

FIFTH EDITION



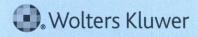
Kielhofner's

Model of Human Occupation:

THEORY AND APPLICATION

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Fifth Edition

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This edition is dedicated to the memory of Professor Gary Kielhofner, whose work defined and revolutionized the art, practice, and science of occupational therapy as we know it today.



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Preface and Editorial Introduction to the Fifth Edition



As a widely used conceptual practice model that has been subjected to nearly four decades of scientific inquiry, *Kielhofner's Model of Human Occupation* echoes the voices of occupational therapy clients, educators, practitioners, and scientists from across the globe. Contributors to this fifth edition are largely educators, applied researchers, practitioners, and clients with a wide range of knowledge and practical familiarity with the Model of Human Occupation (MOHO). They range from those who have been following the work since its emergence, to those who are relatively new to the model, and many somewhere in between.

We all rely upon our private motivations for learning and using the model to guide our teaching, practice, and research. Some of us recognize its power from having applied its concepts and measures to address an obstacle within our personal lives. Most have learned the benefits of its use by witnessing a marked improvement in clients. The researchers among us value the vast and consistently strong evidence base that demonstrates the relevance and effectiveness of this model in today's practice settings.

As students and practitioners of MOHO, we develop personalized understandings and practical interpretations of the model that allow us to shape our craft from a more liberated ideological foundation. For me, MOHO is a model that inspires personal epiphany and psychic freedom from the boundaries of institutionalized meanings, mores, and rituals that currently envelop the inevitably pathologizing health care settings and practices that I find myself and many students and colleagues practicing within today.

The Four Elements of MOHO

People new to the model will inevitably ask, what is MOHO?

MOHO is about volition. As a client-centered, occupation-focused model, MOHO emphasizes the understanding of what motivates a client to action. MOHO is about accessing that place within ourselves in which our own interest and curiosity in another person comes alive. MOHO is about being real. It is about humility. As therapists, this allows us to develop

a keen awareness of another person's interests, sense of abilities, and values. This is referred to as empathic understanding. This understanding allows us to learn how a client views their ability to contribute and enact meaning in the world. Quite simply, MOHO is about knowing the other.

MOHO is about habituation. It is about how a therapist utilizes this knowledge to understand the existing capacities and new potentials for a client to form a habit pattern that supports their interests, self-perception, and values toward an occupation. It is about understanding the social relevance of these habits and how they are organized across time and space to form roles. It is about understanding the relative importance of these roles to the individual at any given time point.

MOHO is about performance capacity. MOHO carries a deep respect for a person's lived and subjective experience of the body in interaction with its environment. Performance is conceived uniquely as a simultaneous experience of the body and of the mind. Performance capacity is viewed as objectively observable, measurable, and quantifiable but, most importantly, as lived, or subjectively experienced, by the client. Approaching a client's body with a respect for this sense of subjectivity offers a novel, client-centered conceptualization in which endless possibilities for occupational performance and participation exist, particularly within facilitative physical and social environments.

MOHO is about the environment. MOHO relies upon numerous physical, social, and occupational variables within the client's immediate, local, and global contexts as powerful influences on occupational engagement, performance, and participation. Equally, MOHO views clients that are enduring even the most severe difficulties as having a capacity to also influence these variables within these respective contexts. Environmental variables include, but are not limited to, the actions of meaning that are widely recognized within a given context, the person or persons with which one interacts, and the physical spaces, objects, and occupations that are available for engagement. Other aspects that influence a client include the cultural context, political conditions, and economic

conditions. Aspects of the environment create both demands (which offer opportunities for action and behavior) and constraints (that limit or restrict action and behavior).

What is MOHO? Quite simply, MOHO encompasses these four elements (volition, habituation, performance capacity, and environment) and explains how a person engages in occupation as a result of the dynamic and reciprocal interaction between them.

Over a lifetime, we develop skills that enable us to perform tasks and activities and participate in occupational roles. Successful and consistent experiences with participation over time allow us to develop an occupational identity, which corresponds with our feelings of occupational competence regarding certain roles and activities.

