The Sixth International Institute on Kielhofner’s Model of Human Occupation

MOHO: Client-Centered Practice in a Global Context

University of Illinois at Chicago
Department of Occupational Therapy

----in partnership with----

Hong Kong Polytechnic University
Department of Rehabilitation Sciences
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With enduring and everlasting gratitude to Dr. Gary Kielhofner. For 30 years, Dr. Kielhofner served as the bedrock and cultivator of the Model of Human Occupation. Dr. Kielhofner's generosity of spirit, intellectual talent, love for the international OT community, and will to educate others are what led to the legacy represented in the international MOHO community that unites us today.

- Conference co-chairs, Renee Taylor and Hector Tsang ’19
# Schedule

**Locations:** UIC Applied Health Sciences Building (AHSB), 1919 W Taylor St., Chicago, IL 60612, United States of America; And College of Medicine East Tower (CMET), 808 S Wood St., Chicago, IL 60612, United States of America

## Friday, September 27th

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<th>Time</th>
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<tr>
<td>4:00-4:55</td>
<td>Registration</td>
<td>AHSB 710</td>
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<tr>
<td>5:00 -5:55 pm</td>
<td>Honorary Guest Lecture by Hector Tsang, PhD, OTR</td>
<td>AHSB 710</td>
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<tr>
<td>6:15 -8:00 pm</td>
<td>Keynote Reception Dinner</td>
<td>CMET Alumni Lounge</td>
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## Saturday, September 28th

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<tr>
<th>Time</th>
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<tr>
<td>8:00 -8:45 am</td>
<td>Registration and light pastries</td>
<td>AHSB 710</td>
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<tr>
<td>8:45-9:00 am</td>
<td>Welcome and Opening Remarks from Co-chairs: Renee Taylor, PhD and Hector Tsang, PhD, OTR</td>
<td>AHSB 710</td>
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<tr>
<td>9:00-9:55 am</td>
<td>Keynote Address by Takashi Yamada, PhD, OTR</td>
<td>AHSB 710</td>
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<td>10:00 -11:30 am</td>
<td>Presentations</td>
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<td></td>
<td><strong>Short Course</strong> - Going Beyond Arts and Crafts:</td>
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<td></td>
<td>Occupational Therapy's Role in Community-Based Programming</td>
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<td></td>
<td>Evguenia S. Popova, OTR/L, Lisa Lodesky, OTS, Sydney Warren, OTS, Amanda Pineda, OTS, Paulina Pei, OTS, Katie Clendenin, OTS, and Christina Hovatter, BA</td>
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<tr>
<td>10:00 -10:45 am</td>
<td><strong>Short Course</strong> - The Use of MOHO Intervention Methods for Enabling Occupational Change in Mental Health</td>
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<td>Lena Haglund, PhD and Therése Nilsson, BchSchOT, Caroline Andersson, MaScOT</td>
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<td>10:00 -10:45 am</td>
<td><strong>Research Panel</strong> - Teaching in the New Millennium:</td>
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<td>An Autoethnographic Approach to Exploring Occupational Adaptation of Occupational Therapy Professors</td>
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<td>Carol Lambdin-Pattavina, OTD and Jane O'Brien, PhD</td>
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Saturday, September 28th

Presentations

- **Paper**-Using the Model of Human Occupation to Promote Therapeutic Reasoning in Occupational Therapy Students - Jane O'Brien, PhD
  
- **Paper**-Application of Focus Group and Narrative Ethnography in Analysis Caring Demand of Family Caregivers (FCG) for People with Dementia: A Qualitative Study - Frank Ho-yin Lai, PhD
  
- **Paper**-Overcoming Global Context Barriers for Inclusion: A Systematic MOHO Intervention Process with Everybody - Carmen Gloria de las Heras de Pablo, MS, OTR
  
- **Research Panel**-Occupation Based Practice for Adults with Musculoskeletal Issues to Resume their Previous Roles - Hiromi Nakamura-Thomas, PhD
  
- **Paper**- MOHO and the Priorities of People Living with Advanced Cancer - Julie Brose, OTR/L

11:00 - 11:45 am

- **Paper**-Designing a Communication and Interaction Skills Group, for and in Collaboration with, Individuals with Schizophrenia - Samantha Tavender, OTR/L

- **Paper**-A Model of Human Occupation-Based Caregiver Empowerment Program to Promote a Caregiver's and Child's Self-Efficacy and Participation in Everyday Occupations - Sarah Robinson, OTD, OTR/L

- **Paper**-The Role Checklist Version 3: An International Collaboration of Cross Culturally Valid Translations - Patricia J. Scott, PhD, MPH, OT, FAOTA

Networking Lunch

CMET Alumni Lounge
Saturday, September 28th

Presentations

- **Workshop**- A Significant Immersion into Integrating MOHO Theory and Practice: Feeling and Thinking the Remotivation Process’ Application Dynamics - Carmen Gloria de las Heras de Pablo, MS, OTR

- **Paper** - Revised Swedish Version of the Interest Checklist - Lena Haglund, PhD

- **Paper** - The Use of Occupational Questionnaire in Lifestyle Modification of Primary Health Care - Bacon Fung Leung Ng, OTD, OTR/L

- **Paper** - Examining the Mental Health Crisis in Doctoral Students Using the Model of Human Occupation (MOHO): Evaluating Occupational Adaptation and Participation in Doctoral Graduate Students - Pablo Cruz Gonzalez, OT, PhD student

- **Paper** - Post-Disaster Rehabilitation, Management Model Building and Validation Using MOHO and ICF Concepts: A 10-Year Evaluation of the Wenchuan Earthquake Experience - Kenneth N. K. Fong, PhD, OTR/L

- **Paper** - Fluid Identities Shaped by Occupation: Using the OCAIRS to Revolutionize Community-Based Mental Health in Occupational Therapy - Sally Wasmuth, PhD, OTR

- **Paper** - Application of MOHO to Enrich the Social Problem Orientation as Life Skills of Substance Abusers in Hong Kong - Frank Ho-yin Lai, PhD

- **Paper** - Incorporating Dogs into Occupational Therapy Mental Health Practice - Rikki Kay Ostrowski, OTD, OTR/L

- **Short Course** - Applying The Model of Human Occupation in School-Based Practice - Joanna Swanton, OTD, OTR/L

- **Short Course** - Say It Like You Mean It: Redefining the Scope of Occupational Therapy in Early Intervention - Evguenia S. Popova, OTR/L and Veronica Llerena, MS, OTR/L
## Saturday, September 28th

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<th>Time</th>
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<tr>
<td>2:00 - 3:30 pm</td>
<td><strong>Short Course</strong> - Using MOHO Assessments in Pediatric Occupational Therapy Practice - Ashley Stoffel, OTD, OTR/L, FAOTA, and Jennifer Rhein, MS, OTR/L, Alexa Grief, OTD, OTR/L</td>
<td>AHSB 313</td>
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<td><strong>Short Course</strong> - The Dutch Version of the Short Child Occupational Profile (SCOPE) - Koen van Dijk, MscOT</td>
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<td><strong>Short Course</strong> - Teaching MOHO at NTNU, Norway: Today and Tomorrow - Marte Ørud Lindstad, OTR, M.sc and Malin Eerola, OTR/L</td>
<td>AHSB 722</td>
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<tr>
<td>3:00 - 3:45 pm</td>
<td><strong>Roundtable Discussion</strong> - Teaching the Model of Human Occupation: Reflections on a Journey - Christine Raber, PhD, OTR/L</td>
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<td>3:40 - 5:10 pm</td>
<td><strong>Short Course</strong> - The Role Checklist Version3: How to Use in Treatment, Measuring Outcomes, and Program Evaluation - Patricia J. Scott, PhD, MPH, OT, FAOTA</td>
<td>AHSB 710</td>
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<tr>
<td></td>
<td><strong>Short Course</strong> - Using Experiential Learning for Applying MOHO in Pediatric Coursework to Promote Therapeutic Reasoning - Ashley Stoffel, OTD, OTR/L, FAOTA, Jane O'Brien, PhD, Marcela Cimarelli, OTS, Daryan Lemire, OTS</td>
<td>AHSB 313</td>
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<td><strong>Short Course</strong> - Using the Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR) to Analyse Occupational Participation: An Introductory Guide - John R. Cooper, MA, PGDipOT</td>
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<td>4:00 - 4:45 pm</td>
<td><strong>Roundtable Discussion</strong> - The Assessment of ADLs and IADLs in Pediatrics - Amy Gibbs, MOT, OTR/L</td>
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<td><strong>Roundtable Discussion</strong> - The Feasibility of a Treatment Fidelity Tool for Model of Human Occupation Research - Melanie Morriss Tkach, OTR/L</td>
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<tr>
<td></td>
<td><strong>Paper</strong> - Application of MOHO to Address Occupational Dilemmas in Caregivers for People with Dementia in Hong Kong - Frank Ho-yin Lai, PhD</td>
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Sunday, September 29th

8:00 - 9:00 am
Light pastries

CMET Alumni Lounge

Presentations

- **Workshop** - The Unique Role of Occupational Therapy in Memory Cafés for People with Dementia: MOHO-Informed Strategies for Occupational Therapy Practitioners - Amy Early, OTD, OTR/L
- **Short Course** - "I Didn't Know They Could Do That:" Using the Remotivation Process 2.0 to Facilitate Engagement for People Living with Dementia - Christine Raber, PhD, OTR/L
- **Short Course** - The Early Childhood Occupational Profile (ECOPE): Assessing Occupational Participation in Children Birth to Three Years of Age - Cary Moore, OTR/L and Patricia Bowyer, EdD, MS, OTR, FAOTA

10:00 - 10:30 am
- **Paper** - The Experience of Guiding Occupational Therapy Students to Use the Model of Human Occupation - Chung-Ying Lin, PhD, OTR/L
- **Paper** - Differences and Relationship between the Model of Human Occupation and Personal Recovery Practice in Mental Health Rehabilitation - Qianqian Liang, OT Student
- **Paper** - Centering on New MOHO Learners: Reflections about their Reasoning and the Art of Letting the White Coat Go - Carmen Gloria de las Heras de Pablo, MS, OTR
- **Paper** - The Dutch Version of the Worker Role Interview (WRI) and the Child Occupational Self Assessment (COSA) - Koen van Dijk, MscOT, Marjon ten Velden, MscOT, and Eric Tichelaar, BscOT
- **Paper** - Supporting Persons’ with Dementia and Their Care-givers’ Everyday Occupations Through Activity Scheduling - Frank Ho-yin Lai, PhD

10:45 am - 11:45 am
Poster Session and Networking Lunch

- Does Mind-Body Exercise Improve Social Interaction and Perception in Patients with Depression: A Randomized Control Trial - Bella Jiajia Ye, PhD
Sunday, September 29th

Poster Session and Networking Lunch

- The Lived Experience of a Vagrant: The Unquestionable Alliance between People and their Environment - Carmen Gloria de las Heras de Pablo, MS, OTR
- Integrating Interdisciplinary, Evidenced-based Practice, and the Model of Human Occupation into Inpatient Stroke Rehabilitation: A Case Study - Erin Currier, OTR/L
- The Effectiveness of Occupation-Based Sleep Program for Patient with Insomnia - Eris C. M. Ho, BScOT
- Psychometric Evaluation of the Assessment of Communication and Interaction Skills (Finnish) - Evguenia S. Popova, OTR/L
- Psychometric Evaluation of the Volitional Questionnaire (Finnish) - Evguenia S. Popova, OTR/L
- Update on Developments at the UIC Model of Human Occupation Clearinghouse - Evguenia S. Popova, MS, OTR/L, Andrew Morris, MS, OTD Student, and Tiffany Ting Lin, MS, OTD Student
- Application of the Updated Model of Human Occupation: Immediate, Local and Global Context - Gail Fisher, PhD, OTR/L and Andrew Morris, OTD Student
- Feasibility Study of Collaborative Support for Older Workers between Occupational Therapists and Public Health Nurses - Hiromi Nakamura-Thomas, PhD
- Supporting Wellbeing and Academic Success in Higher Education: A Living Application of the Model of Human Occupation - Jennifer J. Wescott, OTD, OTR/L
- Nice scent, less pain? The effectiveness of Aromatherapy on Elderly with Chronic Pain in Hong Kong - Jillian Jingwen Zhou, MS
Sunday, September 29th

Poster Session and Networking Lunch

- Perseverance is a Protective Factor of Schizotypy in Adolescents - Ka Shun Lei
- Occupational Therapy in Acute Care: Predictors of Occupational Competence and Hospital Readmission - Melanie Morriess Tkach, OTR/L
- An Expert Witness’ Use of MOHO to Evaluate and Understand a Trauma Survivor Diagnosed with Posttraumatic Stress Disorder - Pat Precin, PhD
- Application of MOHO in a Recovery-Oriented Program in an In-patient Psychiatric Setting - Phyllis Lai Chu Tse, OTR/L
- Occupational Therapy Students’ Perception of Professionalism of the MOHO Developer: A comparison study with other Theory/Model developers - Sung Yu Chloe Mo, OTR/L
- Paretic Upper Limb Stiffness and Spasticity as Predictors of Motor Activity in Individuals with Chronic Stroke - Tiev Miller, PhD student
- Coping with Foreign Language Anxiety in Ethnic Minorities Children through Qigong - Wing Yan Wendy So, PhD
- A Review on The Model of Human Occupation (MOHO) Case Studies - Xavier C. C. Fung, PhD student

Presentations

- **Research Panel** -Understanding the Usefulness of the OSA-SF in Acute Care Settings - Tiffany Ting Lin, MS, OTD Student and Renee Taylor, PhD
- **Paper** -Out of the Woods: Exploring an Occupational Therapy Role in Wilderness Therapy Programs - Andrew Morris, MS, OTD Student
Sunday, September 29th

Presentations

2:00 - 2:45 pm

- **Paper** - Horticultural Therapy Program for People with Severe Mental Illness - Andrew M. H. Siu, PhD  
  AHSB 717

