Occupational Therapy and Social Work

Offering Community-Based Approaches to Support People Living with Dementia and their Caregivers

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Jane Gruner, LMFT

Part of the National Alzheimer’s and Dementia Resource Center webinar series sponsored by the Administration for Community Living.
Community-based occupational therapy interventions for people living with dementia and their carepartners

Stephani Shivers, MEd, OTR/L
Chief Operations Officer - Community Services
Founded in 1990 as the Alzheimer’s Resource Center

Established history as thought leaders and pioneers in dementia services seeking to positively transform the way people living with dementia (PLWD), are viewed engaged and supported

Campus in Southington, CT home to 133 people living with dementia (skilled nursing and assisted living communities)

Suite of community services including day services, support groups for PLWD and carepartners
Community & Carepartner Education

Dementia Navigation Program & Coaching Services

Memory & Cognitive Disorders Center - transdisciplinary physician, therapy and counseling group practice (Occupational, Physical, and Speech Therapy, Counseling, Geriatrician, Palliative Care Physician)

State lead for Dementia Friendly America Network & Dementia Friends CT program

LiveWell Institute - Transforming communities through research, education, thought leadership and advocacy to advance the wellbeing and inclusion of people as they age.
What is the ‘occupation’ in occupational therapy (OT)?

*Photos throughout presentation from Unsplash.com*
What is Occupational Therapy?

“Achieving health, well-being, and participation in life through engagement in occupation is the overarching statement that describes the domain and process of occupational therapy in its fullest sense.”

(pg. S4)(bold and italics added for emphasis)

AOTA. (2014). Occupational therapy practice framework: Domain and process (3rd ed.).
What does OT focus on? What occupies your time?

► What matters to this person?
  ► Priorities, Values, Goals, Meaningful Experiences

► Abilities of person
  ► Physical, Sensory, Cognitive, Social

► Contextual environment
  ► Physical, Social, Temporal, Cultural

► Requirements of occupations of daily living
  ► Goal, Activity, Meaningful Experiences
What does OT focus on? Our ‘Scope’

**Activities of Daily Living (ADLs):**
- Bathing
- Dressing
- Eating
- Dining
- Moving
- Hygiene

**Instrumental Activities of Daily Living (IADLs):**
- Home Management
- Heath Management
- Caregiving
- Driving
- Meal Preparation
- Shopping
- Religious Expression

**Work, Play, Leisure**

**Education**

**Social Participation**

**Rest & Sleep**
Primary service arenas:

- Acute care hospitals
- Skilled Nursing and Rehabilitation Facilities
- Outpatient clinics
- At home through Medical Homecare Agencies

There is a gap in traditional OT services from the time a person receives a diagnosis until their dementia progresses and an acute episode leads to hospitalization, skilled nursing/rehab stay, or medical homecare services.
OT for People Living with Dementia

Need PROACTIVE community based, out-patient therapy services to:

- Identify retained strengths and abilities
- Develop compensatory strategies
- Adapt environments
- Educate caregivers

To:

- Maximize function and safety in ADLs, IADLs, meaningful activities
- Decrease distressing behaviors
- Decrease falls, hospitalizations, pre-mature institutionalization
LiveWell’s Administration on Community Living - Alzheimer’s Disease Program Initiative

Navigating Dementia: Building the abilities of people living with dementia, their caregivers and communities

Evidence-based/informed occupational therapy services:

- Home Based Memory Rehabilitation (HBMR)
- Skills²Care®
- Skills²Care-ID (for those with intellectual disabilities and dementia)
- Care of Persons in their Environment (COPE)
Occupational Therapy: Home Based Memory Rehabilitation (HBMR)

- ACL Target Population: People in early stages who live alone
- Evidence-based, developed in Belfast, Ireland (McGrath & Passmore, 2009)
- 2013-present Alzheimer’s Scotland testing/developing HBMR resources
- 8-10 sessions delivered at home
- Focuses on adaptive and compensatory strategies for home safety, medication management, independent living
- Includes environmental adaptations, memory aids, technology solutions
HBMR Examples

Before Leaving Home

- Keys
- Pocketbook/wallet
- Cell Phone
- Cart and bags
- Lock the door

Before Going to Bed

- Take bedtime medications
- Lock the door to the house
- Confirm oven/stove are off
- Clean teeth
- Leave nightlight on
- Plug in cell phone by bed
OT Interventions: Laura Gitlin, PhD, Cathy Piersol, OTR/L, PhD, et al.

