

# Application of the Person-Environment-Occupation Model: A practical tool

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## KEY WORDS

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## ABSTRACT

*Occupational therapy focuses on complex dynamic relationships between people, occupations and environments. Therapists must clearly communicate their practices and how their practice influences outcomes. This paper explores applications of the Person-Environment-Occupation Model (Law et al., 1996) in occupational therapy practice, and delineates how this particular model helps therapists to conceptualize, plan, communicate and evaluate occupational performance interventions. Three case studies illustrate how the model can be used by occupational therapists to systematically approach analysis of occupational performance issues while considering the complexities of human functioning and experience. The ways in which the model facilitates communication within and outside occupational therapy are explained. The Person-Environment-Occupation Model is offered as a tool for therapists to use in client(s)-therapist alliances to enable clients to successfully engage in meaningful occupations in chosen environments.*

## RÉSUMÉ

*L'ergothérapie est axée sur les relations complexes et dynamiques qui s'établissent entre la personne, l'occupation et l'environnement. Les thérapeutes doivent communiquer clairement leurs pratiques et la façon dont ces dernières influent sur les résultats. Cet article examine des façons d'appliquer le modèle personne-environnement-occupation (Law et al., 1996) dans la pratique de l'ergothérapie et précise comment ce modèle aide les thérapeutes à conceptualiser, planifier, communiquer et évaluer les interventions en matière de rendement occupationnel. Trois études de cas sont présentées afin d'illustrer comment les ergothérapeutes peuvent se servir de ce modèle pour faire une analyse systématique des difficultés en matière de rendement occupationnel, tout en tenant compte des subtilités du fonctionnement humain et de l'expérience humaine. Les auteurs expliquent comment le modèle facilite la communication en ergothérapie. Le modèle personne-environnement-occupation peut être utilisé pour inciter les clients à s'engager dans des occupations significatives, dans des environnements choisis.*

Occupational therapists are being asked by their clients, other health care providers and funders to articulate clearly the scope of their practice and how their practice influences outcomes. Therapists are focusing their efforts on complex processes among people, their occupations and roles, and the environments in which they live, work and play. A group of clinicians and researchers developed the Person-Environment-Occupation Model (PEO) to serve as a framework for examining person-environment processes and assessment tools in the context of occupational therapy practice (Law et al, 1996). The PEO Model complements the Canadian Model of Occupational Performance and other concepts in the Canadian Association of Occupational Therapists' (CAOT) document, *Enabling Occupation: An occupational therapy perspective* (1997). It provides therapists with a practical analytical tool to: 1) assist therapists to analyze problems in occupational performance, 2) guide intervention planning and evaluation, and 3) clearly communicate occupational therapy practices.

Since the PEO Model was first proposed as a tool to examine complex occupational performance issues, it has been used in hospital, community, academic and research settings. For example, the Model guided occupational therapy interventions for youth with physical disabilities in schools, and later proved useful in a qualitative study of the experiences of a group of youth with disabilities making the transition to adulthood (Stewart, 1998). A participatory action research study employed the Model to examine the environmental factors affecting the participation of children with disabilities in their communities (Law, 1993; Law, 1997). It was used to discover the role of work in the recovery process in an ethnographic

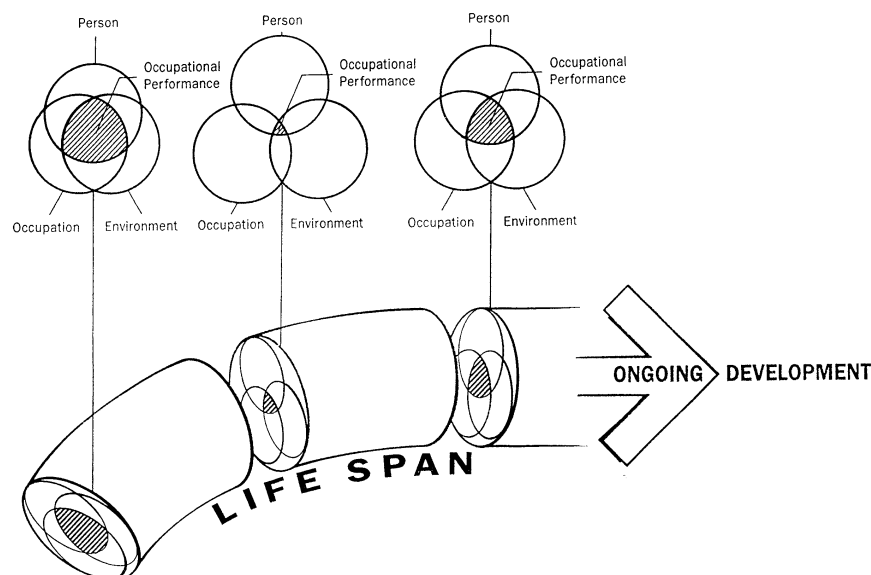
study (Strong, 1998). Rehabilitation interventions have been examined using the PEO Model, including a family-centred approach to rehabilitation of children with cerebral palsy (Law, et al, 1998), the use of assistive devices with older adults (Cooper & Stewart, 1997), and the development of an affirmative business for individuals with mental illness (Strong, 1995). The effects of environmental sensitivity on occupational performance have been analyzed with the Model (Peachy-Hill & Law, 1996). In addition, the PEO Model has facilitated the development of services locally and abroad (e.g., rehabilitation services in Bosnia). It has been instrumental for international fieldwork in India (McKye, Shin & Letts, 1998), and the development of occupational therapy curriculum in Russia (Krupa & Packer, 1997). The model has been incorporated into several occupational therapy programmes in Ontario, and the CAOT Certification Examination.

