

**'Putting Occupation back into Occupational Therapy'**

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Over 18 years of practice my career has followed many paths within a variety of posts. Regardless of my environment I would always find myself asking the same questions. Why did I feel misunderstood and undervalued by other disciplines? Why did others think they could do my job? Why did it feel impossible to evidence my practice? Why couldn't I find a tool that would do exactly what I wanted it to do, in the time I had to do it, within the resources I had available to me? The list goes on and I am sure many of you reading this will have asked the same questions.

Still looking for the answer, in 2004, I took up a senior position within a community rehabilitation team. I had high hopes for this post. It seemed to tick all the right boxes to allow my OT skills to flourish – treating people within their own homes, having the autonomy to develop my OT role and identity to its true potential.... I could hardly wait!

Despite a bucket load of enthusiasm and a wealth of experience it wasn't long before the same old questions started to arise. Why was this happening again? It was at this low ebb that I stumbled across some information on the Model of Human Occupation. Initially I was far from optimistic. My knowledge's were limited and I had always considered it to be overtly complicated and associated it with mental health, certainly not with physical disabilities. I searched online for others using this tool within my field of practice but to no avail. Nevertheless it still captured my curiosity and so I decided to have another look. Picking up the book and starting at chapter one it wasn't long before I felt as though I was wading through treacle. Not to be disheartened I tried another tactic and began to explore the MOHO based assessment tools. It was here that I discovered The Model of Human Occupation Screening Tool (MOHOST). I decided that the quickest way to determine its potential was to try it out in practice – nothing ventured, nothing gained. Its language and concepts were unfamiliar and it did not follow the task-based assessment I had utilised to date. My first attempt took me 2 hours, referring back to the manual every 2 minutes. It felt less like learning about a practice tool and more like discovering a discipline. Despite these challenges I began an initial pilot of MOHOST.

I soon found myself questioning my own understanding of my discipline and core skills and although unnerving I slowly began to feel a sense of empowerment creeping in. I discovered a 'new' phrase – occupation focused. It seems silly to say when I had called myself an Occupational Therapist all these years. I began to reflect and question how occupation focused my practice really was? The truth both shocked and shamed me. I realised that I had oversimplified my practise to such an extent and had become so task focused that I had lost sight of my true priority - occupation. No wonder others had felt they could challenge and undermine my discipline and skills all these years. I could never have anticipated that this journey would bring me here.

As my understanding of MOHOST improved so did my knowledge of MOHO until eventually it established itself at the foundation of every element of my practice. Although I can vaguely recall being taught about conceptual models as an undergraduate I do not recall any placement or basic grade experiences where they were clearly applied to allow me to consolidate my theoretical knowledge into practice. I started my career in an acute medical environment at a time when OT was embracing the medical model. This along with a reductionist approach enforced on

my practice in order to meet referral and discharge agendas set me off on my 18-year path of looking for 'a quick fix' and apologising for the complexity of my profession.

My appreciation and understanding of the power of conceptual models may have been late in coming but in the form of MOHO it has transformed my practice. For the first time in my career I can now say with confidence that my practice is 'occupation focused' creating with it a strong professional identity. I no longer shy away from the challenges of others. Instead I embrace them as an opportunity to clarify my role and core skills, to alleviate fears and misconceptions and to create an accurate and respected understanding of my profession.

It is rewarding to now hear other disciplines within my team using my OT 'MOHO' language. We now have a deeper respect and understanding of each other's roles and core skills, which dismiss any over simplistic, stereotypical associations, which may have existed in the past. Harmonious skill mixing is no longer a pipe dream but instead a reality, enhancing our clinical effectiveness and personal satisfaction. MOHO has given me the voice I could never find, the confidence I never had and replaced my frustrations and fears with enthusiasm and pride for my profession.

There are a variety of conceptual models to explore. Identifying one that worked for me and especially one, which was created specifically for OT, has given me more than the 'quick fix' I hoped to find. I now understand that there will never be a quick fix or a simple solution. Occupational Therapy is a complex discipline, which we should celebrate and embrace. Instead of simplification it requires structure to showcase its complexities and in turn leave no doubt surrounding the skills, expertise and value of its therapists.

We all work in a political climate that demands high quality as well as cost effectiveness but we need to look beyond responding to these pressures with a 'quick fix'. Perhaps as clinicians, we need to reflect back on our early training, draw knowledge from our valuable new graduates and re explore the benefits of conceptual models to provide the structure our complex profession demands in order to flourish.

This is only a brief account of my experiences and a reflection of some of my thoughts. It has not been an easy journey but instead one filled with obstacles and challenges. At times these have felt insurmountable, tempting me to give up. I still have days when I feel like that and I have a long way to go. After everything I can't believe I now have more questions than I ever did, however I now look forward to trying to discover the answers. Since that first pilot I have progressed to exploring the potential of MOHOST as a tool to integrate OT's working within Greater Glasgow health and social work and for the first time I have found the confidence and desire to take pen to paper to disseminate my learning.

For me using MOHO to place occupation at the cornerstone of my practice has been professionally life changing and despite the challenges that lie ahead for me there is no going back.