

REMOTIVATION PROCESS: FROM PRACTICE TO THEORY AND FROM THEORY TO PRACTICE

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No doubt that one of the most important issues to consider in order to comply efficiently as occupational therapists, is people's motivation to participate in occupations (Florey, LL., 1969), Fidler & Fidler, 1978; Kielhofner & Burke, 1980; Burke, 1977 ; Kielhofner, 1982, 2002, 2004; Reilly, 1966, 1974; de las Heras et al, 2003). The Model of Human Occupation (MOHO), based on Mary Reilly's perspective (occupational behavior), takes Volition as one of the central components of occupational human beings that needs always to be evaluated and considered in order to initiate and achieve a satisfying occupational participation. (Kielhofner, 2002; Jonsson, 2000, Helfrich et al, 1994; Helfrich & Kielhofner, 1994; de las Heras et al, 2004; de las Heras, 1993).

In this conceptual model of practice, volition is defined as "motivation for doing", and it is explained through the relationship of three components: personal causation, values, and interests. From the interrelation of these three components, people's occupational decision making/activity choices/occupational goals arise. Personal causation is defined as person's feelings and perceptions of their own capacities and their sense of self efficacy on doing; values represent the feelings and convictions of what is important to a person and results on people's sense of obligation and commitment to performance. Interests are defined as the sense of pleasure and attraction for different activities. Volition is a continuous process through which we experience different degrees of sense of pleasure, efficacy, and meaning in occupations, we interpret this experience through a process of reflection, anticipate future experiences based in this experience and learning, and finally choose activities and occupations and the way of addressing them based in the anticipation of the experience. This basic process is the foundation of volition and of volitional change. Through new choices and experiences and new experiences which lead into new interpretations about self and the environment is how volition evolves (Kielhofner, 2002). Volition is influenced by a wide range of factors, among them, the physical states, thoughts and feelings, and environmental factors, therefore, each person assumes a unique configuration in his/her need to act and in the way this need is expressed. In the same way, volition makes any occupational being unique and it highly influences how people perform, how they follow their own ways of doing, how they put together their lifestyles that finally translate in their occupational performance on roles and organization of routines.

Despite the importance given to this aspect in literature, not until 1993, procedures of how to develop motivation with people who suffer severe deficits in this area began to be developed (de las Heras, 1993). Found in literature were concrete strategies to manage behavior, cognitive behavior techniques, skill teaching for developing coping skills (Care E.; Mac Rae A., 1998); approaches to achieve satisfactory responses centered on skills necessary for roles performance, (Schkade, MacClung, 2001); approaches to manage the environment to meet with activities and tasks that promotes function (Letts, L.; Rigby, P.; Stewart, D.; 2003; Dunn, et al, 1994), a general view of concepts of how enhance quality of life, through the integration of personal belonging, physical belonging, home, and the experiences of flow within the participation in

activities (Csikszentmihaly, 1990, 1997); general behavioral and environmental management procedures to get older people to participate in their routines (Rossenfield, M., 1993), and general principles and guidelines to manage the environment, in order to facilitate occupational participation on people who have psychosocial disorders (Barris et al, 1983); among others.

At the same time, the Canadian Model of Occupational Performance, the Australian Model of Occupational Performance, and the AOTA Practice Framework, which consider in their principles and concepts, spirituality and psychological factors respectively (concepts that relate to what has been known by occupational therapists as intrinsic motivation, and as volition), center their procedures on meeting goals of occupational performance and general satisfaction with performance, without expliciting specific procedures to enhance motivation on people who have severe deficits in this area. Occupational and task analysis, client centered practice which still focus toward the achievement of occupational performance goals and general environmental issues, are proposed. (Chapparo, C. & Ranka, J.; 1997; Elizabeth Townsed et all, 2002 ; AOTA Occupational Therapy Practice Framework, 2002).

These approaches orient therapists to address occupational goals on people who already have a level of volition that allows them to participate. Even for this group of people, there are no specific procedures to address volition in depth, what results on focusing the intervention on attaining occupational performance and patterns of behavior, loosing the close integration of these factors with motivation for doing. This automatically exclude from our practice a huge number of people who have occupational needs to solve, not allowing the opportunity of giving them an adequate/exact support, and therefore of benefiting in a concrete way their personal satisfaction with occupational lives.

