

Practice Models

Practice Model	Description
Person, Environment, Occupation (PEO)	<p>Emphasis that occupational performance is shaped by dynamic interdependence of persons, occupations, and environments. The person domain includes role, self-concept, cultural background, personality, health, cognition, physical performance, and sensory capabilities. The environmental domain includes physical, cultural, institutional, social, and socio-economic environments. The occupation refers to the groups of tasks that a person engages in and meets his/her self-maintenance, expression and fulfillment. The overlapping area of the three domains shapes occupational performance dynamically, and also represents the level of congruence of the interaction between the person, environment and occupation. With the higher level of congruence, the quality of occupational performance is increased and vice versa. In addition, the PEO model takes a lifespan perspective and so all three domains and occupational performance would change over life.</p>
Person, Environment, Occupation, Performance (PEOP)	<p>The Person-Environment-Occupation-Performance (PEOP) model is a system model that views the function in the systems as a whole and considers the interaction among its components. A person's goals and intentions influence occupational performance, and the action changes the environment and characteristics at the same time. The interaction between the person and environmental components positively or negatively influences occupational performance. When there is a person-environment fit in supporting the valued occupation, success in occupational performance eventually leads to participation and well-being. A client-centered model, meaning clients must actively set goals and participate in determining a plan that promotes occupational performance. Application of the PEOP model requires a collaborative relationship with the client and practitioner. Practitioner understands the issues and options presented by the client's needs and goals by asking the appropriate questions to elicit the client's narrative. The model identifies factors in the personal performance capabilities/constraints and the environmental performance enabler/barriers that are central to the occupational performance, which in turns lead to development of a realistic and sequenced intervention plan.</p>

Model of Human Occupation (MOHO)	<p>The Model of Human Occupations (MOHO) is a model that describes how humans generate and modify their occupations in interaction with the environment, which presents a dynamic open cycle system of human actions. The system considers information from the environment and the feedback of performed action as input, and then goes through the internal part of the system. The internal part consists of three subsystems: Volition, Habituation, and Performance. After the interaction between the input and three subsystems, the system generates output (information and action), which provides feedback to the system and becomes new input. The whole system will make adjustments according to the feedback and modify the action at the end.</p>
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Frames of Reference

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Trauma	
Trauma informed care	Realize the widespread impact of trauma and understand paths for recovery; Recognize the signs and symptoms of trauma in patients, families, and staff; Integrate knowledge about trauma into policies, procedures, and practices; and actively avoid re-traumatization.
Neurosequential model of care	Regulate, relate, reason
Trust based relational interventions	Address the effects of early adversity and relational trauma through three sets of practice principles: connecting, empowering, correcting
Cognitive & Behavioral	
CBT	People are taught to replace behaviors that result from abnormal thought processes with more normal or adaptive thought processes and behaviors.
DBT	Based on CBT, but adapted for people who feel emotions very intensely. DBT focuses on helping people accept the reality of their lives and their behaviors, as well as helping them learn to change their lives, including their unhelpful behaviors.
Applied behavioral	Emphasizes the use of behavioral modification to shape behaviors, which purports to increase the tendency of adaptive behaviors or to decrease the probability of maladaptive learned behaviors.
Compensatory approach to cognition	Adaptations for cognitive impairments
Transtheoretical stages of change model	Posits that individuals move through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination. For each stage of change, different intervention strategies are most effective at moving the person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior.

Developmental	Development is sequential, and behaviors are primarily influenced by the extent to which an individual has mastered and integrated the previous stages. Each stage of development can only proceed normally if the preceding stages have been completed successfully. Incomplete development in areas of skill will therefore influence subsequent development.
Psychodynamic	The therapy process uses self-awareness, emotional expression, social relationships, and defense mechanisms to help patients direct their actions to complete tasks. To use emotion regulation strategies, people must have some belief that they can use these strategies and these strategies may lead to emotional changes.
Sensory	Dunn's Model of Sensory Processing proposes four basic patterns of sensory processing which emerged from the interaction of the neurological threshold and self-regulation. Neurological threshold is a personal range of threshold for noticing and responding to different sensory events in everyday life. Self-regulation is a continuum of behavioral construct. (1) sensation seeking (high threshold and active self-regulation strategy), (2) sensory avoiding (low thresholds and active self-regulation strategy), (3) sensory sensitivity (low threshold and passive self-regulation strategy), and (4) low registration (high threshold and passive self-regulation strategy)
Rehabilitative	Considers rehabilitation as the process of facilitating patients in fulfilling daily activities and social roles with competence. This FOR is used with clients whose underlying impairments are unlikely to remediate and be considerably permanent, or the clients who lack motivation to participate in remediation. Some common interventions include energy conservation, work simplification, and home modifications. The ultimate goal of this FOR is to maximize independence, through adaptation despite the presence of persistent impairments.
Biomechanical	Therapeutic exercise is used to improve range of motion, strength and endurance, which is then thought to lead to improvements in functional abilities.
Harm Reduction	Harm reduction is an umbrella term for interventions aiming to reduce the problematic effects of behaviors.