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Using Leisure as a Therapeutic Activity to Enhance Health, Well-Being, and Quality of Life among Long Term Care Residents

Olivia Mayasich
University of North Dakota

Alexis Tyce
University of North Dakota

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Using Leisure as a Therapeutic Activity to Enhance Health, Well-Being, and Quality of
Life among Long Term Care Residents

by

Olivia Mayasich, MOTS and Alexis Tyce, MOTS

Advisor: Scinda Janssen, PhD, OTR/L, CLA

A Scholarly Project

Submitted to the Occupational Therapy Department of the

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This scholarly project, submitted by Olivia Mayasich, MOTS and Alexis Tyce, MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Scinda Janssen, Ph.D., OTR/L

Faculty Advisor

January 1, 2019

Date

PERMISSION

Title: Using Leisure as a Therapeutic Activity to Enhance Health, Well-Being,
and Quality of Life among Long Term Care Residents

Department: Occupational Therapy

Degree: Master of Occupational Therapy

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Olivia Mayasich, MOTS

Signature

January 1, 2019

Date

Alexis Tyce, MOTS

Signature

January 1, 2019

Date

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ABSTRACT

Title: Using Leisure as a Therapeutic Activity to Enhance Health, Well-Being, and Quality of Life among Long Term Care Residents

APA Citation

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Purpose

The purpose of this scholarly project is to address health, well-being, and quality of life with the use of leisure activities as modalities with residents in long term care (LTC) facilities.

Methodology

The results of a thorough literature review supported the need for a program to address leisure participation in residents in LTC facilities. An abundance of literature supporting participation in leisure to enhance health, well-being, and quality of life emerged from the literature review, revealing an obvious gap between literature and practice. The information gathered in the literature review helped guide the development of a program manual to be used by LTC facility staff. The products were designed using concepts from the environment-health-occupational-well-being (E-HOW) theoretical model (Pizzi & Richards, 2017), as well as from the adult learning theory of andragogy (Bastable & Dart, 2011). E-HOW aims to address the health, environment, and occupational participation of an individual to enhance quality of life and well-being

(Pizzi & Richards, 2017); whereas, andragogy focuses on how to best relay information to an adult learner (Bastable & Dart, 2011). Aspects from these two theories were used to increase the usability and effectiveness of the program and in-service manuals for LTC facility staff.

Results

The literature review and the theoretical models resulted in the development of two products. The first product is a program manual that gives LTC facility staff detailed information on how to implement a leisure-based program into the facility with collaboration between the occupational therapist, activity and restorative aide personnel, and the resident. The second product is an educational in-service aimed at educating staff on the correct ways to utilize the program manual.

Conclusions

It is anticipated that both the program manual and the in-service manual will be effective solutions to the barriers LTC residents currently face that result in occupational deprivation. Both manuals will serve as a resource to occupational therapists and activity and restorative aide personnel to both guide the development of health promoting functional maintenance programs (FMP) and to ensure that the leisure interests of each resident are addressed.

CHAPTER I

INTRODUCTION

As individuals age, many make the decision to live in a long term care (LTC) facility so that they may live a safe and healthy life through the care provided by staff. While a LTC facility provides a safer living environment for these older adults, researchers have found that 49% of those who live in LTC facilities are diagnosed with depression (Harris-Kojetin, Sengupta, Park-Lee, & Valverde, 2013). This statistic is particularly concerning as depression and depressive symptoms can negatively impact an individual's overall health and quality of life. In addition, residents of LTC facilities have a high risk of experiencing occupational deprivation, which can be defined as a prolonged prevention from participation in meaningful and necessary occupations due to barriers outside of the individual's control (Townsend & Wilcock, 2004).

Occupational therapy (OT) practitioners can play a unique role in addressing these issues by promoting occupational participation with residents in LTC facilities. However, the American Occupational Therapy Association [AOTA] (2017) addressed concerns that the OT services currently provided in this setting are often not meeting its standards by stating that there are inappropriate practices being carried out in skilled nursing facilities such as generic, non-client-centered or occupation-based interventions, and services that are unskilled. This scholarly project aims to provide a resource for OT practitioners to engage LTC residents in health promoting, leisure based activities to promote occupational participation and improve overall health and well-being.

The product of this scholarly project, *Using Leisure as a Therapeutic Activity*, is a program that addresses leisure participation in residents living in LTC facilities by developing a

protocol for activity and restorative aide personnel to promote participation in leisure occupations through individualized and client-centered treatment plans developed by an OT practitioner. This guide is focused on the use of leisure as a health promoting activity and can be used in conjunction with traditional OT services or as a stand-alone service. *Using Leisure as a Therapeutic Activity* provides instructions and the resources needed for completing a screening, formal assessments, and a semi-structured interview in order to gain the appropriate information to develop an occupational profile and functional maintenance programs (FMP) that are leisure-based. The FMPs are then transferred to the activity and restorative aide personnel to facilitate these leisure activities in an individualized and health promoting manner.

The environment-health-occupation-well-being (E-HOW) model was the theoretical framework that guided the development of this scholarly project (Pizzi & Richards, 2017). This is a new OT model that was developed by Dr. Michael Pizzi. To the knowledge of the authors of this scholarly project, E-HOW has not yet been used in any published work other than the original article by Pizzi and Richards (2017). However, Dr. Pizzi is a reputable and well published OT practitioner and the model is based on science that is supported by occupational therapy literature.

E-HOW focuses on finding a balance between environment (social, physical, and cultural), health (individual, community, and population), and occupational participation (occupations, occupational demands, skills, routines, and performance) that leads to increased quality of life and well-being (Pizzi & Richards, 2017). For the purpose of this scholarly project, individual health was focused on rather than community or population health, because the OT process that is outlined in the product focuses on each individual resident within a LTC facility.

Individual health is further broken down into physical, mental, social, and spiritual health. Additionally, E-HOW puts a focus on *participation* in occupations rather than *performance*. These concepts were used within the format of the semi-structured interview, the occupational profile, and the FMP of the program manual, *Using Leisure as a Therapeutic Activity*. The image below was used with permission and provides an illustration of these main concepts (Pizzi & Richards, 2017).



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In addition, there are seven major assumptions under the E-HOW model, in which three of them were used as the driving factors during the development of this scholarly project. These three major assumptions include:

1. “Health, environments, and occupational performance have a dynamic influence on quality of life and well-being.” (Pizzi & Richards, 2017, p. 3)
2. “Participation in daily activities that are meaningful promotes a positive health trajectory for daily living.” (Pizzi & Richards, 2017, p. 3)

3. Use of time for an individual, community, or population in meaningful, culturally relevant, and socially appropriate daily activities can be health promoting.” (Pizzi & Richards, 2017, p. 3)

The use of E-HOW as a theoretical model for this scholarly project ensures that the services provided through the implementation of the product are occupation-based, client-centered, and consider all aspects of the person and are, therefore, holistic. This allows the OT practitioner to remain rooted in the primary concepts of OT and provide the care needed to improve overall health and well-being of each individual.

The key factors that may affect the application of this product in clinical practice include difficulty with reimbursement, getting buy-in from management and OT practitioners at LTC facilities, and limited financial resources to increase the OT services provided at LTC facilities. Reimbursement challenges that may arise is addressed specifically in the product by providing a template for an appeal letter in the case of denial of reimbursement. This appeal letter ensures that the OT practitioner can effectively provide the information needed to justify the medical need for the OT services provided. Getting buy-in from management and OT practitioners at LTC facilities is also directly addressed through the use of an educational in-service, which is provided in this scholarly project. This in-service provides information on how to use the program and the benefits of using it for the residents, as well as the facility. One of the benefits of the utilization of this program is that it has potential to save the facility money long-term by decreasing the money spent on residents’ medical costs, which helps address the last concern of lack of financial resources to increase OT services at a LTC facility.

The next chapter, Chapter II, provides a detailed literature review based on the research the authors found regarding the issues related to occupational deprivation, occupational deprivation in LTC facilities, OT in LTC facilities, and the benefits of occupation-based and client-centered practice. Chapter III explains the methodology used in the development of this scholarly project. Chapter IV includes the two products that were developed following the literature review and the identification of a need for leisure-based OT services in LTC facilities. Finally, chapter V provides a summary of the primary findings of this scholarly project.

Chapter II

REVIEW OF LITERATURE

As individuals age, many turn to living in long term care (LTC) facilities in order to receive the care and assistance needed to live a safe and healthy life. However, researchers have found that individuals living in LTC facilities are at a high risk for depression and experiencing occupational deprivation, which can have a significant impact on quality of life and overall well-being. In fact, researchers have found that 49% of those who utilize LTC services in nursing homes are diagnosed with depression (Harris-Kojetin, Sengupta, Park-Lee, & Valverde, 2013). Furthermore, residents spend approximately 69% of the day inactive, with their eyes closed (Morgan-Brown, Ormerod, Newton, & Manley, 2011). While occupational therapy (OT) practitioners have a unique role in promoting occupational participation, many are not doing so. The American Occupational Therapy Association [AOTA] (2017) stated that there are inappropriate practices being carried out in skilled nursing facilities such as generic, non-client-centered or occupation-based intervention and services that are unskilled. The following literature review will explore problems related to occupational deprivation, occupational deprivation in residents of LTC facilities, current OT practice in LTC facilities, and evidence based OT approaches that promote occupational justice in LTC facilities.

Term Definitions

For the purpose of this literature review, the following key terminology will be defined; occupation-based practice, client-centered practice, evidence-based practice, occupational justice, occupational deprivation, ageism, and LTC facility. Many, if not all, of these terms are used frequently within the profession of OT; however, there are a variety of different definitions

and ways to understand each term. For this reason, each term will be defined and explained in the way that the authors intend each one to be understood for the context of this literature review.

Occupation-based practice.

Occupation-based is a common term within the OT profession and is described as a practice that is used as a desired outcome of intervention as well as an intervention modality (Mulligan, White, & Arthanat, 2014). Nielson et al (2005) described the fundamentals of occupation-based practice. The authors first explained that to assure that occupation is incorporated and maintained throughout the treatment process, occupation-based practice starts with gathering an understanding of the occupations that are meaningful to a client and ends with the client using the skills gained in therapy to continue to participate in those occupations. The authors also added that incorporating occupation specifically in the intervention phase of treatment requires the therapist to link activity selection and activity analysis with environmental or activity modifications in order to best suit the wants and needs of the client. Finally, the authors asserted that occupation-based practice is also reflected in documentation as progress is recorded on the client's ability to actively and meaningfully engage in occupations (Nielson et al., 2005).

Client-centered practice.

Client-centered practice is another common term within the profession and is described as a practice that engages clients in the decision-making and goal-setting as well as brings awareness to the emphasis on the client (Njelesani, Teachman, Durocher, Hamdani, & Phelan, 2015). This practice recognizes OT practitioners as striving to reduce power inequalities between individuals, placing an emphasis on broader social structures. Eliminating judgment and power

struggles allows OT practitioners to listen to and help clients make choices and decisions, as well as to work on behalf of, for, and with clients, while always considering clients' unique set of needs, capabilities, and resources (Njelesani et al., 2015). This is a collaborative practice between the client and the therapist, creating or selecting activities that have specific relevance or meaning to the client and that are consistent with the client's interests, health-related goals, and participation in daily life (Mulligan, White, & Arthanat, 2014).

Evidence-based practice.

The term evidence-based practice means that practitioners have the research, knowledge, and skills to access, appraise, and use evidence for decision making (Mulligan, White, & Arthanat, 2014). Using this approach ensures that clinicians stay knowledgeable on current techniques in achieving desired therapy outcomes as well as assists in obtaining reimbursement and providing a rationale for services (Mulligan, White, & Arthanat, 2014). Furthermore, evidence-based practice encourages practitioners to examine current evaluation and intervention practices to determine effectiveness and when evidence does not support current practice, to be open to changes for more effective approaches (Boyt Schell, Scaffa, Gillen, & Cohn, 2014).

Occupational justice.

Occupational justice can be defined as "a justice to recognize occupational rights regardless of age, ability, gender, social class, or other differences" (Nilsson & Townsend, 2010, p. 58). This term can further be described as allowing clients of all ages and abilities the access to and participation in a variety of meaningful occupations including social inclusion and resources to engage in occupations to fulfill personal, health, and societal needs (Townsend & Wilcock, 2004). Within LTC facilities, residents experience different types of occupational

injustices. These types include occupational imbalance, meaning an individual has either too much or too little to do; occupational deprivation, meaning there are outside forces preventing a resident from participating in meaningful occupations; and occupational marginalization, meaning an individual lacks choice in their day to day occupations due to societal expectations of who, what, when, where, or how an occupation should be performed (Causey-Upton, 2015).

Occupational deprivation.

Occupational deprivation is defined as prolonged prevention from participation in meaningful and necessary occupations due to factors/barriers outside of the individual's control (Townsend & Wilcock, 2004). There is an external barrier preventing an individual from participating in meaningful occupations (Causey-Upton, 2015; Townsend & Wilcock, 2004). All human beings, regardless of demographics or capabilities, have the right to engage occupations that not only bring meaning to their lives, but also helps maintain or improve their physical and mental health and well-being. Occupational deprivation is especially present in areas such as long term-care facilities as this population is offered limited choices in occupations due to the location, limited staff training, and financial considerations (Townsend & Wilcock, 2004).

Ageism.

Similar to the terms *racism* and *sexism*, ageism can be defined as a form of irrational prejudice against older adults (Butler, 2005). Specifically, ageism refers to the negative attitudes and beliefs that both people and society holds towards older individuals simply for being old. It is a form of prejudice that is so deeply embedded in society that many don't even recognize it as prejudice. Butler (2005), described the treatment that older individuals often receive in nursing

homes as form of ageism, as these individuals are stripped of their identity and many feel invisible in these settings.

Long term care facility.

The terms nursing home, skilled nursing facility, LTC facility, retirement home, senior living, etc. can have different meanings or are often used interchangeable. For the purpose of this literature review and this project as a whole, the title LTC facility will be used as an encompassing term that includes all facilities that are considered a permanent residence, provides 24-hour access to nursing care, and provides both medical and non-medical care for those who would otherwise be unable to safely care for themselves, such as the elderly or the chronically ill. It is also important to note that because of the similarities, literature on skilled nursing facilities will also be used in this literature review.

Problems Related to Occupational Deprivation

Authors of OT research and literature overwhelmingly support the idea that occupational deprivation and general lack of activity contributes to a decline in physical and mental health, as well as overall quality of life. O'Sullivan and Hocking (2013), found that lack of activity caused frustration and even hopelessness. The participants of this study, who were diagnosed with dementia, believed they were still capable of participating in activities with the right activity adjustment and support; however, the lack of support they received led to not having things to do, which caused their abilities to decline. This example demonstrates the concept of a continuous negative cycle that is also supported by the authors' previous research. O'Sullivan and Hocking (2006), stated that occupational deprivation causes individuals to get stuck in a

cycle in which the less that they do, the less ability they have, making engaging in activities even more difficult.

Residents of LTC facilities face numerous barriers that have the potential to lead to occupational deprivation. In fact, researchers have shown that older adult residents in nursing homes have a lower quality of life than individuals who live in the community (Wren, 2016). A contributing factor to this may be that the individuals who live in a nursing home are less active than those who live in the community (Grönstedt et al., 2013). In addition, many LTC residents begin to lose the opportunity to choose and participate in their valued occupations or they are unable to perform their everyday activities, which leads to a decrease in general well-being and overall quality of life (Bakhet & Zauszniewski, 2014; Causey-Upton, 2015).

Another contributing factor to occupational deprivation that is somewhat unique to those living in a LTC facility, is that many of the residents are suddenly finding themselves dependent on others to participate in both their basic self-cares as well as more complex occupations, such as leisure or social participation. Residents may feel that their personal autonomy is threatened because they now have to wait for staff members to complete personal cares, such as toileting or bathing, giving them the feeling that they are more dependent on others than they actually are (Van't Leven & Jonsson, 2002). In addition, staff members of LTC facilities may feel that they need to take on the responsibility of doing tasks for the residents, which increases the residents' dependency on others and therefore decreases their quality of life and overall health (Bekhet & Zauszniewski, 2014; Grönstedt et al., 2013; O'Sullivan & Hocking, 2006).

Another common concern with residents of LTC facilities is the high rates of depression and depressive symptoms. As previously stated, researchers have found that an alarming 49% of

those who utilize LTC services in nursing homes are diagnosed with depression (Harris-Kojetin et al., 2013). When residents are unable to participate in meaningful activities and then experience occupational deprivation, they may find themselves feeling inadequate, lonely, and isolated, leading to depressive symptoms (Wren, 2016). In addition, experiencing functional limitations caused by a decline in physical health and increase in dependence on others can often worsen these depressive symptoms (Adams, Roberts, & Cole, 2011).

Occupational Deprivation in LTC Settings

Occupational deprivation is not unique to individuals in LTC facilities. However, older adults, especially those in LTC facilities, have a unique risk of experiencing occupational deprivation. LTC facilities present with a variety of contributing factors that can result in the residents experiencing occupational deprivation. Some of these barriers include caregiver and healthcare worker views and beliefs, the environment and staffing, differences in needs and interests, and lack of opportunity. It is important to note that these barriers are external to the individual and not related to the abilities of the individual.

Caregiver and healthcare worker views and beliefs.

It is a common belief that as individuals age, it is natural to disengage from previously enjoyed activities (O'Sullivan & Hocking, 2006). This common belief is a form of ageism that carries into the practice of health care professionals. It can lead to the exclusion of the older adult population from meaningful occupations as well as promote this population to be inactive and dependent on others (Nilsson & Townsend, 2010; O'Sullivan & Hocking, 2006). In a study specific to those diagnosed with dementia, O'Sullivan and Hocking (2013) found that caregivers tended to view these individuals as incapable of completing their own tasks, so the caregivers

completed the tasks for them. This example demonstrates how a caregiver's beliefs on a particular population can guide the care that he or she provides. Assuming that an individual will not engage in meaningful activities due to their age or diagnosis threatens that individual's occupational justice and sense of independence (O'Sullivan & Hocking, 2013).

Environment and staffing.

One's physical and social environment can make a large impact on occupational engagement. In a LTC facility, residents may get the sense that they are in an environment that expects them to be passive or incapable (O'Sullivan & Hocking, 2006). This can result in the residents actually displaying this behavior and therefore declining in both physical and mental health rather than maintaining their current abilities (O'Sullivan & Hocking, 2006). Due to this increased sense of dependency, residents are likely to feel that their opinions and needs are seen as complaints, which limits their ability to speak up for themselves and feel that their voices are being heard (Cho, Kim, Kim, Lee, Meghani, & Chang, 2017).

Lack of staff personnel and staff training are also environmental factors that can inhibit the amount and the quality of occupational engagement that the residents experience (O'Sullivan & Hocking, 2006; Wenborn et al., 2013). Causey-Upton (2015), found that many residents felt rushed by staff members because there was not enough staff support to give everyone the opportunity to equally participate in provided leisure activities. Lack of staff training was evident in the types of activities that were provided for the residents; activities such as bingo or crafts were repetitive, not enjoyable for everyone, and not individualized for everyone (Causey-Upton, 2015).

Differences in needs and interests.

Meaningful activities and occupations can often get overlooked in LTC facilities due to the large number of residents that the facility is trying to accommodate along with their different needs (Wren, 2016). Residents may find that the activity options do not fit in with what they enjoyed doing when they were more active in the community, and as a result they can begin to lose their sense of identity (Causey-Upton, 2015). In addition, residents who are cognitively intact may find it difficult to interact with those who have more needs to address their cognitive impairments (Cho et al., 2017). This experience has the potential to make social activities difficult and result in social isolation (Cho et al., 2017).

Lack of opportunity.

The general lack of ability to choose one's own occupations and meaningful activities is also a primary barrier and leading cause of occupational deprivation in residents of LTC facilities. Many residents who once found meaning and enjoyment in occupations such as taking care of their family, volunteering, visiting with friends, etc. are now in a place that does not allow for these kinds of opportunities (Eschenfelder, 2005). Many of the leisure activities that residents once engaged in to promote their own health and well-being are no longer options in LTC facilities, which continues to contribute to disengagement in previously enjoyed leisure activities (Nilsson & Townsend, 2010).

