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Clinical Application of the SOiL Model: A Practical Case Consideration

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Comments
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The occupational therapy (OT) profession has faced persistent difficulties integrating spirituality into practice, with ongoing debates about spirituality’s definition, practical application, and how to prepare occupational therapists to implement it (Heard, 2023; Mthembu et al., 2016; Newbigging et al., 2017). In addition, the profession has been distracted by the quest for a clear consensus on spirituality’s definition, which has hindered its everyday application among clinicians. Furthermore, there has been a lack of emphasis on spirituality in academic training and professional development, potentially limiting its incorporation into daily clinical practice (Morris et al., 2014). Lastly, the absence of a practical conceptual model to help clinicians frame occupational performance through a spiritual lens has further hindered the integration of spiritual concepts into practice (Mthembu et al., 2016; Newbigging et al., 2017). In “Spirituality and Occupation in Living (SOiL) Model: Conceptualizing Occupational Performance Through the Lens of Spirituality,” Heard (2023) explored the development of the SOiL model and how it addresses the concept of spirituality in OT practice.

The SOiL model provides a framework for considering co-occupation, parallel occupational performance, and the potential for shared influences in the context of spiritual soil (Heard, 2023). This model’s multi-faceted nature and adaptability enable therapists to collaborate with clients and their families to visually consider occupational performance and co-occupation concepts. Every individual, family, or community is distinct. The SOiL model empowers therapists and clients to communicate visually and discuss the factors that make their co-occupation unique and shared, influencing their spiritual soil.

**SOiL Model Application: A Case Study**

**Introduction**

Sarah Johnson (pseudonym), a 45-year-old accountant and single mother of two teenagers, faced an unexpected challenge in the summer of 2023. Cleaning the gutters on a sunny day led to a life-altering fall from a ladder. The result was a cervical fracture at the C5-C6 level that left her immobilized and dependent on the care of others. Sarah was hospitalized and faced the daunting prospect of recovery. She was referred to OT after cervical spine stabilization surgery and an initial round of physical therapy to address her mobility.

**Goals from a SOiL Model Perspective**

Sarah’s once-independent life was interrupted, and she yearned to regain her sense of self and return to her family and career. Her primary complaints were pain and weakness in her upper extremities, leading to her inability to dress, shower, and perform her parenting role for her two children. She had always been an active, hands-on mother, attending school events, cooking family meals, and offering emotional support. However, her injury left her immobile and dependent on her family for the simplest of tasks. She longed to return to the active parenting role she cherished. She indicated that caring for her children holds a sacred meaning in her life, especially because she is a single mother without an extended family in town. Sarah is also passionate about her work and wanted to return full time, but she was ready for part-time work in the initial months of recovery.

The SOiL Model (see Figure 1) enabled the therapist to view Sarah’s occupational performance via a spiritual lens. Sarah’s relational inputs were her two teenage children. These are represented by the tree roots in her spiritual soil. Sarah’s illness experience of a cervical fracture had a vast impact on the surface of her spiritual soil, preventing her occupational performance. Her illness experience is demonstrated by wide fissures and the clouds representing newly developed anxiety post-accident. These
impacts affected her sacred occupations of parenting her children and returning to work as a full-time accountant.

Figure 1
Soil Model Application

Interventions for Occupational Performance

The initial assessment after Sarah’s fall revealed the stark reality of her condition. She had limited range of motion in her neck and upper extremities, a reminder of her trauma. Simple tasks like reaching for her phone or turning her head were excruciatingly painful. But Sarah was determined to regain her mobility. Her therapist introduced her to a regimen of exercises designed to increase her range of motion gradually. The process was slow and marked by moments of frustration, but Sarah’s relentless determination shone through. Each small victory brought her closer to improving strength and function in the upper extremities. Through countless hours of effort and the unwavering support of her therapist, Sarah slowly reclaimed her upper-extremity function, proving that determination could conquer pain.