- Environmental Skill Building Program (ESP) 2001
  Thomas Jefferson University

- Skills2Care® 2010
  Thomas Jefferson University

- Tailored Activity Program 2008
  Drexel University

- Skills2Care-ID 2018
  Thomas Jefferson University

- Care of Persons in their Environment (COPE) 2010
  Drexel University

www.livewell.org
Occupational Therapy: Care of Persons in their Environment (COPE), Skills²Care®, Skills²Care-ID

- ACL Target Populations: for family carepartners and people with dementia (including those with intellectual disabilities) who are struggling with behavioral expressions and dementia symptom management
  - Evidence-informed Skills2Care-ID developed by Cathy Piersol, OTR/L, PhD and Adel Herge, OTD

- 8-10 visits delivered in home over 3 months

- Focus on problem solving, developing caregiving skills, adaptive strategies and meaningful engagement activities for the PLWD

Livewell

www.livewell.org
COPE Implementation

- COPE-CT Randomized Control Trial - University of Connecticut Health: R. Fortinsky, Principal Investigator
- LiveWell Dementia Specialists: Plantsville, CT
- Memory Care Home Solutions: St. Louis, MO
- University of Texas - San Antonio
- Brazil, Australia
The COPE Intervention: Three Phases

Phase 1: Assessment
- Person
- Caregiver
- Environment

Phase 2: Implementation
- Stress Reduction Techniques
- Problem-solving skills to address caregiver-identified problems
- 4 COPE Prescriptions

Phase 3: Generalization
- Use strategies for other problems
- Modify for future

Sessions
1  2  3  4  5  6  7  8  9  10

APRN
1  2
Home  Telephone

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COPE Phase 1: Assessment - Person with Dementia

- Identification of personal goals, priorities, interests in various activities, daily routine
- Cognitive and functional evaluation of person with dementia
  - **OT will identify strengths and level of function (stage)**
  - Strength, balance, range of motion, sensory function
  - Using phone, shopping, meal prep, taking medications
  - Dressing, getting into car, bathing
  - Ability to independently start/finish activity, follow directions
- Basic medical screen, labs, health education, advanced care planning (APRN)
COPE Phase 1: Assessment - Caregiver & Environment

- Home safety and environmental assessment
  - Potential hazards, adaptations, visual cues, clutter, comfort

- Identify Target Problem Areas
  - Measure Level of Caregiver Upset for each target area
  - Measure Level of Difficulty handling/managing each target area

- Teach and practice stress reduction technique
Most Common Caregiver-identified Problems in the COPE-CT Assessment Phase, by Percent (N=134 caregivers)

- CG Feeling overwhelmed: 10.5%
- PWD Repeating questions: 11.2%
- Wandering: 11.2%
- PWD Eating: 12.7%
- Care Coordination: 12.7%
- CG Communication with other family members: 13.4%
- PWD Anxious, worried, fearful: 13.4%
- PWD Bathing/dressing/grooming: 14.9%
- PWD Waking at night/sleep issues: 15.7%
- PWD Toileting: 15.7%
- PWD Rejecting/refusing help: 22.4%
- PWD Agitation/Arguing/Aggression: 22.4%
- PWD Participation in meaningful activities: 38.8%
- CG Taking care of self: 45.5%

Funded by the National Institute on Aging (AG044504)
R. Fortinsky, PhD
Principal Investigator

UCONN HEALTH Center on Aging
COPE Phase 2: Implementation

- Problem solving
  - What is problem? Why is this a problem? Why might it happen? Where and when does it happen?

- Brainstorming potential strategies

- Practice strategies

- Identify what works and create a ‘Prescription’ to be used for that problem
  - 2 prescriptions on problem behaviors
  - 1 prescription on an adapted activity
Label and Simplify

*Photos used with permission*
Visual cues – task set-up

Photos used with permission
SIMPLIFY technology

Photos used with permission
The COPE Prescription

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<tr>
<th>What is the problem?</th>
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<td>Caregiver-identified</td>
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<th>How do I want the situation to change?</th>
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<td>Problem-Solving</td>
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<th>Why the problem may occur:</th>
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<th>Strategies:</th>
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<td>1. Communicate effectively</td>
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<td>What to do:</td>
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<th>2. Modify your home and make it safe</th>
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<td>What to do:</td>
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<th>3. Simplify the way you set up daily activities</th>
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<th>4. Enhance activity participation</th>
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<td>What to do:</td>
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<th>Strategies for You:</th>
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COPE Phase 3: Generalization

- Repeat same process of problem solving, brainstorming strategies, practicing strategies, modifying, identifying and creating ‘prescription’ for 3 target areas

- Review learning and how it applies to new situations

- Review how to modify and simplify activities for new situations
Training and Certification

Skills2Care

COPE and Tailored Activity Program

Thomas Jefferson University
Katherine.DeClerico@jefferson.edu

https://www.jefferson.edu/university/rehabilitation-sciences/jefferson-elder-care/professional-training.html

Drexel University
sk3863@drexel.edu

https://duo.online.drexel.edu/new-ways-for-better-days/
Helping clients receive appropriate OT services

- Contact Thomas Jefferson University to find Skills₂Care® certified clinician in your area.

