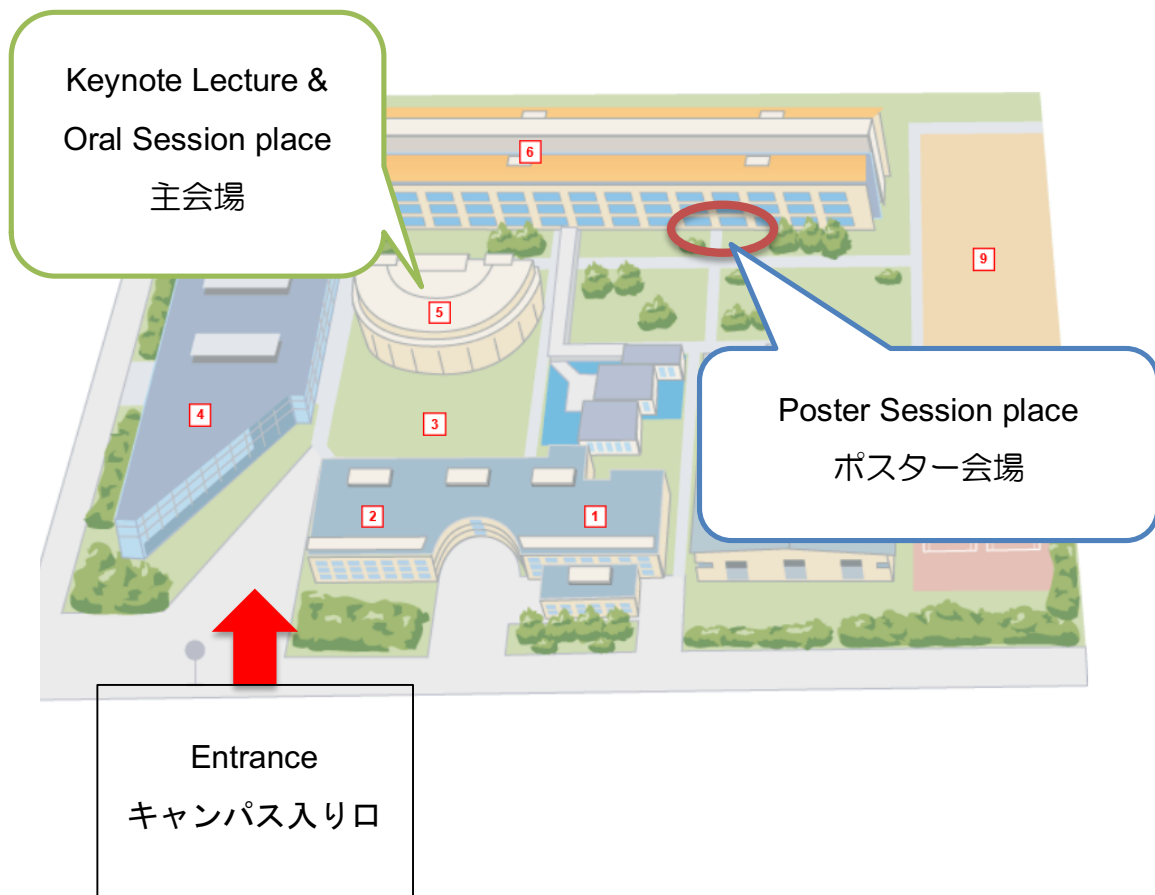


Venue Information 会場案内

Tokyo Metropolitan University, Arakawa campus 首都大学東京荒川キャンパス
7-2-10 Higashi-Ogu, Arakawa-ku, Tokyo 東京都荒川区東尾久 7-2-10



The 4th International Occupational Therapy Intervention Process Model (OTIPM) Symposium

Enabling Occupation Centered Practice

作業を中心とした実践の可能化

Program プログラム

Day1 (Saturday, July 8) 7月8日(土)

