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Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists

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Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the
Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists

by

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Advisor: Mandy Meyer, PhD

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Submitted to the Occupational Therapy Department

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for the degree of

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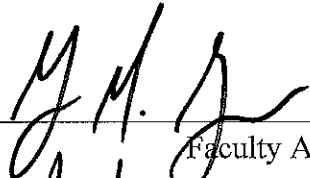
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APPROVAL PAGE

This scholarly project, submitted by Ashley Ystaas, MOTS and Kelsey Raymond, MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.



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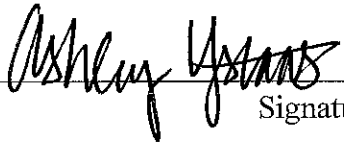
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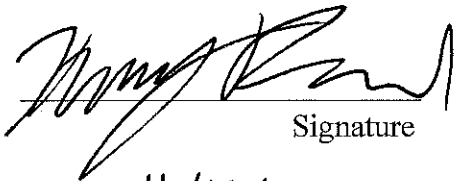
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ABSTRACT

Young and middle-aged adults experience disruptions to their daily life roles and responsibilities due to the variety of impairments they may face following a stroke. This population is in the time of their lives where they have a variety of roles and responsibilities that are important to them such as work, parenting, home management, education, driving, community re-integration, and social participation (Harris & Bettger, 2018; Lawrence, 2010, Maaijwee et al., 2015). An extensive literature review was conducted to determine if and when occupational therapists address roles during the rehabilitation process with young and middle-aged adults post-stroke. The thorough review of literature verified that there is a lack of emphasis placed on addressing prior life roles with this population. The literature review indicated that there is a need to educate occupational therapists on the importance of addressing returning to prior life roles during the rehabilitation process with young and middle-aged adults post-stroke.

Although occupational therapists have the skills to address meaningful life roles in young and middle-aged adults post-stroke, there is a disconnect between the literature and what is happening in practice in regards to addressing roles prior to discharge. A common theme that was found among the literature was that young and middle-aged adults post-stroke find transitions following discharge to be extremely difficult as they are ill-prepared to successfully return to their prior life roles and responsibilities

(Anderson & Whitfield, 2012; Burton, 2000; Cott, Wiles, & Devitt, 2007; Lawrence, 2010; Meijering, Nanninga, & Lettinga, 2015). Involving the client in the recovery process by collaborating to address one's roles in conjunction with other necessary rehabilitation earlier on in treatment can be beneficial in reaching both the goals of the client and the occupational therapist (Lloyd, Roberts, Freeman, 2013; Schiavi et al., 2018; Van der Kemp et al., 2017).

The findings of the literature review provide support for the development of a product that aims to inform occupational therapists in the inpatient rehabilitation setting about the importance of addressing return to roles in young and middle-aged adults post-stroke, as well as to provide guidance for how to incorporate roles into the treatment process. The overall goal of “Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists” is to enhance role transitions following discharge.

CHAPTER I

Introduction

Strokes are a major cause of disability in the United States that may result in impairments that affect one's physical, emotional, and cognitive functioning (Center for Disease Control [CDC], 2018). Approximately one in seven strokes within the United States occur in individuals between the ages of 15 and 59 (CDC, 2018). The targeted population of this scholarly project is young and middle-aged adults who have experienced a stroke. Young and middle-aged adults are those ages 18-64 who are in the time of their lives where they are involved in a variety of roles and routines that are focused on establishing themselves such as work, parenting, home management, education, driving, community re-integration, and social participation (Harris & Bettger, 2018; Lawrence, 2010; Maaijwee et al., 2015).

An extensive literature review was conducted to determine if and when occupational therapists address roles during the rehabilitation process with young and middle-aged adults post-stroke. The authors of this scholarly project identified that there is a lack of emphasis placed on addressing prior life roles with this population following a stroke, yet this population has identified desires to address life roles during their rehabilitation process (Burton, 2000). Due to the variety of roles and responsibilities that young and middle-aged adults have as well as the increase in prevalence of strokes in this population, there is a need for occupational therapists to focus on assisting them to return to prior life roles early on in the rehabilitation process.

The authors of this scholarly project found that there was an apparent disconnect between what therapists feel is necessary to address during the rehabilitation process and what clients desire to address. Through the review of literature, the authors concluded that the inpatient rehabilitation setting would be the most appropriate phase to begin addressing young and middle-aged adults' prior life roles. The review of literature highlighted various barriers that occupational therapists face when attempting to provide client-centered, holistic care in the inpatient rehabilitation setting. Therefore, the authors of this scholarly project desired to create a product that will provide occupational therapists with relevant education and strategies to assist in overcoming the multitude of barriers and be better able to address the needs of this population in returning to their roles. Thus, a concise, informational in-service, "Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists", was created and intentionally geared toward occupational therapists in the inpatient rehabilitation setting.

The authors of this scholarly project found that there is little research available regarding if and how occupational therapists assist young and middle-aged adults post-stroke to return to their prior life roles. The lack of information highlighted the importance of creating a product that guides and informs occupational therapists about the benefits of addressing life roles prior to discharge from an inpatient rehabilitation setting. "Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists" was developed using the Person-Environment-Occupation- Performance (PEOP) model as a guide. The PEOP model focuses on the interactions between person, environment, and

occupation factors, and how the interactions affect one's occupational performance and engagement in daily life roles (Bass, Baum, & Christensen, 2017). The intended purpose of using the PEO model to guide the development of this product was to focus on how various factors of a person promote or inhibit engagement in one's meaningful roles and responsibilities.

Key Terms

Key terms that are utilized throughout this scholarly project are defined below.

- Activities of Daily Living (ADLs): “Activities oriented toward taking care of one's own body” (e.g. bathing/showering, toileting, dressing, feeding, functional mobility, personal hygiene and grooming, etc.) (American Occupational Therapy Association [AOTA], 2014, p. S19).
- Autonomy: “Self-directing freedom and especially moral independence” (Autonomy, n.d.).
- Home Management: “Obtaining and maintaining personal and household possessions and environment (e.g. home, yard, garden, appliances, vehicles), including maintaining and repairing personal possessions (e.g. clothing, household items) and knowing how to seek help or whom to contact” (AOTA, 2014, p. S19).
- Instrumental Activities of Daily Living (IADLs): “Activities to support daily life within the home and community that often require more complex interactions than those used in ADLs” (e.g. care of others/pets, financial management, home management and maintenance, meal preparation and cleanup, etc.) (AOTA, 2014, p. S19).

- Occupation: Tasks, activities, and roles that individuals need or desire to pursue (Bass et al., 2017).
- Occupational Identity: “Composite sense of who one is and wishes to become as an occupational being generated from one’s history of occupational participation” (AOTA, 2014, p. S43).
- Occupational Therapy: “. . . the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings” (AOTA, 2014, p. S1).
- Performance Skills: “. . . goal-directed actions that are observable as small units of engagement in daily life occupations. They are learned and developed over time and situated in specific contexts and environments” (AOTA, 2014, p. S7).
- Role: “. . . sets of behaviors expected by society and shaped by culture and context; they may be further conceptualized and defined by a client (person, group, or population)” (AOTA, 2014, S8).
- Young and Middle-Aged Adult: Those ages 18-64 who are in the time of their lives where they are involved in a variety of roles and routines that are focused on establishing themselves (Harris & Bettger, 2018).

Overview of Chapters

Chapter II includes an extensive review of literature that serves as a base for this scholarly project, as well as an introduction to the model that was chosen to guide the development of the product. Chapter III outlines the methodology that was used to create the product. Chapter IV includes an overview of the product. The product in its entirety

can be located in appendix A. Chapter V consists of an overall summary of this scholarly project and includes limitations and recommendations of the product.

CHAPTER II

Literature Review

Strokes are a major cause of disability in the United States that may result in impairments that affect one's physical, emotional, and cognitive functioning (CDC, 2018). Stroke is defined as "the sudden onset of neurological deficits caused by vascular injury to the brain" (Woodson, 2014, p. 1000). Between 2003 and 2012, the incidence of strokes that occur in young and middle-aged adults has increased by 20.5-35.6% (Harris & Bettger, 2018). Approximately one in seven strokes within the United States occur in individuals between the ages of 15 and 59, thus young and middle-aged adults are the targeted population for this scholarly project (CDC, 2018). Young and middle-aged adults are those ages 18-64 who are in the time of their lives where they are involved in a variety of roles and routines that are focused on establishing themselves (Harris & Bettger, 2018).

Over the last decade, strokes have accounted for an increase of approximately 44% of hospitalizations of young and middle-aged adults (National Stroke Association [NSA], 2018). Although there has been a reported increase in strokes in this population, there is little research available regarding this population's perceptions of life post-stroke and their abilities to return to their everyday roles and responsibilities following discharge (Harris & Bettger, 2018; Van der Kemp et al., 2017). This is an important area to address as stroke impairments are likely to create difficulty for this population to

engage in their everyday roles and responsibilities at the level they did prior to their stroke.

Young and middle-aged adults who have had a stroke may experience significantly higher stressors regarding finances and family roles and responsibilities than the more typical stroke population who are 65 years or older (NSA, 2018). As a result, individuals in this specific population who have experienced a stroke tend to not fit into the standard treatment of services provided by rehabilitation professionals (Lawrence, 2010). Young and middle-aged adults have different needs and priorities post-stroke than the more typical stroke population (Harris & Bettger, 2018). This may be a result of this population experiencing a different type of stroke, presenting with differing impairments, and/or having an increase in responsibilities and roles in their daily lives than older adults (Lawrence, 2010).

Roles that young and middle-aged adults may have include return to work, parenting, sexual functions, home management, education, driving, community re-integration, and social participation, which can involve greater emotional and physical demands than the roles and responsibilities of older adults (Harris & Bettger, 2018; Lawrence, 2010; Maaijwee et al., 2015). In order to address these issues that are often overlooked in the rehabilitation process, specialized attention needs to be allocated on the following areas: diagnosing the specific cause of the stroke, preventing a second stroke, addressing the impacts of the stroke, transitioning into a life of greater independence, and focusing on the various aforementioned roles young and middle-aged adults may be responsible for on a daily basis (Lawrence, 2010; Satink et al., 2013).

There are various healthcare professionals who assist individuals during the post-stroke recovery process including neurologists, nurses, physical therapists, occupational therapists, speech-language pathologists, and social workers to list a few (NSA, 2018). An occupational therapist's role as part of the healthcare team is to assist individuals in becoming as independent as possible in order to maximize participation in their meaningful activities. Following a stroke, young and middle-aged adults may experience difficulty participating in their everyday roles and responsibilities due to their recent impairments. Occupational therapists are skilled in treating clients holistically throughout the rehabilitation process including understanding, addressing, and assisting clients in regaining their prior life roles (Woodson, 2014). Although occupational therapists aim to be client-centered and holistic in meeting individual client needs, there appears to be a gap between what therapists feel is necessary to address and what clients desire to address during treatment. As a result, clients may feel inadequate in their abilities to successfully return to their previous life roles and responsibilities following discharge.

Since roles and responsibilities are often overlooked during the rehabilitation process, rehabilitation professionals should begin to address returning to prior family and social roles in addition to self-care tasks as clients get closer to discharging home (Schiavi et al., 2018). Addressing clients' daily roles is highly important as little attention is focused on helping them regain their former roles and meaningful activities during the rehabilitation process (Cott et al., 2007). Harris and Bettger (2018) supported this idea in the following statement:

Although the majority of young stroke survivors have a favorable prognosis, they experience a greater burden of disability compared to older patients due to the

resulting loss of productivity at a time focused on establishing careers and families (p. 1).

Recovery of the physical aspects that an individual may endure post-stroke can sometimes overshadow the necessary emotional recovery, however, according to Gallagher (2011), “physical and emotional recovery is inseparable” (p. 24). Clients did identify experiencing issues related to physical impairments, however, they also recognized emotional and social changes as significant aspects that they have to cope with following a stroke (Burton, 2000). Although occupational therapists are responsible for addressing clients’ mental and emotional needs (e.g. adequately preparing them to return to prior life roles, assessing for depression, anxiety, etc.) while simultaneously focusing on their physical needs, the fast-paced stroke rehabilitation environment poses as a barrier to providing client-centered, holistic healthcare (Simpson, Ramirez, Branstetter, Reed, & Lines, 2018). Occupational therapists have identified barriers within this setting to include: lack of time to address multiple priorities, limited resources, productivity and discharge expectations, and conflicting client priorities (Simpson et al., 2018). The barriers occupational therapists face in addressing a multitude of impairments can make the client feel as though they are not getting the care they feel that they need.

Clients have reported that they often don’t feel actively involved in the therapy process and that rehabilitation professionals don’t appear to understand their everyday concerns, needs, and goals (Lawrence, 2010). Therapist and client directed goals are often viewed as opposite ends of a goal setting spectrum in situations where the client’s goals are not necessarily the priority in treatment (Lloyd et al., 2013). Rehabilitation professionals tend to focus on functional outcomes related to physical impairments rather

than addressing the aspects that survivors of a stroke are more concerned about such as implementing adaptations for daily functioning, developing their new personal identities and roles, and returning to a meaningful life (Burton, 2000; Cott et al., 2007; Walder & Molineux, 2017). The literature expounds on the need for healthcare professionals and families to address and understand the emotional effects of strokes to enhance recovery (Gallagher, 2011).

Areas Affected by Stroke

A stroke can have detrimental effects on individuals' physical, mental, and emotional abilities. The impairments that survivors of a stroke may experience can make it difficult for them to participate in necessary or desired activities and roles. The healthcare team must work collaboratively in the early management and rehabilitation phases of recovery to assess and treat the multitude of impairments clients can experience following a stroke (Rowland, Cooke, & Gustafsson, 2008). Occupational therapists' role as part of the healthcare team is to collaborate with the client to assess the impact that the stroke has on their performance in daily tasks including personal care, roles, and work and leisure activities (Rowland et al., 2008). Occupational therapists are skilled in assessing, evaluating, and treating the physical, sensory and visual, emotional, and cognitive impairments that survivors of a stroke may experience.