In the other hand, and more problematic, occupational therapists have tried to manage motivational issues on people that have severe deficits in this area with the use of extrinsic motivation approaches which were brought from psychology to our profession in 1981 (Mosey, 1981). Operant Conditioning techniques have been used until now by a great number of occupational therapists working at hospitals or other settings. This has appeared as an approach for occupational therapy in several books of our practice (Bruce, & Borg, 1987; Christiansen & Baum, 1991, Neidast and Crepeau (1998). There is a total difference on the principles, goals and procedures of both approaches. Moreover, considering the principles and goals of Occupational Therapy, it would not be a place to include the operant conditioning approach, not even a place for combining it with intrinsic motivation orientation (De Charms, 1968, Mc Celand, 1988, de las Heras, 1993) (see figures 1, 2, 3, and 4)

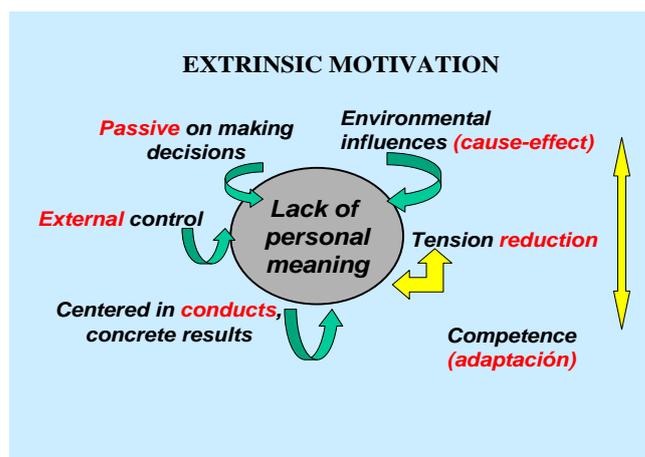


Figure 1

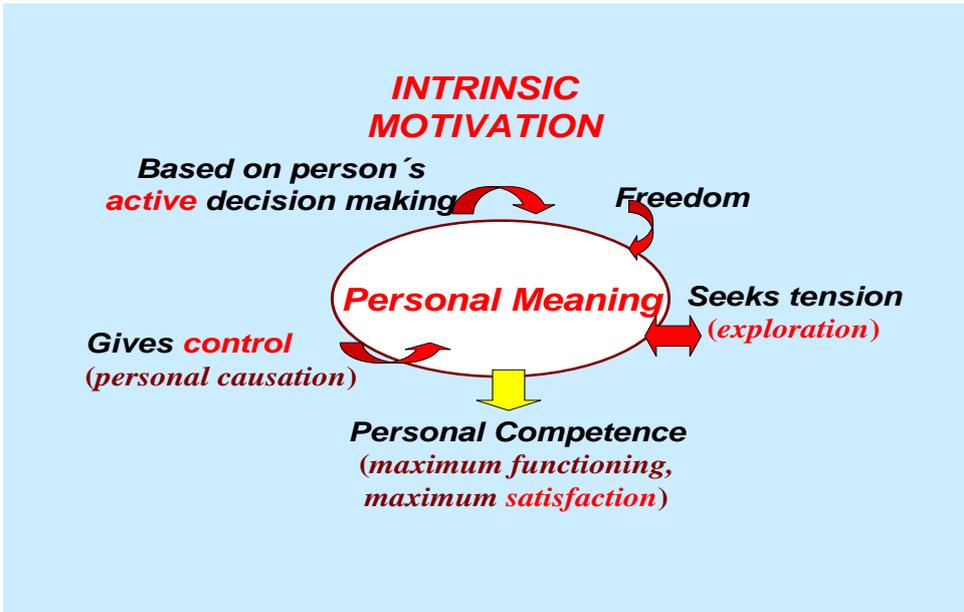


Figure 2

Principles of intrinsic and extrinsic motivation approaches

INTRINSIC MOTIVATION	EXTRINSIC MOTIVATION
<ul style="list-style-type: none"> • Based in the active participation of the person on decision making • Implies freedom and personal choice • Gives the control to the person • Implies seeking tension leading to personal growth • Implies finding meaning through active participation in life situation • Percieves the person as an open system • Competence includes not only the maximum functional function level of a person but his/her satisfaction and feelings of success 	<ul style="list-style-type: none"> • Percieves the person as a patient, as a passive individual moved by cause effect forces, passively responding to events • Focuses on the environmental mandates and influences instead of the choice process. Freedom is considered an illusion • Controls the person externally • Emphasizes on tension reduction • Focuses on concrete conducts results instead of internal motives • Percieves the person as a closed system • Competence is perceived as the personal ability to adapt to the environment or as the ability to satisfy the internal energies in relation to acceptable social norms