Time	Content	P
12:00-13:00	Registration 受付	
13:00-13:10	Opening 開会式	
13:10-14:40	Keynote Lecture 1 基調講演 1 How do we develop the Occupation-Centered Practice? -The history of CIOTS JAPAN- 作業中心の実践をどのように進めてきたか -CIOTS JAPAN の実践の歴史から- FUKUDA Hisanori 福田久徳 (Chair: YOSHIKAWA Hiromi)	12
15:00-15:45	Poster Session 1 ポスター発表 1 <ul style="list-style-type: none"> Occupational therapy for a personality disorder case who have sent long-term withdrawal life 長期の引きこもり生活を送ってきた人格障害事例に対する作業療法 MINAMI Syoichiro 南庄一郎 Adding Values to Making Coffee: An Attempt to Form a Healthy Habit for a Client through Enabling Occupation 大腿骨頸部骨折を呈したクライアントのコーヒー入れの可能化～作業を通して健康的な習慣の獲得を目指した事例～ OJIMO Takuya 大下琢也 Case study: Occupational performance improved through occupation based intervention for a client group クライアント群への作業を基盤とした介入を通し作業遂行が向上した例 TAKASAKI Yuka 高崎友香 Intervention with occupational-based practice restores the life of the client with chronic pain 作業を基盤としたプログラムの導入に難渋したが、作業的存在として疼痛に適応した生活を再構築した事例 KIGUCHI Naoto 木口尚人 	24

-
- Practice of occupational therapy based on OTIPM in acute hospital - Support for cooking for aphasic clients –
急性期病院における OTIPM に基づく作業療法の実践失語症のあるクライアントに対する調理の支援–
FUMOTO Bunta 麓文太
 - A case study of improvement of the occupational performance by a short term preventive support type C
訪問型サービス C により作業遂行が改善した事例
ISHIBASHI Yu 石橋裕
 - A case on a need for home visit occupational therapy immediately after rehabilitation hospital discharge
回復期リハビリテーション病院退院直後の訪問作業療法の必要性を感じた一事例
MATSUZAWA Ryohei 松澤良平
 - Case Report: A Returning to Work Rehabilitation System for Outpatients
当院における段階的就労支援外来システムを利用した 1 事例～経過報告～
KAWAHARA Katsutoshi 河原克俊
-

16:00-18:00 **Keynote Lecture 2&Workshop**

基調講演 2&ワークショップ

Reflection of practice by Occupation-Centered Intervention Assessment
Occupation-Centered Intervention Assessment を用いた振り返り

JEWELL Vanessa

(Chair: MURAI Mayumi)

14

18:00-20:00 **Party** 懇親会

* Poster Session 1 is free discussion.

ポスター発表 1 は、演題ごとの発表時間はありません。発表者と参加者で自由に討論なさってください。

* We wil do a mentor event at Poster Session time.

ポスター発表 1 の時間に、メンターイベントを行います。

Day 2 (Sunday, July 9) 7月9日 (日)

9:00-10:20 **Keynote Lecture 3 基調講演 3**

How to show Evidence of Occupation Bated Practice 16

KOTTORP Anders (Chair: BONJTE Peter)

10:40-11:40 **Oral Session テーマ指定演題**
Theme “OTIPM and Education”
テーマ「OTIPM と教育」

(Chair: SAITO Sawako)

- Education of OTIPM in University
大学における OTIPM 教育 20

SAKAI Hitomi 酒井ひとみ

- Education of OTIPM in Korea
韓国における OTIPM 教育

LEE Kyoungmin

- Education of OTIPM for Freshman in Hospital
病院における新人への OTIPM 教育 22

ISHIGURO Nozomi 石黒望

- OTIPM and Education – Learning Occupation Therapy
Practitioners

Ji Seokyeon

11:40-12:50 **Lunch Break 昼休み**

12:50-14:10 **Poster Session 2 ポスター発表 2** 42

- The Effect of Teacher's Occupational Conceptualization
on Student
教師の作業的概念化が学生に及ぼす影響
CHOI Kangmi