- **Paper** - The Dutch Version of the Residential Environment Impact Scale (REIS) - Koen van Dijk, MscOT, Marjon ten Velden, MscOT, and Eric Tichelaar, BscOT  
  AHSB 710

- **Research Panel** - Functioning of Children from Different Genetic Origin and Living Environment: From a Neurophysiological Perspective - Cynthia Y.Y. Lai, PhD and Ivan N.B. Gomez, PhD candidate  
  AHSB 313

- **Paper** - MOHO Assessment as Intervention: Deciphering Critical Issues to allow Continuity of Satisfactory Occupational Participation - Carmen Gloria de las Heras de Pablo, MS, OTR  
  AHSB 301

3:00 - 3:45 pm

- **Paper** - Supporting Occupations of Persons with Dementia and Their Care-givers' Through Home Hazard Identification - Frank Ho-yin Lai, PhD  
  AHSB 701

- **Paper** - Audiovisual Integrative Taiko Training Program for Augmenting Cognitive and Motor Functions in Older Adults with Mild Cognitive Impairment: A Pilot Study - Lee Leung Pong, MOT, Afifah Har, MOT, Ngai Chun Hei, MOT  
  AHSB 315

- **Paper** - Application of Model of Human Occupation in Analyzing Cluttering and Decluttering Behavior - Mei Yi Debby Au, OTR  
  AHSB 717

- **Paper** - A Pilot Randomized Controlled Trial on the Effect of the Chinese Social Cognition and Interaction Training (CSCIT) Programme for Individuals at Familial Risk for Psychosis (FRP) - Yiting Weng, PhD  
  AHSB 710

- **Paper** - Clinical Reasoning Using MOHO with Other Occupation-Focused Models: A Case Illustration of an Elderly with Cognitive Deficits - Sam Chi Chung Chan, PhD  
  AHSB 301

- **Paper** - Application of MOHO and Tailored Activity Program to Patients with Major Neurocognitive Disorder (Dementia) in Hong Kong - Grace Yuet Ying Lee, PhD  
  AHSB 722
Materials from the conference can be downloaded at: https://moho.ahslabs.uic.edu

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Find us on Facebook
Hector Tsang, PhD, OTR

Trained as an occupational therapist, Prof. Tsang has had more than 10 years of clinical experience in psychiatric and geriatric rehabilitation before moving to PolyU in 1997 as Assistant Professor. He was promoted to Associate Professor and then Professor in 2002 and 2010 respectively. Prof. Hector Tsang has been Head of the Department of Rehabilitation Sciences since 2017 leading the professional training programs for occupational therapists from undergraduate to doctoral levels. He was appointed Cally Kwong Mei Wan Professor in Psychosocial Rehabilitation in 2018 and promoted to Chair Professor of Rehabilitation Sciences in July 2019. Prof Tsang focuses on neuropsychiatric rehabilitation for people with severe mental illness (SMI) and integrative medicine over the past two decades. His research on workplace social skills, and integrated supported employment as vocational rehabilitation strategies for people with severe mental illness has attracted worldwide interest. In 2007, he spent his sabbatical year at the School of Medicine, Yale University, and investigated the role of social cognition in community function of schizophrenia. He has altogether secured more than 70 million research grants and more than academic 200 publications. His H-index is 41 with citations approaching 6000. He is also Honorary Professor at the University of Hong Kong, and a Visiting Professor of Peking University, Sichuan University, and Kunming Medical University. He has recently been appointed as Nanshan Scholar by the Guangzhou Medical University. He is also the leading consultant for the Rehabilitation Program Plan (RPP) of the Hong Kong the Government of the HKSAR.

Keynote Address: Traditional Chinese Medicine (TCM) meets MOHO: commonalities and implications

The keynote presentation will first of all give an introduction to the most basic theories of Traditional Chinese Medicine on health. These include the Yin-Yang theories, qi and homeostasis, and body-environment equilibrium. Prof Tsang will then compare TCM with MOHO, with the intention of drawing some common beliefs on health and dysfunction, and common interventions to restore people from dysfunction to health. Focus will be given to time management, self-management of health, and mindfulness-based exercises. Previous research studies and clinical examples will be used to illustrate potential clinical application using an East meets West approach. Recommendation for future research and clinical practice will be made.
Professor Takashi Yamada graduated as an educational psychologist with distinction from Waseda University in Japan in 1970. He also earned a Master's Degree from Waseda University in 1972. He graduated as an occupational therapist from the Graduate School of Arts, University of Southern California in 1977, one year behind the late Professor Gary Kielhofner. He completed a PhD in Public Health Science from Akita University School of Medicine in 1994. He started to work as an instructor of the occupational therapy school established by the Tokyo Metropolitan Government from 1977 to 1982. He moved to newly established Hokkaido University School of Allied Medical Technology in 1982 as an Associate Professor. He then moved to Akita University School of Allied Medical Technology in 1990, Kyoto University School of Allied Medical Technology in 1999, and Tokyo Metropolitan Governmental University of Health Science in 2002 as a professor. He also served as Head in Tokyo Metropolitan University and Akita University. He then moved to Mejri University School of Health Science in 2012. Takashi is currently the Director Representative of the Research Institute of Model of Human Occupation in Japan, Inc and teaching at Mejri University, Graduate School of Rehabilitation Mejri University, and Health Science University. In addition, Takashi is appointed as a Professor at the Tokyo Professional University which will open in April 2019.

**Keynote Address: Development of the Model of Human Occupation in Japan**

Abstract: 1) Encounter with Gary Kielhofner in 1974. 2) Translation of the textbook of MOHO from the first edition to the fifth edition. 3) Paradigm change to MOHO. 4) Translation of the manual. 5) The implementation of the workshops. 6) The implementation of the study from case study to RCT
Conference Co-Organizers

Renee Taylor, MA, PhD

Hector Tsang, PhD, OTR

Patrycja Budzyk

Alejandro Carrillo

John Cullars, MA, PhD

Anna Fenstermacher

Gail Fisher, PhD, OTR/L, FAOTA

Kenneth Fong, PhD, OTR/L

CY Lin, PhD, OTR/L

Tiffany Ting Lin, MS, OTD student

Jane Melton, PhD MSc
Dip COT FRCOT
A Warm Welcome from

Bo Fernhall, PhD, Dean, College of Applied Health Sciences

"Welcome to the UIC College of Applied Health Sciences, the home college to the top-ranked UIC Department of Occupational Therapy and the internationally acclaimed Model of Human Occupation Clearing House. We're honored to host you at this year's institute"

Yolanda Suarez-Balcazar, PhD, Department Head, Department of Occupational Therapy

"I am very pleased to welcome you to the 6th International Institute on Kielhofner's Model of Human Occupation (MOHO) at the University of Illinois at Chicago Department of Occupational Therapy. It is our pleasure to host OT faculty, clinicians, colleagues and students who are advancing and contributing to MOHO Scholarship and Practice. This year's institute is a very unique opportunity to expand Dr. Kielhofner's legacy. Thank you for being here and we hope you enjoy the institute!"

Andrew Morris, MS, OTD student
Michelle Moy, BS
Rikki Kay Ostrowski, OTD, OTR/L
Evgenia S. Popova, MS, OTR/L, PhD student
Out of the Woods: Exploring an Occupational Therapy Role in Wilderness Therapy Programs

The use of wilderness therapy (WT) as a therapeutic modality for mental health populations is increasing (Tucker, Norton, DeMille, & Hobson, 2016). Emerging evidence suggests that therapeutic wilderness experiences promote pro-social behavior, positive family relationships, sobriety, self-efficacy, and motivation for participating in therapy (Russell, 2000; Fernee, Gabrielsen, Andersen, & Mesel, 2017). While short-term outcomes realized by clients enrolled in WT programs can be retained past discharge (Bowen & Neill, 2013), longitudinal success is not guaranteed. A key predictor of long-term success for a wide range of participants with myriad mental health diagnoses is the presence of structured programming focused on transitioning out of the wilderness (Roberts, Stroud, Hoag, & Massey, 2017), as well as coordinating aftercare services in a participant’s home environment prior to their return (Russell, 2000; Fernee, Gabrielsen, Andersen, & Mesel, 2017). The Model of Human Occupation (MOHO) can be used as a frame by which the occupational therapist’s role in transition planning out of WT can support client-centered outcomes related to volition, habituation, performance capacity, and environment (Taylor, 2017). Deliberately applying skills acquired in a wilderness setting to a client’s home environment can support the assumption of a healthy occupational identity, thus increasing resilience and capacity for sustained occupational adaptation in the face of future obstacles. This presentation will apply principles from the MOHO to composite case-studies from a WT program to explore the utility of an OT role in WT.

Horticultural Therapy Program for People with Severe Mental Illness

This paper reviews the evidence-based practice of horticultural therapy (HT) for people with severe mental illness. We conducted a pilot study which showed that HT group could reduce stress and anxiety in participants. Based on the experience in the pilot study, we developed an 8-session horticultural therapy group and conducted a mixed method evaluation. The participants are people with severe mental illness who are attending day or work rehabilitation programs, and the outcomes of the therapy group is compared with a treatment-as-usual group. The mixed method study showed that horticultural therapy could increase occupational engagement, well-being, sense of accomplishment of participants; reduce anxiety among participants; but did not improve social interaction among participants. Many participants said they were amazed at the vitality and resilience of plants and were enthusiastic in learning more about horticulture. We compared the study results with studies and reviews on HT horticultural therapy in other countries. The quality of HT programs could be improved by the development of standard protocols in HT; use of a combination of indoor and outdoor activities; and engaging therapists in formal training in HT. Therapist should design HT programs with a focus on only a few therapy objectives, such as promotion of mindfulness, appreciation of nature and plants, increasing engagement, and promoting a sense of meaningfulness and accomplishment. The sharing of log-books, reflective writing, and group sharing appeared to be important elements in enhancing the therapy effects. There is also a need to improve the quality of evaluation studies on HT.
**Abstracts: Papers**

**The Use of Occupational Questionnaire in Lifestyle Modification of Primary Health Care**

Occupational questionnaire was adopted in reflecting the change of daily activities in a 3-month lifestyle modification program with a view to reduce the risk of hypertension, hyperlipidemia and hyperglycemia of community adults.

The lifestyle modification program integrated the East and the West using Meridian Health Clock Theory and the MOHO in promoting the adoption of healthy diet, regular exercise, and a balance of work life and rest. A total of 51 participants were recruited and randomly assigned to the control group and the treatment group. Twelve activities were found either correlated or demonstrated significant desirable changes that contributing the development of a healthy lifestyle. Significant changes with more improvement in the intervention group than the control group in the dimensions of Glycated hemoglobin, total cholesterol, percentage of body fat, overall QOL, and physical QOL score were found.

**Overcoming Global Context Barriers for Inclusion: A Systematic MOHO Intervention Process with Everybody**

MOHO occupational and client centered strategies, interventions, and intervention protocols have been systematized and applied widely, generating evidence about its positive impact not only on individual clients/collectives lives but also on relevant social groups of their immediate, local and global environmental contexts. Since 1987, this systematization and practice evidence has been based on a serious therapeutic reasoning co constructed with individuals and groups of clients towards integrating MOHO theory with practice and practice with MOHO theory.

This presentation will give a brief introduction on the current MOHO intervention process and its relation with occupational justice and present two selected and emblematic OT specific South American projects which were overtaken to empower children, adolescents and adults in the process of getting meaningful and dignifying occupational opportunities to meet their goals. Examples will embrace the MOHO principles related with interventions being developed /used, the simultaneous positive impact that these experiences had on clients, carers, families, citizens and representatives of Educational and Mental Health Departments in Chile and Argentina, and how MOHO client centered practice implemented with everybody involved lead to achieve short and long term changes in the Mental Health and Educational Systems.

This presentation will be complemented by figures and images that illustrate common themes approached and MOHO conceptualizations embraced in both examples and conclusions.
**Abstracts: Papers**

**MOHO Assessment as Intervention: Deciphering Critical Issues to Allow Continuity of Satisfactory Occupational Participation**

The main goal of the model of human occupation is to promote satisfactory and meaningful participation in occupation within a life in progress with people of a wide range of occupational needs. There is a big group of people who do not have disabilities or illnesses but yet have personal concerns related to their natural life changes, unsatisfactory routines or role participation, or confusion about their participation with their immediate or local personal or productive environments, among other. Experience and evidence working with this group has shown that they get important benefits when going through a well done MOHO assessment process, using at the most three encounters with the OT.

MOHO evaluation methods are client centered, allowing in this way clients’ self-knowledge and perception of their environments, the development of a rapport and forming alliance between therapist and clients, and fostering planning.

This presentation will briefly conceptualize the assessment as doubling intervention emphasizing on basic principles that guide an accurate and efficient client centered assessment process, giving different examples as illustration. The presentation will focus on one selected example as a case presentation. The case presentation will identify the motive and the continuum of the assessment process, the MOHO instruments utilized and how they were utilized, the flow of contents analyzed through therapeutic reasoning, and how this process yield to the client’s conclusion and decision making on solving what had been an unsolved puzzle in the midst of transitioning on becoming a mother for the first time.

**Centering on New MOHO Learners: Reflections about their Reasoning and the Art of Letting the White Coat Go**

Through the years of training many OT and OTS on Occupational Therapy and MOHO, this author has observed and registered certain patterns of thinking, feeling and doing before, during, and after the learning process of the theory and application of this conceptual model of practice. At the starting point these patterns have been characterized by a resistance to change, with a common feature of adopting a hesitant attitude towards acquiring MOHO knowledge. In presence of this, questions arise:

- How and where has MOHO been introduced and shared with them? To which knowledge are they habituated?
- Is it insecurity? What is influencing their thoughts and feelings towards MOHO? What cultural characteristics influence this rejection?