Independence in self-care activities has always been a fundamental part of Sarah’s identity. Her fall had quickly shattered her ability to perform these tasks, leaving her vulnerable and dependent. The desire to regain her self-sufficiency burned within her, igniting her determination to master self-care again. Sarah’s occupational therapist recognized the importance of these essential activities in her life and tailored her therapy accordingly. Adaptive techniques and tools were introduced to facilitate independent dressing, grooming, and bathing. Sarah’s occupational therapist taught her energy conservation strategies to manage household chores, ensuring that every ounce of her strength was used efficiently. With each day, Sarah took one step closer to regaining her self-care abilities, a sense of accomplishment shining through her eyes.

The challenge of navigating her two-story house loomed large. Her home, once a place of comfort, had transformed into an obstacle course of stairs and tight spaces. Sarah’s safety was paramount, and her house required significant modifications. Collaborating with a specialist in home modifications, the occupational therapist transformed her residence into a safer, more accessible environment. Grab bars appeared where needed, and an elevated toilet seat was installed in the bathroom. It was not just about physical changes but about teaching Sarah to navigate her home confidently. With patience and practice, she learned to move about her house safely, and her family members also received training in safe transfers and mobility techniques.

Interventions for Emotional Well-being (Affect)

Sarah’s physical challenges were not the only burdens she carried. The emotional toll of her injury weighed heavily on her spirit. Anxiety, frustration, and sadness gripped her as she grappled with her limitations. But Sarah was not alone on this emotional journey. OT provided a haven for her to express her feelings. Individual counseling sessions became her refuge, where she could voice her anxieties and fears. She developed coping strategies with her therapist to manage the emotional turbulence that stemmed from her injury. Gradually, Sarah’s emotional state improved, and she regained a sense of hope and resilience.

Returning to Sacred Occupations

Work. Sarah’s career as an accountant was not just a job; it was her passion. Her determination to return to her role was unwavering, and her occupational therapist shared that determination. They developed a gradual return-to-work plan that allowed Sarah to reintegrate into her career as an accountant. Her employer supported her by providing an ergonomic office setup and reduced hours. Communication between her therapist and employer ensured her progress was carefully monitored and adjustments were made as necessary. Sarah was not just returning to work; she was returning to her life. After 4 weeks of dedicated effort, Sarah’s transformation was evident. Her upper-extremity function had significantly
improved, and she had regained her self-care skills. The home modifications and training gave her newfound confidence in her home. Most significantly, Sarah successfully returned to work on a part-time basis, paving the way for her full reintegration into her career.

**Parenting.** Sarah’s commitment to her family was her driving force. The occupational therapist, recognizing Sarah’s deep desire to return to her parenting role, became the bridge back to her children. In collaboration with her orthopedic surgeon, her occupational therapist crafted a plan around her physical limitations and gradual recovery. Sarah’s return to parenting was not an overnight transformation but a gradual process. As her physical strength improved, she began to engage more actively with her children. She resumed helping with their homework, attending school events, and cooking their favorite meals. The children, understanding their mother’s journey, became her support pillars.

**Conclusion**

Sarah’s journey from a cervical fracture to recovery was a testament to her determination and the comprehensive care the OT team provided. Addressing physical, psychological, and environmental factors was essential in achieving her remarkable progress. Sarah’s story highlights the invaluable role of OT in rebuilding lives and restoring independence after traumatic injuries. In conclusion, Sarah’s journey from a devastating fall and cervical fracture to her recovery was a testament to her unwavering determination and the comprehensive care provided by OT. Her story is an inspiration, highlighting the power of perseverance, support, and OT in rebuilding lives, restoring independence, and proving that setbacks can be stepping stones to even more significant achievements.

In light of this broader context, it becomes evident that there are substantial implications for occupational therapists’ education and ongoing professional development regarding spirituality. Given the central role of spirituality in the OT profession, both at the national and international levels, it is crucial to incorporate these concepts into the fundamental curricula of OT programs and include them in professional development modules (Heard, 2023). This educational preparation should encompass the entire spectrum of human life, considering variations and changes in physical, cognitive, and mental health (Morris et al., 2014). The introduction of the SOiL model, as presented, could provide educators and those involved in professional development with a valuable framework to facilitate this essential professional emphasis.

**References**


