OVERCOMING BARRIERS TO OCCUPATION BASED PRACTICE

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OCCUPATION BASED
To engage a person in occupation and use that engagement as the foundation or method of evaluation and/or intervention—the person is engaged in the performance of a chosen daily life task that unfolds as it ordinarily does in the person’s life (Fisher, 2013; see also Pierce, 1998)

WHY DOES IT MATTER
• We are our own profession with unique contributions
• Our profession is essential in today’s healthcare
• We have a code of ethics: Justice
• Evidence supports occupation based practice
• Movement in healthcare to ensure that “interventions and assessments are supported by evidence, not duplicative, free from harm, and truly necessary” — Choosing Wisely initiative
WE ARE OUR OWN PROFESSION WITH UNIQUE CONTRIBUTIONS

OUR NORMALCY

OUR PROFESSION IS ESSENTIAL IN TODAY’S HEALTHCARE

- Fall prevention
- Wellness & prevention
- Chronic disease management
- Rehabilitation
- Habilitation
- Disorders of executive function

WE HAVE A CODE OF ETHICS

- Beneficence: Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.
  - Use the most possible evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence-based current, and within the recognized scope of occupational therapy practice.
- Justice: Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.
  - Advocate for changes in systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.
- Fidelity: Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.
  - Address unprofessional, deceptive, unethical, illegal, or improper practices that jeopardize the safety and well-being of others and team effectiveness.
EVIDENCE SUPPORTS OCCUPATION BASED PRACTICE

• Higher Hospital Spending on Occupational Therapy is Associated With Lower Readmission Rates
• Home-Based Care Program Reduces Disability And Promotes Aging In Place
• Combined cognitive-strategy and task specific training improves transfer to untrained activities in sub-acute stroke. An Exploratory randomized controlled trial.
• Intervention Promoting Medication Adherence: A Randomized, Phase I, Small-N Study

CHOOSING WISELY – 5 THINGS PATIENTS SHOULD QUESTION (OT)

1. Don’t provide intervention activities that are non-purposeful (e.g. cones, pegs, shoulder arc, arm blies)
2. Don’t provide sensory based interventions to individual children or youth without documented assessment results of difficulties processing or integrating sensory information.
3. Don’t use PAMs without providing purposeful and occupation-based intervention activities.
4. Don’t use pulleys for individuals with a hemiplegic shoulder.
5. Don’t provide cognitive-based interventions (e.g. paper-and-pencil tasks, table-top tasks, cognitive training software) without direct application to occupational performance.

WHAT ARE THE BARRIERS?

BARRIERS

• Habit and Routine
• Time
  • all needed materials are located in one place
• Resources
  • Cost less than industry manufactured “therapy” items
  • Excellent use of student projects
• Administrative support
  • Educate administration
• Productivity
  • Less time wasted
OCCUPATION BASED KITS

- Group of common, everyday items and ideas that can be used to address different occupation performance goals. Each kit
  - Can address a variety of Performance Skills and Client Factors
  - Can be graded up and down to address a variety of client ability levels
  - Contains items that are reusable and/or easily restocked
  - Is inexpensive to create

STUDENT DRIVEN PROJECTS

- As a part of the Activity Analysis course
  - Develop an occupation based kit that addresses the assigned Area of Occupation
  - Identify/get equipment and materials needed
  - Identify the Performance Skills addressed by the activity
  - Must address at least two different Performance Skill areas (motor, process, social) and Client Factors
  - Identify two options to grade the activity up and down
  - Write detailed instructions for the activities

AREAS OF OCCUPATION (EXPANDED)

- Childcare
- Computer use
- Scheduling
- Tool use
- Employment
- Event Planning
- Child/Adolescent care
- Administration
- Restaurant
- Home care
- Maps & transportation
- Medication management
- School participation
- Outdoor recreation
- Pet care
- Social participation
- Money management/finances

MORE DETAILED EXAMPLES

- Childcare
  - Preparing for meals, cleaning diapers, changing diapers, placing child in car seat
- Tool use
  - Electrical wiring practice, car care, assembly project, safe use
- Home Care
  - Setting table, managing junk mail/spam, laundry (iron, hangers, spot removal, mending), emergency response and prep, prioritizing a to-do list
- Pet care
  - Litter box, feeding, grooming, putting on collar/leash, walking
- Restaurant
  - Ordering from different menus, figuring tip, managing food trays/items, etiquette
- Shopping
  - Cutting/Using coupons, comparison shopping, online shopping, bagging/putting away properly
- Event Planning
  - Sending invitations, delivering/accepting gifts, planning food, events, budget
