students who have been asked to develop an intervention plan for one of your patients Anosha Aslani. Anosha is 49 years old, and has recently had a relapse of her generalised anxiety disorder leading to substantial social isolation and withdrawal from usual activities.

The nature of the interview today is for the students to get a handover about Anosha’s recovery to date, and your perspective on the provisional intervention plan.

**3. Learning objectives**

* Establish rapport and effectively elicit required information from the health professional
* Communicate with the case manager in an appropriately professional manner

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of obtaining a handover about Anosha Aslani’s recovery to date, and feedback about the proposed intervention plan

**5. Setting**

* You are in the office on a usual workday, and are feelings a little pushed for time due to several other tasks you need to complete before the close of business.

***Specifically for the simulated person***

**6. Affect/behaviours**

* Very calm and considered manner of speaking – you provide a lot of detail
* Very happy that Anosha will be seen by occupational therapy, as you believe her functional problems are having the most impact on her sense of self at present
* Politely but firmly tell the callers that you have limited time for the call, and set a time by which you need to conclude.

**7. Opening lines/questions/prompts**

* “Thanks for calling. I’m really pleased to hear that Anosha will be getting some OT at this point”
* “If Anosha could return to being the sort of the wife, daughter and mother she wants to be, I think we’d be 90% there”
* “Anosha really need to make some more connections outside of home – those four walls must be pressing in on her”

**8. Case Manager’s ideas, concerns and expectations of the interaction**

**Ideas**

* Has worked with Anosha since her initial diagnosis, and knows that the family is supportive (although they don’t always know how to best help her)
* Unsure of how to overcome the source of Anosha’s anxiety, given that there’s no guarantee she won’t encounter racism again
* Believes that Anosha holds herself to unrealistic standards in many areas of her life, and keen to recommence CBT as this challenged her beliefs successfully in the future
* A little dubious of Anosha’s ability to gain work as a piano teacher, given that she has been outside of the workforce for over 20 years
* Feels that her husband is key to her access appropriate family support, but advises he can be very difficult to speak to due to his work commitments.
* Believes that getting Anosha comfortable using public transport again will be key to her recovery and community participation

**Concerns**

* Worries that Anosha has now had two serious relapses in two years, and that the latest incident may have ‘undone’ her previous recovery and left her with less hope
* Concerned that her growing role as her mother’s carer is unsustainable, and wonders if occupational therapy could discuss her getting services to support
* Most of Anosha’s social group are Persian or members of the local mosque. While they provide her with good support, Paul wonders whether a wider social circle could be beneficial.
* Knows Anosha has not been smoking a hookah at home, and is keen for her not to return to this habit due to health concerns

**Expectations**

* Anosha could make another full recovery from this episode if she uses the effective strategies she developed last time
* However, she has new stressors to cope with now and is undergoing a significant life transition. This may extend the time she needs to recover.

**9. Patient’s history of the problem**

Anosha has been using public transport for community mobility, and caught the train two stops to visit a market approximately three weeks ago. On the return journey, she was racially abused by a couple on the train, who told her to ‘go home’ as ‘all Muslims are terrorists’. Anosha was not physically attacked during this incident, but felt very intimidated and threatened. The couple stood in the doorway and refused to let her off at her stop while they verbally abused her, meaning that she had to travel on to an unfamiliar station and find her way home from there. As a result of this incident, she has experienced a relapse of her generalised anxiety disorder, to the point where she is no longer leaving her house. Currently, Anosha is easily distressed and spends much of her time ruminating about all the things she is going wrong at home.

**10. Patient’s past medical history**

* Only prior hospital admissions associated with the birth of her three children.
* Anosha is borderline obese, and has been assessed as ‘pre-diabetic’ in the past. She tends to put on weight during times of relapse, due to decreased activity and increased eating.
* Anosha currently taking Zoloft and is very compliant. However, she is not able to reconnect with her psychologist for cognitive behavioural therapy as she had done during her past relapse.

**11. Patient’s family history**

* Mother lives with the family and is currently in poor general health. There is some query as to whether Anosha’s mother has the early signs of dementia, but this has not been confirmed.

**12. Patient’s social information (work, lifestyle, habits)**

* Lives with her mother, husband and three children. Her youngest child is still in high school, but her eldest two are working or at university. She is a housewife, and undertakes all domestic tasks for the family.
* Currently unemployed. Anosha is considering starting a career as a piano teacher, but is unsure how to proceed with this as she has been out of the workforce for more than 20 years and has no formal qualification.
* Anosha was formerly a regular attendee of her local mosque (with her husband), and was active in a Persian friendship group. She has stopped attending this group, but members of it come to visit her regularly. While enjoying their company, she feels under great pressure to have her house immaculately clean for their visits. Anosha has no social contact outside of the family home at present.

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Anosha Aslani:**  **Husband Briefing Notes**

**1. Title**

Name: Farhad Aslani

Position: Husband

Contact: [Contact number]

Appointments:

[Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are the husband of Anosha, and you share three children together. You also live with Anosha’s mother, which has been a long term arrangement.

