Remotivation process training

May 26, 2011

Dear MOHO community;

I am involved with an OT specific piece of research. The project aims to improve staffs understanding of volition, to improve their skill, confidence and satisfaction in reporting changes in volition in clinical notes and to thereby increase consistency across the service. This will be done by training staff (qualified OT's as well as technical instructors and others involved in delivering services) in the Remotivation Process, and implementing the process and its terminology. The project will assess staff's understanding, confidence and satisfaction in reporting volition pre and post the introduction of the model.

Has anyone provided Remotivation training to colleagues particularly to those who may not be OT trained and is anyone willing to share either their reflections of this process or indeed any slides, handouts or information.

Best wishes

Mary

June 2, 2011

Hello Mary,

First I want to compliment on your proposed research as I believe it is very much needed so we may continue to build evidence about the effectiveness of Remotivation Process interventions. One question I have is, What population(s) will/are staff be serving? I ask because in my research on volition and persons with moderate dementia, I found that this population does not always follow or fit the hierarchy of exploration, competence, and achievement. I believe this is part of the changing experience of the volitional process, in
which persons with dementia may continue to experience themselves as competent, while the social environment does not, and therefore does not offer opportunities to engage in valued occupations.

I have experiences providing training on the Remotivation Process to clinicians and entry level students as part of my research examining volition and this intervention process for persons with dementia. In my experience, entry level MOT students' often have similar levels of background knowledge as other professional care staff since they are in the early phase of their educational program.

I have used various teaching strategies (reading the manual, discussing cases, modeling interventions and discussing cases), and found that a combination of techniques works best, and that it really seems to be an iterative process, so you may need to consider both types of training strategies and length of time and support provided when developing your training program. In conversations with Carmen de las Heras, developer of the Remotivation Process, I learned that my approaches are similar to hers, and I'm sure she will share in this discussion as well.

In both my experience of learning about the Remotivation Process and my use of it, as well as when working with others to learn it, I am always humbled by the many layers that this intervention takes in, and I would add that a solid background in MOHO really helps with the learning process.

In conclusion, I am currently working with a team on a qualitative research project in which we will be focusing on describing therapists' experiences with using the Remotivation Process with persons with dementia. We will be posting information about this study on the listserv soon, and I look forward to more dialogue to learn about therapists experiences when using Remotivation Process.

I would be happy to discuss with you further, and you may reach me at: craber@shawnee.edu

Best regards,
Christine

PS  I have attached citations for 2 articles published on volition and persons with dementia:

Teitelman, J., Raber, C., & Watts, J. (2010). The power of the social environment in motivating persons with dementia to engage in occupation: qualitative findings. Physical
Hi Mary:

Yes I have been involved a lot on training OTs and other staff members in the model, volition, remotivation process and all this entails.

I am willing to share what I have in English for that. I will be able to send to you this to you by tomorrow evening. I am in Chile, you are 6 hours ahead of my time.

So far, experiences have been exceptional with nursing staff, OTs, family members, other professionals. Their motivation increases as they can follow through the facilitation of the change process according with the person´s volitional needs and see how to integrate the facilitation of volition with habituation and levels of doing. Staff and family members get satisfaction when they learn to observe little changes and indicators that show the right challenge and support they can give in every step of the process. Team work with all actors, including of course clients, has best results.

I will send to you the resources I have

BIG HUG

Carmen Gloria de las Heras, MS, OTR
Chile

June 4, 2011

I am jumping in this very exciting conversation about the Remotivation Process and volition.

I have been involved in a longitudinal study of the impact and effectiveness of the
Remotivation Process with persons with depression with an amazing group of clinicians based in Quebec, Canada.

As the research was developing and we were getting ready to collect data, I was surprised and impressed by the actual impact this research had on clinicians’ own volition. It felt like they were also engaged in some form of Remotivation Process themselves. I have to say that we were lucky to be trained by Carmen Gloria de las Heras herself and that she very generously kept in touch and still follows the progress of this research project. There are also other health care professionals involved in this research that had to be informed about the Remotivation Process. We did many in-service training and presentations and published articles that were targeted at clinicians and clients in peer-reviewed and non-peer reviewed journals.

The observations of the impact of being involved in a major research and in applying the Remotivation Process led to what I call a “parallel” study of the clinicians’ experience of implementing the Remotivation Process. The results were published in OTHC in 2008. I have included the reference at the end of this message if people are interested.

Descriptive analysis of self-reported narratives of four occupational therapists involved in the research highlighted impacts of the Remotivation Process on occupational practice, on clients’ level of functioning and also allowed for identification of the strengths and challenges associated with the Remotivation Process, and finally explored the lived experience of being a practitioner and a researcher.

In my views, and according to our results, using of a theory-based intervention such as the Remotivation Process increased and consolidated occupational therapists’ confidence as professionals. Also, and in my opinion, this research had immense value in having demonstrated that the kind of partnerships put forward by Gary Kielhofner and other colleagues, when discussing scholarships of practice certainly works on many levels. To me, this is a fantastic result and when I reflect on the work that clinicians involved in our larger study of the Remotivation Process are doing, I am always humbled by their achievement.