Physical

Some of the physical issues that one may experience post-stroke include difficulties with fine and gross motor tasks such as those involving dexterity, in-hand manipulation, grasping, coordination, balance, strength, and fatigue (Reed, 2014). Minimizing levels of fatigue has been found to be a significant factor in improving young

and middle-aged adults' functional independence following a stroke (Maaijwee et al., 2015). When occupational therapists are working with individuals who have experienced a stroke, the therapist must consider the person, their environment, and the context of the task in order to provide the opportunity to relearn motor movements that will maximize one's occupational functions (Woodson, 2014). Occupational therapists should provide clients with appropriate strategies and adaptations to assist in coping with increased levels of fatigue during their daily activities and responsibilities (Lawrence, 2010).

Sensory and Visual

Physical impairments may also include a combination of multiple systems such as the sensory and visual structures, which can be challenging to address. Sensory loss may increase concerns regarding safety due to impairments in detecting various sensations such as hot, cold, sharp, or dull when participating in daily activities (Reed, 2014). When sensory deficits inhibit clients from performing their usual ADLs, they should be addressed as a considerable focus of treatment (Woodson, 2014). Visual deficits can inform the occupational therapist of the amount of space clients need in order to perform functional tasks in a careful manner, as well as what objects should be available within the environment to ensure safety (Woodson, 2014). Occupational therapy interventions related to visual deficits focus on establishing or restoring performance skills or modifying the context of the activity and environment (Woodson, 2014). Occupational therapists can train clients with visual deficits through use of compensatory strategies such as turning their head to scan the environment using their unaffected side (Woodson, 2014). Addressing the sensory and visual systems may be a prominent focus in the

therapy process if it inhibits their ability to complete occupations that are essential in their roles and responsibilities.

Emotional

Survivors of a stroke may experience changes in their emotional well-being in addition to their physical, sensory, and visual impairments (NSA, 2018). Common emotional changes that an individual may experience following a stroke include: hopelessness over loss of independence and role functioning, stress over financial uncertainties, decreased self-esteem and self-worth, as well as increased anxiety, frustration, anger, and sadness (NSA, 2018; Reed, 2014). Survivors of a stroke may not be able to fully participate in activities that were once important to or required of them, such as work, social participation, leisure, home management, and parenting due to sensory, motor, cognitive, or psychosocial deficits (Reed, 2014). Occupational therapists have a responsibility to address the psychosocial needs of their clients and assist them and their families in making healthy emotional adjustments following their stroke (Woodson, 2014). Providing clients and their families with coping strategies that address social support, engagement in activities, information seeking, and problem-solving strategies will help to decrease the amount of emotional distress they may be experiencing (Woodson, 2014).

Cognitive

Along with emotional changes, cognitive impairments may result following a stroke. NSA (2018) defines cognition as “the process of thinking and knowing things”. Tasks that used to be simple to an individual may now appear to be difficult (Anderson & Whitfield, 2012; NSA, 2018). Those who have had a stroke may experience increased

difficulties with executive functioning such as issues with problem-solving, following directions, and judgment of safety (Reed, 2014). Survivors of a stroke may struggle to express their thoughts, understand others, and read and write, which may increase levels of frustration and create difficulties in relationships (NSA, 2018). Memory loss, confusion, and issues with reasoning and planning are common in individuals who have had a stroke (NSA, 2018). Some survivors of a stroke find that they can no longer be successful in their daily roles and responsibilities, especially those related to employment, due to complications such as these (Anderson & Whitfield, 2012).

Impairments in any of the aforementioned areas will affect how individuals are able to function in their everyday roles and responsibilities following a stroke. This will alter their ability to participate in their daily activities, therefore, decreasing their sense of belonging, quality of life, and occupational identity. Understanding the impairments of this population in a holistic way will help in addressing the areas that are often neglected during the rehabilitation process.

Unmet Needs of Young and Middle-Aged Adults Post-Stroke

Survivors of a stroke may lack knowledge regarding their stroke, how to manage it, and the severity of their deficits (Reed, 2014). Since stroke has a multitude of effects on physical, cognitive, and emotional abilities, many impairments appear to be invisible and go unnoticed despite the significant impacts they may have on a person's engagement in previous life roles and responsibilities (Lawrence, 2010). When an individual experiences a stroke, everything changes, so finding stability and support in the daily roles and routines they once had is comforting (Meijering et al., 2015). Family, community re-entrance, work/finances, and social networks are all factors that should be

addressed before the client discharges to avoid additional stress upon returning home (Lawrence, 2010).

Anderson and Whitfield (2012) found that survivors of a stroke felt healthcare professionals prioritized institutional goals involving regaining ADL's rather than their own personal goals. Creating collaborative goals related to clients' former roles may help to improve their motivation and compliance throughout the therapy process (Schiavi et al., 2018). The survivors had their long term goals in mind, but felt undermined by the professional agenda to remediate the impairments that affected their ability to function in basic, everyday tasks (Anderson & Whitfield, 2012). Collaborative goal setting between clients and professionals is recommended to elicit neurological benefits which improve the satisfaction of the client as well as the relevance the therapy goals have to their lives (Lloyd et al., 2013). It is imperative that clients have an understanding of their circumstances, what therapy looks like for someone post-stroke, and what goals they can make to address their needs. In a study by Lloyd et al. (2013), participants shared that they were unaware of the progression of stroke and the rehabilitation process, therefore, setting a goal was a difficult concept. Typical occupational therapy interventions for individuals who have had a stroke involve preventing secondary impairments caused by the stroke, restoring performance skills, and modifying activity demands as needed (Woodson, 2014). Woodson (2014) reported an important occupational therapy goal to include during the rehabilitation process is that "the patient will gain competence in tasks and activities necessary to resume valued roles or to assume new meaningful roles in the community (p. 1013)".

When persons with a stroke feel as though they are unable to influence the events that are happening to them, there can be resulting feelings of uselessness as well as noticeable self-isolation (Lloyd et al., 2013). This can be detrimental to their social roles since their feelings translate into a decrease in self-confidence (Hole, Stubbs, Roskell, & Soundy, 2014). In order for the client to feel in control of their treatment there should be an emphasis placed on respect, information to services, choice, shared decision making, and support (Hole et al., 2014). Allowing clients to have more of an active role throughout the therapy process may make their transition into their next phase of recovery more manageable.

Transitions

Lawrence (2010) found that young and middle-aged adults who have experienced a stroke find transitions to be rather difficult whether it involves transitioning between rehabilitation settings, discharging home, or returning to work/prior life roles. A patient involved in Lawrence's (2010) study stated:

When you're in the hospital, you don't really think about how your life is going to be when you leave . . . You think that you'll just carry on as before, but you don't. You get home and that's when the trauma starts.

(Lawrence, 2010, p. 422)

Individuals who have had a stroke reported that translation of learned skills is considerably important, but often difficult as rehabilitation settings can vary significantly from their real-life home environment (Burton, 2000; Meijering et al., 2015). Some survivors of a stroke found that the duration of their inpatient rehabilitation services were not long enough, and that the home programs they were sent home with were ineffective

since they were being carried out without the supervision of a skilled therapist (Soeker & Olaoye, 2017). Cott et al. (2007) explained that clients often view discharge from rehabilitation services as a distressing experience due to the lack of information they receive regarding their expected outcome, feeling unprepared for life in the community, and the inability to participate in life in a way they find meaningful. Occupational therapists have the ability to improve transitions by ensuring that clients and their family understand that recovery from a stroke is an ongoing process after discharging from a hospital or from rehabilitation services (Woodson, 2014). Expressing that the ultimate goal of recovery is not only to improve the physical and intellectual impairments, but also to resume prior life roles is extremely important when discussing discharge from therapy services (Woodson, 2014).

Those who experienced a stroke and were recovering in the rehabilitation setting suggested that their human needs were not being met, making for a difficult transition home to their new reality (Lawrence, 2010). This population often feels ill-prepared for their next stage of recovery due to not feeling actively involved in hospital discharge planning and not receiving enough patient education regarding their diagnosis (Walder & Molineux, 2017). Lawrence (2010) recognized the importance of providing young and middle-aged adults with emotional and practical support as they transition through all aspects of their recovery process. Young and middle-aged adults have reported that they don't feel adequately equipped with enough therapy regarding their cognitive and psychological aspects to fully support transitioning back to their former life roles within their family, at work, and socially (Lawrence, 2010).

Schiavi et al. (2018) recommended that rehabilitation professionals should begin to adjust their focus of treatment from solely self-care tasks to incorporating recovering previous family and social roles as clients prepare to discharge from the hospital and return to their homes. In order for survivors of a stroke to re-establish their occupational identities following a stroke, occupational therapists need to utilize strategies that will enable client performance and motivation (Walder & Molineux, 2017). Enablement strategies include providing occupational choices, incorporating collaborative goal setting into the therapy process, providing opportunities for social engagement, and promoting occupational competence and accomplishment (Walder & Molineux, 2017). Occupational therapists must understand the meaning of autonomy and independence for each individual client, and be aware of what motivates them as these elements have a great impact on their ability to adjust to their lives post-stroke (Walder & Molineux, 2017).

Clients often don't feel adequately prepared for their return to home in regards to addressing their recent impaired functions and altered sense of self (Cott et al., 2007; Lawrence, 2010). Discussing meaningful roles and responsibilities for each client, as well as thoroughly communicating about their new impairments and abilities, positive lifestyle changes to prevent a recurrent stroke, implementing adaptations to improve participation in their roles, and what to expect when they return to their roles and responsibilities is highly important to address so they feel competent and comfortable returning to their former lives (Burton, 2000; Lawrence, 2010). Successful discharge planning entails that clients feel comfortable with decisions being made related to discharge and feel capable of progressing without the intense support from rehabilitation therapists (Woodson, 2014).

Young and middle-aged adults will likely live with post-stroke impairments for a longer period of time due to experiencing their stroke at a much younger age than the average stroke population (NSA, 2018). Cott et al. (2007) discussed the importance of addressing the long-term care a patient may need as they age and as their abilities change in order to maintain the highest level of independence throughout the course of their lifespan. There are important areas that are necessary to address prior to discharge to ensure these individuals will be successful long-term. Addressing problem-solving, self-esteem, and confidence in the rehabilitation setting will provide the opportunity for client success as they continue to age post-discharge (Hole et al., 2014). By doing this, occupational therapists will be preparing individuals who have had a stroke for independent problem-solving and learning as they encounter new barriers within their daily roles and responsibilities. Providing survivors of a stroke with adequate tools that aid in improving their abilities to navigate various situations not only allows for smoother transitions, but also enhances their ability to establish their new normal post-stroke.

Establishing a New Normal

Some individuals respond and adapt better to a catastrophic, life-changing event than others, making their new normal post-stroke more easily attainable (Price, Kinghorn, Patrick, & Cardell, 2010). Establishing a new normal may begin when all aspects of the person are addressed appropriately and the client has adequate time to reflect on their performance and their functional abilities (Hole et al., 2014). Using functional tasks in therapy gives the participant physiological feedback, which is important in finding how to function in their new body (Hole et al., 2014). By providing the opportunity for survivors to participate in real-life tasks to create greater meaning, occupational therapists

can help clients become more flexible and independent in completing tasks (Price et al., 2010). Educating clients on information related to their stroke as well as how the stroke has altered their lifestyles and roles is an important part of the recovery process, but continues to be an area that is not as widely addressed (Walder & Molineux, 2017). Focusing on the goals and the progress made toward the goals, the importance of gaining independence, and maintaining realistic self-expectations are various factors that can instill hope in this population throughout their rehabilitation process as they establish a new normal (Hole et al., 2014). Occupational therapists can recommend adaptations to allow survivors of a stroke to establish their new normal by assisting them in resuming their former, preferred leisure activities as well as develop new ones that are suitable for their lifestyle (American Occupational Therapy Association [AOTA], 2015). According to Meijering et al. (2015), when a survivor of a stroke unexpectedly loses their ability and opportunities to engage in their previous meaningful activities, they lose sight of their roles and responsibilities in their new body. It is important to identify, encourage, and enable leisure activities throughout the rehabilitation process as leisure participation has been found to be an important factor for preventing health decline and isolation following a stroke (Woodson, 2014). Woodson (2014) stated that leisure interests should be incorporated into therapy treatments so that survivors of a stroke are able to identify and analyze the effects that their impairments have on their valued activities and roles, as well as allow them to determine strategies to successfully return to these activities within their new bodies.

Regaining Autonomy

The ability to establish a new normal and participate in meaningful occupations may help the survivor of a stroke foster autonomy in their daily life. Schiavi et al. (2018) explained that the Maslow's Hierarchy of Needs theory correlates with the top three problem areas that clients express to have difficulty with including self-care, productivity/leisure, and social roles/participation. According to this theory, there is a hierarchy of needs with the most basic needs at the bottom and higher order needs toward the top (Schiavi et al., 2018). Once basic needs such as eating and sleeping are fulfilled, the person is able to focus more on achieving their full potential (Schiavi et al., 2018). Thoroughly meeting these higher level needs and actively engaging clients throughout the therapy process may prove to be beneficial for improving client autonomy as they prepare for discharge. Survivors of a stroke explained how regaining some sort of autonomy during the rehabilitation process was vital in re-establishing their occupational identity and achieving occupational independence (Walder & Molineux, 2017). One's identity is most vulnerable in healthcare services as well as in social situations due to factors such as the overprotective nature of caretakers, professional dominance of therapists, and lack of autonomy throughout the healing process (Anderson & Whitfield, 2012). Walder and Molineux (2017) found that re-establishing personal identities and roles was best facilitated through building connections between one's reality, self, and others. Sense of reality was found to be constructed through one's experience of daily life, while one's sense of self involved developing and recognizing personal capabilities, managing emotions, and feeling confident and motivated (Walder & Molineux, 2017). Lastly, forming and maintaining meaningful connections with others was vital in

reconstructing one's identity following a stroke (Walder & Molineux, 2017). By regaining levels of autonomy, individuals will often experience improved personal and occupational identities, as well as enhanced social relationships (Walder & Molineux, 2017).

