



## Case Studies: Adult Life Programs

**Case Study A:** This consumer is a 58-year-old African-American female (California native) who has a long history of mental illness and substance abuse. Prior to her participation in the Adult Life Program/Psychosocial Rehabilitation she experienced a life of instability, including numerous psychiatric hospitalizations and incarcerations. She experienced periods of homelessness during which she was exposed to very dangerous, unsafe circumstances. She has admitted on occasion to being “a bag lady” at various times in her life. Her documented psychiatric history dates back as far as 1971 when she was hospitalized with a diagnosis of “schizophrenia, paranoid type”. At that time she was depressed, paranoid, and experiencing visual hallucinations. After being treated during that hospitalization she was discharged, and her condition was stated as having improved. During the following year, this consumer was unsuccessful in participating in recommended treatment. She did not comply with her medication regimen, and began using Amphetamines. Records and reports from family members reflect that during an arrest, she was man-handled and choked by a police officer, resulting in a comatose state for about 6 months. She managed to learn how to walk and talk again against doctors’ predictions that she indefinitely would be in a chronic vegetative state. A diagnosis of dementia was now prevalent. She developed additional medical complications, including a stroke. Needless to say, her drug use and treatment non-compliance exacerbated the symptoms of her mental illness. Her life spiraled out of control for many years, straining her family relationships. The cycle continued.

Finally, in the early 2000’s after this consumer’s family had come to their wit’s end she found herself in Hickory, NC. She continued unsuccessfully to live on her own and experienced additional hospitalizations. Ultimately, as fate would have it, this consumer received various mental health and substance abuse supports, and was connected with the Adult Life Program/Hickory. The staff of Adult Life worked diligently in collaboration with various mental health providers in Catawba County, and assisted her to secure stable, supervised residential placement. She was referred for Psychosocial Rehabilitation at the Conover Adult Life Program in 2004. Staff states at that time, she was extremely dependent on others, and was somewhat in denial about her functional weaknesses. She had poor hygiene and lack of concern for her appearance. Since then she has struggled for psychiatric stability. She has worked towards total compliance with her overall treatment and medication regimen.

Today, this consumer is reported as having maintained overall stability for almost 2 years. She has had no reports of missed or refused medications; no reports of treatment non-compliance for nearly 2 years. She has had no additional arrests or psychiatric hospitalizations since March of 2007. She participates in the Adult Life/PSR program 5 days per week. She actively participates in social/group activities; has demonstrated increased independence, improved hygiene and care for appearance, and is proud to be able to “do things for herself”. She continues to persevere past her symptoms, and wants to live a “happy life”.

When asked what the Adult Life/PSR program has done for her, she states: “Oh, it helps me do things through the day, and keeps me occupied. It helps me keep my mind off of things. I wish I could live on my own one day, but I know that I have to think about being safe, most of all. Until then, I would like to think about moving to a nicer, smaller facility. But, I have to make sure that wherever I move to, I have to be able to keep coming to Adult Life. It’s important for me to keep coming here so I can stay well, and I feel safe when I’m here. The people (staff) really do care about me, and I now have some friends; it’s like family! This program means a lot to me!”

**Case Study B:** “I’ve had a hard life, and although I could blame other people for my problems, I have to take control of my life. I’m stopping it now!” This 30-year old female consumer is new to the Adult Life program, however not to the mental health system. This consumer began participation in the program less than a year ago, and states that since her first day of attendance, she realized that she could “breathe”. She admits that she loves and needs the program, and that it has helped her to change the direction of her life.

This PSR consumer experienced extreme abuse and neglect throughout her childhood. She admits that because her abusers were close family members she finds it difficult to trust, and has problems with relationships. She was frequently hit, slapped, pinched, and on occasion beaten so badly that she suffered physical injuries including a deviated septum and thyroid issues. She was locked in closets or in empty rooms for days at a time and neglected of food or provision for basic needs, such as toileting. She also suffered ongoing sexual abuse by an uncle. She says that her mother was aware of what her uncle was doing however, chose to do nothing about it.

