



Model of Human Occupation

Archived List Serv Discussion

AMPS and Adolescents

July 17, 2008

Hello.

I work in an adolescent psychiatric unit with young people aged from 12-18. We've recently started to use the adult AMPS however feel the specified activities are not particularly relevant to this age group. We were wondering if the school AMPS would be more age appropriate to be used with adolescents?

If anybody uses either the adult or school AMPS with this client group I would be very interested to hear your thoughts/experiences.

Kind regards

Julie

July 18, 2008

Hello Julie

I use the AMPS with in an adolescent unit with the 15-18 year olds. I have not yet used it with the younger group and I have not trained to use the school AMPS. I have found it to be a very useful tool in highlighting the difficulties some young people have which have often not been realised prior to admission. In particular the young persons pre existing difficulties to plan, organise, initiate and maintain activities that has obviously contributed to the problems they have experienced in school and in other daily activities and are beyond the impact of any current psychiatric diagnosis. It is also useful to highlight the level of cognitive impairment caused by a psychotic episode on someone previously functioning well and I am using it at present to help assess the effectiveness of a certain medication on process. The activity choices that often get used are the kitchen based food/drink choices, shopping or bedroom tidying (changing bed, vacuuming, cleaning sink). On occasions it has been necessary to practice an activity until familiar and then assess in order to meet the AMPS assessment criteria. So I would find the job far more difficult with out the AMPS and it is the most frequently requested assessment from colleagues particularly the consultants to assist in future planning and preparation for discharge.

Regards Susan

July 18, 2008

Julie-

I don't have personal experience, but I know that clinicians have used the ACIS with this group successfully to set goals and also increase adolescent's awareness of interaction skills.

Also, you may consider the Volition Questionnaire- this assessment systematically considers volition and the impact of different environmental contexts on volition. There is also an intervention available based on the VQ and ideas of volitional development. I also know that some therapists have actively "taught" volitional concepts to mental health clients as a way to self monitor mental health.

Best of luck to you- what a unique client group!

Jessica

July 18, 2008

Hi Julie: I have experience using the AMPS in different population from adolescents up. I found a similar problem with relevance of activities. What I have done, is to use the AMPS with all its procedures as an observation tool, and within the relevance for the individual I have selected the ones with a similar complexity shown in AMPS tasks (in terms of number of steps, objects, and skills used. It has been very helpful doing this in order to have the best picture we can about motor and process skills of people who have different culture and needs.

In order to respect AMPS rules for application, I mention in my report template, that "AMPS was used as a guide to evaluate motor and process skills".

I have done this at different occupational settings as work, home, Universities, community, integrating really meaningful and relevant activities that are part of people lives, being recreational, work or ADL oriented.

Results of 15 years application in this way have allowed us to apply procedures of AMPS respecting culture. Imagine in Latin-American, the macho culture almost "RESTRICTS" the use of AMPS with men!!!

You can use your results and incorporate them in MOHOST for example as a complement of it, or into your report.

I hope this helps

Carmen Gloria de las Heras, MS, OTR

July 20, 2008

I Julie,

I would agree with you about the relevance of the tasks in AMPs, I work with youth in a mental health service (community) and food/drink and bedroom tidying are often not previous occupations of theirs. We often use the OSA for goal setting as its very client centred, but age appropriate task analysis standardised assessments are hard to find so if anyone can help us out too that would be great.

Thanks

Rosie Brown

July 21, 2008

Hi Julie,

I work with children and adults (12 - 50years old) with Learning disabilities and challenging behaviour.

I currently use ACIS as it gives a really good base for communication strategies as most of the individuals don't have much speech and MOHOST for overall starting point. I am about to go on AMPS training (ye ha!!) as I do a lot of functional assessments. I feel AMPS will work well with these complex individuals and provide a better framework for what I do.

The idea of where I work is to decrease challenging behaviour and increase function and MOHO works really well into this area.

As for school, most of the children I work with only attend school part time if at all due to challenges in school so school AMPS I don't think for me is useful, it is more about functional level and AMPS will give this.

Hope this helps

Fiona

July 21, 2008

Fiona,

I am a pediatric OT in NYC who is AMPS and School AMPS certified and I have found that they have been the most useful tests available in the framework that they set up and the information they give you.

As both tests are observational and don't accept simulated environments (this bench is a bed, this plinth is a table, etc.) keep in mind that they are useful for activities that the children do in their environments. School AMPS can only be used in the real classroom and unless you have regular access to the classroom and can communicate with the teacher, it can not be done. General AMPS is a little more open to allowing you to use a different bed to represent the child's bed, etc. However, for children, only the simple PADLs (eating, dressing, etc.) and simple chore-like IADLS (pouring juice, sweeping, making bed, setting table) are usually usable. The choice is less broad, but I have found that I can find activities that the children are familiar with. I switched a year ago from schools to a hospital based outpatient clinic and try to use it when I can. Pediatrics here in the states, I feel, is truly stuck in bottom up methodology (although they claim differently) captured particularly by NDT and SI philosophies- both of which have good stuff in them but aren't the answer for everything (no one philosophy is). Because of this, I have had a difficult time trying to implement occupation based treatment into the clinic for many of the children.

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