Social and Community Relationships

According to Anderson and Whitfield (2012), over 85% of people who have a stroke survive, and 80% of those survivors are discharged into their communities. Survivors continue to regain parts of their lost social positions within their communities for one to six years following a stroke (Anderson & Whitfield, 2012). Re-entering the community with a new body following a stroke can be overwhelming. Environments in the community that aren't familiar to an individual may be uncomfortable, making survivors of a stroke socially withdraw in order to detract unwanted attention (Satink et al., 2013). Individuals in this population have expressed feelings of uncertainty for their future and their ability to plan, which results in feelings of isolation and abandonment regarding re-integration into the community post-discharge (Cott et al., 2007; Satink et al., 2013).

Survivors of a stroke report decreased levels of socialization, activity, and overall quality of life (Woodson, 2014). It is difficult for survivors of a stroke to reconstruct their social identity into one that they value, and not having sufficient social support from others makes it that much more challenging (Anderson & Whitfield, 2012). The stigma that surrounds stroke can negatively affect family and friendship dynamics. Anderson and Whitfield (2012) highlighted that this stigma of disability cause some people in the social network to be overprotective and discourage the independence of the individual by doing

everything for them. Family and friend dynamics can play a significant role in recovery and coping. Social validation through meaningful relationships has been recognized as a key contributor to improving one's occupational identity (Walder & Molineux, 2017). According to Meijering et al. (2015), coping with situations post-stroke was made more challenging by the fact that those in their social network did not provide the appropriate amount of support and needed a better understanding regarding their diagnosis and newfound barriers and abilities. A participant in the study stated they felt as though their social network let them down since the frequent visits and outpourings of empathy they experienced in the early stages of recovery decreased as time went on (Meijering et al., 2015).

Lawrence (2010) revealed that clients who have experienced a stroke feel their relationships with family members are susceptible to break down due to ineffective communication. Clients often feel they are a burden to their family members, therefore, they tend to refrain from communicating their honest feelings, concerns, and worries with them (Lawrence, 2010). The mutual ineffective communication between clients and their family may lead to feelings of resentment and emotional distance, which negatively impacts clients' relationships with their support systems (Lawrence, 2010). Survivors of a stroke found that participating in everyday activities is a useful way in determining new roles and responsibilities for themselves and family members, and helps to improve communication and relationships (Satink et al., 2016). It is vital that survivors of a stroke and their family's enhance their communication as social relationships are the base in which this population builds and rebuilds their skills to be able to engage in the world as

they did prior (Anderson & Whitfield, 2012). Social and community relationships can be an essential part of one's life as well as in the process of recovering from a stroke.

Roles at Home

Survivors of a stroke may experience changes with their pre-established roles and routines in the home post-stroke in addition to the differences they may observe within their social and community relationships. When a person discharges, there are many plans that are made for the person to successfully access areas including the bathroom, bedroom, and kitchen within their home, but “modifications to the physical house are just a preliminary step in the home-making process. Recreating built in bodily and social routines that create stability and control is necessary to re-develop a sense of home” (Meijering et al., 2015, p. 40). This sense of home is what encompasses the roles the person has as well as the routines they perform within the household. Roles and responsibilities one may have in the home can include various IADLs such as cooking, cleaning, laundry, and shopping (AOTA, 2014). Occupational therapists have the ability to adapt the environment or the tasks that are involved with roles and responsibilities within the home, and can introduce adaptive equipment to maximize this population's ability to perform in their daily life roles (AOTA, 2015). Roles at home that are affected by impairments such as weakness, sensory loss, and cognitive or visual deficits can be addressed by an occupational therapist in order to allow the survivor of a stroke to successfully perform their tasks (AOTA, 2015). Occupational therapists have the skills to address areas which survivors of a stroke need or desire to be successful in such as childcare, home management, financial management, care of pets, and other roles to ensure successful participation in their daily lives. However, there is little research

available regarding assisting young and middle-aged adults post-stroke in returning to their roles within the home.

The role of home management and all the tasks associated with it helps people to form an identity, however, this is not widely addressed prior to discharge. When stroke brings such drastic changes to routines, identity can suffer, and accommodating for these mental and physical changes can seem impossible (Meijering et al., 2015). The goal is to find a medium between the old and new routines and to make survivors of a stroke independent and comfortable in their abilities (Meijering et al., 2015). It can be a difficult experience for this population to go from being in the role of care provider for their family to being the recipient of care (Satink et al., 2013).

Many of the young and middle-aged adults who have had a stroke may be accustomed to being a care provider and have roles and responsibilities related to parenting. Due to their recent impairments, they may require education on problem-solving or adapting how to successfully perform their role as a parent post-stroke. Occupational therapists can work with young and middle-aged adults post-stroke on childcare-related tasks and adaptations for safe parenting responsibilities (AOTA, 2015). By using client-centered areas of interests, such as childcare, occupational therapists are able to focus on improving clients' skills that are inhibiting their performance by modifying tasks, recommending assistive technology, etc. (Culler, Jasch, & Scanlan, 1994). Assessing the need for equipment while working to facilitate the performance of specific childcare tasks is conducive to functional outcomes (Culler et al., 1994). Although there is limited research regarding parenting and childcare that is specifically directed toward individuals post-stroke, it has been identified as an important area that is

not widely addressed for the young and middle-aged adult population (Culler et al., 1994).

Return to Work

Return to work is an additional role that young and middle-aged adults may desire to address in their rehabilitation process prior to their discharge home. Employment has been found to increase a person's quality of life and overall health compared to those who are not employed (Larsen, Biering, Johnsen, Andersen, & Hjollund, 2016; Van der Kemp et al., 2017). Although employment has demonstrated positive correlations toward individuals' quality of life and health, it is an area that is not widely addressed with young and middle-aged adults during their stroke rehabilitation process (Van der Kemp et al., 2017). Since work/employment has exhibited such positive benefits for individuals, it is an important area to focus on during rehabilitation. Approximately 20-30% of young and middle-aged adults are eligible to return to work following a stroke (Larsen et al., 2016). The ability to return to work is influenced by individuals' characteristics as well as their work environment and the occupation they are wishing to return to (Soeker & Olaoye, 2017). Physical functions that are impacted by a stroke are one of the major factors in a person's ability to be successful in their return to work post-stroke (Larsen et al., 2016). Those who have more severe deficits resulting in a poor self-rating of their physical health is a strong risk factor in not returning to work (Larsen et al., 2016). Other risk factors include poor mental and physical health, severity of the stroke, role limitations, and cognitive issues (Larsen et al., 2016; Van der Kemp et al., 2017). An additional threat to one's role as an employee is the difficulty this population experiences

in accessing the appropriate services they need in order to address their work skills (Soeker & Olaoye, 2017).

There are many risk factors for successfully returning to work post-stroke, therefore, it is essential for rehabilitation therapists to provide appropriate interventions and guidance to address return to work with clients during their therapy process. Van der Kemp et al. (2017) described guidance as educating survivors of a stroke not only about the physical effects, but the cognitive, emotional, and psychological effects that may result from their stroke. Addressing each of these areas during the rehabilitation process will ensure that the individuals are being treated holistically and that they will be better prepared to return to work following discharge.

Finding the best fit for clients in the workforce may also increase success of return to work rates in young and middle-aged adults post-stroke (Satink et al., 2013). Occupational therapists can help find the best fit by performing work related task analysis (AOTA, 2015). Van der Kemp et al. (2017) discovered that only half of the stroke patients within their study returned to working the same amount of hours post-stroke as they had prior to their stroke. By suggesting modifications to aspects of the job including reducing the amount of hours worked, scheduled rest breaks between tasks, modifying or adapting certain activities, and accepting a lesser job performance, occupational therapists can assist the client in maintaining their role as a worker (Satink et al., 2013). Less visible impairments that may go unnoticed, or that may interfere with one's performance must be discussed with the patient, their employer, and family to improve performance and satisfaction (Van der Kemp et al., 2017). Addressing coping styles and strategies during the rehabilitation process prior to discharging home has been found to

improve return to work following a stroke (Van der Kemp et al., 2017). This evidence highlights the importance of addressing return to work during rehabilitation in order to support client roles and responsibilities, and to provide them with appropriate coping strategies and adaptations to assist in their overall performance following discharge.

Summary

Young and middle-aged adults experience disruptions to their daily life roles and responsibilities due to the variety of impairments they may face following a stroke. This population is in the time of their lives where they have a variety of roles and responsibilities that are important to them such as work, parenting, home management, education, driving, community re-integration, and social participation (Harris & Bettger, 2018; Lawrence, 2010; Maaijwee et al., 2015). A common theme that was found among the literature was that young and middle-aged adults who have had a stroke find transitions following discharge to be extremely difficult as they are ill-prepared to successfully return to their prior life roles and responsibilities (Anderson & Whitfield, 2012; Burton, 2000; Cott et al., 2007; Lawrence, 2010; Meijering et al., 2015). This population has identified desires to address returning to previous life roles during their rehabilitation process, however, professionals tend to focus on the physical aspects of recovery rather than prioritizing areas related to their meaningful roles and responsibilities (Burton, 2000; Cott et al., 2007; Walder & Molineux, 2017).

Although occupational therapists have the skills to address meaningful life roles in young and middle-aged adults post-stroke, there is a disconnect between the literature and what is happening in practice in regards to addressing roles prior to discharge. Roles are important to address in order for survivors of a stroke to be able to establish a new

normal and begin to regain autonomy in their initial transition home and as they re-integrate back into the community (Hole et al., 2014; Walder & Molineux, 2017). However, roles are not being addressed within the rehabilitation process, which creates difficulty for clients to become as independent as possible (Burton, 2000; Cott et al., 2007; Lawrence, 2010; Walder & Molineux, 2017). Involving the client in the recovery process by collaborating to address one's roles in conjunction with other necessary rehabilitation earlier on in treatment can be beneficial in reaching both the goals of the client and the occupational therapist (Lloyd et al., 2013; Schiavi et al., 2018; Van der Kemp et al., 2017). This population has important roles such as being a worker or a parent, which increases their quality of life and overall well-being, and returning to those roles might be their most immediate concern as they prepare to discharge to their next phase of recovery (Burton, 2000; Cott et al., 2007; Larsen et al., 2016; Walder & Molineux, 2017; Van der Kemp et al., 2017). Roles are an important element to consider for this population, yet the topic continues to be an area that is not being addressed by occupational therapists prior to discharge (Simpson et al., 2018). The findings of this literature review provide support for the development of a product that aims to inform occupational therapists in the inpatient rehabilitation setting regarding the importance of addressing return to roles in young and middle-aged adults post-stroke, as well as to provide guidance for how to incorporate roles into the treatment process.

Model

The PEOP model was chosen to guide the development of this product to enhance education and awareness in occupational therapists, specifically in inpatient rehabilitation settings, to assist them in addressing return to roles for young and middle-aged adults

following a stroke. PEOP is a client-centered model that focuses on how an individual's person factors, environment factors, and their occupations promote or inhibit their occupational performance and participation in daily life (Bass et al., 2017; Turpin & Iwama, 2011). The PEOP model defines person factors as “. . . intrinsic to individual(s) that include psychological, cognition, sensory, motor, physiological, and meaning/sense-making/spiritual characteristics that support or limit occupational performance” (Bass et al., 2017, p. 170). Environment factors are those that are extrinsic to the individual and are inclusive of their social, cultural, technological, natural, and physical environments (Bass et al., 2017). Occupations are defined as tasks, activities, and roles that individuals need or desire to pursue, while performance is defined as relating to ‘doing’ or ‘performing’ those occupations (Bass et al., 2017). Occupational performance is the result of joining occupation and performance, which represents the meaningful and important activities the individual performs while caring for themselves and/or others, engaging in work and leisure, and participating in their home and community (Turpin & Iwama, 2011). By centralizing occupational performance and focusing on the complex interactions between the person, environment, and occupation, the individual will be able to achieve improved participation, performance, and well-being (Bass et al., 2017).

The PEOP Occupational Therapy Process utilizes four stages: narrative, assessment and evaluation, intervention, and outcome, which guide this product in assisting occupational therapists to focus on client performances in daily roles as well as enhance their participation throughout the therapy process (Bass et al., 2017). The PEOP model focuses on using a top-down approach, which allows the occupational therapist to gauge the client's perception of their occupational performance in order to assess the

direction of therapy (Cole & Tufano, 2008). This model was chosen because of how the objectives relate to the product, as well as the focus it places on occupational performance and participation in daily roles (Bass et al., 2017). One objective of the product is to inform occupational therapists within the inpatient rehabilitation setting about ways to collaborate with young and middle-aged adults post-stroke. Addressing collaboration between occupational therapists and this population can improve incorporation of meaningful life roles into treatment to enhance transitions following discharge. This aligns with the objectives of PEO as this model utilizes the complex interactions of person, environment, and occupation to determine factors that promote or inhibit clients' occupational performances within their daily lives and meaningful roles (Bass et al., 2017).

CHAPTER III

Methodology

An extensive literature review was conducted to determine if and when occupational therapists address roles during the rehabilitation process with young and middle-aged adults post-stroke. The thorough review of literature verified that there is a lack of emphasis placed on addressing prior life roles during the rehabilitation process with young and middle-aged adults following a stroke. There is little research available regarding if and how occupational therapists address roles with this population to assist them in regaining their former roles and meaningful activities during the rehabilitation process (Cott et al., 2007). Occupational therapists have the skills to address areas which survivors of a stroke need or desire to be successful in such as childcare, home management, financial management, care of pets, and other roles to ensure successful participation in their daily lives. Although occupational therapists aim to be client-centered and holistic in meeting individual client needs, there appears to be a gap between what therapists feel is necessary to address and what clients desire to address during treatment. This evident gap highlighted the importance of creating a product that informs occupational therapists about the benefits of addressing return to roles in young and middle-aged adults post-stroke prior to discharge from an inpatient rehabilitation setting. Thus, an in-service to address role transitions in young and middle-aged adults post-stroke was created to present to occupational therapy professionals and their rehabilitation department managers/supervisors.

