Occupational Therapist-Led Support Groups in Lifestyle Medicine

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Presentation Objectives

»Describe the role of occupational therapists in facilitating support groups across lifestyle medicine settings

»Recognize occupational therapy-specific and broader theoretical models which inform strategies for facilitating groups in lifestyle medicine

»Identify key strategies for facilitating groups and potential limitations to be considered.

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1. Introduction

Why Lifestyle Medicine?

Primary Care

- 1996 Definition Reported by the Institute of Medicine Committee
- Ambiguity of the word "*primary*"
- Option 1: "first in time or order" or "first contact"
  - ~ Triage function
- Option 2: "*chief*", *principal* or "*main*"
  - ~ Central and fundamental to health care

- **Primary care is the provision of *integrated, accessible health care services* by clinicians who are *accountable* for addressing a large *majority of personal health care needs*, developing a *sustained partnership* with *patients*, and practicing in the *context of family and community*.**

Primary Care

- OT in Primary Care
  - ~ Eileen E Bumphrey. (1989). Occupational therapy within the primary health care team. *Britain*
  - ~ Florence Clark et al. (1997). Occupational Therapy for Independent-Living Older Adults: RCT. *USA*
  - ~ Rehabilitation in a primary care setting for persons with chronic illness: RCT. *Canada*
  - ~ AOTA Position Paper. (2014). *USA*
  - ~ September/October 2019 special issue AOTA

Lifestyle Medicine

- Journal of Graduate Medical Education
- 2016
- Dr. Clarke and Dr. Hauser "Lifestyle Medicine: A Primary Care Perspective"

- "In 2012, the American Medical Association called for physicians to "acquire and apply these competencies, and **offer evidence-based lifestyle medicine interventions** as the first and **primary** mode of preventing and, when appropriate, treating chronic disease within clinical medicine."

Lifestyle Medicine

- Journal of Graduate Medical Education
- 2016
- Dr. Clarke and Dr. Hauser "Lifestyle Medicine: A Primary Care Perspective"

- **Barriers**
  - ~ Physicians are time-strapped
  - ~ Limited training in lifestyle medicine
  - ~ Feel ill-equipped to counsel patients—especially when they are not living healthily themselves
  - ~ Most reimbursement models preferentially reward treatment over prevention

Lifestyle Medicine

- Journal of Graduate Medical Education
- 2016
- Dr. Clarke and Dr. Hauser "Lifestyle Medicine: A Primary Care Perspective"

- The **longitudinal nature** of primary care makes it **an ideal place to start**; however, the full burden of this change **need not fall on primary care physicians alone**.

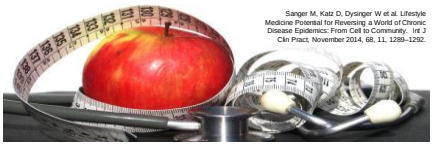
- Effective and efficient practice of lifestyle medicine employs a **multidisciplinary team.**..

OT in Lifestyle Medicine

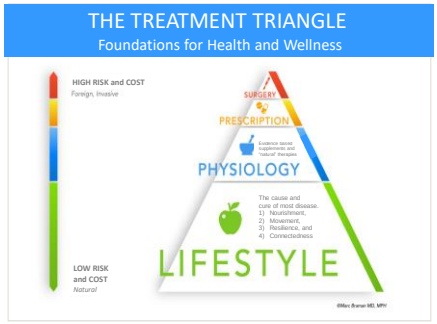
»Dysinger, W., Krpalek, D., & Mann, D. (October, 2018). Occupational Therapy and Lifestyle Medicine: An Evidence based Response to Management of Non-communicable Diseases. OTAC Conference, Pasadena, CA

Lifestyle Medicine Definition

"Lifestyle medicine is the ***evidence based*** practice of helping ***individuals*** and ***communities*** with comprehensive **lifestyle changes** (including nutrition, physical activity, stress management, social support and environmental exposures) to help ***prevent***, ***treat*** and even ***reverse*** the progression of chronic diseases by addressing ***underlying*** causes."



Sanger M, Katz D, Dysinger W et al. Lifestyle Medicine Potential for Reversing a World of Chronic Disease Epidemics: From Cell to Community. Int J Clin Pract. November 2014, 68, 11, 1288–1292.



Four Pillars of Health

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Activity

Krpalek, D., Blaire, C., Choi, E., Nguyen, T., Peterson, S., Sisson, J., & Javaherian, H. (2014, December). **Participating in the Complete Health Improvement Program: Perceived Facilitators and Barriers to Maintaining a Healthy Lifestyle.** LLU OT Research Colloquium, Loma Linda, CA.

