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Occupation: What Interventions Do We Target to Promote Aging in Place

Christine Daeschner, MOT, OTR/L

Objectives

- Describe key occupations that should be addressed in intervention to promote Aging in Place.
- Identify key terms to assist in developing interventions that focus on promoting Aging in Place.
- Define disability as it relates to performance of activities of daily living (ADL) and instrumental activities of daily living (IADL) in community-dwelling older adults

What is aging in place?

“The ability to live in one’s own home & community **independently, safely, & comfortably**, regardless of age, income, or ability level” (CDC, 2013)

Occupations

Everyday life activities that older adults **want, need, and are expected to do.**

Occupations

What do I want to do?

- Take a shower by myself
- Bake cookies for my grandchildren
- Attend church services every Sunday

Occupations

What do I need to do?

- Use the toilet by myself
- Prepare my own meals
- Get sufficient sleep

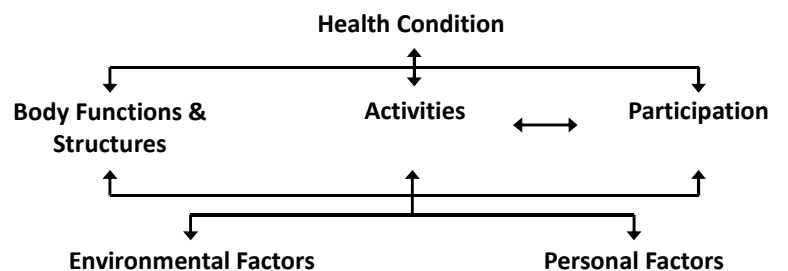
Occupations

What am I expected to do?

- Take my medication daily and on time
- Pay my bills
- Maintain good hygiene

Disability

World Health Organization International Classification of Functioning, Disability and Health (ICF)



World Health Organization, 2001



Instrumental Activities of Daily Living

Common Considerations

- Community mobility (driving)
- Communication management
- Financial management
- Health Management (medication management)
- Home Management (cleaning, laundry)
- Meal Preparation
- Safety and emergency maintenance (Dialing 911, personal alarms)
- Shopping



Instrumental Activities of Daily Living

Less Common Considerations

- Care of pets
- Child rearing
- Community mobility (Bus System and access; older driver assistance options)
- Health Management (Scheduling/attending appointments, prescription refills, diet)
- Home Management (Fuse box, light bulbs, snow removal, toilet leak)
- Safety and emergency maintenance (Escape route for fire, replacing batteries in smoke alarm)

Activities of Daily Living

Consider whether client is exhibiting disability

- Bathing/showering
- Toileting and toilet hygiene
- Dressing
- Feeding
- Functional mobility
- Personal device care
- Personal hygiene

Community and Social Participation

- Occupations older adults “want” to do
- Volunteering
- Social Participation
 - Community (e.g. senior center)
 - Family (e.g. Thanksgiving dinner)
 - Peer (e.g. Card club, eating out)

Occupations of Older Adults: IADLS

- Culturally more acceptable to receive assistance in IADL vs. ADLS
- Rates of IADL limitation vary across living situations

Occupations of Older Adults: IADLS

- **Caregiving**
 - Occurs for own elderly parents, spouses and grandchildren
 - Significant increases observed in the # of older adults now caring for grandchildren....Think about how context affects this role
- **Community Mobility**
 - Driving is a KEY issue for older adults
 - Understanding and using alternate transportation means is part of this occupation

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Occupations of Older Adults: ADLs

- **In absence of impairment**, most older adults are independent in ADLs into their 80's
 - 6.5% > 65 **in community** need help (CDC)
 - 27% > 65 in community need help with at least 1 ADL (AoA)

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Occupations of Older Adults: ADLs

- Common ADL deficits:
 - Bathing
 - Getting around inside the home
 - Getting in/out of bed or chair
 - 66% in long term care with 3+ deficits; in community with 3+ deficits
- Intimacy and Sexuality
 - Myths- asexuality due to age; it IS true that sexuality decreases with declined in health

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Occupations of Older Adults

- **Work**

- Reduced but not necessarily eliminated work force
- Volunteering – 6 of every 10 adults over 55 years
 - Culturally influenced- prevalent in the U.S. but opposite in other countries (i.e. India)

- **Education**

- Only a small percentage participate in this occupation
- Their levels may influence learning abilities

Occupations of Older Adults

- **Leisure Pursuits**

- Very individual and defined by meaning vs. actual task
 - Ex. They don't have to be the world's best bowler to enjoy it!