Figure 3

Comparison between ways of intervention of both approaches

INTRINSIC MOTIVATION	EXTRINSIC MOTIVATION
<ul style="list-style-type: none"> • Goal: to find meaning in life through the achievement of personal objectives (client centered) • Intervention process is defined together with the person • Intervention includes the exploration of skills and environment, learning and application of skills processes • It focuses on potentials and its development in normalized environments/real life situations and natural consequences of personal actions • Reevaluation of objectives is done with the person. Open and flexible approach. Changes occurs in any environment • Exploration principles are applied during the whole process. Open and spontaneous relationships with person 	<ul style="list-style-type: none"> • Goal: to change conducts, to change the default learning (therapist centered) • Intervention process defined by therapists or staff • Intervention includes only learning phase • It focuses on repairment of innapropriate conducts. Provides an experimental environment to learn or relearn appropriate conducts. • Techniques for molding or changing conducts are used • Reevaluation is done by therapists or staff. Rigid approach that cannot generalize to other environments • Relationships between therapist and patient is hiriarchily defined and occurs when techniques are applied. There is no place for validation or for an open and spontaneous relationship

Figure 4

This paper will examine the generalities of the Remotivation Process, a client centered set of procedures to facilitate volitional process according to people´ volitional needs. It will also examine its development, its evidence based practice, and its impact on a continuo satisfying occupational participation, approach based in Occupational Therapy values and the Conceptual Model of Practice, Model of Human Occupation (Kielhofner, 1982, 1995, 2002, 2004).

REMOTIVATION PROCESS

The remotivation process was developed and clinically studied by Carmen Gloria de las Heras through a period of several years. It was created in response to the lack of intervention strategies with people with a very low volition, and on the reality that while some motivational problems can be solved spontaneously, without a need of specific, direct intervention, others require an intervention strategy. De las Heras studied intrinsic motivation in persons with chronic schizophrenia, profound and severe mental retardation, dementia, and in other cases where the effects of the illness over motivation are severe. Based in literature review about treatment modalities existing, on personal observations made on individuals, and on a careful study about environmental influences, de las Heras began to develop strategies to intervene with volition. Her work was guided by the Model of Human Occupation (MOHO) (Kielhofner 2002, 1995, 1985). Using MOHO with direct and indirect personal histories, and testimonies, de las Heras began to construct a process of recovery of volition through intervention (de las Heras 1996, 1999, 2004). Research done is illustrated on figures 5 and 6.

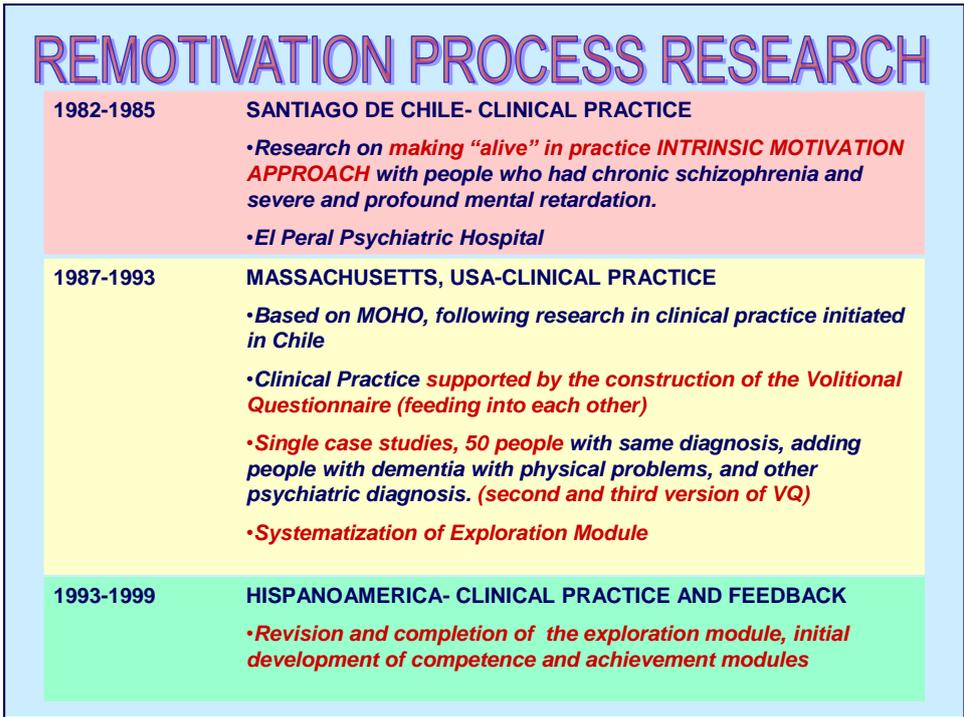


Figure 5



Figure 6

The Remotivation Process is an intervention strategy that allows to facilitate and elicit volitional process through the natural stages of volition development. It details three levels of intervention: Exploration, Competence, and Achievement, defined by Reilly (1974) when examining the play development in children. Kielhofner (2002), uses these phases to describe a continuum of occupational change. The remotivation process examines that continuum of change with special emphasis in the volitional process that

goes with it, and it is based in the cooperative work between the individual and therapist in relevant environmental contexts.

