



Model of Human Occupation

Archived List Serv Discussion

MOHO and the Allen Cognitive Level Screen

June 28, 2009

Hi all,

I've recently started using the ACLS to complement the other assessments I use (mostly MOHO oriented except the KELS) and I was wondering whether the MOHO based assessments (especially MOHOST and OCAIRS) are incompatible with the ACLS? The clients I have been using the MOHOST and ACLS with have been cognitively impaired (one as a result of drug abuse in the context of schizophrenia and the other with a history of severe traumatic brain injury and the recent onset of paranoia).

Cheers,

Moses

July 3, 2009

Hi Moses,

I would say the two tools are very compatible and provide you with a more holistic picture of the client. While MOHO is very client-centered and provides a view of the client from the inside out, the ACLS will provide you a measure of the client's process/cognitive skills that are invaluable to providing care that is truly client-centered. If one has a cognitive impairment, they are not always able to accurately see the factors that influence their recovery, thus the provider must integrate the client's desires with their need for cognitive assistance (necessary for them to navigate successfully in the world). This is a very simple observation, but it has been true and successful in my practice. I hope you find them compatible as well, they are my two favorite frames of reference and they truly fit together nicely in any population with incidence of cognitive impairment.

Good luck,
Sue Trace

July 6, 2009

Hello Moses

My knowledge of the ACLS is now a few years out of date, so please read my comments in this context. I work predominantly with older people with mental health problems so most underlying cognitive impairments I see are as a result of dementia. I too use MOHO as my primary practice model and use AMPS, where appropriate, to assess the impact of cognition on task performance. If a standardised AMPS assessment is not appropriate I still use these principles and processes, allowing the client to choose assessment tasks of appropriate challenge that are significant to them and, once mutually acceptable parameters have been established, to perform them in their own way in their real-life environment.

When I looked at the ACLS I was of the opinion that whilst the language describes using meaningful activity and supporting function, the model focuses on cognitive dysfunction in a way that may incline a therapist to see environmental adaptation as the only viable intervention. I also found the assessment tests to be prescriptive, mechanistic and divorced from a person's real occupational situations, paying little attention to the person's past (influences on volition and habituation) or cultural context. I do not therefore see ACLS as compatible with a MOHO framework, mainly because it does not adequately address the importance of volition.

When I was exploring these issues in my work with people with dementia Carmen Gloria de las Heras sent me a detailed and very informative response on the Listserv to a similar query to yours. I recall it had a profound influence on my thinking as at the time as many of my UK colleagues were using the cognitive disabilities model in working with people with dementia. It may be worth you looking it up – I think it was around 2001, and subject was something like 'working with people with dementia / models of practice'

Best wishes

Andrew

July 7, 2009

Hello Moses, hello all:

I would say very respectfully that Claudia Allen's theory and approach for assessment is not compatible with MOHO, neither with OT principles.

First, it is a medical model, second it is not client centered, third the understanding of function and evaluation of function is not integrative.

If you review the theory and approaches for assessment of both models you will see a lot of differences. In ACLS therapist is the "actor" (not the person), the one who selects the activity, the one that classifies the person according to specific capacities doing an activity which in many cases is not relevant for their lives, therapists decide about what the person will be able to do according to this test.

If you review the OT principles you would readily find your response.

I have practiced many years with people who have cognitive problems due to different causes (Schizophrenia, dementias, Alzheimer Brain damage, Mental retardation, etc.) and I have never chosen to use Claudia Allen's approach. I have given lectures and explanations of it many times. My reasons are related first to what is OT and its roots, then when I decide to combine MOHO, I have deeply analyzed other models of practice before I decide to choose one, so they really complement each other centered on people's occupational needs.

What MOHO's evaluation process, and within it, MOHOST and OCAIRS as other MOHO assessments look for is the integrity of the occupational personal and environmental factors in occupational participation. No sole element defines the person potential. Plus what the assessment process with MOHO gives is a response to the person and therapist about how relevant interventions based on occupation should be. This means that volition, persons' identity take a major role here. Claudia Allen's approach to evaluation and treatment does not consider this (talks about function in a mechanistic way). What happens, is that it has very concrete procedures, and patterns to follow (so, not to think much), and in this whole process the essence of the person is missed. Occupations take many forms...many as the diversity people represent, not only one form.

I would suggest you continue using the mOHOST and OCAIRS. If you identify from your assessment that people need further attention on their process skills use the AMPS. If you don't have time for further assessment due the length of stay, you mention the need for further assessment and write a good, solid report to give to other OT services.

I have used successfully with MOHO, when is really needed, and as complement, the Multicontextual Functional Approach from Toglia, and other functional cognitive perceptual approaches. In my experience the results have been significant and holistic. The more relevant and real the experiences of life in which you use some of these strategies are, the best function and satisfaction people get.

I invite you to follow through with this conversation.

Warm and huge hug
Carmen Gloria de las Heras

July 8, 2009

Hello Andrew and Moses,

Thanks for your thoughtful question and response.

I will add a few thoughts. Traditionally, therapists have not used the ACL or other cognitive disabilities assessments along with MOHO for the reasons noted in Andrew's response (i.e, the emphasis of cognitive disabilities on the immutability of cognition and its emphasis on modifying the environment solely in order to reduce demands for task

performance. That said, I do believe it is useful to gather information on the impact of the cognitive impairment on performance either via the AMPS or another assessment. I am aware that some persons do use the ACL and other CD assessments, ignoring the overall perspective of that model and using the assessment merely to get a read on the impact of impaired cognition. I believe that is a clinical judgement. I have completed a new chapter on cognitive approaches in the 4th edition of Conceptual foundations of Occupational Therapy practice, in case anyone wants to refer to it. That book has just been published. The book also has discussion and illustration of combining cognitive approaches with MOHO.

I do want to emphasize that from a MOHO perspective working with persons with dementia involves environmental modification, but not only to accommodate the cognitive deficit, but also to respect and elicit the client's volition. Recent research done by Christine Rabner (the paper is available by request to the MOHO website using the e-mail on the home page) underscores the importance of these strategies with persons who have dementia. I know Christine will be developing a protocol for doing this in the future, but her paper in the meanwhile is highly instructive.

Gary Kielhofner