Hi

It is a while since I enlisted on this site and I usually just check the messages. I have just finished my third year placement, (I am on a 4 year part time course) and my last placement was great because the OT did know a little about MOHO and was enthusiastic about it. I like the way it is so fluid and recognises and incorporates the changing patterns of life and gives understanding to as why it changes. Although I have never seen anyone use any of the assessments. I wondered if there was one which is recommended for older people with dementia and why it would be more suitable than some of the others that might be available. I think given the importance of habituation with people with this problem there must be an ideal tool but don't know what.

if anyone can help I would appreciate it as I would like to mention one in my case study.

thanks a lot

Marie

November 27, 2008

Hi Marie
I am a third year OT Student.
Where I am on placement to (Community Mental Health for older adults, UK) we have an OT group that is a closed 8 week group. I know the OT uses the MOHOST before and after the 8 week programme. These clients are fairly recently diagnosed. I have discussed the MOHO before on placement and it was felt to be applicable except where people are very damaged, at the end stages as people's activities become more about the experience of doing or sensations, rather than task orientated.

I also use the interest checklist with many clients, to include those with dementia. I have so far found that a diagnosis of something like dementia can act as a sort of catalyst for change, or consideration of stage of life. People suddenly are made to realise by their change in health that there are a few interests they have lost, perhaps over a much longer period of time. Sometimes the interest checklist can help people pick things up again or
act as a prompt to take their life forward in a different direction in line with their current limitations.
Hope this helps.

Emma Hurford

December 2, 2008

Emma & Marie,

The Volitional Questionnaire (VQ) is also very useful for older adults with dementia, both in the early and later stages. Use of the VQ in conjunction with the Remotivation Process can help you assess, and understand the elder's volitional level and how their environment supports or hinders their motivation for occupation. Being able to key in on their preferences and personal causation can then help design opportunities for occupational engagement, even in the late stages, that matches both their volitional level and their performance capacity. Recognizing how individuals with dementia also begin to redefine their occupations and preferences for occupation in the face of declining and/or changing abilities is also very important, and can be observed using the VQ as well, since you can observe a person in both current and past interests using this tool.

Both the VQ and the Remotivation Process manuals are available at the MOHO Clearinghouse website.

With regard to Marie's observation about habituation, use of the Role Checklist can be done by the person with dementia in early stages, or a proxy (family member or caregiver who knows the life story/history of the elder) in later stages. Knowledge of past roles and their importance to the person can also help explain some behaviors that seem perplexing, and/or are labeled "problem" behaviors, as elders with dementia often retain habits related to roles in spite of the role being lost. For example, a person who was a caregiver may continue to attempt to take of others in an institutional setting in spite of staff's admonitions not to do so, and a person whose worker role was very important may seek out activities that are productive to them, such as gathering objects, cleaning up (sometimes labeled as "hoarding", "rummaging", etc). Again, these behaviors may reflect important values even though the actions look disorganized to others who may focus only on whether or not the elder's doing has "face value" to them (the observer).

Hope this helps!

Best regards,
Christine