



Model of Human Occupation

Archived List Serv Discussion

Guardianship & Protected estates

May 14, 2008

I'm working in a mental health service in Sydney where our local OT service operates under a MOHO frame of reference. I've lately been doing some digging into report content and structure surrounding issues of Guardianship and Protected Estates Orders (financial management).

I was wondering if anyone has any suggestions/experience with any of the assessment tools originating from MOHO-based assessment tools that have proven to be particularly useful when working with these issues.

The question of "capacity" posed from a medico-legal perspective here is related particularly to whether a person is capable of:

- (a) understanding the facts involved;
- (b) understanding the main choices;
- (c) weighing up the consequences of the choices;
- (d) understanding how the consequences affect them; &
- (e) communicating their decision.

In the proposal of such measures there is a need for consideration not only in the realms of the client's skills, but also their context of aspects in their physical & social environment, the dynamics of their habituation, and particularly nature of their volitional system - arguably the most controversial point in terms of both legal and ethical issues.

I am interested in hearing of peoples' experience in the use of MOHO in assessment and practice in areas of guardianship & choice, particularly in the field of Mental Health.

Thanks
Jacqui

May 14, 2008

Jacqueline-

Thank you for your very unique question- I really sat and thought about it a second. I have never considered issues of guardianship and decision

making competence from a MOHO perspective!

Volition certainly does bring up some ethical and legal challenges. Say that someone has a strong value and desire to be in control of their decision making, and also believes in their capacity to make good decisions (don't we all?). What happens to this person if a court/professional decides they don't have the capacity to make safe decisions? I think what happens depends on how support is provided to that individual to make decisions. If others who have guardianship (or similar status) work with the person to make decisions together, and to guide the individual to themselves make decisions that are safe and in keeping with their needs and wishes, then I believe that individual's volition will remain intact, and the person will most likely remain highly engaged. However, I could imagine that if the guardian simply took over decision making OR attempted to collaborate with an individual on decision making in a demeaning way, that volitionally, the individual would be at risk. This could lead to withdrawal, loss of roles and habits, and increased "behaviors" (to communicate that individual's unhappiness and displeasure).

I honestly am unsure if MOHO can be used to determine capacity (maybe a combination of MOHO tools with other "psychological" tools would be a nice compliment), but I do think MOHO could be used to demonstrate an individual's volition (as you point out) and to facilitate meaningful and respectful collaboration in decision making between guardians and gaurdees.

I immediately think of the OSA as a tool that can enable someone to identify their own goals and values- this could later be used and referred to as a strategy to guide decision making (does this decision support your goal of 'managing my responsibilities'?). I know that several people in the UK have used the OSA with great success with people with intellectual disabilities/learning difficulties as a way to facilitate decision making. The 4th edition of the MOHO book includes a few nice cases, and perhaps they will chime in on the listserv too!

Finally- as you mentioned, I think documenting current habits and roles and help provide a case for an individual who is competently handling decisions in day to day life on their own (or document a need for support)- I would try the time diaries such as the OQ. Also, the ACIS may be a useful tool to document an individual's ability to communicate needs to others.

Best of luck to you, and thanks for the interesting topic!

Jessica

May 14, 2008

Dear everybody:

I have many experiences with this issues. In addition to agree with Jessica, we have

found the OPHI-II, OSA and observational assessments very useful at the time to help define these situations. VOLITION and ENVIRONMENT again are a big issue to be evaluated for both parties, in addition to skills.

When I worked in USA, years ago, in a psychiatric state facility, the AMPS, ACIS, VQ and OPHI were used permanently in these situations, interrelating them and given substantial conclusions, both about the person and type of guardianship needed, if needed. Usually the treatment team did not have the facts of occupational participation because the procedures and assessments they had were too general and focused only in "capacities" defined in those forms, with a limited perspective, and with the role of OT using MOHO the felt helped and even asked the OTs to be in court if it was needed.

When the person had severe problems on cognitive capacities the VQ, AMPS, and ACIS helped enormously to make decisions. The whole group of people who had severe and profound mental retardation change from the Hospital guardianship to more selected environments as their guardians.

Working at Reencuentros, a community integration Center in Chile, we also faced these situations. Sometimes we had to decide which environment a person would need in order for the family to be safe...Most of those cases corresponded to people with severe personality disorders. The only information the court had to support the family was the OT's.

Psychologists can be a good team for these situations, but still need to be complemented with OT MOHO oriented.

Later I will send another mail with information about which items of the OPHI-II were key on defining attitude towards change, which becomes a central issue on people with legal problems, with risk of delinquency and with people already in jail.

I can be more specific on interventions etc if you need
warm wishes
Carmen Gloria de las Heras

May 14, 2008

Jacqui,

I also work in a mental health service in Sydney. An Aging Brain Focus Group (ABFG) has recently been started through OT Australia (NSW) (you don't have to be a member to attend).

We are planning to have a clinical forum about assessment of capacity. If you or anyone else in NSW would like to be a part of the discussion, send me an email & I'll put you on the distribution list for the ABFG. It would be good to have someone involved who uses a MOHO frame of reference with capacity assessment.

Regards,
Cindi

Cindi Hankinson