Through the literature review, the authors of this scholarly project aimed to explore and identify:

- General stroke information
- Stroke in the young and middle-aged adult population
- How important returning to prior roles is to this population
- Occupational therapists' current execution of addressing roles
- When is an appropriate time to address roles in the rehabilitation process
- Young and middle-aged adults' perceptions of their needs
- Factors that influence successful transitioning to their next phase of recovery
- Benefits of addressing roles during the rehabilitation process

A variety of databases were used to assist in gathering data related to the overall research question. Databases and search engines included: American Journal of Occupational Therapy, CINAHL, PubMed, and Google Scholar. Additional internet searches were conducted in order to gather more relevant information related to the research question. Keywords and MeSH terms were utilized to locate information including: “stroke”, “occupational therapy”, “life after stroke”, “returning to work”, “parenting after a stroke”, “barriers”, “occupational therapy perspectives”, “sense of self”, “transition”, “recovery”, “roles”, “responsibilities”, “rehabilitation”, “new normal”, and “identity”. These terms were often linked together in databases such as CINAHL and PubMed in order to explore relevant articles. Articles were chosen by reviewing titles and abstracts that appeared to correlate with the research question. Once an article was deemed an appropriate match, it was extensively reviewed for significant and pertinent information. Themes were created based on the key findings in the review of literature

which were then used to develop the outline for the literature review. Common themes were developed into headers for the literature review; these included: “areas affected by stroke”, “unmet needs of young and middle-aged adults post-stroke”, “transitions”, “establishing a new normal”, “regaining autonomy”, “social and community relationships”, “roles at home”, and “return to work”. Refined searches were conducted for sections that lacked supportive, quality information. Information that was gathered through the extensive literature review guided the authors of this scholarly project in the creation of “Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke: An In-Service for Occupational Therapists”.

The authors of this scholarly project found an apparent need for occupational therapists to address roles early on in the rehabilitation process, therefore, analyzing an appropriate time to do so was necessary. Cott et al. (2007) explained that clients often view discharge from rehabilitation services as a distressing experience due to the lack of information they receive regarding their expected outcome, feeling unprepared for life in the community, and the inability to participate in life in a way they find meaningful. Since roles and responsibilities are often overlooked during the rehabilitation process, occupational therapists should begin to address returning to prior roles in addition to self-care tasks as clients get closer to discharging home (Schiavi et al., 2018). Through this evidence, the authors of this scholarly project determined that the inpatient rehabilitation setting would be the most appropriate setting to base the design of the product on. This setting was deemed to be the most appropriate time to start addressing roles with young and middle-aged adults since it is typically the phase of recovery before they return home for the first time since their stroke.

In further analyzing the reason that occupational therapists are not placing a greater emphasis on addressing roles during the inpatient rehabilitation process, multiple barriers became apparent. A main barrier that was discovered was the lack of time that occupational therapists have to focus on multiple priorities in this setting. Although occupational therapists are responsible for addressing clients' mental and emotional needs (e.g. adequately preparing them for return to prior life roles, assessing for depression, anxiety, etc.) while simultaneously focusing on their physical needs, the fast-paced stroke rehabilitation environment poses as a barrier to providing client-centered, holistic healthcare (Simpson et al., 2018). Additional barriers that were discovered through the review of literature included: limited resources, productivity and discharge expectations, and conflicting client priorities (Simpson et al., 2018). The barriers that were explored emphasized the importance of creating a product that would provide occupational therapists with guidance and related strategies to assist in incorporating client roles into existing treatment processes.

Since discovering the gap between what therapists feel is necessary and what clients desire to address during the rehabilitation process, the authors of this scholarly project determined that the product should be geared toward educating and informing occupational therapists. The inpatient rehabilitation setting was identified as the most appropriate phase to start addressing roles, however, this setting is fast paced. Due to the fast paced nature, the authors of this scholarly project determined that creating an in-service that could be delivered within 45 to 60 minutes would be the most effective and efficient way to enhance occupational therapists' knowledge regarding this population and their roles. Together, these factors guided the authors of this scholarly project to

develop a concise, informational in-service that was geared toward occupational therapy professionals in the inpatient rehabilitation setting. The in-service was designed to be presented by and delivered to occupational therapists, occupational therapy assistants, or occupational therapy managers/supervisors due to their extensive knowledge of the physical, cognitive, and emotional effects of a stroke, as well as their ability to be client-centered and holistic.

A model was chosen to help guide the development of the product. The PEOP model was selected because the objectives relate to the product, and because of the focus that PEOP places on occupational performance and participation in daily roles (Bass et al., 2017). The goal of addressing roles within the young and middle-aged adult population is to enhance transitions, improve occupational performance, and increase participation in daily roles following discharge. PEOP utilizes complex interactions of person, environment, and occupation to determine factors that promote or inhibit clients' occupational performances within their daily lives and meaningful roles, which correlates with the objectives of the product (Bass et al., 2017). Ultimately, the PEOP model was chosen as a structure to guide occupational therapists' understanding of how to address roles within the areas of person, environment, occupation, and performance. By specifically using this understanding in the inpatient rehabilitation setting, it will guide occupational therapists to better address return to roles for young and middle-aged adults following a stroke. The use of the PEOP model is apparent throughout the in-service PowerPoint as the model's concepts are used as a structure to outline the content.

Overview of Product

“Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists” is intended to educate occupational therapists in the inpatient rehabilitation setting on the importance of addressing roles during the rehabilitation process with young and middle-aged adults post-stroke. The product is comprised of an in-service that includes a detailed speaker’s notes handout that is extensive in length in order to allow the presenter to become competent in the material, a PowerPoint presentation, and a handout for those in attendance that outlines important information that can be referenced in practice. The product will provide occupational therapists with strategies and resources that will assist them in incorporating roles into interventions throughout the rehabilitation process. A more detailed overview of the product is presented in Chapter IV.

CHAPTER IV

Product

The purpose of this scholarly project was to develop an in-service for occupational therapists in the inpatient rehabilitation setting to inform and encourage them to address the roles of young and middle-aged adults post-stroke. The authors of this scholarly project created “Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists” after conducting an extensive literature review which revealed a lack of focus on assisting young and middle-aged adults to return to their previous life roles following a stroke. A common theme found within the literature was that survivors of a stroke feel unprepared to return to valued roles after discharging from rehabilitation services. An additional theme that emerged was that therapists experienced difficulties prioritizing roles into the treatment processes due to lack of time, limited resources, productivity and discharge expectations, and conflicting client priorities. Thus, this product was created in order to expound on the benefits of addressing return to roles with young and middle-aged adults in a setting that has a multitude of barriers that therapists must overcome.

Due to the fast paced nature of the inpatient rehabilitation setting, there are many barriers occupational therapists may encounter when implementing return to roles into their treatment plan. The authors of this scholarly project considered the time constraints that occupational therapists in inpatient rehabilitation settings often face, and therefore

created an in-service that can be delivered within 45 to 60 minutes. The in-service provides occupational therapists with information that supports addressing roles within this setting by incorporating them into existing treatment methods. The authors of this scholarly project tailored the product to the needs of occupational therapists within this setting to assure that the product is realistic and that the information can be learned successfully.

The in-service is intended to be presented by and delivered to employees in the inpatient rehabilitation setting who provide occupational therapy services and their managers/supervisors. Occupational therapists' expertise on the physical, cognitive, and emotional effects of a stroke, as well as their abilities to provide client-centered and holistic care make them qualified to address the roles of this unique population.

This product includes a PowerPoint presentation that is estimated to take 45 to 60 minutes to present, a detailed speaker's notes handout, an audience handout, and a flyer template to advertise the in-service within the presenter's facility. The PowerPoint presentation is a visual aid that the presenter will use to deliver the significant information. The detailed speaker's notes handout serves as an extensive guide for the presenter to become the expert of the information that will be presented on. The audience handout is a valuable resource that includes strategies to help occupational therapists incorporate roles into their treatment sessions with this population. The flyer template includes the objectives of the presentation and is able to be personalized to include the specific date, time, and location within a given facility.

The authors of this scholarly project chose to use the PEOP model to guide the development of this product. This model was chosen because of the focus it places on

occupational performance and participation in daily roles (Bass et al., 2017). PEOP focuses on person factors, environment factors, and occupations and how these promote or inhibit occupational performance and participation in daily life (Bass et al., 2017; Turpin & Iwama, 2011). Awareness of the complex interactions between the person, environment, and occupation in relation to occupational performance will allow the survivor of a stroke to achieve improved participation, performance, and well-being (Bass et al., 2017). The PEOP model uses a top-down approach, which allows the occupational therapist to gauge the client's perception of their occupational performance in order to assess how to address roles in the therapy process (Cole & Tufano, 2008).

The objective of this product is to inform and educate occupational therapists within the inpatient rehabilitation setting on ways to incorporate previous life roles of young and middle-aged adults post-stroke into treatment sessions. Addressing collaboration between occupational therapists and this population can improve the incorporation of meaningful life roles into treatment and enhance transitions following discharge. This aligns with the objectives of PEOP as this model focuses on the complex interactions of a person's life and how these interactions affect their performance in daily roles (Bass et al., 2017).

CHAPTER V

Summary

The purpose of this scholarly project was to determine if and when occupational therapists address life roles during the rehabilitation process with young and middle-aged adults post-stroke. The authors of this scholarly project conducted an extensive literature review to explore this specific research question. The authors found that young and middle-aged adults post-stroke desire to address life roles during the rehabilitation process, however, there appears to be a gap between what therapists feel is necessary to address and what clients desire to focus on (Burton, 2000). Therefore, addressing roles with this population prior to discharge is highly important as little attention is focused on helping them regain their former roles and meaningful activities during the rehabilitation process (Cott et al., 2007). Upon analyzing the literature, the authors of this scholarly project concluded that developing a product to educate and inform occupational therapists in inpatient rehabilitation settings regarding the importance of incorporating roles into treatment sessions would be the most beneficial way to address the needs of this population. The authors considered the findings from the literature review, as well as the PEOP model, to guide the development of “Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists”. This product consists of an in-service that includes a detailed speaker’s notes handout, a PowerPoint presentation, a customizable flyer to

advertise the in-service, and a handout for those in attendance that outlines important information that can be referenced in practice.

Limitations

The limitations of the product are described below.

- This product was designed as a solution to address the apparent needs of this population, however, it has not yet been implemented and therefore the effectiveness of the product is unknown.
- The review of literature was extensive, but not exhaustive.
- There is limited research available regarding if and when occupational therapists address return to roles post-stroke in young and middle-aged adults.
- This product was intended to be implemented by and delivered to occupational therapists, occupational therapy assistants, and occupational therapy managers/supervisors. It is specific to this discipline and is not inclusive of other disciplines.
- The product was created specifically for the inpatient rehabilitation setting and may not be applicable or generalizable to other settings.
- Since the product is accessible to individuals who were not specifically trained by the authors of this scholarly product, there is no way to ensure that the materials are accurately presented.

Recommendations/Future Actions

The recommendations for implementation and future use of this product are described below.

- Due to the limited amount of research regarding this specific population, further research should be conducted in order to gain more comprehensive insight into the research question.
- Since this product has not yet been implemented, it is recommended that a study be completed in order to determine if this product is a valuable resource to be used within the inpatient rehabilitation setting.
- The presenter of the in-service should thoroughly read through the detailed speaker's notes handout in its entirety prior to presenting so he/she is prepared to be the 'expert' on the material.
- Changes to the product material of any kind are not permitted as the information is supported by evidence and is intended to be presented as is.
- After conducting further research, the authors of this scholarly project have the potential to modify and expand this product in order to generalize the content to various diagnoses, populations, and healthcare settings.

Conclusions

The authors of this scholarly project discovered that young and middle-aged adults express dissatisfaction regarding the lack of emphasis that is placed on role transitions post-stroke in the inpatient rehabilitation setting. Through understanding occupational therapists' unique role in holistically treating clients, "Addressing Role Transitions Post-Stroke in Young and Middle-Aged Adults: An In-Service for Occupational Therapists" was created in order to address this population's needs. This product was intended to provide occupational therapists with relevant education and helpful strategies to assist them in overcoming the multitude of barriers this setting poses.

The authors of this scholarly project foresee this product being used as a tool that will better prepare occupational therapists in the inpatient rehabilitation setting to address the needs of this population in returning to their roles. This product can be used to enhance understanding, however, due to the lack of research regarding addressing roles with this population, there is a need for future research in order to further understand how to best provide treatment. After future research has been conducted, the authors of this scholarly project foresee the potential for this product to be modified and generalized to similar populations, as well as to additional rehabilitation settings. Currently, the authors of this scholarly project solely intend for this product to be used within the inpatient rehabilitation setting in order to assist occupational therapists in closing the gap between what therapists feel is necessary to address and what young and middle-aged adults post-stroke desire to address during the rehabilitation phase.

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APPENDICES

APPENDIX A

Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists



(Raymond, 2019, *Best of Both*)

Created By: Ashley Ystaas, MOTS, Kelsey Raymond, MOTS, and Mandy Meyer, PhD
University of North Dakota

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LETTER OF PERMISSION

“Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists” was created by Ashley Ystaas, MOTS and Kelsey Raymond, MOTS for educational purposes intended for occupational therapy (OT) professionals in an inpatient rehabilitation setting. If you would like permission to obtain this in-service for use at your facility or for any other purposes, please contact either Ashley or Kelsey via email. Contact information is listed below.

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If you have any questions, comments, or concerns please contact Ashley or Kelsey via email.

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INTRODUCTION TO THE PRODUCT

Disclaimer:

The information included in this product is true and complete to the best of the creators' knowledge. All recommendations included within this product are made without guarantee on the part of the creators. There is no warranty given to the nature, standard, or accuracy of this product. The creators disclaim any liability in connection with the use of this information. This product is free to use upon request and should never be purchased or exchanged for monetary compensation. The creators attempt to be informed of those in possession of this product, however, there is no assurance regarding whether the product is being used without permission and will not be responsible for any misuse of the product.

Problem Statement

Young and middle-aged adults who have had a stroke report that they don't feel actively involved in the therapy process, that their valued roles and responsibilities are often overlooked, and that they don't feel adequately prepared to return to their roles following discharge (Cott, Wiles, & Devitt, 2007; Lawrence, 2010; Schiavi et al., 2018).

