

Occupational Therapy Clinical Education Program (OTCEP)

Occupational Therapy
Clinical Capability Framework
Key Concept Learning Resource

Models of Practice in Occupational Therapy

Background:

This learning resource has been designed to be printed and used as a workbook. It is a learning resource within a series which address the key concepts identified in the Occupational Therapy Clinical Capability Framework (OTCCF). This series of learning resources are designed to be used in a variety of ways:

- individually for self-directed purposes based on your own identified learning needs;
- in conjunction with supervision processes or peer learning groups;
- or as a tool to support inservice or training delivery.

Therefore, it is not necessary to complete the workbook in one sitting; you can progress through the learning resource with its associated activities over multiple sessions, within your own or your group's available time.

The OTCCF is an integrated and coordinated framework for clinical education and training for occupational therapy in Queensland Health. It was developed following extensive consultation with occupational therapists across the state from a range of practice domains. It has been designed as a resource to support clinical development for occupational therapists with different levels of experience.

The OTCCF has been constructed with eight overarching clinical capability domains:

- Understanding and promoting the occupational therapy role and identity
- Assessment and screening
- Goal setting and action planning
- Interventions
- Evaluation
- Communication
- Professional practice
- Clinical service development

Within each domain, key concepts have been identified which are core principles fundamental to the clinical practice of occupational therapists. Learning resources have been developed for each key concept to bridge the gap between theory and their application in practice. The OTCCF and additional background information can be accessed on QHEPS at:

<http://paweb.sth.health.qld.gov.au/qhot/documents/otccf-framework.pdf>

Contact Details:

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Articles Required:

You will need to access the following articles in order to be able to complete the activities in this Key Concept learning resource. Many articles are available electronically via the Clinicians Knowledge Network (CKN): <https://www.ckn.org.au/>

The links to these articles are provided below. For those articles not available electronically you will need to complete an 'Article Request' form available via the following link and submit to your local library: <https://www.health.qld.gov.au/libraries/doc-supply.asp>

Section One:

There are no articles or resources required to complete this section.

Section Two:

- CMOP-E website link: <http://www.caot.ca/default.asp?pageid=1439>
- Kawa Model website link: <http://www.kawamodel.com>
- MOHO website link: www.uic.edu/depts/moho
- OPMA website link: www.occupationalperformance.com

The following resources are available on CKN (link provided)

You will not need to access all of these articles to complete the activities. For some activities you will have the option to access articles of your choosing if you would like to know more or delve further into the topic.

Article references and link:

- Broome, K., McKenna, K., Fleming, J., & Worrall, L. (2009). Bus use and older people: A literature review applying the Person-Environment-Occupation model in macro practice. *Scandinavian Journal of Occupational Therapy*, 16, 3-12.
<http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=105470166&site=eds-live>
- Cramm, H. (2009). The Person-Environment-Occupation Circle Tool: A simple way to bridge theory into practice. *Occupational Therapy Now*, 11(3), 19-21. <http://www.caot.ca/otnow/may09/peo.pdf>
- Gibbs, D., Boshoff, K., & Lane, A. (2010). Understanding parenting occupations in neonatal intensive care: Application of the Person-Environment-Occupation Model. *British Journal of Occupational Therapy*, 73(2), 55-63.
<http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=105125991&site=eds-live>
- Law, M., Cooper, B., Strong, J., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Can J Occup Ther*, 63(1), 9-23.
<http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=107385897&site=eds-live>
- Leadley, S. (2015). The Kawa Model: Informing the development of a culturally sensitive, occupational therapy assessment tool in Aotearoa/New Zealand. *New Zealand Journal of Occupational Therapy*, 62(2), 48-54.
<http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=109984761&site=eds-live>
- Maclean F, Carin-Levy G, Hunter H, Malcolmson L, Locke E (2012) The usefulness of the Person-Environment-Occupation Model in an acute physical health care setting. *British Journal of Occupational Therapy*, 75(12), 555-562.
<http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=104404163&site=eds-live>
- Nelson, A. (2007). Seeing white: a critical exploration of occupational therapy with Indigenous Australian people. *Occup Ther Int*, 14(4), 237-255.
<http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=105971490&site=eds-live>
- Wong, SR & Fisher, G (2015). Comparing and Using Occupation-Focused Models, *Occupational Therapy In Health Care*, 29:3, 297-315
<http://www.tandfonline.com/doi/full/10.3109/07380577.2015.1010130>

The following resources are not available electronically, but can be ordered from your local library (see instructions above)

- Cole, M., & Tufano, R. (2008). *Applied theories in occupational therapy: A practical approach*. New Jersey: Slack.
- Kielhofner, G. (2009). *Conceptual foundations of occupational therapy practice* (4th ed.). Philadelphia: Margaret Biblis.
- Kielhofner, G. (2008). *Model of human occupation: Theory and application* (4th ed.). Baltimore: Lippincott, Williams & Wilkins.

The following book is referred to throughout this Key Concept learning resource. It is available electronically for those who have access to the University of Queensland library (and perhaps other universities) or your local OT Department or supervisor may have a copy. OTCEP have requested online access to this book via CKN and will update this Key Concept Learning Resource with a direct link to the book if this occurs.

- Turpin, M., & Iwama, M. (2011). *Using occupational therapy models in practice: A field guide*. Edinburgh: Elsevier.

Section 3:

- Wong, SR & Fisher, G (2015). Comparing and Using Occupation-Focused Models, *Occupational Therapy In Health Care*, 29:3, 297-315
<http://www.tandfonline.com/doi/full/10.3109/07380577.2015.1010130>.

ebooks

The following book is available electronically. It outlines and compares a number of Occupational Therapy models and provides practical examples of implementation of models at an individual and organisational level.

Boniface, Gail; Seymour, Alison (2011). *Using Occupational Therapy Theory in Practice*. Retrieved from:

<http://qhproxy.slq.qld.gov.au/login?url=http://healthqld.ebib.com.au/patron/FullRecord.aspx?p=832262&echo=1&userid=^u>

Introduction:

This learning resource summarises a range of occupational therapy models identified as being commonly used by Queensland Health occupational therapists. It encourages you to consider their relevance in guiding and shaping contemporary occupational therapy practice in healthcare. You will have the opportunity to critically reflect on the assessments and interventions used within your practice context and the models and frames of reference which have guided their development and use. The scope of this key concept is limited to a basic overview of selected occupational focussed models. 'Need to know more' sections throughout guide readers to key websites and resources which offer a more detailed description outlining the theoretical assumptions underpinning models or frames of reference and further examining their utility in everyday clinical practice.