In retrospect she tearfully realizes that she had feelings of depression at a young age. She states that nothing in her life ever felt stable...until now. Due to the unfortunate circumstances in her young life, she developed maladaptive behaviors which included running away, numerous suicidal gestures, attempts, and self-mutilation. Finally separating from her parents at the age of 9, she moved in with her grandmother, and practically became her primary caretaker. She lived with her grandmother for several years, and at the age of 17 decided that she needed to escape. She says, “There was a lot of racism in the home, and status in the community was more important than I was. I couldn’t take it anymore, because I felt that I was the problem. I had friends of different races (specifically, African-American), and she didn’t like that. My appearance was not acceptable to her or to my parents. I had chipped teeth, but that wasn’t my fault. They didn’t get me the dental and medical care that I needed as a child. That wasn’t my fault! I was so depressed, and felt so bad about myself that I had to get out of there!” She moved out and lived on the streets, in homeless shelters, and with friends. A month later while living with a friend who encouraged her to go back home, she responded, “I’ll kill myself before I go back home!” It was at that time that she was involuntarily committed to a local hospital for psychiatric care, and received her initial diagnosis of bipolar disorder.

The consumer has had ongoing mental health supports since the age of 17. She was referred to Adult Life Programs less than a year ago after unsuccessful participation in a previous mental health recovery program. She states, “I am so glad that I was referred to Adult Life. I’ve had PSR before, but there was always too much drama at the other programs for me. Without ALP I wouldn’t have the peace and tranquility that I have now. I finally have a good life and am truly happy. ALP has opened me up to myself. I have found my own identity here. I have greater independence and respect for others. Being here has taught me to think before I speak, so I think that my social skills have improved. I have been able to use my gifts and talents, such as helping others and making myself useful. I love to cater to others. I’m a giving person. They (staff) let me be myself, and that’s all I ever wanted. They go out of their way for “me”! I don’t think I’ll be here forever, but because no one pressures me to fit into some kind of mold, I have learned to just “go with the flow”. I really feel that people like me now, and I have some friends. I feel safe enough to make others laugh. I still feel some pain and have some disappointments, but Adult Life has taught me how to cope with the pain. I now can laugh through the pain! Sometimes I think about how my dad told me once that he wasn’t really ready for me when I was born. He was young. For years I felt like a mistake. That’s a bad feeling. But now I feel that I have a purpose in life. I love this place and the people here!” This consumer has had no psychiatric hospitalizations or episodes of decompensation during her participation in the Adult Life Psychosocial Rehabilitation program.

**Case Study C:** She smiles candidly and responds “I like it just fine”, when asked how she feels about the Adult Life Psychosocial Rehabilitation Program. This consumer is a dually-diagnosed 61-year-old Caucasian female, who has been a consumer of the program for more than four years. She was referred to the program during a difficult time in her life. Her parents were deceased, and she was being cared for by an older, dominant sister. Shortly after her admission she experienced numerous life challenges, including removal from her family home due to an Adult Protective Services order. As a result she was relocated to an adult care facility. In addition she was declared an incompetent person, resulting in legal guardianship being granted to the local Department of Social Services. PSR staff recalls that this consumer came from unhealthy, unsafe living conditions. She wore dirty, tattered clothing, and had overwhelming body odor. There were reports that she had experienced exploitation, neglect and suspected sexual abuse by her nephew. Her life basically was in “shambles” and she needed a great deal of overall support.

PSR staff states that the consumer has been through a great deal of change since she began her participation in the program. Her functional level at the time of her admission was average. She was capable of “doing about anything”. However, due to her age and the nature of her disabilities, her functioning has declined significantly. She has had some ongoing health problems, including gender-specific cancer for which she received all necessary treatment. She recovered well, and with ample support maintained overall stability at that time. She has experienced the deaths of loved-ones, including her sister and her boyfriend. Staff reports that these deaths had major impacts on her life, exacerbating her mental illness symptoms, i.e.: visual and auditory hallucinations, increased agitation, frustration, etc. Since the death of her boyfriend, the consumer seems to have lost touch with reality as evidenced by talking to him frequently, seeing him in the community, and hearing his voice. PSR staff states that she is easily redirected on most occasions however, has had a difficult time understanding the finality of death. When asked for a professional opinion of what the consumer’s status might be without the support of the program, staff responded, “She would most likely have experienced ongoing exploitation and abuse. She would be subjected to unsafe circumstances, have repeated hospitalizations, and possibly be institutionalized. It is fortunate that she participates in the program because she is kept busy. The fact that she maintains an active life has probably slowed down the progression of her dementia. PSR provides the safety, structure and psychiatric supports that she needs at this time in her life.”