Overview of Product

“Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists” is intended to inform OTs in the inpatient rehabilitation setting on the importance of addressing roles with this population prior to discharge. This product will also provide OTs with strategies and resources that will assist them in incorporating roles into interventions throughout the rehabilitation process.

This product includes:

- *A detailed speaker's notes handout*
 - The speaker's notes handout is extensive in length in order to allow the presenter to become competent on the material that will be used throughout the in-service. The presenter should read thoroughly through the handout in order to become familiar with the content that will be presented. It is recommended that the presenter highlight important information, take notes in the margins, or use other preferred methods in order to organize and prepare for presenting. The handout contains more content than what is provided in the PowerPoint presentation, supplying the presenter with a more in-depth understanding of the information that will be presented.

- *A PowerPoint presentation*
 - The PowerPoint presentation will include information related to the extensive literature review that was conducted. The content included in the presentation will highlight the needs expressed by the young and middle-aged adult population following a stroke, the problem statement, and strategies that will assist OTs in addressing roles in inpatient rehabilitation prior to discharge. Refer to the objectives of the in-service that are outlined below for further information.
- *A handout for those in attendance*
 - This handout outlines important information and strategies that the attendee can reference while in practice. It is suggested that the presenter print copies of this handout for each person in attendance of the in-service. It is also suggested that the handout be supplied at the beginning of the in-service to allow the recipient to take notes as desired.
- *An advertisement flyer template*
 - The flyer template includes the objectives of the presentation and is able to be personalized to include the specific date, time, and location within a given facility.

Objectives of Product

The objectives of this product were developed following the Person-Environment-Occupation-Performance (PEOP) model and are outlined under the corresponding PEOP concepts listed below.

Person

- 1) Understand the effects of stroke on the personal factors of young and middle-aged adults.
- 2) Increase awareness of this population's perspectives regarding current therapy treatments.

Environment

- 3) Understand how the inpatient rehabilitation setting plays a role in addressing meaningful life roles prior to discharge.

Occupation

- 4) Learn strategies to incorporate meaningful client roles into occupation-based interventions and treatment.

Performance

5) Understand how addressing roles early on can enhance participation and performance in meaningful life roles.

Model

The PEOP model was chosen to guide the development of this product to enhance education and awareness in OTs, specifically in inpatient rehabilitation settings, to assist them in addressing return to roles for young and middle-aged adults following a stroke. The PEOP model defines person factors as "... intrinsic to individual(s) that include psychological, cognition, sensory, motor, physiological, and meaning/sense-making/spiritual characteristics that support or limit occupational performance" (Bass, Baum, & Christiansen, 2017 p. 170). Environment factors are those that are extrinsic to the individual and are inclusive of their social, cultural, technological, natural, and physical environments (Bass et al., 2017). Occupations are defined as tasks, activities, and roles that individuals need or desire to pursue, and defines performance as relating to 'doing' or 'performing' those occupations (Bass et al., 2017). Occupational performance, a main concept of this model, is the result of joining occupation and performance, which represents the meaningful and important activities the individual performs while caring for themselves and/or others, engaging in work and leisure, and participating in their home and community (Turpin & Iwama, 2011).

PEOP is a client-centered model that focuses on:

- How an individual's person factors, environment factors, and their occupations promote or inhibit their occupational performance and participation in daily life (Bass et al., 2017; Turpin & Iwama, 2011).
- Centralizing occupational performance and the complex interactions between the person, environment, and occupation so that the individual will be able to achieve improved participation, performance, and well-being (Bass et al., 2017).
- A top-down approach, which allows the OT to gauge the client's perception of their occupational performance in order to assess the direction of therapy (Cole & Tufano, 2008).

Time Duration of Presentation:

It is estimated that the in-service will take approximately 45 to 60 minutes to present. The time duration of this presentation may depend on the preparedness of the presenter, the discussion that may arise from those in attendance, and other extraneous factors.

HOW TO USE THE PRODUCT

Presenter

Since “Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists” was created by OT students and geared toward OT practitioners, it is recommended that the presenter be related to the field of OT. Examples of presenters include but are not limited to licensed OTs, certified OT assistants, rehabilitation supervisors, and OT managers.

Setting

This in-service PowerPoint presentation was designed specifically for the inpatient rehabilitation setting and therefore is intended to be conducted solely within inpatient rehabilitation facilities.

Population

The population of focus for this in-service presentation is on young and middle-aged adults between the ages of 18 and 64 who have experienced a stroke. The content of this product specifically pertains to young and middle-aged adults post-stroke.

Audience

Those who would benefit from this in-service presentation include OTs, OT assistants, and rehabilitation managers/supervisors as it was created to specifically address OT practice.

Preparation for Presentation

- The presenter should customize the flyer template to incorporate the time, date, location, and presenter information, and distribute them throughout their facility at least one week prior to the presentation date.
- The presenter should print an adequate amount of audience handouts for those who will be attending the in-service.
- The presenter should thoroughly read through the speaker’s notes handout to gain an in-depth understanding of the material that will be presented on.
- The presenter should familiarize himself/herself with the PowerPoint presentation.
- It is recommended that the presenter allow time prior to the presentation to set up technology in order to minimize technical errors.
- The presenter should anticipate any questions that those in attendance may have regarding the content of the in-service.

KEY TERMS

Below you will find a list of key terms that are utilized throughout this product. You may find it helpful to refer to this page for clarification as you read through the content.

- Activities of Daily Living (ADLs): “Activities oriented toward taking care of one’s own body” (e.g. bathing/showering, toileting, dressing, feeding, functional mobility, personal hygiene and grooming, etc.) (American Occupational Therapy Association [AOTA], 2014, p. S19).
- Autonomy: “Self-directing freedom and especially moral independence” (Autonomy, n.d.).
- Home Management: “Obtaining and maintaining personal and household possessions and environment (e.g. home, yard, garden, appliances, vehicles), including maintaining and repairing personal possessions (e.g. clothing, household items) and knowing how to seek help or whom to contact” (AOTA, 2014, p. S19).
- Instrumental Activities of Daily Living (IADLs): “Activities to support daily life within the home and community that often require more complex interactions than those used in ADLs” (e.g. care of others/pets, financial management, home management and maintenance, meal preparation and cleanup, etc.) (AOTA, 2014, p. S19).
- Occupation: Tasks, activities, and roles that individuals need or desire to pursue (Bass et al., 2017).
- Occupational Identity: “Composite sense of who one is and wishes to become as an occupational being generated from one’s history of occupational participation” (AOTA, 2014, p. S43).
- Occupational Therapy: “. . . the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings” (AOTA, 2014, p. S1).

- Performance Skills: “. . . goal-directed actions that are observable as small units of engagement in daily life occupations. They are learned and developed over time and situated in specific contexts and environments” (AOTA, 2014, p. S7).
- Role: “. . . sets of behaviors expected by society and shaped by culture and context; they may be further conceptualized and defined by a client (person, group, or population)” (AOTA, 2014, S8).
- Young and Middle-Aged Adult: Those ages 18-64 who are in the time of their lives where they are involved in a variety of roles and routines that are focused on establishing themselves (Harris & Bettger, 2018).

Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists

Speaker's Notes Handout



(Raymond, 2019, *Best of Both*)

Created By: Ashley Ystaas, MOTS, Kelsey Raymond, MOTS, and Mandy Meyer, PhD
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Introduction to the Topic

- Young and middle-aged adults who have had a stroke report that they don't feel actively involved in the therapy process, that their valued roles and responsibilities are often overlooked, and that they don't feel adequately prepared to return to their roles following discharge (Cott et al., 2007; Lawrence, 2010; Schiavi et al., 2018).
- It is important for OTs to be aware of the perceptions of young and middle-aged adults regarding returning to their former daily roles post-stroke, as well as strategies that will be helpful to enhance the use of roles during therapy interventions.

Introduction to the Model

- The PEOP model was chosen to guide the development of this product to enhance education and awareness in OTs, specifically in inpatient rehabilitation settings, to assist them in addressing return to roles for young and middle-aged adults following a stroke.
- PEOP is a client-centered model that focuses on:
 - How an individual's person factors, environment factors, and their occupations promote or inhibit their occupational performance and participation in daily life (Bass et al., 2017; Turpin & Iwama, 2011).
 - Centralizing occupational performance and the complex interactions between the person, environment, and occupation so that the individual will be able to achieve improved participation, performance, and well-being (Bass et al., 2017).
 - A top-down approach, which allows the OT to gauge the client's perception of their occupational performance in order to assess the direction of therapy (Cole & Tufano, 2008).
- The PEOP model defines person factors as “. . . intrinsic to individual(s) that include psychological, cognition, sensory, motor, physiological, and meaning/sense-making/spiritual characteristics that support or limit occupational performance” (Bass et al., 2017, p. 170). Environment factors are those that are extrinsic to the individual and are inclusive of their social, cultural, technological, natural and physical environments (Bass et al., 2017). Occupations are defined as tasks, activities, and roles that individuals need or desire to pursue, and defines performance as relating to ‘doing’ or ‘performing’ those occupations (Bass et al., 2017). Occupational performance is the result of joining occupation and performance, which represents the meaningful and important activities the

individual performs while caring for themselves and/or others, engaging in work and leisure, and participating in their home and community (Turpin & Iwama, 2011). By centralizing occupational performance and focusing on the complex interactions between the person, environment, and occupation, the individual will be able to achieve improved participation, performance, and well-being (Bass et al., 2017).

Justification for Chosen Model

- This model was chosen because of how the objectives relate to this product, as well as the focus it places on occupational performance and participation in daily roles (Bass et al., 2017).
- An objective of this product is to inform OTs and their team members within the inpatient rehabilitation setting about ways to collaborate with young and middle-aged adults post-stroke. Addressing collaboration between OTs and this population can improve incorporation of meaningful life roles into treatment to enhance transitions following discharge. This aligns with the objectives of PEO as this model utilizes the complex interactions of person, occupation, and environment to determine factors that promote or inhibit clients' occupational performances within their daily lives and meaningful roles (Bass et al., 2017).

Objectives of the In-Service

Person

- 1) Identify the effects of stroke on the personal factors of young and middle-aged adults.
- 2) Identify this population's perspectives related to current therapy treatments.

Environment

- 3) Identify how inpatient rehabilitation settings play a role in addressing meaningful life roles prior to discharge.

Occupation

- 4) Determine strategies to incorporate meaningful client roles into occupation-based interventions and treatment.

Performance

- 5) Identify how addressing roles in the inpatient rehabilitation phase can enhance participation and performance in meaningful life roles.

Introduction

- Statistics
 - Of the 795,000 strokes that occur annually within the United States, 79,500 of strokes occur in adults younger than 50 years of age (Harris & Bettger, 2018).
 - Over the last decade, strokes have accounted for an increase of approximately 44% of hospitalizations of young and middle-aged adults (National Stroke Association [NSA], 2018).
 - Approximately one in seven strokes within the United States occur in individuals between the ages of 15 and 59 (Center for Disease Control [CDC], 2018).
- Population of interest
 - Young and middle-aged adults post-stroke
 - They are between the ages of 18-64 (Harris & Bettger, 2018).
 - This population is in a time of their lives where they are involved in a variety of roles and routines that are focused on establishing themselves (Harris & Bettger, 2018).
- Why this population?
 - Young and middle-aged adults' meaningful life roles may involve greater emotional and physical demands than the roles and responsibilities that older adults may have (Harris & Bettger, 2018; Lawrence, 2010; Maaijwee et al., 2015).
 - Since this population has different needs and priorities than the more typical, older generation of adults, they tend to not fit into the standard treatment of services provided by rehabilitation professionals (Harris & Bettger, 2018; Lawrence, 2010).
 - “Although the majority of young stroke survivors have a favorable prognosis, they experience a greater burden of disability compared to older patients due to the resulting loss of productivity at a time focused on establishing careers and families” (Harris & Bettger, 2018, p. 1).
- Roles/routines may include:
 - Returning to work
 - Parenting
 - Sexuality/sexual functions
 - Community re-integration
 - Social participation
 - Driving
 - Education
 - Home management

- Aim of this in-service:
 - Educate OTs on the importance of addressing roles with this population prior to discharge.
 - Provide OTs with strategies to improve their abilities to address client roles prior to discharging from inpatient rehabilitation.
 - Encourage OTs to incorporate roles into their interventions.

The Gap

- Although OTs aim to be client-centered and holistic in meeting individual client needs, there appears to be a gap between what therapists feel is necessary to address and what clients desire to address during treatment.
 - As a result, clients may feel inadequate in their abilities to successfully return to their previous life roles and responsibilities following discharge.
- OTs are skilled in treating clients holistically throughout the rehabilitation process, however, there is a lack of emphasis placed on assisting clients in regaining their former roles during therapy.

