

Review Article

Scoping review about the “Occupational Performance History Interview – II” instrument: perspectives for use in Brazil

Revisão de escopo sobre o instrumento “Occupational Performance History Interview – II”: perspectivas para o seu uso no Brasil

Julia Andreza Gorla^a , Cláudia Maria Simões Martinez^a , Mirela de Oliveira Figueiredo^a , Daniel Marinho Cezar da Cruz^a 

^aUniversidade Federal de São Carlos – UFSCar, São Carlos, SP, Brasil.

How to cite: Gorla, J. A., Martinez, C. M. S., Figueiredo, M. O., & Cruz, D. M. C. (2021). Scoping review about the “Occupational Performance History Interview – II” instrument: perspectives for use in Brazil. *Cadernos Brasileiros de Terapia Ocupacional*, 29, e2807. <https://doi.org/10.1590/2526-8910.ctoAR2123>

Abstract

Introduction: The “Occupational Performance History Interview” - II (OPHI-II) was developed to be the initial assessment for occupational therapists who work under the perspective of the Model of Human Occupation (MOHO). This instrument can be applied as an interview script to gather information about a client’s occupational performance, enabling the therapeutic plan and measuring its effectiveness. **Objective:** To review the publications about the OPHI-II in occupational therapy regarding the purpose and methods of its use, and to discuss its contributions to clinical practice and its perspectives for application in Brazil. **Method:** This is a scoping review performed in the databases: Web of Science, Scopus, and Virtual Health Library. We also search in grey literature such as the MOHO book and its website. **Results:** We identified that in 14 of overall 26 publications using the OPHI-II, most of them were published after 2010, and the newest was in 2017. Seven countries were identified in those publications, mainly the United States and Australia, but no Brazilian study was observed. Mostly, the chosen approach was qualitative, based on thematic content analysis. The population studied was diverse and also the methods of application of the OPHI-II, combining or not its three elements (i.e. interview, narrative curve, and scales). **Conclusion:** OPHI-II shows to be a relevant instrument both in clinical practice and research, which allows the combination of other assessment scales and has been used with a range of clients in fields of practice in occupational therapy.

Keywords: Activities of Daily Living, Evaluation of Results of Therapeutic Interventions, Evidence-Based Practice, Occupational Therapy.

Received on July 8, 2020; 1st Revision on Oct. 8, 2020; Accepted on: Feb. 15, 2021.



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Resumo

Introdução: O instrumento “Occupational Performance History Interview – II” (OPHI-II) foi elaborado para se configurar como avaliação para terapeutas ocupacionais que atuam sob a perspectiva do Modelo de Ocupação Humana (MOHO). Por meio de entrevista semi-estruturada, coleta informações sobre o desempenho ocupacional do cliente na busca de obter efetividade do planejamento e processo terapêutico. **Objetivo:** Investigar a produção de conhecimento da terapia ocupacional relativa à utilização do OPHI-II quanto à finalidade de uso e modos de aplicação, discutindo as contribuições para a prática do terapeuta ocupacional e a perspectiva de uso no Brasil. **Método:** Trata-se de uma revisão de escopo da literatura, realizada nas bases de dados Web of Science, Scopus e Biblioteca Virtual em Saúde, somada aos artigos sugeridos no *site* e livro do MOHO. **Resultados:** 14 periódicos, totalizando 26 publicações com o uso do OPHI-II, a maioria delas posteriores a 2010, sendo a mais recente de 2017. Identificaram-se sete países de estudo, com destaque para Estados Unidos e Austrália, sem pesquisas conduzidas no Brasil. Em sua maioria, a abordagem escolhida foi a qualitativa, com metodologia baseada na análise temática do discurso. Há diversidade em relação à população estudada e ao modo de aplicação do OPHI-II, podendo combinar ou não os seus três elementos (entrevista, curva narrativa e escalas). **Conclusão:** O OPHI-II se mostrou como um instrumento relevante tanto na prática clínica como para a pesquisa, o qual possibilita a combinação de outras escalas de avaliação e tem sido utilizado em diversas populações e áreas do campo da terapia ocupacional.

Palavras-chave: Atividades Cotidianas, Avaliação de Resultados de Intervenções Terapêuticas, Prática Clínica Baseada em Evidências, Terapia Ocupacional.

Introduction

The use of a model to support occupational therapeutic reasoning provides the professional with a basis for thinking about the evaluation, planning, and implementation of a therapeutic plan. Knowing the theoretical concepts used by a model facilitates its understanding and its application (Keller & Forsyth, 2004).

According to the Model of Human Occupation (MOHO), the term “occupational performance” refers to the choices and performances in meaningful occupations, whether at work, leisure, or in the activities of self-care. Occupational performance is formed by action units that, when executed, lead to the completion of the desired activity completely and coherently (Pablo et al., 2017).