This oral presentation will focus on a MOHO conceptualization of this phenomena taking in consideration the most representative feelings and thoughts of OT and OTS when first offered learning MOHO and the interrelated reasons behind them; a historical process of change after new MOHO learners participate in undergraduate advanced clinical practice, in 2 to 10 hour seminar, and in 300 hours training respectively; and on how MOHO has been used under these circumstances to design significant learning spaces and resources to use, to decide the sequence of contents and the methodology to approach the learning process, and to implement personalized methods in order to embrace each OT and OTS unique needs of developing new skills, while accepting this challenge of facing “this new, strange, and scary thing”.
The Experience of Guiding Occupational Therapy Students to Use the Model of Human Occupation

Theory and frame of reference are important factors that enable occupational therapy (OT) students to build up their clinical reasoning. Therefore, all OT students are required and requested to study relevant theories in OT. One of the most commonly used theories in OT is the Model of Human Occupation (MOHO) that was developed by Prof. Kielhofner to analyze people’s inner side and assist in clinical decision making. Because MOHO emphasizes the importance of detailed analysis of the inner side of an individual, MOHO becomes the gold standard for OT clinicians to analyze people with mental illness. OT students should, therefore, learn how to apply MOHO to people with mental illness before their field practice. The present author is teaching OT theory and process that is the applied level subject for Hong Kong OT students in year three. In this subject, one assignment is to let the OT students use a theory to analyze a patient that they have been observing in their clinical visits. Through this assignment, the present author raises problems and questions that challenge the students to think deeper when they use the MOHO. Through his observations in this assignment, the present author found that some OT students have problems interpreting some abstract concepts such as personal causation, self-efficacy, and sense of capacity. However, through active learning and appropriate guidance, students are able to analyze cases using MOHO and design appropriate goals.

A pilot Randomized Controlled Trial on the Effect of the Chinese Social Cognition and Interaction Training (CSCIT) Programme for Individuals at Familial Risk for Psychosis (FRP)

Background: Genetics plays a significant role in contributing to the onset of schizophrenia. Based on the concepts of the Model of Human Occupation (MOHO), individuals at familial risk for psychosis (FRP) shows damage on their volition and thus impair their thoughts and motivation for occupational performance. Social cognition and interaction training (SCIT) has been demonstrated to be effective in improving social cognition and social functioning for schizophrenia and individuals with early psychosis (EP). We will therefore explore the effectiveness of Chinese Social Cognition and Interaction Training (CSCIT) in improving their social cognition, social functioning and occupational function outcomes to reduce their risk of developing mental illness and to improve their volition for fulfilling human occupation as well.

Methods: We will recruit individuals with FRP (n=55) who will be first-degree relatives of participants of individuals with early psychosis and out-patients in a psychiatric hospital in Hong Kong. They will be randomized and assigned to the CSCIT+Treatment-As-Usual (TAU) and TAU groups. Outcomes of social cognition, social functioning and occupational function will be assessed at baseline, immediately and 6 months following the intervention of the two groups.

Project Significance and Value: This is the first attempt to evaluate the clinical efficacy of the CSCIT on those with individuals at FRP to reduce their risk of developing mental illness and improve social cognition, social functioning, and occupational function in a Chinese community. If positive effects are found, it will also be able to protect them from developing into psychosis despite their familial risk.
Occupational Adaptation to Increased Assistance with Intimate Hygiene for People with Advanced Disease

Background: Increased dependency is inevitable for most people living with advanced disease. Research and clinical practice demonstrate that adaptation to progressive functional decline is individually mediated. Further, loss of independence with intimate hygiene has been shown to compromise the dignity of people with palliative care needs.

Purpose: To explore how people with advanced disease
a. experience dignity as they receive assistance with intimate hygiene
b. reframe their occupational identity and occupational competence as performance capacity declines

Results: Eighteen participants with advanced disease, (ages 38-93 years) participated in semi-structured interviews (21 to 81 minutes) conducted in home, residential care and hospice settings. Participant diagnoses included lung, pancreatic, oesophageal, prostate, ovarian cancers, ALS and end-stage COPD and an Australian Karnofsky Performance Status score of £ 60. Inductive invivo analysis was used to generate themes from transcribed audio-recordings. Themes were mapped against the MOHO concepts of occupational identity, and competence (occupational adaptation) and environmental impact. Participants implemented a range of conscious and unconscious strategies to retain or relinquish valued routines and goals around intimate hygiene. Carer interactions preserved or compromised peoples’ dignity to the degree that they enabled physical or cognitive control (volitional choice) over how the assistance was provided. Experience of dignity was influenced by location of care.

Conclusion: Receiving increased assistance with self-care as function declines has a significant impact on the occupational adaptation of a person living with advanced disease. Practical implications for care will be discussed in the context of factors intrinsic to participants and extrinsic environmental factors.

Application of Focus Group and Narrative Ethnography in Analysis Caring Demand of Family Caregivers (FCG) for People with Dementia: A Qualitative Study

Globally, our population is aging. Care for older adults becomes a growing challenge due to the increase in age-related chronic health conditions and with deteriorated cognitive condition. Different governments in the world develop their own national policy of “ageing in place”. However, the common start-up point is embraced the active involvement from family care-givers (FCG). This role of FCG is very important to the successfulness for the implementation of this ideal policy for older adults. This qualitative research study to explore the stress and needs of twenty FCGs for older adults with dementia. With the use of focus group and guided model of human occupation (MOHO), FCGs’ knowledge, attitudes and values in dementia care was evaluated as “volition” component to determine their conscious choices for occupational behaviors. With the analysis by narrative ethnography, their perceived stress and mental health condition was assessed as the “habituation” component. Their perceived handling skills in neuropsychiatric symptoms of their relatives with dementia were grouped as “performance” component. Preliminary grounded theory on stress of FCGs was developed. These three sub-systems were used to assess FCGs’ occupational functioning and to guide the timing of delivering specific types of support to meet FCGs’ evolving needs. Five major themes of experience in caregiving in FCGs were identified, namely a) seeking understanding, b) stabilization, c) preparation, d) implementation, and e) adaptation. FCGs for older adults with dementia is a demanding task both mentally and physically. Some strategies from FCGs’ perspectives in alleviating their care stress will be illustrated.
**Abstracts: Papers**

**Supporting Persons’ with Dementia and Their Care-givers’ Everyday Occupations Through Activity Scheduling**

Activity scheduling (AS) is a behavioral treatment in which subjects learn to monitor their mood in daily activities, and how to increase positive interactions with their environment. This is a pioneer project to investigate the effectiveness of AS and how persons with dementia and their care-givers do everyday activities together. This is to evaluate the results from an intervention designed to encourage their mutual engagement through their active participation of AS. The study compared two telephone interventions using a 3-month longitudinal randomized controlled trial. For the first 2 weeks, all participants received the same psychoeducation program via telephone. Then for the following 10 weeks, participants were randomized into either one of the two following groups with different conditions. For the control group, participants received ten weekly session of health education. For the experimental activity scheduling group, participants received ten weekly session of health education, plus activity scheduling practice focused on pleasant event scheduling and improving communication. A total of 35 family caregivers of persons living with dementia were recruited and 30 (20 in the HealthED-AS group and 10 in the HealthED only group) completed the whole study. Results indicated AS showed significant behavioral activation for people with dementia, particularly in moderate dementia subjects (CDR> 2). Their activity duration improved from 3 hour to 4.5 hours. Significant improvement in “relationships”, “interest”, and “daily responsibility”, but not in “occupation” and “mind, body and spirituality” activities. Moreover, AS helps to create pleasant events in their daily living and much enhancing their communications.

**Application of MOHO to Address Occupational Dilemmas in Caregivers for People with Dementia in Hong Kong**

Like many developed countries, Hong Kong is facing the challenges of ageing population and a rapid increase in dementia population. There were plenty of evidence in showing family caregivers can easily burn out if their pressures in caring for persons with dementia are not assuaged. Moreover, caring for dementia can have an impact on care-givers’ physical health and anxiety levels. The “throughput” system of Model of Human Occupation is used to assess the preparedness of care-givers. Through needs analysis, CGDs’ knowledge, attitudes and values in dementia care was assessed as “volition” component to determine their conscious choices for occupational behaviors. Activity scheduling, perceived stress and mental health condition was assessed as the “habituation” component. Their perceived handling skills in neuropsychiatric symptoms were grouped as “performance” component. These three sub-systems were used to assess CGDs’ occupational functioning and to analyze their perceived occupational dilemmas. Fifty CGDs were recruited (20 high occupational functioning;10 low occupational functioning). CGDs with better knowledge in caring shown with better quality of life and fewer mental health issues (p< .05). Moreover, CGDs with better knowledge in social support shown with lesser caring stress and occupational dilemmas in caring (p< .01). Furthermore, CGDs with better attitude in caring shown with fewer mental health issues and significantly lesser occupational dilemmas (p< .01). Further research work is on-going, and appropriate support and care strategies can be developed for CGDs and PWDs with specific needs.
Application of MOHO to Enrich the Social Problem Orientation as Life Skills of Substance Abusers in Hong Kong

Substance abuse has been a problem with every society and across every generation. Social psychologists highlighted the importance to identify individuals' needs and to assess appropriateness for treatment as early as possible. MOHO provides a framework for occupational therapists to understand how to use activities therapeutically to support substance abusers' health. It seeks to explain how meaningful daily activities are motivated, patterned, and performed. A mixed methods research study adopted the explanatory sequential design to analyze 100 (with 50 male and 50 female) crystal methamphetamine users. This study focuses on the social problem solving as a kind of life skills in practice. Moreover, to study the pattern of occupational performance into daily routines, lifestyles and nature of social problem orientation; and how influence of the environment on individuals' occupational performance. In the first phase of study, questionnaire survey on subjects’ ability in problem recognition, treatment readiness and social values. Orientation in social problem solving was identified as the most prominent factor for treatment readiness, followed by emotional problem and problem recognition. In the second phase of the study, focus group activities with other qualitative group research activities like free-listing and pile-sorting confirmed the importance of social problem solving as a kind of life skills in occupational functioning in their interacting with environment. Results also indicated stress from peers was the most prominent single stressor of substance abusers. Moreover, most subjects adopted negative orientation in their social problem solving in family and in work.

Supporting Occupations of Persons with Dementia and Their Care-givers’ Through Home Hazard Identification

In Model of Human Occupation, the environment encompasses the objects, people, and tasks of daily living which can either support or interfere with occupational function. These interactions are particularly important for community-dwelling persons with dementia. The 20-items Chinese Home Fall and Accident Screening Tool (Chinese Home-FAST) self-reported screening is designed to assess environmental features, in which, more than seven home hazards identified is associated with prediction of unplanned fall-related hospital admission in one-year follow-up. In this study, 100 community dwelling moderate dementia subjects (CDR> 2) were recruited, in which, 25 of them reported with seven or more home hazards (32% of subjects reported with hazards in “Home Environment and Furniture”, 28% of recruited population reported hazards in “Capability in Activities of Daily Living” and 32 % reported with hazards in “Use of devices”). All these twenty-five subjects screened high-risk subjects received the same psychoeducation program on home safety and fall prevention. Then for the following eleven months, participants were randomized into two groups. For control group, participants received bi-weekly reviews of home safety and fall prevention. In addition to this, experimental group will have regular training on the use of VR-based home safety alertness for near miss. In one-year follow-up, both experimental and control group showed significantly lower incidence of fall (5 % and 8% respectively) when compared with 18% in general dementia population. Results indicated home safety and fall prevention screening is effective to reduce home hazards. Application of VR can be a reinforcing strategy for people with dementia.
Application of MOHO and Tailored Activity Program to Patients with Major Neurocognitive Disorder (Dementia) in Hong Kong

The population in HK is ageing and the prevalence rate of dementia is 9.3% for those aged 70 years or above (Lam et al, 2008). OT plays an important role in the rehabilitation and might adopt MOHO in the assessment and intervention of persons with dementia. Thus, they might lead a happy and meaningful life. Background personal, medical, psychiatric and social history of patients will be collected. Initial interview and evaluation are done for patients with dementia, with support from carers. Cognitive, ADL, IADL, Social /leisure activity participation are important elements for dementia patients living in the community. Evaluation is done on patients’ volition (personal causation, values & interests), habituation (roles & habituation), performance capacity (cognitive, physical, ADL, IADL, social), environment (physical & social) and occupational performance (occupational identity & occupational competence to enhance adaptation). Validated outcome assessment is done using volition questionnaire (observations in sessions), cognitive assessment tools (HK-MoCA, HK Brief Cognitive Test), mood assessment (Chinese Geriatric Depression Scale-SF), functional assessment tools (Chinese MBI, Lawton IADL-HK version, Chinese version of Disability Assessment for Dementia). Roles and interests checklist & carer stress assessment are done. Therapeutic goals are developed with patients and carers. Service options/strategies are finalized. Tailored Activities for Persons (TAP) with Dementia and Caregivers Programme (Gitlin, Hodgson, Jutkowitz & Pizzi, 2010) were launched to help persons with dementia to re-engage happily in daily life and empower carers to reinforce home program. Application of MOHO using TAP will improve the clinical outcome of dementia clients and their carers.

