



Model of Human Occupation

Archived List Serv Discussion

Help with Identifying most Appropriate Tools to Use with Client Group

May 21, 2008

G'day, I'm a sole OT working for a youth Organisation which attempts to enable extremely disengaged Adolescents (Disengaged from education and or vocational pursuits) aged 12-19 years of age which have a variety of issues affecting them including: mental health, family breakdown, juvenile justice, drug and alcohol issues and more.

Is there fellow OT's who are working with similar client group using MOHO tools? What tool(s) would best suit this client group? When I look at the MOHO tools I feel a variety of Ax tools could yield useful information.

I would Appreciate any advise,

Jon

May 21, 2008

Hi Jon

Whereabouts are you working?? NZ or OZ? The client group you describe is similar to a client group that I worked with in the UK and the MOHO assessments we used were the MOHOST, ACIS, OSA and/or COSA. These ascertained useful information and were able to guide objectives for intervention. Im a particular fan of the ACIS and it is an especially useful too with adolescents as communication becomes an issue and can underlie reasons for drink/drug seeking, crime, etc. etc.

Wonita

May 21, 2008

Hey Jon,

I'm an OT working in child and Adolescent mental health in New Zealand. Your service sounds amazing! I work in the adolescent team so the young people I see have 'general mental health issues', whatever that means, but we tend to see lots of kids where school hasn't worked for them and that are involved in gang culture etc because of the socioeconomic area we cover. We have limited assessments here but we do use the OSA with

our adolescent clients, it's a nice way of prioritizing self-care, productivity and leisure occupations and setting goals. Interest checklists are also good when your clients are hard to engage with. I've used MOHOST with a different client group in the past but have thought it would be good for our young people as it assess over different occupations and environments.

Hope you find this helpful

Rosie Brown

May 22, 2008

Hi Rosemary:

Working with adolescents you describe, I agree, OSA is a very good assessment to begin with plus MOHOST (being very careful on deciding if interviewing or not the person. ACIS and VQ are tremendous tools not only to evaluate but to work with clients in your interventions.

I would suggest following these steps:

1. MOHOST for general occupational profile (careful, not do interview yet)
2. Apply OSA, this gives the needed control to adolescents. From the analysis of it, depending on personal causation, if you see that the person is trusting you I would introduce as part of it the OPHI-II in a way that flows from the analysis of OSA. The Experience with it in our country has helped to understand the relationship of their past occupational participation with the current one and explain the whole picture with the "whys".
3. ACIS you can apply it since the beginning as an assessment tool only. Then according to your plans or possibilities of your program I would use it as intervention planning and implementation both individually and as a group. Teach it to them, let themselves their communication-interaction skills according to their goals.
4. VQ like ACIS allows you to evaluate through observation since the beginning and then use it as intervention tool and guide the remotivation process based on their needs.

Use the REmotivation Process to guide your vision and the right moment to apply assessments and guide interventions. VOLITION is a huge piece (like always) to consider and be successful with adolescents, to understand their world.

I do not know the conditions, the resources or people who are part of your team, your reality. So these are suggestions..

If you need anything more specific, let me know

Best luck
Carmen Gloria de las Heras

May 22, 2008

Hi Jon,

I am a forensic child and adolescent OT working in a new service - Community Integration Team. I am also a sole practitioner in Australia. In both the UK and New Zealand, I used MOHOST, OSA and ACIS as the main assessment tools.

I am also using these tools with young people in Australia. The MOHOST is a screening tool which I use with all young people referred to me to guide intervention.

The OSA is a fantastic assessment to use with young people. It is easy to use and very client centred, allowing the young person to identify their areas of strengths and difficulties.

I do use ACIS occasionally with young people who have been observed to particularly struggle with communication skills and interactions.

I hope that has been useful? Where about are you working in Australia?

Lauren Davitt

May 23, 2008

I read with excitement the postings by Jon, Rosie and Lauren. The area of adolescent OT practice is my special interest and passion. I worked in this area for many years in psychiatric facilities, chemical dependency centers and the youth corrections system, but I am teaching now. I get very excited when I open students eyes to this area of practice because most have never known that it even exists! I send my students out to several community settings for adolescents. I wholeheartedly endorse the use of the OSA and the MOHOST in these settings. While I enjoy a discussion of assessments, I would love to see a follow-up dialogue on the kinds of intervention services that you all are providing in your various settings.

Dianne

May 23, 2008

This dialogue is very timely for me. I am currently working on an NIH proposal to develop, implement and evaluate an occupation based independent living, vocational skill, and health and wellbeing intervention for adolescents transitioning out of foster

care. They often have many of the problems that you all have been describing. The discussion of the benefits of these assessments is particularly thought provoking as I think about how we will assess this group at baseline and beyond. Thanks to all of you who have contributed to this discussion!

Amy

May 23, 2008

Hello all-

The COSA- the pediatric version of the OSA- has also been used in these settings- the COSA manual includes a case study. Also, about 75 children in my latest COSA study used the COSA who were being seen for a primary mental health condition- we found that those children were able to articulate their competence (use the rating scale as a four-point scale), but had difficulty articulating their values (essentially, used the rating scale as a 2 point scale). I hypothesize that perhaps these children do not have a clearly established set of values, may be hesitant to share their values with OT/Adults for fear of retribution, or have not been provided with the opportunity to explore interests and determine the relative value for different activities...would love to hear thoughts from others!

Best-

Jessica Kramer