This resource links closely with other Key concepts: *Occupational Therapy Theory for Practice* as and *Understanding the Nature of Occupation*. These key concepts are complimentary and completion of all three would provide a comprehensive understanding of this area of learning.

Sections:

1. Models of practice and frames of reference
2. Occupation-focussed models
 1. Canadian Model of Occupational Performance and Enablement (CMOP-E)
 2. The Kawa (river) Model
 3. Model of Human Occupation (MOHO)
 4. Occupational Performance Model (Australia) (OPMA)
 5. Person-Environment-Occupation (PEO) Model
 6. Person-Environment-Occupation-Performance (PEOP) Model
3. Frames of reference

Learning Outcomes:

It is anticipated by the completion of this Key Concept, occupational therapists will be able to:

1. Explain the difference between a model of practice and a frame of reference
2. Identify the contribution of key conceptual models and theoretical frames of reference used in their practice
3. Demonstrate an ability to apply chosen/preferred models and frames of reference to clinical practice scenarios
4. Be able to obtain further information (including underlying theoretical assumptions and application into practice) on a number of conceptual models and frames of reference which influence occupational therapy practice

You may like to review your achievement of these objectives once you have completed all the activities in this Key Concept learning resource.

Learning Activity Icons:

Throughout this Key Concept learning resource, activities to be completed are highlighted with an icon. The complete set of Key Concept learning resources utilise sixty different activities. Those that are being used in this particular learning resource are noted below.

| | | |
|---|-------------------|---|
|  | Analyse | Breaking a topic into smaller parts to gain a better understanding of it |
|  | List | Develop a list of something.... top three messages; points of disagreement; the five different ways to complete a task |
|  | Describe | Research this topic and write a short summary of it. How does the result of your research differ from how you defined the topic? |
|  | Reflect | Reflect, record and track thoughts about any topic |
|  | Discuss | Raise a topic with colleagues and record the range of responses received |
|  | Brainstorm | Participants could be asked to create a list of key words for topics and place these in a series of sentences demonstrating their understanding of the context of each component of the topic, or each key word |
|  | Situation | Reflecting on the implementation of a plan / strategy / activity in the person's own workplace and noting barriers, opportunities, limitations, strengths to being able to achieve this. |
|  | Compare | Over a set time line undertake two different ways to do the same activity and record the success rates, limitations (etc) of each methodology. Compare the strengths and processes. |
|  | Record | Record and analyse your own thoughts (or a person that is interviewed) on a particular topic |

Section One: Models of practice and frames of reference

It is important for clinicians to be aware of the theoretical assumptions underlying their work and recognise the way in which their work is influenced by those assumptions. In other words, “thinking about the thinking behind the doing” (Day & Shapland, 2010). As outlined in the Occupational Therapy Theory for Practice Key Concept learning resource (<http://paweb.sth.health.qld.gov.au/qhot/otccf.asp>) models and frames of reference are two theoretical concepts which aid the translation of occupational therapy theory into practice. It is worth acknowledging that in some literature these terms and the use of ‘an approach’ have been used interchangeably to describe the same or similar concepts (Creek, 2008; Foster, 1997; Kielhofner, 2009).

Definitions

For the purpose of this Key Concept, the following definitions and functions will be referenced.

A model of practice may be defined as:

“A way of organising that takes the philosophical base of the profession and provides terms to describe practice, tools for evaluation, and a guide for intervention”

(Hussey, Sabonis-Chafee, & O'Brien, 2007 p, 289)

Its function:

“Defines the scope of practice”

(Crepeau & Schell, 2003 p, 204)

A frame of reference may be defined as:

“A system that applies theory and puts principles into practice, providing practitioners with specifics on how to treat specific clients”

(Hussey, et al., 2007 p, 288)

Its function:

“Guides a specific area of practice”

(Crepeau & Schell, 2003 p, 204)

It is important to remember that theoretical concepts such as models of practice, are dynamic and evolve over time (Kielhofner, 2008). Regular and continuing reflection is critical for ensuring up-to-date and effective service provision. Specific benefits can include adding structure and organisation to everyday practice, providing a transparent guide and direction to intervention, improving communication and collaboration within occupational therapy and across disciplines, and facilitating evidence-based, client-centred and professional reasoning practices (Hussey, et al., 2007). Clinicians may choose to use either occupational therapy related (such as the Model of Human Occupation), or non-occupational therapy related models (such as International Classification of

Functioning) and frames of reference (such as the biomechanical approach), to guide their practice. This choice of one or more models and frames of reference should be based on the clinical needs and preferences of the client and clinical situation (Cole & Tufano, 2008).



Activity 1.1: Analyse

Think about what guides your practice as a clinician. Do you think about it consciously or is it something you 'just do' instinctively? If you do not consciously use a model or frame of reference why do you think this is so?



Activity 1.2: List

List some of the potential benefits of using a model or frame of reference to guide your work as an occupational therapist. Think about benefits from a client/consumer, personal, professional, team and organisational perspective.

Section Two: Occupation-focused models

'As health care moves towards understanding the importance of function, participation and occupation, occupational therapists would be well served to use occupation- focused theories to guide intervention.'

(Wong and Fisher 2015, page 297)

A number of theoretical models have been developed in recent decades within the field of occupational therapy to assist clinicians in conceptualising their role in assisting individuals or communities in the management of their health needs. *Occupation-focused models* "provide an overarching context of occupation that emphasizes the occupational therapist's unique perspective on a client's ability to engage in activities and participate in life" and "attempt to explain the relationship of occupation, person and environment" (Cole & Tufano, 2008, p. 61, cited in Wong & Fisher, 2015). These models are frequently represented in schematic or graphical form and help us to understand the occupational needs of our clients (Foster, 1997).

For further information on the term *occupation* and its meaning in occupational therapy please refer to the *Understanding the Nature of Occupation* Key Concept learning resource:

<http://paweb.sth.health.qld.gov.au/qhot/otccf.asp>

Cole and Tufano (2008) suggested that occupational therapists need to have a basic understanding of many different occupation-focused models of practice and frames of reference in order to determine the value and usefulness of each one for use within their area of practice. They proposed questions clinicians could ask themselves to assist them with this reasoning process.

Questions to ask when choosing an occupation-focused model of practice:

- 1) Which model best explains the way my client wishes to interact with his/her environment?
- 2) Which model offers the best guidelines for identifying the barriers my client has encountered?
- 3) Which model helps me to determine which occupations, roles, and patterns are possible for my client within his or her preferred context?
- 4) Which model helps me identify ways to adapt the environment to facilitate engagement in selected occupations?

