

# The 4th International MOHO Institute

## SUMMARY AND REFLECTIONS

**The 4th International Institute on the Model of Human Occupation (MOHO) was held October 23-24, 2015 at Indiana University-Purdue University in Indianapolis, USA. The title of the institute was: Reaching Out: Application of MOHO in Academic-Practice Partnerships**

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The title indicated that an emphasis of the institute was on the application of Kielhofner's model (Kielhofner, 2008) in diverse practice contexts. Second, it indicated that such application required collaborative efforts from academia and practice in partnership. The co-chairs of the institute, Patricia J. Scott (Indiana University) and Renée R. Taylor (University of Illinois at Chicago), stated that the aim of the institute was «to advance theory and evidence-based practice using MOHO through showcasing the latest developments in MOHO research, education and clinical application» (MOHO Web, 2014). In reaching for this aim, 77 abstracts from scholars based in fifteen countries were selected for presentation.

The presentations were concerned with one or more of the four major topics highlighted during the institute: Collaborative partnerships, MOHO in broader perspective, international collaborations, and teaching MOHO to support translation into practice. The aim of this article is to high-



*Dr. Patricia J Scott, and AOTA President Dr. Virginia Stoffel are promoting the conference.*



*Gary Kielhofner, the founder of MOHO.*

light and reflect on some of the issues that were raised during the institute, and that have been of particular interest to us – however, it represents only a small part of the Institute and should be read bearing that limitation in mind.

### A TRIBUTE TO GARY KIELHOFNER

A tribute to Gary Kielhofner set the tone for the Institute. This tribute was made to commemorate the fifth anniversary of his untimely death in 2010. There was a stark similarity to the commentary by Florence Clark, then president of the American Occupational Therapy Association (AOTA), who said the following in her 2010 tribute to Gary Kielhofner: «Evidence of the influence of Gary's vision to promote large-scale change and to increase the power of occupational therapy in health care was evident at the First International Institute on the Model of Human Occupation. [...] Dr. Kielhofner influenced the thinking of current and future occupational therapy



*The Institute co-chairs, Patricia J. Scott (left) and Renée R. Taylor.*

practitioners around the globe through his mentorship and passion for the profession». His tradition of mentorship was evident as his former students continue to mentor others. Many presentations from around the globe were presented by post-graduate-, masters- and PhD students. These students are the future occupational therapy leaders, and their ideas, from the use of virtual reality in the rehabilitation of individuals who have suffered stroke, to utilizing the habituation component of the person system to balance the circadian rhythms and assure health in primary care settings, are innovative and reflective of future practice.

The several dozen masters- and doctoral level students from the US in attendance reported on their amazement at the welcome they received from these international scholars and on the support that they feel at the conference. Another theme in the comments by students was about the international collaborations

and networks. This can be directly attributed to the influence of Gary Kielhofner.

### **MOHO: IMPACT ON GLOBAL SOCIAL ISSUES**

The tone was set on the first day by a panel in which the breadth of application of the MOHO internationally was discussed (Taylor et al., 2015). The panelists described various settings in which the model was used as a guide to practice. These included establishing volition with the aging population in Hong Kong where MOHO constructs were integrated with culturally relevant movement-based healing practices such as Tai-Chi; using MOHO-guided interventions to provide cost-effective treatment and thus reduce national budget deficit in the UK; and addressing issues of obesity in Australia through change in habits and role performance. The panel also reported and discussed the establishment of meaningful engagement with impoverished persons with mental illness in Chi-



*Gail Fisher, leader of the REIS collaboration group.*



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Moses Ikiugu presenting the eclectic framework for combining conceptual models



«Teaching MOHO in Trondheim», presented by Trine A. Magne (left) and Malin C. Eerola

le, the development of a MOHO based occupational therapy private practice in the US; and the use of MOHO-based tools to pattern a recovery framework in individuals with serious medical conditions. These themes were explored in increasing detail throughout the rest of the institute.