When collecting information about the history of occupational performance, the occupational therapist may have access to information such as the habits and motivations involved in his client's occupational engagement and his dimensions of participation in doing (Pablo, 2015; Pablo et al., 2017). Knowledge about these aspects provides a greater foundation in the client's therapeutic planning and a closer relationship and bond because it facilitates the understanding of the person as an occupational being. Also, this collection of history invites people to feel and think about their actions, including them in a participatory way throughout their treatment process; a premise of client-centered practice.

Thinking about the importance of the dimension of occupational performance, the American Association of Occupational Therapy (AOTA) commissioned an assessment that could become a standard of professional clinical practice in the United States. Thus, in 1989, the first version of the “Occupational Performance History Interview” (OPHI) was created, which was validated for Brazil in 1998 (Benetton & Lancman, 1998). Although OPHI has been adapted and validated for Brazil, other publications regarding the use of this instrument in the country are unknown. In 2004, a second version was published, which is in the process of cross-cultural adaptation to the Brazilian culture (Kielhofner et al., 2004).

Since its first version, OPHI consists of a semi-structured interview focused on the client's life story, gathering information about his past and current occupational performance, in the areas of work, leisure, and self-care. It is an interview that can be used to evaluate different clients, and considered generic (Benetton & Lancman, 1998). It was designed to be an initial assessment, to improve the therapist's understanding of the client and guide the planning of occupational therapeutic intervention (Kielhofner et al., 2001).

Because its focus is centered on the client's life story, the instrument, in its second version, proves to be an important ally for the intervention of occupational therapy and is based on the MOHO theory since it manages to encompass concepts of occupational adaptation (including identity and competence), volition (personal causation, values, and interests), habituation (habits and roles) and also participation in roles (Turpin & Iwama, 2011).

OPHI-II is an assessment tool that contains three parts: 1) semi-structured interview, which explores the client's life story; 2) evaluation scales, which measure the client's identity and occupational competence and the impact caused by their environment; and 3) the narrative curve that outlines the client's life story over time and a critical event (Hemmingsson et al., 2017).

The internal validity of OPHI-II and its possibility of application to a wide range of people from different cultures have already been proven (Kielhofner et al., 2001). Since OPHI-II has already gone through a process of review and proof of its validity in countries such as the United States, Finland, Australia, Iceland, Belgium, among others (Kielhofner et al., 2001), it is considered that an analysis of the knowledge generation regarding its use may provide subsidies for understanding the application of the instrument in the practice of occupational therapy.

Based on this consideration, this study aimed to analyze the knowledge generation about OPHI-II regarding its purpose of use and modes of application, discussing the instrument's contributions to the practice of the occupational therapist and the perspective of use in Brazil.

Therefore, this study was based on the following investigative questions: Which populations used the OPHI-II instrument? What are the purposes for using OPHI-II? and What types of research were OPHI-II used in?

In addition to the questions, we sought to verify the use of OPHI-II together with other standardized instruments, to know the methodological designs used for the data collection and analysis obtained by the application of OPHI-II, and to identify bibliometric features, such as the year of publication, the country in which the research

was carried out, the research database in which the study could be found and the journals in which the studies were published.

Method

This is a scoping review, a type of review that enables to map of the sources, evidence, and concepts that support an area of knowledge. Together, it allows the identification of gaps in this researched area (Arksey & O’Malley, 2005). The scoping review is considered a cross-sectional procedure that, preferably, applies to areas that have not been previously reviewed (Arksey & O’Malley, 2005), as is the case of this study.

To carry out this review, we adopted the parameters established by Arksey & O’Malley (2005), and complemented by Donato & Donato (2019), O’Brien et al. (2016), Peters et al. (2015), Colquhoun et al. (2014), and Tricco et al. (2016), with the following five stages:

- 1) research questions formulation;
- 2) identification of studies through different sources;
- 3) definition of the sample based on the search and inclusion/exclusion criteria;
- 4) gathering information related to research questions;
- 5) quantitative and qualitative thematic analysis of the content, description, and discussion.

Search strategies

The search for the studies was carried out from the articles on the MOHO website (Model of Human Occupation Clearinghouse, 2020) and the indexing database sources: Virtual Health Library, Web of Science and Scopus and the references presented in the latest edition of the book Kielhofner’s Model of Human Occupation: Theory and application (Taylor, 2017). Despite the vast publication on the model in journals, it is still in the books that a greater amount of up-to-date information is concentrated on its concepts, evolution of the theory, and the existing evidence.