(Cole & Tufano, 2008, p64)



Activity 2.1: Reflect

Have you ever used a process such as the one suggested by Cole and Tufano (2008) to determine the value and usefulness of occupation-focused models in your area of practice? Do you think that using a process like this is helpful? Reflect on why or why it may not be helpful below.

A number of occupational therapy models will be briefly outlined below. These models have been identified in recent discussions with Queensland based universities as the ones most commonly taught in the occupational therapy curriculums (personal communications QPLOT and University meeting, January 2016). These models concur with results from a previous survey reporting on the most frequently included occupation-focused models in occupational therapy education programs in Australia (Ashby & Chandler, 2010).

- Canadian Model of Occupational Performance and Engagement, CMOP-E
- Kawa (river in Japanese) Model
- Model of Human Occupation, MOHO
- Occupational Performance Model (Australia), OPM(A)
- Person-environment-occupation (PEO) Model
- Person-environment-occupation-performance (PEOP) Model

Turpin and Iwama (2011), further emphasized the importance of considering how different models of occupational therapy reflect and complement the occupational therapists individual concept of occupational therapy and particular professional reasoning style (in addition to considering the client group and practice setting). They supported this with examples of;

- the clinician who emphasises the role of environment in their understanding of occupation, may prefer the PEO model
- the clinician who is more interested in understanding how the body works may prefer the OPM(A) or MOHO
- the clinician who is interested in social justice might choose to work with CMOP-E
- the clinician who specializes in a specific cultural group may prefer the Kawa Model
(Turpin & Iwama, 2011p, 182).

Please note, for further assistance with applying models in practice beyond this learning resource, Turpin and Iwama's (2011) book provides a comprehensive resource which aims to enhance your understanding of the models, as well as providing a practical guide to choosing and using them in your field of practice.



Activity 2.2: Reflect and Record

Kielhofner (2009, p 274) recommended creating a conceptual portfolio to develop yourself as a successful occupational therapist. Take the time to reflect on yourself as a person and as an occupational therapist in your work setting, and answer the following questions. You may choose to obtain Kielhofner's book to guide the completion of this activity.

- 1) What is your personal definition of occupational therapy?
- 2) What is the nature of your client group and the services you offer them?
- 3) What are your personal set of values that guide your practice?
- 4) Identify and demonstrate a clear understanding of the conceptual practice model and frames of reference you use to address your client needs?
- 5) What other knowledge informs your practice?

Canadian Model of Occupational Performance and Engagement (CMOP-E)

(Townsend & Polatajko, 2007)

The CMOP-E is an expansion of the Canadian Model of Occupational Performance (CMOP) (CAOT, 1997, 2002), introduced in the Canadian Guidelines for Occupational Therapists (Townsend & Polatajko, 2007). The most recent version of this model is not restricted to a focus on occupational performance but also encompasses the concept of *occupational engagement* (Turpin & Iwama, 2011). The expanded model reflects a broader scope of practice, one more focused on creating supportive environments and advancing a vision of health, well-being and justice (cited in Wong & Fisher, 2015).

It is defined in the glossary of these guidelines as:

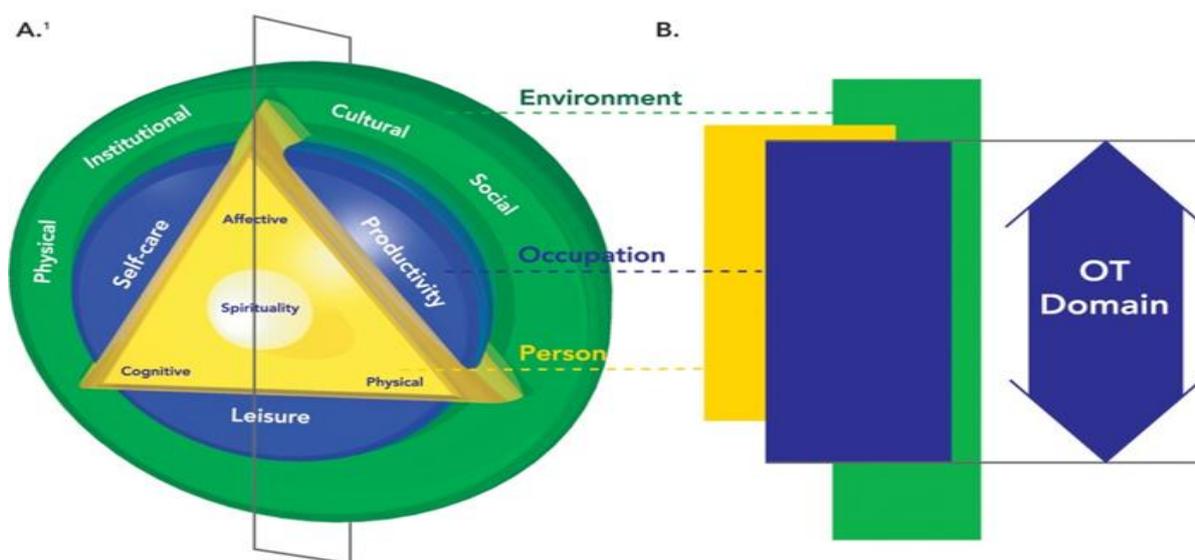
“a conceptual framework that describes occupational therapy’s view of the dynamic, interwoven relationship between persons, environments and occupations; engagement signals occupational therapy interests that include and extend beyond occupational performance over a person’s lifespan and in diverse environments”

(Townsend & Polatajko, 2007, p364)

Specifically CMOP-E aims to enhance and further outline the concepts of occupation and engagement and how they apply to and guide practice and research (Townsend & Polatajko, 2007). As illustrated below, occupation is considered the core domain of interest for occupational therapists. The person is comprised of “cognitive, affective and physical performance components with spirituality at the core” and the “performance components are prominent and placed over concentric circles of occupational areas and the environment” (Wong & Fisher, 2015, p301-2). The view of the client is consistent with the fundamental principles of client-centred practice, social justice and enablement.

Within this model “Occupation is depicted as the bridge that connects person and environment indicating that individuals act on the environment through occupation.....the three occupational purposes: self-care, productivity and leisure.” (Polatajko et al.2007 p.23)

Figure 1.3 The CMOP-E¹: Specifying our domain of concern



A.¹ Referred to as the CMOP in *Enabling Occupation* (1997a, 2002) and CMOP-E as of this edition
 B. Trans-sectional view

Polatajko, H. J., Townsend, E. A., Craik, J. (2007). *Canadian Model of Occupational Performance and Engagement (CMOP-E)*. In E. A. Townsend and H. J. Polatajko, *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation*. p.23 Ottawa, ON: CAOT Publications ACE.

