May 23, 2016

Hi,

I am wondering if anyone can help me to clarify how “habits” are understood and operationalized in MOHO? Apologies if this has already been discussed on the listserv – couldn’t find it in a search.

The definition in the 4th edition states that habits are “acquired tendencies to respond automatically and perform in certain consistent ways in familiar environments or situations”. This definition I think is fairly similar to the 3 pillars of habit, which are often described in psychological literature as repetition/frequency, automaticity and stable context/context-cued. Neuroscience research also seems to be on a similar track in how researchers define habit. I am aware that habit has been of interest to philosophers and sociologists and each discipline seems to have their own take on how habits are described. I also note from the reference list of the 2008 edition of the MOHO textbook that the sociological perspective on habit predominates (e.g., Dewey, Young, Camic, Bourdieu).

Whilst MOHO defines habit as above, the textbook seems to focus more on routines than habits and I reckon habits and routines are separate (potentially related) constructs, not interchangeable terms. Because habits are automatic and cued by the environment/context and hence would often happen beyond our awareness, I am wondering if questions about routines (as opposed to habits) have been included in MOHO reasoning processes/scales (e.g., OCAIRS)/assessments as these are easier to verbalize, monitor, change etc. I guess what I am trying to say is that I am unclear about the relationship between habit and routine as per MOHO.

So a couple of my questions…

• Are habits and routines viewed as separate constructs in MOHO? If no, why not? If yes, how are they related? If yes, e.g., in the OCAIRS are we getting a good understanding of “habits” as per the MOHO def’n when the Habits section mainly prompts questions about daily schedules and routines?
• If MOHO does operationalize habit as per the definition in the textbook, are there any MOHO assessment tools that specifically assess re the automaticity and consistency in familiar contexts components of the definition?

Habits are making a bit of a comeback in both professional and lay popular literature and hence I am keen to best understand the MOHO perspective on them so as to compare and contrast.

As above, I am keen to find out more about the MOHO perspective on habit and would welcome feedback.
May 23, 2016

Hi Michael,

It’s a good question, and one that I struggled with a few years ago, myself. I think that there’s a good introductory bit on the relationship between the concepts of habits and routines in chapter 5 of the 4th edition of *Model of Human Occupation: Theory and Application* (Kielhofner, 2008) – especially the section entitled, ‘Habits of Routine’, beginning on page 56. However, there’s lots of scope for further discussion, I think – hope this gets the ball rolling!

Mike

May 30, 2016

Hi all,

Mike nice to meet you and thanks for your response. Were you able to come to some resolution when you struggled with this stuff a few years ago? I feel that with further reading I am gaining some clarity but becoming more confused all at the same time.

I am wondering if the predominance of sociological references in the habituation chapter of the 4th edition, over psychology references, is where I am struggling as most of my reading into habit in recent times has come out of the psychology literature. The two perspectives on habit are really quite different and whilst I think I get the psychological perspective, I am finding it is taking some time understand and relate to the sociological take on habit. (Working clinically in an area of health that is dominated by biomedical and psychological approaches to practice, it has been decades since I have read sociology literature and geez I find it hard going - so many words!). I found a document from the UK entitled "Habits Routines and Sustainable Lifestyles-Summary report" which has at least helped me to see the differences between these two perspectives. I still need to work out how all this fits with MOHO though. I sort of see that both (all-eg from Clark et als 2007 Synthesis of Habit Theory article in OTJR) perspectives of habit are (and could be further) integrated into a MOHO formulation of habit but probably need to think and chat more about it.

RE my difficulty in understanding whether habits and routines are one and the same or whether they are conceptually distinct, again still working this out. I have read that habit is often conflated with routine. I am not sure how much it really matters but my mind is conditioned to try to compartmentalize concepts. I think for me it comes down to being able to clearly communicate issues that may be contributing to a persons presentation to the person and my colleagues from various disciplines and I find this hard to do at the moment re habits and routines.

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Anyway if anyone has any pearls of wisdom happy to hear em.

Thanks
Michael

May 31, 2016

Hello,

Very interesting discussion! Thanks for cc’ing us in!

I found this sentence on p.56 useful in the MOHO text “The influence of habits is also found in routine use of time”.

To me this says that our routines are influenced by habits (good and bad) connected to how we use our time, but not only. Our routine is also built around other responsibilities associated with our roles, cultural expectations, social supports, our strengths and goals, environmental opportunities and events etc. and also our volition and performance capacity.

This is an article that I found interesting on occupational therapy knowledge and practice:


Best Regards,
Melissa Aguey

May 31, 2016

Hey Melissa thanks for helping me out here and for the reminder about this Sylvia Docker lecture. I was at the conference when that was delivered and it was my first (and sadly only) OT Australia conference.

I have had a quick read of this article again and note that MOHO is mentioned a couple of times early on including where it states "In particular, the principles of temporal adaptation are embodied, though not clearly defined, in the concept of habituation (Kielhofner, 2002)." (pg 117). I am not sure specifically what was "not clearly defined" but Kielhofner’s work was obviously influential in re-orienting OT towards the importance of considering how we occupy our time. I also note that Farnworth referenced Wood’s 1996 article Legitimizing occupational therapy’s knowledge and the know how / know that concept and states again on page 117 "The danger is, that while knowing how is essential to practice, unless practitioners consciously understand what they know and, as a result, can explain, communicate and investigate such knowledge, the knowing that, we
will fail to achieve strong, autonomous, professional status." Re this habit and habit/routine stuff i am not sure that I consciously understand what I know and, as a result, I am not confident that I can explain, communicate and investigate this knowledge.

So I’m wondering... as per the sentence on page 56 of the MOHO text, if habits influence routines then they are therefore understood to be different things and hence the terms would not be used interchangeably???

