



Model of Human Occupation

Archived List Serv Discussion

Remotivation-Client Centered Practice

February 24, 2009

Hi all,

Thanks for all previous responses to my questions on MOHO assessments for inpatient adolescent psychiatry. I have put many of the suggestions into use!!

I have another query which I hope someone will be able to help with. I currently have a client who is severely depressed. On assessment, she reports no interest in her daily occupations i.e finds it very difficult to get up and get dressed in the morning, is not attending school and has no leisure interests; and has no structured daily routine. the difficulty is she does not want to change any of this and so does not want to set goals in any occupational area. I am wondering how to be client centred in this case but also help her to gain more volition in her daily life. She is beginning to participate as an observer in the groups but finds this very difficult. She is a new client so I'm planning to try gradually re-engaging her but any suggestions on what to do would be very helpful!

Thanks,

Orla Darcy

February 24, 2009

Hi Orla,

I would suggest looking at the remotivation manual which you can obtain via the MOHO website. The re-motivation process is designed for clients like the one you describe. You might try doing the OPHI-II with her (it is recommended as part of the re-motivation process) to gain some insight into her life pattern and why she is finding it difficult to set goals (aside from the obvious influence of a depressive state)

Your case also raises an important issue regarding client centered practice--i.e., it routinely involves more than simply doing what the client wants or entering into a collaborative relationship. This has been the topic of my recent and upcoming workshops.

Being client-centered also means that we must generate an understanding of the client, that she may not currently have and used that understanding to empathize with the client's situation, to lead the client toward insights and to instruct or direct the client. Sometimes

it is up to the therapist to identify the likely first goals and steps to help a client move toward more autonomy and self-direction.

Gary Kielhofner

February 24, 2009

I think that in acute psychiatry when a client is severely unwell it can be a challenge for Occupational Therapists to be fully client centred.

I think at this stage all you can do is, keep talking with the client in order to maintain a therapeutic relationship and to detect when there may be a shift in symptoms or an increase in motivation. I think what you are doing is great. If she is agreeing to observe groups then she obviously has some level of interest and is probably contemplating. I think you have to keep the dialogue going with her regards depression and its impact on mood and motivation.

I will often try the tactic of engaging clients who are depressed into “nice activities” such as going for a coffee or look round local stores. It’s worth a try but often you just have to keep talking with them until there is a shift in their motivation. I think you have to keep encouraging and offer hope.

Teresa Law

March 10, 2009

Hi Orla

I agree with Gary, the re-motivation process may be a useful tool to explore. I work within an Early Psychosis Service and commonly work with young people who have difficulty identifying goals or motivation towards occupational and developmentally relevant roles.

I wonder if you have considered utilizing motivational interview techniques and socratic questioning to explore whether or not this young person is feeling satisfied with their current situation. Where there is ambivalence there is always the opportunity to explore change however small that may be. The key always, with every client is the engagement process and the ability to connect with the individual. This can be difficult with this age group but it is possible. Hang in there and good luck.

Alex Savage

March 12, 2009

It is sometimes helpful for me to remember that the opposite of depression is not happiness or even pleasure. The opposite of depression is living a fully engaged life. There are perfectly understandable reasons why people feel ambivalent about living a

fully engaged life. It is possible that the results of your assessment (I have no interest, I do not function, and I don't want to change it) is more a communication than a fact. The communication might be something like I don't feel up to taking anything on, or don't think I could really be successful at living fully, or I am terrified of trying and failing. A client centered approach, it seems to me, would begin with letting your client know that you have heard the communication, understand, and accept where they are at. I might begin by seeking to understand what the risk or cost would be for your client to take steps towards a more fully engaged life. Reflective listening and Motivational Interviewing techniques may reveal a secret or abandoned wish to have a bigger life than your client now has. Usually if I can accept my client's current solution to life (even if it looks like a poor compromise to me) and remain curious and interested in why that appears to them to be their best solution, more is revealed and eventually I develop some common ground (something they want and something I am able and willing to help them with).

James Hill

March 30, 2009

Thanks James - I like the way you have described your approach. In fact I would like to add some of the phrases to a table we use to document the main challenges & strategies to implementing MOHO, crediting you of course - is this OK with you? I've 'cut-and-pasted' the relevant challenge & strategies. Please see below

Model of Human Occupation: Practice Development Challenges & Strategies

Challenges	Strategies
<p>Individuals with significant volitional challenges</p> <p>§ Individuals with low volition / desire to change</p>	<p>§ Build trust / rapport: validate clients perspective; acknowledge that change is difficult</p> <p>§ Seek to gain an indepth knowledge of the person's volitional profile ie PC, V & I, so that you understand why the person may be choosing to avoid occupation</p> <p>§ use OPHI to establish a) how current pattern may have developed & b) times from the past when person was more motivated.</p> <p>§ Use OSA to identify clients perspective & priorities</p> <p>§ Interest Checklist to identify potential 'sparks'</p> <p>NB: It is possible that the result of assessment eg low volition, is more a communication than a fact. The communication might be 'I don't feel up to taking anything on', or 'I am terrified of failing'.</p> <p>Begin with letting client know that you have heard the communication, understand, and accept where they are at. Seek to understand what the risk or cost would be for client to take steps towards a more fully engaged life.</p>

	<p>Accept client's current solution to life and remain curious and interested in why that appears to them to be their best solution*</p> <ul style="list-style-type: none">§ Grading: See Remotivation Process manual§ 'Doing with': first hurdle work§ Goal setting§ Motivational interviewing§ Brief therapy approaches eg miracle question§ Consider sensory approaches for clients who are 'pre-cognitive' <p>* Thanks to James Hill for these thoughts</p>
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regards
David