You are being interviewed today by second-year Occupational Therapy students who have been asked to develop an intervention plan for your wish Anosha Aslani. Anosha is 49 years old, and has recently had a relapse of her generalised anxiety disorder leading to substantial social isolation and withdrawal from usual activities.

The nature of the interview today is for the students to gain a perspective of how Anosha has been since her relapse began two weeks ago, and your perspective on the provisional intervention plan.

**3. Learning objectives**

* Establish rapport and effectively elicit required information from a family member
* Communicate with the family member in an appropriately professional manner

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of finding out more about Anosha Aslani’s family supports, and feedback about the proposed intervention plan

**5. Setting**

* You are at work, and your company frowns on personal calls during working hours

***Specifically for the simulated person***

**6. Affect/behaviours**

* You are very keen to have your wife back to full health as soon as possible.
* Glad to hear that Anosha is getting some assistance, but you’ve never heard of occupational therapy before
* You reiterate throughout the interview that the family depends on Anosha, and that her latest relapse is having a very significant effect on everyone

**7. Opening lines/questions/prompts**

* “Occupational therapist – are you going to find Anosha a job?”
* “She is the centre, the very heart, of our family. When she is not well, we all suffer”
* “When will she be able to keep up with the housework and looking after us – I don’t have time to do all that because I’m working full time”

**8. Husband’s ideas, concerns and expectations of the interaction**

**Ideas**

* Thinks it would be a good idea for Anosha to explore becoming a piano teacher, but only if it doesn’t impact on her ability to care for the family and complete her home duties
* Very, very angry that Anosha was subjected to racial vilification, and doesn’t feel that the police took the incident very seriously
* Believes that occupational therapy is just the right fit for what Anosha needs, and wonders why it hasn’t been offered in the past
* Would also like Anosha to have a full medical examination as he is worried that her physical symptoms are a sign of an underlying disease
* Wants to know if there’s anywhere he could get more information about anxiety disorders, as he acknowledges he doesn’t know much about them

**Concerns**

* Worried that Anosha cannot cope with supporting her mother (on top of all her other duties), but doesn’t know what could be done about that
* Anosha has also withdrawn from their relationship in recent weeks, and Farhad expresses concerns about impact this is having on their previously close and loving marriage
* Farhad is also concerned about the impact of Anosha’s current behaviour on his children. On the surface they don’t seem to be too worried, but he doesn’t think this really reflects their feelings (particularly in regards to his son).
* Worried that incidents of racial vilification are only likely to become more frequent, and feels powerless to protect his family against such discrimination.

**Expectations**

* Thinks Anosha will probably get better, but isn’t completely confident that she will recover as well as she did last time
* Expects Anosha to assume all of her previous roles and tasks independently relatively quickly, as he can see no alternative way for them to be completed.

**9. Patient’s history of the problem**

Anosha has been using public transport for community mobility, and caught the train two stops to visit a market approximately three weeks ago. On the return journey, she was racially abused by a couple on the train, who told her to ‘go home’ as ‘all Muslims are terrorists’. Anosha was not physically attacked during this incident, but felt very intimidated and threatened. The couple stood in the doorway and refused to let her off at her stop while they verbally abused her, meaning that she had to travel on to an unfamiliar station and find her way home from there. As a result of this incident, she has experienced a relapse of her generalised anxiety disorder, to the point where she is no longer leaving her house. Currently, Anosha is easily distressed and spends much of her time ruminating about all the things she is going wrong at home.

**10. Patient’s past medical history**

* Is aware that Anosha’s weight has fluctuated more in the past three years, but puts this down to ‘her time of life’. Doesn’t see this as a problem or issue.
* Farhad reminds Anosha to take her medication regularly, as she often forgets as she is worried about other things. He believes the medication makes a huge difference to the way she manages her anxiety, and is supportive of her continuing on this regime.
* Reports that Anosha became ‘very stressed’ after the birth of each of her children, but this only lasted a few months (when they were newborns) and then abated as they got older. He notes, however, that this occurred with every pregnancy.

**11. Patient’s family history**

* Farhad believes Anosha’s mother is developing dementia, but acknowledges this has not been formally diagnosed
* Anosha’s father died of lung cancer, after a life time of regular smoking. While incredibly stressful, the gradual nature of his final illness allowed for all members of the family to adjust.

**12. Patient’s social information (work, lifestyle, habits)**

* Farhad reports Anosha has treated her role as a housewife as her full time occupation, rising early in the morning and keeping busy all day. She is tremendously house proud, and keeps the home environment very tidy at all times.
* Farhad describes Anosha as a ‘sociable’ person, and reflects that she was previously very active in a range of social groups at mosque and linked to the local Persian community. Her special interest has always been music, and she has previously fundraised to get instruments into local schools.
* Anosha had been attending the local mosque several times a week, but has not been at all for over three weeks now.