And taking a step further towards trying to understand the (potential) differences, is habit, as defined in MOHO as “acquired tendencies to respond automatically and perform in certain consistent ways in familiar environments or situations” the basic behavioral aspect (eg automatic, frequent, context-cued) (e.g., as represented moreso in the burgeoning psychological/neuroscience literature) whilst routine which isn't specifically defined in MOHO (that I can see), is the more complex socially/environmentally/behaviorally influenced aspect (e.g., as represented moreso from the sociological POV). Or is this maybe too simplistic and am I completely off the mark and still not getting it at all???

Thanks again and apologies for filling up people's mailboxes with my seemingly endless questions.

Michael

June 7, 2016

Thank you for this interesting discussion that helps me deepen my understanding of MOHO. My goal is to revive the discussion since it doesn’t seem to have reached a satisfying level of resolution (for me, at least!). My understanding is that the MOHO addresses specifically the concept of habit, but not the concept of routine. Although, we can read at page 56 that they are both linked together.

Michael, is your concern related to the fact that the concept of habit alone or that the assessments don’t allow you capture the occupational situation of the client?

Also, it is mentioned on page 55 that there are 3 influences of habits in daily occupations:

- How activity is performed
- How time is typically used
- Styles of behavior

Intuitively, it seems to me that the routines mostly refer to time management. What is your opinion? Michael, could you validate or complete this idea from your knowledge and readings from a psychology and sociology perspectives?

Thanks again

Chantale Marcoux, erg.
June 7, 2016

Hello Mike, hello everybody:

I would like to contribute with a wider perspective of analysis in this discussion to help understand the meaning of MOHO concepts.

Every occupational concept defined in MOHO is important in itself, but more important is to understand their meaning as part of the whole MOHO theory and practice.

Since he was a student, Gary began developing one of his multiple professional roles, Occupational Therapy’s theorist, responding to his openness and rigurousness towards knowledge, and to his strong conviction on preserving Occupational Therapy principles and identity on time. As a theorist, he was very dynamic and holistic: during his life as an occupational therapist, he not only read many articles and books from our field and other disciplines, but worked directly with sociologists, anthropologists, psychologists, priests, philosophers, medical doctors, and occupational therapists in order to comprehend theories and their history, analyze concepts and develop the ones for this Conceptual Model of Practice.

The concepts of habits and roles in this model have a particularity. They refer to the internalized disposition to perform in ways that are known by the person or group as naturally occurs in life. This is, under environmental conditions that we are used to perform with (social, physical, temporal contexts). Habits are tendencies to perform in certain ways that we have learned through the experience. Occupational experience in MOHO is not conceived apart from environment. Behaviorist psychologists think it is because the environments determine people’s choices and their way to perform; Psychoanalytic psychologists think it is because unconscious emotions and mechanisms developed from the past dominate people’s choices and performance; traditional humanistic, and community psychologists share same principles of viewing the person with MOHO. MOHO explains that the constant interaction of our occupational personal aspects (Volition, Habituation and Performance capacity) with the cultural, social and physical environmental aspects is the source of the emergency of occupational participation (the unique doing of roles, organizing routines, performing tasks, skills and more).

If you keep the concept of habits written in MOHO book, and relate it with the rest of MOHO concepts, plus with the dynamic systems theory in which MOHO sustains its basic principles, you could find further in the chapter and in the rest of the book that Habits give us stability (they are internalized, makes us confortable with what we have learned), but they also go through a process of immediate or long term changes. Change may occur when anything happens during our daily participation on in our life that makes us negotiate with circumstances, and accordingly practice new ways of doing things (habits of performance), following our typical routine (habits of routine), or adapting our own characteristics or style of performing (habits of style).

So, yes, people’s habits tend to be automatic, but at the same time they need to be adapted all the time. This is the real dynamics of habits, as well as of occupational participation, and of the entire life in progress that MOHO explains.
Talking about MOHO fourth edition: there are beautiful case examples in the same book, and examples in this chapter that shows us what is unique of MOHO theory and practice, representing the what and how we "do" occupational therapy.

I would be happy to continuing talking with you!

I apologize for my English if I do not explain myself clearly.

Big hug!
Carmen Gloria de las Heras, MS, OTR/L
Chile

June 8, 2016

Hi Chantale,

Thanks for giving the conversation a nudge!

My understanding is similar in that MOHO specifically addresses the concept of habit and it does not formally address routine. The word routine however is mentioned a whole lot in the habituation chapter of the 4th edition, which leads me to think that it, is an important concept, even though it is not specifically defined. I am aware that there would be a very good reason why routine is not specifically addressed as a separate and important concept in the habituation "subsystem" and that this would have been discussed previously but I am still figuring that out. (The use of "routine" as both a noun and adjective throughout does add to my confusion but that is my issue - to better understand the English language)

Re your question. I guess my questions relate both to the concept of habit as well as to the issue around how to measure/evaluate habit.

E.g., regarding the concept of habit I am trying to work through how the description of Walt's "habit" on pg. 54 differs from the "routine" described in Seamos' work referred to one page 56. Looking at a couple of the source articles from the section on page 56 re Habits of Routine, Seamon states that "time-space routine is a set of habitual bodily behaviors which extends through a considerable portion of time" (p158) which suggests the notion of how we use our time as important in describing routine as per yours and Melissa's email below. In the context of the Seamos chapter, I interpret that to also imply that habit more so refers to lower level of automatic/involuntary behavioral response which, when a whole lot of them are put together and occur over time and space, become (a) routine (he used the term "unfolding" to describe what happens with a routine which I quite like). The Chapin (1968) article doesn't specifically mention habit that I could see but I didn't go through it with a fine toothcomb. Hence, I do wonder what is the added value of having "Habits of" in front of the word routine? Would "Routine" suffice? This then makes me wonder whether it's habits regulate how time is typically used or if it is routines regulate how time is used. So process could be something like habits influence routines, which influence how we use our time??? Not sure...

