

Occupational Therapy's Role in Assisted Living Facilities

Assisted living is “a long-term-care option that combines housing, support services, and health care, as needed” (Assisted Living Federation of America, n.d.). Assisted living is designed for individuals who require limited assistance with instrumental activities of daily living (IADLs) such as meals, transportation, and medication management, and/or activities of daily living (ADLs) such as bathing and dressing. Occupational therapy practitioners can provide a unique and valuable service in supporting clients residing in assisted living facilities, directly and indirectly, in their occupations (activities) of choice, and in their efforts to remain independent and to successfully age in place.



Occupational therapy practitioners are experts at identifying the causes of difficulties limiting participation in ADLs and IADLs, leisure engagement, and vocational and educational pursuits.

Client health, safety, and well-being are essential considerations for occupational therapy practitioners. Their expertise enables them to consider client needs and environmental factors to develop effective strategies that will maximize quality of life as well as independence in those daily activities that are important and/or necessary to each individual. Occupational therapy practitioners can serve assisted living facilities in a number of different ways.

Occupational therapy services in assisted living facilities can be provided directly to clients who are experiencing a decline in their level of safety or independence or who are recuperating from a specific illness or injury. The primary overarching goal of skilled occupational therapy services in this setting is to maximize independence and participation, thereby enabling a resident to continue to live successfully in the assisted living facility. These services may be provided through a hospital outpatient department, home health agency, or rehabilitation agency, or by a private practice. When developed in conjunction with a physician's plan of care, these services are reimbursable under Medicare and some private health insurances. Occupational therapy practitioners work individually with clients to restore function, compensate for diminished skills, adapt the environment or activity to facilitate independence, and promote health. Areas of direct treatment intervention in assisted living facilities frequently focus on ADL skills such as bathing and dressing, and IADL skills such as managing money and completing homemaking tasks (e.g., adaptive strategies for performing tasks related to laundry). However, occupational therapy practitioners also possess the skills to facilitate a resident's participation in leisure activities, volunteer opportunities, and social interactions within the facility. In the assisted living environment, occupational therapy practitioners provide recommendations for environmental modifications, and may develop programs to address community mobility, dementia management, low-vision needs, falls prevention, and psychosocial well-being.

Occupational therapy practitioners can enhance client well-being and participation by serving as a consultant to architecture firms designing assisted living facilities, or to the assisted living facility that is planning a renovation.

Occupational therapy practitioners understand the functional impact of changes resulting from both normal aging and chronic diseases. Occupational therapy practitioners recommend building design and universal design modifications that may enhance clients' performance in their daily activities and may prevent the need for future environmental adaptation. In these situations, the occupational therapy practitioner may pay special attention to things like door sill height to decrease the chance of falls, and lighting and floor coverings to decrease glare and enhance visual contrast. They can recommend floor plans and environmental elements in the facility that promote socialization and support a resident's ability to participate in meaningful activities. Occupational therapy practitioners are also instrumental in recommending adaptive equipment or changes to existing environments or structures that will accommodate changes as residents age.

Examples include raised toilets, proper grab-bar placement in the bathroom, and suggestions ranging from furniture placement to lamp styles to interior room and apartment color contrasts for enhanced visibility.

Occupational therapy practitioners can enhance the health and wellness, recreational, and mental health support offered by the assisted living facility.

Occupational therapy practitioners have a unique perspective on health and wellness, allowing them to design programs focusing on the beneficial effects of productive, meaningful occupations that enhance the quality of life of older adults. Some of the educational topics that occupational therapy practitioners can address include:

- Energy Conservation
- Falls Prevention
- Home Safety
- Joint Protection
- Benefits of Meaningful Activity (e.g., hobbies, leisure) for overall function and mental health
- Stress Management
- Safe Driving and Community Mobility

Occupational therapy consultants can create health promotion educational sessions that can be provided directly to residents or offered through peer education and training programs.

Occupational therapy consultants can also work with the recreation or activities director by suggesting a balance of activities that meet the social, cultural, spiritual, cognitive, creative, and physical needs of the residents, as well as suggesting productive activities that reinforce self-esteem and sense of purpose.

Occupational therapy practitioners have achieved proven results in addressing many of the behavioral problems associated with Alzheimer's disease and dementia, and in assisting caregivers with these issues (Letts et al., 2011).

Many assisted living facilities serve older adults with dementia. This population requires specialized activity programming that focuses on supporting remaining capabilities while maintaining health and safety. The occupational therapy practitioner will carefully consider individual performance skills and factors that may have a negative impact on residents' ability to participate (e.g., lighting, noise, number of other people in the area) and recommend changes to support better performance.

Occupational therapy practitioners can provide staff training on a variety of issues to enhance the independence and safety of the residents, as well as reduce staff injury. Occupational therapy practitioners provide training to the staff at assisted living facilities that will enable them to support client independence and social participation. Instruction in safe transfer techniques, adaptive equipment training, communication and behavior management strategies for clients with cognitive or sensory impairments, and ways to prevent falls are just some examples of the broad range of caregiver education that occupational therapy practitioners contribute in the assisted living setting.

References

- Assisted Living Federation of America. (n.d.). *What is assisted living?* Retrieved from http://www.alfa.org/alfa/Assisted_Living_Information.asp
- Letts, L., Edwards, M., Berenyl, J., Moros, K., O'Neill, C., O'Toole, C., & McGrath, C. (2011). Using occupations to improve quality of life, health and wellness, and client and caregiver satisfaction for people with Alzheimer's disease and related dementias. *American Journal of Occupational Therapy*, 65, 497–504. <http://dx.doi.org/doi:10.5014/ajot.2011.002584>

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

