



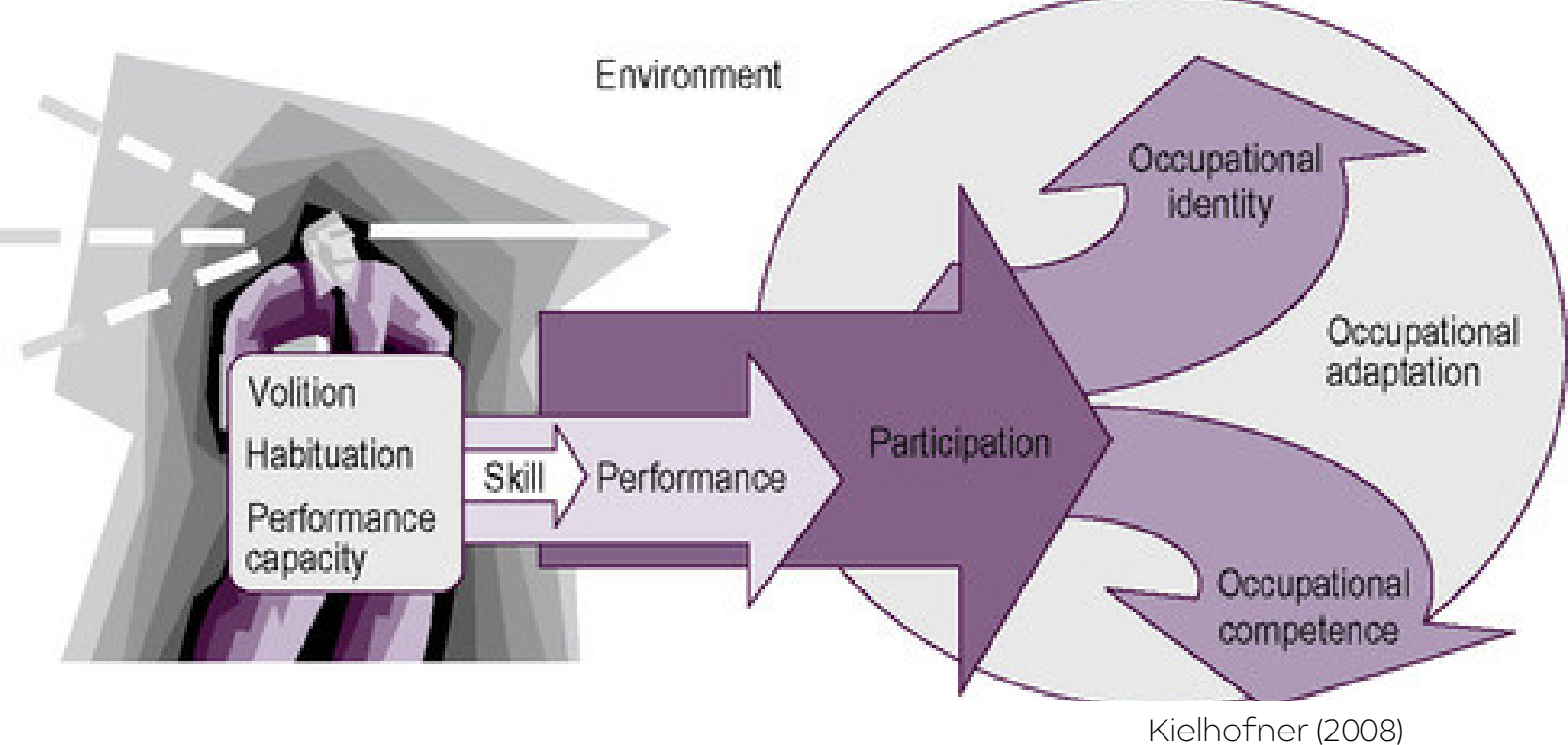
A bitesize guide on

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The Model of Human Occupation

A brief overview of the model, with case studies to support
translation of the theory into practice.

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01 The Model of Human Occupation

The Model of Human Occupation (MOHO) is a conceptual practice model for Occupational Therapists first published in 1980 by Gary Kielhofner. While working with US military veterans he found himself battling many of the contextual issues that we face today as occupational therapists ... lack of understanding of the role of the occupational therapist, difficulty communicating holistic person entered care within a team working solely in the medical model, misunderstanding of what occupationally focused practise is, communicating the link between physical health and mental health ... Therefore, the original intention of the the model was to fill a gap that existed in occupational therapy theory and compliment the focus on impairment with an understanding of the client's motivation, lifestyle and environment. Thus, enabling explanation of how occupation is motivated, patterned, and performed while incorporating respect for the person's individuality and cultural background.