To search the sources and achieve the largest number of published studies on OPHI-II, we used six Boolean combinations, included in the title, abstract, or keywords of the studies, made in the same way and the same order in all the sources:

1st “Occupational Performance History Interview – II”

2nd “OPHI-II”

3rd “Occupational Performance History Interview – II” OR “OPHI-II”

4th “Occupational Performance History Interview – II” AND “Model of Human Occupation”

5th “OPHI-II” AND “Model of Human Occupation”

6th “Occupational Performance History Interview – II” OR “OPHI-II” AND “Model of Human Occupation”

Even assuming the importance and popularity of the use of expressions indexed in databases, we defined that the keywords for this review should not be distanced from

the phenomenon to be investigated (an evaluation instrument - OPHI-II - part of a model - MOHO), which has very specific terminology. Thus, we opted for the use of expressions that would meet the objective of the study, even if they were not listed as descriptors in databases.

Inclusion criteria

- Papers that used OPHI-II and that provided at least one information about this use, such as population, objective, results, and application for occupational therapy practice;
- Papers available in full text, written in English, Spanish and Portuguese, as a scientific article, book chapter, or the entire book;
- Papers resulting from quantitative or qualitative research and with any study design (randomized controlled trials, single pre-post test, cohort, case-control, original research, reviews, narrative theory, case studies, or case reports).

Exclusion criteria

We excluded editorials and conference proceedings, documents that used the first version of OPHI, and those that did not use OPHI-II in its original format, for example, that used this instrument only as a basis for creating a new assessment.

The search in the databases and website was carried out in February 2020, with no time window, so that all publications could be considered. After removing duplicate articles, the studies were read in full to comply with the review's eligibility criteria. Figure 1 illustrates the process of searching and composing the final sample of texts, carried out by the main author of this review.

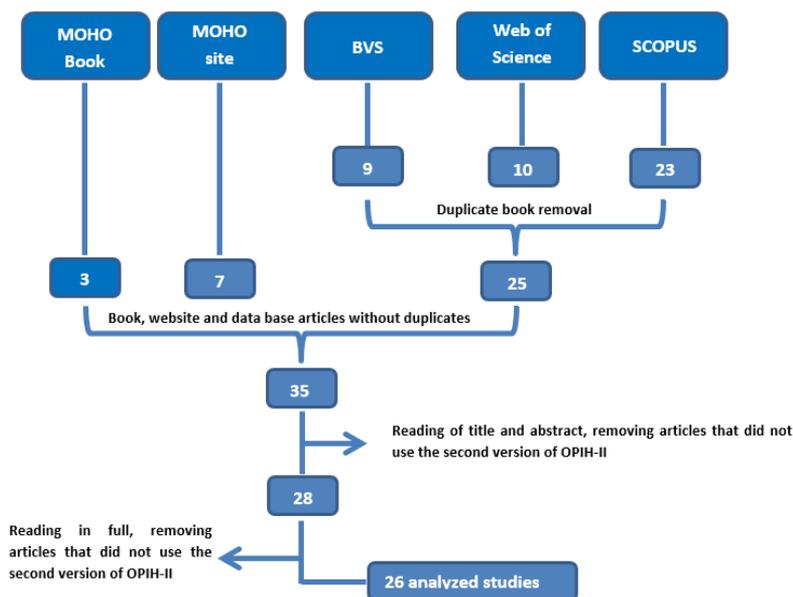


Figure 1. Search process and composition of the final sample of the manuscripts.

Results

Initially, we present the results for the articles selected by the journals and indexing sources. Then, we present the distribution of publications over the years and the identification of their respective countries. Data on methodological approaches and the population studied are described below. Finally, the results regarding the study objectives, use, and purpose of OPHI-II are presented with the use of other assessments.

After applying the inclusion and exclusion criteria, we selected 26 studies for analysis, published in 14 journals, highlighting the Australian Occupational Therapy Journal, the Scandinavian Journal of Occupational Therapy, followed by the British Journal of Occupational Therapy and Occupational Therapy in Health Care, for having published 15 of the 26 articles included in this review. Regarding the indexing databases sources, we noted that Scopus was the database that contained the most indexed articles, followed by the Web of Science (Table 1).

Table 1. Distribution of papers by journals and indexing sources (n = 26).