Person

- After conducting an extensive review of literature, the creators of this product concluded that OTs may be lacking in addressing areas that are important to this population.
 - Recovery of the physical aspects that an individual may endure post-stroke can sometimes overshadow the necessary emotional recovery.
 - Clients did identify experiencing issues related to physical impairments, however, they also recognized emotional and social changes as additional aspects that they have to cope with following a stroke (Burton, 2000).
- Emotional and cognitive impairments
 - Common emotional changes that an individual may experience following a stroke include: hopelessness over loss of independence and role functioning, stress over financial uncertainties, decreased self-esteem and self-worth, as well as increased anxiety, frustration, anger, and sadness (NSA, 2018; Reed, 2014).
 - Young and middle-aged adults have reported that they don't feel adequately equipped with enough therapy regarding their cognitive and psychological aspects to fully support transitioning back to their former life roles within their family, at work, and socially (Lawrence, 2010).
- Effects of impairments on daily roles
 - Survivors of a stroke may not be able to fully participate in activities that were once important to or required of them, such as work, social

- participation, leisure, home management, and parenting due to sensory, motor, cognitive, or psychosocial deficits (Reed, 2014).
- Some survivors of a stroke find that they can no longer be successful in their daily roles and responsibilities, especially those regarding employment, due to the aforementioned complications (Anderson & Whitfield, 2012).
 - Not having the ability to participate in daily activities may decrease one's sense of belonging, quality of life, and occupational identity.
 - Client goals are not being addressed
 - Lack of collaboration to develop goals
 - Therapist and client directed goals are often viewed as opposite ends of a goal setting spectrum in situations where the client's goals are not necessarily the priority in treatment (Lloyd, Roberts, & Freeman, 2013).
 - Anderson and Whitfield (2012) found that survivors of a stroke felt healthcare professionals prioritized institutional goals involving regaining ADL's rather than their own personal goals.
 - Rehabilitation professionals tend to focus on functional outcomes related to physical impairments rather than addressing the aspects that survivors of a stroke are more concerned about such as implementing adaptations for daily functioning, developing their new personal identities and roles, and returning to a meaningful life (Burton, 2000; Cott et al., 2007; Walder & Molineux, 2017).
 - Don't feel actively involved in treatment
 - Clients have reported that they often don't feel actively involved in the therapy process and that rehabilitation professionals don't appear to understand their everyday concerns, needs, and goals (Lawrence, 2010).
 - When persons with a stroke feel as though they are unable to influence the events that are happening to them, there can be resulting feelings of uselessness as well as noticeable self-isolation (Lloyd et al., 2013).
 - This population often feels ill-prepared for their next stage of recovery due to not feeling actively involved in hospital discharge planning and not receiving enough patient education regarding their diagnosis (Walder & Molineux, 2017).
 - Minimal focus on addressing roles and responsibilities
 - When an individual experiences a stroke, everything changes, so finding stability and support in the daily roles and routines they once had is comforting (Meijering, Nanninga, & Lettinga, 2015).

- Since roles and responsibilities are often overlooked during the rehabilitation process, rehabilitation professionals should begin to address returning to prior family and social roles in addition to self-care tasks as clients get closer to discharging home (Schiavi et al., 2018).
- Difficulty transitioning home and re-integrating into the community
 - Ill-prepared to participate/perform daily life roles
 - Addressing clients' daily roles is highly important as little attention is focused on helping them regain their former roles and meaningful activities during the rehabilitation process (Cott et al., 2007).
 - Individuals who have had a stroke reported that translation of learned skills is considerably important, but often difficult as rehabilitation settings can vary significantly from their real-life home environment (Burton, 2000; Meijering et al., 2015).
 - "When you're in the hospital, you don't really think about how your life is going to be when you leave . . . You think that you'll just carry on as before, but you don't. You get home and that's when the trauma starts" (Lawrence, 2010, p. 422).

Environment

- Stroke recovery services are typically delivered in three phases (Woodson, 2014):
 - Acute phase
 - The acute phase is typically the quickest phase of recovery, focusing on stabilizing the client immediately following the stroke (Woodson, 2014).
 - The acute phase of recovery would not be the most ideal time for therapists to address clients' roles due to the emphasized focus on controlling the most life-threatening problems (Woodson, 2014).
 - Rehabilitation phase
 - It is important to begin addressing roles early on in the rehabilitation phase, such as in the inpatient rehabilitation setting.
 - According to Duncan et al. (2005), survivors of a stroke should be referred to the rehabilitation phase of recovery if their current functional status is lower than their pre-stroke status and if there is potential for functional improvement.
 - Treatment should be tailored to fit the client's level of ability as well as their interests in this phase in order to yield the best results (Woodson, 2014).
 - Transition to the community

- “Factors determining discharge setting include patient’s and family’s preferences, level of patient’s disabilities, level of caregiver’s support, and safety and accessibility of the home” (Gresham et al., 1995).
 - In this phase of recovery, OTs are focused on (Woodson, 2014):
 - Providing education for the client, their family, and caregivers
 - Assisting clients in resuming their valued roles and tasks such as:
 - Work
 - Leisure and recreation
 - Sexuality
 - Driving
 - Providing community support and resource recommendations
 - Planning post-discharge continuity of care
 - Due to the aforementioned descriptions, the rehabilitation and transition phases would be the most appropriate to begin addressing return to prior roles and responsibilities.
- Why the inpatient rehabilitation setting is appropriate
 - Although there are many priorities for care during this phase of rehabilitation, this would be a good setting to begin introducing roles in order to make functional gains (Camicia et al., 2016).
 - Clients in an inpatient rehabilitation setting typically stay for 9-22 days, which allows for an adequate amount of time to address roles in treatment (Camicia, Wang, DiVita, Mix, & Niewczyk, 2016).
 - “The occupational therapist’s primary role in stroke rehabilitation is to enhance client’s participation and quality of life through occupation” (Woodson, 2014, p. 1016).
 - Better prepare clients to resume valued roles and responsibilities prior to discharging home and re-integrating into the community.
- OT barriers to addressing roles
 - Although OTs are responsible for addressing clients’ mental and emotional needs (e.g. adequately preparing them for return to prior life roles, assessing for depression, anxiety, etc.) while simultaneously focusing on their physical needs, the fast-paced stroke rehabilitation environment poses as a barrier to providing client-centered, holistic healthcare (Simpson, Ramirez, Branstetter, Reed, & Lines, 2018).

- OTs have identified additional barriers to include: lack of time to address multiple priorities, limited resources, productivity and discharge expectations, and conflicting client priorities (Simpson et al., 2018).
- Social environments of the client
 - Benefits of social support
 - Family and friend dynamics can play a significant role in recovery and coping.
 - Social validation through meaningful relationships has been recognized as a key contributor to improving one's occupational identity (Walder & Molineux, 2017).
 - Social supports are impacted by stroke
 - Individuals who have had a stroke report decreased levels of socialization, activity, and overall quality of life (Woodson, 2014).
 - Individuals in this population have expressed feelings of uncertainty for their future and their ability to plan, which results in feelings of isolation and abandonment regarding re-integration into the community post-discharge (Cott et al., 2007; Satink et al., 2013).
 - Difficulty with communication
 - Clients often feel they are a burden to their family members, therefore, they tend to refrain from communicating their honest feelings, concerns, and worries with them (Lawrence, 2010).
 - Lawrence (2010) revealed that clients who have experienced a stroke feel their relationships with family members are susceptible to break down due to ineffective communication.
 - The mutual ineffective communication between clients and their family may lead to feelings of resentment and emotional distance, which can negatively impact clients' relationships with their support systems (Lawrence, 2010).
 - Survivors of a stroke found that participating in everyday activities is a useful way in determining new roles and responsibilities for themselves and family members, and helps to improve communication and relationships (Satink et al., 2016).
 - It is vital that survivors of a stroke and their family's enhance their communication as social relationships are the base in which this population builds and rebuilds their skills to be able to engage in the world as they did prior (Anderson & Whitfield, 2012).
 - Difficulty gauging level of support
 - According to Meijering et al. (2015), coping with situations post-stroke was made more challenging by the fact that those in their

social network did not provide the appropriate amount of support and needed a better understanding regarding their diagnosis and newfound barriers and abilities.

- A participant in the study stated they felt as though their social network let them down since the frequent visits and outpourings of empathy they experienced in the early stages of recovery decreased as time went on (Meijering et al., 2015).
- Anderson and Whitfield (2012) highlighted that the stigma of disability caused some people in the social network to be overprotective and discouraged the independence of the individual by doing everything for them.

Occupation

- Regaining autonomy and establishing a new normal
 - According to Meijering et al. (2015), when a survivor of a stroke unexpectedly loses their ability and opportunities to engage in their previous meaningful activities, they lose sight of their roles and responsibilities in their new body.
 - Survivors of a stroke explained how regaining some sort of autonomy during the rehabilitation process was vital in re-establishing their occupational identity, achieving occupational independence, and enhancing social relationships (Walder & Molineux, 2017).
 - One's identity is most vulnerable in healthcare services as well as social situations due to factors such as the overprotective nature of caretakers, professional dominance from therapists, and lack of autonomy throughout the healing process (Anderson & Whitfield, 2012).
 - The ability to establish a new normal and participate in meaningful occupations may help the survivor of a stroke foster autonomy in their daily life.
 - If survivors of stroke do not regain a sense of autonomy or establish a new normal post-stroke, they may not be able to reach their fullest potential when performing their meaningful roles and responsibilities.
 - Therefore, it is important to address this population's meaningful roles in the inpatient rehabilitation setting prior to discharge.
- Roles related to client occupations
 - Specific roles this population has may include, but are not limited to: (Harris & Bettger, 2018; Lawrence, 2010; Maaijwee et al., 2015):
 - Returning to work
 - Parenting
 - Sexuality/sexual functions

- Community re-integration
 - Social participation
 - Driving
 - Education
 - Home management
- Strategies for Specific Roles
 - Returning to work
 - Provide resources.
 - Difficulty accessing the appropriate services needed in order to address their work skills is a threat to one's role as an employee (Soeker & Olaoye, 2017).
 - Find the best fit.
 - Perform work related task analysis for aspects of the job that can be simulated in the inpatient rehabilitation setting (AOTA, 2015).
 - Encourage the exploration of coping strategies.
 - Addressing coping styles and strategies during the rehabilitation process prior to discharging home has been found to improve return to work following a stroke (Van der Kemp et al., 2017).
 - Community re-integration
 - Address planning strategies with the survivor of the stroke.
 - Individuals in this population have expressed feelings of uncertainty for their future and their ability to plan, which results in feelings of isolation and abandonment regarding re-integration into the community post-discharge (Cott et al., 2007; Satink et al., 2013).
 - Provide the opportunity for survivors of a stroke to participate in real-life tasks (Price, Kinghorn, Patrick, & Cardell, 2010).
 - Assist them in problem-solving through the cognitive, emotional, and physical aspects of various situations they may engage in post-stroke.
 - Use your facility's resources:
 - Gift shop
 - Cafeteria
 - Elevator/stairs
 - Public restrooms
 - Outdoor area

- Social participation
 - Provide opportunities for social engagement (Walder & Molineux, 2017).
 - Allow clients to eat in commons/cafeteria area if possible.
 - Attempt to implement group sessions.
 - Encourage family/friends to attend therapy sessions.
 - Provide clients and their families with strategies to assist them in enhancing the following (Woodson, 2014):
 - Social support
 - Engagement in activities
 - Information seeking
 - Problem-solving strategies
- Home management
 - Incorporate appropriate IADLs.
 - Roles and responsibilities one has in the home may include various IADLs such as cooking, cleaning, laundry, and shopping (AOTA, 2014).
 - Adapt the environment within the inpatient rehabilitation setting to simulate the client's home environment and assess the need for adaptive equipment.
 - OTs have the ability to adapt the environment or the tasks related to one's roles and responsibilities within the home, and can introduce adaptive equipment to maximize this population's ability to perform in their daily life roles (AOTA, 2015).
 - Assessing the need for equipment while working to facilitate client performance during specific childcare tasks, for example, is conducive to functional outcomes (Culler, Jasch, & Scanlan, 1994).
 - Promote the use of routines in therapy that can be transferred to a home environment.
 - "Recreating built in bodily and social routines that create stability and control is necessary to re-develop a sense of home" (Meijering et al., 2015, p. 40).

Performance

- Engage clients in meaningful occupations to increase performance abilities.
- The benefits of providing clients with the opportunity to engage in meaningful life roles:
 - Improves well-being, self-identity, and role competence.

- Increases participation, performance, and motivation in the therapy process.
- Enhances quality of life.
 - This population has important roles such as being a worker or a parent, and returning to those roles might be their most immediate concern as they prepare to discharge to their next phase of recovery (Burton, 2000; Cott et al., 2007; Walder & Molineux, 2017; Van der Kemp et al., 2017).
 - Employment has been found to increase a person's quality of life and overall health compared to those who are not employed (Larsen et al., 2016; Van der Kemp et al., 2017).
- Satisfaction with performance in occupations.
 - Collaborative goal setting between clients and professionals is recommended to elicit neurological benefits, which improve the satisfaction of the client as well as the relevance the therapy goals have to their lives (Lloyd et al., 2013).

Practicality of Addressing Roles

- Time constraints
 - Simpson et al. (2018) identified lack of time to address multiple priorities as being a barrier to addressing roles in the inpatient rehabilitation setting.
 - To overcome this barrier, the authors of this scholarly project recommend that OTs understand how to address young and middle-aged adult's roles within pre-existing treatment sessions.
 - The goal of addressing roles in therapy is not to redesign treatment sessions, but rather to incorporate an additional dimension of holistic client care into the rehabilitation process.
 - After initially discussing roles with clients, it is encouraged that OTs become creative in constructing treatment sessions in order to incorporate meaningful life roles and better prepare clients for discharge.
- Documentation
 - Reimbursement
 - Roles can be incorporated into pre-existing sessions.
 - Example: Since ADL training is reimbursable, OTs can incorporate roles into treatment sessions related to ADLs.
 - Example: If a client who is a mother of an infant desires to assist them in dressing, the OTs could plan a treatment session that allows the client to improve fine motor skills and bilateral upper extremity coordination by using a doll

to practice fastening buttons, zipping, threading extremities through clothes, etc.

- This treatment session could be documented as therapeutic activity for reimbursement purposes.

Strategies to Address Roles in General

- Collaborative goal setting
 - Creating collaborative goals related to clients' former roles may help to improve their motivation and compliance throughout the therapy process (Schiavi et al., 2018).
 - Woodson (2014) reported an important OT goal to include during the rehabilitation process could be, "the patient will gain competence in tasks and activities necessary to resume valued roles or to assume new meaningful roles in the community" (p. 1013).
 - In order for stroke survivors to re-establish their occupational identities following a stroke, OTs need to utilize strategies that will enable client performance and motivation (Walder & Molineux, 2017).
 - Enablement strategies include providing occupational choices, incorporating collaborative goal setting into the therapy process, providing opportunities for social engagement, and promoting occupational competence and accomplishment (Walder & Molineux, 2017).
- Have a discussion with clients about their meaningful roles
 - Ask questions related to roles when gathering information for an occupational profile or during treatment sessions.
- Recommend realistic adaptations
 - OTs can recommend adaptations to allow survivors of a stroke to establish their new normal by assisting them in resuming their former, preferred leisure activities as well as develop new ones that are suitable for their lifestyle (AOTA, 2015).
- Educate clients about their stroke
 - Educating clients on information related to their stroke as well as how the stroke has altered their lifestyles and roles is an important part of the recovery process, but continues to be an area that is not as widely addressed (Walder & Molineux, 2017).
 - Discussing what to expect when they return to their roles and responsibilities is highly important to address so they feel competent and comfortable returning to their former lives (Burton, 2000; Lawrence, 2010).

