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Editorial

The 1st Lusophone Occupational Therapy Conference took place on July 9, 2021, in virtual mode (video conference).

This conference came from the Academic Nucleus of Occupational Therapy (NATO) of the Academic Network of Health Sciences of Lusophony (RACS). It intended to dynamize and disseminate scientific production in Occupational Therapy, in Portuguese. It also intended to contribute significantly to the discussion of the most current and emerging topics and to have the participation of researchers and professionals from the Portuguese-speaking world.

Only with the sharing of scientific knowledge is it possible to make the profession progress and support the practice in solid evidence in order to promote knowledge and recognition of Occupational Therapy.

In this first edition, in virtual format, following the pandemic that devastated the planet, 15 posters were presented asynchronously in video format and made available at <https://www.youtube.com/playlist?list=PLKUR7eWoyi2QAmZdHuB8qapIIA3PGxPVf>.

They were also presented synchronously 14 free communications that resulted in 13 full articles that were published in *RevSALUS - International Scientific Journal of the Academic Network of Health Sciences of Lusofonia RACS* <https://revsalus.com/index.php/RevSALUS>.

An oral communication can be found in a full article in this book.

In this book of proceedings are published the summaries of the full articles published in RevSalus as well as the short articles that originated the video-posters.

With more than 100 international participants, this edition was a considerable success given its novelty and pandemic constraints.

The future looks fruitful and filled in a Lusophone network that expands in a sustainable way.

Successes for Occupational Therapy and Academic Network of Health Sciences of the Lusophony.



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Mental Health Literacy in Hyperactivity Disorder and Brain Deficit

Attention: Pilot Study

Mental Health Literacy in Hyperactivity Disorder and Attention Deficit: Pilot Study

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Summary

Introduction: Several studies refer Portugal as the second country with the highest prevalence of psychiatric diseases in Europe (22.9%), and it is important to increase the literacy of the population. **Objective:** Our objective was to evaluate the effectiveness of the training on ADHD, carried out through the Bicho 7 Cabeças platform, to increase the knowledge of adults, without training in the health field. **Material and Methods:** The sample consists of 16 individuals, between 18 and 29 years old, being five male. Of these, 50% are in the 12th year, 31.25% are graduates and 18.75% have a master's degree. were used as knowledge measures the value obtained in the results after the training and in a question about the level of knowledge of the individual about ADHD, along with the usability questionnaire. **Results:** The results showed an increase in the knowledge about ADHD, regardless of sex, age and education. The average of the knowledge obtained in the training is of 8.36 out of 10 and in all assessments, the percentage was higher than 70%. The usability of the platform was evaluated positively by individuals. **Conclusion:** Through the present study it was possible to verify the effectiveness of the Bicho 7 Cabeças platform, in the increase in population literacy.

Keywords: ADHD; literacy; online platform; technology.

Abstract

Introduction: Several studies refer to Portugal as the country with the second-highest prevalence of psychiatric disorders in Europe (22.9%), so it is essential to increase its literacy. **Objective:** Therefore, our goal was to assess the efficiency of ADHD training, carried out through the "Bicho 7 Cabeças" platform, in expanding the knowledge of adult individuals with no health training. **Material and Methods:** The sample is 16 individuals between 18 and 29 years old, five of whom are male. Of these, 50% have completed the 12th grade, 31.25% have a bachelor's degree, and 18.75% have a master's degree. We used as measures of knowledge the value obtained in the results after the training and a question about the individual's level of knowledge about ADHD and the usability questionnaire. **Results:** The results showed an increase in ADHD knowledge regardless of gender, age, and education. The average knowledge obtained in training is 8.36 out of 10, and in all evaluations, the percentage was above 70%. The individuals positively evaluated the usability of the platform. **Conclusion:** Through this study, it was possible to verify the efficiency of the "Bicho 7 Cabeças" platform to improve the population's literacy.

Keywords: ADHD; literacy; online platform; technology.



Characterization of the Mental Health Literacy level of young people in the Area Metropolitan of Porto

Mapping the Mental Health Literacy level of young people in the Metropolitan Area of Oporto

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Summary

Objective: To characterize the Mental Health Literacy (MLS) level of young people 14-18 years old, living in the area metropolitan port. **Methods:** 847 young people participated in the study. A sociodemographic questionnaire was used and the versions portuguesas da *Mental Health Promoting Knowledge Scale* (MHPK-10) e da *Mental Health Literacy Measure* (MHLM). Como As an exclusion criterion, young people should not have confirmed pathology that would prevent them from reading and understanding the questions. To assess possible predictors of LSM in young people, a multiple linear regression was used. **Results:** It was found that 75.65% of the sample had a score equal to or greater than four on the MHPK-10 and 71.97% had a result on the MHLM indicative of an LSM level. The predictors of a higher level of LSM were being older (95%CI<age]0.03; 0.10[]), being female (95%CI male]0.06; 0.20[]), having higher education (95%CI>school]1.12; 2.66[]), and knowing someone with a disease mental (95%CI]0.45; 1.59[]). **Conclusion:** According to the results, the levels of LSM in the young population in Portugal, is relatively high, with values in the order of 70% of knowledge.

Keywords: Mental Health Literacy; Young people; Mental health; prevalence.

Abstract

Aim: The aim of this study was to map the level of Mental Health Literacy (MHL) among young people 14-18 years old living in the metropolitan area of Porto. **Methods:** A total of 847 young people participated in the study. A sociodemographic questionnaire and the Portuguese versions of the Mental Health Promoting Knowledge Scale (MHPK-10) and the Mental Health Literacy Measure (MHLM) were used. As exclusion criteria, young people should not have a confirmed pathology that would prevent them from reading and understanding the questions. To assess possible predictors of MHL in young people, multiple linear regression was used. **Results:** It was found that 75.65% of the sample had a score of four or more on the MHPK-10 and 71.97% had a score on the MHLM indicative of a level of LSM. The predictor variables of a higher level of LSM were being older (95%CI<age]0.03; 0.10[]), being female (95%CI male]0.06; 0.20[]), having higher education (95%CI>educat]1.12; 2.66[]), and knowing someone with mental illness (95%CI know]0.45; 1.59[]). **Conclusion:** According with the results, the levels of LSM in the young population, in Portugal, is relatively high, with values in the order of 70% knowledge.

Keywords: Mental Health Literacy; Young People; Mental Health; Prevalence.



Characterization of Well-Being in the Young Population of the Metropolitan Area of Harbor

Characterization of Wellbeing in the Youth Population of the Metropolitan Area of Harbor

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Summary

Introduction Well-being is a multidimensional concept that presupposes that the individual must be involved in his daily life and find meaning and purpose in their occupations through building a personal identity and maintaining socially valued roles. **Objective:** This is a recent concept and still little studied, so the objective of this study is to describe the prevalence of the level of well-being of the young population, between 14 and 18 years old, in the Porto Metropolitan Area.

Material and Methods: A cross-sectional study was carried out on 847 young people from secondary schools in Porto, Vila Nova de Gaia, Matosinhos and Gondomar, using two well-being assessment scales, the Portuguese versions of the *Warwick-Edinburgh Mental Wellbeing Scale* and the *Pemberton Happiness Index* and a self-completed sociodemographic questionnaire.

Results: There were statistically significant differences in the levels of well-being regarding the variables of sex (pWEMWS <0.001; pPHI<0.001), knowing someone with mental health problems (pWEMWS <0.001; pPHI <0.001), educational level (pWEMWS <0.031) and city of residence (pWEMWS <0.045; pPHI <0.011). **Conclusion:** It was identified that being a young male, not knowing individuals with mental health problems and having a lower level of education are significant predictors of well-being.

Keywords: Well-being; Young people; Warwick-Edinburgh Mental Well-Being Scale; Pemberton Happiness Index; prevalence.

Abstract

Introduction Wellbeing is a multidimensional concept that assumes that the individual must be involved in his daily life and find meaning and purpose in his occupations by building a personal identity and maintaining socially valued roles. **Objective:** This is a recent concept and still little studied, so the purpose of this study is to describe the prevalence of the wellbeing level of young people, between 14 and 18 years old, in the Metropolitan Area of Porto. **Material and Methods:** It was conducted a cross-sectional study on 847 young people from secondary schools in Porto, Vila Nova de Gaia, Matosinhos and Gondomar. Using two wellbeing assessment scales, the Warwick-Edinburgh Mental Wellbeing Scale and the Pemberton Happiness Index and a self-filling sociodemographic questionnaire. **Results:** It was found statistically significant differences regarding gender (pWEMWS <0.001; pPHI <0.001), meeting someone with mental health problems (pWEMWS <0.001; pPHI <0.001), educational levels (pWEMWS <0.031) and city of residence (pWEMWS <0.045; pPHI <0.011). **Conclusion:** It was identified that being young males, not knowing individuals with mental health problems and having a lower level of education are significant predictors of wellbeing.

Keywords: Wellbeing; Young; Warwick-Edinburgh Mental Wellbeing Scale; Pemberton Happiness Index; Prevalence.



Validation of the Mental Health Promoting Knowledge Scale (MHPK-10) for the Portuguese population

Validation of the Mental Health Promoting Knowledge Scale (MHPK-10) for the Portuguese population

***Ana Cláudia Guimarães¹ ; Maria João Trigueiro^{1,2}; Tiago Coelho^{1,2}; Inês Maia¹ ; Raquel Simões de Almeida^{1,2}; Vítor Simões-Silva^{1,2}; Paula Portugal^{1,2}; Sara Sousa^{1,2}; Filipa Fields^{1,2}; António Marques^{1,2}**

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Summary

Introduction: Mental Health Literacy refers to the knowledge and skills necessary to promote health and to assess it, valid and comprehensive measures are needed. In Portugal, there is no validated measure that to assess knowledge about the factors that promote positive mental health. **Objective:** Translate and adapt culturally the MHPK-10 for the Portuguese population. **Material and Methods:** The sample was recruited using a non-invasive method. probabilistic, for convenience, in several institutions of the Porto Metropolitan Area and through an *online questionnaire*. THE validation encompassed the translation and cultural adaptation of the original version of the MHPK-10 and the analysis of psychometric properties: reliability - test-test and internal consistency - content validity, construct validity and criterion validity. **Results:** The sample comprises 1728 individuals aged between 14 and 95 years. The value of internal consistency is reasonable ($\alpha=0.79$) and test-retest values support instrument reliability. The factor analysis forced to a factor resulted in values satisfactory, explaining a variance of 35.92%. In criterion validity, a low correlation was obtained ($r=0.32$). **Conclusion:** The psychometric properties appear to be reasonable, although further studies are needed. The present work is a positive contribution to the validation of the MHPK-10.

Keywords: Mental Health Literacy; measurement; health promotion.

Abstract

Introduction: Mental Health Literacy refers to the knowledge and abilities needed to promote mental health and valid and comprehensive measures are needed to assess it. In Portugal there is no validated measure to assess knowledge about factors that promote positive mental health. **Objective:** Translate and culturally adapt the MHPK-10 to the Portuguese population.

Material and Methods: The sample was recruited through a non-probabilistic method, for convenience, in several institutions of the Porto Metropolitan Area and through an online questionnaire. The validation included the translation and cultural adaptation of the MHPK-10 original version and the analysis of the psychometric properties: reliability – test-retest and internal consistency content validity, construct validity and criterion validity. **Results:** The sample is made up of 1728 individuals aged between 14 and 95 years. The internal consistency value is reasonable ($\alpha=0.79$) and the test-retest values ($r=0.72$) support the reliability of the instrument. From the factor analysis forced to a factor resulted satisfactory values, explaining a variance of 35.92%. In the criterion validity, a low correlation was obtained ($r=0.32$). **Conclusion:** Psychometric properties appear to be reasonable, although additional studies are needed. The present work is a positive contribution to the validation of MHPK-10.

Keywords: Mental Health Literacy; measure; health promotion.



Validation of the *Pemberton Happiness Index (PHI)* for the Portuguese population

Validation of the Pemberton Happiness Index (PHI) for the portuguese population

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Summary

Introduction Given the attention that well-being has received worldwide as a crucial aspect of the general health of individuals, your evaluation becomes increasingly important. Thus, the need for validation of brief and integrative measures that assess the levels of well-being in the population. **Objective:** Contribute to cultural adaptation and validation psychometric analysis of the Pemberton Happiness Index (PHI) for the Portuguese population. **Material and Methods:** The sample was convenience, composed of 1728 individuals, with *online* and paper collections. Internal consistency, reliability test-retest, construct, content and criterion validity. **Results:** The sample consisted mainly of women (n=1185), with a mean age of 20.04 ± 20.38 years. The internal consistency of the PHI was very good ($\alpha=0.90$), as well as the test-retest reliability, with $r=0.79$ and $p<0.01$ for the correlation between totals and with values varying between 0.20 ; 0.46 [in Section A and -0.05 ; 0.69 [in Section B. In terms of construct validity, only item 10 of Section A presented values lower than tabled, calling into question the validity of this item. Criterion validity showed a high correlation ($r=0.75$; $p<0.01$), when compared to the *Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)*. **Conclusion:** Considering the good psychometric properties obtained, this instrument can serve as a contribution to advance in the complex task of measuring the good being, as well as monitoring and evaluating changes at these levels.

Keywords: Well-being; Mental health; Validation Study; *Pemberton Happiness Index*.

Abstract

Introduction Given the attention that well-being has received worldwide as being a crucial aspect of the overall health of individuals, its measurement becomes increasingly important. Thus, the need for validation of brief and integrative instruments that assess the levels of well-being in the population emerges. **Objective:** Contribute to the cultural adaptation and psychometric validation of the Pemberton Happiness Index (PHI) for the Portuguese population. **Material and Methods:** The study was carried out using a convenience sample of 1728 individuals, with online and in paper collections. Internal consistency, teste-retest reliability, construct, content and criterion validity were analysed. **Results:** The sample consisted mainly of women (n = 1185), with a mean age of 20.04 ± 20.38 years. The internal consistency of the PHI was very good ($\alpha = 0.90$), as well as test-retest reliability, with $r = 0.79$ and $p < 0.01$ for the correlation between totals and with values ranging from 0.20 ; 0.46 [in Section A and -0.05 ; 0.69 [in Section B. In the construct validity, only item 10 of section A presented values lower than the standard values, putting in question the validity of this item. Criterion validity had a high correlation ($r = 0.75$; $p < 0.01$), when compared to the *Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)*. **Conclusion:** Considering the good psychometric properties obtained in this study, this instrument can contribute to advance in the complex task of measuring well-being, as well as monitoring and assess changes at these levels.

Keywords: Well-being; Mental Health; Validation Study; *Pemberton Happiness Index*.



Gender issues in graduate training in Occupational Therapy in Brazil

Gender issues in undergraduate degree in Occupational Therapy in Brazil

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Summary

Introduction: The oppressions of gender and sexualities that people experience in everyday life imply the involvement in occupational therapy and, therefore, it is necessary that this theme be incorporated into the graduate training of occupational therapists.

Objective: To identify and characterize the means that inform the incorporation of the theme "gender issues" in graduate education in Occupational Therapy in Brazil. **Material and Methods:** An exploratory and descriptive research of a qualitative nature was carried out.

quantitative, between April 2020 and May 2021. Documents (means) were mined on the electronic sites of 36 courses of

degree in Occupational Therapy from Brazilian universities, related to the curriculum, Political Pedagogical Projects

(PPP), academic curricula (available electronically on the Lattes Platform - CNPQ) and lesson plans. It was used

simple descriptive statistics, document and content analysis approach to data processing. **Results:** Two

Of the 384 documents mined, 65.3% address issues related to "gender issues". However, this percentage only says

19.4% of the universe of Occupational Therapy courses, concentrated in 6 universities, 5 public and 1 private. And the themes

are developed mostly in research actions. **Conclusion:** Topics about "gender issues" are little

addressed, in an official way, in the training in Occupational Therapy in Brazil. However, changes are observed with the revision

of the National Curriculum Guidelines to reorient PPPs and undergraduate curricula. This is opportune because of the

intense engagement of professors-researchers, students and occupational therapists in the agenda of social and

people of gender and sexual minorities.

Keywords: teaching; higher education; genre; sexuality; occupational therapy.

Abstract:

Introduction: The oppressions of gender and sexualities that people experience in everyday life imply occupational involvement and, therefore, it is necessary that this theme be incorporated into the graduated training of occupational therapists. **Objective:**

To identify and characterize the means that inform the incorporation of the theme "gender issues" in graduate education in

Occupational Therapy in Brazil. **Material and Methods:** An exploratory and descriptive research, of a qualitative and quantitative

nature, was conducted between April 2020 and May 2021. Documents (media) were mined on the electronic sites of 36

undergraduate courses in Occupational Therapy from Brazilian universities, related to the curricular matrix, Projects Pedagogical

Politician (PPP), academic curricula (available electronically on the Lattes Platform - CNPQ) and lesson plans. Simple descriptive

statistics, a documentary and content analysis approach were used for the treatment of the data. **Results:** Of the 384 documents

mined, 65,3% address topics related to "gender issues". However, this percentage accounts for only 19.4% of the universe of

Occupational Therapy courses, concentrated in 6 universities, 5 public and 1 private. And the themes are mostly developed in

research. **Conclusion:** Themes on "gender issues" are rarely addressed, in an official way, in the training in Occupational Therapy

in Brazil. However, changes are observed with the revision of the National Curriculum Guidelines to reorient PPPs and

undergraduate curricula. This proves to be opportune due to the intense engagement of professors-researchers, students and

occupational therapists in the agenda of social and human rights of gender and sexual minorities.

Keywords: teaching; higher education; gender; sexuality; occupational therapy.



Training in Occupational Therapy: design of a curriculum transformation project for the sec. XXI

Training in Occupational Therapy: design of a curriculum transformation project for the 21st century

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Summary

Introduction: The development and renewal of curricula is seen as a key activity of higher education institutions.

At the international and national level, the growing interest in research in curriculum design is evident, and in creating educational programs that correspond to the population's future aspirations and society's needs. The changes of paradigm that occurred in occupational therapy in recent years, make this reflection urgent. **Objective:** It was intended with

This study builds the design of a curriculum review project for training in occupational therapy. **Material and methods:**

In this 1st research cycle, an action research methodology was used. Study participants were grouped into two teams, a core one, composed of two full-time professors and an extended one, including three more professors, also full time. Participatory methods were used to involve teachers in moments of reflection. In key stages of the process, a group of experts in the area of curriculum review was used. **Results:** Obtaining a version consensus on the design of the project, namely, Vision, Mission and Values; objectives aimed at the curriculum, students and to teachers; stakeholders in the process and their distribution by domains in areas of competence and selection of *Theory U* for guide the process of curricular transformation. **Conclusion:** The action-research methodology and participatory methods, together with the use of the expert group, allowed the participants to reach a consensus version on the main aspects to be included in the curriculum transformation process.

Keywords: Curriculum review; occupational therapy; innovation; research-action methodology.

Abstract

Introduction: The development and redesign of curricula is seen as a key activity of higher education institutions. At the international and national level, there is an evident growing interest in research in curriculum design, and in creating diverse educational paths that correspond to the aspirations of the population's future and the needs of society. The paradigm shifts that have occurred in recent years make this reflection urgent in occupational therapy. **Objective:** This study intends to design the project of a curriculum revision for an occupational therapy program. **Material and methods:** In this 1st research cycle, an action research methodology was used. Participants in the study were grouped into two teams, a nuclear one, composed of two full-time staff and an extended one, integrating three more staff members, also full-time. Participatory methods were used to involve staff in moments of reflection. In key stages of the process, a group of experts in the field of curriculum redesign has been used to support the reflection. **Results:** Obtention of a consensus version of the project design, namely, 1) Vision, Mission and Values; 2) objectives aimed at the curriculum, students and teachers; 3) actors in the process and their distribution by domains in their areas of competence and 4) selection of *Theory U* to guide the process of curricular transformation. **Conclusion:** The action research methodology and participatory methods, together with the use of a group of experts, allowed participants to reach a consensus version on the main aspects to include in the curriculum transformation process.

Keywords: Curriculum redesign; occupational therapy; innovation; action-research methods.



Participation in meaningful activities in the person with Parkinson's disease: Case study

Participation in significant activities in the person with Parkinson's disease: Case Study

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Summary

Introduction: Parkinson's Disease (PD) is a chronic and progressive neurodegenerative disease, characterized by motor symptoms such as bradykinesia, rigidity, postural instability and tremor. The intervention currently described involves pharmacological treatment and multidisciplinary intervention. **Objective:** To describe the case of a person with PD and their participation in significant activities, such as the carpentry. **Material and methods:** The case reported is a 74-year-old patient, diagnosed with moderate-phase PD, carrying out a multidisciplinary intervention plan. In the evaluation, several instruments were used, such as the Evaluation Inventory Functional Assessment of Adults and Elderly People (IAFAI), the Quality of Life Scale and the Functional Assessment, the Arm and Hand Activities Inventory from Chedoke. Occupational problems related to the performance and participation of the user in the Activities of Daily Living were identified (ADL's) and activities of interest, due to the presence of motor, emotional and cognitive symptoms associated with PD. The intervention plan described focuses on the stimulation of skills in deficit, using occupation as a means, through sessions of building a hanging planter. **Results:** Carpentry potentiated an increase in motivation, feelings of well-being and being able, proving to be a beneficial activity, to relieve many of the motor symptoms, but mainly emotional and cognitive symptoms.

Conclusion: Participation in meaningful activities, such as carpentry, helps to alleviate some PD symptoms, at least during the performance of the same, producing satisfaction to the person, as well as enhancing their sense of competence, increasing their levels of confidence and predisposition in everyday life.

Keywords: Parkinson's Disease; Significant Activities; Occupational therapy; flow; Quality of life.