Within each phase, stages and a set of goals and procedures are described. These phases are coordinated into progressive and interrelated modules of intervention where steps and stages comprise a logical sequence of volitional development, based in increased self confidence in different environments. This process is based upon the understanding of the unique volitional characteristics of each individual, needing to compile historical information about occupational performance, focusing specifically on the development of the volitional process and its narrative before beginning the intervention. The remotivation process is guided, evaluated and /or supervised by an occupational therapist, who also works in conjunction with other members of the team including the family, and social network.

The phases (modules) and stages in which the remotivation process begins will vary for each person according to the initial assessments results. These same levels and stages can be interrelated or overlap at any given moment, reflecting a volitional continuum that is dynamic, not rigid and invariable. In the same way, the time it takes to move through each level and stage in the remotivation process or through the entire process will depend on each individual rates of development of volitional process. For summary of phases, stages, goals and strategies see figures, 7, 8, 9 and 10.

THE REMOTIVATION PROCESS		
MODULES	STAGES	Goals
Exploration Module	1. Validation	Facilitate sense of capacity, a sense of personal significance, and a sense of security with the environment
	2. Disposition for environmental exploration	
	3. Choice Making	
	4. Pleasure and efficacy in action	
Competency Module	1. Internalized sense of efficacy	Refining a sense of efficacy through the process of linking experiences to goals
	2. Living and telling one's story	
Achievement Module	1. Self-monitoring and identification of critical skills	Automously integrating new areas of occupational participation
	2. Self-advocacy	

Figure 7

STAGES AND STRATEGIES OF THE EXPLORATION MODULE

STAGE	STRATEGIES	OBJECTIVES
Validation	<ul style="list-style-type: none"> • Significant greeting • Introduction of meaningful elements into personal space • Participation in activities of interest to client in close proximity to client • Generation of interaction 	<ul style="list-style-type: none"> • Develop of personal significance • Develop basic sense of capacity • Develop sense of security with the environment
Disposition for environmental exploration	<ul style="list-style-type: none"> • Move familiar routines into novel space • Facilitation of observation of others engaged in activities of interests • Invitation to participation through doing things in presence of the client 	<ul style="list-style-type: none"> • Facilitate the exploration of interests in novel contexts • Facilitate self initiated participation • Facilitate confidence in trying new things
STAGE	STRATEGIES	OBJECTIVES
Choice making	<p><i>Similar to Stage 2</i></p> <ul style="list-style-type: none"> • Increment of novelty (new objects, settings, people). • Increment of invitations for participation • Invitations to choose 	<ul style="list-style-type: none"> • Continue to develop exploratory feelings. • Initiate process of self-validation by exploring one's values and interests through participation in activities. • Reaffirm a sense of personal significance and capacity through opportunities of choosing.
Pleasure and efficacy in action	<ul style="list-style-type: none"> • Facilitation of participation in collaborative projects • Incorporation of feedback • Facilitation of a sense of life history. 	<ul style="list-style-type: none"> • Reaffirm exploratory feelings, the sense of personal significance and sense of capacity through preliminary participation in roles. • Continue facilitating the process of self-validation • Development of sense of self efficacy through the process of decision-making • Development of awareness of own skills

Figure 8

STAGES AND STRATEGIES OF THE COMPETENCY MODEL		
STAGES	STRATEGIES	OBJECTIVES
INTERNALIZED SENSE OF EFFICACY	<ul style="list-style-type: none"> • Provision of physical and/or “accompaniment” in new and challenging situations • Increment of environmental demands. • Facilitation of skill learning when appropriate • Introduction of the counseling process together with the use of feedback. 	<ul style="list-style-type: none"> • To increase emerging sense of efficacy • To begin to looking at experiences as they relate to meeting goals • To develop a sense of responsibilities with personal and collective projects
LEAVING AND TELLING ONE’S STORY	<ul style="list-style-type: none"> • “Moments of reflection” or disorder in the change process. • Continuation of the counseling process furthering insight through more in depth analysis and questions about volitional proces 	<ul style="list-style-type: none"> •To facilitate the preparation for spontaneous participation in valued roles •To increase processing of experiences and begin relating them to occupational goals •To Facilitate and guide the process of planning •To increase sense of responsibility and autonomy on meeting the demands of personal projects and/or personal circumstances