- Explain positive lifestyle changes to prevent recurrent strokes (Burton, 2000; Lawrence, 2010).
- Conduct assessments
 - Examples may include the following:
 - Canadian Occupational Performance Measure (COPM) (Enemark Larsen, Rasmussen, & Christensen, 2018)
 - Measures clients' self-perceptions of occupational performance in the areas of self-care, productivity, and leisure, and assesses their satisfaction in identified activities through use of semi-structured interviews.
 - It is helpful in developing client-centered goals and interventions.
 - The Model of Human Occupation Screening Tool (MOHOST) (Forsyth et al., 2014)
 - Assesses the impact of volition (motivation), habituation (patterns/routines), skills, and environment on clients' occupational participation.
 - It is helpful in generating goals and assessing outcomes/changes in participation.
 - Role Checklist (O'Brien, 2017)
 - Provides information on what roles a client values and his or her view of role performance in past, present, and future.

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Addressing Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting: An In-Service for Occupational Therapists

Audience Handout

General Strategies to Incorporate Roles into OT Interventions		
Client Needs	Strategy	Example
<ul style="list-style-type: none"> ● Personal goals are not being prioritized 	<ul style="list-style-type: none"> ● Collaborate with client to set goals ● Have discussions with clients about their meaningful roles 	<ul style="list-style-type: none"> ● Example of a goal: The client will perform tasks and activities related to their meaningful roles in order to regain confidence and competence ● Ask questions about roles during the evaluation process ● Discuss roles during treatment sessions
<ul style="list-style-type: none"> ● Re-establish occupational identity 	<ul style="list-style-type: none"> ● Enable client performance and motivation 	<ul style="list-style-type: none"> ● Enablement strategies: <ul style="list-style-type: none"> ○ Provide occupational choices ○ Incorporate collaborative goal setting into the therapy process ○ Provide opportunities for social engagement ○ Promote occupational competence and accomplishment
<ul style="list-style-type: none"> ● Not able to reach fullest potential when performing meaningful roles and responsibilities 	<ul style="list-style-type: none"> ● Recommend realistic adaptations ● Allow clients to engage in prior roles during treatment sessions 	<ul style="list-style-type: none"> ● Recommend adaptations that will assist them to establish a new normal ● Assist them in resuming their former, preferred leisure activities ● Encourage clients to develop new preferred activities that are suitable for their lifestyle
<ul style="list-style-type: none"> ● This population has specific needs and priorities that tend to make them not fit into the standard treatment provided by OTs 	<ul style="list-style-type: none"> ● Conduct assessments to determine areas of need in order to be able to provide best practice/care 	<ul style="list-style-type: none"> ● Canadian Occupational Performance Measure (COPM) ● The Model of Human Occupation Screening Tool (MOHOST) ● Role Checklist

Created by: Ashley Ystaas, MOTS, Kelsey Raymond, MOTS, and Mandy Meyer, PhD
University of North Dakota

Specific Strategies to Incorporate Roles into OT Interventions	
Possible Client Roles/Responsibilities	Strategies
<ul style="list-style-type: none"> ● Returning to work 	<ul style="list-style-type: none"> ● Provide return to work resources: <ul style="list-style-type: none"> ○ https://www.dol.gov/general/topic/disability ● Create best fit between client abilities and their work environment ● Encourage exploration of coping strategies
<ul style="list-style-type: none"> ● Re-integrating into the community 	<ul style="list-style-type: none"> ● Assist in developing planning strategies ● Provide opportunities for participation in real-life tasks ● Help them problem-solve various situations ● Use your facility's resources: <ul style="list-style-type: none"> ○ Gift shop ○ Cafeteria ○ Elevators/stairs ○ Public restrooms ○ Outdoor areas
<ul style="list-style-type: none"> ● Social participation 	<ul style="list-style-type: none"> ● Provide opportunities for social engagement: <ul style="list-style-type: none"> ○ Allow clients to eat in commons/cafe/cafeteria area ○ Attempt to implement group-based sessions ○ Encourage family/friends to attend therapy sessions ● Provide clients and their families with strategies to enhance: <ul style="list-style-type: none"> ○ Social support ○ Engagement in activities ○ Information seeking ○ Problem-solving strategies
<ul style="list-style-type: none"> ● Home management 	<ul style="list-style-type: none"> ● Incorporate appropriate IADLs: <ul style="list-style-type: none"> ○ Cooking ○ Cleaning ○ Laundry ○ Shopping ● Simulate client's home environment in your rehabilitation setting ● Introduce adaptive equipment ● Promote use of routines that can be transferred to their home environment

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ADDRESSING ROLE TRANSITIONS IN YOUNG AND MIDDLE-AGED ADULTS POST-STROKE IN THE INPATIENT REHABILITATION SETTING: AN IN-SERVICE FOR OCCUPATIONAL THERAPISTS



(Raymond, 2019, *Best of Both*)

Objectives:

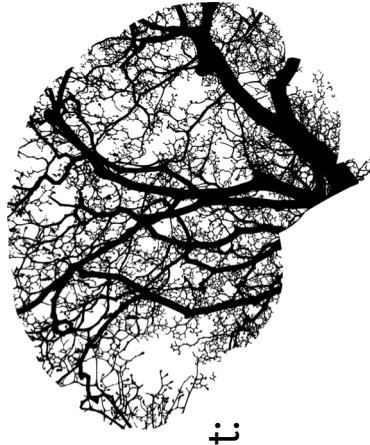
- 1) Understand the effects of stroke on the personal factors of young and middle-aged adults
- 2) Increase awareness of this population's perspectives regarding current therapy treatments
- 3) Understand how the inpatient rehabilitation setting plays a role in addressing meaningful life roles prior to discharge
- 4) Learn strategies to incorporate meaningful client roles into occupation-based interventions and treatment
- 5) Understand how addressing roles early on can enhance participation and performance in meaningful life roles

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[In-Service Location]
[In-Service Presenter & Credentials]

Role Transitions in Young and Middle-Aged Adults Post-Stroke in the Inpatient Rehabilitation Setting

Created By: Ashley Ystaas, MOTS and Kelsey Raymond, MOTS
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Introduction to the Topic



- Young and middle-aged adults who have had a stroke report:
 - Not feeling actively involved in the therapy process
 - Feeling as though professionals often overlook their valued roles and responsibilities
 - Not feeling prepared to return to their roles following discharge
- Occupational therapists should be aware of:
 - Young and middle-aged adults' perceptions regarding returning to their roles post-stroke
 - Strategies that will be helpful to address roles during therapy interventions

(Cott et al. 2007; GDJ, 2017, *Brain-2146817*; Lawrence, 2010; Schiavi et al., 2018)

Introduction to the Model

- The Person-Environment-Occupation-Performance (PEOP) model was chosen to guide the development of this in-service
- PEOP is a client-centered model that focuses on:
 - Person factors
 - Environment factors
 - Occupations
 - How these inhibit/promote occupational performance and participation in daily life

PEOP Terms

- **Person factors:** “psychological, cognition, sensory, motor, physiological, and meaning/sense-making/spiritual characteristics that support or limit occupational performance” (Bass et al., 2017, p. 170)
- **Environment factors:** social, cultural, technological, natural, and physical environments (Bass et al., 2017)
- **Occupations:** tasks, activities, and roles that individuals need or desire to pursue (Bass et al., 2017)
- **Occupational performance:** represents the meaningful and important activities the individual performs (Turpin & Iwama, 2011)

Objectives

Person

- 1)** Understand the effects of stroke on the personal factors of young and middle-aged adults
- 2)** Increase awareness of this population's perspectives regarding current therapy treatments

Environment

- 3)** Understand how the inpatient rehabilitation setting plays a role in addressing meaningful life roles prior to discharge

Occupation

- 4)** Learn strategies to incorporate meaningful client roles into occupation-based interventions and treatment

Performance

- 5)** Understand how addressing roles early on can enhance participation and performance in meaningful life roles

Introduction

Statistics

- Of the 795,000 strokes that occur annually within the United States, 79,500 of strokes occur in adults younger than 50 years of age
- Over the last decade, strokes have accounted for an increase of approximately 44% of hospitalizations of young and middle-aged adults
- Approximately one in seven strokes within the United States occur in individuals between the ages of 15 and 59



(CDC, 2018; Harris & Bettger, 2018; Janif93, 2019, *Browser-3614768*; NSA, 2018)

Population of Interest

- Young and middle-aged adults post-stroke:
 - Ages 18-64
 - Involved in a variety of roles and routines
 - Focused on establishing themselves



(Harris & Bettger, 2018; Raymond, 2019, *Best of Both*)

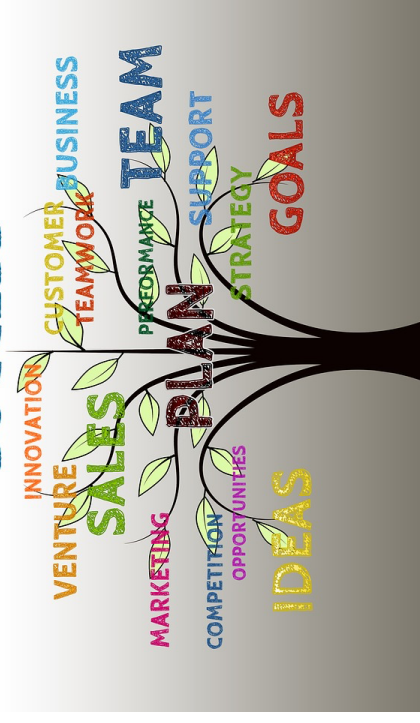
Why This Population?

- “Although the majority of young stroke survivors have a favorable prognosis, they experience a greater burden of disability compared to older patients due to the resulting loss of productivity at a time focused on establishing careers and families” (Harris & Bettger, 2018, p. 1)
- Roles may involve greater emotional and physical demands
- Different needs and priorities than the more typical, older generation of adults
- Tend to not fit into the standard treatment of services

(Harris & Bettger, 2018; Lawrence, 2010; Maaijwee et al., 2015)

Aim of This In-Service

- Educate occupational therapists on the importance of addressing roles with this population prior to discharge
- Provide occupational therapists with strategies to improve their abilities to address roles prior to discharging from inpatient rehabilitation
- Encourage occupational therapists to incorporate roles into their interventions



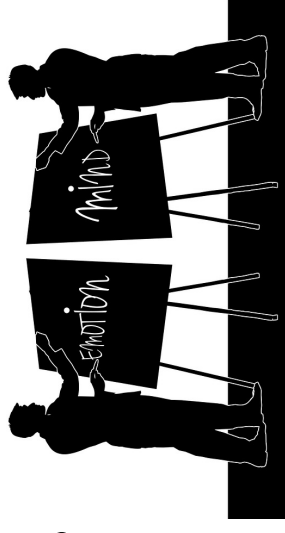
The Gap

- There is a gap in the literature between what therapists feel is necessary to address and what clients desire to address during treatment
 - Clients may feel unprepared to successfully return to their previous life roles and responsibilities
- Occupational therapists are skilled in treating clients holistically throughout the rehabilitation process, however, there is a lack of emphasis placed on assisting clients in regaining their former roles during therapy.

(Cott et al., 2007)

Person

Emotional and Cognitive Impairments



- Physical aspects can sometimes overshadow emotional recovery
- This population feels ill-prepared to recover from their cognitive and psychological impairments to fully support transitioning back to their former life roles
- Common emotional changes that an individual may experience following a stroke include:
 - Hopelessness over loss of independence and role functioning
 - Stress over financial uncertainties
 - Decreased self-esteem and self-worth
 - Increased anxiety, frustration, anger, and sadness

(Geralt, 2014, *Man-273397*; Lawrence, 2010; NSA, 2018; Reed, 2014)

Effects on Performance in Daily Roles

- May not be able to fully participate in activities that were once important to or required of them
- Can no longer be successful in their daily roles and responsibilities, especially those regarding employment
- Inability to participate in daily activities may decrease:
 - Sense of belonging
 - Quality of life
 - Occupational identity



(Anderson & Whitfield, 2012; Ar130405, 2017, Success-2081167; Reed, 2014)

Clients Don't Feel Actively Involved in Treatment

- Often feel ill-prepared for their next stage of recovery due to:
 - Therapists not understanding their everyday concerns, needs, and goals
 - Not feeling actively involved in hospital discharge planning
 - Not receiving enough patient education regarding their diagnosis
 - Feeling unable to influence events happening to them
 - Results in feelings of uselessness and self-isolation

(Lawrence, 2010; Lloyd et al., 2013; Walder & Molineux, 2017)

Minimal Focus on Addressing Roles and Responsibilities

- Clients are comforted by the stability and support they get from participating in meaningful roles and routines
- Begin to address returning to prior family and social roles in addition to self-care tasks as clients get closer to discharging home



(Meijering et al., 2015; Schiavi et al., 2018; Skeeze, 2015, *Family-drinking-orange-juice*)

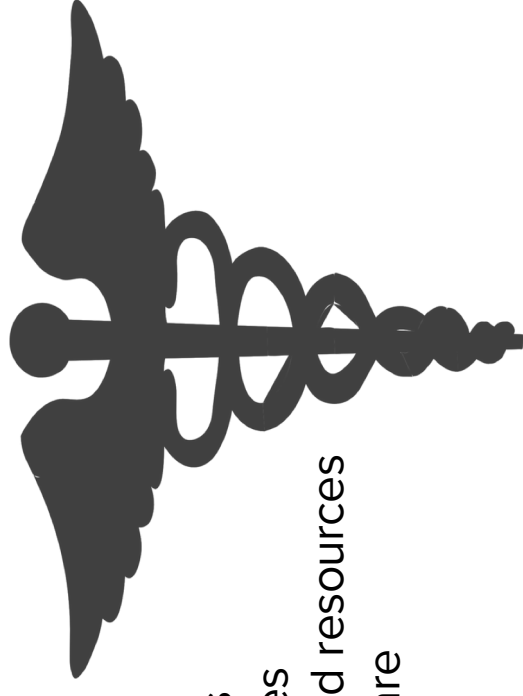
Difficulty Transitioning Home & Re-integrating into the Community