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Facilitators

General facilitators (not program specific)

*Based on frequency

**Participants did not rate perceived level of importance

- Resources (food)
- Family Support
- General Support
- Applying Information
- Access to Gadgets
- Self-Discipline
- Sharing Health Knowledge
- Location for Exercise
- Prioritizing Health
- Having a Dog
- Goal Setting
- Professional Support

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Barriers

General barriers (not program specific)

*Based on frequency

**Participants did not rate perceived level of importance

- Lack of Social Support
  - Family Support
  - Cultural Norms
  - Lack of Social Support
- Cooking
- Time Constraints
- Unhealthy Habits
- Cheating
- Lack of Food Choices
- Dining Out
- Diet Restrictions
- Lack of Resources

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Group Facilitators

Facilitators specific to the program

*Based on frequency

**Participants did not rate perceived level of importance

- Increased Knowledge
  - ~ About Diet
  - ~ About Healthy Lifestyles
- Social Support
  - ~ Group Members
  - ~ Engaging Facilitators
- Biometric Screenings
- Feeling Empowered
- Having Meals to Sample
- Field Trip – Dining Out
- Informative Videos
- Resources

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Group Barriers

Barriers specific to the program

*Based on frequency

**Participants did not rate perceived level of importance

- Content Overload
  - ~ Pace
- Complex Recipes
- Inconsistency
- Conflicting Recommendations
  - ~ Extreme recommendations
- Not Engaging Facilitators
- Using Group for Personal Problems
- Managing Group Members
- Poor Organization

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2. The Setting

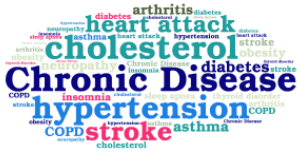
What does the OT-Led support group look like?

Physical Set Up

- Setting
  - In a clinic
  - Circle of Chairs

Who Attends?

» Common patient demographics/diagnoses
  ~ Diabetes
  ~ Obesity
  ~ Back pain
  ~ CVD
  ~ Neuropathy



Common Occupational Limitations

~ IADLs Health management
  • Nutritional knowledge
  • Exercise routine
  • Healthy coping
  • Purpose – Why?
~ IADLs Meal preparation
  • Cooking skills
  • Healthy recipe
~ Social participation
  • Isolation
  • Family stressors
  • Community participation
~ Rest and sleep
  • Sleep preparation
  • Sleep participation

Key collaborators

» Doctor*
» Nurse Practitioner*
» Health Coach
» Medical Assistants
» Occupational Therapist

Purpose of the Group

- Accountability
- Group Support
- Share Ideas
- Gain Health Knowledge
- Set Personal Goals
  - Guided by facilitator
- Process/Vent
- Support Long Term Health Behavior Change

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Structure of the Support Group

- Open Group Format
- Three groups – two locations
- Structure of the support group
  - 'Check-In' (40 minutes)
  - 'Doctor Consultation' (20-30 minutes)
  - 'Check-Out' (10-20 minutes)
- 4 pillars of health
  - Nourishment, Movement, Resilience, Connectedness

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3. Case Study

Grace

Grace

- 62 year old female
- Has lost over 30 pounds
- A1C & BP within normal limits
- Osteoporosis
- Widow – Her husband died from CAD
- Committed to her health changes
- Disciplined
- Her son and his spouse live with her
- She has daughter who is married and grandchildren
- She is connected to her church
- She participates in group discussion but only when prompted

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Nourishment	Exercise	Resilience	Connectedness
Increase intake of green leafy vegetables	Continue her daily exercise 'circuit'	Continue sleeping 8 hours a night	Need to process emotions

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Small Group Discussion

- 1. How would you operationalize the goals?
  - ~ What additional information would you like to know?
- 2. What are guiding models/theories that underpin your recommendations?
- 3. What are potential areas of concern? How would you use the group setting to address these?

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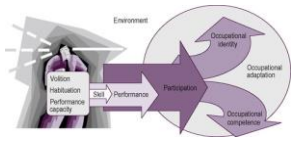
Nourishment	Exercise	Resilience	Connectedness

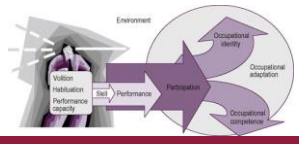
Guiding Models

- Model of Human Occupation (MOHO)
- Person-Environment-Occupation (PEO) Model
- Transtheoretical Model of Change (TTM)

