# Work is an ADL too!

Current Trends and Issues to Expand Occupational Therapy Practice in the Acquisition and Retention of Jobs



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# Work is an ADL too!

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Work is a critical role for all persons across the lifespan, including persons with disabilities. OT is optimally positioned to facilitate a strong and vibrant sense of vocational purpose in many areas. This presentation will investigate how work relates to traditional OT practice in schools, acute care, rehabilitation, mental health, and gerontology.

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## Objectives

- School and pediatric therapists will recognize how to assess work readiness skills and needs for accommodations in job experiences.
- Therapists working with adults will recognize how to include work-related functions in their assessments and work-related goals in their treatment plans.
- Therapists working in mental health settings will recognize the opportunities and benefits for integrating work into their treatment approaches.
- Therapists working with older adults will have increased awareness of the aging worker's unique needs and how to integrate them into treatment approaches.





"How we spend our days is, of course, how we spend our lives."

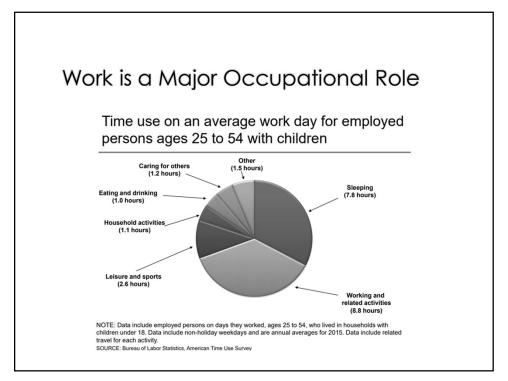


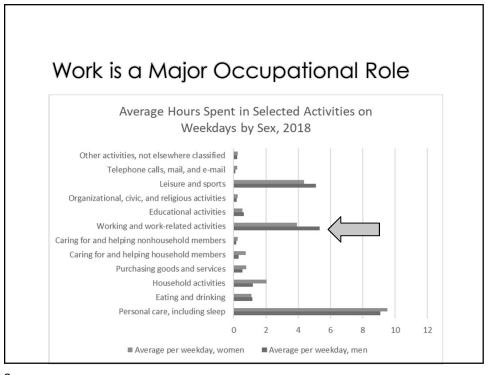
-Anne Dillard, The Writing Life

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## Work is a Major Occupational Role

- According to the <u>Bureau of Labor</u>
   <u>Statistics</u>, the average American works
   44 hours per week, or 8.8 hours per day.
- A 2014 <u>national Gallup poll</u> put the average number at 47 hours per week, or 9.4 hours per day, with many saying they work 50 hours per week.







#### School Based OT

- Michigan was the leader in providing OT services in the schools
  - IDEA was modeled off MI's legislation
  - Leader in integrated services
- Role of OT is to support education for students with disabilities
  - Reading, writing and arithmatic
- Beginning to see universal design concepts applied at all levels
  - Supports all students, including those with disabilities

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#### School Based OT

- Currently OT practice is more intensive in elementary; it becomes less intense in middle and high school
  - Compensatory techniques
  - Technology accommodations
  - Less 1-to-1 skill building work
- More support for the classroom teacher



#### Scenario

Joey is in 8<sup>th</sup> grade, is 14 years old. He did Young Fives before kindergarten but continued to show problems with selfregulation and attention to task. In the 3<sup>rd</sup> grade he was diagnosed with ADHD and LD in the area of reading comprehension and written expression.

 Joey wants to be a Fire-Fighter or a videogame designer when he grows up.

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What can the School OT do to support his progression towards employment?



## School Based OT Role

- Not to provide vocational training or vocational counseling
  - Support those efforts by the team
- Build soft skills so they will be ready for vocational/secondary education
- Independence with academic skills
- Self advocacy for accommodations

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## Next steps...

- High School EFE programs (Education for Employment)
- Project SEARCH, Going-PRO
- Continued exploration and experience with a range of jobs
  - Interview skills
  - · Paid work
  - Identify accommodations



# K-12 Transition Mandate

- WIOA Workforce Innovation and Opportunity Act
- Pre-ETS Pre-Employment Transition Services

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#### Adult Based OT

- Increase the components of function:
  - Strength, endurance, ROM, balance
- ADLs
- Overall goal: Safe and independent function



Chuck is a 45-year-old man, married with no children.

- He was riding his bicycle to work as a chef at Ruby Tuesday and was involved in MVA
  - Mild TBI, legally blind
  - Completed in patient rehab, now receiving outpatient OT services 2x/wk

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#### Scenario

- Functionally independent with ADL tasks at home
- Wishes to return to work to support himself and his family



What can the inpatient/rehab/outpatient OT do to support his return to employment?

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#### Outcome

• Refer to MRS and BSBP

Michigan Rehabilitation Services (MRS)

- Interest inventory/Transferable Skills Analysis
- OJE/OJT based on the result of the testing
  - Formal training or externship as needed
- Self advocacy



#### Outcome

Bureau of Services for Blind Persons (BSBP)

- · ADL techniques modified for vision loss
- Eating without making a mess
- Technology skills
  - Access to phone, computer, etc.
- Mobility and Orientation training
  - · Community integration

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## Mental Health OT

- Typical OT practice in:
  - MI inpatient and CMH/community based
- OT has its roots in Mental Health
- Focus on multi-step team and group projects
- Express feelings and emotions
- Self-regulation skills



#### Scenario

- Betsy is 25 year old who is diagnosed with Borderline Personality Disorder
  - Self-harming activities (cutting)
- Hospitalized in inpatient unit to be stabilized and medications established
- Living independently in community for two years with support of ACT team
- Lives in a mobile home with her seven cats.