This paper will explore applications of the PEO Model in occupational therapy practice, and will delineate how this particular model helps therapists to conceptualize, plan, communicate and evaluate occupational performance interventions. Three case scenarios drawn from a composite of actual clinical scenarios will be used to describe how the Model could be used in practice.

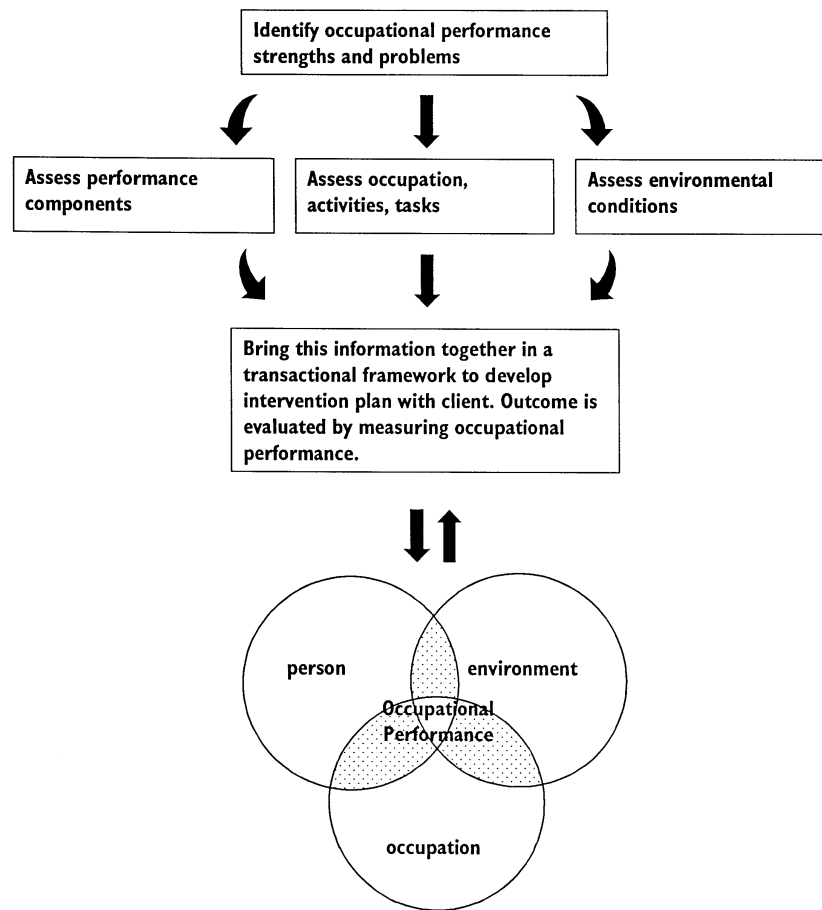
## Person-Environment-Occupation Model

The PEO Model (Law et al., 1996) was developed using concepts mainly from environment-behaviour theories (Baker & Intagliata, 1982; Berlin, 1989; Kahana, 1982; Kaplan, 1982; Lawton & Nahemow, 1973; Moos, 1980; Weisman, 1981), theories of occupation (Csikszentmihalyi & Csikszentmihalyi, 1988) and client-centred practice (CAOT, 1991). Its theoretical

Figure 1  
The Person-Environment-Occupation (PEO) Model (Law et al., 1996)



**Figure 2**  
**The Person-Environment-Occupation Model's Application Framework**



basis and supporting literature was described in a previous publication (Law et al, 1996) in greater detail. The Model is conceptualized as the person, his/her environments and occupations dynamically interacting over time. These main dimensions (person, environment, occupation) are represented by three inter-related circles or spheres transacting over the life span as shown by a cylinder (Figure 1). The extent of congruence in the person-environment-occupation (PEO) relationships is represented by the degree of overlap between the three spheres; the closer the spheres overlap, the greater the degree of harmony or fit. The overlap in the centre of the spheres represents occupational performance or the dynamic experience of a person engaged in an occupation within an environment over time.

The quality of a person's experience, with regards to their level of satisfaction and functioning, is the outcome of the fit between the person-environment-occupation transaction. Both internal or local PEO changes and external or macro changes result in reducing or increasing the PEO fit. For example, over

time there are changes in a person's age and health as the person moves through life cycles, and developmental phases. Concomitantly, a person may experience changes in self-concept, disability status and environmental constraints. Political and economic changes, such as regulatory reforms and privatization, can influence daily life experiences of individuals and organizations. These external and internal changes require modifications and adaptations within the PEO transaction in order to result in a satisfying and functional outcome. Using the model, occupational therapists can work together with their client(s) to facilitate these adjustments towards optimal occupational performance. The focus is on enabling occupation by improving the PEO fit.

The PEO Model and the Canadian Model of Occupational Performance (CAOT, 1997) are complementary and share common terminology. Both models emphasize that occupational performance is shaped by the dynamic interdependence of persons, occupations and environments. The person can refer to an individual client, a group of clients or an organization.