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Anosha Aslani: OT Activities & Props**

**Sub groups**

|  |  |  |
| --- | --- | --- |
|  | **Observed tasks in university setting**  **With patient** | **Activities in a shopping centre**  **Without patient** |
| **Group A** | Phone call to arrange repairs to her washing machine. The person who would fix the washing machine is male and can only attend during business hours when Anosha’s husband is away. It also turns out that it’s not worth fixing the washing machine as it would cost almost as much as the purchase of a new washing machine. | Visit to an appliance store (like Harvey Norman) to choose a new washing machine |
| **Group B** | Planning a balanced weekly diet for the family around her pre-diabetic dietary requirements, her family’s nutritional needs in cultural context | Visit shopping centre with shopping list that meets dietary requirements |
| **Group C** | Locating a local laundromat and working out how to get there by public transport with a load of washing | Take public transport to the laundromat with a load of washing |

**Group A**

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| **On campus requirements**  Anosha’s washing machine has broken down and she needs to arrange for a repair man to visit the house. She hasn’t been able to get a recommendation from anyone, so she is using the phone book.   * Phone book * Phone (with speaker) * Pen and paper (to get a couple of quotes) | **Off campus requirements**  Visit to an appliance store, as her washing machine turned out to be irreparable. Aspects to consider include:   * How will Anosha interact with the sales people – what sort of conversation will occur? * What aspects of the environment will enable her to remain on task and what could be potentially distracting or distressing? * What preparation might Anosha do before going to the store? * What could you do as an OT to support Anosha make a big purchase like this? |

**Group B**

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| **On campus requirements**  Anosha needs to plan a balanced weekly diet for the family, which meets her pre-diabetic requirements, individual preferences and cultural requirements (i.e. halal compliance). Due to the need to purchase a new washing machine, her budget is a little tighter than usual.   * Meal planner * Pen / paper for shopping list * Catalogues (including coupons) | **Off campus requirements**  Visit to a local shopping centre to purchase the items on the shopping list. Aspects to consider include:   * How much social interaction will Anosha need to negotiate to buy her items? * What aspects of the environment will enable her to remain on task and what could be potentially distracting or distressing? * How will Anosha transport her items once purchased, if she can’t get a lift with her friends? * What will Anosha do if certain items have sold out or are unavailable? * What could you do as an OT to support Anosha complete her shopping successfully? |

**Group C**

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| **On campus requirements**  Anosha must wait a week for a new washing machine to be delivered, but still needs to get the family’s laundry done. She has never had to use a Laundromat before, and needs to locate one that can be reached by public transport.   * Computer with internet access * Search engines (Google / Where is) | **Off campus requirements**  Visit to a Laundromat with a load of washing using public transport. Aspects to consider include:   * How will Anosha negotiate doing her washing at the laundromat – what does she need to complete this task? * What aspects of the environment will enable her to remain on task and what could be potentially distracting or distressing? * How will Anosha deal with waiting for her laundry (or can she do something else in the meantime)? * What could you do as an OT to support Anosha use this facility? |

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| **Occupational Therapy**  **Referral Form** | **Surname:** Aslani    **Given Name:** Anosha **DOB:** 25/11/1966  **Sex: F**  **Address:** 52 Hawk Road, Insert suburb |

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| **Referred from** | Sarah Brown (inpatient OT) | | **Referred to** | | Shelly Marks (Community OT) |
| **Interpreter Required:** Yes ☐ No ☒ **Language:** English | | | | | |
| **Diagnosis:** Generalised Anxiety Disorder, pre-diabetic (following dietitian prescribed diet)  **Occupational Therapy Referral Form** | | | | | |
| **Social Situation:** Lives with five members of her family (her mother, husband and three children). | | | | | |
| Detached suburban home, with five bedrooms on a large block. | | | | | |
| **Home Assessment Completed:** Yes  No  Required | | | | | |
| **Equipment Provided:** Not applicable | | | | | |
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| **Current Occupational Performance** | | | | | |
| **PADLS:** Independent, but currently lacking the motivation to complete them consistently. | | | | | |
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| **DADLS:** Unable to complete consistently, as she feels anxious that they haven’t been done to the | | | | | |
| appropriate standard. Repeats tasks several times to ‘get them right’, and very distressed by any | | | | | |
| (real or perceived) criticism. | | | | | |
| **Mobility/Transfers (Including Aid):** Independent with no mobility aids | | | | | |
| **Referral Goals** | | | | | |
| 1) Improved ability to manage physical manifestations of anxiety | | | | | |
| 2) Reconnection with community supports (i.e. Persian friendship group and mosque) | | | | | |
| 3) Consistent and comfortable participation in domestic and community activities | | | | | |
| 4) Return to independent use of public transport | | | | | |
| **Therapist:**  S. Brown | | **Date:** | | **Consent Obtained:**  Yes ☒ No ☐ | |