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Re the assessments, whilst I am not an academic, I think my issue is around construct validity. E.g., if the heading of a questionnaire says that we are asking about habits, but the questions and responses relate to routine, and we think that habits and routines are somehow different, can we say that we are measuring a person’s habits or the influence of habit on occupational participation? I think that this is important in describing our interventions and the results of these interventions to each other and to our peers and patients/clients. If however habit = routine this is not an issue.

I realize that I may be coming across as a bit of a pedant - not my intent. My aim here is not to criticize but to attempt critical thinking.

Cheers,

Michael

June 8, 2016

Hi there colleagues. Not sure if I’m responding correctly, here goes. Firstly, thanks Mike D for raising this subject. Second, wow Carmen, your English is amazing! I am a native English speaker working in France, and if only my French was as good as your English!!!!!! It’s not easy to have these discussions in another language, I know so well, but actually, the different cultural and linguistic lens can sometimes really help question and clarify terms and concepts. I’d just like to add to this reflection with some thoughts of my own, which are not very well formed, but I hope will contribute something.

I agree that the fourth edition of MOHO does not precisely define routines as a separate construct from habits, but it is certainly explained as being separate. I think Kielhofner expected that our communities of practice would contribute to furthering these concepts. The way I understand it, the word routine is used as both an adjective and a noun in chapter 5. This isn’t grammatical nitpicking, I think the difference is significant. The words are related but have differing dictionary definitions. My routine (noun) is not the same thing as my routine approach to something (adjective). A regular series of actions, or a usual or fixed way of doing things, is not necessarily the same as describing something as ordinary, usual or not for any particular reason (that is conscious at least). I guess you could consult any (English) dictionary and find similar definitions, I consulted Cambridge Online. The parentheses about being conscious are mine though. I suspect that might be part of the liaison with habits, which are internalized, automatized and therefore largely unconscious, unless we are suddenly brought to think about them, such as when faced by environmental or personal changes.

Kielhofner made several references to the relationship between habits and routines, or routine things (noun and adjective both) so clearly he did not intend them to be synonyms. To describe a relationship between two concepts means that they cannot be exactly the same or interchangeable. In fact, Kielhofner explained a range of differing habits, in which one subgroup refers to habits of routine (p56). This is where he began to elaborate that routines have both a time and a space element, quoting Seamon who is an architect, phenomenologist and geographer, so another perspective again, although perhaps more psychological than sociological.
Kielhofner went on to elaborate about the changing nature of cyclical routines, which connects with the dynamic aspect of change that Carmen referred to.

Towards the end of p56 I read the text as making a parallel between the concept of routine and the phrase, "patterns of action". This is of course simplistic, reduced like that, but to me this is an essential seed to developing a more complex and refined occupational definition of routine. Patterns of action, in the context of time and space, are related to habits, which are defined as acquired tendencies to automatically respond and perform in consistent ways.

I think that routine incorporates more than "just" time management, and the OPHI II section on daily routine would support that, because it refers to not only the static time pattern of activities, but satisfaction with and importance of routine activities, changes over time, cyclical differences in time. Also, the occupational competence scale in the OPHI II makes reference to routines as organizing structures related to developmental stage and goals. The MOHOST item on routine puts emphasis on organization of habits, structure and productivity, as well as balance and the amount of activity.

Does any of my rambling help here? Am I totally off the track? Does this connect at all for anyone commenting in this thread? In relation to what you've read in psychology and sociology? I suspect that the sociological and psychological perspectives, whilst different, can probably be viewed as compatible, and any conflict in concepts may help further refine what these constructs refer to. Of course, there is a lot of mutual nurturing amongst sociological, psychological and occupational perspectives. The main issue here is we don't need to confine ourselves to what is already clarified, but commit to furthering the theoretical development through inquiry and research. I think the therapeutic applications of a deeper understanding of both habits and routines, and their interplay, in the context of enabling change and occupational adaptation, are very important and necessitate this ongoing refinement work. Thanks so much for asking these questions!!

Amanda Dufour-Ryan

June 8, 2016

Further to my above comment, I took up the thread about routine and rather interestingly dropped the aspect about habits! How funny, given that this is exactly the missing piece that started this thread!!! I guess it underscores for me the difficulty of naming, quantifying or qualifying something that is largely automatic and unconscious. It would seem that beyond a need to better define routine, there is a whole need to develop and further define habits from an occupational perspective. One key element from MoHO i think is that habits are viewed as resistant to change. Also, the suggestion that collectively shared habits contribute to what we know as culture. I think we synthesize an understanding of habits from various aspects of MoHO tools, as we interpret and formulate our findings. Habits draw upon elements across the human system, from performance capacity to environment to volition, which I think is what Carmen was explaining about taking it all together in a dynamic way. I agree that this doesn't necessarily enable us to clearly define, question, develop and explain it to others, from an occupational perspective. Look at how i managed to just slip by it! Such an interesting topic. I'm keen to read what others have to say.
Amanda Dufour-Ryan

June 11, 2016

Hi Michael and co,

I think that habits and routines are often used interchangeably for two reasons:

a) Lack of distinction between definitions between the two by various therapists - where habits and routine are treated more as a continuum than as different entities, habits having a context of their own in a number of other areas of performance e.g., volition, skill etc.; and

b) Therapists working in areas where the clinical specificity of the two isn’t as clearly distinct on a day-to-day basis in the presentation and performance of the people they encounter & issues addressed under their case loads as it is in other areas.