Occupational Therapy in Long Term Care Settings

About 1.4 million Americans live in long-term care facilities across the United States, presenting a large population of individuals who may require OT services (Harris-Kojetin et al., 2016). In fact, 19.2% of OT practitioners in the United States work in a LTC facility (AOTA,

2015a). However, multiple researchers have found that OT practice in LTC facilities is not providing an occupation-based approaches (AOTA, 2017; Jewell, Pickens, Hersch, & Jensen, 2016; Mulligan, White, & Arthanat, 2014)

While the OT profession is providing occupation-based and client-centered approaches, the LTC settings are more limited in providing this type of best practice. After a thorough literature search was completed, very few studies were found that directly related to occupation-based and client-centered care within a LTC facility population. This suggests a significant need for more research on this topic area.

In a small study exploring occupation-based practice in skilled nursing facilities, Jewell et al. (2016) found that exercise and rote practice was the most common type of intervention provided. Exercise and rote practice can consist of therapeutic exercise with the use of weights, dowels, theraband, theraputty, etc. (Jewell et al., 2016; Mulligan, White, & Arthanat, 2014). Mulligan, White, and Arthanat (2014) completed a study that encompassed a variety of different OT settings, including long-term care facilities, and found that OT interventions consisted of 50% preparatory activities, 30% purposeful activities, and only 20% occupation-based activities. Although these findings are not specific to OT services provided in LTC facilities, it still illuminates the concern about the lack of occupation-based care in the profession overall. In addition, goals and intervention plans often lack individualization to the clients' needs and are, therefore, not client-centered.

Eschenfelder (2005) looked into the OT goal setting process with skilled nursing facility patients. While this study may be outdated, it is some of the only OT literature that covers the client-centeredness of goals created in a LTC facility. Eschenfelder (2005) found that only half

of the participants had client-centered goals that were individually meaningful for them. These findings show that goals related to self-care, mobility, strength, activity tolerance, etc. may not be meaningful for all patients, as these are the most common types of goals in LTC settings. In fact, many of the patients were looking for goals related to leisure, such as playing games, visiting with others, going on outings, becoming a member of a church, etc. (Eschenfelder, 2005). These findings show a disconnection between OT research and evidence with the care that is actually being provided, therefore exposing an area of growth for OT services in LTC settings.

Benefits of Occupation-Based and Client-Centered Practice

Although OT services in LTC facilities may not always reflect the values of the profession, researchers show that occupation-based and client-centered practice has strong benefits within this population. In addition, it is the responsibility of OT practitioners and other healthcare professionals to ensure that residents in long-term care facilities experience a fair sense of occupational justice. By ensuring that each resident's care is occupation-based, client-centered, and maintains his or her occupational justice, a positive impact can be made on life satisfaction as well as overall health and well-being.

Pizzi and Richards (2017) asserted that *participation*, not performance, is a primary determinant of health, well-being, and quality of life. Similarly, Zingmark, Fisher, Rocklov, and Nilsson (2014) found that interventions focused on occupational engagement, rather than performance, can positively impact overall well-being, as well as ADL ability in individuals 80 years old and above. Participation in meaningful occupations has a positive effect on an older adult's life satisfaction in LTC facilities, which demonstrates the importance of providing

occupation-based care (O'Sullivan & Hocking, 2006). Through client-centered care, in which residents are given the ability to choose the meaningful occupation that he or she participates in, residents are given a sense of control and personal identity (Causey-Upton, 2015; O'Sullivan & Hocking, 2006; O'Toole, Connolly, & Smith, 2013; Van't Leven & Jonsson, 2002). In addition, participation in these meaningful occupations support mental and physical health, as well as overall well-being, because residents are able to maintain or improve their current skills and improve their life satisfaction (Dorrestein & Hocking, 2010; O'Sullivan & Hocking, 2006; O'Toole, Connolly, & Smith, 2013).

Participation in leisure activities as a meaningful occupation is particularly important in promoting health and wellness in older adults. Leisure can be a way for individuals to relax, take their mind off of other matters, and escape from distractions (Sellar & Boshoff, 2006). Participation in leisure activities can also address a variety of different needs regarding cognition, physical health, and mental health as well as provide the individual a sense of personal identity (Causey-Upton, 2015).

While participation in meaningful activities is beneficial and has a positive impact on health, Van't Leven and Jonsson (2002) also found that simply being in an environment where occupations are being completed can also be important. Being in an environment where others are actively participating in occupations can increase positive attitudes and encourage participation in activities (O'Sullivan & Hocking 2006). Additionally, this also presents an opportunity for increased socialization, creation of social supports, and development of a sense of community (Causey-Upton, 2015; O'Sullivan & Hocking, 2006; Watt & Konnert, 2007; Van't Leven & Jonsson, 2002). The ability and option to socialize with others in a LTC facility is

beneficial as this is associated with decreased depression symptoms and instances of major depressive disorder and overall better quality of life (Adams, Roberts, & Cole, 2011; Watt & Konnert, 2007).

It is often assumed that occupation-based intervention is the opposite of the use of physical exercise; however, it is important to note that there is a significant amount of OT research that shows the positive effect of exercise interventions for residents in a LTC facility. O'Sullivan and Hocking (2006) found that exercise for this specific population can be both preventative and therapeutic. Physical exercise can help reduce falls as well as provide a challenge to overcome, which may promote a sense of confidence (O'Sullivan & Hocking, 2006). However, physical exercise may be more beneficial if it is individualized to each client, which promotes client-centered care. For example, Grönstedt et al. (2013) compared differences between residents receiving individualized exercise programs to those receiving a general exercise program and found that those in the individualized group improved significantly, whereas the control group actually deteriorated. Those in the individualized group improved in areas of balance, transfers, and ADL performance, which suggests that a client-centered approach to physical exercise can also be occupation-based as it improves performance in everyday activities (Grönstedt et al., 2013).

Promoting Participation in Long Term Care Settings

Despite the evidence showing the benefits of client-centered and occupation-based practice, it is clear that the OT services that are commonly provided in LTC facilities lack this approach. As a health profession that is focused on utilizing evidence-based practice while performing its due justice of providing occupation-based and client-centered care, it is important

to evaluate currently research and literature to develop a better understanding of what evidence-based care should look like.

With the population of residents of LTC facilities, OT practitioners can play a role in supporting each individual in maintaining, as well as improving, his or her ability to participate in meaningful occupations (Bekhet & Zauszniewski, 2014; O'Sullivan & Hocking, 2013). OT practitioners are specialized in the ability to assess an individual's skills, abilities, and values and can identify potential barriers to participation in different activities (Watt & Konnert, 2007; Wenborn et al., 2013) Therefore, OT practitioners have the ability to play a large role in LTC facilities in providing opportunities to participate in meaningful occupations by adjusting the environment, activity demands, and individuality to promote success for the resident (Grönstedt et al., 2013; Wenborn et al., 2013). Using their skills in assessing an individual with a holistic approach, OT practitioners can develop client-centered treatment goals and intervention plans to improve occupational performance (Cho et al., 2017; Grönstedt et al., 2013; Watt & Konnert, 2007; Wenborn et al., 2013).

When developing goals and intervention plans for residents of a long-term care facility, it is important to focus on what the individual can do, rather than looking at their deficits and what they cannot do (Dorrestein & Hocking, 2010). By doing this, OT practitioners can develop an activity or occupation that presents the *just right challenge* (Robeiro & Polgar, 1999) in order to provide the resident with a sense of accomplishment and empowerment to continue to participate in meaningful occupations (Dorrestein & Hocking, 2010; O'Sullivan & Hocking, 2006). An important factor in creating this *just right challenge* is to be able to effectively identify barriers to performance and then modify the environment and activity demands to best support the

individual (Causey-Upton, 2015). OT practitioners are equipped with the skills and knowledge to adjust the environment and context in which an activity is performed to facilitate occupational performance for older individuals living in long-term care facilities who need this extra support to be successful in their valued occupations (Dorrestein & Hocking, 2010; O'Sullivan & Hocking, 2006).

Occupational justice should be implemented in all aspects of care for individuals in LTC facilities. To be able to truly provide occupational justice, residents need to be given the opportunity to choose the meaningful occupations that they participate in and it should be individualized to their wants and needs. By providing choices and allowing residents to continue participating in occupations that were meaningful to them prior to living in a LTC facility, a sense of personal identity and motivation to participate can be developed (Causey-Upton, 2015). Activities provided in LTC facilities are typically generic, repetitive, and do not fit the needs of all the residents. In order for an activity to be meaningful, it needs to be focused on the individual's personal experiences, motivation, and sense of satisfaction (Eschenfelder, 2005). Therefore, it is important that OT practitioners have the ability to find what is individually meaningful for each resident as well as maintain a holistic view of each resident as an occupational being with individual wants and needs (Eschenfelder, 2005; Mulligan, White, & Arthanat, 2014). In addition, OT practitioners need to be able set aside their own beliefs about what is or should be meaningful in order for goals and interventions to be truly client-centered (Eschenfelder, 2005; Njelesani, Teachman, Durocher, Hamdani, & Phelan, 2015).

Leisure participation, in particular, can be challenging for older adults living in LTC facilities as their interests may change as they age (Causey-Upton, 2015). OT practitioners

provide continuous support as interests and performance capacity changes and develops throughout the lifetime. Through flexibility and creativity, leisure occupations and intervention plans can be modified to best fit each resident and their physical, mental, social, and occupational needs and wants (Sellar & Boshoff, 2006).

Leisure and Reimbursement

Although there is ample research on how leisure is beneficial for one's health and well-being, Medicare does not provide reimbursement for this type of service (Centers for Medicare and Medicaid, 2018). Chen and Chippendale (2018), first described the benefits of using leisure as an OT goal by outlining the history of leisure and how it has since been used to balance work and life. The authors further stated that clients who participate in leisure activities can gain higher levels of self-esteem, experience self-control, and obtain better coping skills for their particular diagnosis. Lastly, the authors of this article assert that participation in leisure activities is beneficial to one's health and well-being and has a positive impact on health-related outcomes. Using leisure goals would allow for clients to build a healthier work-life balance as well as increase overall health and well-being.

Occupation-Based Evaluation

OT practitioners can offer a variety of assessments and evaluations to help gain a better understanding of each client as a whole. Client factors such as values and beliefs; performance skills such as cognition, fine and/or gross motor skills, and processing skills; performance patterns such as habits, routines, and roles; as well as contexts and environments are taken into consideration to determine the factor(s) inhibiting occupational performance.

Listed below are some of the many evaluations and assessments that focus directly on engaging a client in an occupation to determine the factor(s) inhibiting occupational performance as well as the other areas previously mentioned.

Assessment	Purpose
<p>Pizzi Health and Wellness Assessment (PHWA)</p>	<p>The PHWA was developed by Michael Pizzi, who is the creator of E-HOW. Therefore, it is highly recommended that the OT practitioner utilizes this assessment when implementing this program. It is a client-centered and occupation-focused assessment tool that relates occupational participation to health and well-being (Pizzi & Richards, 2015). This assessment focuses on the client’s performance of daily occupations through their own perceived abilities and levels of well-being and health (Pizzi & Richards, 2015).</p> <p>To obtain copies of the PHWA, please email Michael Pizzi directly at: mpizzi58@gmail.com</p>
<p>Canadian Occupational Performance Measure [COPM] (Law et al., 1999)</p>	<p>A semi-structured interview to assess a client’s perspective of performance and satisfaction in meaningful occupations (Bortnick, 2017). Results are used to help clients identify, prioritize, and evaluate problems regarding occupational</p>

	performance in the areas of self-care, productivity, and leisure (Bortnick, 2017).
Model of Human Occupation Screening Tool [MOHOST] (Kielhofner et al., 2010)	An observation based assessment that focuses on the six areas of volition, habituation, communication and interaction skills, process skills, motor skills, and the environment to determine if these factors are facilitating, allowing, inhibiting, or restricting occupational participation (Bortnick, 2017).
World Health Organization Quality of Life - Abbreviated Version [WHOQOL-BREF] (Harper & Power, 1998)	A quality of life assessment that measures satisfaction in physical and psychological health as well as satisfaction in social relationships and environment (Bortnick, 2017).
Satisfaction with Life Scale [SWLS] (Diener, Emmons, Larsen, & Griffin, 1985)	A 5-item tool used to measure overall satisfaction in an individual's life (Diener, Emmons, Larsen, & Griffin, 1985).
Activity Card Sort (Doney & Packer, 2008)	This assessment requires clients to sort photographs of individuals participating in a variety of activities into categories to reflect participation in instrumental, leisure, and social activities (Doney & Packer, 2008). The information is then used

	to help support development of routines and participation (Doney & Packer, 2008).
Interest Checklist (Klyczek, Bauer-Yox, & Fiedler, 1997)	A checklist used to gather information about a person’s past and present interests using a scale that ranges from no interest, casual interest, and strong interest (Klyczek, Bauer-Yox, & Fiedler, 1997). The information is then used to remediate and maintain function through the incorporation of meaningful activities (Klyczek, Bauer-Yox, & Fiedler, 1997).

Occupation-Based Goal Setting and Intervention

Improving and maintaining quality of life as well as maintaining a sense of self and identity in residents living in LTC facilities are two common topics in current literature. Because each resident has a unique set of wants and needs, OT emphasizes occupation-based, individualized care to ensure that equal opportunities for positive and healthy participation in meaningful occupations are available to all (Grönstedt et al., 2013; Mulligan, White, & Arthanat, 2014; Njelesani et al., 2015). OT practitioners have the ability to help individuals of all ages find activities to engage in to promote physical and mental health (Watt & Konnert, 2007). Specifically, in regard to the older adult population, OT practitioners can aid in the process of increasing quality of life through assessment of the individual and establishing meaningful, occupation-based goals and intervention plans that will assist the individual in continuing to participate in valued occupations to maintain quality of life (Watt & Konnert, 2007). The interventions that OT provides for this population can target many different aspects of the

individual as well as the environment to best meet the wants and needs of the client. OT interventions for individuals in LTC, may include but are not limited to: education on functional mobility to ensure safety and functional capability in day to day tasks and activities; instruction on compensatory techniques to maximize cognition (attention span, memory, etc.) to better aid in functional daily activities; modification of the environment to increase safety; adaptation of tasks and activities to ensure equal opportunities for participation, and providing opportunities for participation in meaningful occupations regardless of client limitations (AOTA, 2015b). It is important to note that OT practitioners are able to provide leisure-based interventions to address goals; however, Medicare does not recognize leisure itself as a reimbursable goal (Centers for Medicare and Medicaid, 2018). Through OT services, residents are enabled to participate in valued occupations and keep the focus on what they can do, not what they are no longer able to do (Dorrestein & Hocking, 2010). In order to best meet the needs of this population and to allow an individual to continue to shape and form their sense of self when developing goals and interventions, it is important to focus on empowering and encouraging the individual to continue participating in valued occupations to maintain well-being, life satisfaction, and sense of self and identity (Dorrestein & Hocking, 2010).

Discussion

This literature review highlighted major barriers that residents living in LTC facilities face in regard to occupational deprivation and a general lack of activity. These barriers result in a decline of physical and mental health, as well as overall quality of life and well-being. Along with the lack of activities offered, the literature review also revealed that OT is providing generic, unskilled services instead of focusing on occupation-based and client-centered practice.

The authors of this project are strong advocates for the use of leisure through occupational therapy interventions with residents in LTC facilities. There is a distinct need for the inclusion of leisure-based activities in this setting due to the current discrepancy between the literature and practice. There is proof in the literature that strongly supports the use of leisure interventions, yet those types of interventions are often lacking in this setting. It is unjust for reimbursement services to deny reimbursement for leisure-based goals when evidence so strongly links leisure participation to health, well-being, and quality of life. Resident's face many barriers with LTC facilities and therefore have the right to participate in meaningful activities that enhance health, well-being, and quality of life.

Conclusion

Residents living in LTC facilities are presented with a wide variety of barriers that can limit occupational participation and performance. OT practitioners have a unique skill set to address issues of occupational deprivation and occupational justice in this setting. Despite the evidence demonstrating that it is beneficial for overall health and well-being, there is a lack of occupation-based and client-centered care offered by OT practitioners in LTC facilities. While there is a significant amount of evidence showing the benefits of occupation-based and client-centered care, the lack of overall research regarding LTC settings found within literature on this specific population was limited and fairly outdated. In addition, the literature on this topic only grazes the occupation of leisure, despite the evidence showing that residents in LTC facilities severely lack participation in meaningful leisure occupations. The next section will describe the methodology used throughout the development of this scholarly project.

Chapter III

METHODOLOGY

The topic of occupational therapy (OT) services in a long term care (LTC) facility setting was initially chosen as it was a topic of interest for both authors and it is an extension of a topic paper written for an OT Gerontology course. In addition, one of the authors, Olivia Mayasich, was particularly passionate about providing more individualized activities in LTC facilities due to the experiences her grandmother faced while living in a LTC facility. Olivia observed that her grandmother often felt like she had nothing meaningful to do and that she was too dependent on staff members to complete any tasks or activities, ultimately affecting her quality of life. Because of this, the topic was then further narrowed down to creating opportunities for residents in LTC facilities to participate in meaningful, individualized, and health promoting leisure-based activities.

An in depth literature review was completed to gather information regarding this topic. The CINAHL and PubMed databases were used to find research using terms such as occupational therapy, occupational justice, occupational deprivation, long term care, nursing home, leisure, activities, depression, and quality of life. The American Journal of Occupational Therapy, OT textbooks, as well as the internet were also used in searching for information. During the literature review, there were some main statistics and information that stood out the most and clearly identified a need in the delivery of occupational therapy services in LTC facilities. The first alarming statistic, reported by the Center for Disease Control (CDC), was that approximately 49% of residents in LTC facilities are diagnosed with depression (Harris-Kojetin, Sengupta, Park-Lee, & Valverde, 2013). There were many different statistics found related to

depression rates in residents of LTC facilities; however, the authors chose to use this statistic as it appeared to be the most credible due to the fact that it was a report run by the CDC. In addition, researchers found that residents of LTC facilities spend approximately 69% of their day inactive with their eyes closed (Morgan-Brown, Ormerod, Newton, & Manley, 2011). In relation to OT, the American Occupational Therapy Association (2017) reported that there were unskilled and inappropriate services being provided in skilled nursing facilities that are not client-centered or occupation-based. Lastly, there was an overwhelming amount of literature related to the detrimental effects of occupational deprivation as well as literature asserting that residents of LTC facility residents are at a high risk for experiencing occupational deprivation (Bakhet & Zauszniewski, 2014; Causey-Upton, 2015; Eschenfelder, 2005; Nilsson & Townsend, 2010; O'Sullivan & Hocking, 2006; O'Sullivan & Hocking, 2013; Townsend & Wilcock, 2004; Van't Leven & Jonsson, 2002; Wenborn et al., 2013; Wren, 2016).

During the literature review, an article by Pizzi and Richards (2017) was found that utilized the environment-health-occupation-well-being (E-HOW) model. The authors of this scholarly project were unfamiliar with this model as it is newly developed model; however, the main concepts and assumptions of E-HOW immediately resonated with the authors of this scholarly project. In addition, many of the problems identified in the literature review were problems directly addressed by this model. The authors brought E-HOW to the attention of their advisor for the project, who also resonated with the model and felt that it was a perfect fit for the purpose of this scholarly project. Following this, the authors contacted Dr. Michael Pizzi, the developer of E-HOW, to ask for permission to use E-HOW as the theoretical framework for this scholarly project. The authors also asked if he had any additional information on E-HOW other

than what is located in the Pizzi and Richards (2017) article. Dr. Pizzi quickly responded to the email and expressed his excitement that E-HOW was being used for a project of this sort. He granted the authors permission to use E-HOW; however, he did not have any additional resources regarding the model. The authors were still comfortable in using E-HOW despite this, as the Pizzi and Richards (2017) article provided a detailed, yet easy to understand, description of the main concepts and assumptions of E-HOW.

Once the literature review was completed, the authors brainstormed on how to best address the problems identified in the literature. Around this time, the authors were also made aware of the Activities Critical Element Pathway set by Medicare, which states that LTC facilities, specifically the activity and restorative aide personnel, are required to adapt and grade individualized activities for each resident to better meet their needs (Department of Health and Human Services & Centers for Medicare and Medicaid, 2017). As a result, many activity and restorative aide personnel have expressed concern with this new change because most have not received training on how to adapt and grade activities to match an individual's physical, cognitive, and emotional characteristics. Because of this, it was determined that the product that is developed should address both the needs of the resident as well as assist the activity and restorative aide personnel in meeting the requirements of the Activities Critical Element Pathway.