Despite being developed over forty years ago, MOHO remains relevant today due to the continual research and development of the model spear headed by MOHO Clearing House. The model is now in its fifth edition, soon to be sixth! And, as a result of this continued development, there are now a range of resources assessments and, intervention protocols to aid occupational therapists in using MOHO theory within their clinical practise.

Use of the model to inform clinical reasoning across both physical and mental health settings is increasing and the model is also being adopted within the margins and non-traditional settings as well, with evidence suggesting that MOHO has become the most widely used occupation focused model in occupational therapy practice internationally. This internationally based research has enriched and expanded the model and provided a broad and robust evidence base, that shows that use of the model:

- Supports occupation focused practice
- Helps to prioritise the person's needs
- Provides a holistic view of the person
- Offers a person-centred approach
- Supports the generation of person-centred treatment goals
- Provides a rationale for intervention

MOHO is a client centred, occupation focused model, which identifies what motivates the individual into action and then, uses this information to facilitate collaborative goal setting and intervention planning. The model does this by unpicking how someone participates in occupation, why they participate and, when. It also addresses where this participation occurs and who with we participate with when we are engaging in our chosen and essential occupations or activities of daily living. By studying the how, why, when, where, and with whom, we can gain an idea of a persons motivation for occupation, their pattern of occupation and how their environment impacts on their participation. We can then unpick the barriers to participation and identify any limitations that the person maybe experiencing and subsequently, enable our clients to adapt, change and/or develop new skills in order to elicit their optimal performance.

To study the how, why, when, where and with whom, we must look at the body and the environment as a heterarchy (a flexible arrangement of parts made up of interdependent units, with no clear order or, dominating factor) of different systems. In order to complete our chosen and needed occupations, our body systems must interact and respond with one another and our environment. Each component contributes to the total dynamic, with participation relying on all the body systems acting together at one time, each adjusting their input in response to the internal environment (body) and the external environment (the room). Therefore, when, for what ever reason the heterarchy does not work, dysfunction occurs and this is when a person will experience problems with their physical and/or mental health.

To re-establish a persons health and well-being, we must address which aspect(s) of the herterarchy have been affected and as OT's we do this by remediation of the faulty element, compensation by another element and/or via modification of the environment.



02 Questions...

Why is the Model of Human Occupation one of the most widely used Occupational Therapy models?

How can we use the Model of Human Occupation and MOHO theory to support and improve clinical practice?

What is human occupation?



03 Case studies...

Skye:

Skye is an 18-year-old female with Down syndrome who is currently experiencing high levels of anxiety; she is becoming withdrawn and socially isolated. Skye is in her final year of main stream school and has one-to-one support in class and has gained certification in English, Maths, and Drama. Skye finds the structure of the school day reassuring, she likes the routine and has a close friendship group. All of Skye's friends have either secured places in further education or, will be entering full-time employment at the end of the school year. Skye would like to get a part-time job but, is worried about others' perceptions of her due to her Down syndrome and believes that she will not be able to manage without the support of her teaching assistant and friends.

Skye is able to communicate well, has some budgeting skills, and can fill out simple forms independently. She is also able to sustain the effort required to complete her occupational goals but lacks the confidence to face occupational demands. Skye does require support with her executive functioning, however, can be over-reliant on others and tends to underestimate her abilities. Skye lacks confidence in her abilities and consequently, avoids challenging situations due to fear of failure. When asked about her strengths, Skye finds it hard to name any and focuses purely on her limitations which is not a fair representation of her abilities. Skye attributes her academic success to her teaching assistant rather than down to her hard work and dedication to her studies that she has consistently shown. Therefore, Skye believes that she will not be able to continue with further studies as she is more than likely to fail.

- What is Skye's view of her personal capacity and effectiveness?
- How does this affect the choices, experience, interpretation, and anticipation of doing things?
- Is her sense of capacity accurate, give an example to clarify your answer?
- Does Skye expect to achieve her goals?
- What are Skye's feelings in the face of performance?

Ada:

Ada is an 84-year-old lady with dementia. Ada currently lives at home with her husband and receives a package of care that visits once a day to support her with personal care. Recently, Ada's physical and mental health has been deteriorating. Regular UTIs have meant that Ada has become increasingly confused.

Ada's main roles and responsibilities were to look after the home and care for her children. Being a mother and a home maintainer was important to her. Ada used to take a lot of pride in her home and loved having friends around for dinner and for a book club that she used to run.