- Client's occupation which is difficult to perform in clinical
setting, A challenging case of achieving the Client's goal
through dividing 2 tasks : Application of OTIPM Case
-

臨床環境で遂行が困難な作業、クライアントのゴールを
2 つの課題に分けて達成した挑戦的な事例：OTIPM 事
例の適用

KIM Young-Hwa

- Getting better through Zenidaiko: A case study in an acute care unit

銭太鼓を通して元気になる：急性期病棟での実践の一例

YAMAJI Saki 山地早紀

- A case example of the implementation of OTIPM-based intervention to improve patients' ability to conduct activities
OTIPM に基づく実践により生きがいとする作業が可能化した事例

SUZUKI Ryo 鈴木遼

- Aiming to achieve a life suitable for the client from the acute phase

急性期からクライアントらしい生活を目指して

SAKATA Takayoshi 坂田崇好

- Cognitive Orientation to daily Occupational Performance (CO-OP); an approach to improve school tasks and skills in a child with autism
学校課題に問題を抱える広汎性発達障害児に対する Cognitive Orientation to daily Occupational Performance (CO-OP) の効果

SHIOZU Hiroyasu 塩津裕康

- A model for enhancement of body functions were applied to a client with acute cerebral hemorrhage
急性期脳出血を有する個人クライアントに適用した回復モデル

IKEUCHI Katsuma 池内克馬

- The Meaning of Occupation, Caring for Others: Learning from Adolescent Client Participating in Volunteer Activity for the Sewol Ferry Disaster
意味ある作業、他者のケア：ソウルフェリー災害のボランティア活動への青年クライアントの参加から学ぶ

JI Seokyeon

- The Meaning of Occupation-based Intervention Focused on Developing Self-help Skills for Adolescent with Severe Developmental Disability
重度の発達障害を持つ青年期の自助技能開発に焦点を当てた作業を基盤とした介入の意味

- The Effects of Occupation based Therapeutic Intervention of Eating for Both Client with Stroke and Client's wife : Application of OTIPM Case
脳卒中のクライアントとその妻に対する食事の作業を基盤とした治療的介入の効果

KWAK Ji Won

- Development of Occupation-centered Model in a Korean Elderly Daycare Center
韓国の高齢者デイケアセンターで作業に焦点を当てたモデルの発展

LEE Kyoungmin

- Focusing on self-help skills of the preschool and home
Meaning of short-term infant self-help activities, group programs
幼稚園と家庭の自助スキルを焦点を当てた短期間の乳幼児自助活動、グループプログラムの意味

YU Aeri

- I want to do housework as a housewife
主婦として家事をしたい

ISHIDA Shiho 石田史穂

- An approach regarding meals toward a client with higher brain dysfunction~An example of a case having improvement in occupational ability~
失語, 失行, 半側空間無視を呈するクライアントに対する食事アプローチ~作業技能の質の改善が得られた事例~

CHOJI Yuki 丁子雄希

- Support for living after discharge with Using OTIPM and multi-occupational collaboration
OTIPM の利用と他職種連携による退院後の生活に向けた支援

IWASE Akira 岩瀬聡

- Challenges of education using OTIPM
OTIPM を使った教育の課題

- An occupation-based individual program in a psychiatric hospital
精神科病院入院作業療法における作業を基盤にした個別プログラムの実践報告
IMAMOTO Yusuke 今元佑輔
- Practice in recovery rehabilitation ward
回復期リハビリテーション病棟での実践
OKU Rie 奥理恵
- Occupation-Centered Practice in Acute Care Hospital -A Case study: Two-week Intervention-
急性期病院での作業中心の実践 ～2週間の関わり～
KINUGASA Marie 衣笠真理恵
- Collaboration with a client having difficulty with communication
意思表出が困難なクライアントとの協働への試み
NKAGOSHI Yuya 中越雄也

14:25-15:30

Final Thoughts

(Presenter: ISHIBASHI Yu)

* Poster Session 2 is free discussion.