Abstract:

Introduction: Parkinson's Disease (PD) is a chronic and progressive neurodegenerative disease characterized by motor symptoms such as bradykinesia, rigidity, postural instability and tremor. The intervention currently described involves not only pharmacological treatment, but also a multidisciplinary intervention. Case reported: 74-year-old patient, married and retired from the profession of civil engineer. Presents the diagnosis of PD in the moderate phase, carrying out a multidisciplinary intervention plan. **Objective:** To describe the case of a person with PD and their participation in significant activities, such as carpentry. **Material and methods:** The case reported is about a 74-year-old patient, diagnosed with moderate-phase PD, carrying out a multidisciplinary intervention plan. In the evaluation, several instruments were used, such as the Functional Assessment Inventory for Adults and Elderly (IAFAI), the Quality of Life Scale and the Functional Assessment, the Chedoke Arm and Hand Activity Inventory. Occupational problems related to the user's performance and participation in Activities of Daily Living (ADLs) and activities of interest were identified, due to the presence of motor, emotional and cognitive symptoms associated with PD. The described intervention plan focuses on the stimulation of skills in deficit, using occupation as a means, through sessions to build a suspended flower box. **Results:** Carpentry increased motivation, feelings of well-being and being able, proving to be a beneficial activity to alleviate many of the motor symptoms, but mainly emotional and cognitive symptoms.

Conclusion: Participation in significant activities, such as carpentry, contributes to alleviating some symptoms of PD, at least during its performance, producing satisfaction for the person, as well as enhancing their sense of competence, increasing their levels of confidence and predisposition in everyday life.

Keywords: Parkinson's disease; Significant Activities; Occupational Therapy; Flow; Quality of life.



Translation, adaptation and contribution to the validation of the *Warwick-Edinburgh* scale *Mental Well-Being Scale* for the Portuguese population

Translation, adaptation and contribution for the validation of the *Warwick-Edinburgh Mental Well-Being Scale* for the portuguese population

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Summary

Introduction The concept of Mental Well-Being has gained more prominence internationally, being a crucial aspect of health, with impact on functionality. Thus, in Portugal, there is a need to have validated measures that assess the well-being of populations. **Objective:** To translate, culturally adapt and contribute to the validation of the *Warwick-Edinburgh Mental Well-Being Scale* (WEMWBS), that assesses subjective and psychological mental well-being for the Portuguese population. **Material and Methods:** After approval of the translation Portuguese by a panel of experts, the scale was applied to 1728 individuals from the Porto metropolitan area recruited by convenience, as well as the *Pemberton Happiness Index*, for an analysis of criterion validity. Cronbach's alpha was used to assess the internal consistency and an exploratory factor analysis for construct validity. Both instruments were applied twice to 39 participants, approximately one week apart, to test test-retest reliability. **Results:** A Cronbach's alpha of 0.91, suggesting very good internal consistency. Factor analysis confirmed the unidimensionality of the instrument, with all items saturating a single factor. There was a high correlation between the WEMWBS and the instrument used as a criterion measure, with r=0.75. The test-retest reliability obtained a high correlation, with r=0.77. **Conclusion:** The values obtained in this first WEMWBS validation study for the Portuguese population are close to those of the original version, and may be considered as a legitimate and important contribution to its realization.

Keywords: Evaluation; mental well-being; mental health; WEMWBS; validation.

Abstract:

Introduction The concept of Mental Well-Being has been gaining highlight internationally, as a crucial aspect of health, with an impact on the functionality. Therefore, there's a need to have validated measures that can assess the Portuguese population's mental well-being. **Objective:** Translate, culturally adapt and contribute for the validation of the Warwick-Edinburgh Mental Well-Being Scale, that assesses subjective and psychological mental well-being, for the Portuguese population. **Material and Methods:** After the approval of the Portuguese translation by an expert panel, the scale was given to 1728 subjects from Porto's metropolitan area, as well as the Pemberton Happiness Index, to analyze the criterion validity. Cronbach's alpha was used to analyze the internal consistency and an exploratory factor analysis for the construct validity. Both scales were given twice to 39 participants, approximately one week after the first application, to analyze the test-retest reliability. **Results:** It was obtained a Cronbach's alpha of 0,91, suggesting a very good internal consistency. The factor analysis confirmed the one-dimensionality of the scale, since all items saturated into one single factor, similarly to previous validations. There's a high correlation between the WEMWBS and the scale used as criterion measure, with an r=0,75. The test-retest reliability had a high correlation, with an r=0,77. **Conclusion:** The obtained values in this first validation study of the WEWMBS for the Portuguese population are close to the ones obtained in the original validation, being possible to consider it has a legitimate and important contribution for the validation of the scale.

Keywords: Assessment; mental well-being; mental health; WEMWBS; validation.



Evaluation of postural systems of the pelvis in a person with Muscular Dystrophy of the Waist type: results of the three-cushion analysis in the promotion of dynamic balance

Evaluation of postural systems of the pelvis in a person with Limb-Girdle Muscular Dystrophy: results of the analysis of three cushions in the promotion of dynamic balance

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Summary

Introduction: Anti-decubitus pads are specialized devices for pressure redistribution and load management on fabrics. and the microclimate. They must maintain postural alignment, facilitate movement, create a stable base, relieve pain, and be comfortable. They can be composed exclusively of a material such as foam, gel, air and fluid, or a combination of two or more of these materials. The investigations carried out focus on weight distribution and neglect the dynamic behavior of the cushion during everyday activities. **Objectives:** To evaluate the effectiveness in maintaining dynamic balance of three types of gamma pads medium-high with different compositions. **Methods:** Study with a female with Waist-Type Muscular Dystrophy, using: a foam and air cushion (A), a foam and fluid bag cushion (B) and an air cushion (C). Data collection was carried out in two moments: 1) collect anthropometric, kinematic and dynamic data, through direct measurement of the range, video recording and accelerometer, and pressures exerted on the pads, through a protocol of movements and randomization of cushions; 2) evaluation of the user's perception with a questionnaire and visual analogue pain scale, after four hours of stay on the pillow. **Results:** Cushion A showed better results in terms of maximum reach, peak pressure in the starting position, of the coefficient of variation and the mean pressure in the forward flexion of the trunk. Cushion B showed more positive results in the area of contact, coefficient of variation and mean pressure in the starting position, peak pressure of forward trunk flexion, variation of acceleration and subjective analysis. **Conclusion:** Anti-decubitus pillows that, in their composition, combine two materials, are more effective in promoting dynamic balance, with an advantage in the use of a cushion composed of foam and fluid.

Keywords: Cushion; Dynamic balance; Stability; Pressure ulcer.

Abstract

Introduction: Pressure ulcer cushions are specialised devices for pressure redistribution and management of tissue load and microclimate. They should maintain postural alignment, facilitate movement, create a stable base, relieve pain and be comfortable. They can be composed exclusively of one material such as foam, gel, air and fluid, or a combination of two or more of these materials. Research has focused on weight distribution and has neglected the dynamic behaviour of the cushion during everyday activities. **Objectives:** To evaluate the effectiveness in maintaining dynamic balance of three types of medium-high range cushions with different compositions. **Material and Methods:** Study with a female person with Girdle-Limb Muscular Dystrophy, using: a foam and air cushion (A), a foam and fluid bag cushion (B) and an air cushion (C). Data collection was performed in two moments: 1)anthropometric, kinematic and dynamic data collection, through direct measurement of reach, videorecording and accelerometer, and pressures exerted on the cushions, by means of a protocol of movements and cushion randomization; 2)evaluation of user perception with a questionnaire and visual analogue pain scale, after four hours of staying on the cushion. **Results:** Cushion A revealed better results at the level of maximum reach, peak pressure in the initial position, coefficient of variation and mean pressure in frontal trunk flexion. Cushion B showed more positive results in the contact area, coefficient of variation and mean pressure in the initial position, peak pressure in frontal trunk flexion, acceleration variation and subjective analysis. **Conclusion:** The anti-sores cushions that combine two materials in their composition are more effective in promoting dynamic balance, with the advantage of the cushion composed of foam and fluid.

Keywords: Cushion; Dynamic balance; Stability; Pressure ulcer.



Graded Motor Imagery: The effectiveness of Occupational Therapy in modulating pain and improving Occupational Performance in a case with Pyogenic Arthritis

Graded Motor Imagery: Occupational Therapy's effectiveness on pain modulation and Occupational Performance in a case with Pyogenic Arthritis

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Summary

Introduction: Pyogenic Arthritis starts with an acute bacterial infection in the joints, usually in the synovial tissues or periarticular, which evolves over hours or days. Symptoms are rapid onset pain, effusion, and restricted range of motion. movement, commonly in a single joint, which results in occupational deprivation. Graded Engine Imagery (GMI) is an approach biopsychosocial, recent to the treatment of pain, which aims at the gradual involvement of the motor cortical areas without triggering a protective pain response. **Objective:** To verify the effectiveness of Occupational Therapy intervention in pain modulation and performance Occupational, using the GMI approach, in a client with Pyogenic Arthritis. **Material and Methods:** A longitudinal study was carried out (4 weeks), every three weeks. The client was male, 71 years old and retired. as measures of evaluation used: the Canadian Performance Measure, the Visual Analogue Scale, the Jebson Taylor Hand Function Test, the Muscle, Dynamometer and Goniometry. The three sequential phases of the GMI were used - handedness discrimination, imagination motor and mirror therapy. **Results:** There was a decrease in pain and an improvement in hand functionality, reaching the objectives identified by the client in the Canadian Measure (driving, maintaining the garden, washing the body and eating). **Conclusion:** The effectiveness of the application of the GMI in this case study was proven, however, more confirmatory studies are needed and with larger populations that allow the validation of specific protocols (treatment duration, sequencing and progression).

Keywords: Graded Motor Imagery; Occupational therapy; Pain; Occupational Performance; Pyogenic Arthritis.

Abstract

Introduction: Pyogenic Arthritis begins with an acute bacterial infection of the joints, usually in the synovial or periarticular tissues, which evolves over hours or days. Symptoms are rapid onset pain, stroke and restricted range of motion, usually in a single joint, which results in occupational deprivation. The Graded Motor Imagery (GMI) is a recent biopsychosocial approach to pain management that aims to gradually involve the motor cortical areas without triggering a protective pain response. **Objective:** To verify the effectiveness of the Occupational Therapy intervention in pain modulation and Occupational Performance, using the GMI approach, in a client with Pyogenic Arthritis. **Material and Methods:** A longitudinal study (4 weeks) was carried out, with a three-weekly periodicity. The client was male, 71 years old and retired. Were used as evaluation assessments: the Canadian Performance Measure, the Visual Analogue Scale, the Jebson Taylor Hand Function Test, the Dynamometer, the Muscle Test and the Goniometry. There were used all three sequential phases of this approach - left/right discrimination, motor imagery and mirror therapy. **Results:** There was a decrease in pain and an improvement in the functionality of the hand, having achieved the stated objectives by the client in the Canadian Measure (driving, maintaining the garden, washing the body and eating). **Conclusion:** The effectiveness of the Graded Motor Imagery application in this case study has been proven, but it is advised to create more confirmatory studies with larger sample population that validates specific protocols (duration of treatment, sequencing and progression).

Keywords: Graded Motor Imagery; Occupational Therapy; Pain; Occupational Performance; Pyogenic Arthritis.



Occupational Therapy, pluralities and childhood: playing as a significant activity for children in southern Mozambique

Occupational Therapy, pluralities and childhoods: play as significant activity of children from southern Mozambique

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Summary

Introduction: Recent studies on children and childhood on the world stage have pointed to an understanding of children as sociocultural beings and active agents in the productions of the world that surrounds them, finding in playing possibilities of re-readings of worlds and actions from sociocultural perspectives. This work presents a longitudinal research held in Mozambique, with children from three to fifteen years of age, in which the discussion about playing and the relationship with occupational therapy is present. **Objective:** To understand play as a significant activity for children and the role of the occupational therapist as a researcher. **Material and Methods:** Ethnography with field research in Mozambique, in community of Matola A, in the community of Mabotene and in Nhandlovo, between 2014 and 2018. **Results:** From the data collected and analyzed, the main points worked involved: playing and the construction of toys from disused material (disposal); playing and the relationship with nature and landscapes; images of playing and the use of photography. You results point to a kaleidoscope of diversities and languages used by children in play, understood as way of being in the world and from its spatio-temporal relationships. **Conclusion:** This research contributes to studies with children and childhood in occupational therapy in Portuguese-speaking countries and beyond, encompassing the child in their ways of life and historical contexts and expands possibilities for actions and research in sociocultural contexts and perspectives.

Keywords: Children; Mozambique; Sociocultural perspective; Childhood Studies; Occupational Therapy in Childhood.

Abstract

Introduction: Recent studies on children and childhoods on the world stage have pointed to an understanding of children as sociocultural beings and active agents in the productions of the world around them, finding possibilities of rereading worlds and actions from sociocultural perspectives, specially to the play. This paper presents a longitudinal research conducted in Mozambique, with children from three to fifteen years of age, in which the discussion about playing and the relationship with occupational therapy is present. **Objective:** To understand playing as a significant activity of children and the role of occupational therapist as a researcher. **Material and Methods:** Ethnography with field research in Mozambique, in the community of Matola A, in the community of Mabotene and Nhandlovo between the years 2014 and 2018. **Results:** Based on the data collected and analyzed, the main points involved: playing and building toys from disuse material (discard); playing and the relationship with nature and landscapes; images of play and the use of photography. The results point to a kaleidoscope of diversities and languages used by children in play, understood as a way of being in the world and from their space-time relationships. **Conclusion:** This research contributes to the studies with children and childhoods in occupational therapy, englobing the children to their lifestyles and historical contexts and expands possibilities of actions and research in sociocultural contexts and perspectives.

Keywords: Children; Mozambique; Sociocultural perspective; childhood studies; occupational therapy in childhood.



The contribution of Occupational Therapy to the implementation of Systems Augmentatives and Communication Alternatives in Children with Paralysis Cerebral: uma Scoping Review

The contribute of Occupational Therapy to the implementation of Augmentative and Alternative Communication Systems in children with Cerebral Palsy: a Scoping Review

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Abstract

Introduction: Cerebral Palsy (CP) is a lesion of the Central Nervous System with a strong impact on functionality. The changes neuromusculoskeletal, sensory-perceptual and cognitive disorders often give rise to complex communication needs, whose multidisciplinary intervention often involves the implementation of Augmentative and Alternative Communication Systems (SAAC). The occupational therapist can collaborate in this intervention, especially when Supportive Technologies (AT) are involved.

Objective: To describe the process of Occupational Therapy (OT) in the implementation of SAAC, in children with CP, verifying the influence activities, whose participation is restricted by communication deficits. **Methodology:** *Scoping Review* developed based on the guia orientador *Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)* e de according to the *Joanna Briggs Institute (JBI)* protocol, initiated with research at b-on. A thematic categorical analysis was carried out of articles using the *webQDA software*. **Results:** 10 articles were selected from the 353 studies initially found, according to the inclusion criteria, demonstrating the contribution of the OT process, the importance of a multidisciplinary team, as well as the identification of gaps, which suggest investment in future investigations. **Conclusion:** OT has a relevant role in the implementation of SAAC in: evaluation, with identification of capacities and needs at different levels, including the positioning, most appropriate type of access and contexts; intervention, through positioning, adaptation and training in use of SAAC, training, consultation and stakeholder advocacy . The implementation of SAAC is an area that still lacks investment in research and training.

Keywords: Communication; Children; Cerebral Palsy; Augmentative and Alternative Communication Systems; Occupational therapy.

Abstract

Introduction: Cerebral Palsy (CP) is a Central Nervous System lesion with strong impact on functionality. The neuromusculoskeletal, sensory-perceptive and cognitive changes frequently originate complex communication needs, whose multidisciplinary intervention frequently involves the implementation of Augmentative and Alternative Communication Systems (AACS). The Occupational Therapist can collaborate in this intervention, especially when assistive technologies are involved. **Objective:** To describe the process of Occupational Therapy (OT) in the implementation of AACS in children with CP, checking the influence on the activities in which participation is restricted by communication deficits. **Methodology:** Scoping Review based on the Preferred Reporting Items for Systematic Reviews and Meta Analyses extension for Scoping Reviews (PRISMA-ScR) and according to the Joanna Briggs Institute (JBI) protocol, conducted using the b-on library. A thematic categorical analysis of the articles was performed using the webQDA software. **Results:** Ten articles were selected according to the inclusion criteria of the 353 studies initially found, demonstrating the contribution of the OT process, the importance of a multidisciplinary team, as well as the identification of gaps, which suggest investment in future research. **Conclusion:** OT has a relevant role in the implementation of an AACS: in the assessment, with identification of capacities and needs at different levels, including positioning, the most appropriate type of access and contexts and, in the intervention through positioning, adaptation and training in the use of the AACS, as well as training, consulting and advocacy of stakeholders. The implementation of AACSiS an area that still needs investment in research and training.

Keywords: Communication; Children; Cerebral Palsy; Augmentative and Alternative Communication Systems; Occupational Therapy.



Project to promote capacity building for signaling and providing basic care to children at risk of developmental delay and/or disability, in São Tomé and Príncipe

Project to promote training for screening and provision of primary care to children at risk of developmental delay and/or disability, in São Tomé and Príncipe

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Summary

Introduction: São Tomé and Príncipe is a developing country that currently does not have signaling/tracking services. early detection of children at risk of developmental delay or support for their families. **Objective:** Intends to promote the training of professionals in the area of health and education, for the signaling/screening of children at risk of developmental delay and improve the provision of basic care, involving the family. **Material and Methods:** These are a psychological case study that aims to promote support for children, parents and health professionals, according to a model of distance therapeutic mentoring. The counts of the number of flagged/tracked children, of the children that receive care provided by tutors and the number of professionals who, after specialized training, are able to ensure the screening of children. The degree of parental knowledge will be measured through a questionnaire. **Results:** Increase in the number of professionals involved, increase in the number of children who are flagged and receive care, an increase in the degree of knowledge of the parents for the provision of care. **Conclusions:** It is expected that children at risk of delay in development and/or disability are flagged/tracked and cared for by tutors, involving the family. Furthermore, the objective is to increase the health literacy of health and education professionals as well as of the family members involved. In this way, we believe that school problems can be prevented and the propensity to adoption of deviant behavior and institutionalization may be mitigated.

Keywords: Capacity building; mentoring; Tracking; basic care.

Abstract

Introduction: São Tomé and Príncipe is a developing country which currently has no early signposting/screening services to detect children at risk of developmental delay and no support for their families. **Objective:** This study aims to promote the training of health and education professionals to identify and screen children at risk of developmental delay and improve the provision of basic care, involving the family. **Methods:** This is a psychological case study which aims to promote support to children, parents and health professionals, according to a distance therapeutic mentoring model. Counts will be used of the number of children signposted/traced, children receiving care from guardians and the number of professionals who after specialised training are able to ensure the screening of children. The degree of parents' knowledge will be measured through a questionnaire. **Results:** Increase



in the number of professionals involved, increase in the number of children signposted and receive care, increase in the degree of knowledge of parents for care provision. **Conclusions:** It is expected that children at risk of developmental delay and/or disability are signposted/traced and receive care provision by guardians, involving the family. Furthermore, we aim to increase the health literacy of health and education professionals, as well as of the family members involved. Thus, we consider that school problems may be prevented and the propensity to adopt deviant behaviour and institutionalisation may be attenuated.

Keywords: Training; mentoring; screening; primary care.

Introduction

São Tomé and Príncipe (STP) is a developing country made up of two islands, in the gulf of guinea. According to UNICEF (2016), 1.14% of all children in the country, up to 11 years, are at risk of developmental delay and/or disability, corresponding to 709 children. In STP, there is no early signaling/screening to detect the risk of developmental delay and/or disability, the number of health professionals specialists is very low and the lack of knowledge about child development by other health professionals is evident (Costa, 2020; Global Change Data Lab, 2017). In addition, health centers do not have the necessary materials and equipment to effectively carry out a diagnosis, requiring travel to the central hospital. The means of transport in the country are expensive and about 17% of the population lives two hours by motor vehicle or six to nine hours on foot from the hospital, so there is a large difficulty in accessing health care (Instituto Marquês de Valle Flôr, 2011; Neves et al. al., 2018).

According to UNICEF (2016), the child has the right to enjoy the best state of health and benefit from medical and rehabilitation services and the child with neurodevelopment has the right to special care, which allows for the well-being, live with dignity and achieve the highest degree of autonomy, participation and social integration possible (Elba & Olívio, 2015). There is no legal framework in STP that allows the inclusion of all children and half of children at risk of developmental delay and/or disability, does not attend school (UNICEF, 2016). Kindergarten teachers and primary school teachers are not trained in special educational needs or there are special education professionals in the country (Democratic Republic of São Tomé and Príncipe, 2012) and families do not have the necessary knowledge to ensure the adequate care (National Statistics Institute of São Tomé and Príncipe, 2019; UNICEF, 2016) In addition, these children are still victims of stigma, resulting from low health literacy by the general population (Bordia Das and Espinoza, 2019). as therapists



occupational activities, we aim to promote the health and well-being of these children (Smith and Gutman, 2011), through the use of approaches to promote health literacy in understandable, accessible and usable by the entire spectrum of consumers, ensuring that the information and education provided to clients or professionals is adapted to literacy, cultural sensitivities, and verbal, cognitive, and social aspects of that person (American Occupational Therapy Association, 2011). In this way, the causes in which it is intended to intervene are related to the lack of training in development children by existing health professionals and early childhood educators and with the lack of screening for these children. It is also intended to act on the lack of knowledge about the basic care in the families of these children. For this, it is intended to train professionals in the area of health and education and tutors, making them agents of change and, later, perpetuate the provision of care through international cooperation with mentoring to the distance.

Thus, the impact objective of this project will be the reduction of child neglect with risk of developmental delay and/or deficiency in STP, in the different areas and contexts in which they operate, promoting the continuous and efficient provision of care basic.

Material and methods

A case study is a type of qualitative study design that aims to collect exhaustive data about a unique individual, system or community (Hancock and Algozzine, 2006), in order to gain the necessary knowledge so that they can influence future policies or procedures (Merriam, 2001).

