Putting Occupation Back in Occupational Therapy: Maximizing Skills for the Future!

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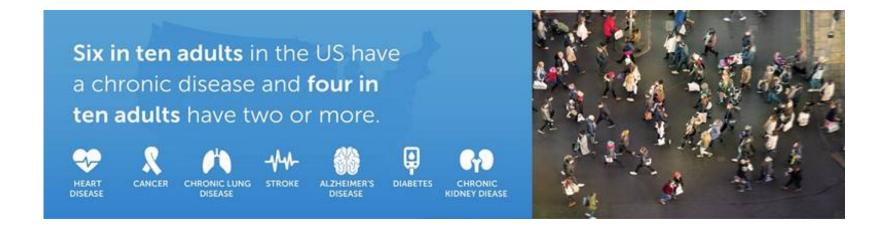
October 13, 2019



Objectives |

- Therapist will learn the reasons for the need of Occupational Therapy in work settings and an overview of employment laws allowing for opportunities and growth.
- ► Therapists working in clinical settings will recognize skills that are transferable and beneficial in the workplace.
- Therapists working in vocational settings will share their experience transitioning from a clinical setting to vocational program and the journey in identifying the value.
- Therapist working with adults will recognize the impact they can have by empowering individuals with disabilities in obtaining and retaining employment.

Demand for OT services



► According to the CDC, chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.

Projected Growth for Occupational Therapy

| Employment projections data for occupational therapists, 2016-26 | | | | | | |
|--|----------|------------------|-------------------------------|-----------------|---------|------------------------|
| | | | | Change, 2016-26 | | |
| Occupational Title | SOC Code | Employment, 2016 | Projected Employment, 2026 | Percent | Numeric | Employment by Industry |
| | | | | | | |
| Occupational therapists | 29-1122 | 130,400 | 161,400 | 24 | 31,000 | |

Source: U.S. Bureau of Labor Statistics.

Common OT Treatment Focus in Medical Settings

- Bathing/Dressing/Grooming
- Cooking
- Functional mobility for ADL needs
- Shopping
- Banking



What limits OTs from considering "work" when establishing goals????

Why Work After Retirement

1. Working Helps You Stay Physically and Mentally Healthy

Not only can working delay the onset of age-related diseases (like dementia) but keeping mentally and physically active helps one feel younger longer. Working also helps to maintain social interactions and prevents isolation. It can also provide a sense of purpose.

2. You Enjoy Your Work or Want to Take on a Different Role

Many people continue to work simply because they love their job.

3. Working Part-Time vs. Full-Time

Working full-time usually means structuring your whole life around your job, this can become physically and emotionally draining. However, switching to a job with fewer hours and more flexibility offers similar rewards to working full-time, but provides flexibility and more free time.

4. You Want to Try a New Line of Work

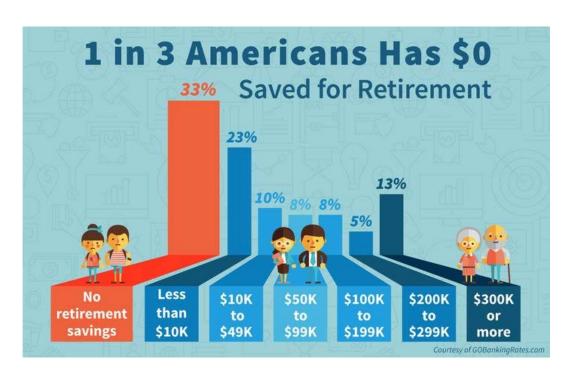
Once you begin receiving Social Security or a pension, you may be more concerned with doing something you love rather than bringing home a large income. Many retired individuals train for new careers or begin new jobs doing something they enjoy (even though it may not be as lucrative as their previous career).