Using the Model of Human Occupation to Promote Therapeutic Reasoning in Occupational Therapy Students

Therapeutic reasoning requires problem solving solutions and creating intervention plans based upon the best possible evidence. Kielhofner’s Model of Human Occupation (MOHO) (Taylor, 2017) provides strong evidence to engage students in therapeutic reasoning and allows students to clearly articulate occupational therapy theory in action. The primary investigator created two courses to promote therapeutic reasoning using MOHO as the primary model. Students completed a variety of assignments applying MOHO to cases which were scaffolded to promote advanced reasoning over time. All students participated in two case-based courses over two semesters. They completed the Self-Assessment of Clinical Reflection and Reasoning (SACRR) (Royeen et al., 2001) which consists of 26 items ranked from 1 (strongly disagree) to 5 (strongly agree). A quasi-experimental time series (pre-mid-post) design was used with two cohorts of graduate occupational therapy students (n = 104). Wilcoxon signed ranks test for Cohort 1 revealed significant improvements in pre and mid-test scores for total scores (Z = -4.293, p = .000) and between pre and post scores (Z = -4.733, p = .000). There were no significant differences in mid to post scores. Course evaluations supported the students’ belief that they were able to create innovative occupational therapy intervention sessions using MOHO while integrating other frames of reference if needed. The presentation will include analysis of the findings from both cohorts. The findings from this study suggests that MOHO is an effective model to facilitate occupational therapy students’ clinical reasoning skills required for creating innovative intervention plans.
**MOHO and the Priorities of People Living with Advanced Cancer**

Increasingly people are being diagnosed and living longer with cancer. While the medical system is focused primarily on medical and symptom management, the occupational needs of people living with advanced cancer can often go unaddressed. Although symptom management enables the person living with advanced cancer the ability to continue engaging in activities meaningful to them, addressing symptoms alone is not sufficient. Research demonstrates that priorities for people living with advanced cancer include the need for occupational engagement, the desire for normalcy, and the ability to maintain involvement in meaningful relationships. The Model of Human Occupation provides a framework for occupational therapists to assist with improving quality of life through enabling the person to continue engaging in their meaningful occupations by means of exploring their valued roles, habits, and interests within the context of their changing physical and social environment. This presentation will explore how to use the Model of Human Occupation to address priorities of people at end of life, through a greater understanding of what motivates an individual to engage in occupations when living with advanced cancer.

**Post-Disaster Rehabilitation, Management Model Building and Validation Using MOHO and ICF Concepts: A 10-year Evaluation of the Wenchuan Earthquake Experience**

Background: The most serious earthquake hitting China in the past decade was the 2008 Wenchuan earthquake in Sichuan has resulted in 69,225 deaths and around 400,000 injured.

Methods: There are similarities between MOHO and the ICF in recognizing the centrality of participation and activity as an outcome, and that individual characteristics and the environment determine participation and activity (Kramer, Bowyer, & Kielhofner, 2008). We evaluated 308 quake victims from Sichuan Province about their life roles, socio-economic status, social and physical environments before and after the earthquake as well as using WHODAS 2.0 which is comparable to occupational participation and occupational performance in MOHO levels of doing. We conducted 2 focus group interviews for local stakeholders on their perception of support provided to victims.

Results: 83.4% of victims still reported that they had residual pain after 10 years; 54.3% of them said they had relatives and friends died in the quake; 27.5% and 20.9% of them expressed that they might have anxiety and depression accordingly; 53% of participants reported that they had to work at a lower level because of a health condition; 66.5% said they earned less money as the result of a health condition.

Conclusion: OTs have a significant role in disaster preparedness as well as acute response and community-based rehabilitation, and in a boarder agenda to disaster resilience and occupational justice (Rushford & Thomas, 2015). This study attempts to align the ICF model with the MOHO and demonstrates how MOHO concepts can be adopted on victims after earthquake.
Abstracts: Papers

The Dutch Version of the Worker Role Interview (WRI) and the Child Occupational Self Assessment (COSA)

The Worker Role Interview (version 10.0) and the Child Occupational Self Assessment (version 2.2) have been adapted to the Dutch context by forward-backward translation and research in Dutch populations and involvement of Dutch OT’s in discussion about terminology through focus group interviews. The involvement of Dutch OT students in the process of adaptation, data collection and focus group interviews is a value to the learning process of students in their professional development and knowledge of the MOHO theory and assessments. The Dutch versions of the Worker Role Interview and the COSA are used in Dutch OT education. The OCAIRS scale within the WRI-NL is also adapted to the Dutch context by using focus group interviews. The use of MOHO instruments and the translation into Dutch is beneficial to the education in MOHO theory within the education and to the the OT’s in practice.

Additional Presenters: Marjon ten Velden, Eric Tigchelaar

The Dutch Version of the Residential Environment Impact Scale (REIS)

Background. Between 2016-2018 bachelor students adopted and translated in close co-operation with OT’s the REIS into the Dutch Language. According to the respondents, the instrument REIS-NL has positive and negative aspects. The REIS-NL is able to give a clear structure to observe all aspects of the environment, with clear instructions on how to increase positive influence of the environment. The observation and interpretation take quite a lot of time. Results: Time consuming. It took respondents an average of 3.5 hours to complete the full REIS-NL. The scoring of the REIS-NL took most of the time. The interview of the resident stook about 30 to 45 minutes. In an interview with respondents, they said they preferred to spend a maximum of two hours for the total REIS-NL. During the pilot phase the respondents also tried to conduct the REIS-NL in parts. Respondents reflected this is a positive aspect to the application of the REIS-NL in daily practice and supports its use in daily use. This suggestion has been added tot he manual. Training. Richardson (2015) gives 8 steps to improve rater reliability in training and using assessments. The project has used these 8 steps to train respondents. In interviews during the pilot study most of the respondents preferred only to read the manual, some preferred a short training or workshop to be trained. Although all respondents had a start meeting and short introduction to the REIS-NL, the respondents still had their personal impact on the interview. They stated they needed more training to become reliable and comfortable assessors. It proves to be beneficary to the value of the REIS-NL to give a training to occupational therapists that are not familiar with the REIS-NL.

Additional Presenters: Marjon ten Velden, Eric Tigchelaar
Audiovisual Integrative Taiko Training Program for Augmenting Cognitive and Motor Functions in Older Adults with Mild Cognitive Impairment: A Pilot Study

Introduction: Previous studies revealed that multisensory integration could compensate for the decline of cognitive functions in older adults and augment their task performances. This pilot study aimed to test the benefits of Taiko training program – facilitating audiovisual integration using a Japanese percussion instrument, for improving cognitive and upper limb motor functions in older adults with mild cognitive impairment (MCI).

Method: Twenty participants, ten in each of the MCI (Mean age: 63.3 years) and healthy older adult group (Mean age: 64.7 years) engaged in a three-session Taiko training program. The outcome measures of the training included attention, working memory, executive function, and upper limb function. Task-specific training effects were measured by the accurate responses and improvements in multisensory integration functions. Results: Both the MCI and healthy groups showed significantly better performances on the training tasks after each session. Significant Group × Time effects were revealed in the scores on the Stroop Test (dots) as well as the Purdue pegboard for non-dominant hand. Participants in the MCI group showed significantly more improvements in attentional control (Stroop dots: p=0.042) and non-dominant hand motor functions (Purdue pegboard: p=0.025) after the training when compared to those in the healthy group. The Group × Time effects on the other outcome measures did not reach statistical significance.

Conclusion: The findings provide support that Taiko training for three sessions using an audio-visual integrative approach has the potential for enhancing cognitive and motor functions of older adults; and this training also appears to benefit more to individuals with early MCI in terms of attentional control and hand motor functions. Future study using randomized controlled trial design and with larger sample size should be conducted for testing the efficacy of audiovisual integration training on augmenting cognitive and motor function of older adults with MCI.

Additional Presenters: Afifah Har, MOT, Ngai Chun Hei, MOT

Revised Swedish Version of the Interest Checklist

The Interest Checklist was translated into Swedish already in 1987 but it has never been adapted to Swedish context. And, since MOHO has been updated severely times since 1983 it was advisable to initially make a survey in Sweden examining interests’ people do today.

In total 76 people participated by filling in a questionnaire investigating to what extent the interests on the list were carried out today by adults. The responder could add new interests and they could make comments to the list. Based on the feedback and national surveys on how leisure time in Sweden is spend an updated list was designed. The different interests were categorized into sex areas; Outdoor interests, Exercise, Productivity - at home, Art and creative, Social, and Others. All, 68, interests are stated extensively in verb form and arranged in alphabetical order within each group. New interests have been added, others have been updated, clarified or removed. Example of new interests is "Networks and be active on social media (eg Facebook, Instagram, Blogs)". Example of updated interest is "Clothes", which now is called "Follow fashion (eg clothes, makeup)". Some interests have been removed either because they are part of one of the new interests or because they are not a leisure interest, for example "Housecleaning". The new Swedish version, completed in 2019, has also been related to the latest MOHO (2017) and ICF. An assessment manual has been developed with an introduction, theoretical ground, instructions to self-report and additionally a case has been added.
Application of Model of Human Occupation in Analyzing Cluttering and Decluttering Behavior

Awakened from materialism, increasing people trying to lead a more minimalistic life, saving energy and resources for more important aspects in their lives. However, the discard of materials may not be easy and getting rid of stuff involve system analysis that involve cognitive, psychological, emotional, social and interaction with the environment.

According to literatures, cluttering always happens in people with problem of inattention or with unsatisfactory working memory, especially for those with symptoms of attention deficit hyperactivity-disorder (ADHD). The reasons include: 1) Fear of forgetting or losing possessions, so keep everything within sight; 2) Impatience with routine tidying up; 3) Distraction and forget things at hand; and 4) Visual oblivion, literally not register things right in front of them (Mincu, 2013). This disorganizations complicate efforts to declutter, and not finding out things in time will also inevitably lead to further acquisition and piling up. The consequences of cluttering include losing important items in the clutter, feeling taken over by the possessions, and affecting interpersonal relationship (Bratiotis, Otte, Steketee, Muroff, & Frost, 2009).

Model of Human Occupation (MOHO) explains how the three interrelated sub-systems of human: volition, habituation and performance, interact with the contextual environment (space, social environment). Any incremental changes will shift the whole dynamic, to either a healthy or unhealthy direction. MOHO could help analyze the cluttering & decluttering processes and their influences to the dynamic. Strategies in monitoring the contextual environment could also be devised to reverse the dysfunctional status and start a healthy cycle.

Examining the Mental Health Crisis in Doctoral Students Using the Model of Human Occupation (MOHO): Evaluating Occupational Adaptation and Participation in Doctoral Graduate Students

It may take up to five years for a doctoral student to complete a PhD. However, graduate students face stressful situations from the very first day of enrolment. These students are more than six times as likely to experience depression and anxiety as compared to the general population. Furthermore, evidence suggests that there is a correlation between a poor self-perceived work-life balance and mental health issues. There is a need to look for strategies that could address the mental health crisis in postgraduate students.

The MOHO focuses on individuals’ participation and adaption in life occupation. The occupation of doing a PhD naturally reshapes the existing physical, emotional, psychological and social structures of a person. Commencing a PhD implies adaptation, responding to unusual demands, creating new habits and learning to acquire different roles in new environments. Our ultimate goal is to use the MOHO as a theoretical model to contextualize and recognize potential occupational patterns that can contribute to students developing mental health issues. This was a Cross-Sectional study involving full-time PhD students. Various MOHO-based resources such as the Occupational Questionnaire, the Role Checklist, the Occupational Circumstances Assessment Interview and Rating Scale and the Occupational Questionnaire were administered. Participants also completed anxiety and depression tests (GAD-7 and PHQ09). A mixed methods research design was used to analyse the data. Descriptive statistics about mental health outcomes, activities preferences, occupational roles and its value will be presented. Thematic analysis was conducted through interviews; themes and subthemes will be discussed later.
The Role Checklist Version 3: An International Collaboration of Cross Culturally Valid Translations

Participation is described as one of the most problematic aspects of the ICF to measure due to the lack of consensus on the scope and focus of items to include. This paper presents the Role Checklist V3 as a solution. The Role Checklist Version 3 is a self-report screening tool, designed to initiate discussion and set standards for goal setting and function as an outcome measure. It is also a cross-cultural valid measure of participation, consistent with the ICF. The Role Checklist is used by occupational therapists across the globe.

Differences and Relationship between the Model of Human Occupation and Personal Recovery Practice in Mental Health Rehabilitation

People with mental health issues show occupational and psychosocial functioning deficits in different ways. A humanistic paradigm shift has occurred in psychiatric rehabilitation in the past decade with the focus on personal recovery instead of clinical or functional recovery. Both the model of human occupation (MOHO) and personal recovery are conceptual models providing support for rehabilitation intervention of people with mental health issues. This study aimed at comparing the practices of the two conceptual models in mental health rehabilitation and exploring whether they can supplement each other. MOHO is a dynamic and occupation-focused model to promote individuals' occupational participation from the volition, habituation and performance aspects. Personal recovery is a recovery-oriented concept which focuses on outcomes such as connectedness, hope, optimism, identity, meaning in life, and empowerment. Both models emphasize the importance of the interpersonal relationship, clients’ motivation, volition and multiple roles in their life. However, MOHO provides a transverse and holistic conceptual structure basis for the intervention program with a tangible goal. Personal recovery prefers to be a longitudinal psychology-focused structure for clients’ recovery process and provides the goal-setting direction according to the recovery stages. Combining the characteristics of the two models, the MOHO and personal recovery can complement each other both in designing the intervention program and assessment. But more research is needed to investigate how the occupational functioning changing based on the MOHO influences the stage level of personal recovery. The current paper should help in positioning the role of MOHO in the prevailing personal recovery model.
Incorporating Dogs into Occupational Therapy Mental Health Practice

Animal-assisted interventions (AAIs) have been utilized for about 50 years among many disciplines including mental health professionals, speech and language therapists, occupational therapists, physical therapists, psychotherapists, and nurses (Fine et al., 2010). The majority of existing research on the effectiveness of AAIs in mental health report at least minor positive benefits including: enhanced trust and rapport between the client and therapist, increased client engagement in therapy, increased client motivation to attend therapy, improved symptoms, and increased skills and positive behavior of clients (González-Ramírez, Ortiz-Jiménez, & Landero-Hernández, 2013; Amerine & Hubbard, 2016). Dogs are well suited as therapy animals because they provide people with psychological and emotional support by offering companionship, relaxation, and a deeper connection to the self and to the surrounding environment (Walsh, 2009; Tedeschi, Fine, & Helgeson, 2010; Hicks & Weisman, 2015). There are many strategies that can be used in animal-assisted therapy (AAT) to facilitate client progress toward goals. Using the Model of Human Occupation (MOHO) to guide AAT would help promote understanding of clients’ person components (i.e., volition, habituation, and performance capacity) and their environments to help choose which strategies to use for better client outcomes (Taylor, 2017). This presentation will include an introduction to AAIs including terminology, a brief review of current research, and treatment strategies. Fictional case studies will be presented to illustrate how the MOHO can be used to incorporate therapy dogs into occupational therapy mental health practice.