Carmen’s explanation regarding the nature of habits, i.e., habits of performance, habits of routine and habits of style is particularly helpful. This is the key to clinical analysis of how habits impact and are impacted by occupational performance, identity and competence.

The distinction between habit and routine as well as the interaction between the two becomes a lot clearer in clinical case examples when starting with a client who has issues arising out of OCD habits that affect progression of routine. Similarly, other habits arising from issues associated with anxious thoughts, paranoid thoughts, self-concept affected by depression or mania etc. can be distinguished from routine by:

a) Their affect on the routine itself (ie delay, disruption, cohesion, inability to maintain etc.);

b) Their potential to form into self-replicating patterns that are linked to other activities of daily life and performance, thereby having the potential to become elements of routine;

c) They do not have to be linked to routine to affect occupational performance/identity/competence.

These issues form a more striking part of what Therapists encounter among clinically noted issues in some areas than others, although, when applied to all persons is evident as part of the human system.

If looking for the places where most therapists are most likely to have become most used to distinguishing between habits and routines, to address them both as issues in and of themselves as well as in a manner that allows them to dovetail, I would perhaps seek out case studies/therapist perspectives from areas such as:

- Mental Health (especially those working with OCD, eating disorders and other anxiety disorders, also unremitting psychotic disorders);
- Working with persons with ASDs and Sensory Processing disorders;
- Dementia;
- Brain Injuries (particularly affecting the frontal lobe), and;
- Populations who have intellectual, developmental or behavioral issues.

From here it should then become simpler to apply in scenarios where the difference between the habit and routine is not as distinct, and the clinical significance of a habit may not be as striking - or where it may be more difficult to identify how one identifies both in the context of other case loads. E.g., populations with...
diabetes we do attend to habits around dietary content, foot care, general fitness etc. - some involve things that become part of routine, others become ingrained in choices within activities etc.

Habits around attention to safety, health care, warnings and risk taking activity can suggest a lot about what may be required by a person who has had/is planning for a total hip replacement (including prognosis etc.). If you think about the kinds of things that are assessed on a Home Visit, much of what is being looked at relates to exploration of a person or households' habits and the nature of them, not simply their environment.

I think there is room in a lot of assessments to address habits both distinct from and within the context of routine. The biggest barrier, as with most things, is making use of the your clinical reasoning and teasing out the significant detail.

Regarding MOHO assessments, of those I am most familiar with:

- **OCAIRS** gives you room to ask probing questions and to explore clinically relevant issues. Note that there are a number of suggested lists of questions for different populations, each indicating that it is a guide. That means you still need to think and ask for enough information that you can rate the area appropriately. It gets confusing in that I would consider most of what is listed as 'habits' as routine by definition although there is crossover, and you will have opportunity to identify habits as a lot will emerge as you explore routine and barriers. There is also nothing to stop you from asking specific questions about habits here. Skills gives you room to ask about barriers - some habits may come up here, likewise in interests, goals, environmental sections and issues around change. This is due to the pervasive nature of habits and their impacts on performance.

- **MOHOST** you are also given the opportunity to note habits as you address areas such as the skill areas, patterns of occupations, motivation including choices and Environmental factors. While your observations of skill are activity based, it is intended that a number of activities be observed; therefore the therapist has the opportunity to notice patterns as well as ask about them if necessary.

- **OSA** - I would consider several of the items the client is asked to rate as habits

- **OPHI-II** has plenty includes exploration of the person and their story with inclusion of habits

- **WRI** Worker Role Interview includes habits distinctly

- **AWP** assessment of Work Performance provides opportunity to observe habits arising while assessing tasks although not an area of scoring.

Much of the distinction involved in assessing 'Habits' comes down to clinical reasoning. How does one assess Habits? We only tend to ask about areas deemed relevant to what we are assessing, however habits can be rather pervasive while also being intensely personal. The ones that are 'relevant' to the person's performance may not turn out to be something that is addressed within the contexts addressed despite an holistic approach due to issues related to personal privacy or perceived relevance. Sometimes a person is not aware
of them (this does not require anyone to have any form of cognitive deficit!) and things are identified and learned by observation or through the process of therapy.

Because the identification of some habits may require observation and/or time in order to recognize patterns it is possibly one of the more complex areas to assess/address. Routines are much simpler to identify at a basic level in most instances, and usually less subtle. This is possibly why routines are often the starting point or springboard for exploration of habits. I actually think that it is more helpful to hold the three contexts that Carmen discussed (routine, performance & style) in mind throughout the process of assessment and ensure that each is addressed/explored in its appropriate context.

These are my thoughts on reading the discussion to date. I hope that they are helpful.

Regards,

Jacqui Nettleton
Functional Realities Occupational Therapy
www.functionalrealities.com.au
Broadford/Kilmore - Australia

June 12, 2016

Hi Mike- and others in the conversation,

I am Patricia Scott, An OT from Indianapolis in the States. I have been following this conversation with interest and have not jumped in as I am traveling and do not have my references with me. I do however have a perspective on the relationship between habits and routines.

As you and others have said, I see habits as the automatic typical things we do on a regular basis. Habits enable routines. Habits are automatic as they do not require thought and planning, for example, my AM routine is to get out of bed, and first thing brush my teeth. Then I go downstairs and make coffee. It is automatic therefore the activity takes no cognitive energy. Here away from my home, out of my usual environment, there have been several days, in which I have not brushed my teeth before going downstairs, so I have to go back up, and perhaps then get distracted by making sure my cell phone is charged or something else. In this way an automatic activity is disrupted.

Sorry for the long example but my point is that habits enable performance of routine activities without much cognitive energy, thus freeing up cognitive space (I am using this term loosely). Notice I used the term routine in the last sentence to refer to activities performed in a habitual way.