5. You Can't Imagine Not Working

After a lifetime spent working, many retired persons just don't know what to do with themselves without a job; Some people just don't know how to not work. After a lifetime of specific goals, time-sheets, and to-do lists, the unstructured days of retirement can simply feel boring.

https://www.moneycrashers.com/reasons-working-after-retirement/

Retirement Savings



Article about retirement savings in the US: http://money.com/money/4258451/retirement-savings-survey/

Retirement Benefits

- ► Retirement plans are often being extended due to finances
 - ► Maximizing benefits (62 y.o, 66 y.o., 70 y.o)
 - ▶ If benefits are claimed early, survivor benefits are reduced (if your benefit amount is greater then theirs)
 - Medical Insurance
 - ▶ Eligible for Medicare when turn 65
 - Cost of private health insurance
 - Higher debts
 - More expenses that need to be covered



*With age comes age-related health issues

Returning to Work

- With older population remaining in the workforce, there is an increase in health-related issues for employees and employers
 - According to hearthelthy.com, the average age for a heart attack in a male is 64 y.o. (70 for a female); working age
 - ► According to the September 24, 2016 article in the Palm Beach Daily News, 31.37 percent of hip replacement patients were 45-64 y.o; working age
- Working Age Generation (18-40)
 - More significant health issues at a younger age are being seen
 - Addiction impacting work performance
 - Obesity
 - Disabilities
 - ▶ Less income with limited /no health insurance

Returning to Work

- ► When providing OT services in medical settings, clients' work-based goals should be taken into consideration
 - ▶ Should restrictions be in place based on functional abilities?
 - What are the essential job functions that will need to be performed?



FUNDING!!!!!! 😂

- "Services that directly provide work-based treatment are not covered"
 - ► True; services may not be covered by typical insurances
 - ▶ Utilize resources available to those who reside in the SOM ☺
 - Michigan Rehab Services is available to assist with work-based goals!!
 - ▶ Based on individual needs, MRS can authorize for continued treatment to specifically focus on work-based goals

Michigan Rehab Services MISSION

THE STATE VOCATIONAL REHABILITATION
PROGRAM (MRS) PARTNERS WITH INDIVIDUALS
AND EMPLOYERS TO ACHIEVE QUALITY
EMPLOYMENT OUTCOMES AND INDEPENDENCE
FOR INDIVIDUALS WITH DISABILITIES

MRS IS FUNDED WITH 78.7% WITH USDOE-RSA TITLE I FEDERAL FUNDS AND 21.3% WITH STATE AND LOCAL FUNDS.

Laws Allowing for Opportunity and Growth

- Americans with Disability Act (ADA) was signed into Law July 1990
 - Civil Rights law addressing the needs of the people with disabilities, prohibiting discrimination in employment (and public services, public accommodations, and telecommunications)
 - ▶ Title I of the ADA requires an employer provide reasonable accommodation(s) to qualified individuals with disabilities who are employees or applicants for employment, unless doing so would cause undue hardship.
 - In general, an accommodation is any change in the work environment or in the way things are customarily done that enables an individual with a disability equal employment opportunities.
 - 2008 the ADA was amended due to change in the definition of "disability" and is now called the ADAAA; the Americans with Disabilities Act Amendments Act
- ► <u>The Age Discrimination in Employment Act</u> (ADEA) was signed in 1967; this Act forbids age discrimination against people who are age 40 or older
- <u>U.S. Equal Employment Opportunity Commission</u> (EEOC) enforces federal laws prohibiting employment discrimination
 - ▶ If one feels discriminated against at work, a complaint can be filed with the EEOC at https://www.eeoc.gov/ or 1-800-669-4000

Occupational Therapists at MRS

- Angela Blanchard
- Amy Hayes
- Tonia Peterson
- Claudette Reid
- Cyndi Evans
- Renee Lyon
- Kathie Martin
- ▶ Christine Roberts
- Nicole Fliearman



Business Network Division within MRS*

- State licensed and certified Rehabilitation Counselors
- Certified Business Solutions Professionals (CBSP) Consultants
- Licensed Occupational Therapists / Occupational Safety Advisors
 - Consultant role vs treating clinician

^{*}All with specialized vocational & disability expertise for providing services to Michigan Businesses



Occupational Therapy Services within MRS

- Disability Awareness Training
- Ergonomic Training
- ▶ ADA evaluation and Consult
- Task Chair Evaluation
- Work Site Evaluation
- Assistive Technology Consult
- Job Analysis
- Return to work of injured workers/Job Retention
- Transitional Youth

MRS CUSTOMERS

MRS serves **two** primary customers

- 1. Applicant Seeking Employment:
 - Individual counseling based on individual disability experience, abilities, functional limitations, and the essential functions of a specific job
 - Development of an individualized plan
 - ► Goal of competitive employment or job retention with at least three months follow-up

2. Business Customer:

- Providing expertise and resources to help navigate, locate, match, accommodate, and retain employees with disabilities; and address disability specific barriers.
- Education and training to help businesses reduce attitudinal barriers and develop a more inclusive culture