- **Social Participation**

- May NOT be the goal for some

COPM

(Canadian Occupational Performance Measure)

- Developed as a client-centered tool to enable individuals to identify and prioritize everyday issues that restrict or impact their performance in everyday living.
- One of the strengths of the measure is its broad focus on occupational performance in all areas of life, including self-care, leisure and productivity, taking into account development throughout the lifespan and the personal life circumstances.
- Used to identify issues of personal importance to the client and to detect changes in a client's self-perception of occupational performance over time.

- <http://www.thecopm.ca/>

COPM

- The COPM is a semi-structured interview that enables an open dialogue between client and therapist on issues of importance to the client.
- Administering the COPM draws on the therapist's expertise and experience in occupation-based, client-centered practice.
- Therapists need to complete the specific training necessary to administer the COPM in a reliable and valid manner.

<http://www.thecopm.ca/>

Approach to Intervention

- Modify (change the environment or task to enable performance range)
- Alter (Do not change the person, task or environment, but make a better fit)
- Prevent (Change the course of events when a negative outcome is predicted)

Best Practice Strategies

- Ask your patient what is important to them.
- Let the patient guide the treatment.
- Don't be afraid to take challenging occupations head on in practice
- Maximize your visits by incorporating occupations in every treatment.
- Use the COPM to find out what the patient needs to be able to, wants to be able to do, and is expected to be able to do.

Case Example

Mrs. B is a 75 year old female with a recent CVA. Mrs. B was still working part time as a professor prior to her hospital stay. Mrs. B lives in a two story house with 5 steps enter and 13 steps to the second floor where her bedroom and bathroom are. Mrs. B has 13 steps to the basement where her laundry is. Mrs. B lives alone and helps her daughter one day a week to care for her 5 year old granddaughter.

Since her return home, steps are a challenge and she has difficulty with most tasks in her home, especially her IADLs.

Case Example

Mr. C is a 72 year old male that fell in the bathtub and had to have back surgery. Mr. C lives alone in a 2 story house with one step to enter and a flight of 13 steps and a flight of 4 steps to the second floor. Mr. C was independent with driving. He liked to go out for meals and was independent with bathing in shower.

Now Mr. C is having difficulty with the steps, and he is unable to drive. He can not get meals like he was and is frustrated with his lack of independence.

Summary of Today's Discussion

- Everyday life activities that older adults **want, need, and are expected to do.**
- Culturally more acceptable to receive assistance in IADL vs. ADLS
- **In absence of impairment**, most older adults are independent in ADLS into their 80's
- Common vs Less Common IADLs that clients participate in

Upcoming Schedule

Friday February 9 th , 2018	Pam Toto	Programming: Evidence-based strategies for Aging in Place
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Questions?

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Thank You!

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Aging in Place Virtual Conference

Mon 2/5	Introduction: Defining the Concept of Aging in Place Kelly Dickson CScD, OTR/L
Tues 2/6	Person: Who are we Helping to Age in Place Traci Herc, MOT, OTR/L
Wed 2/7	Environment: Where and How Do We Promote Aging in Place Beth Fields, PhD, OTR/L
Thurs 2/8	Occupation: What Interventions Do We Target to Promote Aging in Place Christine Daeschner, OTR/L
Fri 2/9	Aging Programming: Evidence-based Strategies for Aging in Place Pamela Toto, PhD, OTR/L, BCG, FAOTA