Conceptualized broadly, the environment includes cultural, institutional, physical and social factors affecting occupational performance. Occupations are defined as clusters of activities and tasks in which people engage while carrying out various roles in multiple environments. Occupations are chosen to fulfill a purpose and for the value and meaning which individuals or groups attribute to them. The Canadian Model of Occupational Performance demonstrates the occupational therapy view of the person in an integrated, holistic manner, engaged in occupations within an environmental context. The PEO Model demonstrates the dynamic nature of this relationship and how changes in any area affect occupational performance, the outcome of the relationship. The PEO Model facilitates analysis of problems in occupational performance and evaluation of the outcomes of occupational therapy interventions.

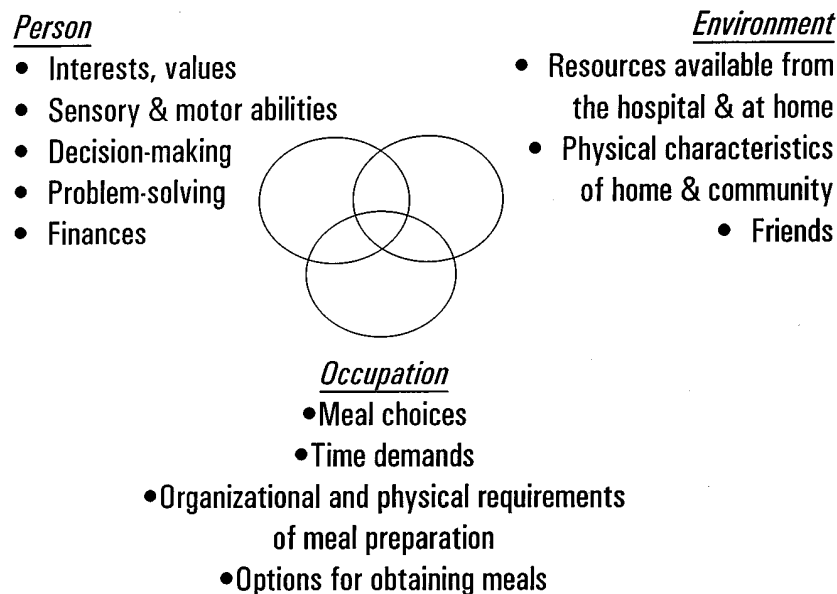
The PEO Model can be used by occupational therapists practicing in many different roles and settings. For example, by considering the complexities of daily human experiences, the PEO Model enables therapists to conceptualize where there is a less than optimal PEO fit, and what processes are potentially enabling and constraining the PEO fit. Together with clients, therapists can plan a range of potential interventions by focusing interventions on the person, environments, and/or occupations in both micro and macro contexts over time. The outcomes of interventions directed at improving the congruence of P-E-O transactions can be evaluated by examining changes in

occupational performance. In other words, the PEO Model offers a way to systematically analyze what occupational therapists see and do. When applying the PEO Model, therapists consider the many complex factors influencing clients' daily occupational performance. This allows therapists to analyze complicated situations, to plan interventions, and focus on what is important for enabling optimal occupational performance. In addition, interventions can expand beyond the individual client to target occupations and environments more broadly and in different ways. As a result, multiple options for change are created.

The flexibility of the Model to interface with other perspectives, theories and practices facilitates communication within and outside of the profession of occupational therapy. For example, the ability of the Model to interface with the Canadian Occupational Performance Process Model (CAOT, 1997) and its terminology facilitates communication within the profession. The Model appears to be easily communicated in other languages and cultures as shown by its use in other countries, and other cultures. Also, the Model supports occupational therapists to relate to the practices of other disciplines who examine person-environment relations, and at the same time, demonstrates that the uniqueness of our discipline lies in the third sphere - occupation. By focusing the analysis of difficulties on all three spheres (person, environment and occupation), a shared responsibility for the situation and its resolution is implied between the client or clients, the environment (e.g.,

Figure 3

Assessment of person, environmental and occupational factors impacting Norman's occupational performance



family, coworkers), and occupation. Hence, collaborative planning is encouraged. Each of these ideas will be expanded upon in this paper.

## Applications of The Person-Environment-Occupation Model

Application of the PEO Model can be readily integrated into current practice by following the PEO Application Framework (Figure 2). Once the client(s) has identified occupational performance issues, the client(s) and therapist together look at strengths and problems in occupational performance by assessing the environmental conditions, analyzing occupational elements (activity, task, time, sequencing etc.), and aspects of the client's performance components which relate to performance of the occupation in the particular environment. Information is synthesized within a transactional framework by focusing on the person-occupation, occupation-environment and person-environment relationships. With the client, a plan is developed that identifies strategies to remove barriers and increase supports to improve occupational performance by creating a better person-environment-occupation 'fit'. Plans are evaluated by examining changes in occupational performance. Conceptually, the PEO Application Framework works well with the Occupational Performance Process (Fearing, Law, & Clark,