I share Christine’s views, even if we work with a different clientele, that participants don’t always the described hierarchy of exploration, competence, and achievement for different reasons and it is part of what we should expect since the volitional process is not linear. That being said, it can make applying the Remotivation Process a challenge and as Christine said a solid background and understanding of the MOHO is very important. I agree with Christine’s use of varied approaches and strategies when providing training on the Remotivation Process and that’s also what I do. I also found that having clearly
identified intended learning outcomes made it easier for students (or clinicians) to understand their learning journey and participate in it as much as possible. I believe in strong curriculum alignment.

I will definitely be looking forward to hearing more from both Mary and Christine’s project!

Warm regards from a beautiful winter day in Melbourne!
Genevieve


Geneviève Pépin, PhD

June 6, 2011

Thanks Christine this was really helpful, in response to your question - What population(s) will/are staff be serving? Our patient population is adults who are receiving specialist treatment and assessment. This includes diagnostic groups such those with treatment resistant depression, eating disorders, obsessive compulsive disorder including BDD, psychosis, autism/aspergers, personality disorders as well a mother and baby service for mothers with post partum psychosis / depression etc.

Best wishes

Mary

July 1, 2011

Dear Occupational Therapy Practitioner:

We are conducting a study entitled: “A Phenomenological Study of Occupational Therapy Practitioners using the Remotivation process with Clients Experiencing Dementia” as a part of a research requirement in the Occupational Therapy program at Shawnee State University in Portsmouth, Ohio. The purpose of this phenomenological study is to systematically examine occupational therapy practitioners’ use of the Remotivation Process as a non-pharmacological intervention for individuals with dementia. The Remotivation Process, an occupational
therapy intervention based on the Model of Human Occupation, has been used as a non-pharmacological treatment approach for individuals experiencing volitional deficits due to other mental illnesses such as depression (Pepin, Guerette, Lefebvre, & Jacques, 2008). Limited research has examined use of this intervention with individuals experiencing dementia. This study examining therapists’ perceptions of their Remotivation Process experiences may provide further understanding of both the process itself and its application to this population, which may result in improved training and enhanced interventions for clients experiencing dementia.

This electronic contact has been approved by the Dr. Taylor at the MOHO Clearinghouse and contributes to the efforts of the “Mary Collaborative” organized by Dr. Kristy Forsyth and Dr. Jane Melton. Our research efforts have been approved by both our Masters of Occupational Therapy program at Shawnee State University as well as, the Shawnee State Institutional Review board and South East Scotland Research Ethics. For UK respondents, this survey has been reviewed by the South East Scotland Research Ethics Service and has been categorized as a service evaluation and, therefore, does not require NHS ethical review. For more information e-mail Professor Forsyth at kforsyth@qmu.ac.uk.

You are invited to participate in this study by completing the attached survey. We realize your time is valuable and we have attempted to keep the requested information as brief as possible. The survey will take approximately 10 minutes of your time to complete. Your participation is voluntary. You have the right to withdraw at any time without penalty. Your responses are confidential and all responses will remain anonymous unless you provide contact information for a follow up interview. Your responses will be included in the total data set for analysis, and will therefore be anonymous. When the data is present in written form, you will not be linked to the data by your name, title, or any other identifying item.

Please assist us in our research project by simply clicking on the link provided below. If you have any questions, now or later, you may contact our research professor, Christine Raber at craber@shawnee.edu or 740-351-3530. Thank you very much for your time and assistance.

http://www.surveymonkey.com/s/6QLCXBW

Sincerely-
Christine Raber
Sarah Quinlan (quinlans@mymail.shawnee.edu)
Ashley Hupp (huppa@mymail.shawnee.edu)
Dear Research team:

I am very happy to see your survey coming up in the list serve. Congratulations!

I would like to encourage people to respond to this survey. This is a very important and serious initiative. The importance of the impact this intervention process has on people with dementia and the needs to get better services for them that increase their quality of life as well as the quality of life of their families and caregivers, deserves our attention.

Congratulations to the American and English team!

Much love
sincerely
Carmen Gloria de las Heras, MS, OTR
Chile

Hi Ashley,

I'm an OT who worked on the research that you stated in your message (Pepin, Guerette, Lefebvre, & Jacques, 2008). While I was doing this research, I also worked part time with clients experiencing dementia, frequently associated with severe psychiatric diagnosis and problem behavior. I'm very enthusiastic about your project and I encourage people who work with those clients to participate in your study. I think OTs do a lot of "spontaneous remotivation" and they forget that they have enough knowledge and experience to easily participate in a research project.

To help you, I forwarded your message to my colleagues.

Good luck!

Karine Mercier

July 7, 2011
Thank you all very much for your support!! We look forward to talking with some of you to better understand the use of this technique and provide valuable information to others about the Remotivation Process.

Christine Raber, Sarah Quinlan, Ashley Hupp, and Brian Stephenson