Promotion of Occupational Participation: Integration of the Model of Human Occupation in Practice

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Key words: Systematization of intervention procedures, program design and evaluation, active participation of clients, environmental strategies.

Abstract

This paper identifies and describes the principles, goals, and most useful methods of intervention to enhance health by promoting occupational participation through the use of the Model of Human Occupation (MOHO). Furthermore, it illustrates the therapeutic reasoning behind the decision making process for selecting the most appropriate methods of intervention, program design, and implementation of these strategies. This information is based on the experience garnered from the implementation of several programs since 1987 and their outcomes. The paper sustains MOHO as an occupational based and client-centered conceptual practice model that promotes satisfaction and quality of life for different populations across various settings.

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Introduction

The World Health Organization (WHO) defines the promotion of health as "the process of enabling people to increase control over their health and its determinants and thereby improve their health" (WHO, 2005, p. 1). During the last decade, the promotion of health in occupational therapy has been defined by Wilcock as the occupational approach of promoting health for well being, and she highlights the most important aspect as the belief in peoples' potential for what they can do and fight to become (AOTA, 2008). Occupational therapy models such as the Performance- Environment - Occupation (PEO; Law et al., 1996), the Person-Environment Occupation-Performance (PEOP; Christiansen & Baum, 1997; Christiansen, Baum, Haugen, & Bass, 2005), the Occupational Adaptation Theory (Shultz & Schkade, 2003, 2009), the Ecology of Human Performance Model (EHP; Dunn, Brown, & McGuigan, 1994, 2003) and the Model of Human Occupation (MOHO; Kielhofner, 1985, 1995, 2002, 2008) have been identified as frameworks based on occupation, which, through different modes, contribute to promote peoples' health, well being and quality of life (Scaffa, Reitz, & Pizzi, 2010). Among these models, MOHO is the most developed in its theory, standardized assessments, protocols for intervention and program development (Lee, 2010). It is also the most applied occupation-based model in the world (Bowyer, Belanger, Briand, & de las Heras, 2008; Kielhofner, 2008; Lee, Taylor, & Kielhofner, 2009).

MOHO is a conceptual practice model developed to promote occupational participation for people of diverse capacities and environmental realities, to achieve occupational identity (the sense of who one is and wishes to become as an occupational being) and competence (the ability to sustain a pattern of occupational participation that reflects one's occupational identity). MOHO offers a variety of specific standardized evaluations and intervention methods that focus on developing peoples´ control over their lives (sense of efficacy, satisfaction and meaning), maximizing their potential for doing, and facilitating the greatest compatibility between them and the opportunities and demands of their environment (Kielhofner, 2008, 2009; Kielhofner, de las Heras, & Suarez-Balcazar, 2011). MOHO's principles and goals are consistent with the principles and goals of occupational therapy and with those proposed by the AOTA Framework (AOTA, 2008; Crepeau, Cohn, & Shell, 2003, 2009; Kielhofner, 2009).

According to de las Heras (2010b), the main aspects that sustain MOHO as a model for promoting occupational participation and therefore promoting health are:

(a) its view of the person as an agent of change, (b) its focus on the person or population's active participation in the process of change, (c) its focus on facilitating the development of a sense of efficacy, satisfaction and meaning, (d) its emphasis on considering the constant interaction that exists between the person/population and their relevant environments for evaluation and intervention purposes, (e) its emphasis on developing and maintaining occupational potentials as the basis of its intervention, and (f) its compatibility with other approaches of occupational therapy and other disciplines.

The contents and reflections on theory and practice presented in this paper are based on the program development process and outcomes of several programs that used MOHO as a conceptual practice model through progressive stages of their development. From 1987 to the present, these experiences have led to the accumulation, development and application of assessments and protocols of intervention based on the theoretical foundations of this model, and needs assessments performed with diverse populations with and without disability (de las Heras, 2010b; de las Heras, Geist, Kielhofner, & Li, 2007; de las Heras, Llerena, & Kielhofner, 2003). Experiences considered occurred in different contexts of intervention, countries and cultures. Practice settings included public hospitals, community integration centers, direct intervention in neighborhoods, and other occupational settings such as homes, work and educational settings.