Fluid Identities Shaped by Occupation: Using the OCAIRS to Revolutionize Community-Based Mental Health in Occupational Therapy

A recent JAMA study suggested opioid-related deaths are projected to rise over the next five years, stating that if we are to alter the course of the opioid epidemic in the US we must supply innovative and multi-faceted approaches. The Model of Human Occupation (MOHO) has the scientific backing and rigorously tested evaluation tools to support revolutionary innovation in the field of occupational therapy in this area. This presentation will describe the rationale and procedures of an occupation-based theatre intervention project (TIP) and the centrality of the OCAIRS in shaping and evaluating the model. TIP is a 6-week intervention that builds on the science of recovery through participation. It was designed to address the need for innovation in addiction recovery, but has since been implemented across a variety of populations and settings. Implementation and outcome assessment of TIP is guided by OCAIRS administration at baseline, post-intervention, and 6-months. Quantitative and qualitative OCAIRS data are compared across three populations. The first two populations participated in TIP and include outpatient substance use disorder recovery and members of a transgender health and wellness clinic support group. The third population consists of outpatient clients at a community mental health facility for severe mental illness; this group did not participate in TIP but received weekly occupation-based occupational therapy services. Results of this comparison are presented for discussion of MOHO’s existing and potential future role in bringing occupational therapy to the forefront of revolutionary community-based mental health care.
**Abstracts: Papers**

**Clinical Reasoning Using MOHO with Other Occupation-Focused Models: A Case Illustration of an Elderly with Cognitive Deficits**

Background: Occupational therapists (OTs) often apply a single occupation-based model to guide clinical reasoning. This case study aimed to illustrate the benefit of using the Model of Human Occupation (MOHO) with other occupation-based models at different stages of the rehabilitation of a client with cognitive deficits.

Participant: A 66-year-old male, Mr Lam, with mild cognitive impairment (MCI) sought rehabilitation treatment to maintain his declining cognitive functions. Person-Environment-Occupation-Performance (PEOP) Model was first used to determine his cognitive functions. Using MOHO and PEOP, an interview was conducted to identify his occupational needs in order to establish a future plan to facilitate his adaptation to a new occupational life pattern.

Results: The PEOP-based assessments identified Mr. Lam’s impaired working memory and encoding function. He also felt isolated and deprived of social life. He was assigned to an imagery-based calligraphy group to improve his working memory and attention functions. After an occupation-focused interview using MOHO, it was revealed that Mr Lam developed life-goal to learn new hobbies by applying newly learned imagery cognitive strategies.

Conclusion: Through a case study of a client with MCI, it was illustrated how different occupation-based models could be used in an integrative manner. It appears that it is beneficial to use PEOP to identify occupational functioning and barriers of occupational functioning. The MOHO model may be useful for clinicians to focus on how one's drive to adapt to new lifestyle to fulfil one’s expected occupational identity.

**Designing a Communication and Interaction Skills Group, for and in Collaboration with, Individuals with Schizophrenia**

Communication and interaction skills are known to be impaired for individuals with schizophrenia, however occupational therapists working with individuals with schizophrenia are often faced with challenges when trying to address these impairments in a group setting. Occupational therapists aim to deliver interventions which are both meaningful and patient centered. Through collaborating with patients regarding the communication and interaction skills they wish to address it is hoped that this will result in better outcomes for patients. This case study follows four individuals with schizophrenia at a partial hospital program. The occupational therapist has designed a communication and interaction skills group that addressed both the patients perceived communication and interaction skills (using a self report questionnaire) and the occupational therapist’s assessment of communication and interaction skills using the ACIS (assessment of communication and interaction skills). The occupational therapist met with each patient to discuss the similarities and differences in their assessments and these findings were used to design a group aimed at improving communication and interaction skills for this population.
Abstracts: Papers

A Model of Human Occupation-Based Caregiver Empowerment Program to Promote a Caregiver’s and Child’s Self-Efficacy and Participation in Everyday Occupations

Self-efficacy, a person’s belief about his or her ability to complete a task, is an essential factor to promote participation in everyday occupations for children with a developmental disability or developmental delay and their caregivers (Bandura, 1994; Engel-Yeger & Hanna Kasis, 2009; Gage, Noh, Polatajko, & Kaspar, 1994; Gagnon, Swaine, Friedman, & Forget, 2005). However, there are vague descriptions of self-efficacy in the field of occupational therapy (OT), minimal research on methodology to promote self-efficacy in OT interventions, and limited documented strategies to work with caregivers to promote self-efficacy of the caregiver or children with a developmental disability or developmental delay during meaningful activities. Therefore, this project included the development, implementation, and evaluation of a three-session caregiver empowerment program based on the Model of Human Occupation (MOHO).

The results demonstrate that general knowledge of the content from the program improved. Five primary themes emerged from the focus group: (1) being held accountable improves the likelihood caregivers will address stress and self-efficacy, (2) identifying and breaking down sources of stress helps to manage stress, (3) caregivers retrospectively feel they have made effective decisions for their child but always strive for the most optimal outcome, (4) caregivers want to feel empowered to advocate for their own children instead of only relying on professionals, and (5) occupational therapists need to collaborate with caregivers and empower them to best meet their child’s needs. This project provides promising results to continue this research and apply it in OT clinical practice.

Occupational Lifestyle Re-design Programme for Students at Risk of Drug Abuse Based on the Model of Human Occupation

Based on the Model of Human Occupation (MOHO), an Occupational Therapist led group programme was designed and introduced in 5 secondary schools for students at risk of drug abuse. The programme composed of 9 sessions, combination of knowledge sharing, group activities, weekly individual goal setting and implementation. Each group would also be supported to select, plan and organize an activity for enjoyment outside the school campus. The programme aimed at improving volition of the students by allowing them to choose and make decision. The knowledge sharing and activity based learning on life skills, such as self-identity and improving self-efficacy, life goal setting, communication, time management, stress management and team work, aimed at improving the performance capacity of the students. The weekly individual activity implementation aimed at habituation of occupations that enhance occupational performance. By introducing stimulating and challenging group activities and activity outside the school campus, the therapist created an environment which facilitate the students to learn, reflect and grow. A total of 60 students had attended the programme. The students were assessed pre-programme, at 3 months, 6 months and 12 months post-programme. Assessment at 12 months still reflected positive changes. 70% of students showed improvement in memory (Rivermead Behavioral Memory Test), 55% in well-being (WHO-5, HK Version 2005), 50% in life satisfaction (Life Satisfaction Measurement, HK Version 2005) and 45% in manual dexterity (Bruininks-Oseretsky Test of Motor Proficiency subtest on Manual Dexterity) and self-efficacy in career development (Career Development Self-Efficacy Measurement). To conclude, the programme had demonstrated successful application of MOHO for students at risk of drug abuse to improve their occupational performance.
Does Mind-Body Exercise Improve Social Interaction and Perception in Patients with Depression: A Randomized Control Trial

Background: The Model of Human Occupation (MOHO) consists of three main components including volition, habituation, and performance. This framework has received an increasing interest in occupational therapy practice in China in recent years. It is widely noted that most patients suffering from depression have impaired volition for participating in social activities, and poor communication skill for interacting with other people. The aim of this study is to examine the clinical effectiveness of an ancient oriental mind-body exercise using the MOHO framework. We hypothesize that patients with depression will make improvement in their social interaction ability and perception of occupational competence after 12 weeks Baduanjin training. In addition, patients in the Baduanjin group will have improvement in volition and participating social activities.

Methods: A total number of 80 depressed patients will be randomly assigned into either mind-body exercise and medication or medication group. Patients in mind-body exercise will receive 12 weeks of Baduanjin training. Control group will take the usual medicine during study period. The measurement of Communication and Interaction Skills (ACIS), the Occupational Self-Assessment (OSA), and the Model of Human Occupation Screening Tool (MOHOST) will be conducted at baseline and 12 weeks post-training periods to measure the communication and interaction skills, occupational competence, and volition respectively.

Significant of this study is to encourage patients with depression to engage in social interaction, activities, and volition.

The Lived Experience of a Vagrant: The Unquestionable Alliance between People and their Environment

The failure that Chilean architects and other Institutions had had on designing living places for homeless people called the attention of two Chilean Architecture students. In fact, they thought that the designs made in the past were based on normative expectations and not on the needs of these persons, and who, in their minds, had a very different life experience and way of living it. Convinced of their appreciation and based on a sound literature review about vagrants and architecture, they presented to their professors a research project to find out about the needs that homeless had for having a "physical house". MOHO is the one theoretical model of practice in Occupational Therapy that provides the theory and resources needed for a thorough understanding of people’s occupational narrative by considering the tied relationship between a person or group’ s volition, habituation, performance and relevant environment. This poster summarizes crossed reflections from these two architects and one experienced MOHO OT about key themes of this study represented by the
Integrating Interdisciplinary, Evidenced-based Practice, and the Model of Human Occupation into Inpatient Stroke Rehabilitation: A Case Study

Occupational therapy (OT) as a profession has learned that providing interventions focused on repetitive task practice are best supported by evidence; however, it is still reported that 85% of clinicians are not providing interventions that are occupation based1. In addition, current doses of repetitive task practice are not adequate enough to drive optimal neural reorganization needed to promote function post stroke3. This poster will highlight the use of the Model of Human Occupation (MOHO) with an interdisciplinary approach to incorporate evidence-based practice in an inpatient rehabilitation setting through a case study.

The patient is a 69 year old female status post left MCA CVA who presented with primary impairments of right hemiplegia along with cognitive and communicative deficits. Statistically, only 5-20% of patients regain UE function and only 6% are satisfied with the functionality of the affected UE post stroke1. It is our role as OTs to help patients achieve optimal well-being and participation in life through occupation by collaborating with patients and their families to determine what roles and activities are meaningful and relevant to them1 2. Using the MOHO allowed for increased volume of UE task-specific practice during occupational-based routines. By incorporating patient goals, values and interests, and personal causation, we are able to make OT and recovery motivating and maximize therapy potential. The OT profession, and more importantly our patients, could benefit from using the MOHO model in the management of hemiparesis following stroke, as it places the patients’ occupation at the forefront of their rehabilitation.

The Effectiveness of Occupation-Based Sleep Program for Patient with Insomnia

Sleep problems are a worldwide health issue, with an average prevalence rate ranging from 10% to 30%. There is clearly a growing need to address sleep problems among patients seen by occupational therapists in primary care settings. The development of sleep intervention is expanding, however, there is limited research evidence on sleep programs. Based on the theory on occupational balance, we designed an occupation-based sleep program for patient with insomnia. The program focuses on strategies to maximize occupational balance through lifestyle coaching and psychoeducation. This study aims to evaluate the effectiveness of the occupation-based sleep program on sleep pattern, mood and occupational balance among community dwelling adults presents with primary insomnia. This study is a quasi-experimental design which compares therapy outcomes at pre, post and follows up, between intervention group and treatment-as-usual group. A total of 34 clients were recruited. There is no significant different on baseline demographic characteristic between two groups. When compared with comparison group, the intervention group had significant improvement in sleep severity, sleep efficiency, occupational balance and depressive symptoms at follow up. In summary, occupation-based sleep interventions can aim to 1) minimize the influence of bodily function on sleep; 2) promote environment conductive to sleep; and 3) restructure daytime activity with a focus on occupational balance. Further development of sleep management from an occupational therapy perspective will strengthen the role of sleep within clinical practice, education, and research domains.
Abstracts: Posters

Psychometric Evaluation of the Volitional Questionnaire (Finnish)
The international collaborations stemmed from my presentations of the Role Checklist Revisions, at the International Study of the Model of Human Occupation Institutes: First in 2010 and then in 2011. In 2012 in Stockholm, I invited interested collaborators and six people joined me. The Name, and Mission of the International Role Alliance for Participation, or IRAP, was established 6 months later at our second meeting in Wintertur Switzerland. The original working group has remained incredibly committed with only a small turnover of Key people.

Psychometric Evaluation of the Assessment of Communication and Interaction Skills (Finnish)
Background: The Model of Human Occupation (MOHO) is a widely used conceptual practice model in Finland. Therefore, Finnish translations of valid and reliable MOHO assessments are needed. Objective: The primary objective of this study was to examine the psychometric properties of the Finnish translation of the Assessment of Communication and Interaction Skills (ACIS-FI) using the many-facet Rasch model approach. Methods and Materials: Twenty-eight occupational therapists completed an in-person training workshop on the ACIS-FI and participated as raters in this study. One hundred and forty-eight clients were rated using the ACIS-FI. Rating scale functioning, unidimensionality, person validity and rater severity, item targeting, and item and person separation statistics were examined. Results: The rating scales demonstrated adequate functioning; the rating category ‘deficit’ was infrequently adopted by the raters. The ACIS-FI had satisfactory construct validity, as confirmed by all items exhibiting unidimensionality within a single construct (i.e. communication and interaction skills), and appropriate item fit. Validity was further confirmed through low person misfit (6%) and low rater misfit (3.6%). No ceiling or floor effects were found. The ACIS-FI was able to separate clients into four levels of communication and interaction skills. Conclusions: This study offers evidence for the validity of the ACIS-FI as a measure of communication and interaction skills in occupational therapy. Significance: The ACIS-FI offers Finnish practitioners and researchers a valid tool to measure communication and interactions skills that is theoretically grounded in the MOHO.