OT Services within Vocational Rehab

- Assess level of function of persons with medically complex cases
- Identify <u>The Essential Job Functions</u>
- Identify compensatory strategies, adaptive equipment, assistive technology
- Assess the work environment
- Coordinate case services
- Provide written reports with specific recommendations supporting purchase and/or implementation of accommodations.
- Functional Capacity Evaluations
 - MRS can assist with funding if insurance will not cover
- Work Hardening

Case Study 1 Return to Work Timeline

- Customer sustained a traumatic brain injury while at work, received medical care and rehabilitation services
- Customer returned to work without MRS services and was initially unsuccessful
- Counselor requested worksite evaluation and job analysis by occupational therapist; business was initially reluctant
- OT completed initial evaluation with customer at MRS office

Case Study within MRS Return to Work Timeline (cont.)

- Counselor, OT and Business Relations Consultant met with business including management and human resources - to seek information and identify business needs and concerns
- OT provided report with recommendations for strategies and accommodations. Report was shared business and neuropsychologist, who wrote release to return to work
- BRC and OT provided follow-up services to business to identify and answer any questions regarding recommendations in OT report.
- Customer returned to work and has reportedly been successful for over one year

Practical Application for Clinicians

- Discuss patient work history and whether returning to work is a long-term goal
- Develop an understanding of the basic essential functions and physical/demands of a job through:
 - Patient reporting
 - Resources such as:
 - ▶ O*Net developed by the U.S. Dept. of Labor https://www.onetonline.org/

Practical Application for Clinicians

- Develop short and long-term goals with return-to-work in mind
- Incorporate work-related therapeutic activities in treatment sessions
- Educate patients about options for vocational rehabilitation
- Provide information about MRS return to work or vocational services such as:
 - Vocational testing
 - Counseling to learn self-advocacy/empowerment
 - Reasonable accommodation process
 - Assistive technology
 - Transferrable Skills/Retraining
 - Community resources



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Performance Components That Could Address Essential Job Functions

- Endurance
 - for ADLs vs tolerating a workday
- Energy Conservation
 - ADLs vs work, such as use of a stool for a cashier
- Fine Motor Coordination
 - ▶ FMC for home tasks vs advanced FMC needed for machinist
- Functional Balance
 - Is job performed in sitting or standing
- Functional mobility
 - What is the distance required once at work or to get into the workplace

^{*}these prepare for work and are acceptable to address in the medical setting

- ▶ Patient is a 57-year-old woman receiving outpatient hand therapy following carpal tunnel release surgery. During your intake she indicates that she also has a history of degenerative disc disease and sees her doctor for lumbar pain and related symptoms.
- She states that she has worked as a receptionist for a law firm for the past 22 years.
- What barriers may she face when returning to work?
- How can you incorporate work-related activities into a treatment plan?
- Prior to discharge, how can you help ensure that she returns to an environment that supports her needs?

- Discuss the work environment -physical requirements, worksite and level of support she anticipates upon return, identify potential barriers
- Provide education on the basics of office ergonomics
- Therapeutic activities may include typing, mouse usage, stapling, hole punching, removing staples, writing, sorting, filing to strengthen functional grip, pinch, and fine motor coordination, software programs to improve typing (Mavis Beacon typing program)
- Suggest a referral to MRS for an ergonomic worksite assessment with recommendations for accommodations

- Patient is a 34-year-old man diagnosed with multiple sclerosis, receiving inpatient rehabilitation following an exacerbation of MS symptoms
- Patient indicates that he is a restaurant manager for a corporate chain
- ► He is not expected to require a w/c for mobility upon d/c. What barriers may he face with return to work?
- How can you incorporate work-related activities into his treatment plan?
- Prior to discharge, how can you help ensure that he receives the continued therapy

- Ask patient about the essential functions of his job, which may include managerial duties, but also physical tasks such as running food, prepping the kitchen or bar and bartending as needed
- Educate patient regarding energy conservation techniques and reducing prolonged exposure to triggers such as temperature extremes
- Therapeutic activities may include pouring "drinks" in standing, counting "cash", clearing dishes off a table, creating a schedule for employees, taking inventory of supplies and creating a list for ordering supplies
- ▶ Discuss a referral to MRS to explore recommendations for a worksite analysis and workplace accommodations

Questions