Name of the article	Journal	Indexing sources
<i>Psychometric Properties of the Second Version of the Occupational Performance History Interview (OPHI-II)</i> (Kielhofner et al., 2001)	<i>The American Journal of Occupational Therapy</i>	BVS
		Web of Science
		SCOPUS
<i>Illness experiences and occupations of people with chronic fatigue syndrome</i> (Gray & Fossey, 2003)	<i>Australian Occupational Therapy Journal</i>	SCOPUS
<i>Being in a secure forensic psychiatric unit: every day is the same, killing time or make the most of it</i> (Farnworth et al., 2004)	<i>British Journal of Occupational Therapy</i>	SCOPUS
<i>Life skill service needs: perspectives of homeless youth</i> (Aviles & Helfrich, 2004)	<i>Journal of Youth and Adolescence</i>	Site do MOHO
<i>Caring and daily life: occupational experiences of women living with sons diagnosed with schizophrenia</i> (Chaffey & Fossey, 2004)	<i>Australian Occupational Therapy Journal</i>	SCOPUS
<i>Occupational narratives and the therapeutic process</i> (Goldstein et al., 2004)	<i>Australian Occupational Therapy Journal</i>	Livro
<i>Therapist's and client's perceptions of the occupational performance history interview</i> (Apte et al., 2005)	<i>Occupational Therapy in Health Care</i>	BVS
		SCOPUS
<i>The construction of key-forms for obtaining instantaneous measures from the occupational performance history rating scales</i> (Kielhofner et al., 2005)	<i>Occupational Therapy Journal of Research: Occupational, Participation and Health</i>	Web of Science
		SCOPUS
	WORK	BVS

Table 1. Continued...

Name of the article	Journal	Indexing sources
<i>Occupational Identity, occupational competence and occupational settings (environment): influences on return to work in men living with HIV/AIDS (Braveman et al., 2006)</i>		SCOPUS
<i>The occupational performance history interview in community mental health care management: consumer and occupational therapist perspectives (Ennals & Fossey, 2007)</i>	<i>Australian Occupational Therapy Journal</i>	Web of Science SCOPUS
<i>Narrative slope as a predictor of work and other occupational participation (Levin et al., 2007)</i>	<i>Scandinavian Journal of Occupational Therapy</i>	SCOPUS
<i>Addressing the needs of elderly clients whose lives have been compounded by traumatic histories (Ziv & Roitman, 2008)</i>	<i>Occupational Therapy in Health Care</i>	SCOPUS
<i>Using the OPHI-II to support people with mental illness in their recovery (Ennals & Fossey, 2009)</i>	<i>Occupational Therapy in Mental Health</i>	SCOPUS
<i>The road to recovery: experience and occupational lives of Icelandic women with breast cancer (Palmadottir, 2009)</i>	<i>Occupational Therapy in Health Care</i>	SCOPUS
<i>Exploring occupational adaptation through the lives of women with multiple sclerosis (Cabill et al., 2010)</i>	<i>British Journal of Occupational Therapy</i>	Web of Science SCOPUS
<i>Time use in forensic psychiatry: a naturalist inquiry into two forensic patients in Australia (O’Connel et al., 2010)</i>	<i>International Journal of Forensic Mental Health</i>	SCOPUS
<i>The role of occupational participation and environment among Icelandic women with breast cancer: a qualitative study (Palmadottir, 2010)</i>	<i>Scandinavian Journal of Occupational Therapy</i>	Web of Science SCOPUS
<i>Occupational Identity: exploring the narratives of three men living with AIDS (Braveman & Helfrich, 2001)</i>	<i>Journal of Occupational Science</i>	SCOPUS
<i>Exploring the impact of sleep apnoea on daily life and occupational engagement (O’Donoghue & McKay, 2012)</i>	<i>British Journal of Occupational Therapy</i>	Web of Science SCOPUS
<i>Participating in diagnostic experience: adults with neuropsychiatric disorders (Sandall et al., 2013)</i>	<i>Scandinavian Journal of Occupational Therapy</i>	BVS Web of Science SCOPUS
		BVS

Table 1. Continued...

Name of the article	Journal	Indexing sources
<i>Improved occupational performance of young adults with a physical disability after a vocational rehabilitation intervention (Verhoef et al., 2014)</i>	<i>Journal of Occupational Rehabilitation</i>	Web of Science SCOPUS
<i>Mothering role identity and competence among parenting and pregnant homeless adolescents (Levin & Helfrich, 2004)</i>	<i>Journal of Occupational Science</i>	SCOPUS
<i>“Our child’s significant disability shapes our lives”: experiences of family social participation (Davey et al., 2015)</i>	<i>Disability and Rehabilitation</i>	BVS Web of Science SCOPUS
<i>Secondary Health conditions experienced by people with spinal cord injury within community living: implications for a national disability insurance scheme (Callaway et al., 2015)</i>	<i>Australian Occupational Therapy Journal</i>	Site MOHO
<i>Male-to-female transitions: implications for occupational performance, health and life satisfaction (Bar et al., 2016)</i>	<i>Canadian Journal of Occupational Therapy</i>	Site MOHO
<i>Occupational identity of adolescents with ADHD: a mixed-methods study (Levanon-Erez et al., 2017)</i>	<i>Scandinavian Journal of Occupational Therapy</i>	BVS Web of Science

Regarding the years of publication, 15 articles date from before 2010, with no publication in 2002 and the largest number of studies with OPHI-II was in 2004. After 2010, we found 11 articles, none in 2014 and the most recent date in 2017. Figure 2 shows the distribution of the number of articles published over the years.

