Date: September 13, 2007

There is a relatively new MOHO based tool called AWP (Assessment of Work Performance) developed in Sweden, that uses observation to draw conclusions about motor, process, and communication and interaction skills on the job. It has been found to have good validity and utility and the instrument has been used by more than 300 users in Sweden and over 10,000 clients have already been assessed with that instrument. To have a more comprehensive battery, you may consider using the AWP in conjunction with the WRI to provide addn. needed information on the worker's motivation, role, habits, and his perception of the work environment and supports.

Here are the references to the AWP related articles.


If you need more information with the above assessments, I'll be more than happy to discuss with you further.

Best,

Jenica Lee

Date: September 18, 2007

Hi Jenica

This sounds interesting as I have been thinking about the issue of work skills myself recently. The WRI is a useful tool, but it feels that when writing it up there is no scope to refer to skills since its focus is predominantly on volition, habituation and environment. I can see why, as an interview will obviously only provide a subjective perception of skills.....and yet the OCAIRS, another interview does rate skills.

One suggestion has been to supplement the WRI with the skills components from the MOHOST, but for busy therapists there is something appealing about an all inclusive single assessment
regards
David

Date: September 19, 2007

Hi David,
One of our hospital department provides work oriented OT services. In this case the MOHOST is used as the overall assessment and a brief interview based on the WRI is used as part of the data collection. Most data on skills is gathered through a typical biomechanical/ergonomic analysis. This is an efficient method in a service were we sometimes see clients only once to make recommendations. The WRI was always designed to be used in combination with a performance capacity/skills assessment as noted in the WRI manual. We didn't specify a specific assessment for the latter since this depended on whether the client's impairment was sensory, cognitive and/or motor in nature. One potential advantage of the new assessment which focuses on skills (From Sweden) is that it should have the potential to span all those impairments. In the end, comprehensive assessment in a work-context requires that one observe what a client can do and talk to the client about what he/she wants and how he/she sees things. Whether that is done in a more abbreviated form (as in using the MOHOST ) or a more indepth way (using the WRI in combination with a functional assessment) depends, of course, on the setting, resources, time and the depth of assessment one wants to achieve. I will note, however, that it is not wise to skimp on the interview/psychosocial part. Ours and other research has shown repeatedly that it is the clients view of self and interpretation of his/her life that trumps every other variable (impairment, education, age, work history, etc) as a predictor of return to work and often is the ONLY predictor.

Gary Kielhofner

Date: September 19, 2007

Hi
I have been using AMPS to assess work skills for several years in about 400 cases (wide range of clients). The 'objective perception' of (ADL-)skills and the information derived from AMPS seems to be very useful also to non-OT's.

Dirk Vandamme

Date: September 21, 2007

Hi Jenica & Dirk,
Many Thanks for your replies.

Jenica – The AWP sounds interesting. Gary had mentioned that the manual for the WRI suggests that it is used in conjunction with a skills based assessment. My thoughts had been to use AMPS as that tool and it encouraging to see that this is the method that Dirk uses. I have also had contact with an OT who works locally in vocational services and he uses a combination of interview, bio mechanical and process skills assessment in conjunction with a job analysis tool. I have had some difficulty accessing the WORK journal articles (which I will keep trying) and I am interested in the content of the tool and its current availability.

Regards
Alan

Date: September 25, 2007

Dear Dirk,

I was interested to read your email below. I am currently evaluating a new vocational rehabilitation service for people with MS and in the exploratory trial we completed last year we used AMPS as one of our outcome measures. We had some surprising and encouraging results. I found that the AMPS was useful especially in enabling high level clients (with early stage MS) acknowledge that they were having some difficulties in ADLs and that these were carrying over into the work place, we also had some significant increases in process skills in pre and post data. We are submitting this month a paper to the American Journal of OT with our results of our exploratory trial and hope it will be published shortly.

Do you have any data on the use of AMPS in your work? Or have you published anything in relation to this?

Joanna Sweetland

Date: September 25, 2007

Dear Joanna,

I have used AMPS and School AMPS with well over 100 cases (mostly in pediatrics) as well and have found it a fantastic tool both to identify need for therapy (or lack there-of) and to guide therapy. Unfortunately, I have found that it often has a better response from people outside of the OT world than from those within. Teachers, administrators, and people of other professions (PT, SLP, etc) are very impressed by it as a measure of what is really disrupting function. Observational testing also gives so much truer a picture of what is going on.

I would love to see more research on AMPS with pediatric populations. Also, roles and participation can be so different among various domains of activity, it would be great if
there were further development of a BAMPS (baby AMPS), WAMPS (Work AMPS), LAMPS (leisure AMPS), etc.- once spoke about development with UNH staff but never followed up.

Leon (NYC)