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CMOP-E is one of the 3 core components presented in ***Enabling Occupation II: Advancing an occupational therapy vision of health, well-being and justice through occupation*** (Townsend & Polatajko, 2007). These three components bring together occupational therapists' core domain of concern – *occupation* (Canadian Model of Occupational Performance and Enablement CMOP-E), core competency – *enablement* (Canadian Model of Client Centred Enablement CMCE), and core *process framework* (Canadian Practice Process Framework CPPF).

Want to Know More? For further information regarding Enabling Occupation II including the CMOP-E, resources for purchase and a brief case example, please follow the links below to the Canadian Association of Occupational Therapists website, online resources and a book section.

- Website link: <http://www.caot.ca/default.asp?pageid=1439>
- Online summary document :
 - https://vula.uct.ac.za/access/content/group/9c29ba04-b1ee-49b9-8c85-9a468b556ce2/Framework_2/pdf/The%20Canadian%20Model%20of%20Occupational%20Performance%20and%20Engagement.pdf
- Video from the Griffith University practice education web page : Operationalising Occupation : <https://www.youtube.com/watch?v=GuUZrINTmww>
- Book section : (Turpin & Iwama, 2011, p117-135)



Activity 2.3: Reflect and Discuss

As mentioned the person centred nature of this model has spirituality at its core. Spirituality is defined within the CMOP-E as "a pervasive life force, source of will and sense of determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment" (CAOT, 1997, p. 183 cited in Wong & Fisher 2015, p301). Consider a client you are currently working with. How would you explain the concept of spirituality to them? How would you ascertain what this means for them? How would this impact on the work you do together as client and occupational therapist?

The Kawa (river in Japanese) Model (Iwama, 2006)

The Kawa model was developed by a group of Japanese occupational therapists and aims to provide a culturally sensitive and relevant model of occupational therapy which is “amenable to alteration by occupational therapists in conceptual and structural ways, to match the specific social and cultural contexts of their diverse clients” (Iwama, 2005, p215).

“Life is a complex, profound journey that flows through time and space like a river.

An optimal state of well-being in one’s life or river can be portrayed metaphorically by an image of strong, deep, unimpeded flow. Certain structures and components of a river can affect its flow. Rocks (life circumstances), river walls and floor (environment), and driftwood (assets and liabilities) are all inseparable parts of a river that determine its flowing”.

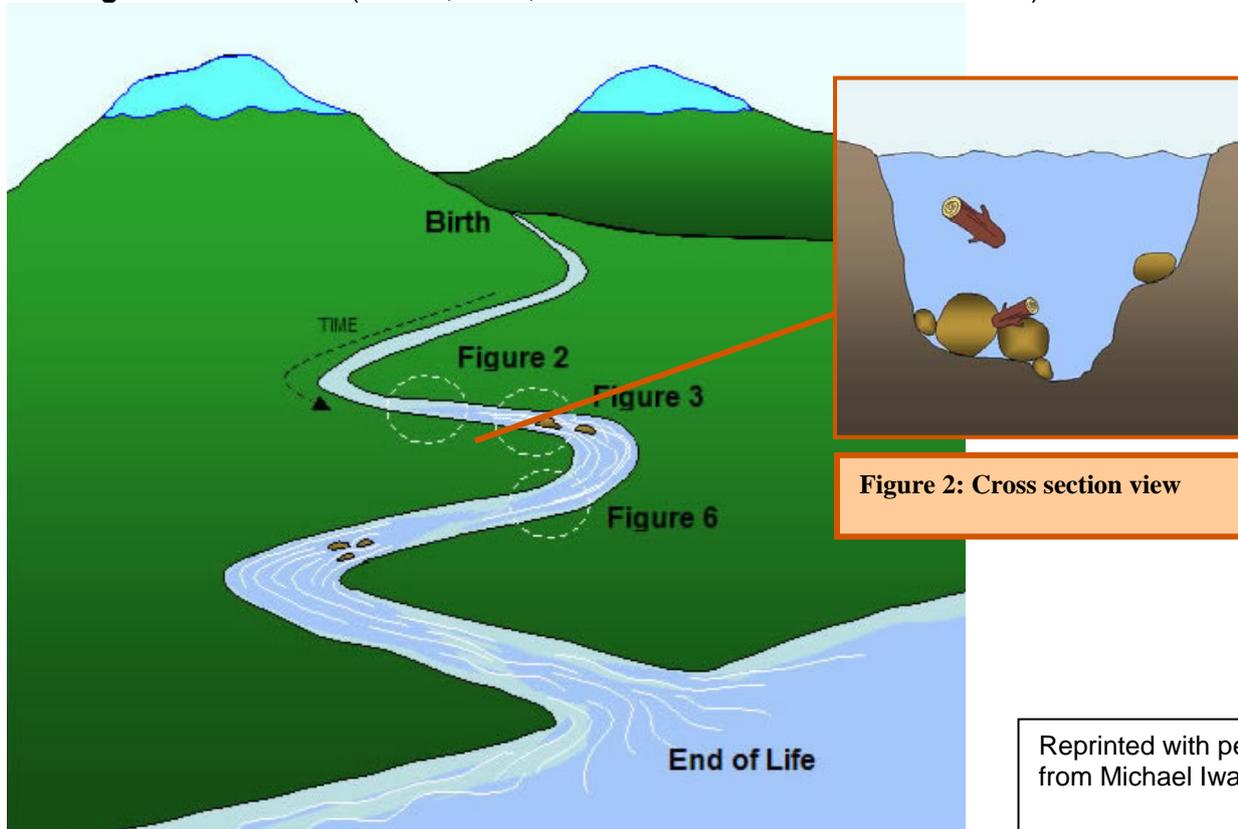
(Iwama, 2005, p218)

The word *kawa* (Japanese word for river) represents a metaphor for life (Iwama, 2005, p215) which enables the client and therapist to work together to better understand the client’s context, circumstances and issues that are meaningful to him or her. *Life flow* (illustrated by water flowing through a river) can refer to the life of an individual, a family unit or organizational or community group (Iwama, 2006). Occupational therapy’s purpose is to help facilitate a harmonious balance of life flow with all the elements encountered in the river (Turpin & Iwama, 2011). The specific elements highlighted in the Kawa Model (see Figure 2) include:

