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# Mendelova univerzita v Brně



## **Sborník z mezinárodní vědecké konference ICOLLE 2013** **Proceedings of international scientific conference ICOLLE 2013**

### **Editoři sborníku:**

Lenka Danielová

Dana Linhartová

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2013, Křtiny

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Proceedings of international scientific conference ICOLLE 2013**



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# **Ergoterapie u starších dospělých**

## **Occupational therapy for older adults**

**Michał SZYSZKA<sup>137</sup>**

### **Abstract**

Occupational therapy, in a traditional meaning, plays a specific role in social and vocational rehabilitation of the disabled. Presently, the dynamic changes in this area can be observed: the roles and the meaning of this profession is being enriched by wide aspect of prophylaxis, support, education, new objectives in the health care and promotion of social participation among various groups of clients. The catalogue of professional roles that provide a space for the activity of an occupational therapist is developing; it includes such roles as of a clinician, counselor, coworker, tutor, educator as well as ergonomist.

Today, occupational therapy is a complex intervention that is focused on enabling different groups of beneficiaries (clients) to reach satisfactory level of functioning and participation at social and vocational life. An important group of these clients are the elderly. The profession of occupational therapist provides wide range of possibilities to work with this group of people, both in supporting them in sickness and in organizing their free time, education, facilitating, strengthening and maintaining their participation at social life.

### **Key words**

Occupational therapy, role of OT in senior's education, occupational therapist

### **Abstrakt**

Ergoterapie ve svém tradičním pojetí, má specifické místo v rámci sociální a pracovní rehabilitace postižených. V současnosti můžeme sledovat mnoho dynamických změn v dané oblasti, které se týkají především rozšíření působnosti terapie, a to v rámci prevence, podpory, vzdělávání, zdravotní péče a propagace u různých skupin klientů. Role a pracovní náplň ergoterapeuta se výrazně rošířila, a zahrnuje nyní práci klinického pracovníka, poradce, spolupracovníka, vedoucího a školitele. Ergoterapie se zaměřuje na

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to, aby nejrozličnějším skupinám klientů umožnila dosáhnout uspokojivého stupně fungování a podílení se na společenském a profesním životě. Významnou terapeutickou skupinou se v současnosti stávají senioři. Terapeut má možnost podporovat klienta při nepříznivých stavech nemoci, stejně tak jako pomáhat mu v organizování jeho volného času, vzdělávání, zachovávání a posilování jeho společenského statutu.

### **Klíčová slova**

ergoterapie, role ergoterapeuta ve vzdělávání, vedoucích ergoterapeut, zaměstnání

Despite the long and rich tradition (its origin is dated on the 20's of the XX century, some methods had been developed as far as in the ancient times), only recently has occupational therapy been fully treated as a profession, with such elements as: scientific research, access to standardized tools, university education and autonomy of the profession. In the area of modern occupational therapy great changes, related to its professionalization, occur. Therapy becomes an interdisciplinary profession; the range of tools and available methods is growing as well as the scope of cooperation with other professions and groups of clients benefiting from the therapeutic activities. Nowadays, in most West-European countries occupational therapy functions as medical studies, yet it is located in the areas of medical and social sciences.

### **Objectives**

This paper points out to the changing roles and objectives of occupational therapy, the increasing range of possibilities, activities and tools within this area, especially the opportunities occupational therapy provides for working with and education of the elderly. The objective of this paper is to briefly present the current role of occupational therapists, in particular within the context of work with the elderly and in the context of integrating therapy in the process of education and inclusion. The aim of the paper is also to point out to the process of professionalization of OT in Poland as well as – what intertwines with this professionalization – the increasing role of therapists' autonomy along with the demands for cooperation with other specialists who work with and for older adults.

### **Material and methods**

This paper focuses on the analysis of role and tasks of occupational therapists in Poland as compared to the functioning of occupational therapy in the Western European countries, definitions and models promoted by the main institutions representing this profession: ENOTHE and WFOT. Furthermore, wider perspectives and possibilities to include OT in various forms of elderly support are presented. Conclusions have been

drawn upon the analysis and observation of the changes that are occurring<sup>138</sup>. Up till now, there were no research dedicated to the role and functioning of occupational therapists, we lack publications on this subject and most of the available materials are of methodic or opinion-forming character. Thus, the article is only a forecast and points out to some important gaps which, due to ongoing process of professionalization of OT and its functioning as an independent branch of university education, should soon be filled.

