Effect of Combining the Canadian Occupational Performance Measure with Cognitive Behavioral Therapy to Enable Occupation in a Client with Depression: A Case Study in Home-Visiting Support

Mai Sakimoto¹, Takayuki Kawaguchi², Aki Watanabe²

¹ Link Yokohama Home-visit Nursing Station
² Department of Rehabilitation, Kitasato University School of Allied Health Sciences

Abstract: Introduction: Few reports describe interventions combining the Canadian Occupational Performance Measure (COPM) with cognitive behavioral therapy (CBT) although both are important in enabling occupation for a client with depression. We outline the therapy process conducted by an occupational therapist combining the COPM with CBT to enable occupation for a client with depression.

Methods: A single-system research design was implemented. The intervention was based on behavioral activation, and the cognitive restructuring was divided into three phases: baseline (Phase I), intervention 1 (Phase II), and intervention 2 (Phase III). Baseline consisted of behavioral activation only. In intervention 1, the COPM was used in addition to the baseline action. In intervention 2, cognitive restructuring was conducted in addition to intervention 1.

Results: There was no significant difference in the client’s frequency per week of going out in Phase II compared with Phase I ($p = 0.062$), but the rate increased significantly in Phase III compared with Phase II by binomial test ($p = 0.002$).

As assessed by the COPM, the performance and satisfaction scores for going out were 4 and 3 at the 5th week, but they improved to 7 and 6 at the 17th week.

Conclusion: Combining the COPM with CBT significantly increased the frequency of going out that a client with depression hoped to attain. The present intervention might facilitate enabling occupation for clients with depression. Our findings suggested that in clients with depressive symptoms, enabling occupation is possible by combining the COPM with CBT.

Keywords: enabling occupation, COPM, cognitive behavioral therapy, depression, single system design


Introduction

It is important to focus on an individual’s occupation and to select appropriate interventions for enabling occupation in a client with depression. The Canadian Occupational Performance Measure (COPM) is an useful method for focusing on the occupation of a client [1]. Schindler [2] showed that an occupation-based practice increased client scores on satisfaction and performance of occupational performance problems identified on the COPM in psychiatric disorders.

Cognitive behavioral therapy (CBT) is one effective intervention for depression [3, 4]. When appropriately self-assessing themselves, clients with depression tend to have difficulty in recognizing positive results.

Although the self-assessment of positive changes in daily activity by using the COPM might promote the effect of CBT, few studies in depression show the effect of combining the COPM with CBT.

The purpose of this study was to outline the therapy process conducted by combining the COPM with CBT for enabling occupation of a client with depression. Signed informed consent for this study was obtained from the client.
Subject

The client was a woman in her 40s with depression. She lives with her husband and daughter and is a housewife. Her symptoms of depression such as anxiety and sleeplessness first appeared 10 years ago, and she was diagnosed as having anxiety disorder. After that, her symptoms worsened from one year ago, and she was diagnosed as having depression. Her symptoms were mainly anxiety that often worsened when she did nothing during the day. Although she had hoped to go out shopping and eat in restaurants, she was unable to act with her own intention and was in a double bind due to the influence of her symptoms.

We adopted “behavioral activation” using a table of her self-recorded daily activities to enhance behavior that reduced her anxiety by visualizing the relationship between her behavior and mood. Behavioral activation is a technique of CBT that promotes engagement with activities and focuses on increasing pleasure and productive experiences [5, 6].

“Cognitive restructuring” was also adopted to allow her to behave in a manner that would reduce her anxiety after stressful events. Cognitive restructuring is a CBT technique that focuses on automatic thoughts, cognitive distortion, and decreasing feelings such as depression and anxiety, and corrects non-adaptive behaviors [7].

Method

Therapy process

The interventions based on the COPM, behavioral activation, and cognitive restructuring were divided into three phases and were carried out via home-visiting support once a week (Fig. 1). The only services used by our client were outpatient treatment and home-visiting support.

Phase I (baseline: 1st to 4th week)

As an intervention based on behavioral activation, performance of daily activities and changes in her anxiety were self-recorded by the client. In addition, activities that would decrease her anxiety were checked, and an executable daily schedule was planned collaboratively.

Phase II (intervention 1: 5th to 11th week)

Assessment with the COPM for the purpose of focusing on her occupations was added to the interventions in Phase I. In addition, the use of COPM was proposed to promote the client’s self-awareness of satisfaction and occupational performance of going out. Therefore, the presentation of the COPM score to compare with the current situation were conducted in the interview.

Phase III (intervention 2: 12th to 20th week)

Cognitive restructuring was added to the interventions in Phase II, and her tendency to grasp ideas, automatic thoughts, and cognitive biases generated by stressful events were confirmed. Moreover, the adjustable thoughts and behaviors that reduced her anxiety were examined collaboratively.

Procedure

A single-system research design comprising three target outcomes was conducted to clarify the effect of intervention for the client (Fig. 1).
1) Frequency of going out
The target behavior was the frequency per week of going out that she hoped to achieve. “Going out” was defined as eating at restaurants and going shopping.

2) COPM performance and satisfaction scores
We conducted COPM assessment to determine the occupation “Going out” that she hoped to achieve and analyzed changes in COPM performance and satisfaction scores in Phases II and III.

3) Degree of anxiety
The changes in her degree of anxiety (range, 0 to 100) for each hour of every day that she self-scored were monitored.

Data analysis
Visual analysis, the split-middle technique, and the binomial test were adopted to compare the frequency per week of going out, which was counted in each phase. A p value < 0.05 was considered to indicate statistical significance.

Results
The average frequency per week of going out in each phase is shown in Fig. 2 and Table 1. There was no significant difference in the client’s frequency per week of going out in Phase II compared with Phase I (p = 0.062), but the rate increased significantly in Phase III compared with Phase II by binomial test (p = 0.002).

As assessed by the COPM, the performance and satisfaction scores for going out were 4 and 3 at the 5th week, but they improved to 7 and 6 at the 17th week (Table 1). The client recognized that she went out for mandatory and rehabilitative activities to help reduce her anxiety in Phase I. The number of destinations she visited in Phase II had increased, but she still had no confidence in going shopping. In Phase III, she began to experience the feeling of leisure when she went out. However, her average degree of anxiety did not change during each phase (Table 1).

Discussion
Identifying factors inhibiting occupational performance and selecting appropriate interventions are important roles of occupational therapists in the practice of enabling occupation [8]. The present results show that the behavior of our client with depression was difficult to change with either COPM or CBT alone. A combination of prompt self-monitoring and other techniques is effective in initiating behavioral changes [9]. The combination of COPM and several CBT techniques was an appropriate method for addressing the factors that inhibited her occupational performance. Therefore, her COPM scores improved, and she began to understand the meaning of leisure and to achieve enabling occupation via the present interventions without exacerbating her anxiety.

Depressive symptoms have a negative effect on the quality of life. However, the process of changing one’s attitudes, goals, and skills to live a satisfying life by overcoming the limitations caused by mental disease is important [10]. Visualization of the behaviors and anxiety based on CBT and focusing on meaningful oc-
occupation based on performance and satisfaction scores of the COPM prompted the client to positive thought for enabling occupation. Therefore, our findings suggested that if enabling occupation of clients with depression is difficult to achieve due to their symptoms, an intervention combining the COPM with CBT might be effective in home-visiting support. Further research and increase of sample size are required to validate the effectiveness of combining the COPM and CBT.

Conclusions

An intervention combining the COPM with CBT was sufficiently appropriate to facilitate the enabling occupation of a community-dwelling client with depression.

Acknowledgements: We thank the client for her participation in this study.

References