The present work intends to study the phenomenon of the implementation of a project of social entrepreneurship entitled "Bomu Kélê – Vamos Acreditar!", aimed at children up to aged 11, at risk of developmental delay and/or disability, in Lembá, district of STP. The project aims to promote signaling/tracking and improve care delivery provided to them by parents, health and education professionals. It is, therefore, a psychological case study (according to the classification of Hancock and Algozzine, 2006) that intends to present a model of distance therapeutic mentoring.

The envisaged solution involves the training of professionals in the area of health and education with the aim of promoting the signaling of children at risk of developmental delay and/or disability and of tutors (unemployed people from São Paulo and with the 12th year completed), to the which specific training will be given for the observation and provision of basic care of



health to previously flagged children. We want tutors to support families, benefiting from distance mentoring provided by volunteer occupational therapists, thereby improving basic care support for children.

Using a case study approach, researchers monitor the implementation of the model and its clinical utility for the target population, through the analysis annual number of flagged/tracked children, monthly number of children receiving the provision of care by the tutors and the degree of knowledge revealed by the parents in the provision of care, through the application of a questionnaire. Additionally, it will analyzed the number of professionals who, after specialized training, are able to guarantee the screening of children. By filling in a form, the number of of requests for clarification/doubts about a child questioned to the mentor by the tutor weekly. In addition, using the random visualization of mentoring sessions, it is intended to evaluate the percentage of mentors engaged in the counseling given to tutors.

Results

With this project, we hope to increase the number of professionals who, after a specialized training is able to guarantee the screening of children and, in this way, increase the number of children who are flagged and cared for by tutors.

It is also expected to increase the level of knowledge of parents for the provision of care.

Conclusion

In addition to the decrease in neglect children at risk of developmental delay and/or disability in STP, distance mentoring will also allow the creation of opportunities of employment to São Toméans, acting as tutors and integrating the team.

With these measures, it is intended that some of the effects of the neglect of children with developmental delay are addressed. We believe that dropping out of school can be prevented through awareness-raising resulting from the training provided to teachers, as well as the continuous monitoring of the tutors, monitored by the volunteers, will allow the increase of knowledge of families. In the long term, the propensity to adopt deviant behavior and institutionalization can be overcome, not only by knowledge and support provided by tutors to families, as well as the consequent provision of continuous and effective basic care given to children.



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Occupational Therapy in the implementation of Augmentative and Alternative Communication System: case study with a preschool-aged child with ASD

Occupational Therapy in the Implementation of Augmentative and Alternative Communication System: a case study with a preschool child with ASD

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Summary

Introduction: Autism Spectrum Disorder (ASD) consists of a neuro-developmental disorder, which is expressed through changes and deficits in social and communication skills. Alternative and Augmentative Communication (AAC) promotes the autonomy of people with ASD, so that they can establish effective communication with their peers. At the Within the scope of the action of the multidisciplinary team, the work of Occupational Therapy (OT) focuses on promoting access to the system of CAA, implementing devices and interfaces customized to the user. **Objective:** To describe the OT intervention in the implementation of Assistive Technologies (AT) for AAC with a preschool-age child with non-verbal ASD.

Material and Methods: Qualitative approach through a single case study, focusing on the use of a device android mobile with touch screen and adapted interface with pictograms. Data will be obtained through the Communication Scale Pre-Verbal, from *Schedule of Growing Skills II*, by interviewing professionals and caregivers, and by participant observation.

Results: For the analysis and interpretation of qualitative data, the *WebQDA* software will be used to carry out the content analysis and Microsoft *Excel* for processing quantitative data from the assessment scales. You expected results will evaluate the evolution in terms of communication skills, resulting from the implementation with training of the Augmentative and Alternative Communication System. **Conclusion:** This investigation will produce knowledge in what it reports to the role of the TO in the implementation of a SAAC for the development of non-verbal communication of a child with ASD.

Keywords: Communication; PEA; Support Technologies; Augmentative and Alternative Communication Systems; Therapy Occupational; Children.

Abstract

Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder, which is expressed through changes and deficits in social and communication skills. Augmentative and Alternative Communication (AAC) promotes the autonomy of people with ASD so that they can establish an effective communication with their peers. Within the multidisciplinary team, Occupational Therapy (OT) focuses on promoting access to the AAC system, implementing devices and interfaces tailored to the user.

Objective: To describe the OT intervention in the implementation of Assistive Technology (AT) for AAC with a preschooler with non-verbal ASD. **Material and Methods:** Qualitative approach through a single case study, focusing on the use of an android mobile device with touch screen and adapted interface with pictograms. Data will be obtained through the Pre-Verbal Communication Scale, the *Schedule of Growing Skills II*, interviews with professionals and caregivers, and participant observation.

Results: For the analysis and interpretation of the qualitative data, the *WebQDA* software will be used to perform the content analysis and Microsoft Excel will be used to treat the quantitative data from the assessment scales. The expected results will assess



the evolution in communication skills, resulting from the implementation and training of the Augmentative and Alternative Communication System. **Conclusion:** This research will produce knowledge on the role of OT in the implementation of an AACs for the development of the communication skills of a non-verbal child with ASD

Keywords: Communication; ASD; Assistive Technology; Augmentative and Alternative Communication Systems; Occupational Therapy; children.

Introduction

PEA is a neuro-developmental disorder, which manifests itself through alterations and deficits in social and communication skills, restrictions on activities, interests and behaviors, with possible presence of stereotypes (Pereira et al., 2020).

About 30% of people with ASD are non-verbal, so there is a need to of the use of Assistive Technologies (AT) within the scope of Augmentative Communication and Alternative (CAA), as a way to overcome barriers in communication (Maya and Lima, 2016; Pereira, 2016)

ATs consist of devices or instruments that compensate or replace functions deficient or non-existent, allowing involvement and participation in occupations. so particular, in people with ASD, faced with a communication deficit, AT can enhance communication through the use of Augmentative and Alternative Systems of Communication (SAAC). They consist of a set of strategies, techniques and aids that facilitate the communication of people with deficits in this area, complementing or replacing speech, thus enabling the development or improvement of communication and/or language, so that they can express themselves and promote independence (Duarte, 2013; Mavrou, 2011; Schirmer, 2020).

It is intended to study, within the scope of Occupational Therapy intervention, the implementation of an Android tactile mobile device equipped with a dedicated program for CAA, with using a system of pictograms.

In this way, we aim to answer the research question: How does the intervention of TO, in the implementation of AT for CAA, promotes communication in a child of pre school with non-verbal ASD?

Establishing the following objectives:

- Evaluate the implementation of AT for AAC in a preschool-aged child with ASD non-verbal;
- To describe the intervention of OT with SAAC in a preschool-aged child with ASD non-verbal.



Material and methods

A qualitative approach will be adopted through a single case study. Its about a particularistic investigation that will generate a multifaceted understanding and in depth of OT's contribution to a child's adoption of a SAAC and of those surround them in their real-life context (Ribeiro et al., 2016).

The participating child diagnosed with non-verbal ASD, at preschool age, will be intentionally recruited from among volunteer families who fill out an application form. application and should not use SAAC, prior to this study.

In order to trace the occupational profile of the child under study, it is planned to initially apply the Schedule of Growing Skills II (SGS II) scale and a semi-structured interview with the caregiver. THE SGS II assesses competences related to child development in different domains including language. The semi-structured interview and participant observation will collect information about the communicative behaviors of the child and their partners and communication, in particular communicative intentionality, strategies for interacting with the environment and problem solving. It is also intended to understand which caregivers' expectations regarding the use of SAAC, as well as their needs.

A SAAC adjusted to the characteristics of the child will be implemented, predictably supported on a mobile device, in an interface with pictograms.

The Pre-Verbal Communication Scale (ECPV) will be applied to assess the evolution of communication, using the SAAC.

After the intervention, the perceptions of caregivers and professionals regarding the use of SAAC, especially learning, ease of utilization, dynamics with interlocutors and observed benefits.

Qualitative data from the interview and observation will be analyzed with using the *WebQDA software*, in order to perform data content analysis (Souza et al. al., 2011).

The evaluation data, collected through ECPV before and after the intervention, will be processed in Microsoft Excel, in order to calculate the variation, in order to understand if it presented or not communicative evolution.

Results

Based on the literature, it is predicted that deficits in communication, language and socialization derived from PEA, can be mitigated through the use of SAAC.



Conclusion

When implementing a solution in this area, in a multidisciplinary team, the TO needs perform an appropriate and appropriate assessment for the child, to assess sensory skills perceptual and cognitive-motor skills, as well as the form of access, mode of selection of pictograms and interaction with technology, in order to select devices, software, adaptation of the interface and training to be carried out.

Therefore, knowledge will be obtained about the role of TO in the implementation of a technology-based SAAC, as a strategy to overcome barriers in communication, so that the child obtains maximum independence in all occupations, having into account the contexts in which it is involved. It is expected that after implementation of these systems there are improvements in communicative skills, as happened in the studies of children in a school context with special needs and with alterations neuromotorase (Follin-Arbelet, 2017; Pereira, 2016).

Although at an early stage it can be considered that a case study can be limiting in the construction of knowledge, it is considered that what is lost in extension will be compensated by the depth of the study and the particularities observed (Alarcão, 2014).

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Laboratory of Human Occupation Studies and Participation Technologies in Occupational Therapy: dialogues between Latin America and Lusophone countries

Laboratory for Studies of Human Occupation and Technologies for Participation in Occupational Therapy: dialogues between Latin America and Portuguese speaking countries

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Summary

Introduction: In the context of Latin America and Lusophony, there are still references of Anglo-Saxon dominance and with significant gaps in sharing the production and dissemination of knowledge about human occupation.

Objective: To describe the teaching-research-extension activities of the Laboratory of Human Occupation Studies (LEOH) to regarding the production and dissemination of knowledge about human occupation in Latin American and Portuguese-speaking countries. **material and**

Methods: This is an experience report that describes LEOH's teaching-research-extension activities, from 2020 to

2021. Results: LEOH has members of inter-institutional origin, being undergraduate and graduate students,

professors-researchers and occupational care therapists. Teaching, research and extension activities are developed.

The elaboration of the epistemic network called Human Occupation Studies (EOH) stands out. **Conclusion:** LEOH is a institutional mechanism that has proven to be relevant to promote production and dissemination of knowledge in occupation in Latin America and the Lusophone Community.

Keywords: Latin America; higher education; lusophony; community-institution relations; occupational therapy.

**Abstract**

Introduction: The Laboratory of Studies on Human Occupation and Technologies for Participation in Occupational Therapy (LEOH in portuguese), proposes Studies on Human Occupation (SHO) as an epistemic network on theoretical and methodological references that underlie the discipline of Occupational Therapy and related areas. In the context of Latin America and Lusophony, there are still references of Anglo-Saxon dominance and with significant differences in the sharing of the production and dissemination of knowledge about human occupation. **Objective:** Describe LEOH's teaching-research-extension activities regarding the production and dissemination of knowledge about SHO in Latin American and Lusophone countries. **Material and Methods:** This is an experience report, of a qualitative and exploratory nature, which describes LEOH's teaching-research extension activities, from 2020 to the present moment. **Results:** LEOH has members of inter-institutional origin, including undergraduate and graduate students, professors-researchers and occupational therapists in care. Teaching, research and extension activities are carried out. The elaboration of the epistemic network called Studies of Human Occupation (EOH) stands out. **Conclusion:** LEOH is an institutional mechanism that has been shown to be relevant to foster production and dissemination of knowledge in human occupation in Latin America and the Lusophone Community.

Keywords: Latin America; higher education; lusophony; community-institution relationship; occupational therapy.

Introduction

This work addresses the institutional mechanisms for the production and dissemination of knowledge on human occupation in Occupational Therapy in the context of Latin American countries and Lusophones. It is about recognizing the theoretical-practical specificities produced before and after the institutionalization of Occupational Therapy in these regions in the 1950s, its developments and, above all, the sharing and dialogue devices around the diffusion of knowledge produced in the local and global dimensions of the area.

On screen, the Human Occupation can be understood as a construct that characterizes the experience of involving people, groups and populations in their environments (Law, 2002). Starting from studies that preceded Occupational Therapy, until its foundation as a profession and area of knowledge, and, currently, from an inter and transdisciplinary perspective, the Occupation Humanity is of interest as a determinant in the structuring of social life, in the formation of identity, and in welfare states and the guarantee of social rights (Ramugondo, Galvaan and Duncan, 2015).

In Latin America, above all, there is a diversity of theoretical references methodologies in Occupational Therapy still little known and systematized, which print particularities of the area in the region. On the other hand, specifically to Brazil, the relations between Lusophone occupational therapists are quite scarce.

Therefore, the objective of this work is to describe the teaching-research-extension activities LEOH on the production and dissemination of knowledge about human occupation in countries from Latin America and Lusophony.



methods

This is an experience report, of a qualitative and exploratory nature, which describes the teaching-research-extension activities of the Laboratory of Human Occupation Studies and Technologies for Participation in Occupational Therapy (LEOH). The activities in course, as well as some data on a research in progress.

The data comprised the period from March 2020 to June 2021, produced in the Department of Occupational Therapy at the Faculty of Medicine of the Federal University of Rio de Janeiro Janeiro (DTO/FM/UFRJ), together with the Department of Occupational Therapy at the University of Pernambuco (DTO/UFPE) and the Occupational Therapy course at the Federal Institute of Rio de Janeiro. de Janeiro (CTO/IFRJ), all public higher education institutions in Brazil.

Results

Created in May 2020 at DTO/FM/UFRJ, Brazil, LEOH is made up of its students and professors, from the DTO/UFPE, from the CTO/IFRJ and occupational therapists of assistance. LEOH has with the objective of promoting, developing and disseminating human occupation as one of the of Occupational Therapy, in addition to seeking to deepen and discuss tensions and other phenomena of interest related to what we call Occupation Studies

Human Resources (EOH) and to develop models of practice and intervention technologies.

The EOH, in LEOH, is understood as an epistemic network to designate the different theoretical-methodological references on human occupation as a disciplinary object and interdisciplinary in Occupational Therapy, aligned with the recognition of the multiple realities sociocultural and historical contexts in which the discipline is present. LEOH develops several activities linked to teaching-research-extension in an inseparable way, in order to share and highlight, in the Brazilian and international scope, productions and knowledge conceived by the profession in addition to the Anglophone part of society.

Regarding the research axis, a project entitled "Studies of Human Occupation in Latin America and Portuguese-speaking Countries", which aims to investigate the pathways of assimilation, interpretation, use and dissemination of the human occupation construct as an object of knowledge and intervention of Occupational Therapy. It is a search exploratory-dialectical and interpretive in nature, possible through the use of mixed methods both in the production and in the analysis of data. The research is organized in two stages. THE The first, under development, consists of a review of the literature and documents about the human occupation construct and correlates in scientific productions from 26 countries in these regions. THE from this, it is intended to start the second stage, which will consist of the composition of a network of authors who make use of the occupation construct in their scientific productions, in order to select, via the snowball method, professionals to be interviewed. Thus, it will be possible



deepen socioculturally about the understandings and uses of the construct, in addition to the references theoretical-methodological methods used. The research project foresees the participation, with procedures already approved, established ethical standards of 140 professionals.

In relation to extension, an extension project on scientific dissemination on social media. Also noteworthy is the partnership with the Academic League of Studies on Human Occupations (LIGOH) at UFPE.

In the teaching axis, both at the undergraduate and graduate levels, into practice activities on the foundations of human occupation, care technologies in Occupational Therapy and other phenomena of interest to the field of EOH. It is the case of the Works of Course Conclusion carried out by seven students, two of them having recently graduated from UFRJ - who, based on its products, started to integrate and collaborate with the Laboratory - as well as the activities of seven undergraduate and three master's students. A postgraduate course degree in Psychosociology of Communities and Social Ecology, given by the coordinator of the LEOH, in which he discusses human occupations, cities and territories. In addition, they are carried out weekly inter-institutional theoretical and research meetings.

conclusions

The creation and institutionalization of LEOH is justified in a socio-historical and cultural context in which the debate on human occupation in Occupational Therapy, in Latin America and Lusophony, is supported mostly by hegemonic Anglo-Saxon perspectives, as well as a considerable epistemic distance, especially among the Lusophone community. Such perspectives dominated the field of knowledge in the area, without criticism about its coherence with reality, making local knowledge and other routes for the production and dissemination of knowledge in Therapy invisible. Occupational.

Some data already produced by LEOH, preliminarily, demonstrate the concentration of scientific productions in a few countries, such as Brazil, Chile, Argentina and Colombia. It is also observed that both in Latin America and in Portuguese-speaking African and Asian countries, Occupational is still a developing or non-existent profession. This data is quite relevant to promote technical and political cooperation actions for the creation of the discipline in these countries.

In this sense, LEOH has been employing a commitment to foster this debate and strengthen international relations on the subject based on three axes: 1) identification and development of epistemic bases on human occupation, which form a network of disciplinary foundations of Occupational Therapy; 2) theoretical-methodological contribution interdisciplinary on human occupation that collaborates with knowledge for other disciplines;



and 3) Occupational Therapy as a social right, assuming the commitment to respond to the increasingly complex demands of society.

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Cognitive rehabilitation with virtual reality in people of working age with stroke sequelae: an occupational therapy intervention

Cognitive rehabilitation with virtual reality in people of working age with sequelae of stroke: an occupational therapy intervention

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Summary

Introduction: Cerebral Vascular Accident (CVA) is one of the main causes of death and motor and cognitive disability. acquired. In the cognitive component, there may be changes in brain processes and mechanisms that can result in disturbances of occupational performance. The typical intervention in case of cognitive deficits is based on the use of traditional pencil and paper exercises, classified as boring and uninnovative. Then comes Virtual Reality (VR) as a therapeutic resource with different activities, with adaptability, possible increased motivation and presenting enough diversity. **Objective:** This investigation has as main objective to evaluate the evolution of cognitive skills resulting from intervention with VR, in people with stroke sequelae aged between 18 and 55 years.

Material and Methods: This is an experimental study with a randomization control group of participants. The data will be collected in two moments, before and after the intervention. Two questionnaires will be used with closed questions and open, to obtain sociodemographic data, information regarding the health status of the participant and, in the end, their satisfaction with the intervention. For the evaluation of interventions, the MiniMental State Examination (MMSE) will be applied. and the Loewenstein Occupational Therapy Cognitive Assessment (LOTCA) as a cognitive assessment tool. **Results:** It is expected that in the implementation of this project results will be obtained that prove changes related to competences cognitive, more accentuated in the experimental group, which uses VR as a therapeutic method. **Conclusion:** This project is essential for scientific construction in the field of cognitive rehabilitation, through VR.

Keywords: Cognitive Dysfunction; Virtual reality; Occupational therapy; Stroke and Software.

Abstract

Introduction: Stroke is one of the main causes of death and of acquired motor and cognitive disability. In the cognitive component, alterations may appear in a set of cerebral processes and mechanisms which may result in disturbances in occupational performance. The typical intervention in case of cognitive deficits is based on the use of traditional pencil and paper exercises, often called boring and not very innovative. Faced with this reality, VR has emerged as a therapeutic resource with diverse activities, adaptability, the possibility of increased motivation, and great diversity. **Objective:** The main objective of this research is to evaluate the evolution of cognitive skills resulting from the intervention with VR in people with stroke sequelae with ages between 18 and 55 years old. **Material and Methods:** This is an experimental study with a control group of randomised participants. Data will be collected in two moments, before and after the intervention. Two questionnaires with closed and open questions will be used to obtain sociodemographic data, information regarding the participant's health status and, at the end, their satisfaction regarding the intervention. The MMSE and LOTCA will be used as cognitive assessment tools to assess the



interventions. **Results:** It is hoped that the implementation of this project will yield results that prove changes in cognitive skills, more pronounced in the experimental group, which uses VR as a therapeutic method. **Conclusion:** This project is essential for scientific construction in the field of cognitive rehabilitation through VR.

Keywords: Cognitive Dysfunction; Virtual Reality; Occupational Therapy; Stroke and Software.

Introduction

Stroke is characterized by the abrupt interruption of blood supply to a certain area.

brain. It is currently one of the leading causes of death and acquired disability, both motor and as cognitive, worldwide (Silva, 2016). Cognitive impairment is often associated with somatosensory, visual and motor deficits, speech and language disorders and,

In particular, executive functions such as concentration, memory, and ability to solve problems, among others, conditioning the interaction of the individual with surroundings (Lyon et al., 2021). Cognitive sequelae can have a profound impact on occupational performance, jeopardizing the autonomy and/or independence of the person (Babulal et al. al., 2015). Traditional pencil and paper methods are commonly used in the rehabilitation, however, a new therapeutic resource with an enormous capacity of adaptation, motivation and that presents a lot of diversity, is emerging, the Virtual Reality (VR). So the VR by the complete involvement of the senses and perceptual processes, it acts greatly on the cognitive functions (Maggio et al., 2019). Using the three-dimensional representation of environments real life and using the movement of the body, a virtual interaction is created between the user, the environment simulated and projected objects. It has been proven that exposure to virtual tasks improves your execution in real life, thus contributing to an increase in the quality of life, performance occupational and promoting the person's independence (Aramaki et al., 2019). In this study, we intend to determine the effectiveness of the use of VR in cognitive rehabilitation in people between 18 and 55 years old, with cognitive sequelae of stroke. The project's main objective is to verify the impact of use of VR, within the scope of Occupational Therapy (OT) intervention, as a therapeutic method. It was also aimed at identifying the software to be used, as well as the intervention protocol, through literature review.

In post-stroke patients, VR has been highlighted as one of the most promising means, due to the resource capacity it offers, but also for the ability to generate flexible environments suitable for successful recovery. Thus, it has proved to be an effective method, not only the physical level, such as gait and balance, but also in relation to cognitive aspects, also demonstrating positive results at a motivational level, improving the commitment of the users (Santos and Oliveira, 2018).