Some of these experiences have been published in English, such as a comprehensive rehabilitation program developed at Worcester State Hospital, Massachusetts, in 1987 (de las Heras, Dion, & Walsh, 1993; Dion, Lovely, & Skerry, 1994), a community integration program "Reencuentros" developed in Santiago Chile (1994-2006) (Auzmendia, de las Heras, Kielhofner, & Miranda, 2002, 2008; Braveman, Kielhofner, Belanger, de las Heras, & Llerena, 2002; de las Heras, 2006a, 2006b); a community program in Santa Fe, Argentina to promote occupational participation with street children at risk of delinquency; a national community education program developed in Chile to initiate occupational opportunities for people with schizophrenia and give occupational therapists' a role in reversing court decisions (Kielhofner et al., 2011); and a community integration program, "Senderos", for people with mental health problems, developed in Santiago, Chile (Kielhofner, 2009). Other programs and initiatives considered in this paper which have been published in Spanish include a community integration program, "Rumbos", developed in Argentina in 2000, and a community and school-based program developed in Argentina in 2007, "Alas" (Poletti, 2010), an innovative nursing home program developed in Santiago, Chile, "Casactiva" (Girardi, 2007), and other community intervention initiatives for children and adults (Calderon, 2010; Girardi, 2010; Valdebenito, 2010).

Populations of diverse occupational conditions

The role of the occupational therapist in promoting occupational participation when using the Model of Human Occupation, takes on a comprehensive and integrative approach that cuts across interventions within a variety of populations. From the programs developed and mentioned above, four groups of people/populations were identified according to their occupational adaptation status.

1. *People/populations with diverse occupational needs.* This group includes people who have needs related to their occupational changes and lifestyle. This group does not show an evident gap between their identity and competence but are in need of clarification, education and/or orientation. Some examples include people overwhelmed with too many roles or with an absence of significant roles in their routine, people unsatisfied with daily routines or life styles, people confused or uncertain about their occupational goals, people with poor satisfaction with their occupational environments, and/or with occupational uncertainty caused by their stage of occupational change or life events.
2. *People/populations at risk of occupational dysfunction.* This group includes people who experienced a recent gap between their occupational identity and competence for different reasons, or as a result of life events that make them vulnerable for occupational adaptation problems. Some examples are recent retirees or unemployed, immigration minorities, children, adolescents, and women in vulnerable conditions.
3. *People/populations who experience occupational adaptation problems due mainly to the impact of environmental factors*. This group experiences a significant gap between their occupational identity and competence due to environmental restrictions/pressure that are out of their control. Examples include social and occupational injustice, such as constant discrimination, stigmatization, poverty, occupational deprivation; and people who had been strongly affected by natural disasters.
4. *People/populations who experience occupational adaptation problems due to disability.* In this group the environmental and personal variables produce a significant gap between occupational identity and competence. Within this population, intervention processes using MOHO include people with diverse degrees of disability.

Programs development background

The Needs Assessments of the programs mentioned above have focused on evaluating occupational needs of *both clients and their social environments,* considering their perceptions of the physical, social, cultural, economic and political conditions and their perceptions of their occupational participation needs. These aspects were also observed by occupational therapists. Procedures were implemented according to population characteristics and practice settings, including the frequently used role of the occupational therapist as a participant-observer; the use of formal and informal conversations with clients, relevant social networks, and representatives of various organizations; and documentation review. Content areas of items from MOHO assessments such as the Occupational Performance History Interview (OPHI/OPHI-II; Kielhofner et al., 1997), Volitional Questionnaire (VQ; de las Heras et al., 2007), Pediatric Volitional Questionnaire (PVQ; Basu, Kafkes, Geist, & Kielhofner, 2002), Assessment of Communication and Interaction Skills (ACIS; Forsyth, Salamy, Simon, & Kielhofner, 1998), Work Environment Impact Scale (WEIS; Moore-Corner, Kielhofner, & Olson, 1998), Short Children Occupational Profile (SCOPE; Bowyer, Ross, Schwartz, Kielhofner, & Kramer, 2008) were used to gather the data findings.

Program design and evaluation has been undertaken by clients together with their occupational therapists. The active participation of clients as agents of change included roles with diverse responsibilities towards constructing the pathways for goal attainment: for example, determining principles, norms, program components for achieving their goals as a group; and participating in government agencies and disability committees. Other responsibilities included searching for occupational opportunities and resources, participating in advocacy projects and activities, and creating self-help initiatives. Program designs also included the active participation of clients with serious problems in their occupational skills and performance capacity, who demonstrated their volitional needs by actions and expressions that could be observed and interpreted by occupational therapists using the Volitional Questionnaire (VQ).