Figure 9

OBJECTIVES AND STRATEGIES OF THE ACHIEVEMENT MODULE	
OBJECTIVES	STRATEGIES
<ul style="list-style-type: none"> • Facilitate and reaffirm spontaneous person-environment negotiation; autonomy in setting and striving for personal goals, making occupational choices, and seeking new challenges in relevant occupational environments (a process begun in the Competency Module) • Continue guiding the learning of critical skills and the application of new strategies and tools for seeking and confronting new challenges 	<ul style="list-style-type: none"> • Advising to facilitate interpretation and choosing of action in new challenges by maintaining objective perspective and an awareness of client’s subjective perspective • Giving feedback to facilitate client’s insight into personal causation and interpretation of environmental elements • Providing information and resources: give tools and provide opportunities of choosing strategies for self monitoring • Stepping back: let the client practice autonomy, encourage self-help groups, etc.

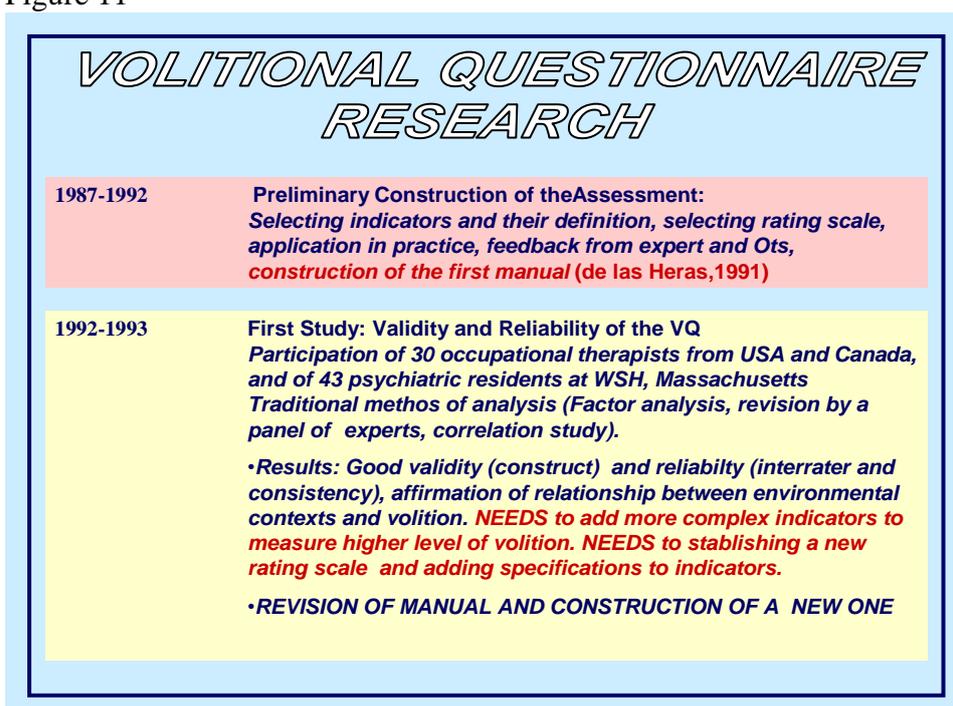
Figure 10

The stages within each level are to be followed according to the signs given by the person and reflected in the Volitional Questionnaire (VQ), observational assessment of volition, which gives indicators in a continuum of difficulty guiding in this way types of interventions to follow at the level volition is at.

The Volitional Questionnaire is a volitional observational assessment which is complementary to medical and psychological evaluation on both personal and environmental variables which influence personal motivation for action. It can be used with diverse population, children to elderly, and people with different level of skills, including those with low cognitive function, low level of communication interaction skills, who need additional attention on volition. The assessment explains volition through the observation of behavioral indicators, which are rated in a four point scale based on the spontaneity in which people show these indicators, being 4 spontaneous, and 1 passive. Rating 3 meaning involved, and, 2 hesitant. The instrument is applied in different environmental settings, following the importance of the relationship that volition and environment have with each other, allowing the instrument to give specific suggestions for environmental management in all its dimensions and factors within it, in order to facilitate volitional process development (de las Heras, Geist, Kielhofner, Li, 2003, 2007).