When the circumstance of an impairment interrupts this dynamic, a client must be reengaged via an intensive intervention focusing on one or more of the four elements of MOHO (volition, habituation, performance capacity, and the environment), and ideally upon all four. This reengagement will offer revised opportunities for occupational participation and performance, feeding one's original sense of identity and competence, and thus defining the hallmark process of occupational adaptation.

MOHO-Oriented Practice

The perennial question that might follow is, What does it mean to practice from a MOHO-based orientation?

Put otherwise, what does it mean to be a "MOHO therapist?" Being a MOHO therapist acknowledges a tendency for a therapist to constantly strive to understand a client from these multiple perspectives. It means locating each of these aspects of the person and the relevant aspects of the client's environment as they interact in synchronous and nonsynchronous ways. MOHO also connotes an earnest curiosity to learn about a client by listening to her life story and by hearing her perception of her own experience of participation within her unique personal constraints and environmental conditions. In some cases, this involves dissecting the events that form a client's plot and arriving at a central metaphor that defines her life experience.

A MOHO therapist is a deeply feeling, sensate, and organized thinker who not only reasons with precise attention to the model's moving parts but also intuits and feels her way through the therapy relationship, always prioritizing a client's sense of autonomy, dignity, desires, values, and capacity. A MOHO therapist can adapt to the changing dynamics of this process within the context of learning and knowing the client's experience of her own changed circumstances. A MOHO

therapist can change an object, like a shirt button, into something of meaning, like a spaceship, so that a child is motivated to manipulate it into closure. A MOHO therapist can change a common activity like putting on a shirt into a habituated one that facilitates engagement with the social environment in a psychologically important activity, with the ultimate outcome being meeting a new friend.

A MOHO therapist can notice a client's most subtle change in gaze in response to a particular sound, person, or object of interest and tailor a significant greeting that acknowledges a client's fledgling demonstration of volition. Being a MOHO therapist means seeking to understand and contemplate a person's lived experience of disability. When you meet a MOHO therapist, you will see a spontaneity of thought, a candor, a true interest in others, and an artist. You will meet a person who will strive to understand you and your experience, in the context of your world. The MOHO therapist provides clients with opportunities to explore their environments while supporting them in testing out their own approaches to doing things. The therapist knows how to let go of the client in the precise moments when this letting go is needed most.

ORGANIZATION OF THIS BOOK

This book is organized into four sections, relying on case examples and case composites from actual practice situations throughout. The first section articulates each component of MOHO and provides an overarching viewpoint of MOHO as a conceptual practice model. The second section covers the application of MOHO in practice, including therapeutic reasoning, MOHO-based assessments, and planning and documenting therapy. The third section illustrates this application in focal client populations, emphasizing the use of MOHO with children and older adults. The fourth section provides resources for the use of MOHO in practice and research.

FEATURES

This book includes the following features to enhance learning.

- Learning Outcomes at the beginning of each chapter list the concepts readers should expect to understand by the end of the chapter.
- Case Examples illustrate application of the essential aspects of MOHO to practice.
- MOHO Problem-Solver Cases illustrate the power of MOHO in addressing an existing clinical dilemma or problematic case context.
- Quiz Questions and Homework Assignments allow for the assessment of learning, retention, and application of MOHO concepts and practices.

About Gary Kielhofner

The primary founder and developer of the Model of Human Occupation was Dr. Gary Kielhofner (b. 1949–d. 2010), an occupational therapist and scholar whose work lives on to sustain a high global impact on the practice, teaching, and research of occupational therapy.

Though it is the most evidence-based, occupation-focused, and client-centered OT conceptual practice model in the world, Kielhofner's model was born directly out of practice and lives deeply within practice, throughout the world, today. Originally developed from Kielhofner's work with U.S. military veterans with spinal cord injuries resulting from combat during the Vietnam War, MOHO continues to exist today as a quintessential foundation for the field of occupational therapy.

The fifth edition of this book is dedicated to Professor Gary Kielhofner. This edition was edited with an intention to preserve as much of Dr. Kielhofner's original voice and contributions in its pages as possible, while updating the concepts and their uses in today's practice environment. Without his contributions, many of which took shape within the context of MOHO, occupational therapy would be a very different field of practice today.