I think Kielhofner makes a conceptual differentiation between the automatic (routine or regular) performance of an activity and 'routines'.

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I think of routines as the totality of organized purposeful activities that enable successful engagement in roles.

I have to stop at this point as my travel mates are impatient to get on with other planned activities and I have yet to brush my teeth!

I will be weighing in later!

Patty

Patricia J Scott, PhD, MPH, OT, FAOTA
Associate Professor, Occupational Therapy
Indiana University

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June 13, 2016

Dear all,

John Dewey, friend and co-thinker of Adolf Meyer (one of the founding fathers of Occupational Therapy) said, “Occupations determine the fundamental modes of activity, and hence control the formation and use of habits” (Philosophy and Civilization. p.175). He used the example of the primitive hunters to illustrate the relationship between occupations, habits and the present mental structure of modern humans.

Dewey thus explains the relation between occupation and habits in a consistent materialist basis. However, Dewey was not consistent in his materialism (pragmatic thinkers are incurably inconsistent) and his work reflects all sorts of unresolved contradictions.

I prefer MOHO above all other models of OT practice because it’s the closest we can get to a materialist (i.e., scientific) explanation of occupation. However, I notice that in all debates regarding occupation we end up wandering away from its materialist basis (wandering away is another trademark of pragmatism).

Trying to explain fundamental concepts with the Aristotelian logic of simple syllogism “A is always A” (occupation is occupation) does not help us because occupation is inherently complex and its ever more diverse and sophisticated. And in any case, nature and the objective universe are dialectical “A is A but at the same time is something different from A”.

In my opinion, we would be better served by going back to fundamentals and concepts rather than trying to explain every detail and circumstance of habits and routine. The more we are concerned with the “end product” the more we will wander away from a consistent materialist understanding of occupation.

I believe that this debate has in common the same pattern as with all the other important debates of our profession (e.g., OT identity debate, OT models debate, etc.). Every debate reinforces my belief that we need
is a consistently dialectical materialist explanation of Occupation.

We need a unified theory of occupation so we can use it to answer locally the different changing details of practice, rather than endlessly using practice to redefine fundamentals. We need to go back to basics back to fundamentals and spend less time trying to answer fundamental concepts with end products (a common feature of utilitarianism).

Here is a short list of some OT works that shed light on our philosophical foundation.

- *Occupational Therapy and Mental Health*. Creek and Lougher, 2008
- Research in Occupational Therapy: Methods of Inquiry for Enhancing Practice By Gary Kielhofner
- Foundations for Practice in Occupational Therapy by Edward A. S. Duncan
- Willard and Spackman’s occupational therapy

Regards,

Yonatan Mosquera
OT

June 13, 2016

I fully agree with you. It is very important to keep the dialectical debate about the nature of occupation alive.

Astrid Kinébanian  
Retired OT lecturer  
The Netherlands

June 14, 2016

Thank you Michael to bring up this important theme!.

I feel and think Jacqui’ s response completed my thoughts very well and that everybody's contributions to this discussion has been very important.

Just last thoughts:
I would encourage you to go over the differences of what MOHO explains about these concepts with the general concept of habits given by the AOTA in its two last frameworks published. The AOTA mainly classifies and define habits and roles as they "show" in people' s doing. MOHO analyzes 1) the internal aspects of these two within people´ s occupational life and what they mean for our occupational participation, and also 2) analyzes roles and habits as part of people' s daily participation in occupations. Both roles and habits impact the organization of our routines.

All MOHO assessments are based on MOHO theory and on client´s needs. Each assessment has its own goals, so they will approach the concepts in different ways. This does not mean, they do not take as a base the current theory behind them. MOHO assessments development has also contributed to MOHO theory development. The last years of 1980 and the 1990 decade represented a deep "good revolution" on getting to understand Human Occupation with MOHO. I love the dynamics of it, and I love what in each decade of MOHO history has happened until now!

For example, the Occupational Questionnaire (OQ) is coherent with how MOHO sees Occupational Adaptation (Occupational Identity and Occupational Competence), responding to what is the meaning of a "balanced routine" in a transversal view of participation (the present). This is, the organization of our activities in a typical day and in a non particular day (and the occupational meaning of these activities) in relation to how we feel and think about them (volition): how much we like it, how much we value them, and how competent we see ourselves at performing them. In summary: If our routines are satisfactory or not, which was the original goal of creating this tool (in the eighties) for olders adults who lived in residences other than their homes.

I would also talk about the Role Checklist, originally developed in the 1980s, this one taking a historical view of our identification of roles we participate on and the meaning we assign them. The interview and analysis with clients after completion of the forms flows around many aspects related to MOHO concepts that are related, including how "balanced" the routines are for each person. Currently, the new version of this assessment is being internationally researched. Patty Scott is the right person to share about it.

Finally, I think MOHO has a comprehensive view of Human Occupation including the "who-unique person or colective", the "why", the "how", the "where", and "with whom" of it, not only the "whats". That is why I think it is so effective!

Best to you Michel!

Warm regards to all

Carmen Gloria de las Heras, MS, OTR
Chile

June 14, 2016

Hi again and thanks to all for enlightening me with ideas from all over the MOHO world.
Carmen - Thanks or the reminder to consider habits in the context of MOHO theory as a whole. This is important for me to remember so that I do not get too bogged down in the detail. I think I need to do a bit more reading re dynamical systems theory as I like the notion of having systems theory (as it has evolved) as a basis for MOHO but I just don't understand it well. I downloaded Thelen and Ulrich 1991 so will have a read when I get a chance.