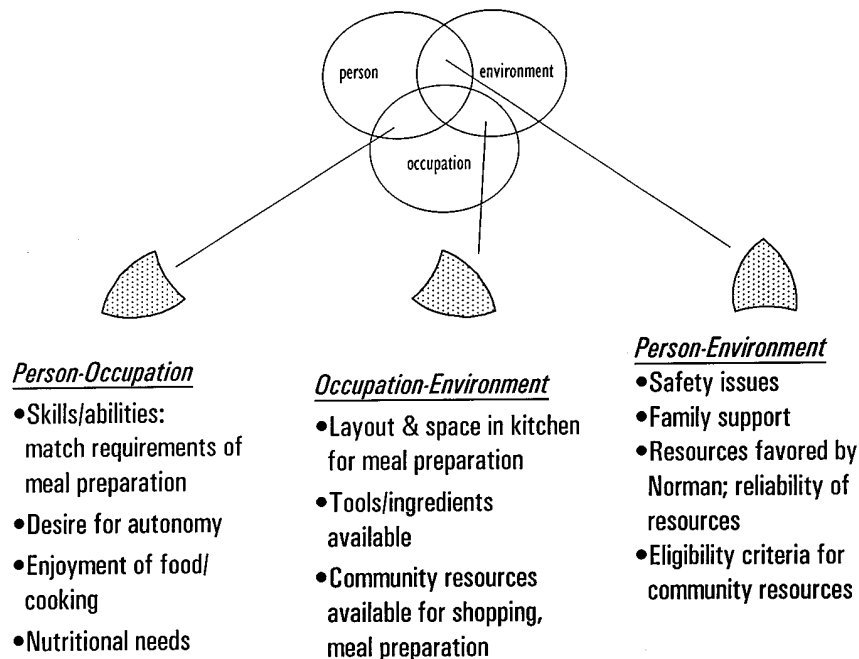
1997) which provides more specific details about the process of conducting the assessment, planning and intervention within a negotiated client-therapist alliance. Application of the PEO Model is illustrated in the following fictitious scenarios.

### Scenario 1 - Norman

#### A. Presenting situation

Norman is an 80 year old man who fell and fractured his hip 3 weeks ago. He was recently transferred to the rehabilitation unit of the hospital. Norman had been living on his own in an apartment. His only son lives in the area with his own family. They regularly have Norman join them for Sunday dinner and have helped him with heavy household chores. The Rehabilitation Team have started discharge planning for Norman and want to determine whether he is safe to return to his apartment or whether he should be placed in a long-term care facility. Norman has been making progress in occupational therapy with his self-care, however he is unable to prepare meals on his own. Norman insists he wishes to return home and believes he will be able to look after his meals once he is home. During an initial interview, Norman identified occupational performance issues that were important to him. Together they agreed to explore how to return Norman home.

Figure 4  
Analysis of Person-Environment-Occupation Transactions (Norman)



## OCCUPATIONAL PERFORMANCE PROBLEM: Norman wants to return home

### B. Assessment

The PEO Model can be used to assess and formulate the presenting problem in a client-therapist alliance. The PEO Model guides the therapist to gather information about Norman (the person), the tasks and activities which are important to him (occupation) and his home (environment) as shown in Figure 3. Information would be obtained from Norman, the treatment team, and his family using interviews, observations, chart reviews and standardized assessment tools.

The therapist and Norman not only look at the problems that Norman has preparing meals, but also consider the options available for mealtime and the supports available to him. Thus, the assessment places less emphasis on Norman's performance problems with preparing meals, and places more emphasis on the options available to enable him to eat nutritious, satisfying meals. The shift in emphasis allows Norman to feel less defensive and consequently, to be able to be engaged in the process.

Using the PEO Model, the therapist can take the assessment a step further by involving Norman and his family in the analysis of the transactional relationships amongst the various person, occupation and environment components across time as illustrated in Figure 4 (i.e., person-occupation (PO), the occupation-environment (OE), and the person-environment (PE) processes). In Norman's situation, it is important to assess the fit between Norman's current skills and abilities, his home environment and the occupation of meal preparation.

When examining the PEO transactions (Figure 4), issues regarding the fit between Norman's interests in meal preparation and his current abilities to make his own meals will be considered in relation to the amount and type of resources available in his home and community environments. This requires the involvement of Norman's family in the assessment process. The transaction of person, environment and occupation components is considered from a temporal perspective (i.e., with regard to how they relate to one another across time) to address concerns about Norman being able to prepare meals at home. This can alleviate some anxiety as Norman and his family realize that the amount of support he may require immediately post-discharge may reduce as his physical abilities improve over time.

### C. Intervention

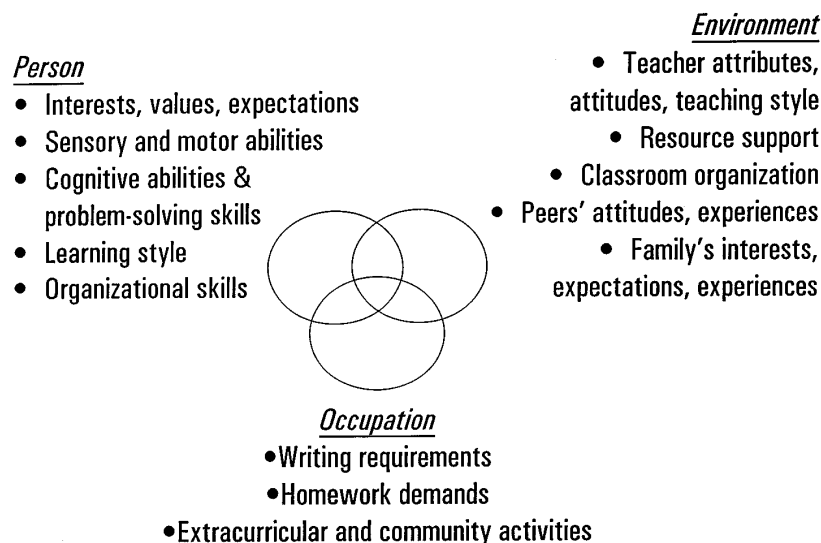
The targeted outcome for Norman is to eat nutritious, satisfying meals in his own home upon discharge. When applying the PEO Model, the therapist, client and family can work together to focus on ways to remove barriers and develop supports for improving Norman's occupational performance in the area of meal preparation. Together, they can devise a plan for obtaining meals that considers all components of person, environment and occupation, and thus increase the quality of the PEO fit.

