Enriching Life for the Homebound
An Occupational Therapist's Perspective on Aging in Place

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An 80-year-old widow, who now lives alone, contacted our human service agency seeking assistance with a food delivery. She was referred for OT to support her in rebuilding her life, rediscovering her self-confidence, and engaging in activities for emotional well-being. Together, we formed a singing group over Zoom which has brought meaning and purpose back into her life. We are also working together to add more structure to her week.

As my parents got older and developed health issues, visitors became an emotionally therapeutic necessity. I had worked as an Occupational Therapist in fairly traditional settings such as hospitals, home care, and schools, but had never really dived into the area of mental health. The experience of trying to keep my parents' moods uplifted, heightened my awareness of the population of people who feel a lack of purpose due to inactivity.

I would spend every visit with my parents doing something with them that they enjoyed. My father loved to study topics of interest with a small group, often taking on the role of the "teacher" himself. He also spent time teaching me foreign languages, sharing songs from his childhood, and working on a most valued project, his family tree.

My mother had been an excellent cook. As she aged, however, she lost her ability to remember some of her classic recipes, so our palettes had to adjust to the new gustatory experience! She also enjoyed singing and painting watercolors. My siblings and I made sure that my parents could engage in these activities at home, providing a context in which they could age gracefully and happily. Often, this meant hiring specialists to come to their home several times a week, not an easily affordable or realistic option for many seniors.

It was during this period that I had an "aha!" moment. I realized that we were basically hiring people to do activities with them that were similar to those that a mental health OT might utilize. In addition to coordinating social visits and study partners, we hired a personal trainer and an art teacher (of both fine arts and music) who had trained themselves to work with the homebound population. These special classes (music, art, exercise) helped keep our parents' bodies and minds active and enabled them to have a better quality of life. Though the various teachers didn't have the science and activity analysis background of an OT, nor our particular professional "frame of reference", they had a similar goal of making a positive change through the activity which they did together.

After my parents passed away, I decided to explore the feasibility of creating an OT private practice which would offer the homebound individual *a lifestyle that would promote self-worth*. I began by asking a diverse group of older adults who were stuck at home how they spend their time, and frequently received the following response: They do a lot of sleeping, watching TV, and waiting for someone to come visit.

As I contemplated how to address the dilemma that this disengaged population was facing, I considered the following basic assumptions:

- *Productivity leads to improved self-confidence and self-worth.*
- *Mental health can positively or negatively impact physical health.*
- *Looking forward to a desired activity brings feelings of joy and purpose.*

(Pressman, S., Matthews, K., Cohen, S., Martire, L., Scheier, M., Baum, A. Schulz, R.,2009).

How do we keep our aging, and/or frail, homebound population healthy, happy, fulfilled, and purposeful?

Jewish Family Services
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I decided to discuss this dilemma with the California researchers who did a series of studies called the "Well Elderly Studies". Their research found that "an important key to remaining independent is having a history of health promoting occupations" (Clark, Jackson, Carlson, 1998). The interventions used were based on the theory of occupational science. Participants in senior residences were invited "to actively and strategically select an individualized pattern of personally satisfying and health promoting occupations". This activity selection resulted in improved physical and mental health and overall life satisfaction. One of the researchers that I spoke with encouraged me to plow ahead and try out my idea with the isolated, homebound population for a more extended period.

There are often fine lines between the health professions of Occupational Therapy, Recreational Therapy and Social Work, making it harder for the layperson to understand their different approaches. We all share the common goal of improved satisfaction with life. Often, Occupational Therapy may appear to the lay person as Recreational Therapy, if our activity of choice appears recreational or, as Social Work, if the visit consists primarily of a conversation about how the elderly person is feeling. In fact, though, each discipline has its own unique set of tools. OTs, for example, use science, psychology, kinesiology, activity analysis, as well as our profession's frames of reference to help select an appropriate activity. We support the client in using an activity and assist in making the necessary adaptations in order to accomplish any given goal. This in turn, positively impacts self-esteem, self-confidence, and the ability to carry out meaningful values. The occupation-based model guides us to have an integrative view of human occupation. (Kielhofner & Burke,1980)

Next steps-Setting up a program: Trials and Tribulations

Following the encouragement of one of the researchers, I set up a private practice in 2017 to try out their theory amongst those living in private homes. I collaborated with each client to set goals and provided them with opportunities to engage in emotionally rewarding activities.

I spent much time educating other professionals about my role in mental health recovery and encouraging local physicians and social workers to refer clients to me. Though this "novel" form of therapy made sense to the other professionals, many were hesitant to try this new intervention because it is not listed under any of the insurance billing codes. Convincing colleagues that this was worth trying was a challenge in itself. After several months of working with a small number of clients, my role became an important and necessary cog on the wheel of their mental health therapy team.