The means of program evaluation have included the constant use of the VQ and informal conversations with clients and their relevant social networks and focus groups, the evaluation of goal attainment, and/or evaluations of general outcomes of the programs.

All initiatives considered in this paper have had the challenge of facing strong systems based on medical and behaviorist approaches, cultures whose expectations and beliefs were characterized by discrimination and prejudices

around effective occupational participation of people who belonged to "minority groups", and restrictions due to economic resources. Despite these challenges, the use of MOHO evaluation and intervention methods and procedures simultaneously with clients, members of organizations, and relevant social networks resulted in positive outcomes for these programs, and produced important changes in systems and authority perceptions. Such changes have increased the occupational participation opportunities and empowerment of these minority groups (Berdichevsky & de las Heras, 1996; de las Heras, 2010b; Dion et al., 1994; Girardi, 2007; Kielhofner et al., 2011; Poletti, 2010).
Aspects for promoting occupational participation and the success of the programs include:
(a) a conscientious and detailed integration of MOHO theory and practice, (b) the active participation of clients in program development (mentioned above), (c) the appropriate selection and development of methods of interventions that are truly based on occupation and focused on developing potentials, (d) the real life dynamics of these occupational programs, and (e) the timely prioritization of the implementation of procedures both with the participants and their relevant environments.

A conscientious and detailed integration of MOHO theory and practice

Several theoretical considerations have been crucial in developing programs and interventions to promote occupational participation. One of them resulted from *reflecting and working on the concept of volition not only as a structure but also as a process, and in practice, considered volition at the level of evaluation and intervention for a wide range of clients* (de las Heras, 2010a; de las Heras et al., 2003; Kielhofner et al., 1997). Developing a means for the evaluation and intervention of volition has been a meaningful and major project undertaken throughout many years, with the goal of facilitating clients' occupational participation, wellbeing and quality of life. What has made MOHO a model centered on the client, even when it was not written explicitly in early literature, is the consideration that all people have motivation for their actions and performance and that those motives are related to the integration of their values, interests and personal causation and environmental conditions through time. The deep understanding and consideration of volition through interviews, self assessments, and observational means, have allowed occupational therapists to enhance active participation of clients of different performance capacities through the understanding of their unique occupational processes and by findings ways to support and develop it based on their needs.

Other considerations correspond to the continuum of change. The continuum of change proposed by MOHO comprises a flow from exploration into competence and achievement *in a specific personal reality throughout the life span*, and its dynamic when participating in different occupations and environmental contexts. Careful attention to the interaction of this dynamic has been of great importance to the understanding of the volitional process and of occupational adaptation in each individual/population in order to best promote occupational participation.

The flow from exploration into competence and achievement as a continuum throughout the life span has been defined as a natural process of change, in which childhood is characterized as a stage of *exploration* of the world and self; adolescence and early adulthood as a stage of *competence* or acquisition of particular skills, as well as the differentiation of volitional structure, process, and patterns of occupational participation; and adulthood as a stage of *achievement*, or a solid practice, acquisition, and balance of a variety of occupational roles and sense of identity, which is characterized by seeking new challenges and responsibilities (Kielhofner, 2008). At the same time, people *within each stage of change* flow in a process of exploration of new challenges and novel opportunities, and then into one of learning or developing competence when approaching these challenges and opportunities, and of reaffirming such learned skills and patterns of performance. These processes make the continuum of change dynamic and flexible according to the inner life events, environmental conditions and personal occupational characteristics. *The consideration of the dynamics of these processes have been important in enabling the visualization of a life in progress for each person/population, organization and relevant social network; and for understanding their unique perceptions and the patterns of their lived occupational participation.*

By saying that the process of change is dynamic, it is important to emphasize the fact that the emergence of occupation *comes from the constant interaction of personal factors (volition, habituation, and performance capacity) with the physical, social, cultural, economic and political environmental dimensions* (Kielhofner, 2008). The degree of one person's match between occupational competence and identity can vary, significantly or subtlety, from one occupational setting to another, and more specifically, from one occupation to another. By considering this in practice we can see that the *balance of occupational competence and identity generated from participating in/with different occupational contexts and occupations is what makes a person feel satisfied or not satisfied with a particular occupational life style.* The

environmental impact on volition is considerable, to the point that we can understand occupational adaptation *to the extent with which we integrate the unique significance that the interaction of these diverse experiences gives to each individual*.