After her children grew up and left home, Ada joined a local keep fit class, lawn bowls club, and enjoyed going to bingo once a week with her friends. However, even with the support of her friends, Ada has not been able to leave the house for some time due to high levels of anxiety.

More recently, the responsibilities of looking after the house and garden have fallen to her husband. While, previously, Ada would happily help her husband with the more simple household chores such as dusting, and would help to prepare their evening meal, Ada is no longer able to concentrate for long enough to be able to complete these tasks.

- Are there any particular roles that are important to Ada?
- Does Ada have the opportunity to participate in the roles that are meaningful to her? What are the current barriers to participation?
- Is Ada able to fulfill expectations and meet role obligations without support? How could you enable participation in her meaningful roles?
- How have Ada's roles changed as her dementia has progressed? How might this make her feel?

Reuben:

Reuben had a unilateral above-knee amputation following a road traffic collision. Reuben has completed his residential rehabilitation placement and is now preparing to return home. He is independent with all transfers and within an adapted environment he is independent with personal care and meal preparation.

During his occupational therapy sessions, Reuben has spoken about the significant changes in his body and his abilities since his above-knee amputation. He is currently reliant on a wheelchair for his mobility as he waiting for a prosthetic limb. He reports that his body feels different and constantly finds himself comparing his new body with his old body and "hates" how his new body looks. Reuben finds the constant pain in his stump draining and has noticed that he is more short-tempered than usual.

Reuben feels resentful that his daily gym sessions with the lads have been replaced with "daily torture sessions" and finds this new mandatory routine stressful as the gym was his safe space to socialise and unwind. He also feels fatigued easily and finds that he is not able to do as much as he used to, most days he has to have a nap. Reuben hopes that these are only temporary changes in his daily routine.

- How does Reuben's above-knee amputation impact his function? How does he compensate for this?
- Does he have the energy levels required to complete his activities of daily living? What could you do to enable participation?
- Does Reuben have any experiences that interferes with his occupational performance? How could these be addressed?
- How does his experiences influence his occupational performance?

Mateo:

Mateo is a 13-year-old boy who is feeling invisible at school and has requested to be assessed by an occupational therapist. Mateo has spina bifida and is reliant on his wheelchair to mobilise. When he started at senior school, an occupational therapist helped with some wheelchair modifications which he has found helpful however, she did not address his frustration at being able to access the school environment, engage with his peers and the lack of resources available to him.

During your assessment you highlight his priorities and environmental constraints which are:

- His wants to attend university and study mathematics.
 - He wants to attend chess club which is held in the library, which is on the second floor and not currently accessible via wheel chair
 - Mateo does not have access to a bathroom on the first floor where most of his classes are. He has to use the accessible bathroom on the the ground floor
 - Mateo feels that it is difficult for him to get the assistance that he needs in order to access the school, interact with his peers, and participate in activities
 - Mateo feels stigmatised and frustrated by the social support
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- What constraints does Mateo's physical environment have on his occupational participation?
 - Does Mateo have access to adequate resources to facilitate the achievement of his occupational goals?
 - Does Mateo's environment provide opportunities for occupational engagement?
 - How could the global context of Mateo's environment be utilised to increase occupational participation? What laws and legislation could you utilise to advocate for Mateo?

Jai Li:

Jai Li is a mother of two young girls. Every day she cooks them a hot meal, which she prepares from scratch. Their favourite meal is chicken chow main, it is a meal that she regularly prepares and does so from memory.

First, Jai Li peels the skin from the ginger and, then carefully grates it and crushes it with some peeled garlic, oyster sauce, soy sauce and water.

Then Jai Li prepares the vegetables and the chicken, slicing these diagonally into strips and fries them in the pan. As the chicken and vegetable fry off, Jai Li boils a pan of water to cook the noodles in. While to food finishes off cooking, Jai Li clears up the kitchen and then lays the table, returning to check on the ingredients and adds the sauce to the vegetables and the chicken in the wok.

Once the family have eaten, Jai Li washes up and puts away the dishes.

- Participation: What occupational roles is Jia Li participating in? Which domains of occupation could these sit in?
- Performance: What specific activity (occupational form) is Jia Li completing within her occupational role.
- What are the discrete steps that are required for this activity?
- Skills: Break down the skills required for the performance of these discrete steps.



Questions?

For general enquiries or information about MOHO theory training please email: ruth@themohoot.com



Want more?

Have you joined the MoHO OT Community or checked out the other bitesized resources and clinical practise tools? Visit www.themohoot.com for more information.



Want peer support?

Come and join our peer support network on Facebook or Linked In by searching for the group "Using the Model of Human Occupation in Occupational Therapy"