At the more basic levels of development (exploration, beginning of the competence level), the VQ is the only tool used to measure volition. Once people are in the second phase of competence level and in achievement level, and if their level of process skills allows their use, the Role Checklist, the Occupational Self Assessment (OSA), the Occupational Performance History Interview-Second Version (OPHI-II); and other specific tools which measure the environmental impact, can be integrated along with the Volitional Questionnaire. The tool has been used in the practice for 15 years, where several research studies, including clinical research have been implemented in order to get into the current version, which includes the continuum of indicators according to their level of complexity and grouped in each stage of development. (de las Heras, C.G., 1993; Chern, et al, 1996; Anderson, S., 1998; de las Heras, et al, 1998; de las Heras, et al, 2003; Li, Y; Kielhofner, G., 2004). For more details on research, see figures 11, 12, and 13.

Figure 11



VOLITIONAL QUESTIONNAIRE RESEARCH

- 1997-1998 **Third Version of Volitional Questionnaire (de las Heras, Geist, Kielhofner, 1998)**
 - 16 indicators, including new ones, rating scale based on degree of spontaneity of motivation
 - Research for validity and reliability using Rash Analysis (facets)
 - Results: Confirmation of rating scale , consistency, and construct validity.
 - Research findings plus clinical research and practical use gave an understanding for elimination of three indicators and addition of new ones (total of current 14 indicators).
- 1998-2003 **Studies of indicators`degree of difficulty**
 - Rash analysis of indicators. Study based on application of assessment rating videos in USA, Sweeden,Chile.
 - Clinical Research on Remotivation Process
 - Results: Congruence of Rash Analysis with Clinical Research, Fourth Version of VQ (de las Heras, Geist, Kielhofner, Li, 2003)

Figure 12

VOLITIONAL INDICATORS CONTINIUM



Figure 13

APPLICATION OF REMOTIVATION PROCESS AND ITS RESULTS

These intervention strategies have been applied for more than 15 years in a number of different settings, including hospitals, day programs and community.

In the following sections this paper will concentrate on its application at Reencuentros, a community integration program, developed at Santiago, Chile, 19 years ago (Reencuentros Documents, 2002-2005; Kielhofner, G., 2002). This setting integrates the Clubhouse Model (Flannery et al, 1996), The Psychosocial Rehabilitation Model (Anthony & Karfas, 1985), the Community Integration Model, and the Model of Human Occupation (Kielhofner, 2002). While the program follows the principles and general steps and procedures for community integration from the Clubhouse Model, the Model of Human Occupation is used as the main model of intervention, and the other two as complementary models.

This combination is done based on that these models, being different in their procedures, they complement well in practice and share the same key important principles of intervention: 1) *people are the center of intervention*, 2) *the environment should be dignifying*, 3) *the importance of persons and environment relationship as the base for their interventions*, and 4) *relationships between people and staff are horizontal (team work)*. While the program construction and general phases of community integration are followed from the Clubhouse Model, some differences can be found with respect to other principles and concepts given by the model of human occupation, which have enriched the idea of integrating diverse population, promote occupational participation in real environments of choice, according to maximum skill functioning level in one or all occupational areas, such as work, activities of daily living, instrumental activities of daily living and/or leisure. Also the integration and coherence of the model of human occupation theory offers an assessment process with different types of instruments that could be applied with people of different skill functioning level, and offers specific procedures to follow all areas of volition integrated with habituation (patterns of behavior), performance, and environmental factors. (see figure 14)

“Reencuentros”, is a community integration center which opens its doors to a diversity of population, with or without disabilities, presenting occupational needs to satisfy. In the same way, adolescents, adults and older people participate of this program. Reencuentros is considered as one of many other community occupational settings offering a natural and normalized context for interactions, initiatives, rights and responsibilities. Members are encouraged to participate in other community settings as soon as they feel the desire and the confidence to do it.

Main Sustaining MOHO Principles

- It centers on *person's change* in relation to his/her participation and occupational performance
- Change is *dynamic*, including *simultaneous and interactive alterations* on people, the environment and the relation between the person and the environment
- Change is part of a history of changes in people's life (incremental, transformational and or catastrophic). Intervention comes into a life in progress and impacts in terms of that life
- *The emphasis* for change should be given on *function* to overcome dysfunction
- Change is often *disordered*. Each change implies the challenge to a new one and to a more complex one
- Intervention should include *experimentation* to find the best solutions
- Intervention in *the environment* is the only tool OT has to facilitate change
- *Therapeutic use of self (empathy, confidence), therapeutic relationship and person's meaningful occupational participation*, are the key axis of intervention

The principles guiding this model of practice lead to vision the active participation of members of the program in different aspects, both personal, participation within the program, and in the community at large (see figures 15, 16). This opens to active participation at all levels makes a cultural and social environment ready to develop volition.

