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The Role of the Occupational Therapist in Life Care Planning

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Abstract

Occupational therapists can provide a unique and critical role in the formation of life care plans. Occupational therapy services typically include individualized evaluations, customized therapy interventions, and ongoing treatment assessment. The purpose of this article is to educate life care planners about the roles and functions of the occupational therapist and understand how their skills can be used to assist in life care plan development.

Occupational therapy (OT) is a health profession that is centered around the client, with the primary goal of enabling individuals to engage in everyday activities, while promoting health and well-being (World Federation of Occupational Therapy [WFOT], 2012). These outcomes are attained by working with the individual and communities by strengthening their "abilities to engage in the occupations they want to, need to, are expected to do, or by modifying the occupation or environment to better support occupational engagement" (WFOT, 2012). The occupational therapist can also provide a unique and critical role in the formation of life care plans, as many of the areas of the life care plan fall under the domain of OT. These areas include daily tasks of self-care, play, school, work, and social participation, which are the very core of the practice of OT. Occupational therapists aid individuals of all ages to function in all environments (e.g. home, work, school, community) by addressing physical, psychological and cognitive aspects of health (Berens & Weed, in press). These facets of health are addressed by providing:

- individualized evaluations to determine the client's goals,
- customized interventions centered around the client's goals to improve ability to complete daily tasks,
- ongoing assessments to assess goal progression and to determine if the intervention plan needs modification.

These services can entail home and facility based evaluations to provide recommendations for adaptive equipment and training. Training can include how to modify a task/activity as well as provide guidance and education to family and caregivers. Examples of these services include "aiding children with disabilities to be able to participate in school and develop social skills, assisting in the recovering of an individual's injury through retraining and adaptations, and providing support for older adults experiencing physical and cognitive changes" (American Occupational Therapy Association [AOTA], 2015).

The Occupational Therapy Practice Framework emphasizes that occupations provide individuals with an identity and a sense of competence, in turn providing significant value to a client (American Occupational Therapy Association, 2014). Occupational therapists begin the initial assessment by understanding the client's reason for seeking services, as well as determining the client's strengths, concerns, barriers and priorities when performing occupations and daily life activities (American Occupational Therapy Association, 2015). The broad scope of evaluations in OT can be seen as there are almost 600 instruments available for evaluations (Asher, 2014). These assessment tools cover areas including:

- occupational performance,
- quality of life,
- disability status and adaptive behavior assessments
- self-care activities
- instrumental activities of daily living (e.g. driving, education, work, play, leisure, and social participation),
- cognitive abilities,
- developmental skills,
- motor and praxis,
- perceptual and, sensory abilities,
- emotional and psychological regulation,
- values, beliefs and spirituality,
- assessments of context (social and virtual)
- and assessments of home and work environments

The use of an instrument is based on many factors including the individual's geographic area, need, identified performance issues, and OT subspecialty. For example, an occupational therapist in one part of the country may use one test to evaluate the visual perceptual abilities for a person with a right hemisphere stroke and a therapist in another facility or part of the country may use another instrument to get that same information. The occupational therapist will choose the most appropriate assessment(s) depending on the factors.

Activities of Daily Living

The performance of activities of daily living (ADLs) has long been the cornerstone and domain of the occupational therapist. While typical self-care skills of dressing, eating, and bathing are often associated with the profession, the full scope of ADL performance is significantly greater (American

Occupational Therapy Association, 2014). Activities of daily living also include:

- bathing/showering,
- toileting and toilet hygiene,
- dressing,
- swallowing and eating,
- feeding,
- functional mobility,
- personal care devices,
- personal hygiene and grooming
- and sexual activity.

Along with ADLs, instrumental activities of daily living (IADLs) are also within the realm of the occupational therapist. Instrumental activities of daily living differ from ADL as they are "complex multi-step activities requiring integration of higher level cognitive skills" and are needed to "participate in complex social relationships and societal organizations" (Hinojosa & Blout, 2004, p.447). Examples of IADLs are

- care of others (selecting and supervising caregivers),
- care of pets,
- child rearing,
- communication management,
- driving and community mobility,
- financial management,
- health management and maintenance,
- home establishment and management,
- meal preparation and cleanup,
- religious and spiritual activities,
- safety procedures and emergency responses,
- and shopping (American Occupational Therapy Association, 2014).