ポスター発表 2 は、個別の発表時間はありません。発表者と参加者で自由に
討論なさってください。

Keynote Lecture

Keynote Lecture 1

基調講演 1



FUKUDA Hisanori
Kyusuke Co., Ltd. CEO
Home visit nursing station Raitsu
AMPS Faculty

Keynote Lecture 2 & Workshop

基調講演 2 & ワークショップ



JEWELL Vanessa
PhD, OTR/L,
Assistant Professor
Director, Post-Professional OTD Program
School of Pharmacy and Health Professions

Keynote Lecture 3

基調講演 3



KOTTORP Anders
PhD, OT reg
Professor
Department of Occupational Therapy
College of Applied Health Sciences
University of Illinois at Chicago

Associate professor
Karolinska Institutet
Division of Occupational Therapy
Department of neurobiology, care sciences and society

作業中心の実践をどのように進めてきたか

～CIOTS JAPAN の実践の歴史から～

作業療法士 福田久徳

株式会社きゅうすけ 代表取締役

訪問看護ステーションらいつ

作業中心の実践への関心は日本でも高まっており、作業中心の実践は作業療法の独自性とも言える。Fisher は「私たちの実践の焦点が作業であるならば、私たちがする評価、介入、記録、成果は全て作業に焦点を当てるべきだ」と述べており、作業中心の実践の重要性を強調している¹⁾。一方で、クライアントの機能面のみに焦点を当てた実践を行なっている作業療法士も未だに多く、作業中心の実践を行いつらい環境に置かれることもある。そのため、学校教育と実践の場とのギャップに作業療法士としてのアイデンティティに悩む若者も少なくない。実際に、作業療法士として何をすべきか、何ができるのか分からないという声も聞くことがある。

そこで、今回の講演では、少しでも作業中心の実践の重要性を再認識して頂くと同時に、戦略的に実践を行う方法を提案する。まず、私たち CIOTS JAPAN がどのように作業中心の実践を進めてきたかについての話をする。CIOTS JAPAN は日本 AMPS 研究会から新たに再編された組織であるが、私たちの活動は 2000 年より始まり、すでに 15 年以上を経過している。私たちの取り組みである、講習会/勉強会の開催、事例集や書籍の執筆などを紹介する。

次に、私個人の経験を踏まえ、作業中心の実践の具体例を紹介する。私は、急性期から生活期まで幅広く経験したが、どの分野、どの病期、どの疾患でも作業療法の本質は変わらないのだと感じている。急性期から作業中心の実践を行えば、円滑に回復期に繋ぐことができるし、クライアントが作業療法の違いに戸惑うことがない。また、回復期で作業中心の実践を行うことは、クライアントが在宅生活を意識することができる。生活期では、困っていることに直接的にアプローチでき、生活の改善に直結する。このように、作業療法士が作業中心の実践に自信を持って取り組めるように、様々な病期や疾患のある事例を提示したい。その中で、作業の持つ力や作業の拡がりを感じて頂ければ幸いである。そして、皆さんが自身の実践を振り返り、明日からより良い作業療法を実践するための役に立てればと思う。

1) Center for Innovative OT Solutions: <http://innovativeotsolutions.com>

How do we develop the Occupation-Centered Practice?

~The history of CIOTS JAPAN~

Hisanori Fukuda

Kyusuke Co., Ltd. CEO, Home visit nursing station Raitsu

Japanese occupational therapists have been interested in occupation-centered practice which is the original form of occupational therapy. According to Fisher, "If the focus of our practice is to be occupation, then the focus of our evaluations, interventions, and documentation, not just our outcomes, should be occupation"1). She emphasized the importance of occupation-centered practice. However, most occupational therapists focus on clients' impairments and improvement of bodily function in Japan. Therefore, new graduate occupational therapists face a gap between education and actual practice. I have heard they worry about the identity of occupational therapy. They don't know what they should and can do.

