

I Choice, Knowledge, and Utilization of an Occupation-based Theory: A National Study of Occupational Therapists who use the Model of Human Occupation in U.S.

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I Introduction: Evidence indicates the Model of Human Occupation is the most widely used occupation-based model internationally. Despite a large literature and a wide range of resources for this model developed over the last three decades, little is known about why and how practitioners actually choose and use this model.

I Objective: By identifying how therapists employ the concepts and tools of this occupationally-oriented model in everyday practice and supports and barriers to its utilization, this study aims to provide a better understanding of current occupation-focused practice in the field.

I Method: A systematic random sample of 1000 occupational therapists was surveyed as to whether they used MOHO in their practice. Those who were using MOHO were then sent a detailed questionnaire; 259 therapists responded to the survey questionnaire for a response rate of 60.2 percent.

I RESULTS: Over eighty percent of therapists indicated that they used MOHO at least some of the time in their practice. Among factors influenced therapists' choice to use MOHO; the most frequently cited factors were therapists' judgment that MOHO fit their own practice philosophy and their clients' needs. Most therapists used multiple means of learning about MOHO and the number of means they used was related to both self reported levels of knowledge and utilization of this model. Therapists reported MOHO supports holistic, occupation focused, client-centered, and evidence-based practice. They reported being comfortable with most MOHO concepts and found them useful for treatment planning and intervention. Therapists reported making modest use of the available standardized MOHO assessment tools. While therapists identified some external barriers to using MOHO, most see the major barrier as their own lack of knowledge.

I Conclusion: Multiple factors contribute to therapist's choice and use of MOHO. Therapists actively make a decision to use MOHO in practice and put forth substantial efforts to learn and share their knowledge of MOHO.

I Contribution to the practice/evidence base of occupational therapy:

Efforts to make knowledge and resources more readily available and accessible to therapists might enhance the extent to which they actively use conceptual models such as MOHO.