The product of this scholarly project is a manual that addresses the need among residents in LTC to participate in leisure activities while enhancing the therapeutic use, grading, and adapting of leisure activities as a modality to enhance health, well-being, and quality of life. This manual was designed to be used in a collaborative manner with the OT practitioner and the

activity and restorative aide personnel. While following this program manual, the OT practitioner completes a screening, formal assessments, and an interview to gain enough information about a resident to develop an occupational profile and functional maintenance programs (FMP) based off of preferred leisure activities. The activity and restorative aide personnel assist the OT practitioner in developing the FMP and is then responsible for facilitating preferred leisure activities using the FMP.

The screening questions were created using the Activities Critical Element Pathway document as a guide. The authors then came up with a list of formal assessments that could be used to assess each resident. This list was determined through the use of the textbook, *Occupational therapy assessments for older adults: 100 instruments for measuring occupational performance* (Bortnick, 2017). Assessments were chosen based on the relevance to the project, so any assessment that focused on obtaining information about a resident's interests or valued occupations was included within the assessment list. In addition, the Pizzi Health and Wellness Assessment was included as it was developed by the creator of E-HOW and it is a client-centered, occupation-focused assessment tool related to occupational participation, health, and well-being. Finally, the semi-structured interview, the template for the occupational profile, and the template or the FMP were all developed using primary concepts from E-HOW.

The advisor for this scholarly project served as an invaluable resource for information that research and the internet could not necessarily provide due to her experience in working with this population and in the profession of OT. For example, the advisor provided guidance on how to handle the topic of reimbursement for the program manual that was developed. In addition, she came up with the idea of developing an appeal letter in case reimbursement was

denied for the service and she assisted significantly in developing an appeal letter template that can be used as a resource for OT practitioners utilizing the program manual.

In order to make the product manual more user friendly and easier to understand for the reader, a detailed case study was added to the end to illustrate how to fully implement the program with a resident in a LTC facility. This case study was based off of Olivia's, one of the authors, grandma who experienced occupational deprivation while living in a LTC facility and was one of the factors that inspired the development of this product. Using a real life case study ensured that it was realistic, detailed, and full of depth. This case study consisted of the full OT process following the program manual including descriptions of the screening and formal assessments, the occupational profile, an FMP based on the leisure activity of gardening, and a completed Medicare appeal letter.

Before finalizing this program manual, it was discussed that OT practitioners and activity and restorative aide personnel should be thoroughly educated on how to use the program prior to implementing it into practice in order to achieve the best results. Because of this, it was decided to also create an educational in-service that is designed to be provided to OT practitioners, activity and restorative aide personnel, management, and other staff at LTC facilities who are considering implementing the program. This in-service uses the theory of andragogy to best meet the needs of the adult learners by ensuring that the in-service is not just lecture-based but is instead interactive and encourages discussion and reflection (Bastable & Dart, 2011). The in-service includes a PowerPoint presentation, instructor notes that outlines what information needs to be said throughout the in-service, attendee informational handouts, and two case study activities.

The methods detailed above provide an explanation of how the literature review, as well as the use of the E-HOW model and the adult learning theory of andragogy, guided the development of this scholarly project. The primary goal of providing therapeutic opportunities for LTC residents to engage in health promoting, leisure-based activities remained as the driving factor throughout every step of the development process. Chapter IV provides a description of the product as well as the product itself.

CHAPTER IV

PRODUCT OVERVIEW

For the product of this scholarly project, two separate manuals were developed. The first manual is titled *Using Leisure as a Therapeutic Activity* and it is a program manual that provides a protocol for addressing leisure participation in residents living in long term care (LTC) facilities. The second manual, which is titled *Using Leisure as a Therapeutic Activity: A Manual to Facilitate an In-Service for Occupational Therapists and Staff in Long Term Care*, provides a guide for an occupational therapy (OT) practitioner to facilitate an educational in-service for OT practitioners, activity and restorative aide personnel, management, and other staff at LTC facilities prior to implementing *Using Leisure as a Therapeutic Activity*.

Two theories were used as a guide throughout the development of both manuals. First, the environment-health-occupation-well-being (E-HOW) model (Pizzi & Richards, 2017) was used, primarily in the program manual. E-HOW aims to find a balance between the individual's health, environment, and occupational participation to promote quality of life and well-being. The model also assumes that "participation in daily activities that are meaningful promotes a positive health trajectory for daily living" (Pizzi & Richards, 2017, p. 3). In addition, the adult learning theory of andragogy was used, primarily within the in-service manual. Andragogy is based on the needs of an adult learner and emphasizes that education sessions should be learner-centered, as opposed to teacher-centered (Bastable & Dart, 2011). The theory of andragogy also emphasizes adult learning concepts such as individuality, internal motivation, learning from past experiences, and independent learning (Merriam, Caffarella, & Baumgartner, 2007).

The purpose of the program manual, *Using Leisure as a Therapeutic Activity*, is to address health, well-being, and quality of life in LTC residents with the use of leisure activities as modalities. The manual is designed to be used by both the OT practitioner at the LTC facility,

as well as the activity and restorative aide personnel. The program is completed through five steps, which include:

1. Screening
2. Formal Assessments
3. Semi-structured interview
4. Development of occupational profile
5. Development of a functional maintenance program (FMP)

The OT practitioner completes the first four steps independently. Following the completion of those steps, the OT practitioner, the activity and restorative aide personnel, and the resident collaborate to complete the final step, developing the FMP.

The screening is intended to be used with all current residents, as well as any newly admitted residents following the implementation of this program. The purpose of the screening is to determine the need for skilled OT services, which would then include a full evaluation and intervention as indicated. Following the screening, the OT practitioner then completes formal assessments to obtain objective information on the resident. A list of recommended assessments are included in the manual. The OT practitioner is to use his or her clinical judgment to determine which assessments are the most appropriate in order to obtain the necessary information from the resident. In addition to the formal assessments, the OT practitioner is also encouraged to conduct an interview to gain more information for the resident's occupational profile. A semi-structured interview schedule is provided in order to guide the interview process. However, the OT practitioner may use his or her discretion to guide the interview and is encouraged to ask further probing questions, exploratory questions, and/or other relevant information regarding the resident. The semi-structured interview schedule is based off of the main concepts of E-HOW. Using the information gained from the screening, the formal

assessments, and the interview, the OT practitioner then develops an occupational profile. A template is provided in the manual, which is also based off of E-HOW.

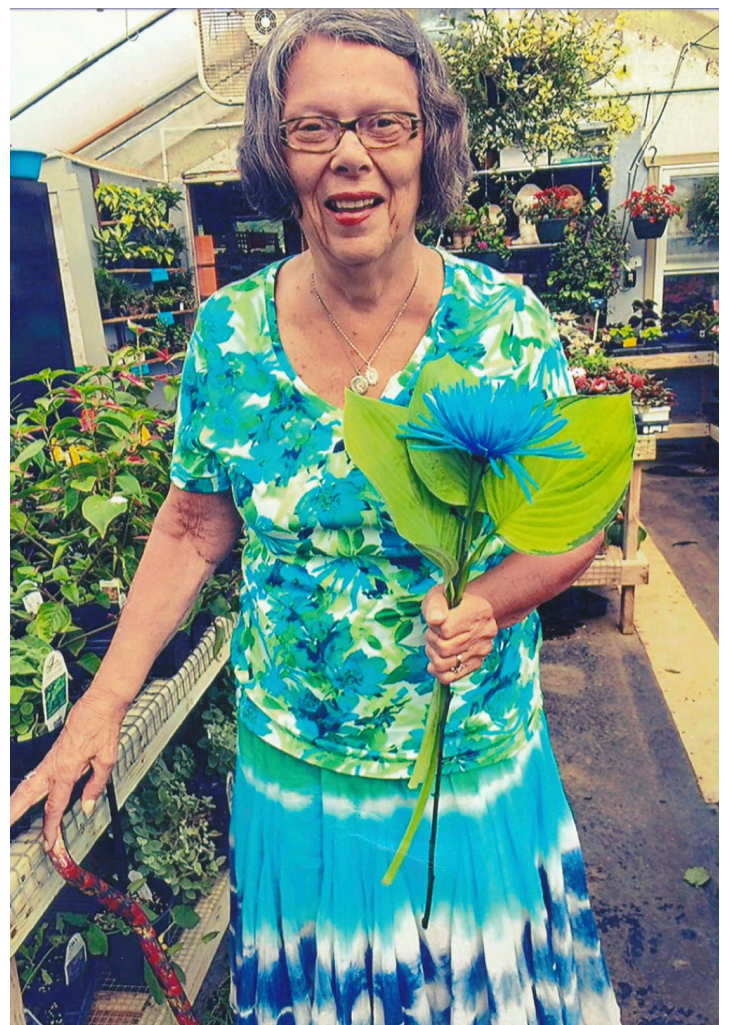
The FMP is then developed using the occupational profile in collaboration with the activity and restorative aide personnel and the resident. An individual FMP is created for a specific leisure activity that is of interest to the resident. The FMP includes sections to individualize this leisure activity by adjusting the physical, mental, and social/spiritual activity demands of the activity according to the needs of the resident. In addition, it can also be determined whether this activity is completed in a group setting or individually. The FMPs are then handed off to the activity and restorative aide personnel once they are confident in their understanding of how to facilitate the individualized leisure activities guided by the FMP. The activity and restorative aide personnel are encouraged to consult with the OT practitioner when changes to the FMPs are needed.

The in-service manual, *Using Leisure as a Therapeutic Activity: A Manual to Facilitate an In-Service for Occupational Therapists and Staff in Long Term Care*, was created to be a detailed guide on how to provide an educational in-service on the implementation of *Using Therapy as a Therapeutic Activity*. The manual is intended to be used to educate LTC facility staff on how to effectively implement it through an educational in-service facilitated by an occupational therapy (OT) practitioner.

The in-service manual should be implemented by an OT practitioner who has experience in the utilization of *Using Therapy as a Therapeutic Activity*. In addition, it would be beneficial for an activity or restorative aide personnel to co-teach, as the program includes collaboration between the OT practitioner(s) and the activity or restorative aide personnel. The in-service is intended to be provided primarily to OT practitioners, as well as management, activity and restorative aide personnel, and other staff of a LTC facility. Because this program cannot be

implemented without an OT practitioner, it is required for an OT practitioner to attend the in-service. In addition, the attendees are encouraged to apply their existing knowledge through the case studies. It is anticipated that the attendees will also have internal motivation to facilitate their own learning on this topic, as they are interested in the program and using it to improve the care provided at their LTC facility.

Using Leisure as a Therapeutic Activity



Created By:
Olivia Mayasich, MOTS
Alexis Tyce, MOTS

Advised By:
Scinda Janssen, PhD,
OTR/L, CLA

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Introduction

Purpose

The purpose of this program manual, *Using Leisure as a Therapeutic Activity*, is to address health, well-being, and quality of life in long term care (LTC) residents with the use of leisure activities as modalities. This manual is designed to be used by both the facility occupational therapy (OT) practitioner(s) and activity and restorative aide personnel, as well as any other staff members that will be responsible for facilitating therapeutic activities for the residents. The program promotes participation in occupations, specifically meaningful leisure occupations, through individualized functional maintenance programs (FMP) developed by the OT practitioner, yet carried out by the activity and restorative aide personnel. According to Chen and Chippendale (2018), participation in leisure activities is beneficial to one's health and well-being and has a positive impact on health-related outcomes. The goal of the FMP(s) is simply successful *participation* in occupations, rather than *performance*, in order to improve the resident's overall health and wellness (Pizzi & Richards, 2017).

This program manual is also intended to assist LTC facilities in meeting the requirements of the Activities Critical Element Pathway set by Medicare, as well as save the facility money in the long run (Department of Health and Human Services [DHHS] & Centers for Medicare and Medicaid [CMS], 2017). Due to recent Medicare changes, LTC facilities, specifically the activity and restorative aide personnel, are now required to adapt and grade individualized activities for each resident to better meet their needs (DHHS & CMS, 2017). Many activity and restorative aide personnel are concerned with this new change because most have not received training for physical, cognitive, and emotional assessment and have not received training on how to adapt and grade activities to match abilities. OT practitioners can offer training to activity and

restorative aide personnel because OT practitioners have extensive education in grading and adapting activities; however, OT services are typically not reimbursable when the goal for residents receiving OT services is participation in leisure occupations. In contrast, the use of leisure as a *therapeutic activity* (modality) for the goal of participation in health promoting activities is reimbursable by Medicare.

This program manual addresses the need among residents in LTC to participate more in leisure activities by enhancing the therapeutic use, grading, and adapting of leisure activities as a modality to enhance health, well-being, and quality of life. *Using Leisure as a Therapeutic Activity* may be used alone or in conjunction with other OT services that are focused on traditional rehabilitation practices. Contents of this manual include: OT assessment, identification of health-promoting goals, selection of meaningful, health-promoting leisure-type modalities and development of FMPs that include collaboration with activity and restorative aide personnel.

Environment-Health-Occupation-Well-Being

The environment-health-occupation-well-being (E-HOW) model (Pizzi & Richards, 2017) was used to guide the development of this manual. Although this is a brand-new model, the manual developers felt that this model, along with other work completed by the model's developer, Michael Pizzi, aligned well with the purpose and mission of the manual. The aim of the E-HOW model is to find a balance between the individual's health, environment, and occupational participation to promote quality of life and well-being. This model assumes that "participation in daily activities that are meaningful promotes a positive health trajectory for daily living" (Pizzi & Richards, 2017, p. 3). The E-HOW model was specifically used as the framework for the development of the interview questions used during assessment, the occupational profile template, and the functional maintenance programs. The E-HOW model

may currently have limited evidence because it is so new; however, it is supported well by the science of OT practice, with multiple concepts that are evidence-based and foundational to the domain of OT practice.

Manual Overview

This manual is designed to be implemented with every resident in the LTC facility, as well as any future resident that is admitted. There is a step-by-step process to implementing this program. Each of these steps is described in detail in this manual; however, here is the order that the steps should be completed in:

1. Screening
2. Formal Assessments
3. Semi-structured interview
4. Development of occupational profile
5. Development of FMP

The FMPs are not intended to be a finalized product, but instead are designed to be continuously updated and modified as abilities and interests change in order to remain client-centered. The OT practitioner, in collaboration with the activity and restorative aide personnel as well as the resident, are responsible for making these adjustments as needed. Additionally, because this is a FMP, it is encouraged that the OT practitioner strives to develop the *just right challenge* for each resident (Robeiro & Polgar, 1999). That is, if the resident has the skills and abilities to participate in activities when the activity is graded to be more difficult, the FMPs should reflect this as it is important that the resident utilizes his or her skills rather than lose them.

The developers of this program provided a case study to illustrate how the OT practitioner and activity and restorative aide personnel can utilize this program in a collaborative

manner. Additionally, it is anticipated that Medicare reviewers may initially deny reimbursement for OT services when they see the word “leisure,” despite it being used as a modality versus a goal. To clarify, a template for a Medicare appeal letter is included to assist the LTC facility and the OT practitioner in justifying the need for this program.

Finally, the program developers grant permission for any document in the appendix to be photocopied so that this program can be easily implemented with every resident. If digital copies are preferred, please email the program developers with this request and they will be happy to send you these documents.

Documentation and Electronic Medical Records

It is recommended that each resident has their own binder or file to store any documents from this program. By doing this, it will be easier for staff members to review these documents and refer to the FMPs as all of the documents regarding this program will be in one place. These documents will also need to be included in the electronic medical record (EMR). It is recommended that after each session the OT practitioner completes with the resident, a brief description of what the session entailed of is written in the EMR with an extra note stating, “see attached documents.” The completed documents from this program can then be attached to the EMR documentation. These documents can either be typed up and directly attached to the EMR, or it can be a handwritten document that is then scanned and attached to the EMR.

Occupational Therapy's Role

Screening

To begin this program, it is recommended that a screening be completed with all current residents and with any newly admitted residents. The purpose of this screening is to determine the need for skilled OT services, which may include a full evaluation and intervention as indicated. It is anticipated that through the use of this screening, a majority of residents will qualify for an OT assessment and will, therefore, be able to successfully participate in this program. The screening questions include:

1. Has the resident experienced a recent change in medical condition, occupational performance, and level of assistance needed that resulted in the admission to a long term care facility?
2. Does the resident and/or resident's family express interest in maintaining or improving his or her current level of function?
3. Is the resident and/or resident's family happy with the current level of participation in meaningful leisure activities?

These three screening questions were developed to make it easier for practitioners to determine if a full evaluation is needed. Because of this, the questions are close-ended, yes or no questions that are simple and easy to answer quickly. The first question identifies an onset related to a change in functional ability, which would justify the need for skilled OT services. The second question determines whether there is interest in maintaining or improving current level of function. The word *maintaining* is included in this question because a recent case law ruling, *Jimmo v. Sebelius*, determined that therapy services that are necessary for maintaining an individual's health are required to be reimbursed by Medicare (Center for Medicare Advocacy,

n.d.). Lastly, the third question facilitates client-centered care by including perceptions of the resident and/or the resident's family.

The full screening form can be found in Appendix A.

Initial Evaluation

The OT practitioner will be responsible for the initial evaluation of the resident to develop an occupational profile and the FMP(s). The purpose of the initial evaluation will be to both understand the resident's preferred leisure activities as well as the resident's factors and performance skills that will determine the grading and adaptations needed for him or her to successfully participate in these activities. The initial evaluation will consist of a formal assessment(s) as well as an interview with the resident and family if the OT practitioner deems this necessary. The developers of this program also encourage practitioners to integrate this leisure program into traditional OT services that are rehabilitative in nature. This promotes the use of leisure as therapeutic activities and modalities for client-centered, occupation-based interventions.

The OT sessions used to complete the evaluations, develop the occupational profile and the FMP, and to collaborate with activity and restorative aide personnel, as well as the resident, can be billed under the common procedural terminology (CPT) code 97530 (therapeutic activity) or 97535 (self-care management). For example, The OT practitioner may use CPT code 97535 if leisure is being used for a long term goal as a health promoting activity and CPT code 97530 may be used when leisure is being used as a modality for task specific interventions. However, it is the responsibility of the OT practitioner to use his or her judgment on which billing code is most accurate for the services that are being provided.

Summaries of the evaluations completed with a resident would then be included on the Medicare OT Plan of Treatment Form (700 form). This plan of treatment is then sent to the

physician for review and approval with his or her signature; therefore, the therapeutic interventions become a physician’s order.

Assessments.

In order to obtain objective information on the resident, formal assessments should be utilized. The OT practitioner performing the initial evaluation will determine which OT evaluation is used based on the needs and concerns of the resident. The chart below lists assessments that are recommended to use for the purpose of this program because they are client-centered, occupation-based, and gain a holistic view on the resident. The OT practitioner may choose to use just one assessment or multiple, as indicated by need.

Assessment	Purpose
Pizzi Health and Wellness Assessment [PHWA] (Pizzi & Richards, 2017)	<p>The PHWA was developed by Michael Pizzi, who is the creator of the E-HOW model. Therefore, it is highly recommended that the OT practitioner utilizes this assessment when implementing this program. It is a client-centered and occupation-focused assessment tool that relates occupational participation to health and well-being (Pizzi & Richards, 2017). This assessment focuses on the client’s performance of daily occupations through their own perceived abilities and levels of well-being and health (Pizzi & Richards, 2017).</p> <p>To obtain copies of the PHWA, please email Michael Pizzi directly at: mpizzi58@gmail.com</p>
Canadian Occupational Performance Measure	A semi-structured interview to assess a client’s perspective of performance and satisfaction in meaningful occupations

[COPM] (Law et al., 1999)	(Bortnick, 2017). Results are used to help clients identify, prioritize, and evaluate problems regarding occupational performance in the areas of self-care, productivity, and leisure (Bortnick, 2017).
Model of Human Occupation Screening Tool [MOHOST] (Kielhofner et al., 2010)	An observation-based assessment that focuses on the six areas of volition, habituation, communication and interaction skills, process skills, motor skills, and the environment to determine if these factors are facilitating, allowing, inhibiting, or restricting occupational participation (Bortnick, 2017).
World Health Organization Quality of Life - Abbreviated Version [WHOQOL-BREF] (Harper & Power, 1998)	A quality of life assessment that measures satisfaction in physical and psychological health as well as satisfaction in social relationships and environment (Bortnick, 2017).
Satisfaction with Life Scale [SWLS] (Diener, Emmons, Larsen, & Griffin, 1985)	A 5-item tool used to measure overall satisfaction in an individual's life (Diener, Emmons, Larsen, & Griffin, 1985).
Activity Card Sort (Doney & Packer, 2008)	This assessment requires clients to sort photographs of individuals participating in a variety of activities into categories to reflect participation in instrumental, leisure, and social activities (Doney & Packer, 2008). The information is then used

	to help support development of routines and participation (Doney & Packer, 2008).
Interest Checklist (Klyczek, Bauer-Yox, & Fiedler, 1997)	A checklist used to gather information about a person's past and present interests using a scale that ranges from no interest, casual interest, and strong interest (Klyczek, Bauer-Yox, & Fiedler, 1997). The information is then used to remediate and maintain function through the incorporation of meaningful activities (Klyczek, Bauer-Yox, & Fiedler, 1997).