Update on Developments at the UIC Model of Human Occupation Clearinghouse
The Model of Human Occupation (MOHO) Clearinghouse offers a wealth of information and resources for students, clinicians, and researchers alike! This poster presentation will provide an overview for new developments and upcoming releases at the MOHO Clearinghouse at the University of Illinois at Chicago. The presentation will include an overview of new and upcoming updates to the MOHO-based assessments, interventions, and free resources. Information about newly published literature and articles related to the MOHO and MOHO-based assessments will be presented.

Additional Presenters: Andrew Morris, Tiffany T. Lin
**Abstracts: Posters**

**Application of the Updated Model of Human Occupation: Immediate, Local and Global Context**

In the 5th Edition of the Model of Human Occupation text (Taylor, 2017), the environment component has been expanded and practical tools have been provided. The Environment and Human Occupation chapter (Fisher, Parkinson & Haglund, 2017) includes a schematic based on an ecological model, which includes the person and three levels of environment: immediate context (work, school, home, treatment facility), local context (neighborhood, campus, community) and global context (physical, economic, attitudinal and policy aspects). This new conceptualization includes the physical environment (including spaces and objects), the social environment (including relationships and interactions), and the occupational environment (including activities and their properties). In addition to the new schematic, a chart provides examples of components in each of the three new elements, and details the environmental qualities that can be considered in assessment and intervention. This poster will display the new MOHO environment schematic and will include a case example of how the conceptualization of the immediate, local and global context can enhance interventions. The ecological environment approach was used by the second author and two other UIC OT students to guide implementation of group activities for teens in a transitional living facility in Chicago for women and children who have survived domestic violence situations. The MOHO’s detailed description of the occupational therapist’s role in evaluating and utilizing the environment guided the students to create activities for teens that enhanced their self-efficacy, sense of community identity, and promoted role assumption as leaders in their immediate and local environments.

*Additional Presenters: Andrew Morris*

**Feasibility Study of Collaborative Support for Older Workers between Occupational Therapists and Public Health Nurses**

**Background and purpose:** Shrinking working demographics in Japan expect older adults maintain working. We identified the common viewpoint between Occupational Therapists (OTR/Ls) and Public Health Nurses (PHNs) to start a collaborative study.

**Methods:** Firstly, we reviewed Japanese paper, addressed working adults, published 2008-2019, using Japan Medical Abstract Society system. Then, we reviewed English paper, addressed working adults, published 2008-2019, by OTR/Ls, using EBSCO system. Lastly, we selected collaborative methods to examine older works.

**Results:** A total of 45 Japanese studies were extracted, including 22 written by Industrial Physicians (IPs), 20 by PHNs and 3 by OTR/Ls. IPs addressed obesity and depression. PHNs administered semi-structured interviews to understand difficulties among participants with various health issues. Two studies written by OTR/Ls used Occupational Self Assessment v2.2.

There were 30 English studies. The 13 studies with Worker Role Interview (WRI) verified its validity and reliability. Those studies warn that the separation from meaningful employment can lead to negative physical and behavioral health outcomes. The 17 studies without WRI addressed occupational injustice.

**Discussion:** OTR/Ls and PHNs are good at understanding difficulties and meaning of workers with health and social issues. Postponing retirement is a new challenge in Japan as older workers may need to adapt their personal lifestyle to conserve energy for job demands (Sandaers 2018). WRI lets researchers understand clients’ occupational adaptation. We are going to identify characteristics of older workers wanting to work and the counterparts though in-depth interviews with WRI.
Supporting Wellbeing and Academic Success in Higher Education: A Living Application of the Model of Human Occupation

The transition to college life marks a developmental period rife with challenges, requiring young adults to construct a sense both of who they are (their occupational identity) and of how capable they are (their occupational competence) within the context of chosen occupations (De las Heras, Fan, & Kielhofner, 2017). While first-generation college students possess unique strengths, research suggests that this group of students faces additional, and often invisible, layers of psychosocial risk which may affect their ability to cope with the demands of college life (Jenkins, Belanger, Connally, Boals, & Durón, 2013). Comprising one-third of the student population at the University of Illinois at Chicago (UIC), the voices and experiences of first-generation students are essential to consider when working to ensure equitable access to meaningful learning experiences on campus. The Model of Human Occupation (MOHO) “explains how occupation is motivated, patterned, and performed” (Kielhofner, 2008, p. 4) within the social and physical environment. This project utilizes the MOHO to understand and analyze student participation with an emphasis on wellbeing and academic success.

Nice scent, less pain? The Effectiveness of Aromatherapy on Elderly with Chronic Pain in Hong Kong

Background: Chronic pain affects the function of many older adults and can lead to clinical anxiety and depression. Based on The Model of Human Occupation (MOHO), elderly suffering from chronic pain also suffer from impaired volition, which constrains their motivation and enjoyment to daily activities. Chronic pain prevents elderly from keeping up their habits or taking up role in life such as being caregivers of their grandchildren. Moreover, the negative feelings towards poor capacity for performance in turn can contribute to pain. Previous studies have shown promising results in the effects aromatherapy on pain-relieving and mood improvement. The present study was designed to evaluate the efficacy and effectiveness of aromatherapy for elderly with chronic pain. In addition, the differences between the two different administrations of aromatherapy (i.e., inhalation vs therapeutic massage) were also investigated.

Methods: 100 elderly with chronic pain were recruited in residential or social centers of a NGO and randomly assigned to three conditions: aromatherapy-massage therapy, aromatherapy-inhalation and wait-list control. Participants of aromatherapy conditions received a 16-weeks biweekly intervention. Pre, mid-term, and post assessments were conducted to assess pain intensity and mood states.

Results: Results showed significant main effects of Time on the decrease of pain intensity of participants with chronic pain. A significant Time × Group interaction was emerged in the vigor mood of participants with chronic pain, and only those in aromatherapy-massage therapy improved vigor mood over time.

Conclusions: The findings supported aromatherapy as a promising adjunct intervention for elderly with chronic pain. Given its low cost, safety, and feasibility, it should be applied in elderly care settings in Hong Kong.
Perseverance is a Protective Factor of Schizotypy in Adolescents

Prior literature have found that mental health problems were significant risk factors for the development of schizotypal symptoms. However, whether different personality characteristics have an effect on these relationships remains questioned. A total of 138 participants (78 males and 60 females) with the mean age of 14.32 years (S.D. = 1.80 years) were recruited from Hong Kong community. By adopting a set of self-report questionnaire that consists of Schizotypal Personality Questionnaire-Brief (SPQ-B), Hospital Anxiety and Depression Scale (HADS), Grit Scale-Short Version (GSSV) and Satisfaction with Life Scale (SLS), participants' schizotypy, anxiety and depression, trait of perseverance, and subjective well-being were assessed respectively. Results of hierarchical multiple regression analysis showed that after controlling for the covariates (participants' age, gender, household income and subjective well-being), both perseverance ($\beta = -.12$, $p = .000$) and anxiety ($\beta = -.19$, $p = .000$) were significant predictors of schizotypy, whereas depression was not ($\beta = -.00$, $p >.05$). Besides anxiety and depression ($R^2$ change = .14, $p = .000$), the trait of perseverance added additional variances in the prediction of schizotypy ($R^2$ change= .087, $p = .000$). The present findings suggest that notwithstanding the presence of mental health problems, the personality trait of perseverance decreases different dimensions of schizotypal symptoms in the adolescents. These findings are consistent with prior literature suggesting that the trait of perseverance may protect the adolescents from the development of schizotypal symptoms which could inform the design of prevention of the schizophrenia-spectrum disorders.

Abstracts: Posters

Perseverance is a Protective Factor of Schizotypy in Adolescents

Ka Shun Lei

Occupational Therapy Students’ Perception of Professionalism of the MOHO Developer: A Comparison Study with Other Theory/Model Developers

Sung Yu Chloe Mo
Abstracts: Posters

Occupational Therapy in Acute Care: Predictors of Occupational Competence and Hospital Readmission

Objective: This poster explores occupational competence and hospital readmissions for individuals with general medical conditions and the feasibility of standardized occupational therapy measures in acute care. The study is theoretically framed with the Model of Human Occupation (MOHO). It aims to identify constructs related to hospital readmissions so that occupational therapists can evaluate concerns and make post-acute referrals more effectively.

Method: This descriptive study consists of (1) one assessment session during hospitalization, (2) a follow-up phone call 30-35 days post discharge, and (3) a feasibility sample of acute care occupational therapists. The study includes a convenience sample of 50 participants with Pneumonia, Chronic Obstructive Pulmonary Disorder, and Congestive Heart Failure admitted to CHRISTUS St. Michael and five occupational therapists at the same facility. Experimental variables, which address all MOHO domains, include general function measured with the occupational therapist's discharge recommendation; functional status measured with the Boston University AM-PAC™ “6 Clicks” Daily Activities Form; occupational competence measured with the Occupational Self Assessment Short Form; functional cognition measured with the Executive Function Performance Test-Bill Pay Subtest; the environment measured with the Craig Hospital Inventory of Environmental Factors Short Form; and hospital readmission identified during follow-up phone calls.

Results: Data collection is ongoing. Preliminary patterns and trends will be presented.

Conclusion: This study builds on literature that describes occupational therapy in acute care and lays the foundation for research on the efficacy of occupational therapy in acute care. Results have implications for occupational therapy evaluations in acute care and client outcomes.

An Expert Witness’ Use of MOHO to Evaluate and Understand a Trauma Survivor Diagnosed with Posttraumatic Stress Disorder

An expert witness is someone who is called upon to testify in a court of law to help the jury understand certain facts of a trial because the expert possesses special knowledge or skill and experience in a particular area. For years, the field of disability expert witnesses has been dominated by medical doctors, psychiatrists, and psychologists who focus on symptoms (Gunn & Taylor, 2014). The key role of engagement in occupation to support participation in context has been overlooked with the omission of occupational therapists (OTs). OTs have a professional responsibility to meet society's need for thorough evaluations of performance patterns and skills, occupational profiles, activity demands, context, and client factors in the court of law (Allcott et al, 2014; Precin, 2010). The Model of Human Occupation (MOHO) is especially well-suited to meet this need.

The MOHO was used by this OT expert witness to evaluate a trauma survivor with active Posttraumatic Stress Disorder (PTSD) symptoms' volition, habituation, performance, and relationship to his environment for a court of law in the US. This poster will present 1) a case study, 2) criteria used for selecting appropriate MOHO assessments for court, 3) results of the MOHO evaluation for the court hearing. The intent of this poster is to provide participants with the necessary information in order to reflect on how they can use the MOHO to accurately evaluate trauma survivors diagnosed with PTSD and why this particular frame of references lends itself so well to understanding PTSD.
**Abstracts: Posters**

**Application of MOHO in a Recovery-Oriented Program in an In-patient Psychiatric Setting**

This is a retrospective evaluation study for 63 Chinese in-patient clients with mental health problems in a three-week-daily-sixty-minutes recovery program in a regional hospital in Hong Kong. ‘Volition’ was measured by The Chinese Hope Scale (CHS) on client’s level of hope based on agency (goal-directed energy) and pathways thoughts (planning to accomplish goals). For the ‘Environment’, Chinese Short Warwick-Edinburgh Mental Well-being Scale (CSWEMWBS) was to measure clients’ mental well-being through interacting with the human environment. For the ‘Performance’ subsystem, clients’ illness management skills were measured by The Illness Management and Recovery Scale. A convenient sample of 63 Chinese clients (38 male & 25 female) with mental health problems with aged between 18 to 60 years old were recruited. After intervention, female showed significant change in both pathway (p < .05) and agency thinking (p < .05) in the Hope Scale measure. It indicated that female had higher level of hopeful thoughts and were more ready in recovery goal formulation. In the CSWEMWBS, significant difference was noted in “feeling relaxed” (p < .01), “dealing with problems well” (p < .05), “feeling close to other people” (p < .05). These changes could be attributed by the supportive and positive group milieu. In the assessment on illness self-management skills, significant difference was noted in “Progress towards personal goals” (p < .05) and “Knowledge” (p < .001), “Involvement of family and friends in my mental health treatment” (p < .05), “Relapse Prevention Planning” (t = 2.30, p < .05), “Involvement with self-help activities” (p < .01), “Use of Medication Effectively” (p < .01).

To conclude, clients showed enhanced knowledge in recovery, and ability to generate routes to recovery goals and capacity in initiating and maintaining the actions. Female subjects showed more positive change than male in getting social involvement in the recovery. Also, both genders showed enhancement in knowledge and information acquisition in recovery.

**Paretic Upper Limb Stiffness and Spasticity as Predictors of Motor Activity in Individuals with Chronic Stroke**

For chronic stroke patients living with long-term disability, upper limb rehabilitation is essential for improving function and maintaining independence. The Motor Activity Log (MAL) is commonly used to assess upper limb ability in performing functional activities. Although the MAL is a useful indicator of movement proficiency and gross paretic upper limb usage, mechanical attributes of the musculoskeletal system which may be predictive of functional declines post-stroke are not well understood. Methods: This cross-sectional study recruited 64 chronic stroke subjects (age: 60.69±7.62, male: n=38, female: n=26). Musculoskeletal assessments included; spasticity using the Composite Spasticity Scale (CSS), biceps brachii muscle stiffness (m/s) using ultrasound elastography, and isometric peak torque (N/m) during elbow flexion (60o). Physical function was assessed using the MAL and Fugl-Meyer Assessment for the Upper Extremity (FMA-UL). Analyses included within-subject comparisons using paired samples t-tests, Pearson’s correlations, and predictions for MAL using multiple linear regression. Results: A significant between-sides difference for stiffness was observed (paretic side: 3.31 ± 0.96 m/s, p=0.03). Spasticity scores were significantly correlated with stiffness (r=0.30, p=0.01). Significant negative correlations were also observed between stiffness and both MAL frequency (r=−0.27, p=0.03) and FMA-UL (r=−0.35, p=0.00) but not between stiffness and MAL quality (r=−0.24, p=0.05) or isometric peak torque (r=−0.21, p=0.09). Spasticity and paretic arm stiffness were also significant predictors of MAL frequency scores (p=0.00, p=0.03). Conclusion: Mechanical changes to paretic muscle were associated with increased spasticity, disuse and functional declines in performing daily activities. These findings have important clinical implications for upper limb rehabilitation post-stroke.
Coping with Foreign Language Anxiety in Ethnic Minorities Children through Qigong

Background: There are around 60,000 ethnic minorities, which is about 8% of the total population, living in Hong Kong. The majority of them came from other Asian countries, including Indonesia, Philippine, India, Pakistan, etc. A large number of them immigrate to Hong Kong with their family. As a result, an increasing trend of the number of ethnic minorities children in Hong Kong is observed. While Chinese is a compulsory subject in primary schools in Hong Kong, this group of students found Chinese very difficult to learn. It is common for these students to have foreign language anxiety since Chinese is their second language, or even their third and fourth language. The MOHO model will be used to assess the volition, habituation, and performance capacity of this group of ethnic minorities students in Hong Kong.