A third consideration relates to the levels of doing. The Model of Human Occupation conceptualizes three levels of doing which constantly feed into each other: a) occupational participation or participation in occupational roles, b) occupational performance or the doing of occupational forms/tasks, and c) occupational skills necessary for the completion of occupational forms/tasks (Kielhofner, 2008). At the same time, participation in occupations is conceptualized as involving the constant interaction of humans´ feeling, thinking and acting in and with the world. The interaction of these three factors interrelate in different ways, each one taking a more or less active role according to the unique realities of volition and performance capacities of each person (de las Heras, 2010a). Furthermore, a fundamental task of the occupational therapist is to be able to understand *the flow from exploration to achievement in the unique reality of an individual.* The unique reality refers to each person's particular personal and environmental characteristics, his/her "micro reality", or his/her real world (de las Heras et al., 2003). For practice, this implies *focusing on the singular potential* of each person in regards to their feeling, thinking and acting processes which finally make his/her participation unique.

A deeper consideration of the levels of doing and of the unique way factors of feeling, thinking and acting interrelate in each person was undertaken based on the occupational needs of people who have severe problems in performance capacity that resulted in their having difficulties in performing tasks; make them unable to elaborate thoughts or get involved in performing a task, or even an observable action. *These people, nonetheless, have other types of potential for participating in occupations, which have been observed through practice.* These reflections led to expanding the view of the levels of doing in order to clarify the intervention process with this population.

In addition to the three levels of doing proposed by MOHO, the ones that have been identified for this purpose *consider activities and occupational forms/tasks as different,* conceiving participation in activities of a role as a larger dimension of doing than performing occupational forms/tasks. For example: activities like cleaning the garden, preparing lunch or dinner, and cleaning the house are considered to be part of the role of a homemaker. In order to accomplish the purpose of activities associated with roles, completion

of related occupational forms/tasks is necessary. For example: preparing a salad, preparing a main dish, and making dessert, as part of the activity of preparing lunch/dinner. This expanded view of the levels of doing also considers *performing steps of a task and actions of steps* as ways of participation. The most basic level of participation or doing refers to *experiencing through feelings a specific occupational circumstance.* Table 1 illustrates the expanded levels of doing and their relation to feeling, thinking and acting.

The last and more basic level of doing relates to the potential that emotions and feelings have on volition and on the active role of choosing occupational circumstances, independent of a persons' capacity for thinking and acting. As the Remotivation Process and Volitional Questionnaire (VQ; de las Heras et al., 2003; de las Heras et al., 2007) indicate, the occupational therapist must become an expert in evaluating those subtle indicators that will guide the process of offering environmental opportunities that evoke an *optimal sense of pleasure and satisfaction through participation, enhancing in this way wellbeing and a better quality of life.*

Thus, the conceptualization of the continuum of change can be framed within a particular reality, having as a parameter the maximum level of performance capacity which the person can use to participate or do (no matter which this is), the singularity of his/her volitional process characteristics, and his/her environmental reality. With this understanding, each person can be viewed as flowing, within his/her reality, in a continuum of exploration, competence and achievement. For example, an 85 year old woman who has advanced dementia and lives in a nursing home shows as her performance potential turning her head, make some facial expressions and focusing on an object. Her volitional process mainly reflects the possibility of experiencing occupational situations and environmental conditions through feeling momentarily the opportunities offered in her environment. The occupational therapist, in this case, would have a parameter to observe the continuum of change by attending to her facial expressions, emotional reactions, muscle tone relaxation or other relevant criteria that indicate the woman´s sense of comfort and pleasure during the moments in which she is offered significant situations or conditions that bring up those sensations of moments of her life in which she could integrate her thinking and doing. Focusing on this example, the occupational therapist could understand the moments in which this person feels different degrees of satisfaction, and when, within these conditions, the same person experiences an optimal level of volition. Moreover, when taking a point of view based on the general vision of the continuum of change of exploration,

competence and achievement, this person could be conceptualized at a level of exploration. However, when focusing on her own reality, this person could be conceptualized at a level of achievement. *This last point of view is one which allowed us to perform a successful client-centered therapeutic intervention* (de las Heras, 2010a; Raber, 2010).