Other assessments.

In addition, the OT practitioner may further evaluate other areas of need. For example, if the screening tool indicates a need to assess activities of daily living and physical abilities, then the OT practitioner would use other traditional assessment tools as well.

Interview.

In addition to completing formal assessments, it also encouraged that the OT practitioner conducts an interview to gain more information for the resident's occupational profile. This interview should include the resident as well as close family members and/or caregivers. A semi-structured interview schedule has been developed to guide the interview process, which can be found in the Appendix B. This interview schedule is designed to simply be a guide to ensure that the interview is comprehensive. The OT practitioner completing the interview may ask further probing questions, exploratory questions, and/or other relevant questions regarding the resident. The OT practitioner may also need to simplify or remove questions depending on the resident's level of comprehension.

Development of occupational profile.

Following the assessments, interview, and any informal discussion with the resident and family, it is recommended that the OT practitioner write up an occupational profile on the resident. This occupational profile will provide one document that the OT practitioner can reference to when developing the FMP at the beginning of the program, as well as in the future if the FMP(s) needs to be adjusted, or if a new FMP(s) needs to be developed. The format for the occupational profile is adapted from the E-HOW model (Pizzi & Richards, 2017) and includes the resident's goal, occupational participation, individual health, and environment. The template for the occupational profile can be found in Appendix C. It is recommended that the OT practitioner follows the provided format; however, the OT practitioner is welcome to adjust and add to it as needed. This template is designed to be a guide; the OT practitioner is not expected to strictly adhere to a set of rules when filling out this occupational profile. The activity and restorative aide personnel or staff any member that will be implementing the FMP is also expected to read this occupational profile in order to gain a better understanding of the resident and how to successfully implement different activities.

Goals.

Assessment results may implicate the need for multiple goals. This program is designed to be used in conjunction with other types of interventions as well. While leisure-type therapeutic activities may be used as modalities to attain all identified goals, this program focuses more on health promoting goals. Medicare does not reimburse leisure goals, but it does reimburse for goals that address health promotion. Health promotion can relate to physical, cognitive, or psychological health, well-being, and quality of life.

Examples of limitations and associated goals.

Limitation	Reimbursable Goal
<p>1. Resident describes limitations in health, well-being and quality of life associated with occupational deprivation. Resident stated, “My hands are getting weaker and stiffer because I don’t do anything with them anymore.” Include hand assessments and functional limitations.</p>	<p>1. Resident will participate in 1 health promoting activity that involves hand function per day with set up assistance within 2 weeks.</p>
<p>2. Resident’s psychological health, well-being and quality of life is compromised due to lack of participation in brain activities. Resident stated, “I have trouble thinking because I’m not adding up numbers anymore. I used to be a really sharp Bridge player and could remember everyone’s cards they played.” Include cognitive assessment results.</p>	<p>2. Resident will participate in 1 cognitive health promoting activity per day with minimal verbal cues within 2 weeks.</p>

Intervention.

Based upon the evaluation, the OT practitioner will establish intervention plans through an FMP that can be implemented by the activity or restorative aide personnel. This is not intended to be the only intervention plan developed by the OT practitioner, but should instead be used in conjunction with what the typical OT intervention plan would include. As stated above, the time used to develop and collaborate with the activity and restorative aide personnel can be billed under CPT code 97530 (therapeutic activity) or 97535 (self-care management). Many OT practitioners are hesitant to use leisure as a modality in therapy; however, there is extensive evidence that supports the use of leisure as a modality for increasing overall quality of life, health, and well-being. For example, Dorrestein and Hocking (2010), O’Sullivan and Hocking (2006), and O’Toole, Connolly, and Smith (2013) assert that leisure supports mental and physical health, as well as overall well-being as residents are able to maintain or improve current skills to increase life satisfaction through participation in meaningful occupations. Causey-Upton (2015) also states that participation in leisure addresses cognition and physical and mental health to help provide a sense of personal identity.

Activities can be graded and adapted to restore and maintain abilities. Once goals are attained, or almost attained, the OT practitioner begins discharge planning, which includes the development of a functional maintenance program.

Development of the functional maintenance program.

Based upon assessment results and the occupational profile, the OT practitioner will, in collaboration with the resident and activity and restorative aide personnel, develop a FMP that will promote ongoing maintenance of goals identified by the resident. A FMP is a program used to maintain the individual’s current functional abilities or to prevent further deterioration (Department of Health and Human Services [DHHS] & Centers for Medicare and Medicaid

Services, [CMS], 2014). A FMP is a skilled service that is developed by a licensed professional and can be implemented by nursing, activity, and restorative aide personnel (DHHS & CMS, 2014). Once the FMP(s) is completed, the OT practitioner will collaborate with the activity and restorative aide personnel as well as other staff members that will be responsible for carrying out these programs in order to discuss how the FMP would be best implemented. The resident will also be included in this discussion on each FMP to ensure that the resident understands and is in agreement with it prior to it being implemented. The FMP is formatted in an easy to use table format that is designed to be filled out by hand; however, it can also be typed out if desired. Many aspects of the FMP are derived from the E-HOW model (Pizzi & Richards, 2015) and can, therefore, be easily taken from the occupational profile. Compared to the occupational profile, the FMP is designed to lay out the adaptations and grading for a specific activity that would promote successful participation in this activity. A separate FMP is created for each activity. Each aspect of the FMP is described below. The FMP template can be found in Appendix D. In addition, there is also a completed FMP included in the case study to further demonstrate how to fill it out.

Aspects Included in the FMP:

- Activity: Each FMP is created for a specific, meaningful, health-promoting goal and activity. In this area, list the goal and the activity that the FMP is designed for, such as gardening, card games, knitting, woodworking, cooking, etc. A brief activity description may also be included here if needed.
- Physical: Physical adaptations and gradation of the activity to promote successful participation is placed here. For example, the resident may need built up handles to successfully paint. Other aspects of activities that can be graded include: range, volume, resistance, speed, surface, complexity, vestibular, cognitive, and assistance.

- **Mental:** Mental/Cognitive adaptations and gradation to promote successful participation is placed here. For example, the resident may have the capacity to collect all of the necessary tools and equipment to complete a small woodworking activity, which should be encouraged in order to provide the “just right challenge.”
- **Social/Spiritual:** Social/Spiritual adaptations and gradation of the activity to promote successful participation is placed here. For example, the resident may have once enjoyed knitting scarves for family and friends. Therefore, the activity of knitting may be adapted by asking the resident to knit something for a fellow resident.
- **Group vs. Individual:** Changing the number of people involved in an activity is another way to grade an activity to meet an individual’s ability. Generally, the higher the number of people in the group, the more challenging the activity is. Depending on the resident’s skills/abilities and preferences, some activities may be best completed either individually or in a group. This section provides an area to provide this information. In addition, there are certain types of groups included that can be circled depending on which one best fits the needs of the resident. When choosing which type of group would be the most beneficial for the resident, simply circle the appropriate option. It is possible to circle more than one option. The different groups are based off of Mosey’s Developmental Groups (Mosey, 1986). These different types of groups are further explained:
 - **Parallel:** This type of group is typically intended for those who are cognitively lower functioning. Residents’ in this type of group will complete their own tasks while sitting next to each other or in the same room, but they are not required to interact with each other to successfully complete the task. This group would best fit for residents who would benefit from being socially included but may not have

the interest in or skills to participate in a group where social interaction is required.

- Project: This type of group consists of residents completing their own tasks; however, they are required to share materials or parts of the work.
- Egocentric-Cooperative: This type of group requires that the residents both work together to decide on what to complete and to complete the task. For example, if there are three residents who enjoy baking, this type of group would require them to work together to choose what food item they would like to bake and work together to bake it.
- Cooperative: This type of group is focused more on the social aspect of being in a group, rather than the actual task that is being completed. This type of group would work best for residents who value socializing and creating relationships with others.
- Mature: This type of group is the most complex of the five different kinds of groups. Mature groups require the residents to develop a goal or even create specific roles for each group member. An example of this may be a group of residents that get together to develop a party planning committee. This committee could be put in charge of putting together an annual Christmas party.
- Increase/Decrease Grading/Adaptations: These columns add organization to the physical, mental, and social/spiritual sections. Adaptations intended to grade the activity up should be written under the increase column. Likewise, adaptations intended to grade the activity down should be written under the decrease column.
- Comments: This column simply provides an area to write in any other additional and relevant information that doesn't fit in the other sections

Activity and Restorative Aide Personnel's Role

Understanding the Occupational Profile and the FMP

Activity and restorative aide personnel should have a general understanding of each resident's occupational profile. This will be helpful, as they will obtain relevant knowledge on strengths, challenges, values, and interests of the resident. Understanding the purpose of a FMP and how to use it will also be important for activity and restorative aide personnel in order to successfully carry out these activities. The OT practitioner will collaborate with the activity and restorative aide personnel on each FMP; however, if questions arise, the activity and restorative aide personnel are encouraged to follow-up with the OT practitioner. In addition, if staff members become aware of new interests or preferred activities of the resident, it is recommended that the OT practitioner is consulted to create a new FMP relating to this activity.

Facilitating Functional Maintenance Program Activities

While the OT practitioner will be creating the FMP(s), activity and restorative aide personnel will have the responsibility of carrying out the activities. It will be important for activity and restorative aide personnel to understand the concept of adapting and grading activities. Knowing the basics of these concepts will allow personnel to make the appropriate changes to meet the residents current level of functioning in both individual and group settings. It will also be important for the activity and restorative aide personnel to know the residents they are working with and to be familiar with each resident's FMP because residents will have different adaptation and gradation requirements according to their level of functioning. The completed FMP should lay out the exact adaptations that are needed to address each resident and each activity. The OT practitioner is expected to explain each of these to the activity and restorative aide personnel. If a resident's functioning (cognitive, physical, or psychosocial)

begins to increase or decrease to a point where the personnel is unsure of whether the adaptations provided in the FMP are still relevant and appropriate, they may consult with the OT practitioner to adjust it.

Appeal Letter

The word “leisure” is often seen as a red flag for Medicare reviewers, so it is anticipated that Medicare reviewers may initially deny reimbursement for this skilled OT service. However, leisure is covered when used as a modality rather than a goal. In addition, there is significant evidence in the OT literature supporting the benefits of using leisure in therapy. In the case of a payment denial, the OT practitioner will need to write an appeal letter to provide clarification and to justify the need for this program.

A template for writing a Medicare appeal letter has been created and can be found in Appendix E. This template provides a layout of the information that should be included; however, the relevant information for the individual resident will need to be completed by the OT practitioner. An example of a completed Medicare appeal letter is demonstrated in the first case study example of this manual to further show what a comprehensive appeal letter to justify the need for this program may look like.

Case Study Example

The purpose of the following case study is to provide an example of how this program can be successfully implemented so OT practitioners and activity and restorative aide personnel can gain a better understanding on how to complete the forms, as well as how to adapt and grade activities based on functional abilities. The developers of this product hope that this case study serves as a helpful guide in filling out the occupational profile and FMP templates. Because each client is unique and possesses different values and beliefs, there is no right way to fill out the provided templates. Relevant information can be included wherever the OT practitioner feels is appropriate.

A Medicare 700 form is also included in the evaluation portion after the occupational profile, as it is required in outpatient settings when developing the OT plan of treatment. OT practitioners working in a LTC facility are employed as an outpatient service, so they are already required to use this form. A completed Medicare 700 form has been included in this case study to exemplify how this form could be completed combining traditional OT services with the services that this program provides.

Joan



Joan was newly admitted to this LTC facility due to an overall decline of functional abilities. She was no longer able to complete home maintenance tasks or activities of daily living due to weakness and lack of motivation related to limitations in emotional well-being, so she and her husband moved to the LTC facility in their community. Specifically, Joan had difficulty with weight shift and stability when standing to pull up pants and had U/E tremors that made it difficult to manipulate objects, such as a toothbrush or a hair comb. In addition, a series of falls while completing

housekeeping tasks contributed to her decline in ADLs and emotional well-being.

A screening to determine a need for OT services was administered upon Joan's arrival at the LTC facility. She answered yes to the three screening questions, which qualified her for an OT evaluation. The OT practitioner used the Pizzi Health and Wellness Assessment (Pizzi & Richards, 2017), the Canadian Occupational Performance Measure (Law et al., 1999), and the Interest Checklist (Klyczek, Bauer-Yox, & Fiedler, 1997) to assess her perceived occupational satisfaction, performance, and well-being, as well as to gain information on meaningful past and present leisure activities. In addition to the formal assessments, an interview was conducted using the provided interview questions as a guide in order to create an occupational profile that captured Joan's current overall health, values, interests, and environments.

Based on the results from the OT evaluation, Joan would benefit from a health promoting FMP as it would allow her to promote health, well-being, and quality of life through participation in valued leisure occupations. In addition, Joan would also benefit from traditional rehabilitative OT services to address her current limitations in ADL performance due to weakness and lack of motivation related to decreased emotional well-being.

In collaboration with Joan and the activity and restorative aide personnel, the OT practitioner developed different activities that were graded and adapted to meet Joan's current physical and mental needs. If there is a time in the future that Joan needs aspects of an activity made easier or harder, it is recommended that the activity or restorative aide personnel notify the OT practitioner, who would then do an OT re-evaluation related to changes in occupational performance. The OT practitioner can then modify the FMP with instruction to activity and restorative aide personnel on the new FMP. On the following pages is the occupational profile that the OT practitioner created, a completed Medicare 700 forms, and the FMP that the OT practitioner developed in collaboration with Joan and activity and restorative aide personnel. An education session was held to teach Joan and the activity and restorative aide personnel how to use the FMP.

Occupational Profile

Resident: Joan G.

OT: Olivia Mayasich, OTR/L

Date: October 5, 2018

Resident Goal: “To participate in activities that I enjoy doing.”

Brief Description:

- 82 year old woman
- Recent move to LTC facility due to overall decrease in functional abilities
- Married, mother of 8 children; 21 grandchildren, 16 great grandchildren
- Former registered nurse
- Passion for helping others

Occupational Participation:

Occupations (& interests):

- Cooking
- Baking
- Reading
- Playing bridge and other card games
- Shopping
- Arts and crafts (specifically making tie-blankets for grandchildren)
- Taking care of her dogs
- Participating in church community
- Spending time with loved ones

Skills:

- Organized
- Determined
- Detail-oriented
- Compassionate
- Intelligent

Routines:

- Upset in daily routine due to recent transition to LTC facility
- At home, would wake up at specific time to begin daily routines and activities
- Now having hard time finding motivation to get out of bed to participate

Occupational Demands (adaptations currently used or recommended):

- Benefit from built-up handles (silverware, writing utensils, gardening tools) due to arthritis

Individual Health:

Physical:

- Osteoarthritis resulting in total knee replacements in both knees, partial hip replacement, and fractures in both wrists and of the humerus
- Osteoporosis resulting in compression fractures of the spine, limiting mobility
- Able to walk short distances at slow pace, prefers wheelchair when going from one room to another
- Lack of gross motor skills due to a number of falls that occurred when completing household tasks
- Lacks fine motor skills due to wrist fractures never fully healing after surgery
- Tremors in hands/fingers making it hard to hold steady when completing tasks

Mental:

- Diagnosed with Alzheimer's
- Also had Transient Ischemic Attacks (TIAs), causing further decline in cognition
- Short term memory most affected by Alzheimer's and TIAs
- Most evident by repeating herself in conversations
- Long term memory still intact
- Once entering LTC facility, showed signs and symptoms of depression
- Did not want to be at facility
- Reports "not being able to participate in meaningful activities as easily" due to limitations of diagnoses.
- Experiencing lack of motivation to complete self-cares

Social:

- Enjoyed entertaining company at her home
- Since her transition to LTC facility, no longer has motivation to engage in social activities

Spiritual:

- Active participate in church community
- Was a member of church choir as well as different communities within her church
- Values her faith and states it is a "big part" of her life

Environment:

Social:

- Reports she "loves being surrounded by loved ones"
- Since moving to LTC facility, has had visitors on a weekly basis

Physical:

- States "physical environment has changed drastically" since moving to LTC facility
- Prior to move, was living in a 3-story home; now in a 2 bedroom unit with husband
- Reports "the decrease in space is frustrating" because she "has no room to showcase meaningful possessions"

Cultural:

- Reports "missing involvement in church community"

Occupational Goals:

LTG: JG will participate independently in 1 health promoting activity per day that supports physical and psychological wellbeing needed to participate in ADLs.

STG:

- 1) Will demonstrate safe weight shift in standing while performing task-specific leisure activities that correlate with dressing motions for pulling up pants.
- 2) Will verbally express motivation for engagement in therapeutic leisure activities that support U/E strength and mobility needed for U/E dressing, hygiene, and grooming.

PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION

(COMPLETE FOR INITIAL CLAIMS ONLY)

1. PATIENT'S LAST NAME Gulon	FIRST NAME Joan	M.I.	2. PROVIDER NO. x	3. HICN xxx-xx-xxxxA
4. PROVIDER NAME (Name of Facility)	5. MEDICAL RECORD NO. (Optional) x		6. ONSET DATE 09-29-2018	7. SOC. DATE 10-05-2018
8. TYPE <input type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR <input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW	9. PRIMARY DIAGNOSIS (Pertinent Medical D.X.) M17.9		10. TREATMENT DIAGNOSIS 728.87	11. VISITS FROM SOC. x
12. PLAN OF TREATMENT FUNCTIONAL GOALS GOALS (Short Term) Will use U/Es with 4+/5 strength and reduce tremors for ADLs Intact balance with transitional movements and weight shift during ADLs OUTCOME (Long Term) Standby assistance with verbal cues in dressing, hygiene, grooming, within 1 month. Will participate in 1 health promoting activity that facilitates U/E strength and coordination and intact balance for transitional movements during the activity per day within 1 month.			PLAN Occupation-based strengthening, coordination and balance/weight shift therapeutic activities. Training in dressing, hygiene, and grooming with instruction of strategies for safety. Instruction to resident, activity, and restorative aid personnel on the functional maintenance program that integrates leisure-type therapeutic activities to facilitate strength, coordination, and balance/weight shift.	
13. SIGNATURE (professional establishing POC including prof. designation) x			14. FREQ/DURATION (e.g., 3/Wk. x 4 Wk.) 5/wk for 2 months	
I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE <input type="checkbox"/> N/A			17. CERTIFICATION FROM _____ THROUGH _____ N/A	
15. PHYSICIAN SIGNATURE x		16. DATE x	18. ON FILE (Print/type physician's name) <input type="checkbox"/> x	
20. INITIAL ASSESSMENT (History, medical complications, level of function at start of care. Reason for referral.)			19. PRIOR HOSPITALIZATION FROM x TO x N/A x	

Dressing: moderate assistance U/E and L/E due to tremors and weakness that impair donning a shirt and buttoning; also impaired weightshift and balance when standing to pull up her pants.

Hygiene: maximum assistance due to instability with transfer in and out of the tub and U/E weakness to wash hair

Grooming: moderate assistance for brushing and styling hair due to tremors and U/E weakness; styling her hair is a primary value she holds

Health promoting activities: difficulty engaging in meaningful occupations that support physical and emotional well-being due to tremors, weakness, and difficulty with transitional movements during activities.