Objectives: To reduce avoidance behavior and help students to develop positive coping strategies.

Methodology: This is a randomized controlled trial. Ethnic minorities students from grade 4 to 6 will be recruited in Hong Kong. Participants will be randomized to a 12-week qigong intervention or waitlist control. The primary outcome is student’s foreign language anxiety level. Secondary outcome includes changes of volition, habituation, communication and interaction skills which will be assessed. Participants will be assessed at baseline and after the 12-week intervention.

Significance: This study is the first study that uses qigong to reduce anxiety in children. If this intervention is effective, it may lead to higher academic achievement and increasing chance of receiving a higher education.

A Review on The Model of Human Occupation (MOHO) Case Studies

The aim of this study was to understand how The Model of Human Occupation (MOHO) is applied for cases over the years. Three databases (PubMed, PsycInfo, and SCOPUS) were used to search with keywords of “Model of Human Occupation”, “MOHO”, and “case”. Studies were included when: (1) adopted MOHO in a case, and (2) provided case description. A total of 35 articles with 59 cases were included and reviewed: 11 articles published in 1980s, 14 articles in 1990s, seven articles in 2000s, and three articles in 2010s. These case studies were reported from United States, Sweden, Germany, Ireland, and Hong Kong. Although the diagnosis for the majority of the cases is a mental health problem (including learning disabilities, attention deficit hyperactivity disorder, dementia, schizophrenia, borderline personality disorder, obsessive-compulsive disorder, bipolar disorder, depressive disorder, conduct disorder, substance abuse, and atypical dissociative disorder), 27 cases were diagnosed as having physical health problems, including musculoskeletal pain, hemiplegia, hand dysfunction, stroke, diabetes, HIV infection, chronic fatigue syndrome, and brain injury. Most of the studies reported a treatment plan, and left seven cases with a mental health problem and two with a physical health problem did not report any treatment plan. All studies showed improvement and met the goal, except a case on schizophrenia. This review showed that MOHO is effective for both physical and mental health problems over the years.
Abstracts: Research Panels (by first name alphabetical order)

Teaching in the New Millennium: An Autoethnographic Approach to Exploring Occupational Adaptation of Occupational Therapy Professors

The purpose of this autoethnographic study was to explore the experience of the primary researchers as it relates to teaching in an occupational therapy program. The scholarship of teaching and learning in occupational therapy has gained momentum over the past decade. While this work has greatly influenced pedagogy to enhance learning outcomes, little intraprofessional research has been conducted that captures the experience of teaching as an occupation. Student characteristics have and will continue to evolve and teaching practices must evolve with that. However, the ‘teacher’ voice has been overlooked; to ignore the teacher experience is to try and solve a problem with only half the equation. This research attempted to capture the teacher experience using the Model of Human Occupation to better understand the constructs of occupational identity, competence and adaptation; constructs that arose from anecdotal information gathered during formal and informal interactions among faculty members of a master’s program in occupational therapy. Using prompts to guide thinking about the development of a written narrative, the two principle investigators penned their own experience of teaching in the new millennium. The narratives were analyzed using an analytical autoethnographic framework as set forth by Chang (2008) which transcends mere narration of self to engage in cultural analysis and interpretation. Themes related to occupational identity, competence and adaptation will be discussed with an emphasis on the implications for professional and personal development as well as pedagogical implications.

Additional presenters: Jane O’Brien

Functioning of Children from Different Genetic Origin and Living Environment: From a Neurophysiological Perspective

Human is an open system. Environment may have an influence on the functional performance of children. Other than the behavior indicative of function and dysfunction, would there be any neurophysiological indicator? If yes, what are the possible neurophysiological mechanisms recruited to facilitate functioning of children? Neurophysiological mechanisms, particularly the regulation of autonomic nervous system, play an important role in sensory processing as well as psychosocial functioning. Is the capacity of neurophysiological regulation similar across different ethnic groups? The presenters attempted to address the above questions and have conducted a series of research by using neurophysiological measures. The activity of autonomic nervous system can be measured by non-invasive methods, such as heart rate variability and electrodermal activity. The presenters will share their recent neurophysiological studies on children across countries. The potential application and implication of incorporating neurophysiological indicative of function-dysfunction to MOHO will be discussed.
Occupation Based Practice for Adults with Musculoskeletal Issues to Resume their Previous Roles

Background and purpose: Implementing Occupation Based Practice (OBP) is becoming more apparent although impartment-based therapy is still a predominant approach in Japan (Nakamura-Thomas, 2018). Strongest evidence supports postsurgical early active motion protocols and splinting while few studies described an OBP intervention for adults with musculoskeletal conditions in upper extremities (Roll & Hardison, 2017). This study shows importance of OBP for musculoskeletal conditions through two clients.

Methods: Case information: Yoko, a 70-year-old woman, fractured her left little finger. She wished to return roles as a wife, worker and hobbyist. The interventions were: (1) A typical operation for fixation, (2) Tailoring splints, (3) Contracture prevention, and (4) Education of using the injured hand according to her recovery. Ichiro, a 60-year-old retired man, valued home-maintainer and grandfather roles by performing clay work, home carpentry and gardening. He had Ossification of Posterior Longitudinal Ligament with severe dysfunctions in fine motor skills. The initial interventions were a typical operation and functional exercises. He showed significant improvements in bodily functions while a strong anxiety towards his previous roles. Next intervention was educating graded activities for his roles.

Results: Yoko showed no pain and significant functional improvements, and performed work and hobby activities at week-10 post-surgery. Only issue was handling heavy objects during house-keeping. Ichiro resumed his previous roles with satisfaction, showing a significant improvement in an anxiety measurement although remaining minor bodily dysfunctions.

Discussion: This study, implementing OBP for adults with musculoskeletal conditions, guide two clients resuming previous life roles in adding impartment-based interventions.

Understanding the Usefulness of the Occupational Self Assessment-Short Form in an Acute Care setting

The Occupational Self Assessment (OSA) is a self-report assessment that emphasizes clients' values and perceptions on their own occupational performance in daily occupations. It takes approximately ten to thirty minutes to complete. The OSA also supports client-centered goal setting and occupation-centered treatment planning during rehabilitation (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2006). Occupational Self-Assessment-Short Form (OSA-SF) is an abbreviated version developed in 2017 that focuses on key occupations and takes approximately five to fifteen minutes to complete. It aims to increase clinical utilization of occupation-focused assessments and to meet the high demands of fast paced occupational therapy practice settings, such as in acute care (Popova, Ostrowski, Wescott, & Taylor, in press). The present study is designed to assess the usefulness of the OSA-SF in acute care settings. In addition to the primary focus of the study, the secondary focus of the study is to understand occupational therapy students’ and occupational therapists’ perspectives on the use of OSA-SF in acute care. All data will be collected via online survey. Results from the study will guide future research and clinical practice on the use of OSA-SF in acute care as well as further development of OSA-SF to promote client-centered and occupation-focused practices.

Additional Presenter: Renee Taylor
**Abstracts: Roundtable Discussion (by first name alphabetical order)**

**The Assessment of ADLs and IADLs in Pediatrics**

To continue to provide our field with assessments developed by occupational therapists grounded in MOHO, the author would like to create a semi-structured interview to assess the child and family’s overall ability to adapt and complete age appropriate ADL and IADL tasks in the home. Areas assessed will also include the child and family's volition, habituation, performance skills, and impact of the environment. Due to the extensive research on the COSA, a similar format has been suggested with the creation of items focused on ADLs and IADLs. A round table format would allow extended discussion of the assessments found in the literature through a scoping review and the currently used assessments from the perspectives of clinicians and educators. Discussion would include strengths and weaknesses of the available assessments, and the shift in focus to ADL and IADL skills from educational skills in pediatrics. Other areas of inquiry will include establishing an overall need for this type of assessment, possible questions to include in the assessment and the clinical utility for a semi-structured interview. Overall, the benefit of a round table discussion could provoke new areas of inquiry, solidify hypotheses, and better my understanding of other’s perspectives regarding assessment of self-care skills in pediatrics.

**Teaching the Model of Human Occupation: Reflections on a Journey**

While learning the Model of Human Occupation (MOHO) is an iterative process that unfolds over the span of one’s career, the foundations necessary to adopt and apply conceptual practice models in occupational therapy practice begin in entry-level educational experiences. MOHO is reported to be one of the most widely used (Lee et al., 2008) and taught (Ashby & Chandler, 2010) occupational therapy practice models. Entry-level occupational therapy programs expose students to MOHO at varying levels, using a range of teaching strategies. In the United States, there are currently six ACOTE standards that directly address occupational therapy students’ development of the ability to understand and use occupational therapy theoretical perspectives (ACOTE, 2011). However, within eclectic curriculum designs, the process of teaching a specific conceptual practice model with sufficient depth to be clinically useful for entry-level occupational therapy students can be a challenging experience for educators. In spite of these challenges, practitioners report that university educators in their entry-level programs play an important role in their choice to use occupation-focused models in practice (Lee, Taylor, & Kielhofner, 2009). This roundtable will promote discussion of best practices for designing and using active teaching and learning strategies to facilitate understanding and application of MOHO in entry-level educational programs.
The Feasibility of a Treatment Fidelity Tool for Model of Human Occupation Research

Treatment fidelity is the methodological strategies used to reliably and validly test the outcomes of clinical intervention. It enhances quantitative rigor as well as applicability and replicability of findings. Prior research reports that Model of Human Occupation (MOHO) studies demonstrate a moderate level of treatment fidelity overall with room for improvement in provider training and treatment delivery strategies (i.e. Bowyer & Tkach, 2018). One strategy that may improve the overall fidelity of MOHO research is the development of a treatment fidelity instrument to measure whether the experimental MOHO treatment is faithful to its theoretical principles and is different from the control treatment. Additionally, a MOHO treatment fidelity instrument may facilitate practitioner appraisal and implementation of research findings. This round table discussion explores the feasibility of a MOHO treatment fidelity instrument. The discussion will begin with a brief review of treatment fidelity, a summary of prior research on treatment fidelity in MOHO research, and an introduction to treatment fidelity instruments including the proposed benefits of these tools and examples (e.g. Enhanced Medical Rehabilitation Adherence and Competence Rating Form, Ayres Sensory Integration® Fidelity Measure). Participants will discuss the following questions:

1. What is the feasibility of developing a treatment fidelity instrument for MOHO research?
2. What are the core elements of MOHO-driven treatment that should be represented in a treatment fidelity instrument? How could they be quantified?
3. What other strategies could be used to ensure MOHO-driven treatment is delivered as intended and different from the control condition in future research?
Using MOHO Assessments in Pediatric Occupational Therapy Practice

The Model of Human Occupation (MOHO) provides several pediatric assessments that can be used to guide the occupational therapy (OT) process of evaluation, intervention, and outcome measurement. Occupation-focused models such as the MOHO support a focus on the client being the agent of change to promote engagement and participation in occupation (Yamada et al., 2017). Importantly, MOHO assessments provide information on the child's personal causation, values, and interests, which promotes a more holistic evaluation process and intervention planning that is meaningful for the child and family (Lee & Kielhofner, 2017; Yamada et al., 2017). MOHO assessments support a full vision of the environment as 3 dimensions (physical, social, and occupational) that can be evaluated along with the influence of other contexts such as cultural and social that impact occupational life (Fisher et al., 2017).

This session will discuss examples from two States (Illinois and Michigan) of how MOHO assessments are being used in OT pediatric practice. One example will describe how the SCOPE is being used for evaluation and outcome measurement in an urban, OT faculty practice. A second example will describe how MOHO assessments are used in a community-based program where an occupational therapist is partnering with infant mental health specialists to address the needs of children and families who have experienced trauma. Participants will also have an opportunity to reflect on innovative ways to use MOHO assessments in their own practice.

Additional Presenters: Jennifer Rhein, Alexa Grief

Using Experiential Learning for Applying MOHO in Pediatric Coursework to Promote Therapeutic Reasoning

Students consistently request active and experiential learning opportunities within the occupational therapy classroom. They value realistic experiences that are novel and interesting, and they work well in teams (Chung-Pei et al., 2017). Therapeutic reasoning including choosing and applying an occupation-centered model such as the Model of Human Occupation (MOHO) (Taylor, 2017) may best be taught through hands-on learning experiences as students’ difficulties are often related to the real-world issues of practice, which include varying levels of complexity (Audetat et al., 2012). Students value the opportunity to apply and manipulate knowledge, build clinical reasoning skills and develop professional skills to create, engage in, and effectively manage an intervention session (Benson, Provident, & Szucs, 2013; Springfield, Honnery & Bennett, 2017).

The authors will share examples from two different universities of teaching and learning strategies for applying MOHO in pediatric occupational therapy courses to develop therapeutic reasoning skills. They will provide examples of how to measure outcomes related to the assignments, describing student feedback and self-assessment measures. Student co-presenters will share their classroom experiences applying knowledge of MOHO to develop therapeutic reasoning skills during experiential learning activities. Participants create an action plan of their own for using strategies to facilitate therapeutic reasoning by incorporating MOHO into courses.