## Results and discussion

The key starting point for the discussion should be the understanding of occupational therapy as a profession, the profession itself and its processes. It is here where we can observe the important accents, stresses located between medical and social area, the elements that greatly influence the roles and tasks of occupational therapists.

### Traditional and modern understanding of occupational therapy

The meaning of the term 'occupational therapy' is derived from the Greek *therapeía* (service, care) and *érgon* (work, effort). This translation points out to occupational therapy mainly as ergotherapy and this is the meaning adopted in most of the Western countries, promoted by ENOTHE<sup>139</sup> and WFOT<sup>140</sup>. However, in Poland as well as in Czech and Slovakia, ergotherapy is meant not as a synonym for occupational therapy but rather as one of the methods it uses along with: sociotherapy and art therapy (Baum 2009: 22). 'With its definition restricted to ergotherapy (gr. ergon – work, occupation), occupational therapy refers to rehabilitation that takes the form of workshop activities - ceramic, weaving, carving etc.' (Pilch, 2007: 673). As a consequence, occupational therapy includes 'various types of therapy, realized in the form of different activities, e.g. bibliotherapy, ludotherapy, art therapy, horticultural therapy' (Pilch, 2007: 673).

What actually is occupational therapy in the traditional approach? The most classical and common description was introduced by Kazimiera Milanowska (the 60's) who pointed out that occupational therapy involves certain physical or mental activities, prescribed by physician and led by professionals in a given field, that are to restore patient's physical and mental fitness. There is, thus, an opinion that OT is primarily a "treatment with work and activity" (Milanowska, 1982: 15), for example "a set of physical and mental activities inspired and led by the team of specialists in order to maintain, restore or gain proper psycho-physical condition" (Kozaczuk, 1999: 7).

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<sup>138</sup> The author is the graduate from over 2-year educational project „Improving the didactical and scientific potential in terms of occupational therapy as a key to universities' development“ which included education in knowledge and skills in OT led by foreign educators and ENOTHE experts.

<sup>139</sup> The European Network of Occupational Therapy in Higher Education

<sup>140</sup> World Federation of Occupational Therapists

The aforementioned definition of occupational therapy refers mainly to the support in the area of physical, intellectual and mental functioning of a person undergoing therapy and involves using his potentials, skills and abilities. The traditional understanding of occupational therapy, despite its medical origin, stresses the interdisciplinary character of this profession and its practices. It includes medical but also psychological, pedagogic or social support. Nevertheless, in this traditional approach occupational therapy is seen, first of all, as an area of rehabilitation that combines the elements of physio-, psycho- and ergotherapy as well as art therapy. Through properly selected activities they all provide an opportunity to exercise certain movements or learn certain compensation and by this to improve the physical condition of a patient (Kwolka, 2003: 460). This approach stems from the origins of occupational therapy, namely medical sciences and thus qualifies it to and links with this type of science.

The traditional understanding of occupational therapy, connected with its medical roots, has been followed by some simplifications. That is, first, associating occupational therapy with working with the disabled and mentally ill, and second, linking it to art therapy and manual activities. These simplifications have become the dominating tendencies in Poland due to create in the 90's and functioning till today institutional frames of social assistance system and the mechanisms of financing the institutions that provide occupational therapy. In fact, the biggest number of occupational therapists works in occupational therapy workshops and community self-assistance homes, only the third group are therapists employed in social assistance institutions. An important fact is that occupational therapy exists as a direction of university studies barely from 2011, until then was available only in post-graduate studies and specialist courses.

At present other, wider aspects of occupational therapy are emphasized. Surely, defining the range of responsibilities or methods of therapy may differ depending on a country, yet the main characteristics, the roles of a therapist in society or methods of evaluating the effectiveness of therapy and the level of beneficiaries' satisfaction are usually similar. Occupational therapy is a profession based on the assumption that ordinary activities like work, play, daily tasks, and hobby bring recovery and normalization from the point of view of the effects of therapeutic process. The aim of occupational therapy is to help in achieving the maximum of ability and independence, to assist in fulfilling various social roles and, in consequence, to increase one's self-esteem through the development of those abilities that has been reduced as a result of sickness, accident or disability (Bac, 2011: 45). It is worth to recall the definitions popularized by the two leading organizations: WFOT and ENOTHE. They define occupational therapy as "a client-centered health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational

engagement” (WFOT, 2012). In order to fully understand this definition – and the essence of the therapeutic activities – it is necessary to understand the term ‘occupation’. According to ENOTHE occupation is “a group of activities that has personal and sociocultural meaning is named within a culture and supports participation in society. Occupations can be categorized as self-care, productivity and/or leisure” (ENOTHE, 2013).