After a survey of possible software to use, two are worth mentioning: VReha and Systemic Lisbon Battery. It is intended, then, to expose the participants to virtual environments similar to the contexts of various activities inherent to the occupation areas.



methods

The idealized project is an experimental study, in the form of a clinical trial, with the sample randomly distributed in the experimental group that will be exposed to VR and the control group that will benefit from traditional rehabilitation methods. It was designed to use a mixed approach, in the treatment of the data obtained, through the application of two instruments, namely the LOTCA and the MMSE. These instruments will make it possible to detect changes in the basic cognitive abilities resulting from the intervention, the MMSE will also make it possible to determine a of the inclusion criteria. Two questionnaires with answer questions will also be applied closed and open regarding the experience of intervention through VR. Data processing is expected to be carried out through two different software, using the Statistical Package for the Social Sciences (SPSS) for processing quantitative data and webQDA for processing qualitative data, through content analysis (Machado and Vieira, 2020). Regarding the number and duration of sessions, it is not possible to identify a pattern in the literature, but in this study, the participants of the experimental group will be submitted to two weekly sessions from 30 to 45 minutes per week for three months, a period often considered for detection of cognitive changes (Haydu et al., 2016; Marques, 2019; Nascimento, 2018; Silva, 2016).

Results

It is expected that in the implementation of this project results will be obtained that show changes related to cognitive skills, more pronounced in the experimental group, which uses VR as a therapeutic method.

conclusions

The investigation of innovative therapeutic resources, associated with physical and cognitive rehabilitation post-stroke is a current need, since this diagnosis continues to be associated with a high number of fatalities, as well as acquired disability related to these two aspects. With evolution of VR in therapeutic intervention, it is possible to improve the intervention and make it even more effective and motivating, thus obtaining better results. As VR is a therapeutic method in strong expansion nowadays, this research project is considered quite relevant, since, will provide scientific evidence regarding its use.

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Regul-A: Application for Regular Children with ASD between 3-6 years of age, in a Home Context

Regul-A: App to regulate children with ASD between 3-6 years old in the home setting

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Summary

Introduction: Children with ASD are characterized by presenting atypical responses to sensory stimuli, having an impact involvement and functional participation. **Objective:** The present study describes the process of developing an app with the aim of helping families to regulate children with ASD, between 3-6 years old, through the application of sensory strategies, to improve participation in daily routines at home. **Material and Methods:** For the study, a *focus group* composed of four occupational therapists with several years of experience working with children with ASD and with specialized training in the area of Sensory Integration, in order to develop and analyze the content of the app. A collaboration was established with the Department of Informatics Engineering, and through joint biweekly meetings, it was possible to develop the entire configuration and programming of the app in an articulated way. **Results:** "Regul-A" was the name attributed to the app, since its main purpose is to help regulate children with ASD. The results cover the various sensory strategies selected by the *focus group*, as well as the structure of the app, developed in collaboration with the Department of Informatics Engineering. **Conclusions:** It is believed that the "Regul-A" app will constitute a potential tool to gather, analyze and manage data on children related to their occupational performance, facilitating implementing strategies and sharing information between parents and occupational therapists.

Keywords: Autism Spectrum Disorder; sensory regulation; app; home context; Occupational therapy.

Abstract

Introduction: Children with ASD are characterized by atypical responses to sensory stimuli, which have an impact on involvement and functional participation. **Objective:** This study describes the several steps of an app development that intends to help families to regulate children with ASD aged 3-6 years old through the application of sensory strategies to improve participation in daily routines in home setting. **Material and Methods:** To develop and analyze the content of the app, a study was performed by a *focus group* formed by four occupational therapists with several years of experience in working with children with ASD and with specialized training in Sensory Integration Therapy. A collaboration was established with the Department of Computer Engineering of Polytechnic of Leiria, and through biweekly meetings it was possible to develop the entire configuration and programming of the app. **Results:** "Regul-A" is the name assigned to the app, since it has the main purpose to help parents regulate children with ASD. The results cover the various sensory strategies selected by the *focus group*, as well as the structure of the app.

Conclusions: It is believed that the "Regul-A" app will become a potential tool to gather, analyze and manage children's data related to their occupational performance facilitating the implementation of strategies and the sharing of information between parents and occupational therapists.

Keywords: Autism Spectrum Disorder; Sensory regulation; app; home setting; Occupational Therapy.

**Introduction**

Autism Spectrum Disorder (ASD) is defined as a disorder of the neurodevelopment, originating in the Central Nervous System, which compromises the development typical of the child affecting its functionality in different contexts (American Psychiatric Association, 2014).

Children with ASD usually have Sensory Processing Disorders (SPD), that compromise adaptive responses, involvement and occupational performance in routine, thus influencing daily family dynamics (Pastor-Cerezuela et al., 2020; Thompson & Rains, 2009).

According to Schaaf & Mailloux (2015), one of the common patterns of DPS is Reactivity Sensory, which manifests itself in hyper-reactivity and hypo-reactivity, according to the neurological threshold and the response strategies. Hyper-reactivity occurs when the child has a low threshold and needs few stimuli to respond, reacting quickly and adversely to them. THE hypo-reactivity occurs when the child demonstrates a high threshold, requiring greater amounts and intensity of stimuli to provide a response, and may show indifference or demand sensory stimuli (Dunn, 2007; Tavassoli et al., 2018).

Parents of children with ASD reported that the greatest difficulties in performing ADLs consist of eating, personal hygiene, dressing and bathing (Naik & Vajaratkar, 2019). Second Bonis (2016), the fear and anxiety of the parents, for not being able to respond in the moments of deregulation of the child, can affect the routines in the family environment.

Thus, it is essential that parents are able to understand how the child processes sensory information in order to predict their responses and avoid moments of deregulation through the implementation of strategies (Dunn, 2007; Thompson & Rains, 2009). According to Dunn (2007), to ensure the child's success in participating in family routines, parents should use these strategies as an integral part of their daily lives (Monteiro et al., 2020; Schaaf et al., 2020; Schaaf et al., 2011).

Thus, occupational therapists have the role of collaborating with these families, in order to analyze the factors that affect the child's performance in the domestic context and intervene, namely, through the creation and implementation of strategies, facilitating child performance and improving family functioning (Dunn et al., 2012; Sood, Szymanski & Schranz, 2015).

In this way, the intervention of Occupational Therapy allows to reduce sensory difficulties inherent to the routine and, consequently, reach adapted responses and behaviors (Galiana Simal et al., 2020).

Studies show that families of children with ASD feel the need for a regular monitoring, in the search and implementation of strategies, in order to promote the child participation in their routine (Sood et al., 2015). In this sense, technologies can allow



real-time monitoring of these families, facilitating communication and sharing of information (Vismara et al., 2012).

Therefore, there was a need to develop a mobile app for parents of children with ASD, between 3 and 6 years of age, through the application of sensory strategies that help children families to regulate the children, for a better participation in the daily routines in the context of the home.

Material and methods

The development of the study was subject to the evaluation of the Ethics Committee of the Polytechnic of Leiria having been approved with no. CE/IPLEIRIA/31/2020.

The present study uses a qualitative methodology and is classified as a descriptive and transversal.

For the study, a *focus group* was selected composed of four occupational therapists who intervene with children with ASD, with the aim of collecting information regarding their perspectives, according to the needs of these children, in order to understand the content that the app should include (Fortin, 2009). Inclusion criteria were established according to the following characteristics: a) have at least five years of experience in intervention with children with ASD, in the area of Early Intervention (0-6 years) and their families; b) have specialized training in the field of Sensory Integration. An Informed, Free Consent was prepared and signed by the participants. and Clarified for participation in research, in accordance with the Declaration of Helsinki and the Oviedo Convention where authorization was requested for audio recording during the course of the *focus group*, for further data analysis.

In this phase of the study, the target population were occupational therapists who helped to the app's content. Subsequently, in Phase II, the target population is intended to be the parents of children with ASD, aged between 3-6 years. In this way, the use of the app will be intended for the parents of these children and the users of the web application will be the occupational therapists who develop the clinical practice with them.

As a data collection instrument, a semi-structured interview guide was prepared with the objective of creating a guideline for the sharing of ideas regarding the theme, crossing the participants' perspectives. Four debates were held with the *focus group*, between December 2020 and January 2021, with an estimated duration of one hour and thirty minutes each. The information analyzed originated the sensory and regulatory strategies contained in the app.

For the development of the app, the collaboration of the Computer Engineering course was necessary, from the Polytechnic of Leiria, so that, through a multidisciplinary team, a more consistent, bringing together health and information technology knowledge, thus providing a better quality and veracity thereof. During the process, eight fortnightly meetings were held, to discuss building the app together.



For the construction of the app, the programs *Android Studio 4.1.3* and *Google Android* were used API 27 - Version 8.1. The app is in the *alpha testing version*, going through a testing process by the research group. After this process, Phase II of the study will be developed, which consists of testing the beta version with real users, namely with therapists occupational groups who collaborated in the *focus group* and the respective parents of children with ASD with whom they professionals intervene.

Results

The app - "Regul-A" - intends to offer a more specific answer to parents of children with PEA, in order to improve the regulation and participation of the child in their activities in the context of the home, through strategies appropriate to the child's sensory reactivity.

Through the *focus group* meetings, the strategies to be included in the app and the following criteria: regarding the sensory profiles to be included, these would be defined according to the sensory reactivity, namely, in hypo-reactive or hyper-reactive, depending on each system sensory (olfactory, gustatory, visual, auditory, tactile, vestibular and proprioceptive); the app should encompass a page referring to the child's profile; the sensorial strategies would be directed to the Occupation Areas, namely, ADL's (dressing/undressing, bathing, feeding and meal times, personal hygiene, sanitary hygiene), Rest and sleep and Play and play; it would be important to include a parameter for regulatory strategies common to the various activities; should be provided a *feedback* space to parents in order to validate the implementation of strategies in performance child's occupational

Based on these criteria, it was possible to build the app with the team from the Department of Computer Engineering: the occupational therapist uses the *web application* to manage the information available to parents, namely the child's sensory reactivity, and also to adapt and specify strategies according to your sensory needs; parents, through the mobile app, access information and consult the profile of your child(ren) without *logging* out of your account; the main menu includes as functionalities, "Profile", "Strategies", "*Support Chat*", "Forum", "Weekly Registration" and "Favorite Strategies". The Profile contains information about the child and the *dashboard* about their evolution. Regarding Strategies, it is possible to access the lists, select favorite strategies, provide *feedback* and access the Strategy Area. The *Support Chat* allows direct contact between parents and occupational therapists. The Forum represents a space for sharing between the entire community from the app. The Weekly Record makes it possible to evaluate the child's occupational performance. the folder of Favorite Strategies brings together the strategies that work best with the child.

conclusions

PEA has been increasingly a recurrent pathology, leading parents to seek information



and ways of acting after the child's diagnosis. In these cases, it is important to intervene directly with parents in order to train them in their daily lives and in the natural context. Simultaneously, through access to sensory strategies appropriate to the child, regulation is intended to better participation in the routine.

In the future, it is intended to carry out a pilot study, to assess the usefulness and impact of the app in real cases. In the same way, with the development of this research it is intended, enhance the continuity of application to other natural contexts where the child is inserted, namely, school and community.

It is believed that the "Regul-A" app constitutes a potential tool to improve the dynamics and, consequently, the quality of life of families of children with ASD.

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Custom molded seating systems versus conventional cushions and backrests (multimaterials): a comparative study

Custom-moulded seating systems versus conventional cushions and (multi material) backrests: a comparative study

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Summary

Introduction: Proper positioning is essential for people who move in wheelchairs and who have musculoskeletal disorders or poor postural control. In order to provide users with greater comfort and functionality, conventional and molded positioning systems have been developed, built with different materials, in order to accommodate these postural anomalies, since an adequate system will, consequently, bring gains in health and quality of life. **Objective:** To evaluate the effectiveness in the positioning and comfort of custom-molded seating systems and conventional cushions and backrests (multimaterials). **Material and Methods:** Comparative study of a quantitative approach, non-probabilistic of a convenience sample of thirty wheelchair users. Data will be collected through the pressure map of molded seats and conventional seats and the application of the Braden scale, as well as a user experience assessment questionnaire. **Results:** With the accomplishment of this study it is expected to obtain comparative data from both positioning systems. **Conclusion:** Through this study, it will be possible to

to assess, based on empirical data, the differences, characteristics and impact on the participants' daily life, in order to characterize the best positioning system according to their needs.

Keywords: Positioning Systems; Wheelchair; molded seat; conventional seats.

Abstract:

Introduction: An adequate positioning is essential for people who use wheelchairs and present musculoskeletal disorders or poor postural control. To provide users with the greatest comfort and functionality, conventional and moulded positioning systems have been developed, built with different materials, with the purpose of accommodating these postural anomalies, because an appropriate system will, consequently, bring gains in health and quality of life. **Objective:** To evaluate the positioning effectiveness and comfort of custom moulded seating systems and conventional cushions and backrests (multimaterials). **Material and Methods:** Comparative quantitative, non-probabilistic study with a convenience sample of thirty wheelchair users. Data will be collected, through pressure mapping to moulded seating and conventional seating and the application of the Braden scale, as well as with a user experience evaluation questionnaire. **Results:** By conducting this study it is expected to obtain comparative data from both positioning systems. **Conclusion:** Through this comparative study, it will be possible to assess, based on empirical data, the differences, characteristics, and impact on the participants' daily lives, to characterise the best positioning system according to their needs.

Keywords: Positioning Systems; wheelchair; moulded seat; conventional seat.



Introduction

Proper positioning in a wheelchair is crucial for carrying out the activities of daily life (ADL). A seating system must ensure the person's comfort, health, functionality and a correct alignment for carrying out various activities. Most chair users wheelchair users, present neurological and musculoskeletal alterations, which affect their integrity and stability, such as paralysis, changes in tone and contractures, among other changes systemic. A seat that fails to provide proper positioning can lead to more deformities and pressure ulcers, conditioning the quality and endangering the health and life of the person (Andreasen et al., 2013; Nace et al., 2019).

It is considered correct sitting when the knees, hips and elbows are at 90°, however this may not be the most functional and comfortable position for the user. In fact, it can be quite difficult due to deformities or functional limitations, so it is necessary to provide adequate support in the pelvis and trunk, because without these key points correctly positioned, the person will feel a lack of support and instability, which may condition the remaining key points such as the head and limbs upper, causing damage to structures (Digiovine et al., 2021)

It is essential to consider that the positioning system must meet the needs and user preferences, in order to promote a positive attitude, not neglecting the personal image, ao estar sentado (Digiovine et al., 2021).

Pressure ulcers usually occur over bony prominences and are consequences of a greater pressure or shear effect on the individual's skin, factors such as equipment inadequate medical care, nutrition, microclimate, perfusion, comorbidities and the characteristics of the skin (Petz et al., 2017). Therefore, it is important to guarantee conditions that prevent their appearance, associating smart materials, changes in positioning and wheelchair functions. such as tilting, reclining, lifting the lower limbs, which allow pressure relief in areas of greater contact and exposure over time, allowing for relaxation and better flow blood (Digiovine et al., 2021).

Material and methods

This is an analytical, non-probabilistic, quantitative study of a sample by convenience of thirty wheelchair users.

Participants will be selected according to the following inclusion criteria:

- Users of conventional positioning systems.
- No cognitive impairment or mild cognitive impairment.
- Communicative skills that allow the answer to the subjective evaluation questionnaire.



Data will be collected through a pressure map and the application of the Braden scale, which evaluates sensory perception, humidity, activity, mobility, nutrition, friction and shear, in the sitting position (Ferreira et al., 2007; Park and Lee, 2017; Petz et al., 2017). both of you instruments will be used in molded seats and conventional seats with each user in a time and after using each system for a period of eight hours. It will still be possible to apply a subjective evaluation questionnaire to the participants in order to understand the user experience to level of comfort, pain, support and satisfaction with the visual appearance of the system.

Results

It is expected that with the data obtained, the performance of the positioning in the prevention of pressure ulcers, comfort and stability, as well as the perception of the user in the experience of its use.

Discussion

Wheelchairs are support products that allow users to enhance their autonomy and independence, and it is necessary to have a positioning system that complements its effect. However, the vast majority of people who use wheelchairs, remain in them for long periods of time, which can lead to pressure ulcers, musculoskeletal deformations, pain and discomfort and inherently poorer quality of life (Digiovine et al., 2021).

Conventional positioning systems are composed of a seat and backrest, made of different materials, such as foam with different densities, air, viscoelastic, gel and vinyl, nylon, polypropylene tapes, foam and gel backrests. This system becomes expensive for the customer, provides comfort and some support, being a good option in light cases that do not require great information to maintain a correct posture and maintain their levels of functionality (Digiovine et al., 2021).

The molded seats, when modeled, through a mold and a scanner according to the exact contours of the person, may be more suitable for those who have deformities, asymmetries, It provides greater support and is less prone to pressure ulcers, as the forces will be distributed over a larger surface, increasing comfort and preventing their emergence. The fact that the seat is made of polyurethane foam provides the customer with greater comfort. and stability (Digiovine et al., 2021).

conclusions

With this comparative study, it will be possible to assess, based on empirical data what are the differences, characteristics and impact on the daily life of the participants, in order to enable themselves the best possible positioning system according to their needs.



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Money Management and Shopping Skills Training Program

Money Management and Shopping Skills Training Programme

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Summary

Introduction: Money management and shopping skills, Instrumental Activities of Daily Living (AVDIs), are important since they allow a greater degree of autonomy and participation in life in society. Having said that, they are fundamental competences for living in society, as they are present in various acts and contexts. Therefore, these two areas promote self-determination, autonomy, social inclusion and community participation. In order to work these two areas, a money management and shopping skills training program was developed, as there are few data regarding an Occupational Therapy intervention focused on these areas. **Objective:** The program has as main objectives the promotion of money management skills and shopping. **material and**

Methods: To evaluate the initial performance and final reassessment, the following instruments will be used - the Instrumental Activities of Daily Living Scale (IADLS), apenas as questões B e H, e o Test of Grocery Shopping Skills (TOGSS). Para a intervention will be carried out a program based on metacognitive training and *mindfulness meditation*. **Results:** With this program participants are expected to improve their money management and shopping skills, which they verify through the results in the previously mentioned evaluation instruments. **Conclusion:** In the absence of these capabilities people miss out on some significant decision-making, namely about what to eat and what to eat. what to wear, among other things.

Keywords: Instrumental Activities of Daily Living (AVDIs); Money management; Shopping; Autonomy; Participation; Decision-making.

Abstract

Introduction: Money management and shopping skills, which are Instrumental Activities of Daily Living (IADLs), are important as they allow for a greater degree of autonomy and participation in life in society. These performance skills are essential for living in society, as they are present in several acts and contexts. Therefore, these two areas promote self-determination, autonomy, social inclusion and community participation. This programme, practice of money management and shopping skills, was developed based on the fact that there is little data regarding an Occupational Therapy intervention focused on these two areas.

Objective: The program main objective is the promotion of money management and shopping skills. **Material and Methods:** The following instruments will be used to assess the initial performance and final reassessment: the Instrumental Activities of Daily Living Scale (IADLS), only questions B and H, and the Test of Grocery Shopping Skills (TOGSS). A programme based on metacognitive training and mindfulness meditation will be carried out during the intervention phase. **Results:** It is expected that participants will improve their money management and shopping skills, which can be verified through their scores on the aforementioned assessment instruments. **Conclusion:** In the absence of these performance skills, people lose some significant decision-making opportunities, namely regarding what to eat and what to wear, among other aspects.

Keywords: Instrumental Activities of Daily Living (IADLs); Money management; Shopping; Autonomy; Participation; Decision making.



Project rationale

According to the Occupational Therapy Practice Framework (EPTO), financial management consists of in the use of fiscal resources, as well as alternative methods of financial transaction, to plan and using finances with short-term and long-term goals (Marques and Trigueiro 2011). Regarding the shopping, consists of preparing shopping lists (grocery and others); selection, acquisition and transportation of items; selection of payment methods and carrying out the financial transaction, including Internet shopping and the use of related electronic devices such as computers, mobile phones and tablets (Marques and Trigueiro 2011).

Money management and shopping skills were found to be important once that allow a greater degree of independence and participation in life in society, as they are present in various acts and contexts (Cardoso 2015). Thus, these two areas promote the self-determination, autonomy, social inclusion and community participation (Wilton, Fudge Schormans, and Marquis 2017). In the absence of these capabilities, people miss some outlets significant decisions, namely what to eat and what to wear, among others aspects (O'Neill and Gutman 2020).

In order to respond to these difficulties and since there are few data regarding an Occupational Therapy intervention focused on these two areas was developed this program, training money management and shopping skills.

As far as the intervention of the program is concerned, it is based on metacognitive training, on the more traditional Occupational Therapy intervention and *mindfulness meditation*.

The analyzed studies used strategic metacognitive training, either alone or in combination with another more traditional occupational therapy intervention. The formation of metacognitive strategies is an intervention that aims to improve professional performance, teaching explicitly clients to use processing strategies (Giles 2018; Katz 2011). At Processing strategies are used to organize incoming information for a more efficient processing (Toglia 2011). Common processing strategies include use of external and internal aid (Karunakaran, Sugi, and Rajendran 2018; Kim and Park 2019; Lamash and Josman 2019; O'Neill and Gutman 2020). Mindfulness meditation , combining the two types (improving awareness through focused attention and through open monitoring of sensations without reactivity to sensations or thoughts (Lutz et al. 2008)), is considered a method to train attention and the cognitive processes associated with it, namely the memory and perception (Brown, Creswell, and Ryan 2015).

project innovation

A search was carried out, in Portuguese and English, in Pubmed and bi-on, with the terms “treino”, “AVDIs”, “money management”, “shopping”, “*mindfulness meditation*”, and “occupational therapy”, of 43



to verify which programs already exist and which investigations have already been carried out. However, they were not found a lot of data, and most of the documents found were not intended for Portuguese population, and was directed to a specific population, for example individuals with a specific disturbance (Karunakaran, Sugi, and Rajendran 2018; Kim and Park 2019; Lamash and Josman 2019; Wilton, Fudge Schormans, and Marquis 2017).