- Water – representing life and health that is fluid over a person’s lifetime
- River floor and walls – representing environmental factors such as social and physical considerations that can either impede or increase life flow.
- Rocks – situated within the river and can impede life flow or represent life circumstances such as illness and injury.
- Driftwood – representing personal assets and liabilities which can influence a person’s problems negatively or positively (by becoming stuck or levering the rocks out of the way)

(Turpin & Nelson, 2007, p324)

Kawa Figure 1: The River (Iwama, 2010, Retrieved from www.kawamodel.com)



Want to Know More?: For further information regarding the Kawa model and its application to practice, including publications and case studies, please follow the link to the model website and the references for an informative and practical book section and two interesting article on implementing the Kawa Model in practice – in a forensic mental health setting and with Indigenous Australians:

- Website link: <http://www.kawamodel.com>
- Book section: (Turpin & Iwama, 2011, p159-177)
- Articles: (Leadley, 2015; Nelson, 2007)



Activity 2.4: Situation

Think about a client, the organisation you work for currently or your own personal journey. How would you apply this model to describe this client/organisation or your personal journey? Can you think of the benefits or limitations to using this model in your practice setting? You may like to use the table below to assist you.

| Kawa Concept | Issues | Actions |
|--|--------|---------|
| Rocks: representing discrete circumstances that are considered to be impediments to one's life-flow. Could represent life circumstances such as illness and injury. | | |
| River Walls & Bottom: representing environmental factors such as social and physical considerations that can either impede or increase life flow. | | |
| Driftwood: representing personal assets and liabilities which can influence a person's problems negatively or positively (by becoming stuck or levering the rocks out of the way) | | |
| Water: – representing life and health that is fluid over a person's lifetime | | |

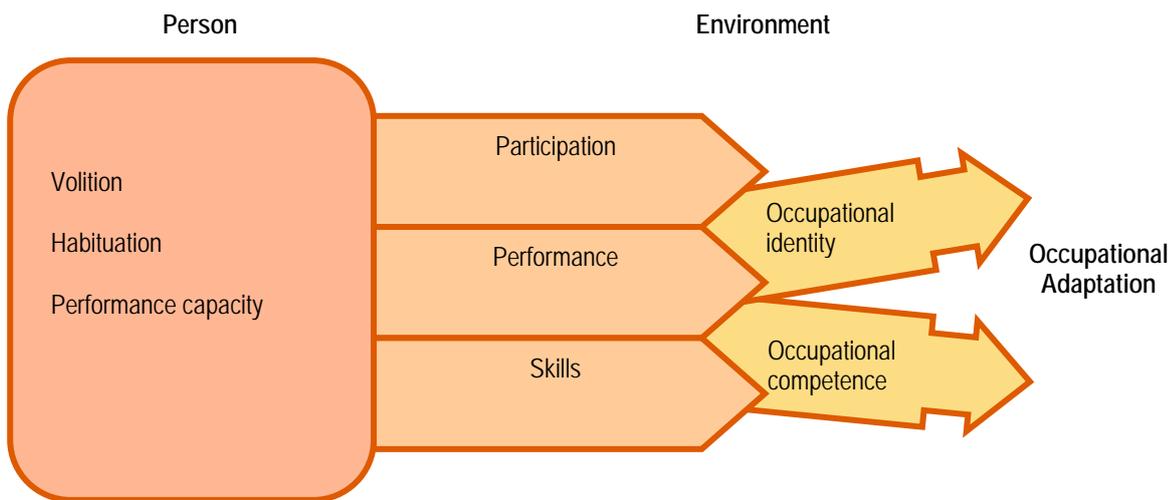


Model of Human Occupation (MOHO) (Kielhofner, 2008)

MOHO was first introduced in the 1980's and continued to be refined up to three decades later (Kielhofner, 2008). It was conceptualized for the purpose of human occupation, and specifically explores how human occupation is motivated, patterned and performed (Kielhofner, 2011). The key concepts include person, environment and occupational adaptation and are presented and outlined in the table below.

| Table of MOHO Key Concepts (Kielhofner, 2008) |
|---|
| Person (p 12) |
| <u>Volition</u> - Motivation for occupation, ie personal causation, values and interests |
| <u>Habituation</u> - Process by which occupation is organized into patterns or routines, ie roles and habits |
| <u>Performance capacity</u> - Abilities that underlie skilled occupational performance, ie objective components and subjective experience |
| Human Occupation (the <i>doing</i>) (p 109) |
| <u>Participation</u> - Engagement in work, play and ADL |
| <u>Performance</u> - Doing an occupational form or task |
| <u>Skills</u> - Observable, goal-directed actions that a person uses while performing |
| Occupational Adaptation (p 109) |
| <u>Occupational Identity</u> - Composite sense of who one is and wishes to become as an occupational being generated from one's history or occupational participation |
| <u>Occupational Competence</u> - Degree to which one is able to sustain a pattern of occupational participation that reflects one's occupational identity |
| Environment (p 98) |
| Physical, social, cultural, economic and political contexts – the features that impact on what one does and how its done |

The illustration of the MOHO (below) highlights the relationship and particularly the inter-relatedness of each of these concepts. Kielhofner stipulated that “all change in occupational therapy is driven by clients’ occupational engagement...which is defined as the doing, thinking and feeling under certain environmental conditions in the midst of or as a planned consequence of therapy. (2008, p171). In simpler terms, this model enables therapists to apply a plan for assessment and therapy through occupational engagement, based on systematically exploring and evaluating the individual’s strength’s and limitations, their environmental context and occupational adaptation.



The Process of Occupational Adaptation (adapted from Kielhofner, 2008, p108)

Want to Know More?: For further information regarding MOHO please follow the following links to the MOHO clearinghouse website, Kielhofner's most recently published book with practical adult, paediatric and mental health case studies, as well as another book section on applying it to practice:

- Website link: www.uic.edu/depts/moho/
- Book: (Kielhofner, 2008)
- Book section: (Turpin & Iwama, 2011, p64-78):
- There are a number of videos demonstrating the implementation of the MOHO model in practice on YouTube:
 - <https://www.youtube.com/watch?v=-Qo2jHJSQow>
 - https://www.youtube.com/watch?v=i_lkeqBVDqQ



Activity 2.5: Reflect

Think about a time in your life where you have experienced a challenge or difficulty. Apply this model and explore your strengths and limitations, and the environmental context that was impacting on you at this time. Consider the concept of occupational adaptation, and how through occupation you were able to develop in response to the challenge, towards a positive identity and achieving occupational competence.