- “When you’re in the hospital, you don’t really think about how your life is going to be when you leave . . . You think that you’ll just carry on as before, but you don’t. You get home and that’s when the trauma starts” (Lawrence, 2010, p. 422)
- Little attention is focused on helping them regain their former roles and meaningful activities during the rehabilitation process
- Trouble translating learned skills
 - Rehabilitation settings can vary significantly from their real-life home environment

Environment

Stroke Recovery Phases

- Acute
 - Focus on stabilizing the client immediately following the stroke
- Rehabilitation
 - Treatment is tailored to fit client's ability levels and interests
 - The most ideal time to address client roles
- Transition
 - Occupational therapists focus on:
 - Educating clients, family, and caregivers
 - Assisting clients in resuming valued roles
 - Recommending community supports and resources
 - Planning post-discharge continuity of care



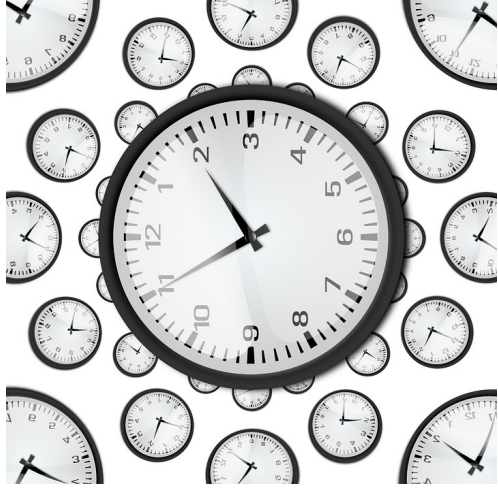
Why the Inpatient Rehabilitation Setting is Appropriate

- In this setting occupational therapists have the ability to incorporate roles into treatment in order to make functional gains
 - “The occupational therapist’s primary role in stroke rehabilitation is to enhance client’s participation and quality of life through occupation” (Woodson, 2014, p. 1016)
- Length of stay is 9-22 days
- Better prepares client to resume valued roles and responsibilities prior to discharging home and re-integrating into the community

(Camicia et al., 2016; Schiavi et al., 2018)

Occupational Therapy Barriers to Addressing Roles

- Fast-paced stroke rehabilitation environment poses as a barrier to providing client-centered, holistic healthcare
- Occupational therapists are responsible for addressing clients' mental and emotional needs while simultaneously focusing on their physical needs
- Additional barriers:
 - Lack of time to address multiple priorities
 - Limited resources
 - Productivity and discharge expectations
 - Conflicting client priorities



(Geralt, 2014, *Time-430625*; Simpson et al., 2018)

Social Environments of the Client

- Benefits of social support
 - Family/friend dynamics play a significant role in recovery and coping
 - Social validation through meaningful relationships is a key contributor to improving one's occupational identity
- Social supports are impacted by stroke
 - Decreased levels of socialization, activity, and overall quality of life
 - Feelings of uncertainty for their future and their ability to plan
 - Feelings of isolation and abandonment



(Cott et al., 2007; OpenClipart-Vectors, 2017, *Boy-2026064*; Satink et al., 2013; Walder & Molineux, 2017; Woodson, 2014)

Social Environments Continued

- Difficulty with communication
 - Feel they are a burden to family members
 - Clients refrain from communicating honest feelings, concerns, and worries
 - Experience ineffective communication
 - May lead to feelings of resentment and emotional distance
- Social relationships are the base in which this population builds and rebuilds their skills to engage in the world as they did prior
- Encourage clients to participate in everyday activities to help them and their family members determine new roles and responsibilities

(Anderson & Whitfield, 2012; Lawrence, 2010; Satink et al., 2016)

Social Environments Continued

- Family members have difficulty gauging level of support to provide
 - Social network may be unsure of how much support to provide
 - Social supports needed a better understanding regarding the survivor of a stroke's newfound barriers and abilities
 - Frequent visits and outpourings of empathy experienced in the early stages of recovery decreased as time went on
 - The stigma of disability caused some people in the social network to be overprotective and discourage the independence of the individual



Occupation

Importance of Regaining Autonomy

- Regaining autonomy during the rehabilitation process is vital to help clients:
 - Re-establish occupational identity
 - Achieve occupational independence
 - Enhance social relationships
- One's identity is most vulnerable in health care services as well as social situations due to factors such as:
 - The overprotective nature of caretakers
 - Professional dominance from therapists
 - Lack of autonomy throughout the healing process



(Anderson & Whitfield, 2012; GDJ, 2017, *Heart-2750394*; Meijering et al., 2015; Walder & Molineux, 2017)

Importance of Establishing a New Normal

- Following a stroke, clients unexpectedly lose their ability and opportunities to engage in their previous meaningful activities
- Establishing a new normal and participating in meaningful occupations can allow clients to foster autonomy in their daily life
- Inability to regain a sense of autonomy and establish a new normal limits clients from reaching their fullest potential when performing their meaningful roles and responsibilities

(Anderson & Whitfield, 2012; Meijering et al., 2015; Walder & Molineux, 2017)

Strategies for Returning Work

- Provide resources
 - May experience difficulty accessing appropriate services to address their work skills
- Find the best fit
 - Perform work related task analysis for aspects of the job that can be simulated in the inpatient rehabilitation setting
- Encourage the exploration of coping strategies
 - Addressing coping styles and strategies during the rehabilitation process prior to discharging home has been found to improve return to work following a stroke

(AOTA, 2015; Soeker & Olaoye, 2017; Van der Kemp et al., 2017)

Strategies for Community Re-Integration

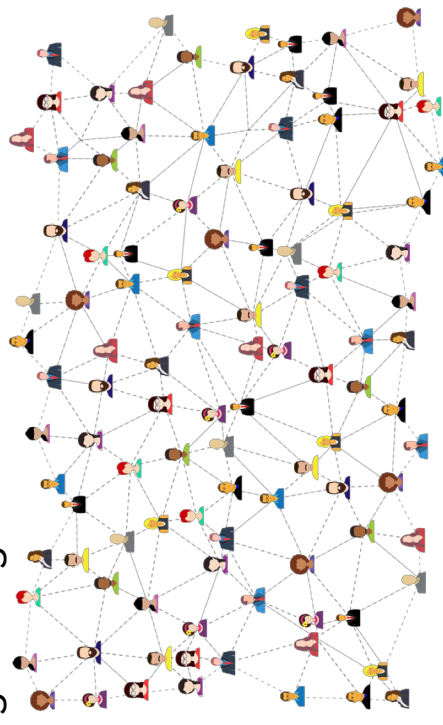
- Address planning strategies
 - Clients expressed feelings of uncertainty for their future and ability to plan
 - Potential for isolation and abandonment when re-integrating into the community
- Provide opportunities for participation in real-life tasks
 - Help them problem-solve through various situations
 - Use your facility's resources:
 - Gift shop
 - Cafeteria
 - Elevator/stairs
 - Public restrooms
 - Outdoor area



(Cott et al., 2007; Free-Photos, 2015, City-691553; Price et al., 2010; Satink et al., 2013)

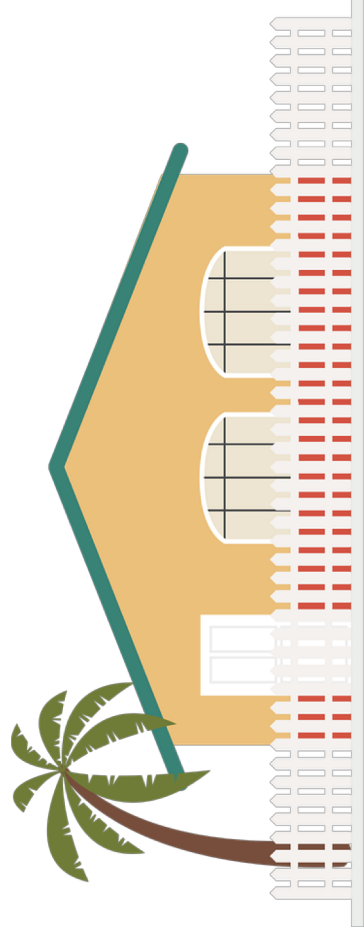
Strategies for Social Participation

- Provide opportunities for social engagement
 - Allow clients to eat in commons/cafeteria area if possible
 - Attempt to implement group sessions
 - Encourage family/friends to attend therapy sessions
- Provide clients and their families with coping strategies
 - Social support
 - Engagement in activities
 - Information seeking
 - Problem-solving strategies



(GDJ, 2019, *Social-media-3846597*; Walder & Molineux, 2017; Woodson, 2014)

Strategies for Home Management



- Incorporate appropriate IADLs
 - Cooking
 - Cleaning
 - Laundry
 - Shopping
- Adapt inpatient rehabilitation environment to simulate client's home environment
- Introduce adaptive equipment to maximize client performance
- Assess need for equipment while working on functional outcomes
- Promote the use of routines that can be transferred to a home environment

(ArtsyBee, 2017, *House-2786035*; Culler et al., 1994; AOTA, 2014; AOTA, 2015)

Performance

Benefits of Engaging Clients in Meaningful Roles

- Improves:
 - Well-being
 - Self-identity
 - Role competence
- Increased:
 - Participation
 - Performance
 - Motivation in the therapy process
- Enhances quality of life:
 - Meaningful roles increase quality of life and overall well-being
 - Returning to roles might be the most immediate concern to clients



(Burton, 2000; Cott et al., 2007; Geralt, 2017, *Positive-2470506*; Larsen et al., 2016; Walder & Molineux, 2017; Van der Kemp et al., 2017)

Benefits of Engaging Clients in Meaningful Roles

- Employment
 - Increases quality of life and overall health
 - Creates a sense of belonging
- Satisfaction with performance in occupations
 - Collaborative goal setting
 - Can elicit neurological benefits which improve the satisfaction of the client as well as the relevance the therapy goals have to their lives

Practicality of Addressing Roles

- Time constraints
 - Incorporate roles into pre-existing treatment sessions
- Documentation
 - Reimbursement
 - Ex. If a client, who is a mother of an infant, desires to assist him/her in dressing, the OT could plan a session that allows the client to improve a fine motor skills and bilateral upper extremity coordination by using a doll to practice fastening buttons, zipping, threading extremities through clothes, etc.
 - Therapeutic activity

Strategies to Address Roles in General

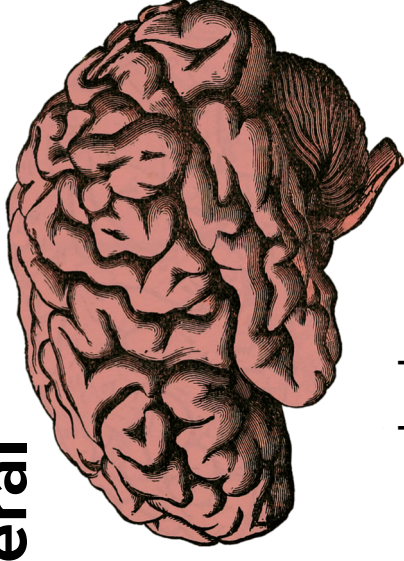
- Create goals related to former client roles to improve motivation/compliance
- An important occupational therapy goal to include could be:
 - “the patient will gain competence in tasks and activities necessary to resume valued roles or to assume new meaningful roles in the community” (Woodson, 2014, p. 1013).
- Enablement strategies:
 - Provide occupational choices
 - Provide opportunities for social engagement
 - Promote occupational competence and accomplishment



Strategies to Address Roles in General

- Discuss meaningful roles
 - Ask questions related to roles when initially gathering client information
 - Communicate about roles during treatment sessions
- Recommend realistic adaptations
 - Adaptations that will assist them to establish a new normal
 - Assist them in resuming their former, preferred leisure activities
 - Encourage clients to develop new preferred activities that are suitable for their lifestyle

Strategies to Address Roles in General



- Educate clients about their stroke
 - Provide information related to their stroke
 - Discuss how the stroke has altered their lifestyles and roles
 - Explain what to expect when they return to their roles and responsibilities
 - Explain positive lifestyle changes to prevent recurrent strokes

(Burton, 2000; Holdentrils, 2014, *Brain-512758*; Lawrence, 2010; Walder & Molineux, 2017)

Strategies to Address Roles in General

- Conduct assessments
 - Canadian Occupational Performance Measure (COPM)
 - Helpful in developing client-centered goals and interventions
 - The Model of Human Occupation Screening Tool (MOHOST)
 - Helpful in generating goals and assessing outcomes/changes in participation
 - Role Checklist
 - Provides information on what roles a client values and his or her view of role performance in past, present, and future

Summary

- Young and middle-aged adults are in the time of their lives where they have a variety of roles and responsibilities
 - They tend to not fit into standard treatment services
- Roles can be incorporated into pre-existing treatment sessions
- Important to address roles in the inpatient rehabilitation setting so clients are able to:
 - Establish a new normal
 - Begin to regain autonomy
 - Improve occupational identity
 - Increase confidence/competence
 - Enhance overall well-being and quality of life

(Harris & Bettger, 2018; Hole et al., 2014; Lawrence, 2010, Maaajjwee et al., 2015; Walder & Molineux, 2017)

Questions?

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APPENDIX B

Artwork Release Form

I, Claire Raymond (print name)
hereby grant permission to Kelsey Raymond and Ashley Ystaas
to use my art without limitation for the purpose of their
scholarly project. I warrant that I am the sole owner of said art,
it is my original work, and that it has never been published.

The titles of the pieces I am transferring to Kelsey Raymond and
Ashley Ystaas are as follows:

"Best of Both"

By signing my name below, I am granting my full permission
for the aforementioned individuals to utilize my original artwork
for the purposes of their scholarly project.

Claire Raymond
(Signature)

Claire Raymond
(Printed Name)

4/4/19
(Date)