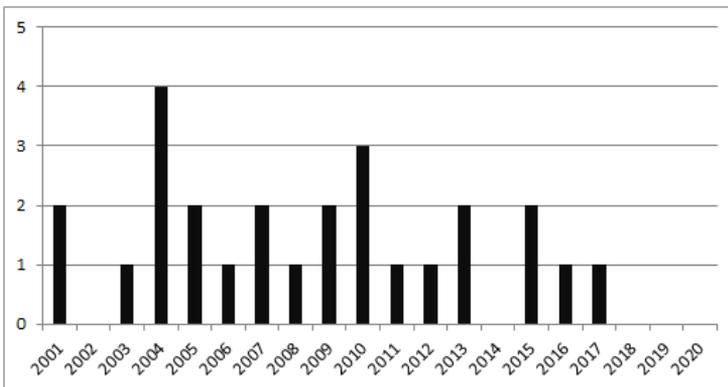


Figure 2. Distribution of the number of articles during the years.

Research were conducted in 7 countries, with emphasis on 9 studies carried out in the United States and 8 in Australia. There were also publications carried out in Israel (n = 3), Ireland (n = 2), Iceland (n = 2), Holland (n = 1) and Sweden (n = 1). Of all the authors involved, some made up the team from different publications: Kielhofner (n = 6), Fossey (n = 6), Braveman (n = 4), Farnworth (n = 3) and Helfrich (n = 4).

Most of the studies (17) had a qualitative approach, with data analysis based on thematic content of discourse. There were also 5 quantitative studies and 4 with mixed approach. In those with a quantitative analysis, simple descriptive presentation was used, based on the scores of the OPHI-II scales or other instruments applied in combination.

Regarding the population studied, the samples were varied, including diagnosis and or developmental ages, such as: adolescents in social vulnerability context (2) or diagnosed with ADHD Attention Deficit Hyperactivity Disorder (1), women with breast cancer (2), adults in mental health care (8), adults with physical dysfunction undergoing physical rehabilitation (4), adults with physical dysfunction undergoing professional rehabilitation (2), the older people (1), people diagnosed with Acquired Immunodeficiency Syndrome (HIV/AIDS) (4), obstructive sleep apnea (1) and chronic fatigue syndrome (1), transgender population (1), caregivers (2), individuals without any diagnosis or health condition (1) and occupational therapists (4). Some studies (n = 5) had a sample with more than one of the groups mentioned, such as the study by Kielhofner et al. (2001) that in addition to occupational therapists, they used participants with different health conditions (without any medical diagnosis, physical disability, and mental disorder), and the study by Ennals & Fossey (2007), with the participation of occupational therapists and their clients seen at a mental health service.

Regarding the use of OPHI-II, 14 studies used only the interview to collect the life history; 5 also filled the narrative curve; 4 studies scored the scales and 3 combined the three elements of OPHI-II (interview, narrative curve, and scales). Such data can be seen in Table 2, which also presents the purpose of using the OPHI-II, which proved to be relevant not only for analyzing the constructs of its 3 scales (identity, competence, and environment), but also other important features of the MOHO theory. Of all 26 studies, 16 combined other data collection instruments, with emphasis on the field diary, made in 10 studies as a way to complement the information collected with the OPHI-II interviews.

Table 2. Use and purpose of OPHI-II with the use of other assessment tools.

Use of OPHI-II	Purpose of OPHI-II	Other instruments
Interview + scales	To investigate the occupational identity of adolescents with ADHD	<i>Conner’s Ratings Scales-Revised (CRS-R)</i>
Interview + scales	To investigate identity, competence, and occupational environment, along with the occupational performance of transgender women.	Demographic questionnaire, <i>Short Form Health Survey 36 (SF-36),</i> <i>Satisfaction With Life Scale (SWLS)</i>
Interview	To understand the impact of secondary health conditions for community life for people who have suffered spinal cord injury	Demographic questionnaire, <i>The Spinal Cord Injury Secondary Conditions Scale (SCISCS),</i> Field diary

Table 2. Continued...

