Single Subject Design

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Description of my client

My client is called Mr. Harris, a veteran who was mostly proud of being independent and caring for his family. In May 2015, he had an above knee amputation because after being diagnosed with diabetes type 1, he kept on living a lifestyle which is not healthy. The term amputation is used in explaining a considered condition that arises when a body part has been removed (Cristian, 2006). Amputations are mostly done on people who have a traumatic injury or as a component of a surgical process in the treatment of a given disease. It is more challenging in the event of an adjustment, traumatic amputation and adaptation. An amputation is a life tearing and emotional occurrence in which some people never recover; it can be performed on any edge of the body like fingers, arm, the hand, foot, toes, or leg.

Mr. Harris was not prepared to be bound on a wheelchair temporarily as this could affect his daily life. He, however, had the chance to transform his lifestyle and time to arrange for the loss of his limb thus he gets depressed and in some ways detached from himself. Mr. Harris mostly talked to everyone about the bitterness he has on himself for not taking care of himself and the way his family has to continue minus his normal support.

Mr. Harris' mindset and how his family functionshave been affected by the amputation. A report given by Mrs. Harris indicated that Mr. Harris never wants to leave home sometimes and when it comes to rehabilitation, he gets more withdrawn. Mr. Harris never wants to use anything that will help him regain his ability to walk again; this is despite being given a prosthetic leg and a rollator walker more than six months ago.

Interventions

Research indicates that worldwide, amputation has become one of the common problems in the current society (Murphy, 2014). The number of persons with either one limb or both amputated is increasing. Today, United States accounts for more than 110000 people who have lost their limbs through amputations per year, among them; around 91.7% involves lower extremity. A survey done on a veteran woman with an amputated lower limb indicated that it had devastating effects and life-changing experience in her life. Since the amputation presented a dramatic change in her body, she faced several challenges, the main being reduction in her mobility since she could not walk as she did prior the surgery. She experienced stump and phantom limb pain. The source of the stump pain which she felt in the remaining parts of the injured limb was from the damaged groups of nerves during the amputation process. Emotional effects of the amputation included post-traumatic stress disorder since memories of the incident kept flashing back. Social withdrawal was also observed which affected her personal relationships with friends mostly. The type of intervention that is useful for this veteran includes rehabilitation United (States, 2002). This is useful in managing the immediate postoperative period, strategizing for the right level of care after discharge, and providing education to both the family and patient to avoid complications.

In another instance, a veteran man who was named Mr. Ali had to undergo a traumatic amputation after he was involved in a serious road accident. As a result of the accident, both of his legs were removed. A traumatic limb amputation is a perceptible wound which results in huge personal incapacity and distress; it is a substantial loss to the nation in both vocational and physical rehabilitation. In study conducted in the United States in 1999, 14,420 cases of non-fatal traumatic amputations were reported to an association called American Statistical (Clasper

&Ramasamy, 2013).Mr. Ali experienced challenges like psychological trauma and emotional uneasiness. He was also exposed to an increased risk of cardiovascular diseases. Research indicates that the post-traumatic lower limb amputees are more prone to morbidity and death as a result of cardiovascular diseases (May,2002). This is due to the psychological stress, resistance to insulin and the deviant conducts which are rampant in victims of traumatic lower limb amputation. Mr. Ali's main challenge was his negative perception about his body image and well-being. The body image of an individual is a phenomenon which is dynamic and changing, its structure is composed of perceptions and feelings, the perception changes continuously. The traumatic amputation caused disfigurement to Mr. Ali; it resulted in negative body image and loss of social acceptance. Disability experience and stigmatization are interdependent, Mr. Ali saw himself as unfit to the society after the traumatic amputation,and the reason for this can be attributed to the fact that an individual's body image provides a sense of self, and a person's body image affects how he/she thinks, act and relate to others. He was dissatisfied with life, thus depression, low self-esteem level and high anxiety were his major challenges.