### RECENT MOHO ASSESSMENT TOOL DEVELOPMENTS

The MOHO has from the beginning placed an emphasis on developing and validating assessment tools that can measure the constructs essential to the model, allowing for precise assessment of these constructs and for measuring how they may change over time in clients receiving occupational therapy. To date, several of these assessment tools have undergone extensive psychometric testing and other validation procedures, whereas others have not. Two symposia during the first day of the institute focused on the latest developments on two MOHO-based assessment tools: the Residential Environmental Impact Scale (REIS; Fisher et al., 2014) and the Role Checklist (Oakley, Kielhofner, Barris, & Reichler, 1986).

**The Residential Environment Impact Scale:** The newly developed fourth version of the Residential Environment Impact Scale (REIS v4) (Fisher et al., 2014) is a semi-structured assessment that was designed to examine the impact of community residential facilities on residents. The REIS is based on four data collection methods that are used to gather the information needed to comprehensively evaluate how well a house provides support and opportunities needed to meet the needs and desires of

its residents in the following four areas: space, objects, enabling relationships, and structure of activities.

MOHO emphasizes the importance of the environment (Kielhofner, 2008). Due to the rapid growth of medical expenditure in developed countries, there has been a paradigm shift in terms of how treatment and rehabilitation is conceived and delivered: from being largely based on the medical model and delivered in medical settings, to a more socially oriented model where the community is the main arena for rehabilitation (Scaffa, 2001). Related to this shift, the REIS v4 is expected to provide a framework for understanding a client's residential environment as well as the influence of this environment on the client's capacity and quality of life. One unique aspect of the REIS v4 is that it was developed by collaborative between university faculty and practitioners (Fisher & Kayhan, 2010). The collaborative method works to overcome Kielhofner's concern: that practitioners may find assessments to have limited ability to meet the needs of practice, as researchers may have tended to emphasize psychometric concerns over utilitarian concerns (Kielhofner, 2005). The collaborative efforts placed into the development of the REIS v4 indicate that its value for occupational therapy practice has been emphasized from the very beginning.

**The Role Checklist:** The Role Checklist version 2 (RC v2) is a work in progress, initiated and led by Patricia J. Scott at Indiana University. The aim was to extend further the role assessment developed by Oakley (Oakley et

al., 1986). The original instrument had two parts: Part I indicated the person's roles in the past, at present, and in the future, whereas Part II indicated the value placed on each of the roles. The extension of the Role Checklist into Part III and Part IV was initiated due to Scott's observation that having more valued roles was not necessarily perceived as positive among clients, and that the impact of roles depended on a person's level of functioning. To understand the significance of roles in a person's life, one also has to consider role performance (role functioning) and satisfaction or dissatisfaction with roles.

The symposium on the RC v2 reported about the ongoing work on establishing a procedure for scoring the extended instrument (Scott & Latham, 2015). There was also a report about the tremendous interest among MOHO scholars around the world in translating the instrument into their respective languages. More importantly, perhaps, guidelines for how such translation procedures should be carried out, was explicated (Haglund & Scott, 2015). Later in the Institute Kristjana Fenger and Leah Van Antwerp presented a feasibility study on the implementation of these translation guidelines into Icelandic (Van Antwerp & Fenger, 2015). This study is also being carried out by Fengyi Kuo examining the feasibility of the translation guidelines in Mandarin Chinese contexts. Scott's group of researchers investigating the RC v2, known as the International Role Alliance for the study of Participation (IRAP; Scott, 2015), is also underway with several studies. Two clinical case studies, exploring the use of the RC v2 in a psychiatric hospital and in a

medical setting, were presented (Bonsaksen & Scott, 2015), as was the ongoing psychometric study on the instrument (Forsyth & Prior, 2015). The psychometric study is based on a general population sample of more than 800 persons living in the UK, USA, Switzerland, Japan, Sweden, and Norway. The aim of this study is to examine the cross-cultural conceptual validity of the Role Checklist, initially assuming that it measures only one underlying concept, namely participation.