Use of OPHI-II	Purpose of OPHI-II	Other instruments
Interview	To understand the social participation of families of young people with physical disabilities	Field diary
Interview	To understand the sense of competence and identity of adolescent mothers living on the streets	No
Interview + curve Narrative + scales	To know the needs and perform more assertive therapeutic interventions with adults with physical disabilities in the process of professional rehabilitation	<i>Canadian Occupational Performance Measure (COPM)</i>
Interview	To describe life experiences of adults with neuropsychiatric disorders	No
Interview	To describe occupational experiences of individuals with obstructive sleep apnea	Field diary
Interview + curve Narrative	To understanding the occupational identity of adults with HIV/AIDS	No
Interview	To illustrate occupational participation and the influence of the environment on the perception of health and well-being of women with breast cancer	No
Interview	To understand the use of the time of individuals living in a mental asylum	<i>Australian Time Use Survey,</i> Field diary
Interview	To explore the occupational adaptation of women with multiple sclerosis	<i>Occupational Questionnaire,</i> <i>Role Checklist,</i> <i>Modified Interest Checklist</i>
Interview	To explore occupational experiences to promote the occupational adaptation of women with breast cancer	Field diary
Interview + curve Narrative	To understand life experiences and support the therapeutic process of clients with mental illness.	No
Interview + curve Narrative + scales	To support and guide the therapeutic process of older women with traumatic life stories from the MOHO.	No
Interview + curve Narrative	To assess the ability of the narrative curve to predict occupational participation and job engagement of people diagnosed with HIV/AIDS	Demographic evaluation, <i>Sign and Symptom Checklist-HIV (SSC-HIV)</i>

Table 2. Continued...

Use of OPHI-II	Purpose of OPHI-II	Other instruments
Interview	To explore the usefulness of using OPHI-II from the perspective of OTs and their clients assisted in the mental health area	Field diary
Interview + curve Narrative + scales	To describe changes in the sense of competence and occupational identity and identify the difficulties in the occupational environments of men with HIV/AIDS who have returned to work	No
Interview + scales	To develop the OPHI-II “key-forms”	No
Interview + curve Narrative	To explore the usefulness of using OPHI-II from the perspective of OTs and their clients diagnosed with HIV/AIDS	Their questionnaire
Interview + curve Narrative	To understand how the therapeutic process and the narrative of the client with HIV/AIDS are linked and can influence each other	Field diary
Interview	To describe the life experience of caring for children with schizophrenia	Field diary
Interview	To relate the services offered and the reality of homeless adolescents	No
Interview	To understand how personal and environmental factors can influence the use of time in prison in a mental asylum	<i>Australian Time Use Survey,</i> Field diary
Interview	To understand the occupational experience of people with chronic fatigue	Field diary
Interview + scales	To validate OPHI-II	No

We identified that OPHI-II was used by studies with a range of populations, both in diagnosis and in age.

The objectives focused on understanding MOHO concepts, such as occupational adaptation, occupational identity, and occupational performance, the use of time, and the experience of care. We observed that the authors chose to use OPHI-II together with other means of assessment, following different methodologies of data gather and analysis.

Discussion

Based on the results, we could discuss the main purposes of using OPHI-II, considering bibliometric features of the publications considered for this review. Thus,

the data are discussed from the years of publication of the studies, by the use or not of validated versions for the culture in which it was applied, and the location of the research development. The combination of other instruments with OPHI-II and the population studied is also explored. Finally, the forms of application of the instrument are discussed, which may include or not the measurement scales and the narrative curve.

The development of assessments, whether for research or practice, is based on the importance of using standardized measures, where without them, the effectiveness of the therapeutic process, or the reliability of the research may be compromised (Coster & Mancini, 2015).

Regarding the year of publications, although most of those were published after 2004 (year that the instrument was published in print), publications with the use of its second version began earlier in 2001, the year in which this instrument was validated through the study by Kielhofner et al. (2001). This data is important to be highlighted because it indicates that this increase in research is possibly related to its validation.

The psychometric properties through validation tests for new instruments and those cross-culturally adapted is essential to assure the same quality and effectiveness of their use in different contexts and populations. Three of the 26 articles selected for this review used the version adapted to the Hebrew (Ziv & Rotman, 2008; Bar et al., 2016; Levanon-Erez et al., 2017), and one of them was the Swedish version (Sandell et al., 2013), both had their psychometric properties already tested in previous studies.

Although the OPHI-II has already been validated for Spanish language, none of the studies found was conducted by Latin American researchers. We did also not find studies conducted in Brazil. This lack of studies in the country is related to the fact that few occupational therapists base their practice and research using the MOHO model in our country.

Cruz (2018) states that the reasons for this reduced number is associated to the low adherence to MOHO or any other occupation models of practice. This is a historical trend in the development of occupational therapy in Brazil, where traditionally was not focused on creation of models or in the use of the currently available ones at the time. . However, particularly about the MOHO use, the author explains that the historical process of training occupational therapists in this country, at the time that MOHO was published (only in the early 90s), where the occupational therapy undergraduate programs were since seventies trying to modify the curriculum based on the American model of rehabilitation created in 1956.