Target population

This program is aimed at the Portuguese population in general, that is, at any person who has difficulties with money management and shopping skills.

Project description and organization

This program will have a total of 20 sessions of 45 minutes, twice a week, excluding the assessment and reassessment. The program will last about 12 weeks, 1 week of initial assessment, 10 weeks of intervention and 1 week of reassessment.

Sessions will consist of introduction / warm-up (10 min), main activity (30 min) and discussion / finalization (5 min). In the introduction there will be the reception of the customer, a brief explanation of the planning of the session, as well as the explanation of the objectives. It will also be at this time, in the first session of each week, in which the exercise sheet will be checked/corrected to House. The warm-up will include a guided *mindfulness* meditation (performed by a therapist with formation). In the main activity, different activities and / or exercise sheets will be carried out, depending on the client's performance and the intervention phase. In the discussion / finalization, the therapist should make a brief summary of the session, asking the client what the biggest difficulties were felt and how to felt when performing the activities. It will also be at this moment, in the last session of each week, that the homework sheet will be provided, and the session will be terminated.

Each week will have a theme / set of skills to work on (Table 1), and the sheets homework exercises are always related to that week's theme, in order to contribute for the consolidation of information through repetition.

Table 1 - Theme to work on each week

1st week	He
	Recognize and identify coins
2nd	simple calculation
3rd	Recognize and identify notes
4th	Calculations with money and association of currency values to everyday products / objects
5. ^a	Shopping list planning
6. ^a	Spending / finance planning
7. ^a and 8. ^a	Roleplay of financial management and shopping, in a therapeutic context
9th and 10th	Financial management training and shopping, in a real context



Expected results

With this program, participants are expected to improve their management skills of money and shopping.

Indicators used

To evaluate the performance of customers, two instruments will be applied, the Instrumental Activities of Daily Living Scale (IADLS) (Lawton and Brody 1969) e o Test of Grocery Shopping Skills (TOGSS) (Hamera et al. 2002). The first assesses instrumental activities of daily living, and only questions B (purchasing) and H (ability to handle finances) will apply. The second assesses community shopping ability (ability to locate and select items specifics at the cheapest price). Therefore, the indicators are the results of these instruments.

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Mental Health Literacy in Autism Spectrum Disorder – A Platform “7-Headed Animal”

Mental Health Literacy in Autism Spectrum Disorder - The Platform “Bicho de 7 heads”

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Summary

Literacy in Mental Health, currently, is a concept still little explored in the Portuguese population, mainly in what concerns concerns the awareness and knowledge about Autism Spectrum Disorder (ASD), causing an impact on life of the person with the disorder, as well as in the lives of those around them. Thus, the aim of this study is to combat the lack of knowledge about ASD, and consequently, contribute to an increase in empathy, thus increasing your well-being. The project “Literacy in Mental Health - Bicho de 7 Cabeças” was developed, which will have an approach multimodal, reconciling a training, informative and contact aspect, aimed at the young population. The empathy level will be assessed through the Basic Empathy Scale and knowledge through tests applied in each session. With the implementation of this project, it is expected to achieve an increase in knowledge and, consequently, in empathy, in the young population and, in this way, empower society in general, using these young people as agents of change.

Keywords: Mental Health Literacy; Autism Spectrum Disorder; Stigma.

Abstract

Mental Health Literacy is currently a concept still little explored in the Portuguese population, mainly regarding awareness and knowledge about Autism Spectrum Disorder (ASD), causing an impact on the life of the person with the disorder and the life of the people around them.

Thus, this study aims to combat the lack of knowledge about ASD and, consequently, to increase empathy, thus increasing their well-being. The project "Mental Health Literacy - 7 Headed Bug" was developed, which will have a multimodal approach, combining training, information and contact, aimed at the young population. The level of empathy will be assessed through the Basic Empathy Scale and knowledge through tests applied in each session.

With the implementation of this project, we hope to increase knowledge and, consequently, empathy in the young population and thus empower society in general, using these young people as agents of change.

Keywords: Literacy in Mental Health; Autism Spectrum Disorder; Stigma.

Introduction

More and more talk about Autism Spectrum Disorder (ASD), but understanding all aspects involving it is still very restricted (Broady et al., 2017; Griffith et al., 2012). At people with ASD and their families report that there is a lack of knowledge on the subject, which culminates in quick and unfavorable judgments (Broady et al., 2017; Cage et al., 2018; Stronach et al., 2018). It is also verified that individuals with limited knowledge about PEA are the ones who show more stigma and discriminatory behaviors (Broady et al., 2017; Somekia et al., 2018; Stronach et al., 2018).



It was found that children and young people with ASD have difficulties in integrating into a context school, with peers who do not seem to understand their behaviors and reject them (Dillenburger et al., 2017), thus presenting a higher probability of experiencing *bullying* compared to with students with other disabilities (Cappadocia et al., 2012).

Nowadays it is known that the higher and better the level of literacy about the aspects related to health (HL), the greater the empathy and the less negative attitudes and stigma towards people with disease (DGS, 2015; WHO, 2020). The Canadian Therapy Association Occupational (2013) recognizes the great impact of SL competencies for individuals and populations, and supports the increase of these skills as a means to achieve a fair and inclusive society, which makes this a topic of great relevance and relevance for the profession.

Thus, the objective of this study is to combat the lack of knowledge about the PEA, and consequently, contribute to the reduction of barriers that these people and their families experience, thus increasing their well-being.

methods

The Mental Health Literacy program, called "O Bicho de Sete Cabeças", aims to objective to increase the SL levels of the population on various mental disorders or Neurodevelopment, which includes ASD.

Although the program is suitable for the general population, children and young people, from 11 to 18 years old, as it is a sensitive age group and available for the implementation of programs to combat or stigma (Campos et al., 2018; Waqas et al., 2020), contributing to adoption of inclusion behaviors in the school environment and in the community in general (Campos et al. al., 2018; Dillenburger et al., 2017; Waqas et al., 2020).

As knowledge assessment tools, knowledge tests will be used made available by the platform at the end of each training session, which include questions of association, multiple choice and true or false. These tests are used to obtain the percentage of questions that the user answered correctly.

To assess the level of empathy, the Portuguese version of the Basic Empathy Scale will be used. [BES-A] (Pechorro et al., 2018). The BES-A consists of 7 items, with a 5-point Likert response, ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The total score ranges from 5 to 35 points, with higher scores indicating higher levels of empathy. THE internal consistency of BES-A reveals good values (alpha= 0.77).

This program is delivered to the public through an online platform, which makes it possible to overcome geographic and temporal barriers; there is the possibility to review the contents when and how many times Wish; allows rapid dissemination of information; captivates and motivates the user, since allows interactivity through the presentation of multimedia resources (Clark and Mayer, 2016; Reavley and Jorm, 2011).



The interactive graphic language of the platform, using together the expression "Bicho de 7 Heads", generates a greater impact on society, through the use of positive messages, helping to demystify beliefs associated with mental health and reduce the stigma associated with these people. It also includes several testimonies that allow us to perceive, in the first person, the experience of the disturbance, creating greater empathy with the observer (Waqas et al., 2020). The contents aimed at PEA are exposed over three sessions, with an average duration from 30 to 40 minutes. The contents of each session are made available on a theoretical-practical basis, in an interactive and appealing way, through the use of an audiovisual component. Regarding the first session, it is intended that the trainees understand the concept of disorder, the central symptomatology, understand the neurological basis of behaviors and associated comorbidities. In the second session, content related to the etiology of and risk factors, early signs, diagnosis, prognosis, prevalence and main interventions. Per Finally, in the third session, it is intended that the trainees understand the impact of PEA in the day to day of the person and those who live with them, learn to use strategies, and promote empathy through viewing testimonies of people with ASD or their family members.

Expected results

With the implementation of the program it is expected that the levels of LS on the PEA will increase, users are expected to be able to recognize and understand the typical behaviors of the PEA, how the diagnosis is performed, the interventions available and that use the strategies provided to deal with the pathology, either by people with ASD or by those who come into contact with them and, in this way, make more informed decisions and better manage of the disturbance.

Regarding the school environment, it is expected that colleagues of people with ASD understand the impact that the disturbance can have on the life of the person who has it, increases the level of empathy to these people. It is hoped that these young people can function as agents of change, disseminating and encouraging others to better understand the PEA. Thus, the objective will be to train society in general, which had led to a reduction in the existing stigma towards people with ASD, allowing them more opportunities to participate in society.

Conclusion

According to Levasseur and Carrier (2012) Occupational Therapy can use different forms of integrate SL into their practice, namely through increasing awareness of SL in the population, of material development to satisfy the needs at LS level and providing, when necessary, interventions to improve SL. Thus, this project meets the philosophy of profession since its intervention also considers the context and its interaction with the customers.



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Social entrepreneurship project – Sem-Improviso

Social entrepreneurship Project - Sem-Improviso

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Summary

Introduction: Since menstruation is a physiological and natural process, which occurs from menarche to menopause, which has direct impact on the physical, mental and social well-being of women, while homeless, the menstrual period becomes a challenge even bigger. Thus, the identified problem focuses on the lack of menstrual hygiene of homeless women.

(SSA). The **objective** of this study is, then, to promote the creation of a space destined to the accomplishment of the hygiene of the women in SSA, the distribution of menstrual hygiene products and the increase in the literacy of this population. **Material and Methods:** The sample will be made up of women in SSA in the city of Porto, recruited for convenience based on the indication of the associations who work with this population. The instruments include counting women who adhere to the initiative, questionnaires of measuring the level of knowledge acquired, satisfaction with the service and measuring stigma. The project intends to promote health literacy in an understandable and accessible way and, in this way, empower these women, making them agents of change in order to captivate and train future users. **Results:** Women in SSA are expected to increase their literacy level on the subject and that at least 75% of them adhere to the use of spaces and products intended for menstrual hygiene.

Conclusion: This project aims to improve the quality of life and well-being of women in SSA, particularly during the menstrual period.

Keywords: Women; menstruation; homeless; public health; menstrual products

Abstract

Introduction: Since menstruation is a physiological and natural process, which occurs from menarche to menopause, and has a direct impact on women's physical, mental and social well-being, as homeless women, the menstrual period becomes an even more significant challenge. Thus, the identified problem focuses on the lack of menstrual hygiene in women experiencing homelessness (SSA). **Objective:** Therefore, this study aims to promote the creation of a space for the hygiene of women in SSA, the distribution of menstrual hygiene products, and the increase of literacy of this population. **Methods:** The sample will consist of women in SSA in Porto, recruited by convenience from the indication of associations that work with this population. The instruments include a count of women joining the initiative, questionnaires measuring the level of knowledge acquired, satisfaction with the service and measurement of stigma. The project intends to promote health literacy in an understandable and accessible way and thus empower these women, making them agents of change to captivate and train future users. **Results:** It is expected that women in SSA will increase their level of literacy on the topic and that at least 75% of them will adhere to the use of spaces and products for menstrual hygiene. **Conclusion:** This project aims to improve women's quality of life and well-being in SSA, particularly during the menstrual period.

Keywords: Women; menstruation; homeless; public health; menstrual products



Introduction

A homeless person (SSA) is one who, regardless of socioeconomic condition and physical and mental health, is homeless, living in space public, housed in an emergency shelter, with whereabouts in a precarious place or without a home, being in temporary accommodation (National Strategy for the Integration of People in Homelessness, 2017). According to data from the National Strategy for Integration of Homeless People (ENIPSSA), in December 2019, there were 7107 people in SSA in Portugal, 72% in the Metropolitan Areas of Lisbon and Porto and of which 20% were women (ENIPSSA, 2019).

Some initiatives have been implemented to respond to the problem, focusing on in the social integration of people in SSA and in the fight against hunger, reintegration into society and basic hygiene care (ENIPSSA, 2019; Associação Segunda Chance, nd). Nonetheless, these supports focus on the provision of basic needs, not taking into account related to the differences between the sexes, thus leading to the neglect of the problem central found – the lack of menstrual hygiene of women in SSA (Lopes, 2017). With In effect, these women do not have the financial capacity to purchase products hygienic, they do not have clean, safe and private spaces for carrying out the their intimate hygiene, nor do they have access to medical and health care (Leibler et al., 2017). It is This situation means that women in SSA resort to alternative methods and sometimes potentially insecure from a pathological point of view, to manage their period (Vora, 2020).

It was considered essential to implement an initiative in the field of menstrual hygiene, given that that, in addition to advocating in favor of equal rights between citizens, it is also intended to alleviate some factors underlying the lack of hygiene, such as public health, women's empowerment and improvement of physical and mental. One of the key principles of Occupational Therapy is to increase participation social welfare, promoting health, well-being and community inclusion. as therapists occupations, the project promoters intend to promote the health of these women in SSA (Smith & Gutman, 2011), enabling the right to equality and justice, through use of health literacy promotion approaches, ensuring that information and education provided corresponds to the individual characteristics of that person (American Occupational Therapy Association, 2011). Furthermore, they intend to enable these women, making them agents of change in order to captivate and train future users. Thus, the objective of this work is to promote the creation of a space destined to the realization of



of women's hygiene in SSA, distribute menstrual hygiene products and increase literacy on the topic.

Material and methods

The target population is women in SSA in the city of Porto, recruited for convenience from the indication of the associations that work with this population.

In order for the impact to be quantified and monitored, it is necessary to promote measurement of the *outcomes* achieved. Thus, as impact indicators, the following will be measured: the increase in literacy on the subject in the target population, through questionnaires applied after the training sessions; the rate of use of spaces and products intended for hygiene menstrual cycle, by counting women who seek these resources; the reduction of stigma and self-stigma through a questionnaire created for this purpose; and the reduction of social isolation of women in SSA, through questionnaires created for women in SSA and for the rest of the population according to each impact indicator.

In addition, it is considered important to evaluate the outputs produced by the project, through namely, counting the number of women participating in the workshops/lectures, the response to the satisfaction questionnaire with the services provided and the counting the number of people (from the community) who adhere to the campaigns promoted by the Association Without Improvisation.

The Sem-Improviso Association is a social entrepreneurship initiative aimed at to women in SSA, in the city of Porto. Through emails, it was possible to contact numerous *stakeholders*, who were willing to join the cause, such as the

Volunteering NPISA Porto, the Associação de Solidariedade Coração na Rua, the Associação de Solidariedade Coração na Rua, the Associação de Solidariedade Second Chance and the Homeless Support Center (CASA). The envisaged solution is creation of a space dedicated to women's hygiene, in SSA, located in a central area from the city of Porto. Free distribution of hygiene products is also planned. menstrual cycle, obtained through partnerships with key *stakeholders*, as well as carrying out health education lectures, aimed not only at the target population, but also at any Oporto citizen concerned with these issues. Finally, and counting equally with key partnerships, monthly workshops will be offered, where women in SSA can receive personal care such as hairdressing and aesthetics, aimed at promoting self-esteem and empowerment.



Results

With this project, it is expected to increase the level of literacy on the subject in the women who join the project as well as achieve a membership of at least 75% of use of spaces and products intended for menstrual hygiene. In addition to this, it is expected to achieve a reduction in women's self-stigma and social isolation in SSA.

Conclusion

The main impact objective of this project will be to improve the quality of life and well-being of women in SSA, particularly during the menstrual period. Beyond of this, it is expected to increase the number of menstrual hygiene products that women have access, free of charge and promote behavioral changes that promote their health. With the activities carried out in groups, such as workshops and lectures, it is expected that also the promotion of social interaction and the increase of the network of contacts of these women, reducing their situation of social exclusion. In the long term, the increase in the support network and the inclusion, accompanied by an increase in hygiene and care personal, may translate into the possibility of entering the job market and, consequently, reintegration into society.

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IoT devices as Ambient Assisted Living tools for people with Duchenne Muscular Dystrophy

IoT devices as Ambient Assisted Living tools for people with Duchenne Muscular Dystrophy

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Summary

Introduction: Duchenne Muscular Dystrophy (DMD) is a genetic disease with severe muscle involvement. The lost Gradual muscle mass causes changes in the occupational profile and situations of deprivation, evidencing the need for support from the 3rd. Caregivers are required for the most varied tasks and are often overloaded. The smart ones speakers (SS), such as Amazon Echo and Google Nest, are established in the world market and available to the population. general. The artificial intelligence programmed into these conversational devices makes room for the creation of interventions applicable in a smart home context and have the potential to be used as an environmental control unit (ECU), controlling other devices in the Internet of Things (IoT) network. **Objective:** This investigation aims to analyze potential variations in the participation and performance of an individual with DMD, in the burden of caregivers, and also the potential of SS as an ECU, through the integration of SS-controlled IoT devices in the home environment. **material and**

Methods: This case study consists of an exploratory-descriptive study, in which semi-structured interviews will be applied and the WHOQOL-Bref instrument to the participant and caregivers, to which the MOHOST to the individual and QASCI to the caregivers. **Results:** It is expected that the implementation of IoT devices will show an increase in the control of the environment and opportunities for participation, reducing demands on the caregiver and their burden, influencing the quality of care stakeholders' lives. **Conclusion:** IoT devices are low-cost, quick-to-implement and customizable, and with user-friendly settings, having the potential to act as an ECU.

Keywords: Motor impairment; Internet of Things; Duchenne Muscular Dystrophy; Environmental Control Unit; caregivers.

Abstract

Introduction: Duchenne Muscular Dystrophy (DMD) is a genetic disease with severe muscle involvement. The gradual muscle loss causes changes in the occupational profile and situations of deprivation, highlighting the need for support from others.

Caregivers are called upon for a variety of tasks and are often overwhelmed. Smart speakers (SS), such as the Amazon Echo and Google Nest, are established worldwide and available to the general population. The artificial intelligence programmed into these conversational devices opens space for the creation of interventions applicable in a smart home context and present potential to be used as an environmental control unit (ECU), controlling other Internet of Things (IoT) devices. **Objective:** This research aims to analyse potential variations in the participation and performance of an individual with DMD, in caregivers' burden, and also the potential of SS as an ECU, through the integration of IoT devices controlled by SS in the home environment. **Material and**

Methods: This case study research consists of an exploratory-descriptive study, in which semi-structured interviews and the WHOQOL-Bref instrument will be applied to the participant and caregivers, and MOHOST will be added to the individual and the



QASCI to the caregivers. **Results:** It is expected that the implementation of IoT devices will increase the control over the environment and the opportunities for participation, reducing the caregiver's demands and burden, and influencing the quality of life of those involved. **Conclusion:** IoT devices are low-cost solutions with a quick and customizable implementation, user-friendly settings, and have the potential to act as ECU.

Keywords: Motor Impairment; Internet of Things; Duchenne Muscular Dystrophy; Environment Control Units; Caregivers.

Introduction

Duchenne Muscular Dystrophy (DMD) is a genetic disease caused by a lack of functional dystrophin, protein produced through the translation of code present on the X chromosome, manifesting itself essentially in the male gender (Sun et al., 2020). It has as a consequence the global muscular deterioration and several consequent systemic implications, namely in the musculoskeletal, respiratory, gastrointestinal and cardiac functioning, to which are added potential changes in psychosocial behavior (Birnkrant et al., 2018). The gradual muscle loss and resulting impairment of motor skills for displacement of the body as a whole and isolated body segments, changes in the profile are associated occupational, even reaching situations of deprivation of carrying out activities, without the support from third parties (Vorster et al., 2019). Thus, individuals with DMD are highly dependent on caregivers to carry out the daily routine, who in turn tend to be overloaded (Landfeldt et al., 2016). This overload constitutes a cause for the reduction of quality of life of caregivers, and a risk factor for the development of anxiety and depression (Landfeldt et al., 2016).

This identifies the need to increase the independent participation of people with DMD in different areas of occupation.

The development of everyday device connectivity to the Internet created the concept *Internet of Things* (IoT) and revolutionized the possibilities of adapting environments, improving the accessibility and automation of tasks, in order to facilitate processes (Mazhelis et al., 2012).

The commercialization of devices included in the IoT concept creates opportunities for adapting environments with personalized interfaces, and *smart speakers* (SS) such as *Google Nest* or *Alexa* be used as Environmental Control Units (ECU) through voice, overriding the need to use broad movements for activation (Noda, 2018). populations with accentuated mobility impairment can thus control multimedia devices, both for leisure purposes such as work or education, regulate ambient lighting and temperature, open blinds, activate electrical devices connected to smart sockets, among others (Noda, 2018).

In this context, the study aims to answer the research question: What are the effects of implementation of SS-controlled IoT devices in the autonomy of a person with disability in the housing context? In answering this question, it is assumed that the develop the autonomy of the person with functional diversity, is inherently being reduced to overload of informal caregivers.



methods

The aim is to explore possible variations in the participation and performance of a young adult with DMD diagnosis by integrating SS-controlled IoT devices into your home environment. It is also sought to observe the potential of the SS as an ECU, and also to analyze the caregiver burden.

To achieve these objectives, the case study is considered as the best design methodological approach to better understand this unexplored context. Although clinical trials randomized trials reduce many threats to internal validity, effect mechanisms remain opaque, particularly when the causal pathways between "intervention" and "effect" are long and potentially non-linear: case study investigation plays a key role in providing detailed observational evidence for causal claims (Paparini et al., 2020).

The individual under study was selected for convenience, meeting the defined criteria, namely having a diagnosis of DMD, aged between 18 and 23 years, with activities work or educational activities carried out mostly in a home environment, with pre-existing, namely Internet and multimedia devices not framed in the IoT concept. The individual does not have the need for continuous use of a ventilator or articulatory disturbances speech, thus ensuring effective interaction with the SS.

An evaluation protocol will be carried out before and after the intervention (adaptation environmental).