Depending on assessment findings, examples of intervention strategies for Norman may include:

- Developing a weekly plan for meals with Norman and his family
- Providing family education about safety issues and com-

Figure 5

Assessment of person, environmental and occupational factors impacting Karen's occupational performance



munity resources

- Making referrals to community resources upon discharge (e.g., Meals-on-wheels, home care occupational therapy and homemaking)
- Recommending kitchen modifications and use of adaptive aides to enable Norman to access his kitchen and conserve energy

By framing the challenge of meal preparation for Norman in terms of the PEO fit, the therapist can clearly explain potential intervention strategies. Norman and his family can be explained how the therapist is trying to match Norman's meal preparation abilities, and preferences with the requirements for obtaining daily nutritious meals, and the resources available to him when living at home. They can be told how obstacles to Norman obtaining satisfying nutritious meals can often be overcome by strategizing not only what things Norman could do, but also what changes could be made to the meal making process, and what supports for his family (e.g., community services) could be enlisted to help. This also assists Norman and his family in understanding the roles and functions of occupational therapy.

## D. Evaluation/ Follow-up

At a discharge planning meeting the therapist and Norman can report with confidence that he will be able to manage obtaining nutritious meals in his own home, with environmental supports and a plan in place. After discharge, home care occupa-

tional therapy services can follow up to review Norman's situation and consider any other issues related to his occupational performance at home.

## Scenario 2 - Karen

### A. Presenting situation

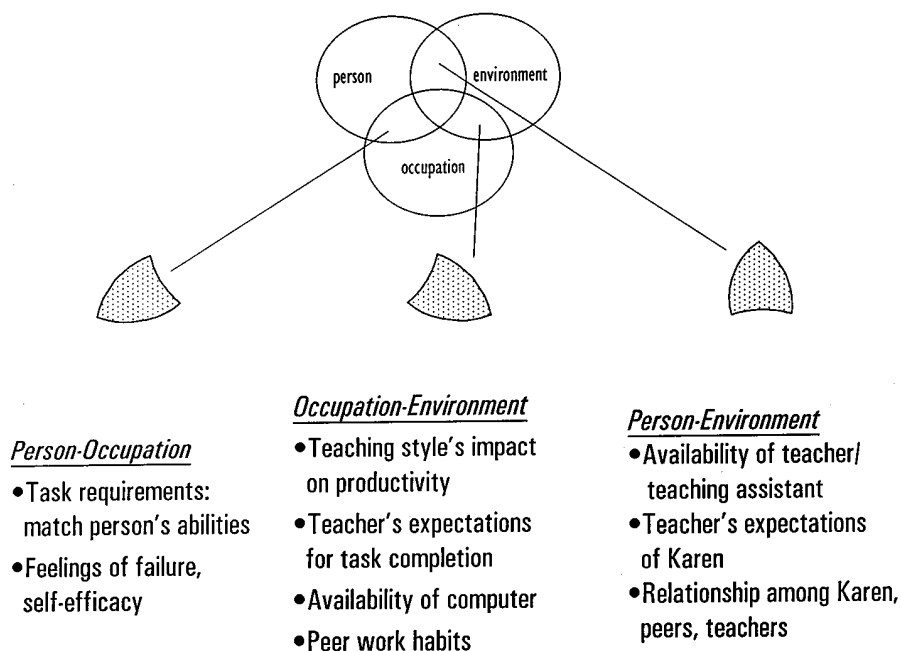
Karen, a nine year old who has cerebral palsy, spastic diplegia has been referred for school-based occupational therapy services. Her parents and teachers are concerned as she has had difficulty learning to print or write and is slow to complete her written work legibly. The occupational therapist is asked to assess the handwriting problems and provide intervention plans. During an initial interview with Karen, she validated that completing written work was an important issue for her and she agreed to work with the occupational therapist to see what could be done.

### OCCUPATIONAL PERFORMANCE PROBLEM: Karen is having difficulty completing written work at school

### B. Assessment

The therapist gathers information about Karen (the person), her school tasks and activities (occupation), and her school and home (environments) as illustrated by Figure 5.

Figure 6  
Analysis of Person-Environment-Occupation Transactions (Karen)



Information can be obtained from Karen, her teacher, the teaching assistant, her parents and the school records with formal and informal assessment methods. However, the scope of assessment is broadened to include the components in Figure 5 and extend to an analysis of the Person-Occupation (PE), Environment-Occupation (EO), Person-Environment (PE) transactions (Figure 6).

The assessment of personal factors influencing Karen's occupational performance notes her physical abilities and limitations, including difficulties with motor planning and her lack of initiative to seek help from others. Karen is observed to sit and do nothing while her classmates are writing. She comments "I just can't do it! I'm different than the others". Assessment of environmental and occupation factors reveal that routinely, the class is expected to copy questions from the blackboard and to fill in the answers independently. Karen's teacher sits at her desk and students are expected to approach her with their problems.