Motor functions: 3+/5 U/E strength shoulder flexion and extension, elbow extension, and wrist flexion and extension.
Elbow flexion was 4/5

Tinetti Balance Score: 21/28

21. FUNCTIONAL LEVEL (End of billing period) PROGRESS REPORT CONTINUE SERVICES OR DC SERVICES

Discharge: met goals. now only requires set-up assistance and modified independence for dressing, hygiene, and grooming due to improved strength, coordination, and balance/weight shift. U/E strength is now 4+/5 and Tinetti Balance is now 26/28. She now uses a walker for ADLs. She is engaging in 1 health promoting activity per day through the use of her functional maintenance program with activity and restorative aid personnel.

22. SERVICE DATES
FROM **10-5-18** THROUGH **12-2-18**

Functional Maintenance Program

Goal: Resident will participate in 1 health promoting activity to improve overall occupational performance.

Leisure Modality: Gardening

	Increase Grading	Decrease Grading	Comments
Physical	N/A	Gardening tools with built-up handles	complete activity in wheelchair
Mental	N/A	N/A	provide encouragement for motivation
Social/Spiritual	Decorate LTC facility with potted plants	N/A	Allow Joan to make decisions/choices
Group vs. Individual	<u>Group</u> Parallel Project Egocentric-Cooperative Cooperative Mature	<u>Individual</u> X	provide choice between individual or group

Joan Gulon
Resident Signature

Joan Gulon
Resident Name (written)

10-22-2018
Date

Olivia Mayasian, OTR/L
OT Signature

Olivia Mayasian, OTR/L
OT Name (written)

10/22/2018
Date

Nancy Anderson
Activity Personnel Signature

Nancy Anderson
Activity Personnel Name (written)

10/22/18
Date

Functional Maintenance Program

Goal: Resident will participate in one health promoting activity to improve overall occupational performance.

Leisure Modality: Gardening

	Increase Activity Demands	Decrease Activity Demands	Comments
Physical		◦ Use gardening tools with built-up handles	◦ Complete activity in wheelchair
Mental			◦ provide consistent encouragement and motivation
Social/Spiritual	◦ Decorate LTC facility with potted plants		◦ Allow Joan to make decisions/choices
Group vs. Individual	<p align="center"><u>Group</u> Parallel Project Egocentric-Cooperative Cooperative Mature</p>	<p align="center"><u>Individual</u> ✓</p>	◦ Provide choice between individual or group

Joan Guion
Resident Signature

Joan Guion
Resident Name (written)

10-22-18
Date

Olivia Mayasich, OTR/L
OT Signature

Olivia Mayasich, OTR/L
OT Name (written)

10-22-18
Date

Nancy Anderson
Activity Personnel Signature

Nancy Anderson
Activity Personnel Name (written)

10/22/18
Date

Medicare Payment Denial

In Joan's case, the OT practitioner received a notification from Medicare that the services provided to Joan had been denied payment. The Medicare reviewer stated that the therapy services were not medically necessary but did not provide any other explanation. The following page includes the appeal letter that the OT practitioner wrote in response to this denial of payment. Once the Medicare reviewer received this letter and gained a better understanding of the health benefits that this program provides, the services were then reimbursed.

Medicare Appeal Letter Example for Case Study

Purpose statement for appeal

This is an appeal letter for denial of payment occupational therapy services for Joan G. on the dates of 10/08/2018 and 10/10/2018. This appeal letter describes medical necessity for occupational therapy services.

Medicare denial reason: The denial letter stated occupational therapy services were “not medically necessary”. No further explanations were included.

Dates for denial of payment:

10/08/2018

10/10/2018

Billing codes that were denied payment:

Therapeutic Activities - 97535

Self-Care Management Training - 97530

Related Functional Limitation:

Initial evaluation indicated she had a new onset of limitations in ADL performance due to weakness and lack of motivation related to limitations in emotional well-being. At the time of the OT evaluation, she was requiring moderate assistance with dressing, hygiene, grooming, and toileting and was not participating in any meaningful activities. She had difficulty with weight shift and stability when standing to pull up pants and had U/E tremors that made it difficult to manipulate objects, such as toothbrush and hair comb. The tremors contributed to *excess/double disability* because they caused her to decrease her participation, which led to further U/E weakness, decreasing her ability to use arms and hands for washing her body and combing hair and brushing teeth. Her happiness was evaluated with Dr. Denier’s Satisfaction with Life Scale, which revealed her happiness was significantly compromised. She added that she is sad “because I don’t have anything to do anymore.” 6 months prior to the OT evaluation, she reported she felt happy and was doing all of her cares and housekeeping tasks independently. A series of falls contributed to her decline in ADLs and emotional well-being and overall quality of life.

Related Functional Goals:

The specific goal addressed on the days that were denied payment are listed below. As written in the initial OT Plan of Treatment dated 10/5/18:

Long Term Goal: JG will participate independently in 1 health promoting activity per day that supports physical and psychological wellbeing needed to participate in ADLs.

The related short term goals included: 1) “Will demonstrate safe weight shift in standing while performing task-specific leisure activities that correlate with dressing motions for pulling up pants.” 2) “Will verbally express motivation for engagement in therapeutic leisure activities that support U/E strength and mobility needed for U/E dressing, hygiene, and grooming.”

Assertion of medical necessity for the days and codes that were denied:

10/08/2018: Therapeutic Activities 97535 (1 unit) and Neuromuscular Re-education 97112 (1 unit)

10/10/2018: Self Care Management Training 97530 (3 units)

It was medically necessary to help JG participate in more activities to enhance her L/E and U/E motor skills needed for self-cares. It was also important to use meaningful leisure activities as a modality (therapeutic activity) to increase the quality of her engagement and motivation toward improvement of ADL performance.

Interventions/Outcomes for Functional Goals

On 10/8/18 OT used a leisure activity as a therapeutic modality to improve L/E and U/E motor skills such as vestibular, proprioceptive, and strength. The OT positioned the leisure activity and supplies at different heights and sides to facilitate trunk rotation and diagonal movement patterns for vestibular and proprioceptive stimulation (neuromuscular re-education). The OT stimulated proprioceptors (tapping for neuromuscular re-education) during the activity. The OT also added 1 lb wrist weights and graded up to 3 lbs while JG performed the activity to facilitate strengthening. Improvement in motor skills was noted within 15 minutes of doing this meaningful leisure activity as a modality, which is much greater improvement than rote exercise affords. For this reason, OT used the leisure activity as the modality for the health promoting activity to be included on the functional maintenance program.

On 10/10/18 OT targeted the “health promoting activity” goal as a self-care skill, by doing instruction to resident, activity and restorative aide personnel (5 staff) on the functional maintenance program (FMP) to facilitate ongoing participation to support health, well-being, and quality of life. The resident was present the whole time. FMP instruction is a Medicare reimbursable service described in Medicare rules. Health promotion intervention targets functional ability (occupation) that is also reimbursable by Medicare. Health promoting activities can target physical, cognitive, and emotional wellness.

Upon D/C of OT, resident was independent in dressing, hygiene, and grooming and her satisfaction with life scale was much higher (see attached D/C note). This shows that use of leisure as an occupation-based therapeutic activity for health management was a valuable approach for her. The resident stated at D/C “Thank-you so much for the fun therapy! Now I have something to do again!”

Evidence for Goals and Interventions:

Dorrestein & Hocking (2010), O’Sullivan & Hocking (2006), and O’Toole, Connolly & Smith (2013): Leisure supports mental and physical health as well as overall well-being as residents are able to maintain or improve current skills to improve life satisfaction through participation in meaningful occupations.

Causey-Upton (2015): Participation in leisure also addresses cognition, physical and mental health to help provide a sense of personal identity.

Reza Rostami, Akbarfahimi, Hassani Mehraban, Reza Akbarinia, & Samani (2017): Compared to rote exercise, occupation-based group had better: performance in objective and subjective measures of occupational performance; motivation; satisfaction with, and perception of performance; and continued improvement at follow-up.

Supplemental Documentation:

Summary of supplemental documentation: The need to grade and adapt activities to be more challenging after OT was D/Cd illustrates the value of the FMP in using her leisure activities to promote physical and emotional well-being.

Irritable mood upon arrival at LTC facility, was not interested in daily activities facility had to offer > after implementation of FMP, JG began showing interest in engaging in activities as well as with others

Final Request:

Please, reconsider the denial of payment determination based upon the significant improvement JG made when using her leisure as a therapeutic activity related to health management, both of which are billable codes for Medicare reimbursement.

Thank you for taking the time to further consider coverage for this case.

Signature(s)/Date

Schlinda Janssen, PhD, OTR/L, CLA

Olivia Mayasich, MOTS

Alexis Tyce, MOTS

References

- Bortnick, K. (2017). *Occupational therapy assessments for older adults: 100 instruments for measuring occupational performance*. Thorofare, NJ: SLACK Incorporated. pp. 1-310.
- Center for Medicare Advocacy. (n.d.). Jimmo v. Sebelius improvement standard case summary. Retrieved November 19, 2018, from <http://www.medicareadvocacy.org/jimmo-v-sebelius-improvement-standard-case-summary/>
- Chen, S.-W., & Chippendale, T. (2018). The issue is—Leisure as an end, not just a means, in occupational therapy intervention. *American Journal of Occupational Therapy*, 72, 7204347010. <https://doi.org/10.5014/ajot.2018.028316>
- Department of Health and Human Services & Centers for Medicare and Medicaid Services (2014). Manual updates to clarify skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), home health (HH), and outpatient (OPT) coverage pursuant to Jimmo vs. Sebelius. Retrieved November 29, 2018 from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8458.pdf>
- Department of Health and Human Services & Centers for Medicare and Medicaid Services (2017). Activities critical element pathway. Retrieved November 21, 2018 from <https://www.nccap.org/assets/docs/CMS-20065%20Activities%20critical%20pathways.pdf>
- Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75.

- Doney, R. M., & Packer, T.L. (2008). Measuring changes in activity participation of older Australians: Validation of the activity card sort - Australia. *Australian Journal on Ageing*, 27(1), 33-37. doi:10.1111/j.1741-6612.2007.00265.x
- Harper, A., & Power, M. (1998). Development of the world health organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28(3), 551-558.
- Kielhofner, G., Fan, C., Morley, M., Garnhan, M., Heasman, D., Forsyth, K., ... Taylor, R. (2010). A psychometric study of the model of human occupation screening tool (MOHOST). *Hong Kong Journal of Occupational Therapy*, 20(2), 63-70.
- Klyczek, J. P., Bauer-Yox, N., & Fiedler, R. C. (1997). The Interest Checklist: A Factor Analysis. *American Journal of Occupational Therapy*, 51(10), 815-823.
- Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., Pollock, N., & Opzoomer, A. (1990). The Canadian occupational therapy performance measure: An outcome measure for occupational therapy. *Canadian Journal of Occupational Therapy*, 57(2), 82-87.
- Mosey, A. C. (1986). *Psychosocial components of occupational therapy*. New York: Raven Press.
- Pizzi, M. A., & Richards, L. G. (2017). Promoting Health, Well-Being, and Quality of Life in Occupational Therapy: A Commitment to a Paradigm Shift for the Next 100 Years. *American Journal of Occupational Therapy*, 71(4), 1–5. <https://doi-org.ezproxylr.med.und.edu/10.5014/ajot.2017.028456>
- Robeiro, K. & Polgar, J. M. (1999). Enabling occupational performance: Optimal experiences in therapy. *Canadian Journal of Occupational Therapy* 66 (1), 14-22.

All images and case study information used with permission.

Appendix A

Occupational Therapy Screening

Resident:

Has the resident experienced a recent change in medical condition, occupational performance, and level of assistance needed that resulted in the admission to a long term care facility?	Yes	No
Does the resident and/or resident's family express interest in maintaining or improving his or her current level of function?	Yes	No
Is the resident and/or resident's family happy with the current level of participation in meaningful leisure activities?	Yes	No

Comments:

Occupational Therapy Practitioner Signature

Date

Appendix B

Semi-Structured Interview Questions

These interview questions are intended to be a guide to assist in the interview process; the interviewer may add, adjust, remove questions as he or she feels necessary. The questions are written to be directed towards the resident; however, they may need to be reworded if the interview is completed with the resident's family or caregivers.

Goal

1. We want to do our best to improve your overall quality of life and assist you with whatever is important to you. What is your goal while you are living here?

Occupational Participation

2. What activities in your life are the most important to you?
3. What are some of your favorite things to do?
4. Tell me what you think you are good at and what activities in life you might need more help with?
 - a. For the activities in your life that you need more help with, what kind of help do you receive?
 - b. What kinds of tools do you use or changes do you make to activities to make them easier for you so that you can be more independent?
5. Walk me through what a typical day at home before admission would look like for you.

Individual Health

6. Tell me about how your health, both physical and mental, has affected your performance in everyday life.
7. How has your mental health and thinking ability affected your performance in everyday activities?
8. What brings meaning to your life?

Environment

9. How do the people in your life and the people around you affect your everyday life and activities?

10. Tell me about where you have lived, who you have lived with, and how this has affected what you value and what you do.
 - a. What kinds of things around you make life easier or harder?

11. What kind of considerations should we make regarding your culture to best make your stay here comfortable and satisfactory?

Well-Being and Quality of Life

12. How would you describe your well-being and quality of life?

13. What can you think of that might enhance your overall well-being and quality of life?

Appendix C

Occupational Profile

Resident:

OT:

Date:

Resident Goal:

Brief Description:

Occupational Participation:

Occupations (& interests):

Skills:

Routines:

Occupational Demands (adaptations currently used or recommended):

Individual Health:

Physical:

Mental:

Social:

Spiritual:

Environment:

Social:

Physical:

Cultural:

Occupational Goals:

LTG:

STG:

Appendix D

Functional Maintenance Program

Goal:

Leisure Modality:

	Increase Activity Demands	Decrease Activity Demands	Comments
Physical			
Mental			
Social/Spiritual			
Group vs. Individual	<u>Group</u> Parallel Project Egocentric-Cooperative Cooperative Mature	<u>Individual</u>	

Resident Signature

Resident Name (written)

Date

OT Signature

OT Name (written)

Date

Activity Personnel Signature

Activity Personnel Name (written)

Date

Appendix E

Medicare Appeal Letter Template

Purpose statement for appeal

Medicare denial reason: (Medicare reviewers usually state “Not medically necessary”)

Dates for denial of payment:

Billing codes that were denied payment:

Related Functional Limitation: (Summarize initial evaluation, including new onset and comparison to prior functional ability)

Related Functional Goals: (Identify functional goals initially set as related to days and codes of denial of payment)

Assertion of medical necessity (for the days and codes that were denied)

Interventions/Outcomes for Functional Goals: (Explain interventions for those goals as related to “functional abilities”. Include additional explanations that were not originally included in the initial evaluation. Explanations may include use of therapeutic activities that allow gradation, adaptation, and facilitation of improvement in functional abilities)

Evidence for Goals and Interventions: (Evidence that supports goals and interventions that were targeted in OT but denied reimbursement. May include correlation studies. Example: leisure, motivation, and participation correlations with health, well-being, and quality of life)

Supplemental Documentation: (Statements about supplemental documentation such as nursing notes from the medical chart and how that information supports OT goals and interventions that were denied reimbursement)

Final Request: (Final request and appreciation for further consideration)

Signature(s)/Date



Created By: Olivia Mayasich, MOTS
Alexis Tyce, MOTS
Advised By: Scilinda Janssen, OTR/L, PhD, CLA

Using Leisure as a Therapeutic Activity: A Manual to Facilitate an In-Service for Occupational Therapists and Staff in Long Term Care

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Attendee Handouts.....	5
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Introduction

This manual is intended to be a detailed guide on how to provide an educational in-service on the implementation of *Using Therapy as a Therapeutic Activity*. This is a program that promotes leisure-based, health promoting activities for residents in long term care (LTC) facilities. The developers of *Using Therapy as a Therapeutic Activity* envision the program being utilized in LTC facilities across the country. However, each LTC facility that chooses to use this program first needs to be educated on how to effectively implement it through an educational in-service facilitated by an occupational therapy (OT) practitioner.

This in-service should be implemented by an OT practitioner who has experience in the utilization of *Using Therapy as a Therapeutic Activity*. In addition, it would be beneficial for an activity or restorative aide personnel to co-teach, as the program includes collaboration between the OT practitioner(s) and the activity or restorative aide personnel. The in-service is intended to be provided primarily to OT practitioners, as well as management, activity and restorative aide personnel, and other staff of a LTC facility. Because this program cannot be implemented without an OT practitioner, it is required for an OT practitioner to attend the in-service.

How To Implement

The in-service should take approximately one hour. However, this time may increase if there are a large number of attendees, as the sharing and discussion portion of the case study activity would take up more time.

The in-service is based off of a PowerPoint presentation that can be found in Appendix A. The document in Appendix A includes the PowerPoint slides, as well as notes below each slide that shows what the presenter should say at this time. These notes are detailed and include

the specific information that the developers of the program would like to be said during the in-service. However, the presenter is welcome to add or personalize the presentation, as long as all of the necessary information is included. The notes are intended to be used by the presenter only to guide the inservice.

While the presentation is designed to be implemented using a PowerPoint, there may be instances where the resources needed for a PowerPoint presentation are not available. If this is the case, it is recommended that the presenter still uses the document in Appendix A to guide the discussion. In addition, the attendees will be provided handouts that have all of the information from the PowerPoint presentation, so facilitating the in-service without the PowerPoint presentation should not be a burden. This handout is further explained in a following section.

Case Study 1

The first case study activity is completed at the very beginning of the in-service. The case study should be completed with attendees breaking off into small groups or pairs. There should be at least one OT practitioner in every small group or pair because the questions revolve around the OT process. If there is only one OT practitioner in attendance, the presenter may choose to facilitate this case study as a group discussion rather than in small groups. After reading through the case study, the attendees are asked to answer five questions. Each group or pair will then share what they completed with the rest of the group. More detailed instruction on how to facilitate this case study activity is also included in the notes of the respective PowerPoint Slide.

Case Study 2

The second case study activity is an extension of the first, except this time the attendees are required to apply the process of using the program, *Using Leisure as a Therapeutic Activity*.

Similar to the first case study, attendees are asked to break off into small groups or pairs, with at least one OT practitioner in each group. After reading through the case study description and the provided occupational profile, attendees are then asked to create goals, develop a functional maintenance program (FMP), and then answer discussion questions. Again, a more detailed description on how to facilitate this case study activity is also included in the notes of the respective PowerPoint Slide.

Learning Theory: Andragogy

The development of this in-service was based off of the adult learning theory of andragogy, and should, therefore, be implemented in this way. Andragogy is based on the needs of an adult learner and emphasizes that education sessions should be learner-centered, as opposed to teacher-centered (Bastable & Dart, 2011). The theory of andragogy also emphasizes adult learning concepts such as individuality, internal motivation, learning from past experiences, and independent learning (Merriam, Caffarella, & Baumgartner, 2007). Because of this, the in-service should be facilitated in a way that involves collaborative discussions between the presenter(s) and the attendees. In addition, the attendees are encouraged to apply their existing knowledge through the case studies. The attendees will also have internal motivation to facilitate their own learning on this topic, as they are interested in the program and using it to improve the care provided at their LTC facility.

Attendee Handouts

Each attendee will need the following handouts in order to fully participate in the in-service presentation:

1. Information Handout: This is a comprehensive handout that includes all of the information written on the PowerPoint slides. This handout is useful for attendees to write down notes, look at if they can't see the PowerPoint, or to keep after the in-service to refer back to if needed. This handout can be found in Appendix B.
2. Blank FMP Form: This is an example of a blank FMP that will be useful to look at when learning about this during the in-service. This form can be found in Appendix C.
3. Case Study 1: This document includes the first case study, as well as the questions and room to write in the answers relating to the case study. This document can be found in Appendix D.
4. Case Study 2: This second case study document includes another case study description, an occupational profile, and a blank FMP form to complete according to the case study activity. This document can be found in Appendix E.

Request for Digital Copies

This manual provides all of the materials needed to facilitate the inservice in hard copy. However, it will be useful to have access to the digital copies for using the PowerPoint presentation during the in-service and for making copies of all of the handouts. In order to obtain the digital copies, please email the developers requesting copies of the documents in digital form. The developers can be contacted at lexytyce@gmail.com and ojmayasich@live.com.