When making life care plan recommendations, the life care planner determines not only what assistance the evaluee needs for self-care performance but also what (if any) assistance is necessary for IADLs. For example, an individual with a diagnosis of traumatic brain injury may be independent in performance of toileting and showering but may require assistance in financial management activities. An individual with a diagnosis of spinal cord injury, however, may require assistance in toileting and showering but may independently able to performance financial management. For the life care planner, planning for these services will be included under the area of home care, but will involve different items of service. Someone requiring assistance in toileting and showering will require a home care aide in the home care section of the plan. The individual with a TBI, however, may require a conservator or bookkeeper also under the area of home care. Both life care planners and occupational therapists consider the needs and equipment needed for ADL and IADL performance. Information contained in the medical records may not represent the client's current abilities and the need for a current assessment may be warranted.

Occupational Therapy Educational Requirements and Specialization

In the United States and Canada, entry-level occupational therapy educational requirements have changed over time, to a Masters level degree. In the United States, the Accreditation Council for Occupational Therapy Education (ACOTE®) has mandated that the entry-level degree requirement for the occupational therapist will move to the doctoral level by July 1, 2027 (ACOTE, 2017). In addition to entry-level education, occupational therapists must be registered or licensed to practice in their state or province. Like many other health professionals, occupational therapists often specialize in an area of practice. These include pediatrics, geriatrics, hand therapy, cardiac rehabilitation, physical disabilities, mental health, ergonomics, and health and wellness programming, to name a few (Berens & Weed, in press).

The Life Care Plan and the Role of the Occupational Therapist

Occupational therapists take a whole-person and client-centered approach to practice and in their consideration of therapy and equipment needs. Front-line clinicians are used to making recommendations for short-term needs (e.g. up to 3 months) so the life care planner will need to request that the occupational therapist make a projection beyond the usual time frame, which is needed for a life care plan. When gathering information related to occupational therapy for a life care plan, first contact the treating therapist if there is one on the file. If that therapist is unable to make the needed projections, additional opinions related to OT may be needed. For example, an individual diagnosed with a spinal cord injury may have received excellent OT interventions during acute rehabilitation but the treating therapist may not have the expertise to make life care plan recommendations pertaining to driving adaptations, necessitating an opinion from an occupational therapist skilled in this area.

Many areas of a life care plan can be enhanced with input from an occupational therapist. These areas include, but are not limited to, projected evaluations, projected therapeutic modalities, aids for independent function/ADL, wheelchair and wheelchair maintenance, wheelchair accessories, durable medical equipment, orthotics (splints for the arms, wrists, and hands), architectural modifications, supplies (adaptive clothing and adaptive feeding), home and facility care, computers (adaptions needed to use electronics), health and strength maintenance, transportation (driving evaluations and adaptations, costs, and replacement schedules for this equipment), complications, and vocational/worksite modifications(Berens & Weed, in press). Many of the core components of a life care plan fall under the professional domain of the OT; in fact, in Canada,

occupational therapists are the primary profession that develops life care plans (Fischer & Wilkins, 2017). Evaluations from an occupational therapist may be key in making life care plan recommendations and it is important for the life care planner to communicate to the occupational therapist what specific information is needed by the life care planner at the time of the referral.

Conclusion

Recommendations from an occupational therapist are vital in the development of a life care plan as many components fall under the domain of occupational therapy. However, the life care planner should be aware that occupational therapists are usually involved in episodic care and may be unaccustomed to projecting lifelong needs (Berens & Weed, in press). They may need education about how the information will be used and what it will mean for them to offer an opinion for the life care plan. Occupational therapists, like other health professionals, tend to specialize in specific areas of practice and consultation, therefore more than one OT may be needed for a specific life care plan. Consultation with occupational therapists who specialize in other professional practice areas can bring added depth and detail to the life care plan.

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