### **The role of occupational therapy in education and support of older adults**

An occupational therapist plays an important role in health care prophylaxis and promoting the participation of the elderly in social life. The basis of occupational therapy is the conviction that occupation and awareness of participation in it is one of the primary therapeutic impulses and, simultaneously, the goal of a planned and undertaken intervention. As it has been pointed out, occupational therapy is a profession oriented towards promoting and supporting health and psychological condition through occupation, and its main objective is to enable people not only to improve their well-being but also to allow them to participate fully in everyday activities. Therefore, occupational therapy is a complex intervention that concentrates on enabling older people to reach a satisfactory level of functioning and to develop their participation in social life.

In therapy for the elderly the activities such as work, self-care, everyday duties (washing, cleaning, preparing meals, shopping etc.), active entertainment and leisure, contacts with the environment have a very important regenerative and normalizing function. Thus, they became a significant area. In this context two dimensions of occupational therapy for older adults may be listed: **a therapy through occupation** and **a therapy to occupation**. The therapy through occupation uses various activities, mainly manual ones, which – when performed properly and in regular time intervals – may improve or maintain certain abilities (Rogers 2005: 72). This way, regular manual activities that a beneficiary likes to perform (they give satisfaction) are to improve the functioning of some body parts (e.g. hands, wrists) or to retrieve or maintain psychomotor fitness. The therapy through occupation uses different methods and techniques: they can be projection methods like discussion about certain photographs and pictures in order to exercise memory or concentration span, special computer games with proper interfaces to regain manual abilities. Art therapy and gardening may be used to serve the same purpose. Another category is the therapy ‘to occupation’. It involves using various techniques, coordinated and complex set of activities aimed at achieving a certain goal. This goal may be the ability to move or prepare meals without assistance or, for example, ability to initiate social relations, to function in a group etc. In this type of therapy clients learn, step by step, how to perform various activities and undertake various tasks leading towards one, defined and planned in advance with a therapist, goal. Here, occupation is understood in a complex manner and refers mainly to everyday activities. As it has been already mentioned, it may refer to leisure, functioning in social



relations, ordinary daily tasks such as dressing, washing, cleaning, eating, going out, participating in organized classes etc. The activities are considered each time as the activities that bear significance are purpose in client's life, fulfilling them is meaningful. These activities may be crucial for a person, their functioning, well-being, competencies, social relations and, in further perspective, have a great influence on the way they spend their time, on their lifestyle, functioning in the closes environment and decision making processes (Bac, 2011). An example may be the role of occupational therapists in hospitals working with e.g. patients recovering from an accident or a stroke, specifically discernment of traditional roles fulfilled by doctors, nurses and occupational therapists. While the doctor's role is to apply certain treatment and the nurse's task is to care about patient's somatic functions and hygiene, the therapist would be a model of co-therapist who conducts or supplements activities - through instructing, motivating and daily regular exercises - that would secure, enhance patient's well-being and independence (especially in the ADL area), develop patient's social relationships and communication with environment. Another valuable example may be the cooperation of occupational therapists with clients and their closest family in their own environment – place of living. The practice directed in such way allows for the proper diagnosis of functioning, for localizing and removing barriers, for optimization of the performed activities and proper training (for clients and their careers). Other, similarly important area of activity is related to adaptations designed by an OT for better functioning of the elderly in their natural environment.

The work of occupational therapists is based on the fundamental principle, namely the client-centered practice. This approach involves the analysis of needs, resources and supporting clients in three key areas: self-care, productivity (education/ work) and leisure (which includes so called social life). The philosophy of the client-centered practice as a model approach in the therapeutic and rehabilitation processes<sup>141</sup> is adopted by all organizations connected with occupational therapy (ENOTHE, WFOT, AOTA, and CAOT) as the universal attitude of therapists towards clients. It assumes that the external support (assistance, social rehabilitation, therapy) is a type of facilitation that helps clients to make decisions, to become aware of their needs and to reach goals. CCP involves selection, organization and performing activities with regard to the needs of a client and his environment, activities that are **meaningful, purposeful** and **achievable** (realistic) for a client and his functioning in his natural environment. In each case it is the client who defines the goals and intervention strategies, and he may choose from proposed types, techniques, methods (Roberts, 2005) and the intervention is planned according to the goals important to the client and his well-being. Certain expectations and needs of a beneficiary are the most important in planning the direction and the type of therapy. Occupational therapy used in social assistance homes and long-term care institutions for the elderly may serve as an example here. According to the

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<sup>141</sup> C. R. Rogers, *Client centered therapy*.

needs, interests and abilities, various methods and techniques from the following three areas are used: art therapy, ergotherapy and sociotherapy with rehabilitation.