As editor, I am personally grateful to you, the reader, for your interest in this model and for your willingness to explore opportunities to use, disseminate, and advance the model. I hope that the contents of this edition will stimulate and inspire you to continue to transform your practice and/or research in creative and unprecedented ways, with the ultimate objective being improvement in the lived experiences of your clients.

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EXPLAINING HUMAN OCCUPATION

PART I



Introduction to the Model of Human Occupation

Renée R. Taylor and Gary Kielhofner (posthumous)

CHAPTER 1

EXPECTED LEARNING OUTCOMES

Upon completion of this chapter, readers will be able to:

- 1 List and define each of the four components of the model of human occupation (MOHO).
- 2 Provide an example of the MOHO from your everyday life and/or from your practice.
- 3 Define the seven elements of the MOHO that characterize its vision for advancing occupational therapy practice.
- 4 Describe the extent of use of the MOHO in occupational therapy practice.
- 5 Understand Kielhofner's vision for the MOHO in occupational therapy.

MOHO Problem-Solver: Alicia

A modest beechwood piano sits vacant within a gazebo in the middle of a town square. An innocent and lively redheaded child runs up to the piano and plays a few stiff and awkward-sounding notes. They seem to reflect a song from the popular musical *Frozen*. The girl's playing catches the ear of Alicia, an ungroomed woman in her late 60s standing isolated and idle by a streetlight as she waits for the van from her community living center to return her home from a shopping trip. Once a concert pianist and music teacher, Alicia had not touched a piano in over 10 years. A moderate traumatic brain injury, followed by a mild stroke, had permanently affected her executive functioning and her stability of mood. When she was first injured 10 years ago, an occupational therapist tried to reacquaint her with the piano through simulation exercises on a personal computer. However, the therapist's efforts had failed at the time because Alicia was simply not motivated to engage in the exercises, finding them to be too artificial.



Alicia playing the piano

On returning to the group home from her shopping trip, Alicia spontaneously feels compelled to sit at the piano in the basement. She begins to play a few notes from *Frozen* by ear. The occupational therapist at the facility notices her playing and recognizes the piece. The next day, the sheet music for the entire soundtrack of *Frozen* arrives in Alicia's mailbox—a gift from the therapist. The therapist then makes sure to listen for the times that she hears Alicia playing. As Alicia practices, it is obvious that her mind becomes completely and unitarily organized and focused in a way that is not observed during other activities of daily living. Soon, Alicia's housemates begin to show up at her practice sessions. Knowing they will be there, she begins to practice more readily and habitually. Alicia senses that a new level of respect is developing from her peers, and she has even been named "the musician" by a newer tenant at the home.

Two and a half months later, Alicia shows up in the town square, sits down at the piano, and brilliantly plays the entire soundtrack to *Frozen* by memory. A crowd soon gathers, stunned and in praise of the woman's gift of music. Alicia is gradually becoming reacquainted with her occupational identity as a musician.

This scenario depicts an example of Kielhofner's model of human occupation (MOHO; Kielhofner, 2008). Specifically, it highlights the compelling role of the social and physical environment (i.e., the redheaded child playing a piece from *Frozen* on a piano in a public space) in influencing a client's motivation to reawaken an internalized role and perform a cherished activity of interest and value.

MOHO explains how people are motivated to perform occupations (volition) and repeat their performance over time (habituation). As occupations are repeated, the individual's subjective perception of his or her own capacity changes, as does the therapist's objective evaluation of it (performance capacity). This entire process unfolds within a social and physical context (environment) that facilitates the occupational engagement.

Quite simply, MOHO encompasses these four elements (volition, habituation, performance capacity, and environment) and explains how a person engages in occupation as a result of the dynamic and reciprocal interaction between them. MOHO explains how a disabled individual becomes motivated to engage in an occupation, how habits and roles are formed to support the occupation, and how an individual's self-perception of his or her own ability develops and articulates with objective assessments thereof, such as the therapist's opinion. These elements interact synergistically with each other and within an environmental context that, ideally, includes physical and social facilitators (Fig. 1-1).

The primary founder and developer of the MOHO was Dr. Gary Kielhofner (1949–2010), an occupational therapist and scholar whose work lives on to sustain



FIGURE 1-1 The Four Elements of the Model of Human Occupation.