Brazilian occupational therapy, in the late 1980s and the late 1990s, also experienced important social movements, such as the establishment of democracy, the creation of the Unified Health System, the Anti-asylum Movement, and the struggles for the rights of people with disabilities (Oliver et al., 2018). As a consequence, part of the occupational therapists involved in these social movements sought the constitution of an occupational therapy distant from the international references from which it originated (Cruz, 2018).

A polarization movement involved the profession that on the one hand, occupational therapists who invested in international models or approaches focused on the occupation and, on the other hand, those who proposed to think about occupational therapy from the references of philosophy, education, sociology, and anthropology, adopting the term activity, which evolved to therapeutic activity and, later, human activity (Figueiredo et al., 2020; Cruz, 2018; Galheigo et al., 2018).

Thus, the lack of validated instruments for Brazilian culture, as is the case with OPHI-II, would be a consequence resulting from this historical milestones of the profession in Brazil, in which, according to Galheigo et al. (2018), since the creation of the first occupational therapy courses in this country, in 1956, the theoretical background have been added and replaced according to the country's historical, social and political contexts and changes. Together, teaching, research, and community projects, developed at universities, have collaborated in the process of innovating the references and foundations for the profession.

In this sense, the process of cross-cultural adaptation of this instrument is underway in a study conducted in the Post-Graduate Programme in Occupational Therapy at the Federal University of São Carlos (UFSCar), which, in the future, will provide the beginning of investigations that will encourage teaching the training of occupational therapists in the country. This project is part of an initiative by a research group entitled "Studies in occupational therapy and physical rehabilitation, assistive technology and functionality", which concentrates a research line on the application of models and cross-cultural adaptation of instruments on occupation-focused (Mendes, 2020; Cruz et al., 2019).

Therefore, Brazil's low historical adherence to MOHO (Cruz, 2018) made many Brazilian professionals unaware of the possibilities of its effective use of the theory and instruments related in the therapeutic process. This reality is different from many countries, in which MOHO has been widely studied, disseminated, and applied, as seen in our findings, which were carried out in different locations, such as Australia, Ireland, United States, Israel, Holland, Sweden, and Iceland.

The use of standardized instruments for assessment in occupational therapy must consider the issues reported by the client and his clinical condition while remaining related to the individual's occupational performance (Almeida et al., 2015). Several aspects of the occupational therapy domain may be impacted by an injury such as those pointed out by AOTA as the areas of occupation, occupational performance patterns, contexts, client factors, among others (Cavalcanti et al., 2015; Carleto et al., 2010). This scope requires the need for evaluations that contemplate constructs that are in line with the domains of occupational therapy and for the conduct of its process. This has an impact on a variety of possibilities for assessments to be used in the occupational therapy process (Figueiredo et al., 2017; Silva & Martinez, 2002).

The combination of more than one instrument is sometimes needed to increase the amount of data gathered, either for further research or for the therapeutic plan so the clients can better identify their problems and think about the goals they want to achieve from the intervention. This combined use was identified in more than half of the manuscripts considered to our review, for example, other standardized instruments, field diaries, or questionnaires created by the authors.

We consider that the variety of assessments in occupational therapy is essential and have great contribution due to the complexity of human occupation as a phenomenon for study and intervention of our profession. This combination is also justified, in part, by the complexity of the occupation and its related concepts, such as the use of different theories and the volitional processes related to doing, such as exploration, competence, and achievement, for example, concepts from the theory of occupational behavior that influenced MOHO (Reilly, 1974).

We found that the population studied and analyzed through the MOHO theory by applied in the OPHI-II was comprehensive. This finding is consistent with the initial assumption of the development of this instrument, which was designed to be used by occupational therapists regardless of their field of practice (Hemmingsson et al., 2017). Since OPHI-II aims to get to know the client in his/her occupational performance history, this instrument reflects essential conceptual foundations of occupational therapy and client-centered practice, with its focus on a therapeutic relationship supported by the bond and based on occupation and not on the disease or disability (Kielhofner et al., 2004).

Therefore, the use of OPHI-II is not only effective in favoring the bonding process between therapist and client based on the knowledge of their history, which is also observed in two studies in this review (Apte et al., 2005; Ennals & Fossey, 2007) but for the planning of a meaningful therapy and congruent with the model on which it is based (Gray & Fossey, 2003; Farnworth et al., 2004; Ennals & Fossey, 2007; Ziv & Roitman, 2008). The use of a conceptual model of practice or, in other words, “theoretical-practical”, to support both intervention and research in occupational therapy, provides clear and objective means and strengthens the profession philosophy since it facilitates all professional reasoning based on its beliefs and values focused on occupation (Kielhofner, 2009; Forsyth & Kielhofner, 2013; Andersen & Reed, 2017; Cruz, 2020).