Semi-structured interviews will be applied to the individual and caregivers in order to obtain data unstructured information relating to personal perceptions of the context. The quality of life for all stakeholders will be measured using the World Health Organization Quality of Life version – version abbreviated (WHOQOL-Bref). The occupational functioning of the individual will be characterized through the Model of Human Occupation Screening Tool (MOHOST). Caregiver burden will be assessed using the Informal Caregiver Burden Assessment Questionnaire (QASCI).

Qualitative data will be imported, analyzed and encoded for content analysis in WebQDA 3.0 software. Quantitative data will be analyzed in an excel spreadsheet and/or in software Statistical Package for the Social Sciences (SPSS).

Results

It is intended to obtain data from the implementation of IoT devices with regard to the accessibility, activity and participation and, consequently, the empowerment and use of same. It is equated that the domain of IoT devices will provide, at the theoretical level, a increased control of the smart home environment and opportunities for participation in activities and task execution across devices. Additionally, it is expected that the increased independence in activities related to electronic devices is reflected in the



reduction of requests to the caregiver, which can reduce their burden and influence the quality of care. lives of both actors.

conclusions

The market affirmation of IoT products provides opportunities for the development of customized systems tailored to individual needs. It is therefore pertinent the production of evidence that explores the application of these generic devices in people with cases of high motor dependency, often subject to performing tasks by replacement. These devices constitute low cost solutions when compared to systems of home automation created specifically for these market niches, and will be able to avoid the need acquisition of the latter, providing a quick, affordable solution with user-friendly configurations.

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Translation and cultural adaptation of *The Mayers' Life-style Questionnaire (2)* to the Portuguese version

Translation and cultural adaptation of *The Mayers' Life-style Questionnaire (2)* for the portuguese version

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Summary

Introduction: This study is based on the translation and cultural adaptation of *The Mayers' Life-style Questionnaire (2)*, aimed at people with mental disorders. It is a self-completion instrument that assesses lifestyles in nine dimensions (Taking care of yourself, Life situation, Caring for others, Being with others, Professional/educational situation, Beliefs and values, finances, Choices and Activities you enjoy doing). **Objective:** To translate and culturally adapt to Portuguese the *The Mayers' Life-style Questionnaire (2)*. **Material and Methods:** The methodology used involves several phases: translation into the Portuguese, synthesis of translated versions, evaluation of the synthesis by experts, pre-test, back-translation, synthesis of back-translations and sending the instrument to the author of the original version. Statistical analysis was performed to obtain the level of agreement among the experts who carried out the evaluation of the synthesis of the translations, which was carried out twice. For verification of reproducibility, inter and intra-observer, the scale was applied to seven people with mental disorders. **Results:** Made the changes to the scale, suggested by the panel of experts, an analysis of inter-judge agreement was performed. Taking into account the coefficient kappa, for values where ≥ 0.75 , an excellent agreement was obtained. Some people with mental disorders have felt difficulties, as some of the questions did not apply to their lifestyles. **Conclusion:** The difficulties of fulfillment may be associated with the fact that lifestyles are personal, and quality of life is a concept subjective and depends on individual experiences.

Keywords: Cultural Adaptation; Translation; Mental Disorder; *The Mayers' Life-style Questionnaire (2)* ; Lifestyles.

Abstract

Introduction: This study is based on the translation and cultural adaptation of The Mayers' Life-style Questionnaire (2), which was designed for people with mental disorder. It is a self-completion instrument which assesses life-styles in nine dimensions (Looking after yourself, Living situation, Looking after others, Being with others, Being in or out of work / Attending college, Beliefs and values, Finances, Choices and Activities you enjoy doing). **Objective:** To translate and culturally adapt The Mayers' Life-style Questionnaire (2) into Portuguese language. **Material and Methods:** The methodology used focuses on several phases: the translation into the new language, synthesis of the translated versions, synthesis' assessment by experts, pre-test, back-translation, back-translations' synthesis, and submission and sending of the instrument to the author's original version. Statistical analysis was



carried out to obtain the level of agreement between the experts who assessed the translations' synthesis, which was performed twice. To check for inter and intra-observer reproducibility, the scale was applied to seven people with mental disorder. **Results:** After the changes to the scale suggested by the panel of experts, the interrater agreement analysis was performed. Considering the kappa coefficient, for values where ≥ 0.75 , an excellent agreement was obtained. Some of the people with the mental disorder found it difficult, as some of their questions did not apply to their life-styles. **Conclusion:** Difficulties in filling out the instrument may be associated with the fact that lifestyles are personal, and quality of life is a subjective concept and depends on individual experiences.

Keywords: Cultural Adaptation; Translation; Mental Disorder; The Mayers' Life-style Questionnaire (2); Lifestyles.

Introduction

Assessment is the first stage of the process in Occupational Therapy (OT) and focuses on the discovery about what the customer wants and needs to do, what the customer is capable of doing and what it has already done, as well as in identifying all aspects that support or limit health, well-being and participation [American Occupational Therapy Association (AOTA), 2014]. Occurs during the initial interaction and in all subsequent interactions that are established with the client, and its specificity depends on the context of the practice (AOTA, 2014).

In this way, the assessment consists, on the one hand, of defining the occupational profile, namely the identification of customer needs, problems and concerns about their occupational performance (AOTA, 2014), and it is also important to have taking into account that at this stage individual goals and expectations about the Occupational Therapy, available resources, personal support systems and social networks, as well as the reason for referencing (Bullock, 2014). On the other hand, the evaluation comprises the analysis of occupational performance, through the collection and interpretation of information that will allow specifying the factors that facilitate or inhibit this performance in occupational health, as well as identifying what results are expected to be achieved (AOTA, 2014).

Evaluation takes place, both formally and informally, in all interventions with the client (Marques and Trigueiro, 2011) and establishes a baseline through which the change can be measured (Bullock, 2014). It comprises, therefore, specific methodologies that focus on functionality and involve activity or occupation, namely checklists, performance scales or occupation- or activity-focused questionnaires (Bullock, 2014). The collection and interpretation of information, through the application of evaluation developed to observe, measure and question, will allow to know, in this way, the aspects that support or hinder the client's occupational performance (Marques and Trigueiro, 2011).



After some research within the object of study of this investigation, the lack of assessment instruments in OT, translated and adapted for the population Portuguese, that measure the concept of quality of life/lifestyles, in the area of health mental. Bearing in mind the aforementioned aspects, it was considered relevant to translation and cultural adaptation of *The Mayers' Life-style instrument Questionnaire (2)*.

This instrument is authored by Occupational Therapist Chris Mayers, professor at the School of Health Sciences at York Saint John University in England and is aimed at people with mental disorders, allowing them to know and assess their ability to have insight into their lifestyle. It is a self-completion questionnaire, person-centered and that allows them to identify and prioritize what they consider significant and that is affecting their quality of life, at the beginning of the therapeutic process in TO (Mayers, 2003). Occupation is central to the philosophy and practice of OT, so it is through the involvement in meaningful activities that the person uses to their full potential to increase their quality of life (Mayers, 2000). The instrument has a structure of nine dimensions that allow assessing lifestyles (Mayers, 2003), namely taking care of oneself, life situation, taking care of others, being with others, is employed / unemployed / attending an educational establishment/course and/or training program vocational training / volunteering, beliefs and values, finances, choices and activities what do you like to do. The first study of the instrument was published in 2004, and the A new version, resulting from some adjustments, was published in August 2018.

The universe of knowledge in quality of life is expressed as an area multidisciplinary knowledge that encompasses, in addition to various forms of science and popular knowledge, concepts that privilege people's lives as a whole. In this perspective, therefore, deals with countless elements of the person's daily life, considering not only their subjective perception and expectations, but also questions to a more concrete level (Almeida et al., 2012). Since the concept of quality of life is quite comprehensive, its definitions and underlying theoretical frameworks are numerous. Mayers (1995, 2000, 2003), refers to his preference for the concept of lifestyle and not quality of life, considering its more holistic view, privileging the definition of this concept through the authors Niemi et al. (1988). It is thus consensual that quality of life refers to subjective well-being and personal life satisfaction, including physical and mental health, being instrumental, interpersonal relationships established at the family and social level, work and other activities performed in the community, personal development and feeling



of personal filling, in addition to performing recreational activities. On the other hand, Madeira et al. (2018) define lifestyle as a set of behaviors constructed by each person and, therefore, individually modifiable, according to the choices for each person.

Bearing in mind that the instrument is aimed at people with mental disorders, it becomes important to define this concept of mental health as "A state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to the community where fits in." (World Health Organization [WHO], 2014), and its positive dimension is emphasized in the definition of health as a state of complete physical, psychological and social and not just the absence of disease (WHO, 2014). According to the Directorate General of Health (DGS) mental health is the basis of general well-being, considering the ability to adaptation to change, overcoming crises, affective losses and emotional conflicts, ability to recognize limits and signs of discomfort, critical sense and reality, but also of humour, creativity and the ability to dream, establish satisfying relationships, have life projects and discover a meaning for life (DGS, nd). According to Wilcock (2006) the well-being can be seen as an essentially occupational phenomenon, in which health is a resource for living and not an end in itself. It also suggests that well-being, through do, is based on the premise that, in order to enjoy health and well-being, occupations of people should provide meaning and purpose, in addition to representing a context for self-esteem and socialization. A person's range of occupations should include activity physical, intellectual challenge, spiritual experiences, of timelessness and meaning, emotional, individual and social, effort and relaxation, translating well-being as the result of people striving to reach their potential through what they do. On the other hand, it is also important to define the concept of mental disorder, since that challenges the underlying assumptions of the conceptual framework of mental health and leads, inevitably, in the most serious cases, to profound changes in the functioning and emotional, social and cognitive behavior.

The Diagnostic and Statistical Manual of Mental Disorders, DSM-5 (American Psychiatric Association, 2013), defines mental disorder as "a syndrome characterized by clinically significant disturbance of cognition, regulation of emotion, or the behavior of the subject that reflects a dysfunction of the psychological, biological, or developmental factors underlying mental functioning. At



mental disorders are usually associated with significant malaise or deficits social, occupational, or other important activities" (p. 22).

Taking into account all the repercussions that the mental disorder can impose on the life of a person, namely changes in participation and performance occupational diseases, it is essential to create differentiating responses, such as rehabilitation psychiatric. This type of rehabilitation includes a wide range of interventions that aim to facilitate, people with mental disorders, to improve their functioning and quality of life, enabling them to acquire the skills and support they need to succeed in the performance of social roles, in their environment. Usual normative roles include live independently, attend school, have competitive jobs, socialize with family, having friends and having intimate relationships. Psychiatric rehabilitation thus emphasizes the independence, as opposed to dependence on health professionals, the community integration compared to isolation in segregated environments, and the preferences of the person with mental disorder rather than professional goals (Saraiva and Cerejeira, 2015). The importance that rehabilitation assumes, therefore, in the provision of care in psychiatry and mental health, and therapists also Occupations recognize that health is promoted and maintained when customers are able to engage in occupations and activities that allow participation, desired or needed, at home, at school, in the workplace and in the community. Therefore, are concerned not only with occupations, but also with the complicity of factors that enable and make possible the involvement and participation in positive and health promoters (Willard et al., 2009). The Occupational Therapist will consider the form how each person organizes their performance and how occupations are integrated into your life in a competent way. The performance standards of a person thus relate to the habits, routines, roles and rituals used in the process of involvement in occupations or activities, develop over time, and may promote or restrict occupational performance (Marques and Trigueiro, 2011).

The aim of the present study is to translate and adapt the instrument *The Mayers' Life-style Questionnaire* (2) for Portuguese language and culture.

Material and methods

The present study was approved by the Ethics Committee of the Polytechnic Institute of Beja. It is a methodological study (Fortin et al., 2009) and considering its scope, it was research was carried out in order to understand which procedures to adopt, since



the process that involves the translation and cultural adaptation of an assessment instrument is a complex process (Borsa et al., 2012). Thus, the first step of this process ensured that official authorization was obtained for the translation and cultural adaptation by the author of the original instrument (June 2019).

The translation of an instrument is the first step in the adaptation process, and its adaptation involves cultural, idiomatic, linguistic and contextual aspects related to translation (Hambleton et al., 2005). On the other hand, the adaptation process of enables the comparison of data obtained in different samples, from different contexts, allowing greater equity in the evaluation, since it is the same measure, which evaluates the construct from the same theoretical and methodological perspective (Hambleton et al., 2005).

According to Borsa et al. (2012), seven consecutive phases were carried out: 1) translation from the original instrument to the new language; 2) synthesis of translated versions; 3) evaluation of synthesis by a group of experts; 4) pre-test; 5) back translation; 6) synthesis of back-translations; 7) presentation and submission of the instrument to the author of the original instrument.

In phase 1, the translation was performed by two independent translators, fluent in the language of origin of the instrument and native speakers of the new language, allowing a greater matching of the translation process. Contacts were established with an Occupational Therapist and with a translator, by sending a study presentation letter and free consent, enlightened and informed. The assessment instrument was later sent to translation, in its entirety, with the two independent translations having been received.

In phase 2, all items of the two translations were analyzed, culminating in the synthesis of both and obtaining the first version of the instrument translated into Portuguese.

In phase 3, criteria were established for the choice of the group of experts, namely to be three Occupational Therapists, to exercise their professional activity in the area of clinical practice of Psychiatry and Mental Health. Criteria were established in order to have more than 5 years of professional experience in this area, and for this purpose it was a prior telephone contact has been established, followed by the sending of a letter of introduction from the study and free, informed and informed consent, via email. The goal is consider whether the terms or expressions can be generalized to different contexts and populations and whether the expressions are appropriate for the target audience of the instrument. Contacts were established with the three Occupational Therapists by sending study presentation letter and free, informed and informed consent, requesting their contribution to the cultural adaptation of the instrument. It was thus developed a



document for assessing the level of agreement between judges with the aim of experts able to evaluate each item of the instrument, express their opinion and suggest possible changes. In this phase, the statistical analysis of the data was carried out to obtain the degree of agreement between judges, the instrument as a whole (115 items), the questionnaire (93 items) and guidelines for filling it out (22 items). This analysis was carried out in the Statistical Package for the Social Sciences (SPSS), namely through the coefficient of Fleiss' Kappa. Kappa coefficient values range between 0 and 1, and can be interpreted as follows: ≤ 0.4 is poor; $0.4 \leq \kappa \leq 0.75$ is satisfactory to good; ≥ 0.75 is excellent (Fleiss et al., 2003).

In phase 4, the instrument was applied to a small population that reflected the sample characteristics, namely seven people with mental disorders. Intended verify if the items, instructions and the choice of answer were adjusted and if the its meaning is understood by the participants. However, given the current circumstances related to COVID-19, it was only possible to apply it to people who were in internment. The inclusion criteria were:

diagnosis of mental disorder and age between 18 and 65 years and how exclusion criteria Intellectual Development Disorder and Disorder neurocognitive. Another of the exclusion criteria would be the fact that people are hospitalized, even if in a transitory phase, but the pandemic scenario did not allow us to have this criterion of exclusion, since the objective was to be able to assess the understanding of the content and meaning of the items and instructions for completing the instrument. Of the 7 participants, all were female, aged between 30 and 65 years, with diagnosis of schizophrenia (n=3), bipolar disorder (n=2), schizoaffective disorder (n=1) and substance-related disorder (n=1) and all in an inpatient setting.

In phase 5, the back-translation was performed by two independent translators (different from the who performed the translation in phase 1), with the objective of obtaining two translations in the language of origin, based on the Portuguese language version. Contacts were made with a Occupational Therapist and with a translator, by sending a cover letter from the study and free, informed and informed consent. It was later sent assessment instrument for translation, in its entirety, having received both independent back-translations.

In phase 6, all items of the two back-translations were analyzed, culminating in the synthesis of both. This back-translation summary covered all adjustment procedures semantic and idiomatic, obtaining the first version of the instrument in the source language.



In phase 7, the final version of the back-translation was sent to the original author of the instrument, with the objective of validating if the items present the same essence and conceptual idea, as well as as they reflect the same content as the original version of the instrument.

Results

After successfully passing phases 1 and 2, in phase 3, the analysis data statistics (SPSS) to obtain the degree of agreement between judges of the instrument in its entirety (115 items), the questionnaire (93 items) and the guidelines for its filling (22 items), through the Fleiss kappa coefficient. In a first analysis statistics, for the entire instrument (115 items), $\bar{\kappa}=.66$ (66%); for the items of questionnaire (93 items), $\bar{\kappa}=.20$ (20%); regarding the guidelines (22 items), $\bar{\kappa}=.23$ (23%). In view of these results, there was a need to make changes to the version initial assessment of the level of agreement between judges, thus building a second version and having been sent to the three experts. Once again, the degree of of agreement between judges and their differences were also evaluated in terms of instrument as a whole, the questionnaire and guidelines for its fill. The statistical analysis allowed to arrive at new results, namely the increase in the degree of agreement between judges: overall instrument (115 items), $\bar{\kappa}=.91$ (91%); questionnaire items (93 items), $\bar{\kappa}=.95$ (95%); guidelines (22 items), $\bar{\kappa}=.90$ (91%). Taking into account the kappa coefficient, for values where $\bar{\kappa} \geq 0.75$, its classification is excellent (Fleiss et al., 2003).

With regard to phase 4, in general, the participants felt some difficulty in filling in some of the items of the instrument, mainly due to the fact that some of its dimensions do not suit their lifestyles, since they have been hospitalized for a significant period in terms of duration.

Phases 5 and 6 were successfully passed, and in phase 7 the sending the final version of the back-translation and some arguments that could support the choice of certain designations, taking into account the reality of the mental disorder in Portugal, as well as the way in which Psychiatry and Mental Health services are organized. The Portuguese version of the instrument was also sent. The original author of instrument validated the translation and back-translation of the instrument in July 2020, after the suggested minor changes: "You are able to" to "Are you able to" in dimensions 1 and 8; "adequate" to "appropriate" in item A of dimension 1; put "do you" at the beginning of phrases in subparagraphs A and B and in subparagraphs B and C "identical" to "similar" of dimension 6; "living



your life feeling that you control it" para "live feeling that you control your life" na alínea A da dimension 8.

Discussion

In the present study, the translation and cultural adaptation of the instrument *The Mayers' Life-style Questionnaire* (2).

All the phases that preceded the accomplishment of the pre-test (phase 4) were reached with success. Statistical analysis was carried out, through SPSS, of the information collected from the seven questionnaires, inserting all the data and answers in the database built for the It is made. The statistical treatment of the data allowed us to verify that due to the absence of results, it was not possible to carry out an exploratory analysis of the questionnaire.

The failure to obtain results can be explained by the fact that the sample is small (seven people with mental disorders), as well as the fact that there are some items in the instrument to be completed. It was considered that the lack of response in some of the items is related to the fact that they do not suit the lifestyles of people with mental disorder (all participants were in the hospital).

The author of the original instrument, Chris Mayers, did not undergo any treatment statistical analysis to validate the questionnaire for the English population, justifying this decision decision by the fact that each person's lifestyles are personal and subjective and by the perception that each person has in relation to them. On the other hand, he also mentioned since this is an instrument that undergoes changes over time, each group of work that is involved in the process of translation, cultural adaptation and contribution to the validation, you can invest in this inferential analysis. In this way, the evaluation of the properties psychometric measures of the questionnaire is currently being pursued.

An analysis was made of the characteristics of the population that filled out the questionnaires, with the objective of trying to find out the reasons that could explain the absence of filling in some of the items. It was possible to verify that the seven people with mental disturbance showed difficulty in filling in some of the items of some of the dimensions/areas: 1. Taking care of yourself [e) shopping for food; j) gardening in a way that satisfies you (if you have a garden and enjoy gardening); n) use public transport alone; o) drive a car, if you have a driver's license driving]; 4. Being with others [h) feels that he/she gives you the support he/she needs]; 5. is employed / unemployed / attending an educational establishment/course and/or vocational training program / doing volunteer work [a) has a paid job; B)



have a protected job; c) does some type of voluntary work; e) if you are a student, is able to regularly attend the educational establishment/course and/or training program professional; f) if you are employed by or in an educational establishment/course and/or program of vocational training, is able to work/study]; last question of the questionnaire - Having completed this questionnaire, please go back and mark with "x" the areas that most concern you. It is important to reflect that this assessment instrument is not suitable for people who have been in hospital for a significant period of their lives, which will have led to a poor adjustment of the instrument's items to the organization of his life day, in terms of occupational participation.

On the other hand, the study obtained excellent results in assessing the level of agreement between judges, for $\bar{\gamma} = 0.75$ (Fleiss et al., 2003), which allows us to state that the instrument measures what it purports to measure.

One of the limitations of the study is related to the fact that it was not possible, until the moment, assess the psychometric properties of the questionnaire and make a contribution to its validation for the Portuguese population. However, this study is in this time to be carried out, so it is expected that the results of the statistical analysis may anticipate that this could be an instrument to be used in the Psychiatry and Health Services Mental em Portugal.

Conclusion

The *Mayers' Life-style Questionnaire* (2) allows for a focused assessment in the person, insofar as the person identifies and prioritizes what is meaningful to him, in the beginning of the therapeutic process. These elements will allow both the person and the Occupational Therapist, recognize what is meaningful to you and which areas are affecting your quality of life. The relevance of this study is related to the absence of questionnaires that allow assessing the capacity for insight of the person with a disorder mental health about their lifestyles. In this way, it is an instrument that can contribute to a greater critical awareness of the person with mental disorder regarding the different dimensions that are evaluated and what changes could be introduced at the level of the therapeutic process. On the other hand, it can broaden the perception of the Occupational Therapist about the people you care for and will allow you to create intervention differentiating responses. The study of its properties psychometric measurements will be fundamental, insofar as if statistical results are obtained robust, will be able to integrate the clinical practice of the Occupational Therapist, in the domain of



and guide some decision-making in intervention planning, together with the person and what you consider meaningful to you.