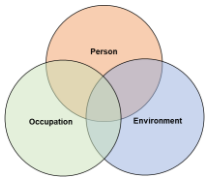


Guiding Models

- Model of Human Occupation (MOHO)
  - ~ Volition – highlight motivated
  - ~ Habituation – roles and habits support healthy behaviors
    - **Habit Training: 'Being Still' 'Contemplating' 'Processing'**
  - ~ Performance capacity – problem solving skills and increased knowledge
    - **Skill: Being able to recognize, process and respond to emotion**



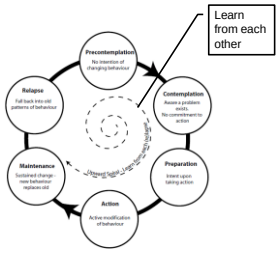
P-E-O



- Nourishment and Movement
  - ~ E: Social support as facilitator to health
  - ~ O: Builds in time for exercise & meal prep
  - ~ P: Knowledgeable about health
    - **Occupational Performance = High**
- Emotional Connection
  - ~ E: Social support available
  - ~ O: Meeting with friends, living with family
  - ~ P: Diminished emotional awareness & connection
    - **Occupational Performance = Low**

Transtheoretical Model of Change (TTM)

- Health Behavior Change
  - ~ 'Maintenance' stage
  - ~ Highlight that as her strength
  - ~ Encourage her to share her strategies with others
- Emotional Connection
  - ~ 'Action'
  - ~ Supporting her in developing concrete goals to work towards emotional connection



Areas of Concern

- **How do you use the group?**
  - ~ Osteoporosis
    - Group – check in with nourishment goal
    - Facilitate questions for Doctor
    - During checkout provide reminders about getting check ups
  - ~ Emotional disconnect
    - Group – facilitator style
      - ~ Gentle – focus on strengths
      - ~ Space
      - ~ Offer prompts
      - ~ Building rapport
      - ~ Offer suggestions
        - Building supports in daily life

4. OTs' Perspectives

Are OTs uniquely qualified to run groups?

Research Purpose

» Title: Group-Based Occupational Therapy in Primary Care Settings

» Purpose: To explore OTs' perceived roles in regards to leading group sessions in primary care settings.

» Instruments
  ~ 8-Item Demographic Questionnaire
  ~ Yes Groups: 30 semi-structured questions
  ~ No Groups: 16 semi-structured questions

» Inclusion criteria:
  ~ OTR/L
  ~ Experience in primary care
  ~ No greater than 1 year lapse working in primary care

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Participants

» Age *M* (min-max): 36 years (28 – 55)
» Location
  ~ Los Angeles, CA (*n* = 3)
  ~ Pittsburg, PA (*n* = 1)
  ~ Indianapolis, IN (*n* =1)
» Total Years in PC *M* (min-max): 3 years (1 – 7)
» Hours per week (min-max): 3 hours – 40+
» Patients seen per week (min-max): 2-22 patients
» Conducting groups: No (*n* = 5)
» Most Common Conditions
  ~ Diabetes, Hypertension, Chronic conditions, Increased cholesterol, Obesity, Co-morbidities
  ~ Pain, Anxiety, MH conditions, Insomnia, Fall risk

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Preliminary Findings

» Practice Setting

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Preliminary Findings

» Groups?

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Preliminary Findings

» Patient Population

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Preliminary Findings

» Occupations Addressed

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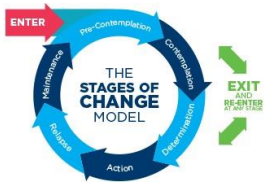
Preliminary Findings

» Models/Theories



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Preliminary Findings

» Common Interventions

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Preliminary Findings

» OTs uniquely qualified

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Preliminary Findings

» Supports and Barriers

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Preliminary Findings

» Important Future Considerations

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5. Case Study

Hannah

Hannah

- 58 year old female
- Hx athlete
- 2 knee surgeries, 1 shoulder reconstruction
- Married – husband has RA and is overweight
- Hannah is driven and motivated
- She recently lost 8 pounds
- Walks 3 miles every day, eats 2 meals a day
- Engaged in various social groups
- Would talk over her husband during 'check in time'
- Three weeks ago another member, Tom, was sharing and Hannah interrupted
- Last week Hannah interrupted Tom during check in

Small Group Discussion

- 1. What strategies do you recommend for managing group dynamics?
- 2. Is there a supporting theory to inform your approach?
- 3. Would you express your concern with any of your collaborators?

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Group Discussion

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Conclusion

- Occupational therapists play a valuable role in primary care
- Occupational therapists can support lifestyle medicine approaches in primary care
- Social support plays a vital role in health behavior change
- Occupational therapists are uniquely qualified to facilitate groups
- Future considerations include demonstrating our unique contributions and considering funding

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