



Model of Human Occupation

Archived List Serv Discussion

ADL Ax

July 15, 2008

Hello,

I feel a bit rusty regards MOHO as I haven't really used it since my training, but would like to start incorporating it into practice where appropriate. I have an ADL assessment coming up and wondered if anyone here uses a MOHO template when writing up ADL reports? If so, would be good to know more.

Many thanks,
Rebecca

July 16, 2008

Hello Rebecca

I have used MOHOST in my daily practice within a community rehabilitation team for over 2 years now. I utilise it with all of my clients as a general screening tool to establish my clients baseline functioning, to aid treatments planning and as an outcome measure. I also use it for individual ADL assessments whereby I relate each of the MOHOST areas directly to the specific task i.e Is my client aware of their strengths and limitations, how motivated/confident are they to participate in the task, Do they make appropriate choices, how do their performance capacities (motor, process communication skills) affect their performance etc etc..

Your team sounds like it may have many things in common with mine - I have found MOHOST a great place to start exploring MOHO. The MOHOST manual gives great guidance, information and documentation. My main bit of advice is not to get too bogged down reading everything indepth first - get a basic understanding of the MOHOST content and give it a go!!! I have found hands on trial and error invaluable in re-familiarising myself with MOHO refering back to the books each time I experience something new so everything I read is very relevant and applied to what I'm doing. Its been a lot of work but has resulted in my practice really being occupation focused and has really impacted on the perception and understanding others have of my role and skill base.

Feel free to contact me if you fancy a chat - I hope this helps!!

Kind Regards

Mary Henaghen

August 5, 2008

Hello Mary,

Thanks for your message about MOHOST. It's interesting to hear about how you use it, particularly in relation to ADL assessments.

I still feel a bit unsure as to how to present the ADL report using MOHO in as much as I don't want to alienate clients by presenting information in an overwhelming or confusing way, particularly as the client group I work with are difficult to engage.

It's good to hear how you use MOHO in practice, though, so thank you

Rebecca

August 5, 2008

Hi Rebecca

I know what you mean because I struggled with this too in the beginning.

My initial assessment focuses on the traditional 'what' the client does i.e ADL's (on/off w.c/ in/out bath etc), community living and I report this in the usual way. Through the use of MOHO I now also acknowledge and report on 'why' they do 'what' they do (I hope that make sense but I will try to explain incase it doesn't!!!) For example a client who does not participate in kitchen tasks - I may report in the 'what' section that they are dependant on their daughter to prepare all meals. In the 'why' section the structure provided by MOHO allows me to fully explain 'why' this is happening - For example they lack awareness of their capacities in relation to kitchen tasks as until his wifes death he had never identified himself with such roles or responsibilities. He is keen to establish new roles in this area however since her death his daughter has become overinvolved in his care reinforcing his dependancy - he doesn't want to upset her. etc etc ... Using MOHOST allows me to identify/record all the influencing factors and to highlight what ones are really at the root of the problem and evidence it!! This is a snapshot from one of my clients who until my intervention had been labelled in previous OT/MDT reports as being 'NOT MOTIVATED' but no one had really explored 'WHY'. In this instance it was crucial to involve the daughter in my clients treatment plan and the use of MOHOST allowed me to reflect the positive changes I made.

The average age of my clients is about 80 and you aren't kidding when you say they are difficult to engage but I've found MOHO helps me to show them that I really do understand 'who' they are and this in itself establishes a trust that allows them to respond

positively to my suggestions and to engage in therapy ! I always involve them in the development of any treatment plan but I don't use any MOHO terminology they can't understand - I present my assessment in language they can relate to which is something I think we all do with or without MOHO!. Being able to identify and record this information allows me to create a really accurate treatment plan or infact evidence 'why' no OT to intervention is required!!

I must admit though that I didn't find this very easy in the begining and I struggled fitting it all together but as my understanding of MOHO grew so did my ability to apply it effectively to my practice.

I now use MOHOST to measure my 'whys' and MBI to measure my 'whats' - I have found that I need them both to truely reflect my interventions. I can't say I like the BMI much but after trying everything else out there it turned out to be the lesser of two evils! I think more work needs to be done in that area but thats another topic for discussion.

I have a case study which shows how I organise my assessments that I would be happy to share - unfortunately it is not an electronic version as I lost it when my computer fell ill. Reading this back I'm not sure if what I've written makes sense but feel free to give me a call if I can help further!

Nice to hear from you again
Best Wishes

Mary

August 8, 2008

Hi Rebecca,

I'm an OT with the Glasgow Adult Learning Disability Team (a joint partnership with health and social work) and I have been part of a pilot project with OTs from other health and social work areas throughout Glasgow using MOHOST. I had the same reservations as you when I started using the MOHOST especially with the language. The advice I was given was don't worry too much about the language when discussing outcomes of assessments with your clients. The therapeutic relationship is all about engaging with the patient/client at his or her level and that includes the language you use.

Working with LD clients I see those with a mild LD who may be married with children, to the most profound and complex and I need to adjust how I relate to them.

Hope it helps.

Regards

Liz