Amanda - Funny that we posted about the noun/adjective thing without having seen each others post at pretty much the same time but on opposite sides of the world. I think that like me, you see habits and routines as related but not interchangeable terms. Of course I am aware that I am not the first person to have had these questions and I found the Clarke's "preliminary theoretical synthesis" of the concepts of habit and routine (see text box below) in OTJR 2000 Vol 20 top of pg. 125S. I particularly like the highlighted bit as that is pretty similar to how I feel! She goes on to state on pg. 128S "Habits are relatively automatic things a person thinks or does repeatedly. Routines, in contrast, are a type of higher-order habit that involves sequencing and combining processes, procedures, steps, or occupations. Routines specify what a person will do and in what order and therefore constitute a mechanism for achieving given outcomes and an orderly life." So here, routines are a type of habit. (I am not sure how in synch occupational science and MOHO are though.) I got to say that I do still struggle with the noun/adjective thing - can I have a habitual habit and a routine and a habitual routine and a routine habit? I don't know. I'd agree that the psychological/sociological perspectives on habit (which is as mentioned is a way that I have compartmentalized things) are compatible and even that by considering both we open ourselves to more options to intervene. I'd imagine just need to be clear in explaining ones approach. And I guess what I am seeking to do is clarify how MOHO fits.

Jacqui - thanks for the examples and bringing the conversation back to the clinical realm, which is where I probably most comfortably sit. There does seem to be some consensus that maybe we look to explore routines in our assessments as these are more easily described and we are more able to reflect on them as opposed to the more automatic/context-cued nature of habits (i.e., if habits and routines are different - Aaaaah!) Re the MOHO assessments, I have never done any official training in any of them but I have purchased copies of a couple. I think the great thing about them as you suggest is that the questions are suggestions only and thus allow for elaboration/extension. I guess it is the rating scales that leave me a little confused as previously mentioned – e.g., having had a look at the WRI, the criterion listed for 10. Work Habits and 11. Daily Routines are pretty similar so wondering if the words habits/routines have in this instance been used interchangeably or are the meanings significant? Maybe others don’t see this as an issue...
Patty - thanks for helping out and I look forward to you weighing in again later! You also seem to be making a differentiation between automatic performance of an activity (habits) and routines (as you mentioned as did Kielhofner). I wonder if there would be any benefit in clarifying the relationship (if that is possible) in future MOHO publications?

Yonatan - Wow - I am regretting that I did not take at least introductory philosophy back in the day at unit I feel pretty dumb in that I don’t know what a lot of the words you mention actually mean but I am going to look them up. (I bought a book called "A History of Habit" a while back to try to get my head around habits a bit more but it turns out it is about philosophical views on habit and I have found it really hard going. So many concepts that I am completely and embarrassingly unfamiliar with.) I am interested in Dewey's quote in that it appears that he is saying that it is occupation that drives habit formation and use and not the other way around (sort of like top-down vs bottom-up reasoning). I note that in an article published in OTJR in 2007 vol 27S entitled "Toward Verstehen: An Etymological and Historical Wave of the Terms 'Habit,' 'Routine,' 'Occupation,' and 'Participation'" the authors describe a conceptualization of habits -> routines -> occupation -> participation. Another spanner in the works....

It’s nearly midnight so I am off to bed. Thanks again to all contributors. I think I am getting somewhere in my understanding (?)

Michael

June 17, 2016

Fabulous discussion – I’ve learned so much.

Thanks everyone

Sue Parkinson

June 17, 2016

I echo Sue’s comments; I will be using some of the points that were made when I teach MOHO this fall. I appreciate the deep thinkers on this listserv!

Gail
June 19, 2016

I would like to thank Carmen for bringing into this wonderful discussion the two foundational MOHO assessments of the Occupational Questionnaire and the Role Checklist. When I was in OT school, and studying under Gary's faculty leadership, we learned about daily occupations first through a self-assessment process and these two instruments were a part of that! I still use that technique today as an OT educator.

We entered our first class of Occupational Therapy Doctorate students on the first of June. I have the students complete an Occupational Questionnaire on themselves on their first Friday and Saturday during the orientation phase before they even start their first class in the program. The first day of class when we begin discussing occupation, they are able to reflect on their daily occupations, habits and routines and contrast them with the weeks just before that when some were completing undergraduate programs, or ending jobs, or moving cross country to transition to the next chapter of their life as OT students. In the fourth edition of the MOHO text Gary talked about habits of occupational performance, habits of routine, and habits of style. Completion of the Occupational Questionnaire leads to discussions of how everyone has their own particular way of performing routine activities, and how those habits of performance are choreographed in time. It also raises issues of how we bring our personal style to the performance of everything that we do! The process of them recognizing the beautiful, rich complexity of occupation is exactly where I want them to start to learn about being an occupational therapist.

This simple instrument is so powerful for both clients and therapists. It was a cornerstone in my practice. I really see it as just that foundational! It can always be your starting place. Once you get a picture of a person's daily life routines, you can begin to explore the intricacies of their roles and their habits of occupational performance, routine, and style. It also gives you a window into the meaning of their every day occupations. Knowledge of these things is what contributes to powerful occupational intervention. I have to admit that I have expanded the OQ a bit for teaching purposes. I include where the activity is done (physical environment), whether others are around (social environment), and whether they feel that the activity is something that they need or have to do, want to do, or both. All of these characteristics add to the discussion.

So a tool that was developed to assess MOHO concepts is so foundational to our profession that I tie it to the philosophy of occupational therapy. (And the students don't actually learn that it's a MOHO tool until their theory class in the fall) I am looking forward to hearing more about the revised Role Checklist!

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June 21, 2016

Hi again all,

Model of Human Occupation Clearinghouse – Archived ListServ Discussion
Just when you thought it was over.....