Figure 15

Active Participation of the Person in his/her Process of Change

- Expression of values and interests
- Establishment of needs
- Establishment of long and short term goals as a team
- Responsible participation on following the plan
- Decision-making in relation to appropriate interventions for him/herself
- Active participation on the evaluation and re-evaluation



Figure 16

More specifically, Reencuentros program evaluation, integrates the evaluation of each component of the program with members once a week, once a month, and once a year, a continuous evaluation of individual volitional process, an evaluation of individual achievements and getting the media for the whole group, and a program evaluation according to original annual goals.

The program, opened workdays from 9:00 to 17:00 consists of seven important components designed together with members to develop satisfactory occupational participation and promote evolving change. These components are combined in a unique program routine with each member according to his/her volitional process and his/her personal needs of performance:

- a. Participation in Occupational Opportunities which are continuous on time and organized in group or personal projects
- b. Educational Self Help Groups on topics related to occupational participation
- c. Educational Self Help Groups with families
- d. Self help groups
- e. Individual counseling on occupational aspects and processes lived while working on occupational goals
- f. Environmental management and education at occupational settings and community at large
- g. Community integration programs, in areas of work/education, activities of daily living, self care, and/or leisure

Individual interventions follow an evaluation process based on this conceptual model of practice, and accordingly, each member participates on one or more of the three phases of occupational change named above (exploration, competence, achievement). In each one of the stages main strategies have been established, each of them with a set of

procedures, including the remotivation process procedures needed for each member. Interventions are planned and implemented by the therapist together with each member at all occupational settings, including at Reencuentros, depending on members' particular occupational performance, volitional process and environmental needs. See figure 17



Figure 17

In order to facilitate the volitional process in a dynamic and natural way, the program follows five conditions for the implementation of occupational opportunities, which together facilitate the implementation of group and individual interventions. These conditions include *diversity, flexibility, group projects focus, individual projects focus, and continuity*. For description of these conditions see figures 18, 19, 20, 21, 22, and 23.

DIVERSITY

- Participation options in a variety of occupational opportunities (productive, leisure, daily living)

SUPPORTS:

- Exploration of volitional aspects
- Making decisions and activity choices
- Participation in meaningful roles
- Learning of critical occupational skills
- Development and/or reaffirmation of the sense of capacity and efficacy
- Exploration or reaffirming occupational goals
- Learning to negotiate own expectations with environmental ones

Figure 18

Occupational Opportunities

- **Administration** (accounting, filing, secretarial work, messenger, communication, documentation, advertisement, etc.)
- **Public Relations**
- **Computer Work**
- **Library Tasks and Services**
- **Magazines production:** Lazos and Fanzine
- **International Documentation Center on MOHO**
- **Research Projects**
- **Community Education**
- **Gardening**
- **Meal preparation, kitchen related activities**
- **Housekeeping and Maintenance**
- **Fashion Club**
- **Youth Club**
- **Monitoring Peers**
- **Community Leisure Time**
- **Leisure Time and Sports**
- **Art** (performing arts; sculpture, ceramics & painting; video and photography production; musical production)
- **Individual Projects According to Personal Background**
- **Education and Work Integration Activities**
- **Fundraising Projects**
- **Maintenance of resources and materials**
- **Community resources utilization**

Figure 19

FLEXIBILITY

Occupational opportunities are planned and evaluated together with members in such a way that these are in constant innovation, and developing procedures according to goals negotiated by the group.

SUPPORTS:

- *Normalization of the process of occupational change*
- Development of initiative and sense of internal control
- Planning initiatives and skills
- Development of problem solving and decision making both in volitional and performing processes
- Development of social roles, its responsibilities and occupational skills
- Development of sense of commitment and responsibility
- Development of sense of belonging, therefore facilitate self-validation as a social useful person

Figure 20

GROUP PROJECTS

Each one of the occupational opportunities benefits from presenting common goals achieved in projects that are related to common members needs. When the goals are made real in projects, give a sense of continuity on time participation and automatically implies a collaborative effort.

