



Model of Human Occupation

Archived List Serv Discussion

Eating Disorders Treatment

February 7, 2009

hi

I'm rosanna and are italian student of occupational therapy, I am doing a project on the treatment of eating disorders and I using the moho.

I use these tools: OPHI-2, volitional questionnaire, interests list. who is there someone works in this area????(eating disorders), such as tools should I use ...I found a few literature testimonials in occupational therapy and eating disorders treatment....

awaiting answers

thanks

February 13, 2009

Hello Rosanna,

I work in national eating disorders unit in London that caters for national adult and adolescent inpatients and local day-patients.

We use the following MOHO tools:

- * OCAIRS for responsive, articulate adult patients within the adult inpatient unit and day service.
- * MOHOST for unresponsive or change-resistant adults within the adult inpatient unit plus adolescent unit.
- * Interest Checklist, OSA, WRI, WEIS, VQ, occasionally as required.

NB: We would use OPHI-2 instead of the OCAIRS if we did not have significant time-pressures.

We also use other non-MOHO assessment tools:

- * Social Situations Questionnaire (SSQ) (Marks, 1986)
- * Communication Skills Questionnaire (CSQ) (Takahashi et al, 2005)
- * Eating and Meal Preparation Skills Assessment (EMPSA)(Lock, Williams and Lacey, in prep)

The EMPSA will be featured within the 8th annual UK Special Interest Group study day for Occupational Therapists working with clients in eating disorders which is on Meal

Cookery methods and research outcomes planned for November 2009. The date is due to be confirmed shortly, and the event will be advertised on the College of Occupational Therapy website from approximately May 2009.

If anyone is interested in receiving details of this event, please do not hesitate to contact me directly.

Laura Lock

February 15, 2009

In my experience working with this population, the most significant assessments have been:

1. As initial the OPHI-II and OSA, and general observation.

Sometimes, when people are not ready for an interview because they have severe problems in personal causation, good observation (based on observational assessments, as VQ), careful informal conversation according to volitional reality, and application of OPHI-II with family or significant others have been most helpful. I would suggest MOHOST with proxy information in these cases. I have allways used the OPHI-II as a guide for proxy report instead of OCAIRS.

I have found, even when there is short time to spend with people, that the OPHI-II is much more relevant for this group than other interviews and it gives in depht information to refer the person to other long term services..it is meaningful for the person, and as people with these problems have told me, they get validation and knowledge about themselves in a way that "they don´t feel interviewed" but "talking and trusting someone who is also bringing up the good part of them". These comments have been made by several people in front of the rest of the team.

2. ACIS, VQ.

3. WRI and WEIS when required both for Education and WORK purposes.

In my experience I have not needed non MOHO assessments. I have worked as a team with other disciplines and we have integrated the information. Teams find MOHO assessments very useful to understand occupational perspective and make priorities of interventions.

Big hug to all!!

Carmen Gloria de las Heras, MS, OTR