References

- Bastable, S. B., & Dart, M. A. (2011). Developmental stages of the learner. In S. B. Bastable, P. Gramet, K. Jacobs, & D. L. Sopczyk (Eds.), *Health professional as educator: Principles of teaching and learning* (pp. 151-197). Sudbury, MA: Jones and Barlett Learning.
- Merriam, S. B., Caffarella, R. S., & Baumgartner, J. M. (2007). Knowles's andragogy, and models of adult learning. In *Learning in adulthood: A comprehensive guide* (pp. 79-82). San Francisco, CA: Jossey-Bass.

Appendix A

Slide 1

**USING LEISURE AS A THERAPEUTIC
ACTIVITY: AN IN-SERVICE FOR
OCCUPATIONAL THERAPISTS AND
STAFF IN LONG TERM CARE**

Created by Olivia Mayasich, MOTS & Alexis Tyce, MOTS

Advised by: Sclinda Janssen, OTR/L, PhD, CLA

The slide is titled "CASE STUDY ACTIVITY" in white text on a dark grey background. To the right of the title, on a light beige background, are five numbered questions:

1. How would you complete the evaluation process?
2. What kind of information would you wish to gain in the evaluation process?
3. How would you use this information to develop a treatment plan?
4. What is an example of a LTG and a STG that would be appropriate for Joan?
5. What are some examples of intervention/treatments that could be used with Joan?

“We are going to start this session off with a brief case study activity”

Presenter provides necessary handouts with the case study

“Break off into small groups or pairs, ensuring that at least one OT (or someone with an OT background) is in each group. Read through the provided case-study and then work together to answer the questions. Remember that we want the intervention to be individualized and meaningful. The purpose is to have a brief layout of the therapy process and interventions that could be used with this individual.”

Presenter facilitates discussion to have all groups share what how they answered these questions.

Once the activity is complete, the presenter should discuss how they implemented a therapy process for Joan. The presenter may ask:

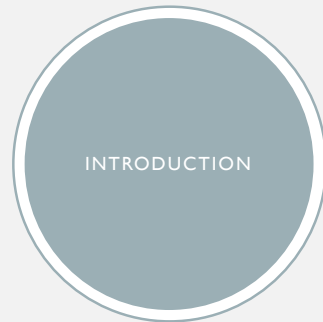
“What was difficult about this case study activity?

Are the goals and interventions you all developed meaningful for Joan?

Were you effective in making sure the intervention plan was individualized for Joan and her needs?

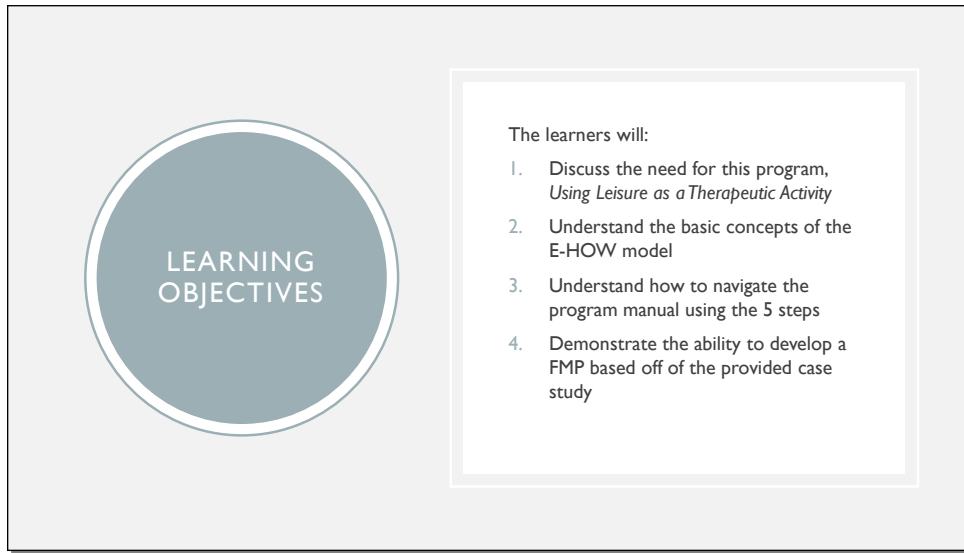
What kind of results could you expect to see from this treatment plan?”

Once discussion is completed, presenter states: “I would now like to share what we have found in the literature evidence regarding residents and long term care facilities and then show you the process of how to use the program we developed to more effectively implement effective, meaningful, and client-centered leisure-based care”



- *Using Leisure as a Therapeutic Activity* is a program that was designed to address leisure participation in long term care (LTC) residents
- Proper implementation of this program can lead to improved health outcomes as well as increased life satisfaction and overall quality of life

Slide 4

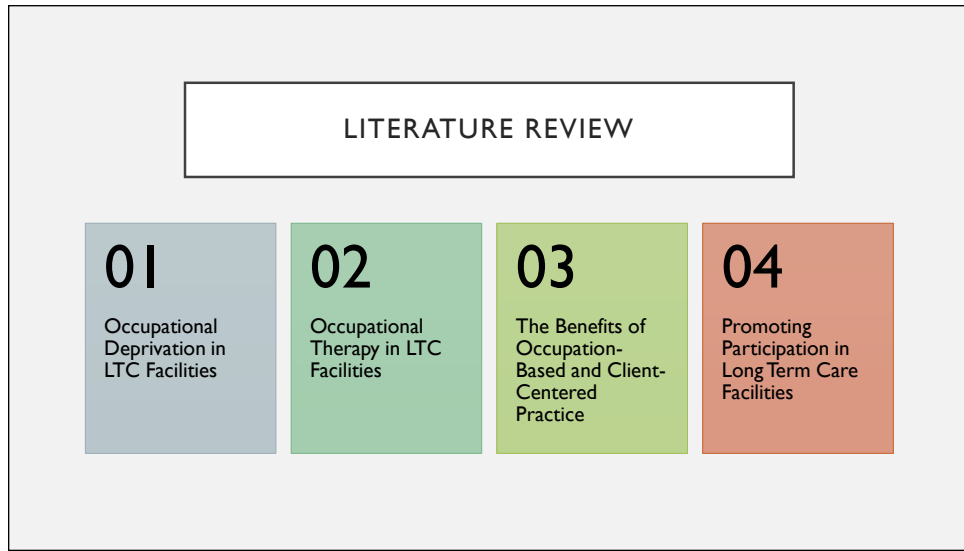


The slide features a light gray background. On the left side, there is a teal-colored circle with a white border containing the text "LEARNING OBJECTIVES" in white, uppercase letters. To the right of this circle is a white rectangular box with a thin gray border. Inside this box, the text "The learners will:" is followed by a numbered list of four objectives.

The learners will:

1. Discuss the need for this program, *Using Leisure as a Therapeutic Activity*
2. Understand the basic concepts of the E-HOW model
3. Understand how to navigate the program manual using the 5 steps
4. Demonstrate the ability to develop a FMP based off of the provided case study

Presenter reads through the learning objectives and then asks the audience if they have any questions and verifies understanding.



Presenter:

“Prior to creating this program manual, the developers completed an extensive literature review related occupational therapy, long term care facilities, and the effects of occupational deprivation.

The four primary themes they pulled out of this literature review that lead to the development of Using Leisure as a Therapeutic Activity included:

- Occupational Deprivation in long term care facilities
- Occupational therapy in long term care facilities
- The benefits of occupation-based and client-centered practice
- Promoting participation in long term care facilities.

We will run through the highlights of each of these themes found in the literature.”

WHAT IS OCCUPATIONAL DEPRIVATION?

- Definition: A prolonged prevention from participation in meaningful and necessary occupations due to factors/barriers outside of the individual's control (Townsend & Wilcock, 2004).
- All human beings have the right to engage in occupations that not only bring meaning to their lives, but also to maintain or improve their physical and mental health and well-being.

Presenter reads the slide out loud

Presenter:

“Occupational Deprivation is not unique to individuals in long term care facilities; however, this population may have a unique risk of experiencing it due to a variety of factors including an environment that doesn't support occupational participation, lack of trained staff or lack of staff in general, residents having different needs and interests and the facility not being able to accommodate to them all as well as caregiver and healthcare workers' views and beliefs on what the residents care should look like, general lack of opportunity to participate in occupations, etc.”

OCCUPATIONAL DEPRIVATION IN LTC FACILITIES

- Leads to a decline in physical health, mental health, and overall quality of life
- Functional limitations can worsen occupational deprivation

Presenter:

“A primary concern is that occupational deprivation and general lack of activity can contribute to a decline in physical and mental health, as well as overall quality of life. It is then increasingly concerning as the functional limitations that are caused by a this decline in health can then worsen their symptoms and possibly lead to a worsening in their ability to participate in meaningful occupations”

OCCUPATIONAL DEPRIVATION IN LTC FACILITIES CONT.

- Loss of personal autonomy (Van't Leven & Jonsson, 2002)
 - Self-care tasks
 - Leisure
 - Social Participation
- Higher rates of depression and depressive symptoms
 - 49% of residents living in LTC are diagnosed with depression (Harris-Kojetin et al., 2013).
- Feelings of inadequacy, loneliness, and isolation may lead to depressive symptoms when residents are unable to participate in meaningful activities (Wren, 2016)

Presenter:

“Once living in a LTC facility, many residents find themselves depending on LTC employees and other caregivers to perform their basic self-care and other complex occupations such as leisure or social participation. In LTC facilities, staff members often feel the need to take on the responsibility of completing tasks for the residents. This can severely limit, or even cause them to lose, their sense of personal autonomy as residents then have to wait for staff members to complete personal care such as toileting or bathing, which can give them the feeling that they are more dependent on others than they actually are. This has the potential to increase the resident's dependency and decrease their quality of life and overall health.

The CDC came out with an alarming statistic that 49% of residents living in LTC care facilities are diagnosed with depression, which is staggering compared to the 25% of those diagnosed with depression who are of the same age group but living in the community. This statistic alone shows a need for a change in the way residents live in LTC care facilities. Specifically, research shows that the feelings of inadequacy, loneliness, and isolation that residents experience may lead to depressive symptoms when the residents are unable to participate in meaningful activities”

OCCUPATIONAL THERAPY IN LTC SETTINGS

- Residents living in LTC facilities presents a big opportunity for OT practitioners to provide skilled OT services
- 1.4 million Americans live in LTC facilities across the United States (Harris-Kojetin et al., 2016)
- 19.2% of OT practitioners in the United States work in a LTC facility (AOTA, 2015)

Presenter:

“Approximately 1.4 million Americans live in LTC facilities across the United States, which presents a large population of individuals who may require skilled OT services. In fact, 19.2% of OT practitioners in the United States work in a LTC.

At this point we would like to pose some questions for you all. First of all, we know that you all provide excellent, quality care and try very hard to engage residents, but we also know that this can be challenging. What do you think are some reasons that older adults may not want to participate in activities and leisure?

Now what do you think are some of the solutions?”

**BENEFITS OF OCCUPATION-BASED AND
CLIENT-CENTERED PRACTICE**

- Positive impact on life satisfaction, as well as overall health and well-being (O'Sullivan & Hocking, 2006)
- The ability to choose meaningful occupations to participate in gives the resident a sense of control and personal identity (Causey-Upton, 2015; O'Sullivan & Hocking, 2006).

Presenter:

“Ensuring occupation-based and client-centered care can have a positive impact on the resident’s overall health and well-being and life satisfaction.

In addition, giving the resident the ability to choose a meaningful occupation to participate in gives the resident an increased sense of control and personal identity, which directly addresses the loss of personal autonomy that was discussed earlier.”

BENEFITS OF OCCUPATION-BASED AND
CLIENT-CENTERED PRACTICE CONT.

- Interventions should be focused on occupational engagement rather than performance (Zingmark, Fisher, Rocklov, & Nilsson, 2014)
- Pizzi & Richards 2017, stated that *participation*, not performance, is a primary determinant of health, well-being, and quality of life

Presenter:

“Occupational Therapy research shows that interventions should be focused on engagement in occupations, rather than worrying about the resident’s performance. This approach has shown to positively impact well-being, as well as ability to complete activities of daily living. To further support this, Pizzi & Richards stated that participation, not performance, is a primary determinant of health, well-being, and quality of life.”

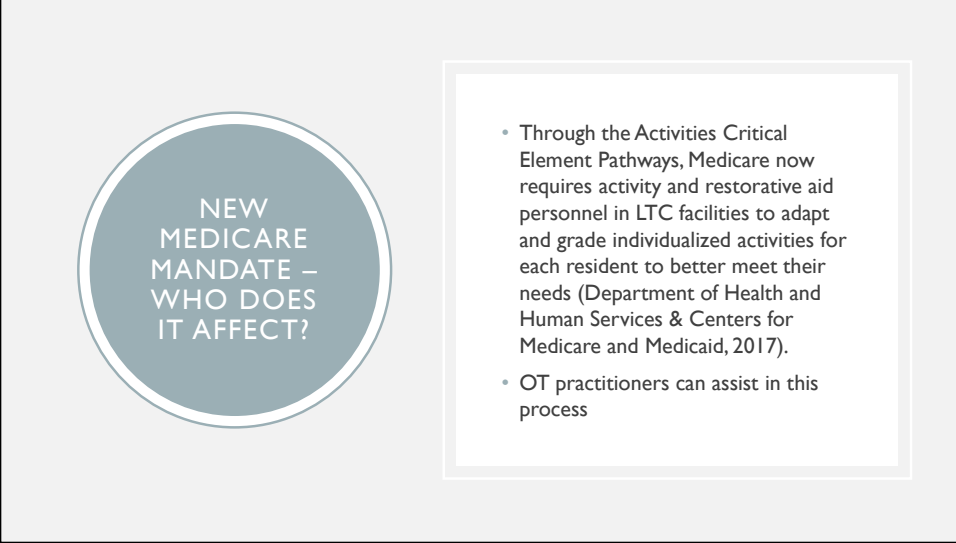
PROMOTING PARTICIPATION IN LTC SETTINGS

- OT practitioners can provide opportunities to participate in meaningful occupations by adjusting the environment, activity demands, and individuality to promote success (Gronstedt et al., 2013; Wenborn et al., 2013).
- Focus on what the resident can do, rather than on what they cannot (Dorrestein & Hocking, 2010).
- Apply the *just right challenge* (Causey-Upton, 2015)

Presenter:

“Occupational therapists come with a large skill set that makes them proficient and effective in addressing the areas we have discussed thus far. Through the use of activity analysis, OT practitioners can adjust the environment, the activity demands, and the individuality (AKA the client-centeredness) of the activity to promote success. By doing this, the OT practitioner focuses on what the resident can do, rather than on what they can’t do.

OT practitioners also like to use a concept called the just right challenge in which the OT practitioner finds the perfect match for an individual by modifying the environment and the activity demands of an occupation to promote success. The goal of the just right challenge is to allow for participation, but to also take advantage of the skills that the resident does have and use those skills in order to keep developing those skills or even maintain them.”



NEW
MEDICARE
MANDATE –
WHO DOES
IT AFFECT?

- Through the Activities Critical Element Pathways, Medicare now requires activity and restorative aid personnel in LTC facilities to adapt and grade individualized activities for each resident to better meet their needs (Department of Health and Human Services & Centers for Medicare and Medicaid, 2017).
- OT practitioners can assist in this process

Presenter:

“It is a new requirement by Medicare for LTC facilities to adapt and grade individualized activities for each resident in order to better meet their needs. This responsibility will primarily fall on the activity personnel, who may be understandably feeling nervous about effectively meeting this requirement. However, OT practitioners have an extensive education on the process of adapting, grading, and individualizing activities and would be a great resource to LTC facilities and activity personnel to assist in this process.”

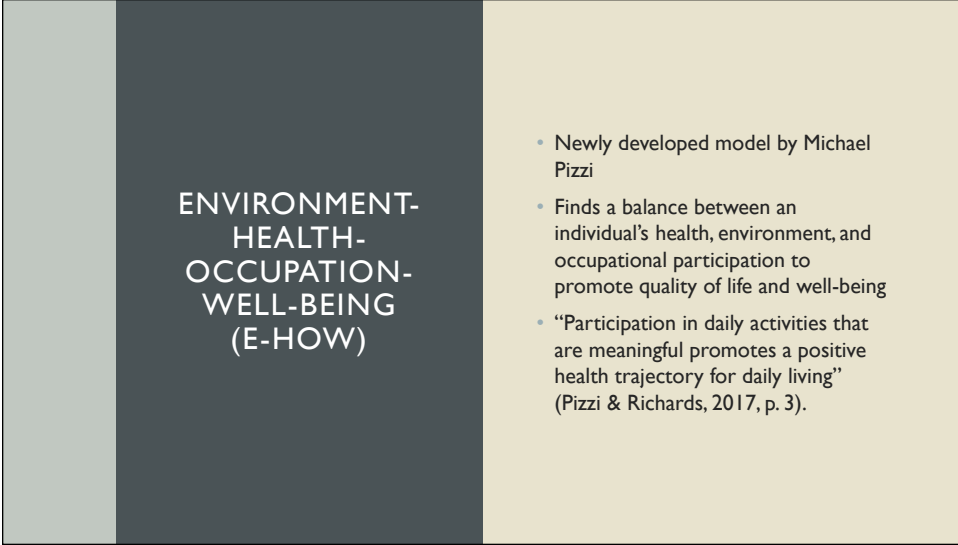
The slide is divided into three vertical sections. The leftmost section is a light gray bar. The middle section is a dark gray bar containing the title 'USING LEISURE AS A THERAPEUTIC ACTIVITY: AN INTRODUCTION' in white, all-caps, sans-serif font. The rightmost section is a light beige bar containing a bulleted list of four points in black text.

*USING LEISURE AS
A THERAPEUTIC
ACTIVITY: AN
INTRODUCTION*

- OT leisure goals are not reimbursable by Medicare
- Using leisure as a therapy activity is reimbursable
- Collaboration between the OT practitioner and the activity personnel to develop and utilize a functional maintenance program (FMP)
- Addresses the Medicare mandate

Presenter:

“Currently, occupational therapy goals related to participation in leisure are not reimbursable by Medicare. However, using leisure activities as a therapeutic activity, or modality, is reimbursable. The purpose of this program is not to replace the activity personnel with OT practitioners, but rather to include OT in an extensive evaluation process centered on leisure to develop a functional maintenance program, or FMP, for the activity personnel to utilize. The goal is for the OT practitioner and the activity personnel to have a collaborative relationship in developing and implementing the FMPs. With the use of this program, activity personnel would then be able to effectively address the new Medicare mandate previously discussed with the guidance and help from an OT practitioner.”



The slide is divided into three vertical sections. The leftmost section is a light gray bar. The middle section is a dark gray bar containing the title 'ENVIRONMENT-HEALTH-OCCUPATION-WELL-BEING (E-HOW)' in white, all-caps, sans-serif font. The rightmost section is a light beige bar containing a bulleted list of three points in black text.

ENVIRONMENT-
HEALTH-
OCCUPATION-
WELL-BEING
(E-HOW)

- Newly developed model by Michael Pizzi
- Finds a balance between an individual's health, environment, and occupational participation to promote quality of life and well-being
- "Participation in daily activities that are meaningful promotes a positive health trajectory for daily living" (Pizzi & Richards, 2017, p. 3).

Presenter:

"The developers of this program used the environment-health-occupation-well-being model, referred to as E-HOW, to guide the development. E-HOW was created by Michael Pizzi, an occupational therapist. While this is a new model and most likely has not been implemented in a program before, the developers gravitated towards it and felt that it aligned well with the purpose of the program. E-HOW aims to find a balance between an individual's health, environment, and occupational participation to promote quality of life and well-being. The model was used as a framework for interview questions, the occupational profile template, and the FMPs, which will be discussed in more detail in following slides."

HOW TO NAVIGATE
THE PROGRAM
MANUAL

Five Steps:

1. Screening
2. Formal Assessments
3. Semi-Structured Interview
4. Development of Occupational Profile
5. Development of Functional Maintenance Program

Presenter:

“Using Leisure as a Therapeutic Activity is organized in five sequential steps: screening, formal assessments, semi-structured interview, development of occupational profile, and development of functional maintenance program. Once these five steps are completed, the activity personnel should then be able to use the FMP to facilitate individualized activities with the resident.”

STEP 1: SCREENING

Purpose: to determine the need for skilled OT services

Screening questions include:

1. Has the resident experienced a recent change in medical condition, occupational performance, and/or level of assistance needed that resulted in the admission to an LTC facility?
2. Does the resident and/or resident's family express interest in maintaining or improving his or her current level of function?
3. Is the resident and/or resident's family happy with the current level of participation in meaningful leisure activities?

