



Model of Human Occupation

Archived List Serv Discussion

ACIS

Date: September 23, 2007

Hello everyone,

I work as an occupational therapist in a residential child psychiatric center in Belgium. I use the ACIS often and now I am planning to do some research concerning the usefulness of the instrument in a diagnostic setting.

Therefore I am looking to correspond with colleagues who are also using the ACIS in the same population (children 2 to 12 years of age, with psychiatric disorders) and who are willing to share ideas, data, etc, for research purposes.

Regards,
Sven van Geel

Date: September 25, 2007

Sven
Can you clarify what you mean by 'diagnostic setting'.
regards
Jackie Avery

Date: September 25, 2007

Jackie,

In our residential clinic the children are admitted for 4 to 6 weeks, which enables us to make up an extensive diagnostic profile of the child with his/her strengths and weaknesses. During this period we can only offer a short term therapeutic tryout, rather than an elaborated therapy (for which we refer to other clinics).

Hence, since our work is mainly in diagnosing children with psychiatric disorders, I referred to our clinic as a 'diagnostic setting'.

In the research I was planning to link diagnostic profiles to ACIS outcomes. One might for example presume that children diagnosed with Autistic Spectrum Disorder show lower ratings on the physicality scale or on the relations scale. To look for particular trends and to link these to specific disorders however, I will need a large amount of children in the range of 2 to 12 years of age.

Thank you for your reply.
Regards
Sven van Geel

Date: September 25, 2007

Hello Sven,

It would be great to see research with a child population. Kirsty Forsyth in the UK was the lead person on the ACIS so I will copy her to this email. I recommend you work with her as it may be possible to pool your data with hers and collaborate on analysis

Gary Kielhofner

Date: September 29, 2007

Sven

your work sounds a little like my previous post which was a little frustrating as some team members were only interested in using OT's for diagnoses which we are not qualified to do therefore against our code of conduct. I worry about diagnostic profiles as they do not consider the individuality of the child due and the systemic experiences they may have encountered which as we know often influence how the child presents. There is a danger therefore that the true cause of the child's presentation is missed. In addition I would not consider carrying out any form of assessment if I was not intending to proceed with intervention. I feel I have to really stand my ground on this, not only because I am bound by the Code of Conduct but also to provide the client with the best possible service and to demonstrate the uniqueness and value of employing an OT which is crucial in today's current employment crisis.

cheers

jackie

Date: October 1, 2007

Hiya,

I agree. I work with adolescents from 14-18 years old and despite not having yet used the ACIS with this client group - I think it would be really useful with some young people & I certainly intend to use it.

I would be really interested in being involved or in hearing of any developments. Also in sharing experiences with people who are using the assessment with the slightly older age group.

Best wishes,
Sarah

Date: October 1, 2007

Some comments, questions, and thoughts about Sven's use of the ACIS in his program in Belgium based on Jackie's input.

First, it seems as though Sven's role in the unit is to recognize each child's individuality- using an assessment like the ACIS and using MOHO based theory can provide more holistic and dynamic insight to a traditionally medically oriented diagnostic team! I wonder if Sven, can you talk a bit about your unique role on this team and what you feel OT and specifically MOHO theory can bring to that team? Do you think that you as an OT and your use of MOHO helps the team to see how systems and environments and the barriers and opportunities in those environments impact a child?

Second, I don't get the impression that Sven is NOT providing any treatment, but instead a shorter period of intervention. Sven- how will assessment results, like the ACIS, impact the referral for other programs? Do you think you will be able to document the need for additional services and intervention in a more effective way using the ACIS and MOHO language?

And finally, I have a thought about the role of developing evidence for an assessment versus practice. Sometimes while developing evidence for assessments and trying to better understand what assessments can tell us about specific clients and people with specific needs, we have to do research that is indeed more restrictive or not really what we would do in "real" clinical life. Sometimes those research objectives, because they need to be "cleaner" than real life, have to be artificially restricted in order to produce research results that are interpretable and generalizable to a specific client group or situation. Researchers are of course then challenged with ethical questions like "what about the other people who won't qualify to participate", "What about what happens to people who do participate" and "what happens to people after they participate". Researchers can do things like provide additional resources (in Sven's case, referral to other therapy services), do wait list controls, and other strategies to balance the ethics of good occupational therapy service with the need to produce evidence for practice!

Best-
Jessica

Date: October 3, 2007

Jessica, Thank you for your reaction. I send following mail to jackie in order to clarify some of my work, but did not include the listserv in my mail. In what follows you can

read my reply to Jackie which explained the tasks of my job better, Jackie also offered to help out after this.

Thank you for your reply. I do understand your point of view considering the tasks of an OT, which indeed has to be more than being used for information gathering to diagnose the child (by a MD).

I think however the OT has also an important task in this field, just because we look to the child (and his environment) in a very different way than the other team members. By using aspects of the MOHO in practice we are able to complement the information needed for an accurate diagnoses and, more importantly, to describe the strengths and weaknesses of the child, emphasizing, not minimizing, the individuality of the child.

In our clinic this information is being discussed with the parents, school and possible health care workers or teams to make sure the child and his/her environment is going to receive the best care in the future. Colleagues of mine (OTs and other health care workers) provide such services in the daycare clinic.

So, the information being collected is being used to determine the further trajectory of the child. With the same information however we can do some research about the validity of some instruments which are being used...

This information might give a small insight in my tasks as an OT, I will elaborate on your comments in a later mail. I can already say that I strongly agree on your thoughts about research and the need for evidence based practice, also in using assessment instruments.

Thanks for your reply,
Regards,
Sven van Geel