



Model of Human Occupation

Archived List Serv Discussion

OT with Military

August 13, 2008

Hi,

I am looking for OTs who work in a low-secure psychiatric (short-term) rehab setting with patients from military backgrounds.

I am specifically looking for those with experience working with military clients with Depression, Anxiety, Trauma and PTSD, and any ideas for specific activity programmes.

Is there anyone out there who has used MOHO assessments to aid their intervention programmes?

Any guidance or suggestions would be very helpful,

Thanks,

Helen Grocott

August 19, 2008

Hello Helen,

I work with patients who have a military background and who suffer from Operational Stress Injuries (OSIs) (ex: PTSD, depression, social phobia, generalized anxiety and other related difficulties such as alcohol and substance abuse or chronic pain issues). I presently see these patients in a short-term hospital setting (3-4 weeks) - Stabilization Program (tertiary level care services). I am also actively involved in defining and developing OT services for an upcoming 8-week OSI Residential Treatment Program, which is to be developed to complement the other existing tertiary level care services.

I am keen to demonstrate that OT adds something to both programs, including the value of the use of OT evaluation tools like the MOHO assessments. I am a novice with regards to the use of MOHO assessments in practice. I started using the OSA in the Stabilization Program which I ask the patients to fill in during an initial individual session. That first meeting with the patients is the only individual session planned. The patients are then seen in a group setting until they leave the hospital.

The way I use the OSA presently is to help establish a therapeutic rapport with the patients before they enter the OT groups and also to evaluate the degree to which patients are able to identify their occupational performance problems. It also is an opportunity to assess the impact of the patients' symptoms on their ability to complete a task or to evaluate if the patients can identify desired changes related to their identified difficulties. These kinds of observations are actually what I include in my initial note as opposed to specific problems highlighted by the OSA. The general goal of the OT interventions in the Stabilization Program is related to helping the patients define as clearly as possible their difficulties and desired changes in relation to their occupational functioning. The OSA helps a lot to do that. Activities offered in the OT groups give the opportunity to patients to further work toward that goal and also to sometimes begin a problem-solving process, either through personal weekly goal-setting or through a written, sometimes step-by-step, plan of action to be followed once they leave the hospital. For example, patients always have access to the original copies of their assessments during the OT groups and are encouraged to make links between the subjects discussed and the problems they identified on the OSA. When setting goals, they are also asked that the actions planned be consistent with the difficulties they identified.

I still question myself in relation to these last points. My preoccupation is that I want to prevent identifying specific problems with the patients, translating them into therapy goals to be included in the interdisciplinary treatment plan and then not be able to actually have enough time to act on the problems during the short time the patients are in the program. The solution I found for the moment is to focus on helping patients clarify what their problems and desired changes are and at the same time, evaluate and document and share with the team how they are able to function in the groups (ex: impact of the changes in meds, etc.) I also share the expressed occupational performance problems of the patients with the team and formulate recommendations when pertinent to follow-up services.

I'm not sure I really answered your questions, hopefully the information I have given you can stimulate some ideas! I'd be glad to further share information or ideas about how to use MOHO assessments with our target client group or even about OT services in general with these clients. Feel free to contact me.

Julie Beauchesne

August 21, 2008

I work on an inpatient psychiatric unit. I have found great success implementing strategies from Morita Therapy, which shares basic principles in common with the emerging evidence supporting use of mindfulness based interventions (see: Acceptance and Commitment Therapy, Dialectic Behavioral Therapy). The advantage of Morita Therapy is that it is more occupation based and therefore more compatible with a MOHO approach. I have found Morita Therapy great for short-term interventions. It helps clients to quickly understand the importance of involvement in purpose-driven occupations. It helps to clarify the understandable but counter-productive response of controlling or

avoiding feelings and the greater wisdom of shifting the attention to here and now practicalities of living life while accepting feelings and allowing them to take their course. For more information on Morita Therapy, look at www.moritaschool.com