- When selecting OT service provider ask who has specialty training in dementia? What training do they have?

- Ask what dementia specific evidence-based/informed interventions OT’s are using?
Helping clients receive appropriate OT services

- Look for OT’s that use the Cognitive Disabilities Model (Allen Cognitive Levels)

- Ask primary care physician to make a referral for an Occupational Therapy evaluation.

- Ask primary care physician to make referral for Medical Homecare services if person with dementia has functional decline and is homebound (and does not require hospitalization).
OT Professional Development

Calling all Occupational Therapists!

Join our OT Community of Practice!

We meet quarterly to share best practices, provide continuing education - available in person and via Zoom - contact Kate Keefe, OTD:

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SOCIAL WORK: OFFERING COMMUNITY-BASED APPROACHES TO SUPPORT PEOPLE LIVING WITH DEMENTIA (PLWD) AND THEIR CAREGIVERS

FEBRUARY 12, 2020
Objectives

- Participants in this webinar will be familiar with community-based approaches to integrating social work activities into dementia community-based care programs.
- Participants in this webinar will be able to identify National Social Work Practice Standards for Family Caregivers of Older Adults.
- Participants will be able to reflect knowledge of Alzheimer’s Association Dementia Care Practice Recommendations.
Nevada Senior Services, established in 2001 is a non-profit organization providing compassionate care and services to adults and their caregivers, facing the challenges of chronic diseases, disabilities, and aging to remain in the community with dignity.

Nevada Senior Services offers a comprehensive range of quality programs, education and resources, designed to maintain physical, spiritual, and emotional health of families and individuals in Nevada.
Organizational Dementia Capable Initiatives

2006 - Adult Day Care of Las Vegas
2009 – Opened the Adult Day Care Center of Henderson
2009 – Implemented Bright Pathway, early memory loss programs
2011 - Opened the Comprehensive Geriatric Assessment Program
2012 - Launch of RCI REACH (Resources for Enhancing Alzheimer’s Caregiver Health), evidenced based in-home caregiver support program
2015 - Designation as the Aging and Disability Resource Center for Southern Nevada
2015 - Implemented BRI Care Consultation
2016 - Partner in statewide Dementia Friendly Initiatives
2017 - Grantee of ACL ADI-SSS – Hospital2Home program
2018 - Implemented Dealing with Dementia by Rosalynn Carter Institute for Caregiving
Social Work Directed Programs
Serving individuals living with dementia and their care partners

- Adult Day Health Care Case Management
- Early & Moderate Memory Loss Programs
- Caregiver Support Groups
- Geriatric Assessment Program
- Transitional Care Services specifically for PLWD
- Evidenced Based Caregiver Programs
- Aging and Disability Resource Centers
Standardized Assessment: Understanding the Dyad

- Health / Physical Well-Being
- Health Care Utilization
- Patient Health Questionnaire
- Montreal Cognitive Assessment (MOCA)
- KATZ (ADL & IADL)

Patient living with Alzheimer’s Disease and Related Dementia
Standardized Assessment: Understanding the Dyad

- Health / Physical Well-Being
- Health Care Utilization
- Patient Health Questionnaire
- Montreal Cognitive Assessment (MOCA)
- Zarit Screen Measure of Caregiver Burden
- Desire to Institutionalize
COMMUNITY-BASED APPROACHES UTILIZING SOCIAL WORK PRACTICES
Social Work Practice Standards

- Ethics and Values
- Assessment
- Service Planning, Delivery, and Monitoring
- Collaboration
- Professional Development and Competence
Dementia Considerations

Alzheimer's Association:

56 Dementia Care Practice Recommendations
PUTTING IT ALL TOGETHER

SOCIAL WORK DIRECTED PROGRAMS

MEMORY CAFÉ

HOSPITAL 2 HOME
MEMORY CAFÉ

- Social Worker facilitates small groups
- Individuals learn memory strategy techniques for everyday living
- Caregivers receive education, resources for assisting their loved one and peer support
Impact of Social Work Intervention

- Opportunity to assess individual and their caregiver each week.
- Advocacy for assisting individual and their caregiver to access needed services.
- Educate individual and caregiver regarding dementia and memory strategies for supporting everyday activities.
- Proactive approach to supporting individual’s care plan.
HOSPITAL 2 HOME

- Support person centered transition from hospital to home through:
  - Intensive case management
  - Education
  - Respite coaching
Impact of Social Work Intervention

- Reduction of readmission to hospital
- Proactive approach for supporting the individual and family in their home environment
- Connection to community services and resources
- Increased caregiver satisfaction
- Development of the individual’s person-centered care plan
QUESTIONS? COMMENTS?

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SPECIAL PROJECTS
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THANK YOU!