Working with a Person with an Eating Disorder in a Mental Health Setting

April 22, 2010

Hello

Just wondering if anyone uses MOHO based assessments / interventions for working with a person with an eating disorder and what they have found works best. I am in an acute hospital setting so timeframes are limited

regards
Charlotte

April 27, 2010

Hi Charlotte

I lead a team of 5 OTs working in St George's Eating Disorders Service which includes national adult and adolescent inpatient units plus a local day service. MOHO is the primary therapeutic model underpinning all our OT interventions, supplemented by CBT (Fairburn et al 2003), Motivational Enhancement (Geller 2001) and the Stages of Change (Prochaska & DiClemente, 1983) frames of reference.

We use the OCAIRS as our first choice assessment tool as long as the client is able and willing to participate in an assessment interview, because it is a time efficient way of obtaining an in depth analysis of the client’s occupational performance. It is a very effective way to capture the client’s volitional challenges which are essential to grasp when treating people with eating disorders.

When clients either can’t or won’t participate in an assessment interview we use the MOHOST. We supplement these assessments with a range of MOHO and non-MOHO client self-report measures such as the OSA or COSA and the Social Situations Questionnaire (Marks 1986), Communication Skills Questionnaire (Takahashi et al 2005) and the Eating and Meal Preparation Skills Assessment (Lock, Williams & Lacey in prep). We use the WRI and WEIS if the need arises to assess productivity aspects more in depth if time allows.
Other UK-based OTs working in eating disorders have reported finding the VQ and the ACIS very helpful for eating disordered clients but we would struggle to find the time to complete these as our client turnover rate is high.

The quickest assessment to complete is the MOHOST as it does not require an interview but the yield is less informative for treatment planning. If your timeframes don’t allow you to interview your clients I would supplement it with an OSA.

If we had all the time in the world to assess clients then the OPH II would be the ideal OT assessment as it can capture a very rich occupational narrative under highly relevant headings: occupational identity, competence and behaviour.

If anyone is interested in learning more about OT for eating disorders, the 9th annual Special Interest Group study day for (UK) OTs working in eating disorders is planned for Friday 26th November on the topic of ‘Service users’ views on occupational performance and Occupational Therapy within eating disorders’ at Springfield Hospital, London. Details of this will shortly be advertised on www.cot.org.uk and in the British Journal of Occupational Therapy events’ listings.

Every good wish,

Laura

May 7, 2010

Hi Charlotte,

I work in an Adult Eating Disorder Service and use the OCAIRS for in-depth assessment (also popular with professional colleagues who find it gives rich contextual and motivational information). I value the engagement it gives me with the client, and find it gives the person an understanding of the context in which they are making changes - for instance by looking at social environment we can identify if the service user wants to make small changes to how much or how little they involve family members in planning home leave from hospital; by looking at volition we can understand where feelings of hopelessness or underdeveloped adult identity help to maintain eating disorder processes.

Bobby Orchard