Occupational Performance Model (Australia) (Chapparo & Ranka, 1997b)

The primary focus of this model:

“the lifelong person-environment relationship and its activation through occupation”

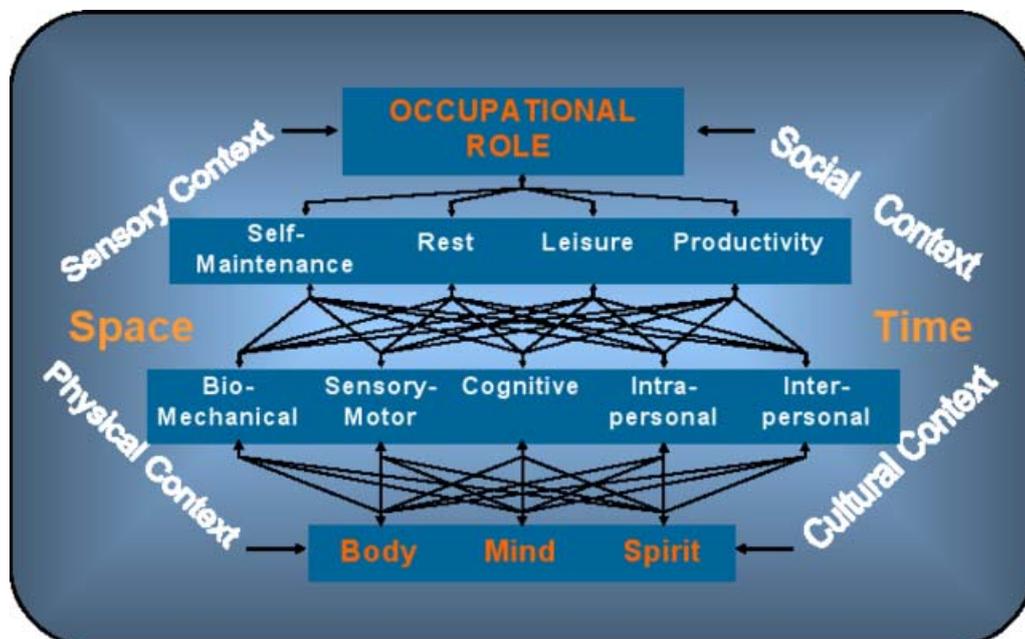
(Chapparo & Ranka, 1997a, p3)

The Occupational Performance Model (Australia), OPM(A) (Chapparo & Ranka, 1997b) emphasises the importance of a persons’ engagement in occupational performance as an integral element of meaningful, healthy living. Specifically this can include providing a sense of reality, mastery, competence, autonomy and temporal organization (Chapparo & Ranka, 2006). The illustration demonstrates the conceptual interaction and influence of the external environment (including time and space, as well as sensory, social, physical and cultural considerations), and the internal environment (consisting of 4 levels of person) (Chapparo & Ranka, 2006). Specifically the 4 levels include:

1. Performance role
2. Performance areas (self-maintenance, rest, leisure and productivity)
3. Performance components (biomechanical, sensory-motor, cognitive, intra-personal and inter-personal)
4. Core elements (body, mind and spirit)

In doing so, the OPM(A) assists therapists in conceptualising the relationship between human beings, the activities (or occupations) that they engage in and the environments in which they function. Insight into these relationships enables occupational therapists to address the wide variety of factors that can ultimately influence occupational functioning.

The Occupational Performance Model (Australia) (Chapparo & Ranka, 1997, Retrieved from www.occupationalperformance.com)



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Want to Know More?: For further information regarding the OPM(A) including an extensive list of publications and practical applications to practice, please follow the following links to the website and book section:

- Website link: www.occupationalperformance.com
- Book section: (Turpin & Iwama, 2011, p64-78)



Activity 2.6: Reflect and Record

Link to the following Case Study example on the OPMA website: “Using the Occupational Performance Model in Practice: Developing Intervention Aims for a Child with Acute Burns and Her Mother”: <http://www.occupationalperformance.com/using-the-occupational-performance-model-in-practice-developing-intervention-aims-for-a-child-with-acute-burns-and-her-mother/>

Consider a client you are currently working with. Does the Occupational Performance Model (Australia) offer further constructs for you to explore to expand your understanding of issues that may be impacting on the client’s ability to perform needed or chosen occupational roles? If so, what are these constructs? How will you endeavour to include exploration of these areas into your practice in the future?

Person-Environment-Occupation Model (PEO) (Law, et al., 1996)

This model enables a holistic perspective in occupational therapy practice by considering three major concepts; person, environment and occupation. Most clinician’s will be familiar with the simplified Venn diagram of three overlapping circles, each representing the three major concepts of this model (see the top right section of the Figure 1). The figure’s below were published with the original article on PEO by Law, and emphasise how these concepts are inter-related and overlap to represent occupational performance across the lifespan (1996). The degree of overlap is reported as dynamic and three-dimensional representing the change and influence of each concept throughout the lifespan (Law, et al., 1996, p14). These are defined briefly below:

- Person – a unique being who assumes a variety of roles simultaneously
- Environment – defined broadly to give equal importance to the cultural, socio-economic, institutional, physical and social considerations of the environment
- Occupation – groups of self-directed, functional tasks and activities in which a person engages over the lifespan. Activity and tasks are also incorporated here to emphasise the closeness between these terms.
- Occupational Performance – defined as the dynamic experience of a person engaged in purposeful activities and tasks within an environment

(Law, et al., 1996, p 15-16)

The interactive and transactive approach to the person-environment relationship is important to understand when applying this model in practice. Occupational performance is the outcome of the transactive approach within this model. By comprehensively assessing all three of these domains, occupational therapists are able to derive a clear picture of the degree of congruence (or 'fit') between the person, environment and occupation. As an improved 'fit' will result in improvements to occupational performance, occupational therapists can integrate the information from their assessments to guide decision making about appropriate interventions.