Some of the intervention measures used on Mr. Ali due to his complex psychological and psychological issues included a holistic rehabilitation approach. This rehabilitation after the amputation was aimed at assisting Mr. Ali integrate back into the community and restore his physical capacity, emotional aspect and the general state of health. The ultimate objective of a rehabilitation program on an amputee is to enable him/her integrate into the society as a productive and independent member (Matthijs&Sidransky, 2012). The psychological impact of the amputation lasted for several months. The rehabilitation program was successful on veteran Ali, the success was measured by the ability to fit the prosthetic limbs which improved his functional mobility and independence. Through prosthesis, Mr. Ali's body image was

reinstatedduringrehabilitation; the whole rehabilitation process included re-educating and retraining.

An essential component of veteran Ali's rehabilitation was participation in an amputee support group where resources for coping with limb loss while educating and training the amputees and family members were unlimitedly available. Through Support groups, there was a chance to identify with and meet Mr. Ali's special needs plus those of his family. It was beneficial to take part in an amputee group since Mr. Ali successfully adjusted; heoften showed that losing a limb is not losing a life and that there are numerous options for an active, productive life if a person's mind is open to them.

In the case of Mr. Harris, the major intervention was to immediately commence using his rollator and a prosthetic leg. He participated in both occupational and physical therapy butstopped along the way. I worked with Mr. Harris on using his leg and rollator numerous times each week till he can comfortable using the device daily. Some of the scales I discovered which I could utilize in helping Mr. Harris to recover his independence included the Family Member Well-Being Scale, Self-Efficacy Scale, Body Image Avoidance Questionnaire, Satisfaction with Life Scale and the Depression Self-Rating Scale Self-Efficacy Scale. The family member well-being scale is utilized in measuring the extent which member of the family has changed in issues on, anger, tension, health, cheerfulness, and, sadness (Murray, 2009).In Harris family, this instrument was useful in determining the family's flexibility, coherence, support and interaction since the amputation happened.

I used the Depression Self-Rating Scale to measure the sovereignty and extend of Mr. Harris' depression. This assessment was crucial to him since it showed how he perceived his psychological complaints, moods, and cognitive aspect of depression. The self-Efficiency scale was used in Mr. Harris' treatment in various ways. First, it measured his personal belief level on his own competence, personal expectations concerning the change in behavior, and the intervention to address his precise needs. Secondly, I applied the scale to show the advancement of self-efficacy in the course of the intervention. The cognitive judgment of an individual about his/her quality of life is measured using the Satisfaction with Life Scale (Montavon et.al, 2009). Since Mr. Harris expressed feelings of not being satisfied with his life, this scale measured his sense of well-being, self-esteem, and intensity of life satisfaction. Lastly, I used the Body Image Avoidance Questionnaire which is an instrument that is concerned with the avoidance of situations that incite concerns about the physical appearance of a person. Mr. Harris refused to leave the home due to his dissatisfaction of missing a limb. He also refused to utilize the rollator walker and prosthetic leg.

Findings

I used a bi-weekly basis measurement method in person and contacted Mrs. Harris weekly by phone. On daily basis, Mr. Harris and the wife gave a report of device usage during the bi-weekly home visits and provided weekly data over the phone. My findings were that Mr. Harris concurred to commence using the walker and prosthetic leg in moving about his home. After one month, he accepted to utilize the devices while leaving his home. Data on how the Mr. Harris was doing was collected daily basis. I began my findings on Mr. Harris intervention on 09/26/16.On 10/04/16 Mr. Harris had attempted to use his prosthetic once but became frustrated with trying to put it on. On 10/10/16 I met with Mr. Harris to inquire about his level of

cooperation, assisted with learning how to put on a prosthetic leg and provided words of encouragement. He stood once using devices in my presence. On 10/20/16 wife reported that he used devices 4 times that week. On 10/26/16 Mr. Harris reported using the device only twice because his limb felt sore. Wife stated that he was waiting on a sleeve to around his limb for comfort to come in the mail.On 11/04/16 wife reported that sleeve came in the mail, but Mr. Harris had resulted back to zero utilization of devices. On 11/08/16 I repeated scales and questionnaires. Mr. Harris showed improvement in responses to how he felt about himself, life and willingness to do more with his family. His used devices in my presence and promise to start going out of the home more with devices.On 11/17/16 Mr. Harris reported that he wore his prosthetic leg and used a rollator to go to church on the past Sunday. At least 6 times each week, Mr. Harris used his devices around the home. On 11/23/16 wife reported that he is using devices more, but refused to leave the home to visit family for the holidays. Wife counted 4 times of visible usage.

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