During an analysis of PEO transactional relationships, the occupational therapist recognizes a poor PO fit between Karen's competencies and the typical writing task requirements in the class. Copying from the blackboard is very difficult for Karen and she seems to have given up. Karen's pace of writing is considerably slower than her peers, thus she always feels behind and takes a great deal of work home. Upon analysis of the OE relationship, it is evident that Karen's teacher is kept busy at her desk addressing the other students' needs. She rarely comes around to students' desks while they are completing writing tasks. The therapist also finds a poor fit between P and E, specifically Karen's abilities and the environmental expectations and resources. All students are expected to complete written work in the same way, and no accommodations are made for Karen's handwriting difficulties.

## C. Intervention

The targeted outcome in this scenario is to improve Karen's occupational performance in the area of written work, specifically to enable her to keep up with the written work demands in her classroom. The focus of intervention is the fit between her competencies, the written work expected in her class and the environmental resources. This focus supports the need for the occupational therapist to work together with Karen, her family and school staff to improve the PEO fit.

Some examples of intervention strategies depending on specific findings may include:

- Educating school staff, with assistance from Karen and her parents, about her disabilities and appropriate expectations
- Discussing strategies with school staff to reduce the amount of written work for Karen, such as using other students' notes to work with, receiving some assistance to copy notes from a teaching assistant, and exploring the use of computers at home and school
- Introducing problem-solving strategies to Karen to help

her determine when to ask for assistance from a teaching assistant or classmate

The therapist can use the PEO Model to develop a collaborative plan with the different parties in a non-threatening manner. Strategies focus on removing barriers to the PEO transactions and developing supports, which enable Karen to keep up with the written work in her classroom. Everyone can see how they can contribute to Karen's successful occupational performance.

## D. Evaluation/ Follow-up

The therapist may revisit the school and meet with Karen, and school staff to review the situation. The targeted outcome of intervention can be evaluated in terms of whether Karen is able to keep up with the written work in the classroom to the satisfaction of Karen, her parents and school staff, with the recommended supports and modifications in place. The PEO Model can be used to evaluate the effectiveness of the intervention strategies, by examining the extent to which they improved the quality of fit between person, environment and occupation.

The dynamic nature of the PEO relationships can be addressed during follow-up visits by addressing how the optimal fit can be sustained over time. This requires flexibility and adjustments in the strategies implemented as changes occur in the person, environment and/or occupation. For example, as Karen develops her problem-solving skills and takes more responsibility to ask for assistance when she needs it, the teaching assistant and teacher need not check in with Karen routinely, but can carry on with other work until she approaches them. Also, as the writing demands in the curriculum change, new strategies may be needed to ensure Karen can continue to keep up and feel successful at school. The PEO Model can help the different parties to expect and anticipate changes over time, and thus maintain optimal fit, or occupational performance.

## Scenario 3 - Spencer

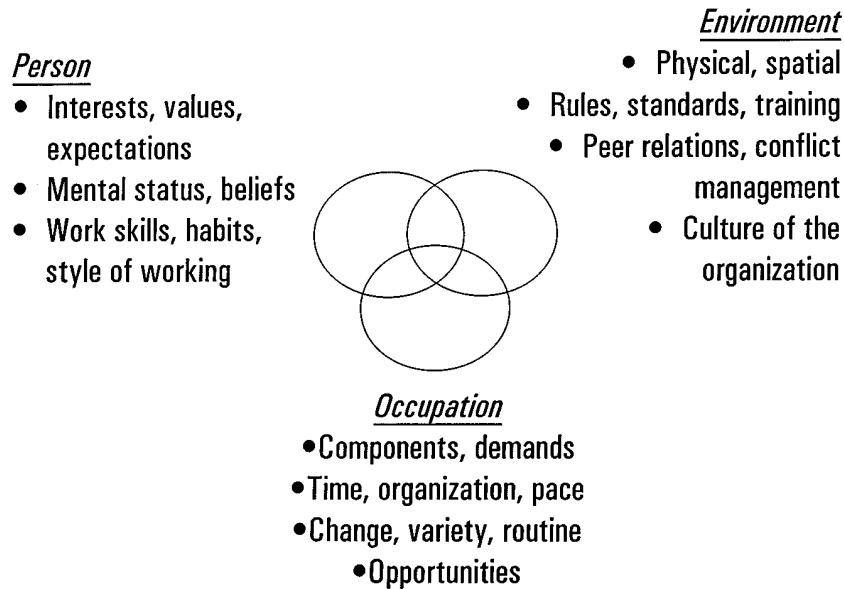
### A. Presenting Situation

An occupational therapist working at an outpatient mental health clinic is greeted by Spencer sliding into a nearby chair saying "I can't go back there". Spencer insists he cannot work any longer cleaning offices; a transitional work placement in the community. Spencer has had schizophrenia for the last 15 years. About six weeks ago, he was placed with a temporary employment agency to gain work experience. A phone call to the agency staff reveals Spencer has become increasingly withdrawn, ruminating about coworkers. A discussion ensues with Spencer concerning how the work placement was intended to help him achieve his vocational goals. Spencer agrees to accompany the therapist to his work to investigate further by talking with Spencer's coworkers and supervisor, and by observing Spencer working onsite.