Additional Presenters: Jane O’Brien, Marcela Cimarelli, Daryan Lemire
The Early Childhood Occupational Profile (ECOPE): Assessing Occupational Participation in Children Birth to Three Years of Age

The Early Childhood Occupational Profile (ECOPE; Moore & Bowyer, 2018) is an occupation-based assessment tool which measures the occupational participation of the young child birth to three years of age. The ECOPE is based on the Model of Human Occupation (Taylor, 2017) and is similar in format to the Short Child Occupational Profile (SCOPE; Bowyer, Kramer, J., Ploszaj, Ross, Schwartz, Kielhofner, & Kramer, K., 2005). The ECOPE was developed to supplement the use of developmental and performance skill based assessment tools and to fulfill the American Occupational Therapy Association’s evaluation guidelines (AOTA, 2017). A research study is in process to assess the validity and reliability of the tool and gather preliminary data on clinical utility. This course provides background information on the development of the ECOPE and preliminary information on the psychometric properties and clinical utility of the tool. This course

“I Didn’t Know They Could Do That:” Using the Remotivation Process 2.0 to Facilitate Engagement for People Living with Dementia

Care partners have identified motivating loved ones with dementia to engage in daily occupations as a challenge (Domenico, Palumbo, Fairfield, & Mammarella, 2016). The Remotivation Process 2.0 (RP; de las Heras, Llerena, & Kielhofner, in press) outlines dementia specific strategies to understand, assess, and intervene to support the volition of people living in a range of environments. For community-dwelling individuals living with dementia, variations in home environments and care partner dynamics can both facilitate and hinder volitional expression. Physical and social aspects of the environment influence occupational participation, with the social environmental often assuming greater significance (Raber, Yamada, & Gorska, 2017). The RP leverages multifaceted elements of environment and is a powerful intervention to support care partners’ ability to sustain and maintain occupational participation of those living with dementia. This session focuses on facilitating participants' understanding of dementia-specific applications of each stage of the RP, with a particular focus on how to assist community-dwelling care partners and their loved ones living with dementia, in supporting volition. Findings from a pilot study that aimed to teach care partners how to use the RP with their loved ones are incorporated into the session (Raber et al, 2019). In this pilot, three community-dwelling dyads (person with dementia and their care partner) received training in the RP. While results varied, each participant increased their volition, as measured by the Volitional Questionnaire, and care partners identified specific strategies that helped them support volition and engage their loved one in meaningful occupations.

Additional Presenters: Patricia Bowyer
Abstracts: Short Courses

Going Beyond Arts and Crafts: Occupational Therapy's Role in Community-Based Programming

Purposefully designed, community-based programs can lead to positive outcomes for children and youth. Yet, evidence suggests that children and youth with Down syndrome are much less likely to participate in formal community-based programs when compared to same aged peers (McDonald, Leichtman, Esposito, Cook, & Ulrich, 2016). Furthermore, evidence-based strategies for development and evaluation of community-based programs for young adults with developmental disabilities remain scarce.

Occupation-based, conceptual practice models can guide theoretically driven program development and evaluation. The Model of Human Occupation (MOHO) (Taylor, 2017) is a widely used conceptual practice model (Lee, et al., 2008; Wong & Fisher, 2015) that can be used to guide program development and evaluation. The MOHO emphasizes the dynamic and reciprocal interaction between four factors which can be targeted as short-term outcomes: 1) volition - motivation for doing; personal causation, values, and interests, 2) habituation - habits and roles, 3) performance capacity - objective and subjective capacity for doing, and 4) environment - the social, physical and occupational environments. Interaction amongst these four factors can support positive change in long-term outcomes, such as: participation, performance, skill, occupational identity, occupational competence, and occupational adaptation.

The purpose of the presentation is to highlight a community-based program for adolescents and young adults with Down syndrome. Strategies utilized to integrate core principles of the MOHO into intervention planning and goal setting will be discussed. Strengths and benefits of theoretically grounded, occupational therapy intervention will be analyzed. Case scenarios and examples from practice will be presented.

Evguenia S. Popova

Say It Like You Mean It: Redefining the Scope of Occupational Therapy in Early Intervention

Occupational therapists often find themselves complacent to the conventional definition of their role as fine motor and sensory experts in Early Intervention. This notion is often further reaffirmed in occupational therapy documentation and treatment. While these domains of occupational therapy are indeed important components of pediatric practice, they fall short of capturing the full scope of what an occupational therapist can offer to children and families receiving Early Intervention.

The purpose of this presentation is to guide participants in redefining their scope as an occupational therapy practitioner using the Model of Human Occupation (MOHO; Taylor, 2017). Through small and large group discussion, participants will have an opportunity to critically reflect upon their full scope of practice using the MOHO lens. Participants will be challenged to contrast how they view their practice against how they communicate what they do in their documentation and day-to-day work with families and professionals in Early Intervention. Benefits and challenges of working in the current Early Intervention system will be discussed, and practical strategies for promoting the full scope of occupational therapy practice will be introduced. Specifically, the benefits of integrating the Short Child Occupational Profile (SCOPE; Bowyer, et al., 2005), Pediatric Volitional Questionnaire (PVQ; Basu et al., 1998), and Occupational Questionnaire (Smith, Kielhofner, & Watts, 1986) will be discussed. Participants will have an opportunity to apply the information presented to clinical case scenarios and real life examples.

Additional Presenters: Veronica Llerena
Applying The Model of Human Occupation in School-based Practice

This short course will share two unique case examples of the power of MOHO in school-based practice. One case depicts MOHO assessment and intervention for a child with Autism Spectrum Disorder included in a general education preschool classroom. This case includes discussion of strategies to foster collaboration between the school-based team and family, from a MOHO perspective. This case also includes discussion of the value offered by the Pediatric Volitional Questionnaire, particularly for students who experience barriers to accessing performance-based pediatric assessment tools due to direction-following skills. The second case depicts MOHO assessment and intervention for a student with Dyslexia included in general education middle school classes. This case includes discussion of strategies to establish rapport with adolescent students experiencing marginalization due to barriers in their environment, including social attitudes. This case also includes discussion of the value offered by MOHO to establish roles, habits, and routines for successful assistive technology use.

Through these student case examples, course attendees will identify the ways that MOHO empowers occupational therapists to connect with students as well as their classroom staff and families. Considering this crucial connection, attendees will engage in critical reflection on the great opportunity existing in school-based practice to expand the presence and impact of MOHO.

Abstracts: Short Courses

The Role Checklist Version 3: How to use in Treatment, Measuring Outcomes, and Program Evaluation

The Role Checklist is used by occupational therapists across the globe. Developed in 1981 and consistent with the Model of Human Occupation (MOHO), until recently, the Role Checklist was not updated. This is of concern as the Role Checklist originally was established to measure role performance. In 2008, Kielhofner, in the fourth edition of the Model of Human Occupation, differentiated occupational performance from occupational participation thus impacting the Role Checklist. The Role Checklist Version 3 is a reliable and valid short one page instrument. Test–retest reliability using Cohen's Kappa and Cronbach’s alpha mirrored analysis done on the original version. Qualitatively, nine themes emerged regarding utility and feasibility. Test–retest reliability is acceptable to excellent for present role incumbency (κ = 0.74-1.00), desired future role engagement (κ = 0.44-1.00), and satisfaction with performance (α = 0.77-0.98). Participants (91%) found it useful for treatment planning and 75% would recommend Version 3 over the original Role Checklist. Data support the Role Checklist Version 3 as a reliable, electronic instrument feasible for occupational therapists to measure participation.
Abstracts: Short Courses

Using the Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR) to Analyse Occupational Participation – An Introductory Guide

The recently published MOHO-ExpLOR assessment tool (Cooper et al 2018) provides a theory driven assessment framework for any occupational therapist who is supporting people with complex needs to better participate in their occupational life. It generates an accurate profile of the person’s skills and environmental supports to provide a platform for identifying appropriate interventions. This session will illustrate how the MOHO-ExpLOR sits alongside other MOHO assessments and when OTs might consider choosing to use it. It will provide an overview of the key concepts (including changes and revisions following a study based on the 2013 research version). There will be the opportunity to complete a worked case study and some discussion about the value of formulating and articulating people’s occupational needs in this way.

The Dutch Version of the Short Child Occupational Profile (SCOPE)

Workshop on how to use video training in improving competence in scoring the SCOPE-NL. Inter rater reliability was improved by involving the OT in development of the manual, the scoring criteria and by using 3 different examples which were scored by 10 different therapists. This training program is still used in the education of OT’s in practice to become more reliable scorers with the SCOPE-NL 2.3. The short course will be an example of the training as provided to Dutch OT’s with the new manual and will provide data which supports rater training with the manual. Also the process of validation of the instrument with students and practicing OT’s in the Netherlands will be addressed.
The Use of MOHO Intervention Methods for Enabling Occupational Change in Mental Health

The presented MOHO intervention methods; strategies and interventions, for facilitating change has not been investigated in practice in Sweden. MOHO is often seen as an assessment model. Many assessments have been translated and tested for scientific standard in Sweden but the intervention part has not been noticed in the same way. The aim of the presented survey was to investigate the use of the methods for facilitating change with MOHO in a Swedish context. Ten OT in the area of mental health were invited to partaken in the survey. In their daily work they reported on a questionnaire which methods they used if they were applying MOHO in the treatment sessions together with the client. Regarding therapeutic strategies in total 78 treatment sessions were reported. After following a treatment planning process including different MOHO assessments depending on the client’s needs, it was stated that the main areas of concern for the clients were volition or habit or performance capacity to almost the same extent for all three elements. The result show that two of the strategies; “Validation” and “Identifying” was use most frequently. “Providing Physical Support” and “Negotiating” was used very sparingly. The most surprising result was that ”Structuring” was rated as number 6 of the 9 strategies. When OT describe what they are doing, structuring daily occupations very often is mention as a regular intervention. The interventions are currently being tested, the results will be presented in September.

Additional Presenters: Therese Nilsson, Caroline Andersson

Teaching MOHO at NTNU, Norway - Today and Tomorrow

At the OT Bachelor program in Gjøvik, Norway, MOHO concept and theory is taught the second semester with a focus on meaningful activity in the healthy individual.

The model and components are presented through a short lecture, focusing on giving the students an overview of the theory as a conceptual model. Student learning is enhanced by the formative examination at the end of the course.

The formative exam is done individually and consists of three parts with opportunity to receive feedback on their work. First the students write a paper where they analyze an occupation of their choice with the conceptual model. They discuss why the occupation can be meaningful and what enables mastery and participation. Thereafter they create a poster based on their written paper and do a final oral presentation for the other students and the lecturers.

This statement by a student from the course evaluation summarizes the learning they achieve; I don’t think I will ever forget this theory, because I wrote about something that is important to me, and because we had to process the knowledge by doing a poster presentation of the written paper.

Following a recent merger the OT bachelor program at NTNU, Norway, will be taught at two campuses, Gjøvik and Trondheim, resulting in a complete revision of the curricula. This gives us the unique opportunity to draw on the strength of each program when it comes to teaching MOHO to our future students.

Additional Presenters: Malin Eerola
Abstracts: Workshops (by first name alphabetical order)

The Unique Role of Occupational Therapy in Memory Cafés for People with Dementia: MOHO-Informed Strategies for Occupational Therapy Practitioners

The number of older adults with Alzheimer’s disease and related dementias (ADRD) is rapidly increasing as the population ages with future predictions estimating a rise in cases worldwide from 47 million to 75 million by 2030. Greater numbers of both formal and informal services are needed to care for this growing population and others impacted by the disease. Strong evidence indicates services at the community level may be the most effective means of providing services to the greatest scope and diversity of individuals with ADRD. One such service – the memory café – provides a safe and stigma-free place for persons with ADRD and their caregivers to come on a regular basis and engage in various leisure and social activities. Occupational therapy practitioners are well-suited to contribute to these cafés using strategies and recommendations founded in the Model of Human Occupation. However, in a review of over ten established memory cafés worldwide, only one mentioned any involvement of an occupational therapy practitioner, and this involvement was isolated to the practitioner leading a one-time education session discussing sensory environments and meaningful activity. This proposed presentation will define and describe memory cafés; discuss possible contributions by occupational therapy practitioners; and provide specific case studies and strategies to promote participants’ engagement in the memory café founded in the core Model of Human Occupation components of volition, meaningful roles, and the environment.

Amy Early

A Significant Immersion into Integrating MOHO Theory and Practice: Feeling and Thinking the Remotivation Process’ Application Dynamics

The Remotivation Process (RP) is a MOHO intervention protocol designed for people of diverse capacities who experience volitional challenges which restrict or inhibit their participation in occupation. Continued research using mixed methodology since 1988 yield to the construction of the First and the Second versions of its manual: Remotivation Process: A progressive intervention for people who have severe volitional challenges (de las Heras, Llerena & Kielhofner, 2003, 2018). The application of the RP around the world in a variety of settings and with diverse groups of clients has been very successful on enhancing occupational adaptation of everybody involved: clients, families, professionals, significant social groups, among other. As research findings reaffirmed the importance of a careful and “full” use of self when applying the RP, this workshop looks for participants to actively explore the main aspects to consider when applying the RP process by recalling the feelings and thoughts of experiencing their own practice and by getting basic self-knowledge of unique skills and volitional process to personally connect with RP application.

The facilitator will briefly introduce the updated RP v.2 to lead into its application dynamics through a presentation of a detailed one case example of a young adult with acquired severe brain damage, illustrating the continuous relationship between MOHO theory, evaluation and intervention processes, including the client, therapist and significant others lived experiences. The audience will be invited to actively participate and to fill two self-assessments that will facilitate individual reflection, sharing experiences and making group conclusions.

Carmen Gloria de las Heras de Pablo
THANK YOU

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