Selection of intervention methods based on occupation

MOHO has proposed that participation in occupations and the significant therapeutic relationship occupational therapists establish and keep with clients are the most important elements of intervention. Within this framework, strategies and ways to engage client participation have been identified (Kielhofner, 2008). In addition, a protocol of intervention to facilitate the development of volitional processes, the Remotivation Process, and other descriptions of program development and description of programs and case studies have been published (Abelenda, Kielhofner, Suarez-Balcazar, & Kielhofner, 2005; de las Heras et al., 2003; Du Tout, 2008; Kielhofner 1995, 2002, 2008; Kielhofner et al., 2011; Melton et al., 2008).

From the experiences identified in this paper, several methods of intervention were selected as the best with respect to promoting occupational participation with efficacy and efficiency. Table 2 illustrates the description and characteristics of these methods. Table 3 illustrates methods of evaluation and intervention most useful for each population identified above.

Real life dynamics of occupational programs

Three basic conditions have been identified as enhancing the real life dynamics of these occupational programs (de las Heras, 2010a). The first one is that opportunities for participation in occupations need to give meaning to *participants' life in progress and to always be coherent and related to the physical and social environments in which clients live and interact, or will live and interact with in the future.* That is, the personal and social meaning of occupational opportunities is given by the nature of these opportunities, their characteristics and demands, by clients' life experiences, places where they live, their culture, age, the group process, and personal and group goals. Personal and group goals define meaningful occupational projects in order to achieve expected outcomes.

The second aspect is *the optimal benefit that occupational opportunities provide for entire groups of clients.* Occupational opportunities are effective in

this respect when they meet individual and group occupational needs/and or goals, embracing diversity by offering alternatives for different ways of participation and at different levels of doing for people with different volitional and performance characteristics and needs, but who share the same interests and/or goals. Diversity of personal characteristics, skills and talents facilitates clients' ability to learn about themselves and learn from others in a naturally occurring manner.

The third aspect considers the *normalized dynamics of these occupational opportunities*. A normalized dynamic refers to the organization and implementation of occupational opportunities as is done in daily life, according to the particular group culture. This consideration facilitates exploration, decision making, problem solving, and negotiation among participants and occupational therapists, about how to carry out the activities and tasks to best achieve the intended goals. The norms and climate generated in a context like this allow for the development of their own culture. Such a program automatically offers structure, role expectations and natural coordination and connectivity among clients and occupational therapists as partners participating in different types of occupational opportunities. Within a normalized dynamic, people express themselves, participate more spontaneously, and contribute with their motivation and skills to the process of doing, meeting group and individual goals, and learning about life.

In addition to these basic conditions, three properties of occupational opportunities and three ways in which participation in occupations takes place have been identified as contributors to the real life dynamics of occupational programs.

The **properties of occupational opportunities** entail *diversity, flexibility and continuity* (de las Heras, 2010a). Diversity refers to the optimal variety of occupational options according to the clients' interests, values, goals and culture, offered simultaneously. Offering simultaneous opportunities that are different and meaningful, reaffirms clients' sense of meaning and invites them to explore interests and develop personal causation through making decisions and choices, which supports further participation in significant roles. *Flexibility* refers to the constant innovation needed to maintain, improve, or discontinue projects, or for developing new ones. It includes reorganization and development of new procedures according to agreed upon goals, clients' skills, and changes achieved. Flexibility implies constant planning and evaluation of occupational opportunities, its projects, and goal achievement on the part of clients and occupational therapists. Maintaining flexibility supports the

habituation process that occupational dynamics of daily life demand, and at the same time, promotes initiative and internal control, planning, problem solving and decision making in volitional and performance dimensions, sense of responsibility and commitment, sense of belonging, social validation, and interaction skills. The third property, *continuity*, refers to occupational opportunities lasting for the necessary time frame, and growing based on development of individual and/or group projects. Discontinuity may be used, based on evaluation and decision of clients and therapists. Continuity of significant occupational opportunities creates a culture in a program. It allows each new interested participant to "enter" at any time and collaborate with the existing initiatives or with new ideas and contributions, and facilitates commitment and habituation through the natural time dynamics that participation in occupations demands. Finally, continuity provides personal significance through participation in a real temporal dimension of occupation.

