



Model of Human Occupation

Archived List Serv Discussion

Interpreting the OSA

June 11, 2008

Hi all,

I have recently used the OSA for the first time with a client and found the tool useful to enable him to identify areas in everyday life which he has difficulty performing. However, I found that he was unable to differentiate between degrees of importance and circled everything as "most important." Despite this we have been able to identify immediate areas for change which has been useful, but I am wondering how I should document the OSA within my overall OT assessment, which also includes OCAIRS and AMPS. Any ideas for documentation or report writing in this context would be useful.

Regards
Lucas

June 13, 2008

Lucas-

Thank you for sharing this interesting case example with us. I have been conducting research on the COSA, and found some children are doing a similar thing with the importance scales.

There are two issues. One issue is the ability to use the rating scale as intended- is the client using the competence scale in a similar way (circling only 1 rating category)? If so, it may be that this client is having difficulty using the rating scale in the most effective and sensitive way (again, as you mentioned, does not mean that you don't get useful clinical information!). However, if this client was able to use the competence scale effectively and used a variety of rating categories, then you can assume that his pattern of responses on the values rating scale does "signal" a unique finding.

I believe that MOHO theory can be a useful tool to interpret this finding. MOHO theory would suggest that this client has a limited occupational identity. He/she may have had limited opportunities to explore interests of his/her own choosing or to allow his/her own values to influence life choices. Therefore, the client cannot differentiate between what is truly most important. Also, of course, this relates to volition as well (and values and interests). You can support this client to set goals that relate to the exploration of personal interests and values. Exploring

interests and values in the context of intervention may enable the client to identify the values that influence his/her occupational choices and assist in the development of an occupational identity.

I hope this is helpful, and appreciate any thoughts you have about this interpretation!

Best-
Jessica

June 14, 2008

Hi Lucas,

It sounds like you've reached a turning point. You've recognised the need to add another assessment to your toolbox in order to capture a different perspective, but you also recognise that listing all the information sequentially may not help the reader of your report. I think the answer is to be found in chapter 13 of the 4th edition of the MOHO book on Therapeutic Reasoning. This talks about the importance of synthesising all the information you have gathered, - creating a conceptualisation of the client including their strengths and the challenges they face.

An article about the application of the MOHOST is about to be published in Occupational Therapy in Health Care (this month?) which refers to this same issue, as even when only one assessment has been completed, listing all the items and their ratings in a report is not always helpful. A client with restrictions in all 24 items of the MOHOST could be overwhelmed by such information. So instead of focusing just on volition, habituation, performance capacity and the environment, one needs to consider wider aspects of the model, (see page 148 in the MOHO book for a pictorial representation of all the concepts). In this way, one first considers the person's occupational identity - starting a report in this way can really help you lay claim to understanding the person as a whole rather than as a set of challenges. Considering the person's occupational competence comes next - (how their skills and routines match their identity) - before going on to pull out the key issues that are of importance to your client, in terms of the person's participation, performance or skill, and using the assessments you've made to explain how the issues are influenced by the person's volition, habituation, performance capacity and environment.

Creating a case formulation like this leads naturally to the setting of goals for self-care, productivity and leisure. Hope this helps.

Sue Parkinson

June 23, 2008

I prefer using the OSA with outpatients as they are more able to understand the format and identify value. I find that interviews work better for me inpatient as I can adapt the interview to the status/behavior/current ability to communicate of the patient. I use the

OSA in a day program individually as one of my initial assessment alternative (I also like the OCAIRS) and sometimes in groups to help identify individualized goals. If I use it in a group, I always follow up individually however the discussion in group can also give me commonalities which patients also can see which is helpful. For example, I do a Life Skills group where patients determine the topic/focus. We often work on one topic/focus several weeks. I use the OSA at times when we are having trouble coming up with a particular topic to assess the needs.

Sarah

Sarah T. Skinner