



## Model of Human Occupation

### Archived List Serv Discussion

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#### Residential Support Facilities

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**April 13, 2009**

Hi interested OT's

I have been asked to provide some support/ideas to staff at a supported residential facility around motivating residents to want to look after their home environment and take on responsibility for domestic roles.

The residents are a mixture of persons with enduring mental illness, and intellectual disability. The staff report that residents generally believe that since they pay a large chunk of their pay to the facility, the staff should do all the household duties. In fact the staffs roles are to support residents to look after themselves at their capacity (and for some, this does mean doing majority for, or with) There are 14 residents.

I am about to start thinking about how to tackle this and thought there may be someone out there who has already done similar work. If there is anyone who can give me some inspiration and ideas which may use MOHO assessments or concepts, please send me an email. Please keep in mind that this is a group with quite complex disabilities with persons with low motivation, complex support needs, memory problems, behavioural problems and a broad variation their abilities and support needs

Thanks for reading

Kate

**April 18, 2009**

Dear Kate

I suggest that first you view each person as an individual and find out what their interests are (interests checklist) and what their ambitions/aspirations are. To do this you might ask what would they like to be different in their lives in 10 years time.

In 1987 ran a 10 bed social rehabilitation facility for social services for physically disabled people. When working with each person I gave them a role of lining paper (this is white role of cheap paper sold to go on a wall before the expensive wall paper) I gave them a set of coloured fiber markers each. I first worked with each individual. We turned back the edge of the roll and the person wrote their name on it in the colour of their

choice. I asked them to pick a colour for recording all the good things they enjoyed in life and a colour for the life story line. We then started with a family tree, then some hopes for the future and then a zigzag line which could represent two or 5 years depending and we wrote the year on the bottom. The life line extended past the current year by 20 years or so. Then I asked the person to take the color they had chosen for the good things and to go along their life line putting in all the good things. And in your case you would ask what good things did they want to happen/enjoy in the future?

Where residents came up with similar topics for the future that were similar i.e. enjoy a holiday, get a worthwhile job etc. I would get them together in groups across the dining table after a meal and we would talk about the topic. I would take an easier one first and the residents would agree steps based on the Kielhofner chart we had at the time of small steps each one a success.

As you can see from their aspirations we got groups with similar goals organised within an informal social setting. I taught a 7 step goal planning model in which people were encouraged to put on their wardrobe doors pictures to represent the goal i.e. a holiday or job etc. Then when the care worker opened the wardrobe in the morning they would remark on the goal and discuss it as the person got up. All the time being very positive.

I wrote 4 articles at the time and one is quoted in Raising Voices, a Policy Studies Institute research paper by Naiomy Connolly. This comes up on the UK Internet.

My advantage over situation was that residents were only admitted on time limited admissions with a stated discharge goal and date agreed before admission.

You are in a much more difficult position as you have two different patient groups and they view the facility as a permanent arrangement though it seems that if they got some of their money refunded as a result of increasing independence they might decide to do more for themselves.

I have changed a physical disability residential home for 30 people by dividing the residents into three groups and the staff into three teams, giving the keen residents the keen staff. Very soon when the others saw the independence, outings, etc. the keen group sorted out for themselves, they wanted the same!!!. In this case the staff hours that comprised the team were given to the residents to allocate to activities where they would like to have support or needed support. This gave them more control of their lives and got them working as a group. I all the hours got used up having help dressing there would be none left to be taken out to a night club - you can probably see how this works.

I am happy to correspond with you if you feel my experience may be helpful.

Regards

Jess Mortimer