The **three ways of participation** in occupational opportunities identified include: *participation in individual projects, participation in group projects,* and *exploratory participation* (de las Heras, 2010a). Individual projects refer to the taking on of a series of activities and related tasks in order to achieve a significant occupational goal. Chosen by the person as a result of the goals and planning set with the occupational therapist, these personal projects can be directly related to objectives of occupational participation in the occupational environments of choice/need, or they may be related to objectives for exploring and preparing to enter into significant life roles. Participation in individual projects is part of life, facilitating the natural process of change and integration to a unique occupational journey. At the same time, it gives meaning to occupational performance, facilitates individual's own goal setting and progressive development and commitment to occupational goals, and facilitates the volitional process and critical skills development needed for personal life goals.

Participation in group projects refers to the taking on of a series of activities and tasks related to an occupational goal as a group. The occupational therapist facilitates the participation of the group as a whole, and of each participant according to their needs. Elaborating and implementing group projects within a time frame facilitates and demands a collaborative effort, which in addition, promotes unique personal skills, volition and habituation. Participating in common projects also facilitates participation in social roles, the development of social commitment and responsibility, and the exploration and development of communication and interaction skills. Finally,

it fosters taking initiative to develop personal projects, and negotiation of roles and habits.

Finally, *exploratory participation* refers to the initial, basic and individual participation in occupational opportunities with the purpose of discovering alternatives, trying out doing, and reaffirming a sense of personal capacity. Occupational opportunities need to be open to this way of participation as part of the facilitation of the first stage of remotivation process. People can participate in parallel with others in an occupational opportunity offered where group or individual projects are undertaken by others. Commonly, the climate generated by the basic conditions for real life dynamics of occupational programs offers opportunities to others to participate as facilitators and partners of people who are exploring alternatives of doing. Others' motivation and participation in more advanced steps of change are a valuable support and reaffirmation of initiative and exploratory feelings and attitudes of these clients.

The integration of basic conditions, the properties of occupational opportunities and ways of participation need to be constantly facilitated by occupational therapists in order to preserve the real life dynamics of occupational programs.

Timely organization of intervention with both participants and their relevant environments

One of the theoretical and fundamental aspects discussed thus far is that occupational participation emerges from the constant interaction of people within their relevant environments. Relevant environments refer to those where people choose or need to live and/or participate in/with. In order to achieve goals for promoting occupational participation, occupational therapists need to work with both clients and their relevant social environments, based on the same principles and needs assessments around their volitional structures and processes, potentials, skill needs, environmental perceptions and their occupational life in progress. Working as partners with clients and their social networks, organizations and their representatives has been a key aspect that has sustained the success of these programs.

To be able to work as partners with both clients and their relevant social environments, occupational therapists need to possess an open mind and to apply MOHO theory rigorously. Four skills are necessary. These skills include the belief that clients possess strengths, and that when spontaneously invited or

facilitated, they can make changes in their own contexts. Secondly, therapists need to possess the belief that social networks and social organizations are formed by people with occupational needs as well, and that these social structures have potentials and strengths that can facilitate changes for clients. A third skill is recognizing that both individuals and social systems have weaknesses that are part of the nature of occupational beings. And finally, therapists need to embrace the belief that changes in individuals and their social systems are the result of their mutual interactions.

Working with clients and their relevant social environments requires careful planning according to the needs of both groups, even if interventions for each take place at different times. Keeping the key goals in mind and facilitating strengths that would enhance each others' occupational participation in the process of occupational adaptation fosters realistic expectations and outcomes. *One or the other could be facilitators of different aspects at different times of their processes of change.*

An illustration of the concepts considered in the above explanation may be provided by relating some of my experiences at Worcester State Hospital. One of the environmental constraints found in this setting was the lack of meaning that space and distribution of objects had for clients, as a result of social expectations and staff burn out. Occupational therapists evaluated the impact of this aspect of the environment on clients' motivation for occupational participation through the use of the VQ and informal conversations. Following this, they worked with the nursing staff to change the distribution of chairs and furniture in the units' day rooms, such that the physical environment invited clients to participate in different activities, individually or with others, as opposed to promoting passive performance with no opportunities for social interaction, and with an implied message that clients were not expected to do anything besides perform the patient role. Clients often engaged in demanding behaviors and demonstrated anxiety as a result of this occupationally deprived environment. At the same time, the staff felt overwhelmed with the amount of work patients demanded of them, and felt ineffective in their own roles. Validating the staff was the first step taken by the occupational therapists, followed by informing them about potential changes in clients' occupational participation when the physical environment shifted as a result of this redesign. The redesigned physical environment, in turn, gave clients different opportunities for doing, such as reading, playing board games with others, engaging in conversation, and participating in personal projects. These opportunities also impacted clients' experiences of personal meaning, initiative,