Presenter:

“Upon arrival to the LTC facility, the OT practitioner will conduct an initial screening to determine the need for skilled OT services. It is anticipated that through this screening, the residents will qualify for an OT assessment and will therefore be able to successfully participate in the program.”

Presenter reads off the screening questions.

The slide is divided into two main sections. On the left, a dark teal vertical bar contains a white-bordered box with the text 'STEP 2: FORMAL ASSESSMENTS'. On the right, a light grey background contains a bulleted list of information.

- Recommended assessments were chosen because they are client-centered, occupation-based, and gain a holistic view on the resident
- Multiple assessments may be used indicated by need
- Assessments
 - Pizzi Health and Wellness Assessment (PHWA)
 - Canadian Occupational Performance Measure (COPM)
 - Model of Human Occupation Screening Tool (MOHOST)
 - World Health Organization Quality of Life- Abbreviated Version (WHOQOL-BREF)
 - Satisfaction with Life Scale (SWLS)
 - Activity Card Sort
 - Interest Checklist

Presenter:

“The program manual lists off OT assessments that are recommended to use when completing the resident’s evaluation. The recommended assessment were chosen because they are client-centered, occupation-based, and gain a holistic view on the resident. More than one of these assessments can be used and the OT practitioner can choose to use a different assessment if he/she feels there is a better choice for the resident.”

PHWA: client-centered and occupation-focused assessment tool that relates occupational participation to health and well-being (Pizzi & Richards, 2015). This assessment focuses on the client’s performance of daily occupations through their own perceived abilities and levels of well-being and health (Pizzi & Richards, 2015). To obtain copies, email Michael Pizzi

COPM: A semi-structured interview to assess a client’s perspective of performance and satisfaction in meaningful occupations (Bortnick, 2017). Results are used to help clients identify, prioritize, and evaluate problems regarding occupational performance in the areas of self-care, productivity, and leisure (Bortnick, 2017).

MOHOST: An observation-based assessment that focuses on the six areas of volition, habituation, communication and interaction skills, process skills, motor skills, and the environment to determine if these factors are facilitating, allowing, inhibiting, or restricting occupational participation (Bortnick, 2017).

WHOQOL-BREF: A quality of life assessment that measures satisfaction in physical and psychological health as well as satisfaction in social relationships and environment (Bortnick, 2017).

SWLS: A 5-item tool used to measure overall satisfaction in an individual's life (Diener, Emmons, Larsen, & Griffin, 1985).

Activity Card Sort: This assessment requires clients to sort photographs of individuals participating in a variety of activities into categories to reflect participation in instrumental, leisure, and social activities (Doney & Packer, 2008). The information is then used to help support development of routines and participation (Doney & Packer, 2008).

Interest Checklist: A checklist used to gather information about a person's past and present interests using a scale that ranges from no interest, casual interest, and strong interest (Klyczek, Bauer-Yox, & Fiedler, 1997). The information is then used to remediate and maintain

STEP 3: SEMI-STRUCTURED INTERVIEW

- Used to gain additional information for the resident's occupational profile
- Should include the resident, as well as close family members and/or caregivers
- Designed to ensure that the interview is comprehensive
- Allows the OT practitioner to ask further probing questions, exploratory questions, and/or other relevant questions

Presenter:

“A semi-structured interview schedule is also provided in the program manual in order to gain additional information for the resident’s occupational profile. This interview should always include the resident, but it should also include close family members and/or caregivers if the resident is unable to express thoughts or participate in the interview effectively. The interview questions are comprehensive and allow for the OT practitioner to ask further probing questions, exploratory questions, and/or other relevant questions about the resident if it is needed.”

STEP 4:
DEVELOPMENT OF
OCCUPATIONAL
PROFILE

- Provides the OT practitioner a template
 - Can be referenced at any time by both the practitioner and activity personnel
- The format is adapted from the E-HOW model and includes:
 - Resident's goals
 - Occupational Participation
 - Individual Health
 - Environment
- Recommended that the provided format be followed
 - Designed to be a guide

Presenter:

“Following the full evaluation, including the screening, the assessments, and the interview, the OT practitioner then develops an occupational profile on the resident. The program manual includes a template for a comprehensive occupational profile that follows the E-HOW model, including the resident’s goals, occupational participation, health, and environment. This template is designed to be a guide and there are no strict rules to adhere to when filling it out. Therefore, each occupational profile may look very different.”

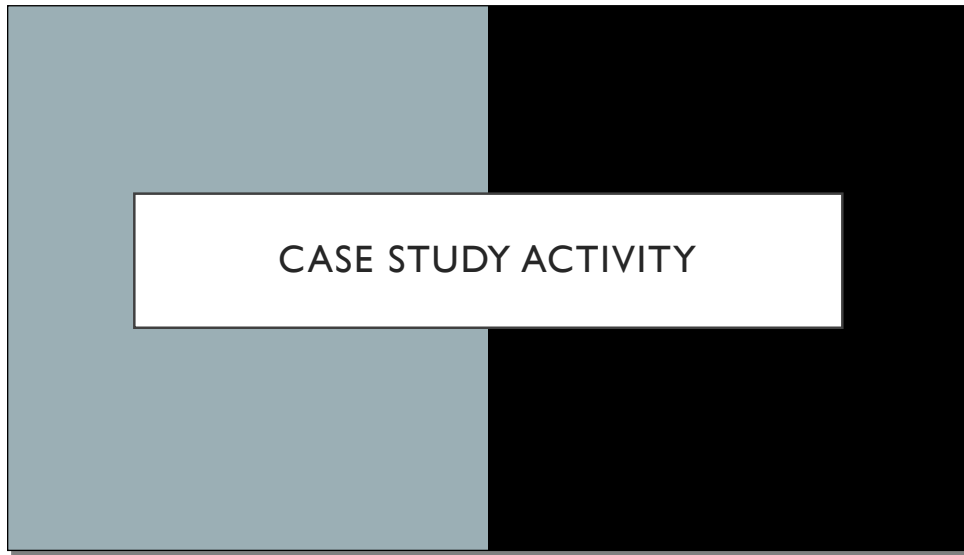
STEP 5:
DEVELOPMENT OF
FUNCTIONAL
MAINTENANCE
PROGRAM

- Developed in collaboration with the OT practitioner, resident, and the activity personnel
- Once completed, collaboration between the OT practitioner, activity personnel and other staff members to discuss how the FMP would be best implemented
- Aspects within the FMP:
 - Activity
 - Physical
 - Mental
 - Social/Spiritual
 - Group vs. Individual
 - Increase/Decrease
 - Comments

Refer to the handout with the blank FMP template during this slide.

Provide examples of what could be included in each section of the FMP.'

Refer to example FMP form in handout



Presenter facilitates activity here.

Presenter handouts all necessary documents to attendees (according to in-service manual)

- Attendees break off into small groups or pairs, depending on the amount of people there.
- Attendees are given time to read through the case study and discuss with each other.
- Presenter asks audience what they perceive are the main challenges to address in this case study
- Attendees are asked first develop 1 Itg and 1 stg
- Attendees then identify an appropriate leisure activity to use as a modality for this FMP
- Attendees work together to fill out the FMP
- Once each group or pair feels prepared, each group presents on how they chose fill out the FMP and why
- Presenter facilitates discussion and provides feedback as needed.

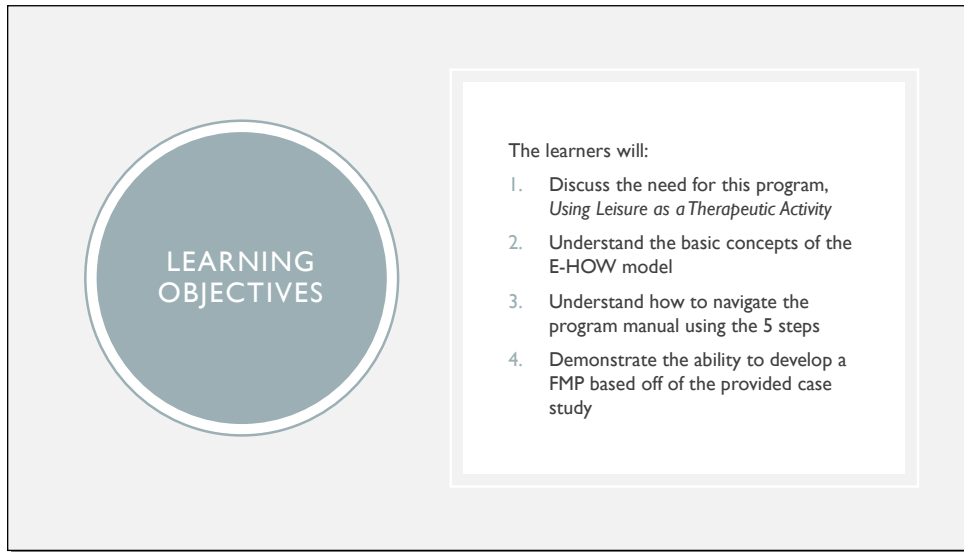
Slide 23



Wrap-Up Questions:

What kinds of barriers might you see in your facility to implementing this program?

What advantages would implementing this program bring to your facility?



The slide features a light gray background. On the left side, there is a teal circle with a white border containing the text "LEARNING OBJECTIVES". To the right of this circle is a white rectangular box with a thin gray border. Inside this box, the text "The learners will:" is followed by a numbered list of four objectives.

LEARNING OBJECTIVES

The learners will:

1. Discuss the need for this program, *Using Leisure as a Therapeutic Activity*
2. Understand the basic concepts of the E-HOW model
3. Understand how to navigate the program manual using the 5 steps
4. Demonstrate the ability to develop a FMP based off of the provided case study

Presenter:

Read through objectives again aloud.

“How well did we meet these learning objectives?
Is there anything you may need more explanation on?”

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REFERENCES

- Adams, K. B., Roberts, A. B., & Cole, M. B. (2011). Changes in activity and interest in the third and fourth age: Associations with health, functioning and depressive symptoms. *Occupational Therapy International, 18*(1), 4-17.
- American Occupational Therapy Association. (2015). Salary and workforce survey. Bethesda, MD: AOTA Press
- American Occupational Therapy Association. (2017). Inappropriate and potentially unethical practices in SNFs. Retrieved from: <https://www.aota.org/PracticeEthics/Tools-for-Productivity-Requirements/Inappropriate-and-Potentially-Unethical-Practices-in-SNFs.aspx>
- Causey-Upton, R. (2015). A model for quality of life: Occupational justice and leisure continuity for nursing home residents. *Physical & Occupational Therapy in Geriatrics, 33*(3), 175-188. doi: 10.3109/02703181.2015.1024301
- Department of Health and Human Services & Centers for Medicare and Medicaid Services (2017). Activities critical element pathway. Retrieved November 21, 2018 from: <https://www.nccap.org/assess/docs/CMS-100657620Activities%20critical%20pathway.pdf>
- Dorrestein, M., & Hocking, C. (2010). Maximising participation for older people: Scoping the occupational therapy role in residential care settings. *New Zealand Journal of Occupational Therapy, 57*(2), 49-55.
- Grönstedt, H., Frändin, K., Berglund, A., Helbostad, J. L., Granbo, R., Puggaard, L., . . . Hellström, K. (2013). Effects of individually tailored physical and daily activities in nursing home residents on activities of daily living, physical performance and physical activity level: A randomized controlled trial. *Gerontology, 59*(3), 220-9.

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REFERENCES

- Harris-Kojetin, L., Sengupta, M., Park-Lee, E., et al. (2016). Long-term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers, 2013-2014. National Center for Health Statistics. *Vital Health Stat 3*(38).
- Harris-Kojetin, L., Sengupta, M., Park-Lee, E., Valverde, R. (2013). Long-term care services in the United States: 2013 overview. National Center for Health Statistics. *Vital Health Stat 3*(37).
- Jewell, V. D., Pickens, N. D., Hersch, G., & Jensen, G. (2016). An exploration into occupation-centered practice in skilled nursing facilities. *Physical & Occupational Therapy in Geriatrics, 34*(1), 43-56.
- Mulligan, S., White, B. P., & Arthanat, S. (2014). An examination of occupation-based, client-centered, evidence-based occupational therapy practices in New Hampshire. *Occupational Therapy Journal of Research, 34*(2), 106-116.
- Pizzi, M. A. & Richards, L. G. (2017). Guest Editorial-Promoting health, well-being, and quality of life in occupational therapy: A commitment to a paradigm shift for the next 100 years. *American Journal of Occupational Therapy, 71*, 7104170010. doi: 10.5014/ajot.2017.028456
- O'Sullivan, G., & Hocking, C. (2006). Positive ageing in residential care. *New Zealand Journal of Occupational Therapy, 53*(1), 17-23.

REFERENCES

- O'Sullivan, G. & Hocking, C. (2013). Translating action research into practice: Seeking occupational justice for people with dementia. *OTJR: Occupation, Participation and Health*, 33(3), 168-176.
- Townsend, E. & Wilcock, A. (2004). Occupational justice and client-centered practice: A dialogue in progress. *Canadian Journal of Occupational Therapy*, 71(2), (75-87).
- Van't Leven, N., & Jonsson, H. (2002). Doing and being in the atmosphere of the doing: Environmental influences on occupational performance in a nursing home. *Scandinavian Journal of Occupational Therapy*, 9(4), 148-155.
- Wenborn, J., Challis, D., Head, J., Miranda-Castillo, C., Popham, C., Thakur, R., & ... Orrell, M. (2013). Providing activity for people with dementia in care homes: A cluster randomised controlled trial. *International Journal of Geriatric Psychiatry*, 28(12), 1296-1304. doi:10.1002/gps.3960
- Wren, R. (2016). Effect of life review on quality of life for older adults living in nursing homes. *Physical and Occupational Therapy in Geriatrics*, 34(4), 186-204. doi:10.1080/02703181.2016.1268236
- Zingmark, M., Fisher, A., Rocklöv, J., & Nilsson, I. (2014). Occupation-focused interventions for well older people: An exploratory randomized controlled trial. *Scandinavian Journal of Occupational Therapy*, 21, 447-457. doi: 10.3109/11038128.2014.927919

Appendix B

Using Leisure as a Therapeutic Activity: An Inservice for Occupational Therapists and Staff in Long Term Care

Introduction

- *Using Leisure as a Therapeutic Activity* is a program that was designed to address leisure participation in long term care (LTC) residents
- Proper implementation of this program can lead to improved health outcomes, as well as increased life satisfaction and overall quality of life

Learning Objectives

The learners will:

1. Discuss the need for this program
2. Understand the basic concepts of the Environment-Health-Occupation-Well-Being (E-HOW) model
3. Understand how to navigate the program manual using the 5 steps
4. Demonstrate the ability to develop a functional maintenance program based off of the provided case study

Literature Review

Four primary themes pulled from the literature review:

1. Occupational deprivation in long-term care (LTC) facilities
2. Occupational therapy in LTC facilities
3. The benefits of occupation-based and client-centered practice
4. Promoting participation in LTC facilities

Occupational Deprivation in LTC facilities

- What is occupational deprivation?
 - A prolonged prevention from participation in meaningful and necessary occupations due to factors/barriers outside of the individual's control (Townsend & Wilcock, 2004).
 - All human beings, regardless of demographics or capabilities have the right to engage in occupations that not only bring meaning to their lives, but also to maintain or improve their physical and mental health and well-being
- Leads to a decline in physical health, mental health, and overall quality of life
- Functional limitations can worsen occupational deprivation
- Loss of personal autonomy (Van't Leven & Jonsson, 2002)
 - Self-care tasks
 - Leisure
 - Social Participation

- Higher rates of depression and depressive symptoms
 - 49% of residents living in LTC facilities are diagnosed with depression (Harris-Kojetin et al., 2013)
- Feelings of inadequacy, loneliness, and isolation may lead to depressive symptoms when residents are unable to participate in meaningful activities (Wren, 2016)

Occupational Therapy in LTC Settings

- Residents living in LTC facilities presents a big opportunity for OT practitioners to provide skilled OT services
 - 1.4 million Americans live in LTC facilities across the United States (Harris-Kojetin et al., 2016)
- 19.2% of OT practitioners in the United States work in a LTC facility (AOTA, 2015)

Benefits of Occupation-Based and Client-Centered Practice

- Positive impact on life satisfaction, as well as overall health and well-being (O’Sullivan & Hocking, 2006)
- The ability to choose meaningful occupations to participate in gives the resident a sense of control and personal identity (Causey-Upton, 2015; O’Sullivan & Hocking, 2006)
- Interventions should be focused on occupational engagement rather than performance (Zingmark, Fisher, Rocklov, & Nilsson, 2014)
- Pizzi & Richards 2017, stated that *participation* not performance, is a primary determinant of health, well-being, and quality of life

Promoting Participation in LTC Settings

- OT practitioners can provide opportunities to participate in meaningful occupations by adjusting the environment, activity demands, and individuality to promote success (Gronstedt et al., 2013; Wenborn et al., 2013)
- Focus on what the resident can do, rather than on what they cannot (Dorrestein & Hocking, 2010)
- Apply the *just right challenge* (Causey-Upton, 2015)

New Medicare Mandate

- Through the Activities Critical Element Pathways, Medicare now requires activity and restorative aid personnel in LTC facilities to adapt and grade individualized activities for each resident to better meet their needs (Department of Health and Human Services & Centers for Medicare and Medicaid, 2017).
- OT practitioners can assist in this process

Using Leisure as a Therapeutic Activity: An introduction

- OT leisure goals are not reimbursable by Medicare
 - Using leisure as a therapeutic activity is reimbursable
- Collaboration between the OT practitioner and the activity and restorative aide personnel to develop and utilize a functional maintenance program (FMP)
- Addresses the Medicare mandate

Environment-Health-Occupation-Well-Being (E-HOW)

- Newly developed model by Michael Pizzi
- Finds a balance between an individual's health, environment, and occupational participation to promote quality of life and well-being
- "Participation in daily activities that are meaningful promotes a positive health trajectory for daily living" Pizzi & Richards, 2017, p. 3)

How to Navigate the Program Manual

- Five Steps:
 1. Screening
 2. Formal Assessments
 3. Semi-Structured Interview
 4. Development of Occupational Profile
 5. Development of Functional Maintenance Program

Step 1: Screening

- Purpose: to determine the need for skilled OT services
- Screening questions include:
 1. Has the resident experienced a recent change in medical condition, occupational performance, and/or level of assistance needed that resulted in the admission to an LTC facility?
 2. Does the resident and/or resident's family express interest in maintaining or improving his or her current level of function?
 3. Is the resident and/or resident's family happy with the current level of participation in meaningful leisure activities?

Step 2: Formal Assessments

- Recommended assessments were chosen because they are client centered, occupation-based, and gain a holistic view on the resident
- Multiple assessments may be used indicated by need
- Assessments:
 - Pizzi Health and Wellness Assessment (PHWA)

- Canadian Occupational Performance Measure (COPM)
- Model of Human Occupation Screening Tool (MOHOST)
- World Health Organization Quality of Life - Abbreviated Version (WHOQOL-BREF)
- Satisfaction with Life Scale (SWLS)
- Activity Card Sort
- Interest Checklist

Step 3: Semi-Structured Interview

- Used to gain additional information for the resident's occupational profile
- Should include the resident, as well as close family members and/or caregivers
- Designed to ensure that the interview is comprehensive
- Allows the OT practitioner to ask further probing questions, exploratory questions, and/or other relevant questions

Step 4: Development of Occupational Profile

- Provides the OT practitioner a template
 - Can be referenced at any time by both the practitioner and activity or restorative aide personnel
- The format is adapted from the E-HOW model and includes:
 - Resident's goals
 - Occupational Participation
 - Individual Health
 - Environment
- Recommended that the provided format be followed
 - Designed to be a guide

Step 5: Development of Functional Maintenance Program

- Developed in collaboration with the OT practitioner, resident, and personnel
- Once completed, collaboration between the OT practitioner, personnel, and other staff members to discuss how the FMP would be best implemented
- Aspects within the FMP:
 - Activity
 - Physical
 - Mental
 - Social/Spiritual
 - Group vs. Individual
 - Increase/Decrease
 - Comments

Appendix C

Functional Maintenance Program

Goal:

Leisure Modality:

	Increase Activity Demands	Decrease Activity Demands	Comments
Physical			
Mental			
Social/Spiritual			
Group vs. Individual	<u>Group</u> Parallel Project Egocentric-Cooperative Cooperative Mature	<u>Individual</u>	

Resident Signature

Resident Name (written)

Date

OT Signature

OT Name (written)

Date

Activity Personnel Signature

Activity Personnel Name (written)

Date

Appendix D

Case Study 1: Joan

Joan is an 82 year old woman who was recently admitted to this long term care facility due to an overall decline of functional abilities. She was no longer able to complete home maintenance tasks or activities of daily living due to weakness and lack of motivation related to limitations in emotional wellbeing, so she and her husband moved to the long term care facility in their community. Specifically, Joan had difficulty with weight shift and stability when standing to pull up pants and had U/E tremors that made it difficult to manipulate objects, such as a toothbrush or a hair comb. In addition, a series of falls while completing housekeeping tasks contributed to her decline in ADLs and emotional well-being. Joan has a history of transient ischemic attacks (TIAs) which has affected her cognition and short-term memory. She is also diagnosed with Alzheimer's disease and osteoarthritis. She has limited mobility due to compression fractures and a lack of gross and fine motor skills.

