I am an OT working in a community mental health team in Barnet, North London, UK. I work with people with a range of diagnoses from schizophrenia, major affective disorders, OCD and severe anxiety and behavioral - personality difficulties. The most widely recognized evidence based approach to working with these difficulties is Cognitive behavioral therapy (CBT) and I therefore use a predominantly CBT model with the majority of my clients, but I try to put this into an occupational context / frame of reference, and identify leisure and work - occupational goals with the clients. I have a strong interest in MOHO and have done a study day with Gary Kielhofner and even taught some of the concepts to my colleagues. However there have been no attempts to introduce MOHO into our service. I may soon be in a position as a clinical lead to try and introduce MOHO and would like to combine it with CBT. I am also currently completing my Masters research into the use of CBT components by OTs in Community Mental Health, and am particularly interested in learning about how a CBT approach may be applied in a unique way by OTs with their occupational focus.

Does anyone have experience of combining CBT and MOHO in adult mental health? If so how have you done this, what problems have you had, and what has worked well?


Date: Thu, October 13, 2005 11:22 am

Hello Simon,

I have a couple things to recommend. Recently, Dr Renee Taylor, a psychologist on our OT faculty in Chicago completed a book on CBT with chronic illness and disability. Below is the citation. IN this book she provided the rational for combining CBT with MOHO concepts. This summer, we conducted a 2 day workshop on combining CBT and MOHO. Our view is that they are very complimentary approaches. CBT of course, focuses primarily on changing and managing maladaptive thoughts and the emotions and behaviors that accompany them. The MOHO concept of volition includes recognition of the important of thoughts and feelings in making choices for action. So
there is an obvious conceptual connection. Anyhow the resource I recommend to start with is


Good luck with your efforts

Gary Kielhofner

**Date:** Thu, October 13, 2005 5:47 pm

Hi Simon,

As well as being an occupational therapist, I am also a qualified cognitive behaviour therapist. I have incorporated CBT and MOHO for several years (in a forensic mental health setting) and found them to be eminently compatible. One of the difficulties (as I see it) with CBT in OT, is that too many OTs have used it "straight" and become (in practice) CB therapists, not occupational therapists. This has drawn a lot of criticism from within the profession. However, this need not be the case.

You might find the following chapter (below) useful. Whilst it only briefly mentions MOHO, there is a focus on integrating the cognitive behavioral approach into occupational therapy and highlights the relationship between cognitive behavioural approaches and conceptual models of practice such as MOHO.

Ref:


Best wishes

Eddie Duncan

**Date:** Tue, October 18, 2005 1:48 pm

Dear Simon and all the list
I am an Israeli OT working in a community mental health center in Tel Aviv and in a psycho geriatric unit. We use for several years the CBT in combination with OT conceptual models, merely with the MOHO. We felt almost intuitively the two models are most compatible. We apply them in individual and in
group interventions. It helps are also to explain our profession to the
other mental health
team and clients as we focus on volition, occupational identity, choice of
activities and occupations etc.
Last summer we were lucky and had a wonderful workshop with Prof.
Kielhofner and Dr. Taylor which focused on interweaving the two models. Due
to well organized and rich theoretical and practical materials, including
many case examples and open discussions on important issues we got a wide,
in-depth and sharpened understanding. It contributed also to our self
professional confidence.
Good luck in your new job,
Noga.

Noga Ziv, MSc.OT
Department of Occupational Therapy
Stanely Steyer school of health professions
Sackler faculty of medicine
Tel Aviv University

Date: Wed, October 19, 2005 12:09 pm

Dear Simon and all,

My name is René. I'm OT from Canada and your questions about the
integration of MOHO and CBT approaches fit exactly with my clinical
investments for more than 8 years now. I'm working in a specialized program
for young psychotic patients experiencing early intervention for first
psychosis. For these patients, I have adapted a specialized cognitive
program of therapy called: IPT program, Quebec adapted version. Many years
ago, Gary Kielhofner helped me to integrate MOHO tools with this program
and I must say since that time. I have the best clinical tools to help
these young psychotics patients. At that time, I decided to integrate MOHO
initial assessments (OPHI-II, ACIS and VQ) and to integrate the model into
the process of therapy application with the mix of IPT program. My
multidisciplinary team needs first, a training but now they don't want
anything else. They adopt MOHO vocabulary and they like it very much. If
you want more details about this cognitive behavioral program and MOHO
application, you will find it in the last Gary's publication. Here you have
Edition), Philadelphia: Lippincott Williams & Wilkins, chapter 26, pages
508 à 516.

I also did three years ago a paper in English for Gary Kielhofner's students
and if you are interested, I can send you this paper.

Moreover if you can read French text. I've just finished to write a chapter in French about specific applications of MOHO with mental health patients. In this chapter, you will find a long and very detailed patient case, where I used MOHOST, ACIS, OPHI - II assessments and I explain in this case with details the integration of MOHO and cognitive-behavioral IPT program for the application of therapy (goals and detailed process of therapy). This book will be publish soon in French European country and Canada. If it's possible for you to read French, contact me directly.

I hope these information’s will help you to realize what you are expecting. You will be very happy about results, for your patients and for you and your clinical team.

Don't hesitate to contact me for more details

Best regards and excuse my poor English language.

René Bélanger, Ergothérapeute. MBA
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