and decision making, therefore reducing the overwhelming demands made on the nursing staff. The third step was the negotiation of who would maintain the optimally organized physical space, and how to achieve this. Although the chief of nursing, head nurses and day shift nursing staff agreed on the changes, the night shift nursing staff would return the environment back to its previous state, resulting in a less than optimal arrangement of the environment for community meetings and participation during the day (all the chairs were rearranged back around the walls). Aware of this situation, the occupational therapists invited clients from each ward, who had explicitly complained about this problem, to join them early each morning and return the environment back to its optimal arrangement. Every day, over a period of 2 months, occupational therapists together with clients rearranged the day rooms, until the nursing staff began to appreciate the benefits of the arrangement on their own occupational participation as workers, as a result of the changes it facilitated in clients. Gradually, the furniture arrangement became a duty that they assumed with clients on a regular basis. As the nursing staff developed a positive attitude about their role in facilitating occupational participation, occupational therapists organized participatory training in MOHO for them, thus enhancing the wellbeing and quality of life of both clients and staff.

Sharing and teaching MOHO theory and application, attending to volitional characteristics and empathizing with specific cultures and occupational lives in progress have been very influential in facilitating clients' occupational participation in relevant social environments and in different settings. Occupational therapists' strategies, proposed by MOHO, such as validating, negotiating, informing, and coaching are most useful to achieve this purpose.

Discussion

Program evaluation throughout the years has encouraged reflection about theory and practice with MOHO among colleagues and clients, leading to systematized modalities of intervention that promote occupational participation. Also, the various settings and cultures in which these programs have taken place have provided an enriching experience for developing a flexible and dynamic view of intervention processes and its systematization.

Consistent with the aspects already presented in this paper, health promotion based on MOHO is viewed as *"the process of facilitating and/or reaffirming the unique and meaningful occupational participation of a person*

or population, with the goal of increasing their experience of meaning, wellbeing, and quality of life" (de las Heras, 2010b, p. 2).

The Model of Human Occupation focuses its theoretical foundations and principles on occupation, respecting the values, beliefs, and directions of the practice of occupational therapy. MOHO's evaluation and intervention processes show a consistent and valid integration with its principles and theoretical foundations as well. Both processes are centered *on the client and his/her occupational needs,* reflecting in their continuum the principles of dynamic systems theory. Following these principles, the vision of the emergence and change of occupational participation emphasizes a *dynamic and flexible* constant relationship of multiple personal and environmental occupational factors through the complete process of evaluation and intervention (Kielhofner, 2008, 2009). Thus, the view of intervention principles for *promoting occupational participation, are centered both on clients and their environments, emphasizing as most important*:

- Personal causation development is crucial for facilitating self-advocacy skills and empowerment during the process of change.
- Active participation of clients in exploring alternatives and solutions within relevant contexts, and in facilitating permeability and getting opportunities/resources from social groups and organizations, is needed to achieve change in them.
- Considering, and then focusing reasoning on the unique environmental impact according to client's volition, habituation and performance capacity confirms a successful intervention.
- The process of change depends on the collaborative work between clients and occupational therapists under the principles of feeling, thinking and doing.
- Facilitation of change of social groups and organizations is achieved by considering their members' volitional process, culture, strengths and life in progress.
- Change in social groups and organizations is based on occupational therapists and on clients exploring alternatives and solutions with them.
- Changes in physical environment must respect the clients' culture and economic reality and focus on ensuring that the existing spaces, resources and objects, and their organization have the best impact on the clients' occupational participation.

Conclusion

The Model of Human Occupation offers occupational therapists the theory and the practical tools to work towards promoting occupational participation in people with diverse occupational needs, with or without disability.

Using this conceptual model of practice, occupational therapists can facilitate occupational participation, while working as consultants, educators and/or as professionals providing indirect and direct services, and/or while working in a team with other professionals, or with persons, populations, social groups, and/or different kinds of organizations. Direct interventions that use MOHO structured and unstructured evaluation and intervention methods centered on occupation and the client (population, social network, social organizations), ensures the efficacy and efficiency of programs developed in different settings.

Hopefully the concepts shared in this paper may serve as a way of reflecting upon the many possibilities that MOHO offers for providing or enhancing a satisfying occupational participation, and for helping to improve wellbeing and quality of life.

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