Through a brief discussion with Joan and her family, it was discovered that she had a lot of previous interests such as cooking and baking, reading, playing card games, and participating in her church community. She also stated that she loves being surrounded by family, so she doesn't think she will like living at the long term care facility

Questions on next page...

How would you complete the evaluation process?

What kind of information would you wish to gain in the evaluation process?

How would you use this information to develop a treatment plan?

What is an example of a LTG and a STG that would be appropriate for Joan?

What are some examples of interventions/treatments that could be used with Joan?

Appendix E

Case Study 2: Joan (Cont.)

Joan was newly admitted to this LTC facility due to an overall decline of functional abilities. She was no longer able to complete home maintenance tasks or activities of daily living due to weakness and lack of motivation related to limitations in emotional wellbeing, so she and her husband moved to the LTC facility in their community. Specifically, Joan had difficulty with weight shift and stability when standing to pull up pants and had U/E tremors that made it difficult to manipulate objects, such as a toothbrush or a hair comb. In addition, a series of falls while completing housekeeping tasks contributed to her decline in ADLs and emotional well-being.

A screening to determine a need for OT services was administered upon Joan's arrival at the LTC facility. She answered yes to the three screening questions, which qualified her for an OT evaluation. The OT practitioner used the Pizzi Health and Wellness Assessment (Pizzi & Richards, 2017), the Canadian Occupational Performance Measure (Law et al., 1999), and the Interest Checklist (Klyczek, Bauer-Yox, & Fiedler, 1997) to assess her perceived occupational satisfaction, performance, and well-being, as well as to gain information on meaningful past and present leisure activities. In addition to the formal assessments, an interview was conducted using the provided interview questions as a guide in order to create an occupational profile that captured Joan's current overall health, values, interests, and environments.

Based on the results from the OT evaluation, Joan would benefit from a health promoting FMP as it would allow her to promote, health, well-being, and quality of life through participation in valued leisure occupations. In addition, Joan would also benefit from traditional

rehabilitative OT services to address her current limitations in ADL performance due to weakness and lack of motivation related to limitations in emotional well-being.

In collaboration with Joan and the activity and restorative aide personnel, the OT practitioner developed different activities that were graded and adapted to meet Joan's current physical and mental needs. If there is a time in the future that Joan needs aspects of an activity made easier or harder, it is recommended that the activity or restorative aide personnel notify the OT practitioner, who would then do an OT re-evaluation related to changes in occupational performance. The OT practitioner can then modify the FMP with instruction to activity and restorative aide personnel on the new FMP. On the following pages is the occupational profile that the OT practitioner created, as well as the FMP that the OT practitioner developed in collaboration with Joan and activity and restorative aide personnel. An education session was held to teach Joan and the activity and restorative aide personnel how to use the FMP.

Occupational Profile

Resident: Joan G.

OT: Olivia Mayasich, OTR/L

Date: October 5, 2018

Resident Goal: “To participate in activities that I enjoy doing.”

Brief Description:

- 82 year old woman
- Recent move to LTC facility due to overall decrease in functional abilities
- Married, mother of 8 children; 21 grandchildren, 16 great grandchildren
- Former registered nurse
- Passion for helping others

Occupational Participation:

Occupations (& interests):

- Cooking
- Baking
- Reading
- Playing bridge and other card games
- Shopping
- Arts and crafts (specifically making tie-blankets for grandchildren)
- Taking care of her dogs
- Participating in church community
- Spending time with loved ones

Skills:

- Organized
- Determined
- Detail-oriented
- Compassionate
- Intelligent

Routines:

- Upset in daily routine due to recent transition to LTC facility
- At home, would wake up at specific time to begin daily routines and activities
- Now having hard time finding motivation to get out of bed to participate

Occupational Demands (adaptations currently used or recommended):

- Benefit from built-up handles (silverware, writing utensils, gardening tools) due to arthritis

Individual Health:**Physical:**

- Osteoarthritis resulting in total knee replacements in both knees, partial hip replacement, and fractures in both wrists and of the humerus
- Osteoporosis resulting in compression fractures of the spine, limiting mobility
- Able to walk short distances at slow pace, prefers wheelchair when going from one room to another
- Lack of gross motor skills due to a number of falls that occurred when completing household tasks
- Lacks fine motor skills due to wrist fractures never fully healing after surgery
- Tremors in hands/fingers making it hard to hold steady when completing tasks

Mental:

- Diagnosed with Alzheimer's
- Also had Transient Ischemic Attacks (TIAs), causing further decline in cognition
- Short term memory most affected by Alzheimer's and TIAs
- Most evident by repeating herself in conversations
- Long term memory still intact
- Once entering LTC facility, showed signs and symptoms of depression
- Did not want to be at facility
- Reports "not being able to participate in meaningful activities as easily" due to limitations of diagnoses.
- Experiencing lack of motivation to complete self-cares

Social:

- Enjoyed entertaining company at her home
- Since her transition to LTC facility, no longer has motivation to engage in social activities

Spiritual:

- Active participant in church community
- Was a member of church choir as well as different communities within her church
- Values her faith and states it is a "big part" of her life

Environment:**Social:**

- Reports she "loves being surrounded by loved ones"
- Since moving to LTC facility, has had visitors on a weekly basis

Physical:

- States “physical environment has changed drastically” since moving to LTC facility
- Prior to move, was living in a 3-story home; now in a 2 bedroom unit with husband
- Reports “the decrease in space is frustrating” because she “has no room to showcase meaningful possessions”

Cultural:

- Reports “missing involvement in church community”

LTG:

STG:

Functional Maintenance Program

Goal:

Leisure Modality:

	Increase Activity Demands	Decrease Activity Demands	Comments
Physical			
Mental			
Social/Spiritual			
Group vs. Individual	<u>Group</u> Parallel Project Egocentric-Cooperative Cooperative Mature	<u>Individual</u>	

Resident Signature

Resident Name (written)

Date

OT Signature

OT Name (written)

Date

Activity Personnel Signature

Activity Personnel Name (written)

Date

CHAPTER V

SUMMARY

The purpose of this scholarly project is to address health, well-being, and quality of life with the use of leisure activities as modalities with residents in long term care (LTC) facilities. The end result of this project was two manuals; one being a program manual that helps the occupational therapy (OT) practitioner and activity and restorative aide personnel guide the development of functional maintenance programs (FMP) for each resident, and the other being an in-service manual to educate LTC facility staff on the implementation this program into their facility. Medicare does not reimburse leisure as a therapeutic goal, but it may be used as an intervention or therapeutic modality. The use of FMPs, which are covered by Medicare, incorporates both leisure participation and the ability to maintain current functional ability, as well as to prevent further deterioration. The products were designed using concepts from the Environment-Health-Occupation-Well-Being (E-HOW) model, as well as from the adult learning theory of andragogy. E-HOW aims to address the health, environment, and occupational participation of an individual to enhance quality of life and well-being (Pizzi & Richards, 2017); whereas, andragogy focuses on how to best relay information to an adult learner (Bastable & Dart, 2011). Aspects from these two theories were used to increase the usability and effectiveness of the program and in-service manuals for LTC facility staff.

Limitations of this program include the use of a new theoretical model, requirement of buy-in from facilities, the lack of known effectiveness of the program, and the risk of denial of payment from Medicare. This project was developed using the newly developed OT model E-HOW, which has little to no research regarding implementation of the model. Furthermore,

because this program is newly developed and has yet to be implemented in LTC facilities, it will require buy-in from administration. Lastly, the use of the word leisure that is used throughout the program may alert Medicare or other insurance reviewers to automatically deny reimbursement for services as leisure is not considered a reimbursable goal. However, leisure may be used a therapeutic activity, which is how this project used leisure.

In consideration of the limitations of this project, the authors propose that this project be implemented as a student fieldwork project. This would allow the student to not only educate the facility on the benefits of the program but would also allow for the collection of data to determine the effectiveness of the program. From this data, the authors hope to make changes as needed in order to ensure the needs of the residents are being met, as well as to continue to ensure that quality care is being provided.

In conclusion, this product was developed with the intention to address the leisure wants and needs of residents in LTC facilities through the use of FMPs to enhance health, well-being, and quality of life. The authors also created an in-service to be presented to LTC facilities to educate staff on the benefits of this program, as well as how to successfully implement it. Additionally, this project aims to incorporate occupation-based, evidence-based, and client-centered care to ensure that best practices are being used to provide quality care to residents living in LTC facilities.

The authors of this scholarly project recommend that the product be presented at the American Occupational Therapy Association to get clinicians interested and to start the process of implementing this product into OT practice. Secondly, it is recommended that an OT Practice article be written to explain the reasons for the development of this project as well as to describe

the benefits associated with it. Lastly, it is recommended that the product be used for further OT scholarly projects in order to build off of it and improve it. Ideas for future scholarly projects include the development of an assessment plan to measure outcome data as well as an independent study in which the program is implemented in a LTC to collect outcome data and determine the effectiveness of the program. These projects would also for the continued improvement and development of this project to better meet the needs of the LTC residents, as well as the practitioners who are implementing the program.

REFERENCES

- Adams, K. B., Roberts, A. B., & Cole, M. B. (2011). Changes in activity and interest in the third and fourth age: Associations with health, functioning and depressive symptoms. *Occupational Therapy International, 18*(1), 4-17.
- American Occupational Therapy Association. (2015a). Salary and workforce survey. Bethesda, MD: AOTA Press
- American Occupational Therapy Association. (2015b). Occupational therapy's role in skilled nursing facilities. Retrieved from September 10, 2018 from:
[https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/RDP/Facts/FactSheet_SkilledNursingFacilities.pdf](https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/RDP/Facts/FactSheet_SkilledNursingFacilities.pdf)
- American Occupational Therapy Association. (2017). Inappropriate and potentially unethical practices in SNFs. Retrieved from: <https://www.aota.org/Practice/Ethics/Tools-for-Productivity-Requirements/Inappropriate-and-Potentially-Unethical-Practices-in-SNFs.aspx>
- Bekhet, A. K., & Zauszniewski, J. A. (2014). Chronic conditions in elders in assisted living facilities: Associations with daily functioning, self-assessed health, and depressive symptoms. *Archives of Psychiatric Nursing, 28*(6), 399-404.
doi:10.1016/j.apnu.2014.08.013
- Bortnick, K. (2017). *Occupational therapy assessments for older adults: 100 instruments for measuring occupational performance*. Thorofare, NJ: SLACK Incorporated. pp. 1-310.
- Boyt Schell, B. A., Scaffa, M. E., Gillen, G., & Cohn, E. S. (2014). Contemporary occupational therapy practice. In Boyt Schell, B. A., Scaffa, M. E., Gillen, G., & Cohn, E. S. (Eds.), *Willard & Spackman's Occupational Therapy* (12th ed.) (pp. 47-58). Baltimore, MD: Lippincott Williams & Wilkins.

- Butler, R. N. (2005). Ageism: Look back over my shoulder. *Generations*, 29(3), 84-86.
- Causey-Upton, R. (2015). A model for quality of life: Occupational justice and leisure continuity for nursing home residents. *Physical & Occupational Therapy in Geriatrics*, 33(3), 175-188. doi: 10.3109/02703181.2015.1024301
- Center for Medicare Advocacy. (n.d.). Jimmo v. Sebelius improvement standard case summary. Retrieved November 19, 2018, from <http://www.medicareadvocay.org/jimmo-v-sebelius-improvement-stadard-case-summary/>
- Centers for Medicare and Medicaid Services. (2018). Medicare benefit policy manual. Retrieved September 10, 2018 from: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
- Chen, S.-W., & Chippendale, T. (2018). The issue is—Leisure as an end, not just a means, in occupational therapy intervention. *American Journal of Occupational Therapy*, 72, 7204347010. <https://doi.org/10.5014/ajot.2018.028316>
- Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75.
- Department of Health and Human Services & Centers for Medicare and Medicaid Services (2014). Manual updates to clarify skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), home health (HH), and outpatient (OPT) coverage pursuant to Jimmo vs. Sebelius. Retrieved November 29, 2018 from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8458.pdf>

Department of Health and Human Services & Centers for Medicare and Medicaid Services

(2017). Activities critical element pathway. Retrieved November 21, 2018 from

<https://www.nccap.org/assets/docs/CMS->

[20065%20Activities%20critical%20pathways.pdf](https://www.nccap.org/assets/docs/CMS-20065%20Activities%20critical%20pathways.pdf)

Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale.

Journal of Personality Assessment, 49, 71-75.

Doney, R. M., & Packer, T.L. (2008). Measuring changes in activity participation of older

australians: Validation of the activity card sort - Australia. *Australian Journal on Ageing*,

27(1), 33-37. doi:10.1111/j.1741-6612.2007.00265.x

Dorrestein, M., & Hocking, C. (2010). Maximising participation for older people: Scoping the

occupational therapy role in residential care settings. *New Zealand Journal of*

Occupational Therapy, 57(2), 49-55.

Eschenfelder, V. G. (2005). Shaping the goal setting process in OT: The role of meaningful

occupation. *Physical & Occupational Therapy in Geriatrics*, 23(4), 67-81. doi:

10.1080/J148v23n04_05

Grönstedt, H., Frändin, K., Bergland, A., Helbostad, J. L., Granbo, R., Puggaard, L., . . .

Hellström, K. (2013). Effects of individually tailored physical and daily activities in

nursing home residents on activities of daily living, physical performance and physical

activity level: A randomized controlled trial. *Gerontology*, 59(3), 220-9.

Harper, A., & Power, M. (1998). Development of the world health organization WHOQOL-

BREF quality of life assessment. *Psychological Medicine*, 28(3), 551-558.

- Harris-Kojetin, L., Sengupta, M., Park-Lee, E., Valverde, R., Caffrey, C., Rome, V., ... Lendon, J. (2016). Long-term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers, 2013-2014. National Center for Health Statistics. *Vital Health Stat* 3(38).
- Harris-Kojetin, L., Sengupta, M., Park-Lee, E., & Valverde, R. (2013). Long-term care services in the United States: 2013 overview. National Center for Health Statistics. *Vital Health Stat* 3(37).
- Jewell, V. D., Pickens, N. D., Hersch, G., & Jensen, G. (2016). An exploration into occupation-centered practice in skilled nursing facilities. *Physical & Occupational Therapy in Geriatrics*, 34(1), 43-56.
- Kielhofner, G., Fan, C., Morley, M., Garnhan, M., Heasman, D., Forsyth, K., ... Taylor, R. (2010). A psychometric study of the model of human occupation screening tool (mohost). *Hong Kong Journal of Occupational Therapy*, 20(2), 63-70.
- Klyczek, J. P., Bauer-Yox, N., & Fiedler, R. C. (1997). The Interest Checklist: A Factor Analysis. *American Journal of Occupational Therapy*, 51(10), 815-823.
- Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., Pollock, N., & Opzoomer, A. (1990). The canadian occupational therapy performance measure: An outcome measure for occupational therapy. *Canadian Journal of Occupational Therapy*, 57(2), 82-87.
- Morgan-Brown, M., Ormerod, M., Newton, R., Manley, D. (2011). An exploration of occupation in nursing home residents with dementia. *British Journal of Occupational Therapy* 74(5): 217-225.
- Mosey, A. C. (1986). *Psychosocial components of occupational therapy*. New York: Raven Press.

- Mulligan, S., White, B. P., & Arthanat, S. (2014). An examination of occupation-based, client-centered, evidence-based occupational therapy practices in New Hampshire. *Occupational Therapy Journal of Research, 34*(2), 106-116.
- Nielson, C., Youngstrom M. J., Glantz, C., Henderson, M. L., Richman, N., Smith-Roley, S., Duran, G., & Peterson, M. (2005) Implementing occupation based practice. *The American Occupational Therapy Association Report to the Executive Board*, 1-10.
- Nilsson, I., & Townsend, E. (2010). Occupational justice--Bridging theory and practice. *Scandinavian Journal of Occupational Therapy, 17*, 57-63. doi: 10.3109/11038120903287182
- Njelesani, J., Teachman, G., Durocher, E., Hamdani, Y., & Phelan, S. K. (2015) Thinking critically about client-centered practice and occupational possibilities across the life-span. *Scandinavian Journal of Occupational Therapy, 22*, 252-259. doi: 10.3109/11038128.2015.1049550
- O'Brien, J. C. (2017). Model of human occupation. In J. Hinojosa, P. Kramer, & C. Royeen (Eds.), *Perspectives on Human Occupation* (2nd ed.) (pp. 93-136). Philadelphia: F.A. Davis Company
- O'Sullivan, G. & Hocking, C. (2006). Positive ageing in residential care. *New Zealand Journal of Occupational Therapy, 53*(1), 17-23.
- O'Sullivan, G. & Hocking, C. (2013). Translating action research into practice: Seeking occupational justice for people with dementia. *OTJR: Occupation, Participation and Health, 33*(3), 168-176.
- O'Toole, L., Connolly, D., & Smith, S. (2013). Impact of an occupation-based self-management programme on chronic disease management. *Australian Occupational Therapy Journal, 60*, 30-38. doi: 10.1111/1440-1630.12008

- Pizzi, M. A. & Richards, L. G. (2017). Guest Editorial-Promoting health, well-being, and quality of life in occupational therapy: A commitment to a paradigm shift for the next 100 years. *American Journal of Occupational Therapy*, 71, 7104170010. doi: 10.5014/ajot.2017.028456
- Robeiro, K. & Polgar, J. M. (1999). Enabling occupational performance: Optimal experiences in therapy. *Canadian Journal of Occupational Therapy* 66 (1). 14-22
- Sellar, B., & Boshoff, K. (2006). Subjective leisure experiences of older Australians. *Australian Occupational Therapy Journal*, 53, 211-219. doi: 10.1111/j.1440-1630.2006.00565.x
- Townsend, E. & Wilcock, A. (2004). Occupational justice and client-centered practice: A dialogue in progress. *Canadian Journal of Occupational Therapy*, 71(2), (75-87).
- Van't Leven, N., & Jonsson, H. (2002). Doing and being in the atmosphere of the doing: Environmental influences on occupational performance in a nursing home. *Scandinavian Journal of Occupational Therapy*. 9(4), 148-155.
- Watt, A., & Konnert, C. (2007). Quality of life in the nursing home: Perspectives of younger and older residents. *Canadian Journal on Aging* 26(4), 403–410. doi:10.3138/cja.26.4.403
- Wenborn, J., Challis, D., Head, J., Miranda-Castillo, C. Popham, C., Thakur, R., & ... Orrell, M. (2013). Providing activity for people with dementia in care homes: A cluster randomised controlled trial. *International Journal of Geriatric Psychiatry*, 28(12), 1296-1304. doi:10.1002/gps.3960
- Wren, R. (2016). Effect of life review on quality of life for older adults living in nursing homes. *Physical and Occupational Therapy in Geriatrics*, 34(4), 186-204. doi:10.1080/02703181.2016.1268236

Zingmark, M., Fisher, A., Rocklov, J., & Nilsson, I. (2014). Occupation-focused interventions for well older people: An exploratory randomized controlled trial. *Scandinavian Journal of Occupational Therapy*, 21, 447-457. doi: 10.3109/11038128.2014.927919

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