Figure 7

Assessment of person, environmental and occupational factors impacting Spencer's occupational performance



## OCCUPATIONAL PERFORMANCE PROBLEM: Spencer's lack of work satisfaction

### B. Assessment

Person, occupation and environment components in Figure 7 are considered with regard to how they relate to one another across time to produce Spencer's lack of satisfaction, and his supervisor's concerns about Spencer's decline in functioning and potentially becoming ill again (Figure 8).

An examination of the PO interaction revealed that the work activities matched Spencer's skills and abilities; he was generally able to meet daily challenges with success. Although he valued the work activities, Spencer expressed low self-efficacy regarding his ability to do the work. Spencer was in the early stages of the recovery process. He had not yet incorporated a sense of self as a worker, and did not fully view himself as an active agent in his recovery. The work was continually changing from job to job with little routine. Spencer perceived little personal control over how his work was performed or organized.

The OE interaction showed that although Spencer arrived at each office with a three member team, his work was performed largely in physical isolation from the rest of the team. Team members and his supervisor expressed that Spencer's work was valued by the organization.

The PE interaction found the supervisor's communication was unclear and rules tended to be applied dogmatically to all

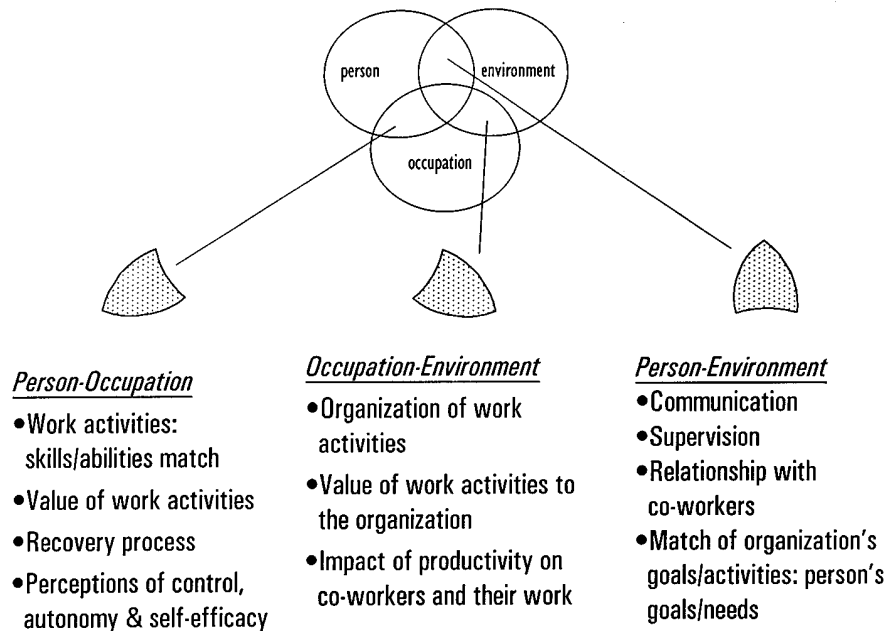
staff. The staff were not sure what to expect of Spencer and appeared to treat him with 'kid gloves'. Spencer was often not included in social conversations. The workplaces offered tremendous potential for work experience and training opportunities which were in keeping with Spencer's vocational goals and future aspirations.

Upon examining the presenting problem in this manner, the problem was reconceptualized from what appeared initially to be Spencer becoming ill, to a complex set of transactions constraining his satisfaction and recently his functioning on the job. The therapist was able to rule out lack of interest, and Spencer's ability to function as the primary issues.

### C. Intervention

Interventions focus on improving occupational performance by removing barriers / constraints and developing supports to improve the quality of the PEO fit. Intervention would include targeting the relationships between Spencer, his work activities, and the work environment. The emphasis would be to make the workplace a better place for everyone by improving the people-work-environment fit. In this way animosity between co-workers is avoided by Spencer not being seen as having special concessions, the supervisor not made to feel that he is the problem, and there is 'buy in' by all parties to work together.

**Figure 8**  
**Analysis of Person-Environment-Occupation Transactions (Spencer)**



Examples of intervention strategies for Spencer may include:

- Clarify job expectations, arrange clearer channels of communication.
- Negotiate some routine.
- Negotiate to have some element of control & autonomy over work tasks.
- Educate supervisor and co-workers about mental illness.
- Offer on-going facilitation of problem solving to the supervisor re: dealing with daily issues.
- Counsel Spencer re: asserting himself, dealing with others' reactions to mental illness.

## D. Evaluation/ Follow-up

The intervention could be evaluated by discussing with Spencer changes in his perceptions of his work environment, perhaps facilitated by using a standardized self-report measure such as the Work Environment Scale (Moos, 1994). If the supervisor was also requesting feedback, the Work Environment Scale could be completed by the supervisor, Spencer and co-workers and a comparison made of perceptions. The therapist would seek reports of Spencer's satisfaction (i.e., whether it was a positive experience and meeting his vocational goals) and his supervisor's satisfaction (i.e., whether Spencer's performance was satisfactory). On-going follow-up would be provided by the therapist 'trouble-shooting' routine issues as they arise. These issues would be dealt with

by Spencer, his supervisor and the therapist together problem-solving ways to improve the quality of the fit between the person, environment and occupation. Explanations and group planning may be facilitated by drawing three overlapping circles labeled workers, the work activities, and the workplace. Discussions can be focused on strategies to improve the fit of the circles with group members adding words or phrases to the drawn figure.

