Title: A factor analytic study of the Model of Human Occupation Screening Tool of hypothesized variables

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Major Finding: The results of this study confirmed the hypothesis that the MOHOST contains six factors and provides further evidence of the validity of the MOHOST.

Participants: n= 166

- 139 male, 27 female
- Age: 18– 65 years. Mean age: 40.1 years
- Diagnostic Condition: 91 clients had a mental health condition, 59 clients had HIV/AIDS, and 16 clients had a developmental delay.
- Setting: 59 = community transitional living program (USA), 21 = acute inpatient psychiatric setting (USA), 86= high security psychiatric hospital (UK).
- Ethnicity: 113 = Caucasian, 48= African–Americans, 2= Asian, and 3= Other

Method: A total of 9 therapists completed the MOHOST with a total of 166 clients.

Analysis: A series of confirmatory factor analyses (CFA) were conducted using AMOS. A one- dimensional model (construct of occupational participation) was compared to a six-dimensional model based on the six theoretical dimensions of MOHO (volition, habituation, communication/interaction skills, motor skills, process skills, and the environment).

Findings:

- The fit for the six- dimensional model was better than the fit for the one– dimensional model as given by the relative chi–square and delta chi-square statistics.
- The standardized coefficients between the items and the 6 theoretical dimensions also indicate items are well designed to capture each dimension.

Conclusion: The results of this study confirmed the hypothesis that the MOHOST contains six factors and provides further evidence of the validity of the MOHOST. The MOHOST items were constructed to represent different kinds of influences on occupational participation (e.g., the person's motivation, the environment). The present study provides evidence that each of these different kinds of influences are unique.

Implications for future research: Future research will be needed to examine the stability of subscale scores, the usefulness of subscale scores for explaining or predicting participation, and the clinical utility of using subscale scores to guide treatment planning.

Evidence– based practice implications:

- **Occupational participation is influenced by a variety of personal and environmental factors.**
- **Therapists may be able to derive subscale scores by summing ratings for each MOHO dimension. These can be used to show direction of client change and to indicate factors facilitating or restricting participation.**

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