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Mental health literacy program: misophonia

Mental health literacy program: misophonia

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Summary

Introduction: Literacy levels are a determining factor in the existence of adequate knowledge and beliefs, associated with the prevention and treatment of mental disorders. Thus, the misophonia literacy promotion program is a key point in education and awareness of the condition. The estimated prevalence of this disorder, coupled with low levels of literacy, exacerbate the need for a new sustainable and scalable approach in literacy programs. **Objective:** The objective is to empower participants to recognize and self-manage the misophonia and the improvement of attitudes towards the condition. **Material and Methods:** The literacy promotion e-learning program of misophonia that we propose to implement, uses an innovative, positive and interactive approach, enhancing the assimilation and implementation of the information provided. **Results:** An increase in literacy and awareness of misophonia, reduced stigma and increased effectiveness in seeking help. **Conclusion:** The empowerment of the population will allow lessening the impact of misophonia and enabling access to specialized health care such as therapy intervention occupational.

Keywords: Mental health literacy; misophonia; mental health promotion; e-learning

Abstract

Introduction: Literacy levels are a determining factor in the existence of adequate knowledge and beliefs associated with mental disorders prevention and treatment. Thus, misophonia literacy promotion programs rise as a key point in education and awareness of the condition. The estimated prevalence of this disorder, combined with low levels of literacy, enhances the need for a new sustainable and scalable approach to literacy programs. **Objective:** The aim is the empowerment of participants for the recognition and self-management of misophonia and improves attitudes towards the condition. **Material and Methods:** The proposed e learning program to promote misophonia literacy, uses an innovative, positive, and interactive approach, enhancing the assimilation and implementation of the information provided. **Results:** Expected to increase literacy and awareness of misophonia, reduce stigma and increase the effectiveness in seeking help. **Conclusion:** The empowerment of the population will reduce the impact of misophonia and allow access to specialized health care such as occupational therapy intervention.

Keywords: Literacy in mental health; misophonia; promoting mental health; e-learning

Introduction

Mental health is a determining factor for the effective functioning of the population. THE mental illness, time between detection, initiation of treatment and its adequacy, influence the course and prognosis of the disease (Caldas De Almeida et al., 2013; World Health Organization.,



2018). These factors are influenced by literacy levels, since the existence of adequate knowledge and beliefs are associated with a greater ability to prevent, recognition and management of problems, with the consequent seeking of timely help (Gulliver et al., 2010; Wei et al., 2015).

The concept of mental health literacy includes four components: 1) understanding how to obtain and maintain good mental health; 2) understand mental disorders and their treatments; 3) reduce stigma related to mental disorders; 4) improve the effectiveness in seeking help, through the knowledge of where, when and how to get adequate health care and develop necessary skills for self-care (Kutcher et al., 2016a; Kutcher et al., 2016b).

Considering the impact of mental health problems and low levels of literacy, it becomes pertinent to address misophonia, a poorly studied condition that influences significantly improve the quality of life that those who experience it.

Misophonia is a condition defined by a typically exaggerated negative reaction to specific stimuli (e.g. chewing and sniffing) (Potgieter et al., 2019). The reaction typical, a consequence of activation of the sympathetic nervous system, includes a neurophysiological (tachycardia, sweating, muscle tension and physical pain) and a behavioral and emotional (irritation, anger, disgust)(Potgieter et al., 2019). It is suggested to classification as a new psychiatric condition and it is estimated that a greater number of people affected in relation to reported cases (Brout et al., 2018; Potgieter et al., 2019; Schröder et al., 2013; Siepsiak et al., 2019; Taylor, 2017).

Dealing with the condition generates performance changes, such as changing the concentration, and adoption of non-adapted strategies and mechanisms, such as abandoning significant activities and social isolation (Frank et al., 2020; Potgieter et al., 2019). At the In order to reverse the damage caused by this condition, it is urgent to inform the population about and to enhance access to specialized care. With the intervention of therapy occupational, people will be able to implement new strategies, such as the use of blockers of sound, reorganization of context and routine, allowing to get involved in activities and decrease the impact of misophonia on quality of life.

Material and methods

Innovation: Literacy levels are far from desirable. At the national level, the implemented programs have restricted content and target population (Loureiro et al., 2014). There are no validated resources on misophonia written in Portuguese. So, the



solution is to seek information and support in mutual aid groups, where they are erroneous facts and without scientific validation.

The use of a digital platform, either for the ease of access or for the absence of costs on the part of the participant, with a wide variety of validated and adapted to the population, expands its reach. This maximizes the quantity and quality of the information available, minimizing implementation costs. interventions with The use of technologies and the internet have shown positive effects on health literacy mental (Jorm, 2012; Phillips et al., 2019).

The asynchronous typology enables autonomous learning, making the individual for the assimilation of contents, allowing to go back and consult the addressed for clarification and consolidation, respecting different rhythms of learning. Simple and accessible language is used, with audiovisual resources schematic, easy to interpret and assimilate, featuring an interactive graphic design e jovial.

The proposed program arises from the need to fill the aforementioned gaps and includes three strategies: 1) informative, through the provision of content; 2) contact with people with misophonia; 3) formative, through face-to-face and online training (Bonabi et al., 2016; Kutcher et al., 2016b; Ojio et al., 2020).

Target population: Initially, the target audience will be the population of the metropolitan area of Harbor. It will be all the more impactful the greater the contact with the experience of misophonia.

Project description and organization: The training consists of sessions with the following structure: a) learning objectives; b) audiovisual resource; c) synthesis of contents; d) practical exercises; e) complementary resources. It is divided into three sessions, with estimated duration of 35 minutes: "Misophonia: what is it?" – introduction to condition and diagnosis differential; "How to deal with misophonia" – pharmacological and non-pharmacological treatment; "Living with misophonia" – impact on functionality and strategies. In the sessions are testimonies of people with misophonia will be presented and a digital kit will be made available informative.

The training will be online, being possible to contact the team for clarification of doubts. It is created by the first author of the poster and the advisory role is carried out by the remaining authors.

Indicators used: Literacy levels will be measured by applying a vignette questionnaire on misophonia literacy developed for this program. This one method allows the description of the condition and exploration of knowledge. With regard to the



stigma, the Portuguese version of the affective and cognitive empathy questionnaire will be used (QCAE)(Queirós et al., 2018). A pre-post methodology and a six-month follow-up are adopted. after completion of training. Indicators such as the number of hits and views, registrations, dropouts and participants who complete the training, in addition to the application of satisfaction questionnaires to the participants.

Results

As expected results, we intend to train the population with an increase of literacy on misophonia, generating an improvement in attitudes, resulting from the awareness and reduction of stigma. In the population with misophonia, it is intended to generate understanding of the problems, leading to an optimization of the search for help, adherence to the treatment and improved management of the condition and reduced impact (Kelly et al., 2007; Kutcher et al., 2016b; Stuart, 2006). Participants are expected to generalize the knowledge learned and apply it in their daily lives, becoming agents that promote of change.

Conclusion

This program could increase literacy and condition recognition by participants, increasing the credibility of the impact of misophonia. occupational therapy provides involvement in meaningful activities lessening the impact of misophonia on quality of life.

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Lifestyle Redefining Program for Diagnosed Women Recent Breast Cancer

Lifestyle Redefining Programme for Women Recently Diagnosed with Breast Cancer

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Summary

Introduction: In Portugal, breast cancer is the most prevalent oncological disease in women, being associated with changes in their lifestyles. The report of decreased quality of life and well-being is common in this population, being therefore important. An intervention focused on their needs in each dimension of life styles is important. **Purpose:** With this program pilot is intended to provide essential tools to improve the perception of well-being and quality of life. **Material and Methods:** The program is based on an individualized and group intervention, prioritizing the needs of each individual. participant, through holistic and psychoeducational approaches, the creation of a mutual help group, the application of the program, the multidisciplinary team and the invitation of professionals specialized in different areas. The evaluation of the impact of the same is carried out through questionnaires, created by the founding occupational therapists, and through assessment instruments. validated for the Portuguese population. **Results:** It is expected that after the program, awareness of the importance of a healthy and personalized lifestyle, as well as involvement and participation in meaningful and fulfilling activities will be increased, through the integration and automation of behavioral changes in the daily life of each participant.

Conclusion: The present program is a pilot program since there is no program in Portugal that intervenes in all dimensions of lifestyles in this population. In this way, after evaluating its impact, it is possible to change and adapt its interventions to increase the benefits and reduce the risks of its implementation.

Keywords: Breast cancer, lifestyles, well-being, quality of life, Occupational Therapy

Abstract

Introduction: In Portugal, breast cancer is the most prevalent cancer disease in women and is associated with changes in their lifestyles. The report of decreased quality of life and well-being is common in this population, so an intervention focused on their needs in each dimension of lifestyles is important. **Objective:** This pilot programme aims to provide essential tools to improve perceptions of well-being and quality of life. **Material and Methods:** The programme is based on individualised and group intervention, prioritising the needs and each participant, through the holistic and psycho-educational approaches, the creation of a mutual-help group, the implementation of the programme, the multidisciplinary team and the invitation of professionals specialised in different areas. The evaluation of its impact is carried out through questionnaires, created by the founding occupational therapists, and assessment instruments validated for the Portuguese population. **Results:** It is expected that after the programme, awareness of the importance of a healthy and personalised lifestyle, as well as engagement and participation in meaningful and satisfying activities will be increased through the integration and automation of behavioural changes into each



participant's daily life. **Conclusion:** This is a pilot programme since there is no programme in Portugal that intervenes in all dimensions of lifestyles in this population. Thus, after assessing its impact, it is possible to change and adapt its interventions to increase the benefits and reduce the risks of its implementation.

Keywords: Breast cancer, lifestyles, well-being, quality of life, Occupational Therapy

Introduction

Oncological diseases are characterized by the abnormal growth of cells that form a tumor in an organ or body structure, being a type of chronic disease that reaches, annually, high numbers of new cases (Roy and Saikia, 2016). In Portugal, in 2020, there was an increase of 60,467 new cases and 1,864 deaths (World Health Organization, 2020). Oncological diseases are the main causes of death in the world, It is estimated that the number of diagnosed cases and associated deaths will increase exponentially, according to population growth and aging (Torre et al., 2016). These diseases have a multidimensional impact on the physical, social, emotional, psychological and biological aspects associated with the diagnosis, treatment and progression of disease (Berntsen et al., 2017; Miguel et al., 2020).

Breast cancer is the most frequent oncological disease and the main cause of mortality in women worldwide. It is estimated that annually, they are diagnosed 1.67 million new cases of breast cancer worldwide, thus representing 25% of all types of diagnosed oncological diseases (Akram et al., 2017; Shamsi and Pirayesh Islamian, 2017; Tosello et al., 2018). In Portugal, breast cancer is also the more prevalent in women, and in 2020 there was an increase of 7,041 new cases and 1,864 deaths from it (World Health Organization, 2020). According to the League Portuguese Against Cancer, breast cancer in males represents only 1% of all cases (Liga Portuguesa Contra o Cancro, 2021).

The risk factors associated with the onset of breast cancer are age, sex, estrogen levels, genetic mutations, an unhealthy lifestyle, among others (Sun et al., 2017; Winters et al., 2017). This type of cancer originates in the tissues breasts, being more common to appear in the inner lining of the milk ducts or lobes that supply milk to the ducts (Sharma et al., 2010). The diagnosis of breast cancer can be non-metastatic or metastatic. In non-metastatic breast cancer, the main treatment goals are to eradicate the tumor from the breast and lymph nodes, and to prevent its occurrence. In the case of metastatic breast cancer, treatment goals are prolong life and alleviate symptoms (Waks and Winer, 2019).

With regard to treatments, both surgery and chemotherapy cause a number of side effects that can affect women's quality of life. THE



chemotherapy can contribute to the early onset of menopause, hair loss, fatigue and hormonal fluctuations. Surgery can cause scarring and disfigurement, which can lead to diminished perceptions of physical attractiveness, femininity, and overall body image (Fobair and Spiegel, 2009; Helms et al., 2008; Moreira and Canavarro, 2010; Ogden and Lindridge, 2008). As for the side effects of the treatments, the most frequently reported by the people with breast cancer are fatigue, cognitive deficits, sexual dysfunction, depression, anxiety and distress (Brandenborg et al., 2019). In addition to these, you can stiffness, heaviness, swelling, pain, sensory and functional changes and chronic complications occur of treatment, such as movement limitation and muscle dysfunction (Gursen et al., 2021; Klassen et al., 2017; Rangel et al., 2019).

Recent literature shows that 90% to 95% of breast cancer cases are related to lifestyle and environmental factors, which may indicate that, preventive measures may be useful, such as a balanced diet, physical activity and of weight. There are experts who argue that 1 in 4 cases of breast cancer can be avoided with a good lifestyle (Ortega et al., 2020).

With a breast cancer diagnosis, stress can have a negative impact. in terms of quality of life, and when in excess, it can influence the onset, progression and metastasis of the tumor (Antoni and Dhabhar, 2019; Huang and Shi, 2016). IT IS Good stress management is important in order to reduce pain, depression, anxiety and negative mood, promoting relaxation (Antoni and Dhabhar, 2019; Jacobsen and Jim, 2008; Li et al., 2012; Stagl et al., 2015a; Stagl et al., 2015b).

Stress can also affect several dimensions, such as sleep (Benham and Charak, 2019; Lo Martire et al., 2020; Peng et al., 2021). This substantially affects clinical condition and may be associated with a higher mortality rate (Holding et al., 2020; Rogers et al., 2017; Soucise et al., 2017).

Based on the fact that sleep is a restorative occupation and has an impact on participation, it is important to have an intervention focused on occupation (Ho and Siu, 2018; Tester and Foss, 2017). The presence of spirituality and social relationships throughout the treatment process, has a positive impact on physical health, acceptance and disease adaptation, reduction of negative emotional states, promotion of reflection and redefining the personal situation (Da Silva, 2020; Dias et al., 2017; Goyal et al., 2019; Paredes and Pereira, 2018).

Their quality of life is negatively affected by aspects such as the loss of routine daily life, body image dissatisfaction and sexual problems related to activity and



sexual functioning, such as lubrication, orgasm, arousal, desire and pleasure. One of the factors affected in sexuality are hormonal changes, which can be influenced positively by adopting a healthy diet (de Roon et al., 2018). A good one food combined with the practice of physical activity, has multiple benefits, both to the level of prevention and symptom control (Carayol et al., 2019; McTiernan, 2018; Montagnese et al., 2021).

During the intervention, the main role of the occupational therapist is to manage the barriers and limitations in involvement and participation in the various areas of occupation, through of a holistic approach. This intervention aims to restructure the occupations, facilitate activity, promote independence and quality of life through restoration of the function, compensation of activities and adaptation of the environment, considering the interaction of these factors (Baxter et al., 2017; Pergolotti et al., 2016; Petruseviciene et al., 2018; Sleight and Duker, 2016; Wallis et al., 2020).

Material and methods

The target population is women in SSA in the city of Porto, recruited for convenience from the indication of the associations that work with this population.

In the initial phase of the program, an individual evaluation will be carried out, where it will be applied a semi-structured motivational interview. They will also be applied, at the beginning and at the end of the program, several assessment instruments such as the WHOQOL-BREF (Canavarro et al., 2010) to assess quality of life and the Subjective Well-Being Scale (Albuquerque and Tróccoli, 2004) to assess well-being. The evaluation is carried out through three methods: application of the above-mentioned standardized assessment instruments, questionnaires prepared by the team and filling out checklists.

The program includes two types of intervention, one being individualized and the other in a group. (Loyola et al., 2017), focused on each of the seven dimensions, namely, stress, sleep, time and occupation, spirituality and social relationships, sexuality, food and physical activity.

In order to achieve significant changes in each of the dimensions, different strategic options were used:

- Use of an application, previously built by occupational therapists founders, which includes informative content on different topics and activities recommended to do at home.



- Use of a psychoeducational approach to the themes of the program (Guarino et al., 2020; Izydorczyk et al., 2018; Loh and Musa, 2015; WU et al., 2018).
- Creation of a social support network among the participants (Suwankhong and Liamputpong, 2016).
- Support from a multidisciplinary team with the participation of guests such as Specialized professionals.

The program lasts 15 months and is divided into four phases. the first phase consists of presenting the program and carrying out an individual assessment of the needs of each participant, with a duration of two weeks. As soon as the evaluation complete, the sensitization and behavioral change phase begins, with the duration eleven months. Then the third phase consists of consolidation, monitoring and automation of acquired behaviors, lasting three months. the last phase corresponds to the evaluation of the impact provided in the program, with a duration of two weeks. The planning was carried out in a sequence of activities that is in accordance with the relationship between the different dimensions of lifestyles in breast cancer.

Results

Participants are expected to adopt strategies and tools for better management stress, suitable for different situations; acquire a better quantity and quality of sleep, adopting sleep hygiene practices appropriate to the needs and characteristics of each one; are able to manage their daily routine in order to achieve and maintain a satisfactory occupational balance; maintain involvement in a supportive social network, satisfactorily for them; feel satisfied with their sexuality; adopt a healthy and diversified diet suited to their needs, according to the existing nutritional recommendations and include physical activity in their daily routine, taking into account their current clinical condition and the stage of treatment they are in.

Conclusion

The present program is a pilot program since there is no program in Portugal that intervene in all dimensions of lifestyles in this population. In this way, after assessment of the impact of the same, it is possible to change and adapt the interventions of the even to increase the benefits and reduce the risks of its implementation.



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The MOHOST in the characterization of the Occupational Therapy in Health client Mental at Centro Hospitalar do Baixo Vouga-Portugal

The MOHOST in the characterisation of the client of Occupational Therapy in Mental Health in the Baixo Vouga-Portugal Hospital Center

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Summary

Introduction: Currently, there is little information regarding the practice of occupational therapists and the use of the "Model of Human Occupation Screening Tool" (MOHOST) in the evaluation of psychiatric patients in Portugal. **Objectives:** Understand the usefulness of MOHOST in delineating the profile of users of the Day Hospital (HD) in the Department of Psychiatry and Mental Health from the Centro Hospitalar do Baixo Vouga (DPSM-CHBV). **Material and Methods:** An exploratory-descriptive survey was carried out from 238 clinical files of the MOHOST assessment results. A statistical analysis was performed with the software "Statistical Package for the Social Sciences" (SPSS). **Results:** The results obtained made it possible to outline the profile of the user psychiatric. We highlight the identification of limitations and potential of the participants through the evaluation of MOHOST, consistent with previous studies. **Conclusions:** It appears that the applicability of this instrument is useful in the area of Psychiatry and Mental Health, which indicates psychopathological interference in roles, routines, habits, participation and performance occupational health of the user, which enhances the intervention of the occupational therapist.

Keywords: Occupational Therapy; Psychiatry; Mental health; Mental disease

Abstract

Introduction: Currently, there is little information on the practice of occupational therapists and the use of the "Model of Human Occupation Screening Tool" (MOHOST) in the assessment of psychiatric patients in Portugal. **Objectives:** To understand the usefulness of MOHOST in delineating the profile of Day Hospital (DH) users in the Department of Psychiatry and Mental Health of the Baixo Vouga Hospital Centre (DPSM-CHBV). **Material and Methods:** An exploratory-descriptive analysis was carried out from 238 clinical files of the results of the MOHOST evaluation. A statistical analysis was performed with the software "Statistical Package for the Social Sciences" (SPSS). **Results:** The results obtained made it possible to outline the profile of the psychiatric user. One highlights the identification of the participants' limitations and potentialities through the MOHOST assessment, which is consistent with previous studies. **Conclusions:** The applicability of this instrument is useful in the Psychiatry and Mental Health area, as it indicates the psychopathological interference in the patient's roles, routines, habits, participation and occupational performance, which enhances the occupational therapist's intervention.

Keywords: Occupational Therapy; Psychiatry; Mental Health; Mental Disorders

**Introduction**

The scarcity of use of standardized assessment instruments to support and guide the professional practice in specific contexts, compromises its efficiency, in particular, in Psychiatry and Mental Health (Rouleau et al., 2015). The use of standardized instruments is essential for comparing the results of the assessment and reassessment of psychiatric clients, in order to assess their occupational participation and performance, as well as monitoring and adapting the intervention process in Occupational Therapy (OT) (Peuker et al., 2009).

Lee et al. (2008) mention that many Occupational Therapists (OTs) use the "Model of Human Occupation" (MOH) to guide their professional practice and stress the importance of adopting a holistic, occupation-centered, client-centered practice based on scientific evidence to plan and implement the intervention. The MOH, developed by Gary Kielhofner in 1980, considers Man in a holistic way and studies the way occupation is motivated, standardized and performed. (Kielhofner, 2008).

This model has as an associated evaluation instrument the Model of Human Occupation Screening Tool (MOHOST) widely used in mental health, in OT services in the UK and exists in 19 languages (Cruz et al, 2019). It was translated into Portuguese in 2005, as part of a final work of Degree in OT developed at Escola Superior de Saúde do Alcoitão (Gravato, Ferreira and Gonçalves, 2005). After the validation process for the Portuguese population, carried out by the same authors, is often used by occupational therapists in the field of health mental. The MOHOST is based on the assumptions of the MOH, and is designed to obtain information regarding the client and the environmental factors that influence their occupational participation. It addresses six parameters, which are subdivided into four items, making a total of 24 (Chart 1). is filled by the therapist through direct observation of the client's occupational performance and participation (Kielhofner et al., 2010). It allows documenting and guiding the OT intervention according to the four-point classification criteria defined in the manual: Strength (4) - Supports occupational participation; Difficulty (3) – It interferes little with occupational participation; Weakness (2) - It interferes a lot with the occupational participation and Problem (1) - Prevents occupational participation) (Pan et al., 2011).