In my quest to better understand MOHO, and in this case more specifically habituation, I have gone back to have a read of the first two editions of the textbook to see how the constructs have developed. I've gotta say that I am really enjoying reading the 2nd edition and feel like I get things a bit more. E.g., an update...a couple of emails ago I said "e.g., regarding the concept of habit I am trying to work through how the description of Walt's "habit" on p.g. 54 differs from the "routine" described in Seamons' work referred to one page 56." Both examples are also given in the 2nd edition but Walt(er)'s example is under a heading "Purpose and Function of Habits" and as in the 4th edition it is discussed in the context of habits serving a purpose for society. The lead in sentence for Walt(er)'s example is the same in both editions except that in the 2nd edition the word "custom" is used instead of "habit". For me, and given the preceding and follow-on sentences in that section of the text, this completely makes sense and has substantially reduced my confusion. (NB I note that in my previous email as above I made a mistake in describing the description on pg. 54 as Walt's "habit" when I should have written Walter's "habit" - there is a Walt and a Walter example in chapter 5 and I got the names confused) The 2nd edition has really helped me to do is clarify the habit/routine relationship from MOHO's perspective. Not sure why but when reading the 2nd edition chapter on habituation, I didn't at all feel confused by the terms. In chapter three which is entitled "Internal organization of the human system" it talks about the three subsystems and states on pg. 28 "A subsystem is an organized and interrelated collection of patterns (ie structures) and processes which have a coherent purpose." It then, in a sentence, describes the "coherent purpose" of each of the subsystems and re habituation states "The habituation subsystem serves to organize occupational behavior into patterns and routines." (I am not sure if these bits are in the later editions - I may have just missed them.) So my interpretation of this is that one's "routine" (noun) is an output of one's habits and roles which I can make sense of in that habits can influence in a bottom-up type way and roles in a top-down type way (whilst also acknowledging a non-linear systems approach whereby influence can also go in the other direction). Maybe I am interpreting this inadequately and am experiencing confirmation bias but again in my compartmentalizing-prone brain, this works for me. This would fit with the explanations of habit/routine that I have read in other disciplines' work, which helps me to transition their knowledge into my understanding of MOHO. (I do apologize to those who are saying "yep that is what said in my email to you weeks ago" - i just needed to go on this journey and read it specifically in MOHO publication so I know its MOHO's perspective, and then I can say its a MOHO thing when explaining to myself, my colleagues, patients etc.) As above, I couldn't see the relationship laid out as explicitly in the later editions. I do note that there were some pretty massive changes in the model as a whole as well as in how habituation is described between the 2nd and 4th editions and hence I want to check that if the above "coherent purpose" is still relevant in the new version of the model?

Thanks

Michael
June 22, 2016

First, I want to say that I am appreciating this conversation. I have returned from the ENOTHE – COTEC congress in Galway Ireland where there was much discussion about application of MOHO into practice and instrument translation.

Back to the subject, thank you Dianne and Carmen for bringing the Role Checklist into the discussion. I have been working on the Role Checklist (Oakley, 1986). My goal was to add a measure of self-report of performance satisfaction. The result was the Role Checklist Version 2. Fran Oakley developed the instrument, with Gary Kielhofner in the early 1980’s. Roles at that time fell into occupational performance. Since then occupational participation has become more prominent as seen in the levels of doing in the 2008 edition. I cannot wait to see what the 2016 or maybe 2017 edition looks like.

So how do roles relate to the discussion? Kielhofner talks about how habits and routines enable role performance. Roles establish ways in which people relate to the outside world and are seen by the outside world. I am Harold’s sister, I work at the local grocery, I am on the track team with ----.

Back to the discussion of how Kielhofner addresses roles how habits and routines enable role performance. Following this discussion and in our work there seems to be a parallel relationship between roles and activities. Habits are the peculiar way each of us typically performs an activity. Sufficient habits provide structure and contribute to routines. In the same way, it appears from our analysis of over 7000 examples, some roles are conveyed through image or identity, such as student, worker and volunteer, yet roles with many different activities, yielded activity examples, such as home maintained (laundry, clean floors, cut grass etc.) and friend, (go skiing, conversation, take walk, do out to eat etc.) This work is published in the Open Journal of Occupational Therapy and the reference is below.

Article: Does the Role Checklist Measure Occupational Participation?
Tore Bonsaksen · Ursula Meidert · Deana Schuman · Hildegunn Kvarsnes · Lena Haglund · Susan Prior · Kirsty Forsyth · Takashi Yamada · Patricia J. Scott

ABSTRACT: Background: Among the Model of Human Occupation (MOHO) assessments, the Role Checklist is one of the most established. In spite of its widespread use, no studies have examined role examples and their association with the three embedded levels of doing, as established in the MOHO theory. Method: A cross-sectional survey of 293 respondents from the US, the UK, Japan, Switzerland, Sweden, and Norway produced 7,182 role examples. The respondents completed Part I of the Role Checklist and provided examples of each internalized role they performed. Responses were classified as occupational skill, occupational performance, or occupational participation. Results: Thirty-three percent of the examples were classified as examples of occupational participation, whereas 65% were classified as examples of occupational performance. Four roles linked mostly with occupational participation, another four roles linked mostly with occupational performance, and the two remaining roles were mixed between occupational participation and occupational performance. Discussion: The Role Checklist assesses a person’s involvement in internalized roles at the level of both occupational participation and occupational performance. There are differences among countries with regard to how roles are perceived and exemplified, and different roles relate differently to the occupational performance and occupational participation levels of doing. There are related implications for occupational
therapists.

So, to finish: I think the relationships are difficult to disaggregate however it is a worthwhile effort and I applaud this group for taking on this task.