## How the PEO Model facilitates practice

The PEO Model is being used by occupational therapists in a variety of different settings and has been found to be a practical tool to facilitate practice. A strength of the PEO Model is that it enables therapists to consider the complexities of human functioning and experience in the day to day realities of clients' lives and therapists' practices. The flexibility of the model facilitates this by allowing the therapist to consider various combinations of P-E-O components and their transactions across time, and in different environments. The three scenarios illustrate this flexibility through the different combinations of P-E-O. By considering the transactional effects, the therapist is also able to obtain a clearer, more comprehensive, understanding of complicated occupational performance situations. For example, with Spencer, the Model helped the therapist to reconceptualize the central problem from an issue of Spencer becoming ill or lacking interest, to a poor Spencer-job-work environment fit.

There are many potential variations to the PEO elements which can be examined. For example, person can refer to an individual or to a group, organization, or community. The environment can be examined for its cultural, socio-economic, institutional, physical and social aspects on both the micro (i.e., immediate clinical level) and macro levels (i.e., systems level). For example, with Karen and Spencer, the therapist could also intervene at the macro level by addressing the organization's policies regarding working with persons with disabilities and providing in-service training to the organization.

Another example of the flexibility of the Model is shown by how it considers time through the PEO elements transacting over the lifespan across changing situations as represented by a tube or cylinder (Figure 1). Therefore, therapists are able to conceptualize and plan interventions which take into account human development and change. With Karen, interventions will change as she develops and becomes more assertive. For Spencer, the therapist considered his stage in the recovery process. At an earlier time, the same client may have considered himself a patient; his world solely focused on his illness with different priorities and level of wellness. The therapist and client might also have been operating in a different context (e.g., an occupational therapist servicing an in-patient and a multidisciplinary in-patient team).

In addition to flexibility, the Model offers a systematic approach to the analysis of occupational performance issues. As illustrated by the three scenarios, therapists examine problems in occupational performance by following the PEO Application Framework (Figure 2). The result is an organized and integrated approach. The structure is particularly useful when attempting to see "the forest for the trees" when confronted by perplexing situations. The time spent in analysis of occupational performance issues can result in efficient use of a therapist's time by producing focused effective interventions and relevant outcomes.

Third, the Model helps therapists to place their activities into a framework that has a broad scope of occupational therapy practice and offers multiple options for intervention. For example, with Norman, the therapist's scope included occupational and environmental factors and an analysis of PEO transactions. Therefore the focus of the intervention expanded from Norman making meals to multiple strategies and options for Norman to obtain nutritious and satisfying food. A focus beyond the individual, his/her impairments and personal competencies is particularly helpful when dealing with persons with chronic, persistent illness. With Spencer, a range of interventions were examined involving Spencer, his supervisor and co-workers and focused on aspects of the person, the occupation and different components of the environment. The range of interventions offers the therapist the opportunity to participate in a number of roles (e.g., provider of direct clinical services, consultant to workplace, advocate for change or change agent, health promotion).

The fourth benefit from using the PEO Model stems from how the Model facilitates communication within and outside the profession. Occupational performance problems and the occupational therapists' intentions can be explicitly described to others using this Model. It enables therapists to explain to themselves and others what they do uniquely. Individuals who do not come from a medical background can understand its rationale. Because the concepts reflect ideas in the social sciences, the Model reflects the richness of occupational therapy's heritage. The Model is easy to understand and it does not appear to be culturally bound. It does not require its user to abandon his/her own perspectives; rather the Model can operate as an organizing framework for professionals to use all the techniques or methods of intervention at their disposal for situations appropriate for a person-environment-occupation theoretical approach. The occupational therapist is able to use the Occupational Performance Process (Fearing et al, 1997) together with the PEO Model; the Occupational Performance Process provides principles and a guiding framework for negotiating a client-therapist alliance, while the PEO Model provides an approach to analyzing, strategizing and communicating occupational performance difficulties concerning person, environment, occupation relationships. Since the PEO Model meshes well with other perspectives and practices, it allows team members from different orientations or clinical training to communicate with a common understanding for them to work together as a team. The Model further facilitates constructive teamwork by reducing feelings of defensiveness by focusing on the PEO fit issues rather than placing responsibility on any one person or organization.

Finally, the PEO Model supports the pursuit and continued development of occupational therapy practice trends and needs. It embodies the principles of client-centred practice and supports the collaborative working partnership process articulated in *Enabling Occupation: An Occupational Therapy Perspective* (CAOT, 1997). The profession has been returning to its roots through discussions on occupation and occupational performance. The model offers a way of conceptualizing how these constructs relate to one another theoretically and suggests a structure for problem-solving intervention strategies. The Model clearly defines the outcome of occupational performance as the product of PEO transactions which facilitates evaluation. This means that therapists can identify what outcomes need to be measured.

In summary, the Person-Environment-Occupation Model (Law et al., 1996) facilitates practice by:

- Considering the complexities of human functioning and experience
- Offering a systematic approach to the analysis of occupational performance issues
- Expanding the scope of practice and options for intervention

- Facilitating communication within and outside the profession
- Supporting the pursuit and continued development of client-centred, community based practice

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