"Psych" OT is an integral part of our training and was the primary focus area when the field originated (Slagle, 1922). Since it is not new to Occupational Therapists, why, then, are we not spending our hour-long sessions with a client just doing an activity that will improve their mental health? After doing a bit more research, I discovered our challenge:

We face a reimbursement issue

OTs are trained in both physical and psychosocial realms, but due to time constraints and insurance requirements, most of our energies tend to go toward the rehabilitation component of increasing physical independence. If a homebound client's main issue is that he/she is suffering from depression or anxiety, an OT intervention for that alone will not be covered by their health insurance unless there is a physical disability to treat as well. (On a personal note: I contacted a manager in our local health insurance company asking her about mental health coverage for OT, and her reply to me was: "Believe me - I wish it were covered! My mother would be one of your first clients if it were!")

Encountering this new dilemma, I determined that I would have to explore other ways of getting paid, so I attempted to apply for grants and offered sliding scale payments to lower income clients. I began to realize,

however, that applying as an individual would be very challenging and that my grant options would expand if done in collaboration and with the support of an organization that shared my vision.

So, I began to approach various local not-for-profits, who were unaware of the contributions that Occupational Therapists can make in mental health. For several years now, I have "courted" and educated organizations; my goal was to demonstrate that what we do is actually a beneficial, effective, and practical way of improving mental health, as well as a precursor to improved physical health.

Finding a home for a pilot program

It has been a long journey, one that has required much patience and perseverance as I spent many hours educating fellow health professionals on the importance of *emotional well-being* as a necessary component to overall health.

At long last, I joined the ***Jewish Family Service of Northeastern New York***. This not-for-profit organization agreed to do a pilot program to implement home based Occupational Therapy for Life Enrichment for clients whose isolation has the potential to affect their health and well-being. In addition to our staff which devotes its energy to improving the quality of people's lives, I have also had several energetic Fieldwork Level II students who have supported me in carrying out this endeavor.

My interventions are client-centered. People often ask me: "What kinds of things do you do in therapy?" My response is that I collaborate with the individual to discover what activity uplifts him/her, and what role the person enjoys. For example, I have noticed that some prefer the role of "teachers," some identify as "receivers," others as "partners," some as "leaders," and some as "volunteers." How one views him/herself needs to be taken into consideration when selecting and setting up the activity. If the activity brings about emotional healing and positive energy, we know we have achieved an important goal. Activity choices include learning a new language, discussing an article, creating mosaics, singing, and drawing on cards and donating them to a charity. The range of possible activities is endless and new ideas arise weekly.

Lessons from the Pandemic

I began writing this article *before* the pandemic, when my focus was primarily on the homebound client. Since the onset of COVID-19, the numbers of individuals who are homebound has escalated with more people feeling the effects of the disruption of their lives. Isolated clients are grateful to have OT services and they embrace the idea of engaging in small group activities once or twice weekly. Setting up these "occupational lifelines" has been vital for mental health recovery. OTs facilitate activity selection, assist in finding others with shared interests, and implement/adapt the processes, working collaboratively to make decisions that are client centered.

Here are a few more examples of clients who began therapy *before* the pandemic and continue to receive services:

1- An active 90-year-old man, with a severe hearing impairment, enjoys gardening. Prior to the pandemic, a focus of our sessions together would be around garden planning. During the mask wearing requirement, when hearing was even more challenging for him, I communicated with him using a whiteboard and texting. This same gentleman, still socially isolated, has expressed a strong desire to stay connected to his faith community and to his family. I have been training him to use Zoom so that he can maintain past relationships and remain "virtually" connected to the important people in his life.

2- A 67-year-old man with emphysema is unable to leave his home for lengthy periods. He was referred to me to help him re-engage in activities while being homebound. After re-igniting his interest in mosaics, we worked on mosaics together in the community room of his apartment. Now, with some of the social restrictions still in place, we are making plans to set up a home workspace dedicated to his leisure activities. Until his table and materials arrived, my student and I did virtual mosaics with him on the

internet to provide him with an outlet for his creative abilities. Once he is set up to do mosaics at home, he will do this over Zoom with others.

3- A 101-year-old woman, with moderate visual and hearing impairments, lives with her working son, and would like to nurture her cognitive and leisure interests. In response to COVID-19 restrictions, I have set her up with learning partners over Zoom, so that she can continue to pursue her interests in word game challenges, languages, and opera, to maintain her sense of self. All activities are adapted to her level to ensure her success.

The current pandemic has highlighted the need to discover creative ways to live purposefully when homebound. It has also allowed clients to appreciate the contributions that OTs can make to support those who are isolated due to physical or psychosocial limitations. By applying professional skills and personal sensitivities, Occupational Therapy can enrich the lives of this underserved segment of the population.

Feeling good emotionally can greatly increase motivation to physically partake in activities.

As life expectancy increases, there will also be more people aging at home. I believe our mission as therapists is to keep reaching out to hospitals, physicians, insurance companies, and not-for-profits that work with the homebound population, so that mental health OT can be recognized as essential for promoting overall wellbeing. Until we can document and prove in our research that OT interventions for mental health can actually help cut medical costs for medications such as anti-depressants, hospital re-admissions, etc., health insurance companies will not be likely to cover this part of the service that we provide.

In the meantime, hearing words like, “This new activity is warming my heart”, or “It has been so long since I was able to enjoy myself like this” motivates me to pursue this cause.

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