Patricia Scott,  
Indiana University

June 23, 2016

Hi all,

It's interesting to note, Mike, that returning to earlier editions has helped to get a clearer picture. In many ways it demonstrates the dynamic nature of human occupation itself, together with the concepts of the model, which has grown over time as those studying and researching in the area have added to learning and awareness in various ways.

I believe that the second edition was the one we were using when I trained. I have worked with people who were trained when the first edition was in circulation and there are people in this discussion forum who have probably been working with it since before that. There are new ideas and concepts that have grown and evolved when explaining the framework since that time. If you had snapshots of how OTs training in the '80's, 90's, 00's and 10's drew or represented the model when training you would see shifts. The fundamentals haven't changed so much, yet there has been growth in how they are spoken of, explored and their interaction within the whole understood.

As new editions of the book and articles exploring concepts, assessments, populations and the impact of interventions have continued I have learned more and had to wrap my head around new concepts/framing of concepts after time away from the workforce and reading in the area. I find that my 'go to' for understanding the basics still has its roots in the days of my training and just after I graduated when I was saturating myself in MOHO learning and exploration while examining my work, planning unfamiliar assessment and interventions in an environment where my job was to provide Occupational Therapy to clients in a team where I was the only OT, in a fairly recent field of practice and was working hard at developing the clinical reasoning required to ensure that I was providing something that was specifically Occupational Therapy, unique and different from my team mates who had their own disciplines - not simply intervention that because I had training, I could do. As the theory base and grown, I have learned and grown with the MOHO also and developed a better understanding of the dynamics of people and how they function and a range of clinical implications - but the basic principles within the concepts of the Volitional, Habituation and Skill subsystems, occupational performance and so on are still at the core of everything.

I learned a lot about distinguishing habits, routines, roles etc and teasing out their significance and influence upon each other on my mental health placement where the original version of the OCAIRS had a training tool that my supervisor had me use. There was a tape and education about how different things should be
considered in relation to each other when rating. The old version of the OCAIRS which has changed as has the rating scale and processes, used to have categories that you were asked to score based on the content of the interview and different sections. The process and discipline of completing that part of the old assessment tool was possibly one of the more helpful things I came across in learning how to tease out the process of examining the dynamics of occupational performance, its components and implications.

In many, many ways each component of MOHO has the potential to be treated either very globally or in a formulaic manner - not simply habits (and the rest of this subsystem) as this discussion has been exploring. Its often only when you get down and do the grunt work of teasing out how each aspect of a person’s performance interacts with each other aspect that you start to tease out the true dynamics of the concepts.

For me, though its not something I have to consciously sit down and do anymore, I learned most about MOHO and its concepts when I sat down with pen and paper (I'm showing my age - but I'm also a visual processor) and did the intellectual grunt work of examining all the moving parts - first separately, then as they interacted with each other. Its still a helpful thing to do when I'm bogged down in a difficult case or unsure where to start. You sit down and examine how habits support/detract from routine and vice-versa with its subsystem; you do the same with how they interact with the processes going on within the volitional subsystem, the skills, abilities, environment - how each and every other 'moving part' specifically (or have the potential/risk in a given context) to interact. You examine patterns and anomalies.... It's not essential to do laboriously in minute detail every time you are examining occupational performance - but its a process that will give you the understanding both at a clinical level (especially when working with a difficult case), and at conceptual level.

I hope this doesn't seem too 'off topic'. It simply struck me as interesting that taking an historical approach to learning MOHO was useful for David. I wonder whether there are things that have been lost to learners as resources have evolved. Tools - that may not optimal for use as outcome measures - like some scales at the end of the early OCAIRS (and I'm by no means saying 'bring it back' as part of the assessment tool); but that a lot of us used to learn how to 'think' MOHO and get our heads around some of the concepts as we were learning and growing.

Perhaps some of the process of learning the concepts of MOHO are in habits we develop in how we appraise the content of interviews and performance we hear about and witness.

Perhaps there are habits that people need in task routines when learning and working with MOHO order to build the understanding born of them that will no longer be required to sustain once we get the hang of the goal of the task.

Perhaps, given the fact that how habits themselves (for example) should be understood and addressed in the context of MOHO, suggests that clinicians need a learning tool/exercise to support some processing habits that will develop their clinical reasoning habits for use in the stages of learning how to work and perform assessment within the model. My tools as I was learning included use of the old OCAIRS scales, in included working a person's story into the form of the diagram of the model and going through the process of following the information back and forth along the arrows and reflecting upon it. When working out how to structure group and individual intervention designs it sometimes involved butchers paper.
Strange as it seems for me, habits taught me much of what I have come to understand about habit for use and clinical application. I hope that makes some degree of sense.

Cheers,
Jacqui
Functional Realities Occupational Therapy

July 13, 2017

Dear all

Just a proposal on how to explain the relationship between occupation and habits/roles.

What if instead of using “top to bottom approach” and/or “bottom to top approach” we use “determinants”? I would propose that instead of investigating whether habits (or occupation) come from the “top” (or from the “bottom”) we investigate whether habits “determine” occupation or vice versa. Investigating determinants is the purpose of science and would provide us with a sound and unified theoretical basis.

In my opinion, the hierarchical explanation of “top to bottom approach” v.s. “bottom to top approach” reflects our habits of thinking but does not reflect the objective world and that is why it cannot provide a definite answer.

The objective world is not hierarchical nor cyclical but dialectical. Nature is dialectical and humans are part of nature and evolved within nature. Hence it is dialectics which will best help us explain human behaviour.

In my opinion, the dialectical answer to the relationship between habits and occupation is unequivocal: Habits are determined by occupation.

Just my 2 pennies,

Thanks

Yonatan Mosquera-Restrepo
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