Hi,

I was just wondering if anyone could give me some advice please! I am currently a student on placement in an older adult mental health day hospital setting, and was looking at options for implementing a standardised assessment for our functional clients. I have discussed with my educator the potential of utilising the OCAIRS as the initial assessment tool, but there has been some concerns expressed from other members of the team with regards to carrying out the assessment, in fear that it will bring to the surface sensitive issues, and then we will be sending the patient home and not seeing them for another week. I was just hoping to get some feedback from anyone that has used the OCAIRS in a similar setting, that I can draw upon as an evidence base.

I look forward to your response

Sarah

July 7, 2010

Hi, Sarah

I am currently working in Community Mental Health. However, I have worked in a MH Day Hospital setting and used the OCAIRS successfully.

I do not know how your clients are presenting to the day Hospital and what is their background, but I do not consider questions like "what do you enjoy doing" or "can you describe what do you do throughout the day" a sensitive question. The questions around personal causation and interpretation of past experiences might be a bit more tricky with clients with depression, but I really do not see it as an obstacle for the use of the OCAIRS. During the interview, should something emerge, you can always link in your client with adequate support from other member of your MDT team before s/he goes home. But to be totally honest, I have never had such problem yet.

My experience with the OCAIRS is that clients usually feel good by us asking other questions besides illness. They usually welcome with positive surprise how a health professional is interested in knowing/helping about practical stuff of the day-to-day living.
Are the "other members of the team" Occupational Therapists? I have had some skepticism of other professionals from the MDT regarding the OT assessment. This was caused by the lack of knowledge of what we do and what are our assessments. If they are from other professions, maybe it would be more beneficial to do some sort of inservice "marketing"/training of What is Occupational Therapy.

Another thought, non directly related with Occupational Therapy is, if a client only goes once a week to the day hospital, could not be more beneficial for her/him get community support instead (in their homes,...)?

Good luck with the OCAIRS. It is a really great tool

Regards

Rodrigo Frade

July 7, 2010

Hi Sarah:

I agree with Rodrigo’s comments. I have not had such reaction in any person after doing a MOHO interview, any of them. I have had the opposite reactions. Usually people, and I include older people here, get positive feelings about themselves and look forward to join OT because of an appropriate application of MOHO tools with them.

Working in a community mental health agency in Chicago, with other professionals, I was part of the evaluation team that decided if people who applied there could stay. I have to tell you that when they asked these young adults (most with history of suicide attempts and very low personal causation) about what they liked of the institution, they said, "the OT evaluation"..."why?", the psychiatrist asked .."Because I discovered all the good there is in me".

Go ahead, and give the reasoning to the team about the content, MOHO principles, your goals and framework as an OT and the instrument itself...

Warm regards
Carmen-Gloria de las Heras, MS, OTR
Chile
July 8, 2010

Thank you both for your fantastic advice, i'm sure it will put the fellow team members minds at rest

Best wishes
Sarah

July 8, 2010

Hi Sarah,

Three issues raised by your email.

Firstly:
My experience with OCAIRS echos that of Carmen and Rodrigo. Regarding older adults, an amazing amount will show a quite a positive response, particularly as they share things that they have enjoyed in the past.
Most Clients find it refreshing to be asked how they think about things and what they most value; how satisfied they are with their situation and what their goals are. If they have trouble with the direct "what do you do in a day?" (or say "nothing" - which is infinitely more probable than a distressed response); people who I have seen will often respond well to questions about what hours they rise and retire and then an invitation to walk me through/ or share an 'average' day with me.

Secondly, for your colleagues, do any other areas not raise sensitive areas? Is continence not sensitive? the idea to some of having to have a regular injection? Some of the diagnoses the doctors hand people with or without information? the side effects of the medications taken? Heart disease? Diabetes? degenerative diseases? Heaven forbid sexual dysfunction (at that age)? dementia? deteriorating sight? falls? Financial difficulties? Accommodation difficulties? Relationship issues and families that keep trying to get people placed? The intimate or bizarre things that the voices say?
The fact that you have psychosis? That you need to see a psychiatrist? the content of your delusional system? The frustration that people think you need a carer when you may feel that you are independent and your neighbour enjoys his retirement playing in a lawn bowls tournament every other day? The warewolf in the shower that is making you too afraid to wash even though you're sick of your own smell?

Oh yeah .... I can see how OCAIRS raises more sensitive issues than the rest of the team does.

Lastly -
Part of any good assessment process includes the practice of ensuring that the client feels safe throughout the assessment and prior to leaving your session. Surely a clinical team needs to credit the inclusion of that skill in the administration of OCAIRS for your project.
The OT, and by inference the OT student studying under the supervision of an OT training you in interview skills must have their clinical skills in administration of interview included when evaluating these issues regarding use of a clinical tool.

Regards
Jacqui Nettleton

July 11, 2010

Just to build on Jacqui's response, although not on the OCAIRS, this article (using OPHI-II rather than OCAIRS) outlines therapists' hesitation in asking questions that you raise, but also consumers' positive responses to being asked questions about their life rather than their illness.

Regards, lou


July 14, 2010

Hi Sarah - I realise you have had some great advice (as always) from various clinicians already.
I just wanted to add my thoughts on the excellent point Jacqui Nettleton made regarding Interview Skills...it doesn't matter how good the tool is that you are using - it is always dependent on the clinician to use it in a thoughtful and sensitive manner, and using it at a point that is appropriate in the therapeutic relationship (particularly in mental health). You can also inadvertently stumble onto a sensitive topic without realising it in general conversation, but if you are engaging with the individual you can become aware of that and can address any issues that arise.
When I used to work in mental health I occasionally was required to use the Becks Depression Inventory or the Hospital Anxiety & Depression Scale - tools which are very direct to the point, and therefore tend to focus on some potentially very distressing aspects of mental illness. I often forewarned them about the potential emotional experience of going through such an assessment, which more often than not saw the individual using their own personal resources in advance to 'steel themselves up' for the experience (I was then able to reflect with them afterwards on how they had done well to manage it etc).

It strikes me that your thoughtfulness around the most appropriate assessment tool to use, as well as your consideration over the potential impact of that tool on the individual demonstrates the sort of thoughtfulness and sensitivity that is required to engage your clients in any assessment or intervention.

I wish you well with your studies, and please feel free to contact me if I haven't made sense. -Claire
Hi All

I wanted to echo Claire's comments and note a very useful resource regarding interviews. We teach MOHO interviews and interviewing as a process, emphasizing both the importance of the focus and content of the interview and the process of conducting the interview and establishing rapport, demonstrating empathy and so on during the interview.

Anyhow the resource for this is a chapter on Interviewing in Dr. Renee Taylor's book the Intentional Relationship: Therapeutic Use of Self in OT, published by FA Davis. This book has the most detailed discussion in OT about how to manage the interpersonal aspect of OT and it addresses specific clinical challenges and situations, including conducting an interview.

I agree with Claire, that no matter how good a tool is...like any tool, it can be used poorly or well depending on the skill of the person who is using it. In the case of the OCAIRS, it means thoroughly understanding the theory behind the interview content and knowing the interview intimately and what it is designed to learn about a client and it means thinking deeply about what it means to sit down with a client and talk about his/her life and how an impairment is influencing it.

Evidence suggests that when used well MOHO interviews (and other assessments) can be very helpful to clients and that they largely experience them positively. This is partly because of the focus of the interviews and the desire behind them to allow clients to think about and talk about their lives. It is also partly because of the skill of those who use the interview.

Gary Kielhofner