Figure 1: Depiction of the Person-Environment-Occupation Model of Occupational Performance across the lifespan illustrating hypothetical changes in occupational performance of three different points in time (Law, et al., 1996, p15)

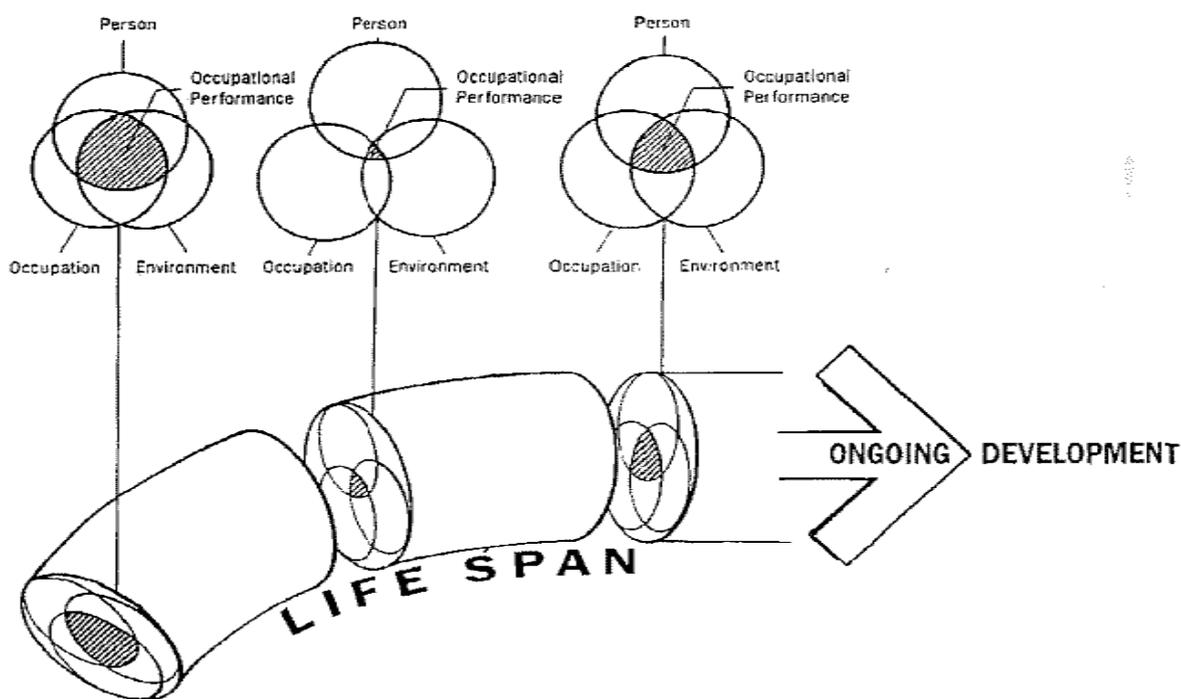
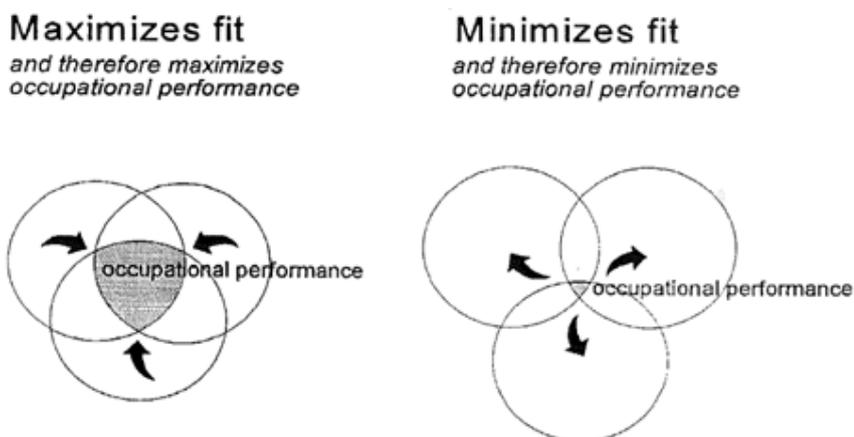


Figure 2: An illustration of changes to occupational performance as a consequence of variations in Person, Environment and Occupational fit (Law, et al., 1996, p18)



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Want to Know More?: For further information regarding the PEO model and its application to practice, including publications and case studies, please refer to the following resources:

- Original article by (Law et al., 1996)
- Articles on older people bus use (Broome, McKenna, Fleming, & Worrall, 2009), parenting in neonatal ICU (Gibbs, Boshoff, & Lane, 2010), usefulness in acute physical health care setting (Maclean et al 2012) and applying PEO in practice (Cramm, 2009)
- Book section: (Turpin & Iwama, 2011, p100-107)

Person-Environment-Occupation-Performance Model (PEOP)

(Christiansen & Baum, 2005)

The PEOP model focuses on occupational performance and participation in daily life (Wong & Fisher, 2015). It can be used at an individual, organisational, community or population level and aims to identify client's resources and barriers to occupational performance. Competence in occupational performance is required to attain *occupational participation*. Occupational participation may be described as "the ability to act upon desired lifestyle choices to participate in meaningful and purposeful roles and activities" (Christiansen et al., 2005)

The PEOP is a model that supports in-depth appraisal of the person and the environment where the transactive nature of the relationship between the person, environment and occupation is emphasised. The model highlights the complexity of the interaction between the person and their environment and how this influences their participation and occupational performance (Turpin & Iwama, 2011). The PEOP model is described as "a client-centred model organized to improve the everyday performance of necessary and valued occupations of individuals, organizations, and populations and their meaningful participation in the world around them" (Baum & Christiansen, 2005, p. 244).

The PEOP views the goal of occupational performance as being an enabler of participation in the cultural, social, financial and political contexts of people and/or organisations. Occupational performance may also be seen as having a role in facilitating *occupational participation* as the focus of the model is on the interaction of person and environment. This interaction can be enabled, supported and restricted by the intrinsic or extrinsic factors of the individual, the organisation or the community. Cognitive, emotional and spiritual factors are examples of intrinsic factors whilst social interactions, the cultural and built environments, and the economic and social systems are examples of extrinsic factors.

NB: For a diagram of the PEOP model, please refer to page 304 of the Wong & Fisher (2015) article, where a diagram has been reproduced with permission:

<http://www.tandfonline.com/doi/full/10.3109/07380577.2015.1010130>



Activity 2.7: Analyse

Think about a client you are currently working with. What do they want to or need to do in their daily lives and can they in their current context perform these required tasks, occupations and roles? What is supporting them to participate in their preferred tasks, occupations and roles? Are there any barriers resulting from intrinsic or extrinsic factors impacting on their participation?



Activity 2.8: Compare

An article by Wong & Fisher (2015) comparing CMOP-E, MOHO and PEOP is available here: <http://www.tandfonline.com/doi/full/10.3109/07380577.2015.1010130>. Their approach is to compare models based on their “View of the Person”, “View of the Environment” and “Occupational Focus”. Read this article and then use the same approach to compare two models that are not covered in this paper: The Kawa Model and the Occupational Performance Model (Australia).

| Model | View of the Person | View of the Environment | Occupational Focus |
|-------------------|--------------------|-------------------------|--------------------|
| KAWA Model | | | |
| OPMA | | | |



Activity 2.9: Describe

Pick an occupation-focused model of your choice. Consider how you would describe this model to an occupational therapy student / new graduate / colleague. Consider highlighting your description with a case study to demonstrate how this model was implemented in practice.