Since OPHI-II consists of a semi-structured interview that acts as a basis for filling in the narrative curve and the evaluation scales, it provides qualitative and quantitative data. The means of use vary and may or may not include filling in the quantitative scales and the narrative curve. This flexibility allows research with qualitative, quantitative, or mixed methods of analysis, which could be observed by the results of this review. As the completion of the scales is necessarily preceded by the narrative of life history, and this can be directed to different research themes or focus on certain critical events experienced, it is explained that the methodological choices of the reviewed articles are mostly qualitative, and only 5 of the 26 studies were quantitative, two of which refer to the psychometric properties of this instrument (Kielhofner et al., 2001; Kielhofner et al., 2005).

This information provides data on the use of OPHI-II, highlighting the population scope, the importance of MOHO and its assessments in the world scenario of occupational therapy, the possibility of application in association with other assessments relevant to each case of research or therapy, and the feasibility of being applied in different formats, choosing not only the method of administration of the instrument but also on the use or not of quantitative scales for analysis.

In this way, there is practical flexibility of OPHI-II, which is potent for getting to know the person, the client, in creating and strengthening the therapeutic bond. Also, OPHI-II provides therapeutic planning based on significant individual experiences objectively and consistently.

The importance of its application is also evident for the research since it can collect robust data that can be studied based on the thematic content analysis and the quantitative results used both in a comparative way and to analyze the results more objectively within the services that the occupational therapist can deliver.

Finally, through the use of OPHI-II, we can analyze many constructs and concepts related to the foundations of occupational therapy, occupation-focused and client-centered. According to Forsyth & Kielhofner (2013), the MOHO theory in itself understand each client individually and can generate a cultural narrative of he/she under its constructs.

OPHI-II is an example of this, as it culturally considers the client's values, interests, and roles from an ethnographic narrative by emphasizing the interview method. This assessment is also useful to know the client's thoughts, feelings, and doings that are culturally influenced (Forsyth & Kielhofner, 2013). Concepts such as occupational form can be useful in identifying how different cultures define how daily occupations should be performed, so knowing these occupational forms based on the client's narrative supports the occupational therapist to be sensitive to cultural differences that influence the client's way of doing things that are meaningful to them (Forsyth & Kielhofner, 2013).

Understanding that this review could present methodological limitations related to the languages considered and the impossibility of including all existing databases and journals, the authors sought to expand the search through the use of different sources of information, minimizing the risk of losses that could be relevant to the descriptive analysis of the use of OPHI-II.

As observed in our results and discussion sections, the OPHI-II can be applied with different clients, and its use can be combined with other assessments, relevant to each context of practice and research. As it consists of 3 different parts, the form of application is also flexible, confirming the strong characteristic of the model on which the instrument is based, concerned with a practice that has evaluation processes and interventions designed for each person, group, and collectives. Thus, it is evident that OPHI-II is a powerful instrument for research and practice in occupational therapy, valuing the person through the client-centered practice client, occupation-focused and based on evidence.

Conclusion

This paper brought a scoping review of studies that used the OPHI-II instrument, which contributed to build and enhance the knowledge production in occupational therapy for the use of this instrument. We observed the existence of a worldwide trend, in which the profession has sought theoretical and practical basis in MOHO. However, Brazil is still in an earlier stage, starting research with the model, with the adaptation of its instruments.

We excluded some studies from the review because they did not use OPHI-II in its original format, but rather as a basis for a new assessment. However, this limitation does not influence the results of the review since it aimed to describe the characteristics of the studies that used the instrument in its second version - the most current at the moment.

The use of the instrument by research teams in occupational therapy is based on the constructs of MOHO, with a focus on the client and his/her occupations. We also observed the use of the instrument in interventions as an initial assessment for

therapeutic plan since some articles reported the perception of the instrument's effectiveness for the occupational therapeutic process.

We conclude that this study provided knowledge about the use of OPHI-II, through the exploration of its possibilities and strengths, both for the practice and research. We hope that the availability of OPHI-II into Brazilian Portuguese Language strengthen international dialogues about the construct of occupational performance and the local knowledge production that can address this issue.

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Author's Contributions

Julia Andreza Gorla: conception and writing of the text, organization, and analysis of the data. Cláudia Maria Simões Martinez: conception and revision of the text. Mirela de Oliveira Figueiredo: methodological and text review. Daniel Marinho Cezar da Cruz: review and writing of the text and guidance on data analysis. All authors approved the final version of the text.

Funding Source

Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) – Code 001.

Corresponding author

Julia Andreza Gorla
e-mail: gorla.ju@gmail.com

Section editor

Profa. Dra. Tatiana Pontes