The necessity of using theoretical conceptual practice models of occupational therapy in Greece: a case study of a citizen with dementia

#### MANIATIS NIKOLAOS



BSc Occupational Therapy

3rd Year

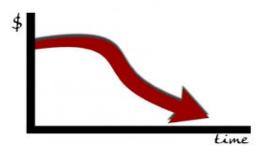


It is an inalienable right for all older people to meet their needs and desires through engagement with occupations with special meaning and purpose that strengthen and develop them (Wilcock 2005).





Greece & Alzheimer's: 200.000 people or 1,5% of population.



- The limit life expectancy of people is increasing
- the requirements for healthcare resources
- the need to maintain the quality of life of older people are being increased (Nilsson 2006)

- Limited health spending about 25,5%.
- Tremendous gaps in community services.
- Health services have lack of quality

(Goranitis et al. 2014; Kaitelidou et al. 2013)

# The use of theoretical conceptual practice models of Occupational Therapy is necessary

Help in clinical decision and incorporate the theory into practice

(Swedlove and Etcheverry 2012)

- Focusses on Occupational Therapy and explain how a patient is experiencing a particular problem (Ikiugu & Smallfield 2011)
- c) Provide the context for evaluation, intervention and assessment, offering answers for every stage of therapy

(Soderback 2009)

# The use of theoretical conceptual practice models of Occupational Therapy is necessary

- Supply the occupational therapists with codified knowledge (Creek 2008)
- Protect Occupational Therapists from their personal evaluations and beliefs

(Duncan 2011)

Offer financial and time benefits

(Sainty 2013)

# Why Model Of Human Occupation? (M.O.H.O.)

 Recognizes the patient as "Occupational being" (Solet 2008; WFOT 2012)

 Has the largest number of scientific data compared to other models

(Forsyth et al 2011)

• Provides a multi-dimensioned view of the patient and his ability to engage in occupations.

(Kielhofner 2002)

# Why Model Of Human Occupation? (M.O.H.O.)

• Enhances the capability of establishing therapeutic relationship and hierarchy of needs.

(Melton et al 2010)

Increases the satisfaction of the clients.

(Melton et al 2010)

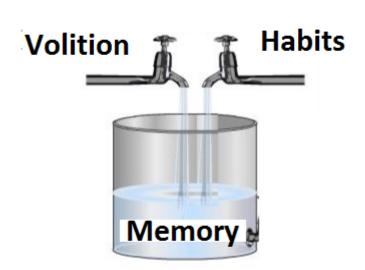
 Provides detailed information through many assessment tools.

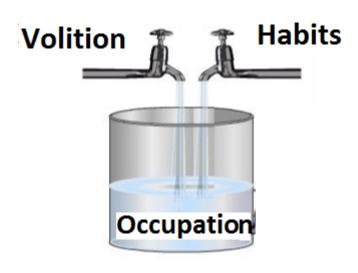
(Lee et al 2012)

### M.O.H.O. & Occupational Behavior



# Αλτσχάιμερ και ΜΟΗΟ





## Clinical Reasoning and Dementia

Volitions make more effective planning

- Volition's Variation
- Occupations on Interest
- Interaction with environment

(Raber et al. 2010)

### Case Study

72, divorced with a daughter of 32, grandpa of 2 grandchildren

Taxi driver, about 10-12 hours per day for 35 years

Football fan and amateur player

Gardener, listen music, read sports magazine

# Case study through the prism of M.O.H.O.

- Volitional: Work was an important part and value in his life. Reading sports magazines, music and gardening.
- -environment does not provide any motive for occupation.
- Habits: Life roles. Routine: Daily work, worked out twice a week, every Sunday used to go to football games, meals with her daughter and grandchildren, magazines and gardening.
- -limited to the hosting centre's conditions.
- Performance: Lack of cognitive skills, ability to process information, communication and social interaction.

#### Environment through the prism of M.O.H.O.

- Natural: Care centre. Protects the patient. there is an inner garden courtyard that has flowers and shrubs.
- Social: His daughter, her family, the staff and other patients.
- Financial: No mentioned problem.
- Culture: Citizen of a Greek rural town.

## Proposals based on MOHO's data

- Volition and environment: Arrangement of the placement's garden.
- Habits and environment: Stable based visits of his family
- Environment: Proper training of caregivers and staff.

## Planning Therapy

Helps on occupational analysis

 Controls occupational analysis and the therapeutic procedure.

 He recognizes that a occupation can be adapted or graded

(Kielhofner 2009)

#### Conclusion

- Urgent need to adapt the models in Greek reality.
- The wider and more systematic use of models, such as MOHO, to Greece will provide guidance and targeting to treatment
- Problems should be significantly reduced.
- Patients will receive the level of service that suits their individual needs.
- The priority of occupational therapy in incurable diseases is to maintain the quality of life.

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