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#### Scenario

- Takes medication most of the time (80%)
- Struggles with personal and environmental hygiene skills
- No previous work history
- Verbalizes interest at working as a Barista in her favorite coffee shop.



What can the Mental Health OT do to support his return to employment?

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# Next steps

- OJE/OJT at coffee shop w an inclusive culture
- Job Coaching
- Stress management skills and strategies to use on the job



#### Geriatric OT Services

- OT serves seniors in multiple settings; Inpatient, Rehab, Home Care and SNF
- Multiple diagnosis and co-morbidities are common.
  - Both cognitive and physical decline in function is seen as typical.
- The ability to safely live at the highest level of independence is a major focus of OT services.

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#### Scenario

Mary works as a bank teller; 23 years on this job

- She has multiple diagnosis: Fibromyalgia, Parkinson's, OA in knees and feet, and depression.
- She is 70 Years old.
- She is scheduled for her second knee replacement in 2 weeks



# Geriatric OT Services



# AOTA Critically Appraised Topic (CAT)

\*A product of the American Occupational The Evidence-Based Literature Review Project

Musculoskeletal Disorde

Focused Question

What is the evidence for the effectiveness of occupational therap
individuals with hip and knee replacements?

 No mention of returning to a vocational life role

**Bottom Line for Occupational Therapy Practice:** 

- Bottom Line for Occupational Therapy Practice:

  This review provides a summary of the evidence for occupational therapy's role with major LE joint replacement. Benefits of occupational therapy for this population include the following:

   Preoperative education on self-care, adaptive equipment, home modifications, and accelerated care reduced length of stay and increased quality of life (Crowe & Henderson, 2003; Larsen, Hansen, & Soballe, 2008; Larsen, Sorensen, et al., 2008).

   Community reintegration focusing on new task training in natural environments produced a higher self-reported performance of, satisfaction with, and confidence in completing community-related tasks (Gillen et al., 2007).

   Educational materials created and delivered by occupational therapists offered many physical and psychosocial benefits, in addition to reducing the number of occupational therapy visits (Berge et al., 2004; Butler et al., 1996; Hordam et al., 2010; Nuñez et al., 2006).
  - Focus on ADL performance, compensatory strategies for functional limitations, jointprotection strategies, and adaptive-equipment training as part of a multidisciplinary
    approach reduced pain, depressive symptoms, and disability after major LE joint
    replacement (Donke et al., 2005).
  - More than half of the occupational therapy interventions included exercise, functional mobility, and lower body dressing (DeJong et al., 2009).
  - Multidisciplinary rehabilitation was effective in in-patient and home-based settings and, when organized and started early, produced short-term gains in functional status (Khan

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# Aging Workforce

 Nationally 2 baby boomers leave the workforce for every 1 millennial that joins









# Aging Workforce

 Recognizing and accommodating appropriately in order to retain valued workers



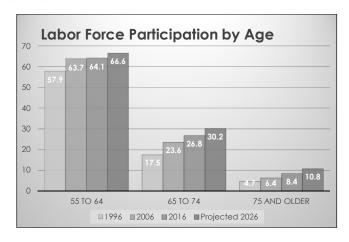






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# Aging Workforce





What can the Geriatric OT do to support her return to employment?

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# Next Steps

- Benefits Analysis
- Accommodations to address typical changes in sight, hearing, endurance, etc.

# Employment of People with Disabilities

Only 30.3 percent of prime working age\* people with a disability were employed in 2016, compared to 81 percent of prime working age adults without a disability, according to Bureau of Labor Statistics data.

The unemployment rate in 2016 for people in prime working age\* with a disability was 11.1 percent, compared to just 4 percent for those without.

\*25 years to 54 years old



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# Employment of People with Disabilities

 43% of workers will acquire a disability later in life
 U.S. Department of Labor, ODEP (2013)



Employment-population ratios of people age 25 and older with and without disabilities, by educational attainment, 2014 annual averages People with With a disability With no disability Disabilities are less likely to 60 be employed, 50 40 regardless of their 20 10 educational attainment associate degree graduates, no school diploma and higher college

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# MRS has Two Customers

Services to Persons with Disabilities

- To prepare for, obtain and/or retain competitive employment.
- Includes exploring selfemployment or owning a small business.
- Employment services to individuals with disabilities are provided in all 83 Michigan counties.

#### Services to Businesses

- Assists businesses with finding and retaining qualified workers with disabilities.
- Helps to identify and implement reasonable accommodations needed for job success.
- MRS helps employers save time and money by maintaining a motivated, reliable and dependable workforce.

Serving the business as well as the worker; a new skill set required of OT

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# The Business Network Division

• BND is the support unit for MRS in serving both customers...the Client and the Business









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# The Business Network Division

- The Disability Management Unit includes Occupational Therapists and Vocational Rehabilitation Counselors
- Expertise in job analysis, client assessment, placement, small business, Transferable Skills Analysis, Business Services and workplace accommodations









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# The Business Network Division

- Business Relations Consultants (BRC) in the Business Services Unit work directly with businesses, supporting their need for a skilled workforce and providing tools to encourage a more diverse workforce.
- BRCs are in each Prosperity Region of the state.









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"Man, through the use of his hands, as they are energized by mind and will, can influence the state of his own health."

-Mary Reily, OTR, EdD

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Work is an ADL too!





Occupational Therapists in all areas of practice are uniquely suited to help our students, patients and clients to participate fully in this essential life role.

# Thank You



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