Section Three: Frames of reference

Whilst occupation based models provide information on the philosophical importance of occupation to the profession, they do not necessarily provide specific guidance on providing services for particular client groups and caseloads. A frame of reference is a collection of very similar or closely related theories which are developed from models (Whedon, 1999). They tend to focus on a specific area of practice, and subsequently are not necessarily occupational therapy specific (ie not relating specifically to occupation and occupational performance), rather are utilized across a range of professions for a variety of clinical situations and clients. Some examples of commonly used frames of reference by occupational therapists include:

| Table of frames of references that can be used in occupational therapy | |
|---|--|
| Biomechanical (Cole & Tufano, 2008ap, 165) | Applies the principles of physics to human movement and posture with respect to the forces of gravity. Examples of principles that might be considered by occupational therapists in the context of occupation include, range of movement, strength, endurance, ergonomics, effects of avoidance of pain etc. |
| Sensory integration (Schaaf et al., 2010, p99) | Postulates that adequate processing and integration of sensory information is an important foundation for adaptive behaviour. May include integration of the various senses to improve or develop posture, balance, muscle tone, head, praxis and body coordination etc. |
| Cognitive Behavioural (Cole & Tufano, 2008a, p149) | Conceptualised thinking as the intervening factor influencing behaviour. In occupational therapy this frame moves beyond the correction of distorted thinking to include teaching-learning and self-management that combine cognitive and behavioural strategies. |
| Psychodynamic (Cole & Tufano, 2008a, p 255) | Passion and emotion, the pleasure-seeking principles of human motivation remain central to this approach. Concepts of interest can include social participation and relationships, emotional expression and motivation for engagement in occupations, self-awareness, communication, defence mechanisms (ie denial, projection and sublimation). |
| Developmental (Kramer & Hinojosa, 2010p, 23) | Describe patterns or sequences of development that are accepted as being characteristic for children. The therapist might identify critical skills needed by the child within the generally accepted normal development sequence, and uses these tools and external factors to facilitate the development of those skills. |
| Neuro-Developmental (Barthel, 2010p, 187) | A dynamic, hands-on treatment approach for clients who experience posture and movement impairments. Occupational therapists may focus on prevention, remediation and re-education of movement within a functional context. |
| Rehabilitative (Trombly, 2002, p13) | Making people as independent as possible in spite of any residual impairment. This approach can consider adaptive and compensatory strategies in therapy. |

In relation to occupational therapy service provision, therapists may draw upon several frames of reference to guide intervention, in reflection of the professions belief in providing holistic practice to the individual. For example, an occupational therapist working with a child who has handwriting difficulties may concurrently draw upon biomechanical, acquisitional and neuro-developmental frames of reference and use these with an overarching occupation-based context. See below for ideas of questions to ask when choosing frames of reference for application to practice.

Questions to ask to determine the value and usefulness of a frame of reference:

- 1) What frames of reference focus upon the areas my client has identified as priorities?
- 2) What frames of reference help me to understand the problems my client has demonstrated?
- 3) What research has been done to validate the basic concepts of this frame of reference?
- 4) What assessment tools does this frame of reference provide? What is their reliability and validity?
- 5) What concepts guide my thinking when developing intervention strategies?
- 6) What specific techniques have been developed to bring about therapeutic change? What evidence exists in the literature that these techniques are effective?

(Cole & Tufano, 2008, p64)



Activity 3.1: Brainstorm

Write down some frames of reference you would commonly use to guide your clinical practice. You may use the questions suggested by Cole and Tufano (2008, p64) above to assist this process.



Activity 3.2: Describe

Explain difference between frame of reference and model of practice

Overall frames of reference can assist with justifying the use of an intervention, communicating and setting the goal of intervention, evaluating the effectiveness of an intervention, and problem solving the most appropriate intervention for an individual and situation (Hussey, et al., 2007). The application of models of practice and frames of reference in Occupational Therapy can be challenging initially, however is essential to the future and success of the profession. Please refer to the Occupational Theory for Practice Key Concept Learning resource (particularly Activity 4.2) to strengthen your overall understanding and skills in applying this into your daily practice.



Activity 3.3: Analyse

Refer to the article by Wong and Fisher (2015) available here:
<http://www.tandfonline.com/doi/full/10.3109/07380577.2015.1010130>.

There is a discussion on pages 310/311 regarding “Combining Occupation-Focused Models with Frames of Reference”. This section describes how occupational therapists may combine and organise complementary models of practice by choosing an occupation-focused model as the “Organising Model of Practice” and using frames of reference as “Complementary models” (see Figure 5, p311).

Consider a client you are currently working with in your clinical practice setting. Analyse how your practice is guiding by both an “Organising Model of Practice” and “Complementary Model/s”. Document your analysis below.

CONCLUSION

This Key Concept has explored the importance of Occupational Therapy Models of practice in underpinning occupational therapy’s unique contribution to healthcare. It has provided an opportunity to examine a number of occupation-focussed models and highlighted similarities and differences in these. Further it has described the difference between Models of Practice and Frames of Reference and provided an opportunity for the learner to examine this within their own clinical context.

Further Reflections:



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Evaluation of Models of Practice in Occupational Therapy

Please complete this section, remove it, scan it & send to: OTCEP@health.qld.gov.au

Rate your achievement of the objectives of this self-directed learning package below:

1. Explain the difference between a frame of reference and model of practice

Not Achieved 0 1 2 3 4 **Achieved**

2. Identify the key conceptual models and theoretical frames of reference which relate to their area of practice

Not Achieved 0 1 2 3 4 **Achieved**

3. Critically reflect on whether these models and frames of reference are the most effective for everyday practice in their work setting.

Not Achieved 0 1 2 3 4 **Achieved**

4. Demonstrate an understanding of how to obtain further information (including underlying theoretical assumptions and application into practice) on a number of conceptual models and frames of reference which influence occupational therapy practice.

Not Achieved 0 1 2 3 4 **Achieved**

Overall Evaluation:

1. How useful have you found this self-directed learning package overall?

Not useful at all 0 1 2 3 4 **very useful**

2. Have you any comments for those who designed this learning resource?

Thank-you for taking the time to complete this evaluation!