Table 1. MOHOST Parameters and Items according to Gravato and Gonçalves (2005).

parameters	Concept	Items
Motivation for Occupation	It corresponds to volition and includes the person's interests and values.	Capacity Assessment Success Expectation Interest Commitment
Occupation Standard	It corresponds to habituation. It includes the person's habits, roles, and flexibility to adapt to routine responsibilities.	Routine Adaptability Responsibility papers



Communication and Interaction Skills	They correspond to performance competencies related to the way a person interacts and communicates with peers. Ability to judge, solve a problem and adapt to task performance.	Non-Verbal Skills Conversation vocal expression Interpersonal Relations
Process Competencies	They correspond to knowledge, activity sequencing, ability to organize and solve problems.	Knowledge planning Organization Problem solving
Motor Skills	They correspond to the posture, mobility, coordination, strength and endurance of the person.	Posture and Mobility Coordination strength and effort Energy
Environment	It corresponds to the contexts and requirements imposed by daily occupations (work, leisure and self-care).	Physical space Physical resources Social Groups Occupational Requirements

In the study carried out by Parkinson et al. (2008), some OTs refer that the parameters presented in the MOHOST help to guide clinical reasoning, as it is necessary to evaluate all the aspects of the occupational participation of the clients.

It is difficult to document the effectiveness of OT services in your daily practice (Fuller, 2011). At the moment, there is a greater use of standardized instruments in psychiatric clients, but it is common to use non-standard methods such as interviews and task-based observation requested from customers (Rouleau et al., 2015).

The aim of this study is to define the profile of the psychiatric client of the Day Hospital (HD) of the DPSM-CHBV, correlating it with the parameters of the MOHOST. It is intended to minimize the lack of information regarding the use of standardized instruments by occupational therapists in Psychiatry and Mental Health in Portugal.

Material and methods

The present investigation was carried out at the DPSM-CHBV in Portugal, using a survey exploratory-descriptive.

A quantitative approach was used to assess and relate data from clinical processes, recorded on the "SClinic" platform, at a demographic level, as well as evaluation and reassessment through the classification summary using SPSS® software.

Population and Sample

The population of the present study are the clients followed in the HD of the DPSM-CHBV. As inclusion criteria, they had to have attended the OT service in the HD of the DPSM-CHBV in the period



from January 2015 to December 2019 having been evaluated with MOHOST to date admission and discharge date. A sample of 238 participants was obtained (n=238).

Data Collection Methods

A database was built in Excel® with the variables: gender, age, diagnosis, qualifications, origin (service from which he is referred to the HD), professional situation, cohabitation, marital status, medication at admission and discharge, substance abuse additives, number of sessions, reason for discharge and results obtained by MOHOST. The summary of The MOHOST classification made it possible to characterize the clients in terms of participation and occupational performance, namely motivation for the occupation, occupation pattern, communication and interaction skills, process skills, motor skills and environment.

Wilcoxon's nonparametric test was used to compare the initial assessment and the final assessment. in each MOHOST parameter. A null significance was obtained in all parameters of this instrument, verifying that there are significant differences between the results of the evaluation and the revaluation obtained by MOHOST.

Formal and ethical procedures

Authorization was obtained from the CHBV Ethics Committee for the development of this investigation.

Results

Data processing and statistical analysis allowed characterizing the Customer Profile Psychiatric (a) HD of the DPSM-CHBV (Table 2).

Table 2. DPSM-CHBV HD Psychiatric Client Profile

PROFILE OF THE PSYCHIATRIC CLIENT OF THE DAY HOSPITAL OF THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH - CENTRO BAIXO VOUGA HOSPITAL	
Variables	Results
Gender	60% Female 40% Male
Age (average 45 years)	26.9% 35 to 44 years old
Diagnosis (DSM-5) (APA, 2014)	37.8 % Schizophrenia Spectrum Disorders and Other Disorders psychotics 31.5% Depressive Disorders 16 % Bipolar Disorders and Related Disorders 7.1% Personality Disorders
Literary abilities	29.8% 3rd cycle 21.8% Secondary education 18.9% Higher education
provenance	41.6% Outpatient Service - Outpatient Consultation 29.4% Inpatient Unit 19.7% Ambulatory Service - Emergency



employment status	39.5% Unemployed
	22.6% Employee (15.5% - sick leave)
	17.6% Medical Certificate of Disability Multipurpose
	38.7% Parents or relatives
Cohabitation	20.6% Spouse and children
	20.6% No cohabitant
	13.4% Spouse
Marital status	42.9% Single
	39.9% Married or de facto union
	27.3% Antidepressants, antipsychotics and benzodiazepines
Medication at the time of admission to HD	16.8% Antipsychotics and benzodiazepines
	14,3 % Antidepressants, benzodiazepines, antipsychotics, and mood stabilizers
	28.2% Antidepressants, antipsychotics and benzodiazepines
Medication at HD discharge date	18,1 % Antidepressants, benzodiazepines, antipsychotics, and mood stabilizers
	13.4% Antipsychotics and benzodiazepines
Consumption of addictive substances	84.9% No consumption
	8 % Cannabis
OT sessions	Average of 28 sessions; Min=1; Max=85
Reason for discharge	81.9% Clinical discharge

In females, Depressive Disorders are observed, more prevalent in 35 to 54 year olds of age (37.5%) and in males they are between 45 and 64 years old (73.6%). In the Disturbances Bipolar and Related There is a predominance of females (78.9%), between 35 and 44 years (50%), while in males there is a higher prevalence (21.1%) from 35 to 64 years (86.7%). At Schizophrenia Spectrum Disorders and other Psychotic Disorders are in the majority in the gender male (60%) between 15 and 34 years old (42.6%) compared to females (40%), between 35 and 64 years old (72.2%). In Anxiety Disorders 60% of the participants are of the gender masculine.

Of the participants, 38.7% live with their parents and/or relatives, with 56.5% diagnosed with Schizophrenia Spectrum Disorders and other Psychotic Disorders. cohabit alone 20.6% with Schizophrenia Spectrum Disorders and other Psychotic Disorders. About 20.6% live with their spouse and children, with 53.1% diagnosed with Depressive Disorders.

Comparing psychiatric disorders with the professional situation, 39.5% are unemployed, of which 45.7% are diagnosed with Schizophrenia Spectrum Disorders and other Psychotic Disorders. Most participants do not consume addictive substances (84.9%). *Cannabis* consumption has the highest prevalence (8%), followed by alcoholic beverages (5.5%) and of the combination of both (1.3%). Of the male gender, 4.6% use *cannabis* and 0.4% cocaine and heroin. With regard to alcoholic beverages, consumption is similar for both sexes.



Upon admission, the participants show a greater deficit in performance and participation occupational activity in the parameters: motivation for the occupation, occupation pattern and competences of process. They show less deficit in communication and interaction skills and in the environment.

Regarding motor skills, all items show maximum classification, except for the item "energy" with two (weakness) as a rating. In the reassessment, there is an improvement in the occupational participation and occupational performance in most parameters. the participants maintain a greater deficit in the parameters motivation for the occupation, occupation pattern and skills of process. The items related to the parameter of communication skills, interaction and skills motor skills, remain low, although the item "energy" has improved from two (weakness) to three (difficulty). Regarding the items of the environment parameter, they maintain the classification three (difficulty), continuing as the parameter with the lowest deficit. Comparing the results of evaluation and reassessment, it appears that the participants maintained the classification assigned in 76.2% of the items. In only 8.3% of the items, namely "capacity assessment" and "routine", are achieved improvements in occupational performance and participation.

Discussion

Regarding the profile of the psychiatric client, the female gender presents a greater predisposition to Depressive Disorders, in agreement with what was identified by Green et al. (2019). In our study, Schizophrenia Spectrum Disorders and other Psychotics are mostly in males and in younger people, data that corroborate the presented by the same authors.

Several studies agree that these Psychiatric Disorders affect productivity, mood, energy, memory, concentration and social relationship in the clients and, consequently, their performance in different occupations (Connell et al., 2012).

The MOHOST classification process makes it possible to establish the profile and identify the deficits and potentialities that affect the occupational participation of the clients. Thus, therapists Occupational professionals can apply the MOHOST in order to design an intervention according to the needs and priorities of psychiatric clients (Kielhofner et al., 2009). It is expected that the participants with lower occupational participation and, consequently, lower classification demonstrate changes in the performance of activities of daily living, in personal relationships and interpersonal and cognitive, physical and psychosocial levels (Kielhofner et al., 2010).

Similar to what other authors show, it is possible to identify that the parameters with the greatest deficit in psychiatric clients are: motivation for the occupation, occupation pattern, communication and interaction skills (specifically the item "conversation" and "relations interpersonal"), motor skills (specifically the item "energy") and process skills (specifically the item "troubleshooting"). These difficulties compromise performance and

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occupational participation and, therefore, indicate which items the occupational therapist has to address in the intervention (Smith and Mairs, 2014).

This evidence-based instrument holistically considers the client, analyzes broadly the aspects of occupational participation, guides and supports the intervention of OT (Hawes and Holder, 2010). MOHOST also enables occupational therapists to support the practice evidence-based (Parkinson et al., 2008), for further discussion with the client and the team, in order to guide and outline the most appropriate and centered intervention (Parkinson et al. al., 2006).

conclusions

According to the results, it is concluded that the use of MOHOST in OT, in the area of Psychiatry and Mental Health, allows drawing a detailed profile of the potential and limitations of the client. With the MOHOST the results obtained in the evaluation can be compared with those of the reevaluation, noting the gains obtained in health, namely in the occupational participation of the clients psychiatric.

Through this study, it is not possible to state that the improvements in the MOHOST items are due to the only to the intervention of the TO. The occupational therapist plays a key role in Mental Health, since your training enables you to intervene with clients who have changes in their roles, routines, personal relationships, cognitive and motor skills, constituting an asset for their rehabilitation and reintegration into society, contributing to promote health and quality of life (Lima, 2006; Ribeiro and Machado, 2008).

It is suggested that future studies be carried out to create more scientific evidence on the use of MOHOST in the Portuguese population in the area of Psychiatry and Mental Health, including the own perspective. It is considered relevant to replicate this study for clients who attend the DPSM-CHBV inpatient treatment and also to understand whether the profile of the psychiatric client of the DPSM-CHBV HD is transversal to other Psychiatry units. and Mental Health in Portugal.

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Change in occupational performance after hospitalization in ICU due to Covid-19: The perception of users of Hospital de Leiria

Changes in occupational performance after Covid-19 ICU admission: The perception of Leiria Hospital users

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Summary

Covid-19 is a disease caused by the SARS-CoV-2 virus that has significantly adversely affected public health and the world economy, thus giving rise to a global pandemic, having caused until April 8, 2021, according to the data provided by the National Health Service (2021), 825,633 confirmed cases of SARS-CoV-2 infection and 16,899 deaths, in Portugal. Covid-19 can cause some consequences, such as fatigue, sleep cycle disturbance, anxiety and/or depression and muscle weakness, which may lead to changes in occupational performance. Thus, in view of the aforementioned and the fact that to date there is not enough literature to support the changes in occupational performance resulting from Covid-19 and hospitalization, the need arose to investigate "What is the perception of patients hospitalized in a Health Care Unit Intensive Care, at Centro Hospitalar de Leiria, due to Covid-19 in the alteration of occupational performance", so a semi-structured interview with the participants, in order to collect data that help in answering the research question. With this investigation is expected that users of the Centro Hospitalar de Leiria, hospitalized for Covid-19, report deficits in the occupational performance, mainly due to physical and respiratory changes, and is expected to cause changes in activities of daily living and instrumental, in rest and sleep and in work/education.

Keywords: Covid-19; occupational performance; deficits; Intensive Care Unit; Daily Living Activities.

Abstract

Covid-19 is a disease caused by the Severe Acute Respiratory Syndrome virus, which has significantly negatively affected public health and the world economy, thus giving rise to a global pandemic, having caused until April 8, 2021, according to data provided by the National Health Service (2021), 825 633 confirmed cases of Severe Acute Respiratory Syndrome infection and 16 899 deaths, in Portugal. Covid-19 can cause some consequences, such as fatigue, disturbance of the sleep cycle, anxiety and / or depression and muscle weakness, which can lead to changes in occupational performance. Therefore, given the above and the fact that, to date, there is no sufficient literature supporting the changes in occupational performance resulting from Covid-19 and hospitalization, the relevance of investigating "What is the perception of users hospitalized in an Intensive Care Units at the Centro Hospitalar de Leiria for Covid-19 in the change in occupational performance" emerged. A semi-structured interview will be applied to the participants in order to collect data to help answer the research question. With this research it is expected that the users of Santo André- Leiria Hospital, hospitalized by Covid-19, report deficits in occupational performance, mainly due to physical and respiratory deficits, which is expected to cause changes in daily living and instrumental activities, rest and sleep, work/education.

Keywords: Covid-19, occupational performance, deficits, Intensive Care Units, Activities of Daily Living.

**Introduction**

Covid-19 is a disease caused by the SARS-CoV-2 virus, which originated in the city Chinese city of Wuhan, with the first case identified on November 27, 2019, causing a global pandemic, declared by the World Health Organization on March 11, 2020, that significantly negatively affected public health and the world economy (National System of Health - SNS, 2021). The first case to be registered in Portugal was confirmed on March 2 2020 and the first death by Covid-19 on March 16, 2020 (Paulino, Dumas-Diniz & Brissos, 2020). In Portugal, of the individuals with Covid-19 disease, 5% may need intensive care with the need for ventilation, 15% of the cases present a serious condition, with pneumonia, respiratory distress, requiring hospitalization and 80% of Covid-19 cases have mild illness, i.e. mild symptoms, namely fever, rhinorrhea, headache and myalgias (SNS, 2021). Portugal registered until April 8, 2021, 825,633 confirmed cases and 16,899 deaths from Covid-19, and most of the deaths occurred in older people and with other comorbidities associated (Direção Geral da Saúde – DGS, 2021). According to the World Health Organization (2021), worldwide, 132,485,386 cases of infection were confirmed by April 8, 2021. SARS-CoV-2 and 2,875,672 deaths, with the American continent and then Europe being the most affected both in terms of the number of confirmed cases and the number of deaths. The SARS-CoV 2 is a virus that belongs to the family Coronaviridae, of the genus Beta that has ribonucleic acid encapsulated as genetic material, transmitted by contact with surfaces that are contaminated and by droplets, with an estimated incubation period of 1 to 14 days (Silva & Silva, 2021). According to the General Directorate of Health - DGS (2021), the transmission period can begin about one to two days before the onset of symptoms and throughout the symptomatic period. Regarding the period of infection, it is estimated that it lasts from 7 to 12 days in moderate cases, in cases on average for up to two weeks (Silva & Silva, 2021). They are considered risk groups for Covid-19, elderly individuals (aged 65 and over) and with system impairment immune system (such as patients undergoing chemotherapy, treatment of autoimmune diseases, infected with human immunodeficiency virus/AIDS and transplant patients) and people with chronic diseases (SNS, 2021).

This virus affects the respiratory system and can cause a respiratory infection, which can be similar to a common flu or progress to more serious illnesses (SNS, 2021). However, the SARS-CoV-2 can also reach the gastrointestinal tract (Silva & Silva, 2021). According to the SNS (2021), although there are asymptomatic individuals, the majority of positive individuals for Covid-19 have as main symptoms, dry cough, shortness of breath, headache, ageusia (loss of taste) or dysgeusia (taste disturbance), anosmia (total loss of smell) or hyposmia (partial loss of smell) and according to Silva & Silva (2021) they also have fever, tiredness and muscle pain. Some individuals can progress to pneumonia and even death (if there is alveolar damage, which causes



progressive respiratory failure). Also based on the cohort study by Huang et al. (2021), numerous sequelae are identified, such as fatigue, sleep cycle disturbance, anxiety and/or depression and muscle weakness, these being the most common. In addition to the consequences mentioned above, Halpin, et al., (2021) also mention respiratory failure, pain, cognitive deficits (memory, concentration), cough, vocal alterations, incontinence and dysphagia. According to Sheehy (2020), these consequences may impair the quality of life of users even after hospitalization for Covid-19, therefore, a multidisciplinary evaluation is recommended to understand the impact of the consequences and how health professionals can intervene, directing them to the most appropriate rehabilitation. Occupational performance is independent of gender, age and disability or limitation. Therefore, it is characterized by the individual's ability to perform daily activities, taking into account performance skills, occupational roles, and environment (Gritti, Paulino & Marques, 2015). Second, Marques & Trigueiro (2011a and 2011b), any individual needs, in accordance with his preferences and needs, to engage in occupations and to integrate them into their daily lives in the most autonomous and independent way possible. Although, when there is a rupture in the occupational balance, namely in the dynamics between people, environment, context and activity, can lead to a deficit in skills and occupational standards in performance, can cause changes in occupational performance. It is common knowledge that any type of cognitive, respiratory, psychological and/or physical deficit can cause changes in occupational performance, which come from the sequelae described above, so it becomes relevant to deepen and investigate this topic, in order to verify if there are changes in the performance of occupational disease, in individuals after hospitalization in ICU for Covid-19.

Material and methods

The main objective of this project is to understand the perception of users hospitalized in ICU, in the CHL, by Covid-19 in the change of occupational performance and still understand which areas of most affected occupation and whether the time and particularities of hospitalization influence changes in the occupational performance. This study has a qualitative observational cross-sectional character since according to Fortin (2009), individuals who have experienced a phenomenon, which is the object of study, are chosen, in this case, patients with Covid-19 hospitalized in ICU. This is a case study, as it will investigate a group of individuals with characteristics in common, in this case, hospitalization for Covid-19, since, if it intends to develop scientific knowledge on the subject in question, through empirical evidence collected at specific locations (in this case, hospital) (Martins & Belfo 2011). All relevant information will be collected from the participants, through direct observation provoked namely a semi-structured interview and the Canadian Performance Measure Occupational, as it is a validated and standardized instrument for the Portuguese population, which gives greater credibility to the project, which is a means of complementing the information



not obtained in the interview with regard to the identification of the main areas of altered occupation. This type of interview was selected because it is less rigid and demanding, being a kind of dialogue, with guidelines, and it gives greater opening for the interviewee to provide more information, in addition to the questions asked, in order to obtain as much information as possible. The interview is divided into three parts, the first being composed of eight questions about the data biographical data, where the individual is asked about his or her name, age, profession, background, among others. others; This information is important to understand the context and the environment. the second part about their habits and customs consists of seven questions, among which, the habits smoking, sport, diet and travel, thus realizing whether some habits or lack of them could be potential risk factors for worsening sequelae, and also obtaining basic information about the individual's routine. In a third part, with six questions, dedicated to Covid-19, where tries to understand the time and characteristics of the internment of the individuals in question, the main sequelae/consequences, difficulties and changes after hospitalization. This information is fundamental to be able to establish a connection between some facts.

In relation to the Canadian Occupational Performance Measure, the user is asked to report their occupational performance, identifying the main problems in terms of importance, the performance and satisfaction with occupational performance in the activities mentioned by the interviewee. The results indicate the occupations that represent a problem for the user, because he cannot perform them or because he is not satisfied with the way he performs them. It is divided into three areas: self-care, productivity and leisure (American Occupational Therapy Association, 2007).

Data processing will provide qualitative data that allow you to summarize in a narrative way. the information collected. Regarding the results, it is expected that the sequelae found are the same as those mentioned above, such as fatigue, anxiety/depression, cycle disturbance of sleep and muscle weakness, and also that these cause changes in occupational performance, namely in different areas of occupation (daily and instrumental activities, rest and sleep and work/education).

As this is a current issue that affects the national and world population and is of common interest, there is still little information/studies that demonstrate that patients hospitalized in ICU due to Covid 19 may suffer as a result of changes in occupational performance, then the need to deepen this topic arose, and for that, we intend to answer the question "What is the perception of users hospitalized in ICU, at CHL, by Covid19 in the change in occupational performance?".

In this way, from the research question, secondary questions arose such as "Which areas are of occupation most affected after hospitalization for Covid-19?" and "The time and the particularities of the internment have an influence on changes in occupational performance?".



For this study, all users admitted to the ICU will be selected as a population, in the CHL In relation to the sample, this is considered non-probabilistic for convenience, since the data will be collected at CHL as it is easier to access. To date, the sample size has not is defined, however, a semi-structured interview will be applied, preferably reaching the saturation.

For the selection of the sample, inclusion criteria were defined, such as the users who will be discharged. doctor at the ICU where they were hospitalized for Covid-19, as of September 2021, and who have over 18 years of age. It was also defined, as an exclusion criterion, the existence of another type of pathology or comorbidities, before admission, that influence occupational performance (dementia, fractures, individuals who have prostheses, disabling pathologies - such as cerebral palsy or neurodegenerative diseases, among others), included in the clinical process or reported by users and family members.

For the development of this project, taking into account its research nature and the fact that it is performed in human beings, it is essential to take into account some ethical documents such as the Nuremberg Code Declaration of Helsinki and the Belmont, who will guide the study and protect its participants (Andrade, Silva & Duarte, et al., 2013; United States Department of Health and Human Services, 1979). The right of decision of the participants will be taken into account throughout the process, for which it is necessary to prepare informed consent, so that at any time, without having to justify the situation, stakeholders can leave, without consequences for them, and this must guarantee the anonymity and confidentiality of participants. It is still important to take into account that the participants need to be able to consent, and refer that the study must not cause harm to the participants. Taking into account all the ethical documents referenced above, this study and all documents related to it (semi-structured interview, consent informed) will be submitted to the CHL ethics committee.

To analyze and interpret qualitative data, the software "Web Qualitative Data Analysis". This software will allow you to categorically analyze and interpret qualitative data, this being an easy-to-access software, as it is online, requiring no download.

Results

Regarding the results, users are expected to show changes in performance occupational activity, namely in different areas of occupation (activities of daily living and instrumental, rest and sleep and work/education), due to the sequelae already mentioned, such as fatigue, anxiety/depression, sleep cycle disturbance and muscle weakness.



conclusions

It is considered that due to the impact both globally and nationally and taking into account the dimension of the number of individuals infected with SARS-CoV-2, and also due to the fact that there is no enough studies on this topic, in Portugal, it is necessary to investigate the answer to the question of aforementioned investigation.

It can thus be concluded and affirmed that Occupational Therapy in research is an asset for the profession and for a future as therapists, given that there is little research in this area, this being necessary and fundamental for evidence-based practice, which consequently will be essential to guide and guide the practice as health professionals.

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