### **INTEGRATING THE MOHO WITH OTHER CONCEPTUAL MODELS**

One of the sessions focused on integrating MOHO with other occupational therapy theoretical conceptual practice models. One of the presentations was Ikiugu's eclectic framework for combining theoretical conceptual practice models in clinical decision-making (Ikiugu, 2015), a presentation based on several of his previous works (Ikiugu, 2007; Ikiugu & Smallfield, 2011; Ikiugu, Smallfield, & Condit, 2009). This framework was developed based on the strategic eclecticism principles in psychology, to guide systematic, logical, and dynamic combination of strategies from a variety of theoretical conceptual practice models, so that therapists practicing eclecticism could clearly explicate their theoretical reasoning. The process consists of choosing, based on the client's presenting issue, an organizing model of practice (OMP) to act as a lens through which the client's occupational performance concerns can be understood. As assessment and intervention continues, strategies are chosen from other theoretical models to cover gaps that are not addressed

by the OMP. These other models become complementary models of practice (CMPs). An example would be the use of MOHO as the OMP to enable return to participation in valued roles. In the process of restoring participation, a biomechanical approach to restore skill deficits could be used as a CMP to enable occupational performance. Furthermore, the process is dynamic and as the therapeutic situation changes, the OMP can become the CMP or even be dropped altogether and a CMP can assume primacy as the OMP momentarily.

In a research study, Ikiugu and Smallfield (2011) found that teaching students how to use this framework helped improve their clinical skills overall and raise their level of confidence in theory application. The presentation on this framework generated a spirited discussion about whether MOHO should be considered invariably as the overall guide to therapy, or any "occupation-focused" model can be the OMP while other models (known by some as frames of reference) are incorporated as CMPs (Wong & Fisher, 2015). Others questioned whether eclecticism was viable as a competent form of practice, or whether it was what could be termed "eclectic nothingness". Many people in the audience thought that the idea of an eclectic framework to guide application of theory in occupational therapy made sense, even if used in a modified form as suggested by Wong and Fisher (2015). In view of the Institute being specifically dedicated to the promotion and dissemination of work related to the MOHO, it was also noted that Ikiugu's presentation of his eclectic framework epitomized

the overall tone of the Institute. Participants celebrated MOHO as the most widely used occupation-based model in the world, yet kept an open mind as to the place of CMPs to compliment MOHO in guiding interventions.

### INTEGRATING THE MOHO INTO THE CURRICULUM

The symposium on the integration of MOHO across the curriculum explored the use of MOHO to promote best practice in teaching, learning, and clinical learning for occupational therapy students. Jakobs (2015) presented a curricular model using video-taped simulated interviews utilizing the Occupational Performance History Interview II (OPHI-II) to facilitate discussion of MOHO concepts during normative and critical life events in transitional case studies. Many presentations in both the symposium and other sessions explored the challenges and benefits of integrating MOHO throughout an entire occupational therapy curriculum. Examples of MOHO-based curriculum were presented from Switzerland (Jakobs, 2015), Chile (Vottero Mas & Acevedo, 2015), the UK (Yazdani, 2015), China (Zhang, 2015), Norway (Magne & Eerola, 2015), and the USA (O'Brien & Tumbleson, 2015), speaking to the impact of MOHO on the education of students in a range of countries across geographical and cultural regions.

### CONCLUSIONS

Five years after the passing of Gary Kielhofner, his Model of Human Occupation is still robust. Worldwide the MOHO is the most researched and practiced model of occupational therapy (Lee, 2010), and the recent Institute demonstrated substantial interest in it from all seg-

ments of the profession – although with a dominance from the academic segment. As during the preceding years, much work is being put into developing and validating tools for practice and research. More recent developments seem to be focused on using the MOHO as a theoretical viewpoint from which to address social issues of global importance. The model appears to contribute to the integration of occupational therapy as a profession – the many participants from many different corners of the world clearly indicate that there are strong and unifying elements to it that occupational therapists across the world can relate to and value. An open-minded relationship towards other models, as demonstrated at this Institute, may challenge the MOHO. However, such intellectual challenge is a necessary, and therefore welcomed, part of scientific progress and is ultimately in the best interest of the clients served by our profession.

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