The aim of occupational therapy is to help in reaching the maximum level of functional independence, increasing self-esteem and self-worth through developing the abilities that have been reduced by age, sickness or disability (ENOTHE 2013). Achieving a goal formulated this way is possible mainly through the diagnosis of client's functional abilities; of the support he may get from his environment and of the way to increase their level (Perrin, 2005: 94). Therefore, the work of an occupational therapist requires certain characteristics: communicativeness, observation skills, the knowledge of the diagnostic tools and constant search for solutions and intervention approaches – also the innovative and the unconventional ones. This work requires creativity and numerous competencies that help to meet the requirements of health care especially in case of older people. One of the important paradigms of modern occupational therapy is the focus not on the old age or sickness but on the needs connected with realization of certain tasks. Intervention requires, thus, creating the individual pattern of activities for each client. It is due to the different needs, abilities and resources of clients and their environments. In order to realize such tasks, occupational therapists need to possess very high competencies (the professionalization), knowledge and practical skills, while their tools may be ordinary, everyday activities together with adaptations and interventions performed in client's environment. These, when performed in a certain way, are to improve client's functioning.

## **Conclusions**

Occupational therapy has come a long way from functioning strictly in the area of science and medical practice (as a discipline of rehabilitation) to the interdisciplinary setting within the medical and social sciences. This process is already completed in the West Europe, and recently has been in its final phase in Poland. Nowadays, despite the still existing differences, variations within OT according to local or national specifics, resources and possibilities occupational therapy may be generally understood as a profession that aims at achieving by clients the maximum level of fitness and independence and supporting them in fulfilling various social roles. The main assumption, in turn, points out that the ordinary but important activities such as work, education, recreation are of great rehabilitation significance. Occupational therapy plays an important role in working with the elderly. And this role may increase in the future as it provides wide, effective and, first of all, attractive and likable by the elderly themselves, activities. They include, on one hand, such fields of occupational therapy as bibliotherapy, special computer games, dedicated Wi-Fi applications, art therapy and ergotherapy: various manual activities dedicated to certain age groups (ludotherapy), musicotherapy, various forms of recreation (like silvotherapy, horticultural therapy) etc. On the other hand, there is a therapy described as “to occupation”, that is the diagnosis and training the elderly in order to increase their self-dependence and the range of



performed activities and daily routines. They include e.g. exercises with people who underwent a stroke or suffer from Alzheimer's disease, educational and training sets supporting various activities performed by older people as well as proper adaptation of the elderly' space and providing them with properly designed equipment. It is a special place for cooperation with client's closest environment and neighborhood and cooperation with other specialists e.g. doctors, rehabilitants, nurses, social workers, leisure time animators, cultural institutions, recreation centers etc. Due to ongoing professionalization of OT, the growing level of professional autonomy of occupational therapists cannot go unnoticed, as from the ones who only apply doctor's orders they become equipped diagnosticians, designers (as they, together with clients, set goals, methods, time limits, plan therapy with all its steps) and evaluators. Simultaneously, the meaning of consultation and team work increases as nowadays occupational therapists should work within interdisciplinary teams. This allows for more complex insight in clients' problems as well as for consultations among the specialists from different fields. According to this pattern, a therapist according to the needs arising constantly cooperates with other specialists: psychologists, pedagogues or andragogues, doctors, rehabilitants etc.

Finally, one last reflection to be shared. In Western European countries occupational therapy is based on models, therapists work according to such (e.g. *Canadian Model of Occupational Performance*, *Person – Environment - Occupation Model*, *Person-Environment-Occupation-Performance Model*, *Kawa Model* or *Model Of Human Occupation* (MOHO)). The foundation for all those models is, in turn, the universal client centered practice defined by Rogers. Each model entails some resource, not only philosophical but also instrumental: diagnostic tools and methods, evaluation forms, therapeutic procedures. In Poland, like in Czech Republic or Slovakia, models were not popularized – we use different methodic tools, however, client centeredness is the universal, yet, independently worked out practice. There is a lack of wide range of instruments, professional tools designed and improved on a big scale like in Canada or the Great Britain but occupational therapists, often on their own initiative, search for their own practical and effective solutions. Occupational therapy follows different paths, yet its goals and deep humane perspective, despite those various paths, are perceived and achieved very much alike.

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