The consumer expresses her appreciation for the Adult Life PSR program by stating, “I like the people. I have some real good friends. And I like the food! It’s good! I like the church participations, and the songs. Yeah, I like to sing and dance! I like to go on outings and trips, especially to play putt-putt. I like to go shopping too! They (staff) take good care of me. They make sure I am doing fine.” When asked how she feels about the staff, she points to one specific staff member and states, “That’s my girl!”

The interventions and supports provided by the Adult Life PSR Program have proven instrumental in assisting the consumer to avoid psychiatric hospitalization for several years. She has been able to maintain stable housing, and remains active in her community. She remains safe from any form of abuse, free from exploitation, and has the support needed to work towards living in her community for many years to come.

**Case Study D:** She is 79 years old, and has a long history of mental illness. She was enrolled in the Adult Life Program over 18 years ago. Although she has little to say when asked about how much the Adult Life PSR program means to her, the story told by her daughter provides an insightful view of her overall life.

Her daughter, who was declared “Guardian of the Person” in 2005, reveals that she is the 12<sup>th</sup> of 14 children. Her father was her mother’s second husband. The consumer’s first 7 children were products of her first marriage. All 7 of those children had been placed in foster care when the consumer married her second husband. Eventually, all of her children were taken out of the home and placed in foster care due to neglect and inability of the parents to properly care for them. The daughter states that as far back as she can remember her mother was “out of her mind”. She reveals that the consumer was addicted to prescription medications and alcohol for many years. The family lifestyle was described as one that reflected “the epitome of poverty”. She recalls how the family lived in substandard housing with dirt floors, no running water, and often with no power, heat, or food. The consumer was described as being “oblivious” to the conditions of her life. Due to her consistent drug and alcohol use, she neglected her children and exposed them to unsafe conditions and circumstances. The daughter remembers how she and her siblings laughed at the consumer’s “bizarre” behaviors during their childhood. Often the consumer would walk around unclothed, and on several occasions would walk outside naked and urinate in the yard. The consumer’s husband worked as much as he could in an attempt to provide for the family, and was not around enough to ensure that the children were properly being taken care of. He was described as a kind man with a big heart. He would open up the home to “street people” who molested and abused the children. Although the consumer was in the home during the abuse, she remained unaware of what was going on. Eventually, the daughter and remaining children in the home were removed from the custody of their parents when the Department of Social Services intervened, deeming the parents as unfit due to substandard housing and overall neglect. The daughter states, “On the day that DSS removed us from the home (which was nothing more than a garage) my mother was oblivious to the situation. She didn’t even realize that they were taking us away.”

Shortly after the children were removed from the home the consumer lived with her mother, and after a year of increasingly bizarre behaviors, was involuntarily committed to Broughton Hospital for psychiatric care. She experienced at least 6 Broughton hospitalizations by the time she was 55 years of age, and more throughout the following years. She ultimately was diagnosed with dementia/Alzheimer’s type and major depressive disorder. The consumer has lived in various rest homes and adult care facilities, and her most stable housing has been with the adult care home in which she now lives, and has lived for the last 23 years. She was referred for participation in the Adult Life Program in 1990. She has had no documented psychiatric hospitalizations since her admission to the program.

Although she has increasing medical problems that limit her participation (including lymphoma cancer), she attends as often as she is physically capable. Her daughter states that she is glad the consumer has the hope of continuing in the Adult Life PSR program when she is able to. She feels that her attendance and activity level have slowed down the progression of her physical and mental problems. She states, “Adult Life has kept her out of the bed, and keeps her mind and body active. She has stability and safety in her life, and I am glad to have someone other than myself looking out for her welfare”. PSR staff communicates closely with the consumer’s adult care home staff, guardian, mental health support providers, and medical professionals in an effort to continue providing quality, effective supports. Staff works diligently to assist the consumer to maintain a level of functionality necessary to remain an active participant in her community.