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

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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

Occupational Behavior

Volition  Habits  Performance

Environment
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.
REFERENCES


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