Hi there,
I was wondering if anyone can give me any advice. I am the sole OT working in a rehabilitation unit for men with severe and enduring mental health issues. My assessment tools include MOHO and OCAIRS. Recently one of our sister units - long stay supported residential accommodation asked me if I would assess one of their new residents - a woman with MS and mental health issues (I am so far unaware of the details). They have asked me to assess her to determine her physical capabilities because she has been stating she is unwell and missing medical appointments but appears well for other activities.
I have replied to say it could be a motivation issue but also it is complex because of the inconsistent nature of MS and variable impact of chronic fatigue. I thought it might be useful to discuss this with the resident as well as consider patterns of fatigue and times of day she might be at optimum occupational performance levels.

I was hoping that someone could give me some advice on this, particularly what assessment would be suitable to use. I have downloaded the Modified Fatigue Impact Scale and was considering a daily activity diary for her to use.

Any advice would be much appreciated. Thanks

Laura

January 21, 2010

Hello Laura, You might find the following two articles give you guidance about deal with a client who has chronic fatigue.


If you have trouble getting your hands on these two articles, contact me personally and I
will arrange that you see them

Gary Kielhofner

January 25, 2010

Hi Laura,
I wonder if you or anyone you know is AMPS trained. This may be a good starter to determine any specific motor or process skill defects in life relevant and familiar everyday activities, and pave the way for further discussion on how your client may adapt some of her daily occupations to allow her to do all of the things she wants or needs to do. The good thing about the AMPS is, if there are no obvious difficulties highlighted, it opens up the discussion with the client about what the underlying issues may then be eg-motivational, anxiety etc.

If AMPS is not an option, something like the MOHOST may allow you to see your client in different environments and activities and give a broad overview of occupational participation across volition, habituation, communication and interaction skills, process skills, motor skills and the environment.

Good luck!

Kind regards,
Fiona Kirkpatrick

January 28, 2010

Hi Laura

You are absolutely right about the complexity of this client. How this lady responds to tasks such as activity diaries, pacing and scheduling may depend on the degree to which the lady’s MS and co-morbidity have affected her cognitive processing. It might be advisable to carry out a neurological assessment, such as COTNAB or similar to determine what may be going on before you consider your approach. If motivation is an issue, remember this lady will be unable to deal with abstract concepts, and may be fixed in concrete thinking patterns. MOHO and OCAIRS will also help your assessment in conjunction with the neuro assessment. I tend mostly to use OSA with similar clients because I believe it helps the client highlight their particular difficulties to me, and offers both of us the opportunity for discussion.

If you would like to get back to me, my details are below.

Regards

Ann