SUPPORTS:

- Facilitation of occupational participation (roles)
- Development of social commitment and responsibility
- Development of communication and interaction skills
- Discovery of own unique capacities
- Development of sense of efficacy around own skills
- Development of self-knowledge as a social being
- Facilitation of self initiated behavior both at group or individual projects
- Learning of negotiating habits and roles
- Learning of problem solving, planning, decision- making strategies

Figure 21

INDIVIDUAL PROJECTS

This dimension is related to **different personal aspects:**

- **The person is who gives the meaning to occupation**
- **Each person is unique, then when she/he collaborates in a group project, he/she keeps his/her unique personal objectives. Therefore, the demands, the degree of participation, and the environmental management are different for each one of them.**
- **Each person can have their own occupational projects within the same occupational context having the opportunity to participate in individual or group projects in different moments, or through their own personal projects to collaborate indirectly with group projects.**

SUPPORTS:

- ***Normalization of the process of occupational change, therefore of the integration process***
- **Meaning of occupational performance**
- **Development of own occupational goals and objectives**
- **Unique volitional sense of participation within a social context**
- **Development of commitment with own occupational goals and objectives**
- **Development of their own volitional process**
- **Development of critical skills for own life projects**

Figure 22

CONTINUITY

Occupational opportunities and the chance to participate on them is permanent on time and grow or are discontinued through the development and evaluation of the program and of group projects. In this way each new member, in any moment, can integrate and collaborate with the existing projects or ideas, or with new ideas and new contributions.

SUPPORTS:

- **Personal meaning through the real sense of daily participation in occupations**
- **Sense of commitment and habituation to the natural dynamics of occupations**
- **Volitional process through offering a normalizing environment**

Figure 23

STUDY

A descriptive research was followed, keeping the assessment process for data collection regularly to evaluate the impact of Remotivation Process on occupational competence and identity. Assessments proposed by the Model of Human Occupation and Vocational Rehabilitation were used. The initial assessment consisted of the application of the Occupational Performance History Interview (OPHI, II) with people/their families, the Volitional Questionnaire (VQ), the Occupational Self Assessment (OSA) and other self assessments and observational assessments for performance and occupational participation as needed (Kielhofner 2002). In addition, narrative information was taken

from their families and other key people on occupational settings. During intervention, volition was evaluated each week and ratings summarized each 2 months period to continue the intervention process according to the revision of the plan. A final evaluation was based on results of the VQ and OSA application (when possible), in addition to the assessment of critical skills and patterns of occupational participation contemplated on the goals and plan of each person. A follow up of three years was done for each person who decided, in collaboration with the occupational therapist, ending the intervention process. Individual results were classified in a qualitative scale of “Very good occupational adaptation”, “Good occupational adaptation”, “Regular occupational adaptation”, and “Poor occupational Adaptation”. The scale criteria was based on the concept of occupational adaptation given by the Model of Human Occupation which is defined as the person having an occupational competence (life style and performance) that is congruent with his/her occupational identity (volition and internal expectations of roles) and the relationship with particular environmental demands and opportunities.

The group of study corresponded to 400 people out of a total of 500 who had been active members of this Center. People in this group had been diagnosed with psychiatric disorders and stabilized from their psychotic symptoms. They all had severe volitional challenges. People belonged to a middle economical class, and were all Chilean, mostly from Santiago, its capital, and some from other Chilean cities. Their ages varied from 17- 62. People had diverse levels of skills.

Intervention consisted of integrating general procedures shown above, specific procedures agreed between each person and the occupational therapist, and the Remotivation Process strategies according to each person needs.

From the total of 400 people, 83% of them achieved their personal goals on a “Very good occupational adaptation” and “Good occupational adaptation” within relevant environments. From the rest of people, an 8% achieved a “Regular occupational participation” and a 9 % “Poor occupational adaptation”. In the last group, data was further analyzed qualitatively, finding that the major reason for abandoning their process was related to their values about working toward their goals. Their process of change was at the second stage, competence, in which personal causation (sense of personal efficacy) had developed enough and people began to make decisions according to their personal attitudes towards life. Families of this group supported their choices, showing this a strong relationship with their culture.

Moreover, in the medical aspect, considerable reduction of relapses and dosage of medication taken was achieved, contributing this to a better quality of life.

These results confirm that people, despite their level of capacities and skills, can achieve satisfaction with performance if occupational therapists constantly consider and integrate their volition and environmental impact in depth during each step of the intervention process. The continuum of intervention followed in the Remotivation Process, gives people the opportunity to explore at to their best skills, to their weaknesses, and to their environmental opportunities and demands, allowing them to progressively confront challenges and responsibilities, accepting their unique conditions and therefore achieving permanent changes on their meaningful occupational choices and participation.

REFERENCES: Please copy the references in the French article found in the Québec Journal of Psychosocial Rehabilitation “Le Paternaire”.