In this lecture, I will propose the strategy to implement occupation-centered practice from the history of CIOTS JAPAN. CIOTS JAPAN was established in 2000. We have held AMPS training courses and published case studies. Furthermore, we published a book about AMPS practice guide and case reports.

I will introduce my practice. I used to work in hospitals before and worked with many clients from the acute phase to chronic phase with various diagnoses. I feel the essence of occupational therapy is the same even though differences in periods from onset and diagnoses. If we implement occupation-centered practice in the acute phase, clients can move to their recovery phase smoothly without confusion. In the recovery phase, clients can imagine their life after discharge. In the chronic phase, we can approach problems in their occupations and lives directly and immediately. I hope you come to know the power of occupation and the expansion of clients' occupation. I hope this lecture helps you to reflect upon your own practice and implement better occupational therapy practice from tomorrow.

Center for Innovative OT Solutions: <http://innovativeotsolutions.com>

Reflection of practice by Occupation-Centered Intervention Assessment

Jewell Vanessa

School of Pharmacy and Health Professions

It is no surprise that “occupation” is what separates occupational therapists from other professions. Despite this knowledge, a gap continues to exist between education and practice. A wake up call has been issued to occupational therapists to return to occupation-centered practice (OCP) and shift away from the mechanistic paradigm that continues to hold strong roots in many areas of practice (Gillen, 2013). This paradigm shift toward OCP has yet to become common in clinical practice. The question remains, if research, theory, and education all support OCP, then what barriers continue to exist that prevent OCP?

Lack of creativity, passivity, pressure from the medical model, time and role expectations, inability to describe the value of occupational therapy, budget concerns, and lack of resources are all reasons cited for road blocks preventing OCP (Che Daud, 2014). For these reasons, the Occupation Centered Intervention Assessment (OCIA) was developed to provide a practical guide for students and occupational therapists to utilize when developing interventions.

The OCIA was developed through careful examination of the literature on the concepts of occupation and adaptation and used the Occupational Therapy Intervention Process Model as a theoretical foundation. Themes emerged from the literature that comprised authentic occupational therapy; including personal, contextual, and occupational relevance. A content validity and utility study on the OCIA indicated that the tool provides comprehensive detail on designing occupation-centered interventions and ease of use. Additionally, an inter-rater reliability study showed a substantial level of agreement (Jewell, 2014).

The purpose of this workshop is to have participants understand and demonstrate how to use the OCIA as a reflective tool and as a guide to develop occupation-based and occupation-focused interventions with adults in physical rehabilitation. Participants will gain an understanding of the differences between occupation-based and occupation-focused interventions (Fisher, 2013); analyze and discuss case studies and their own practice; and walk away with practical tips and suggestions to implement occupation-based and occupation-focused interventions into clinical practice.

References

Che Daud, A.Z. (2014, June). Challenges of applying occupation-based intervention in clinical practice: A Delphi study in Malaysia. World Federation of Occupational Therapy, Oral session conducted from Yokohama, Japan.

Fisher, A.G. (2013). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, Early Online, 1-12.

Gillen, G. (2013). A fork in the road: An occupational hazard? *American Journal of Occupational Therapy*, 641-652.

Jewell, V., Pickens, N, & Hersch, G. (2014). Occupation-centered intervention assessment: A Tool to capture occupation-centered practice. [Manuscript in preparation].

Reilly, M. (1962). The Eleanor Clarke Slagle: Occupational therapy can be one of the great ideas of 20th century medicine. *American Journal of Occupational Therapy* 17, 1-9.

Van den Heever, N. (2014, June). Occupation-based practice: Elusive concept or achievable goal? World Federation of Occupational Therapy, Oral sessions conducted from Yokohama, Japan.

Occupation-Centered Intervention Assessment を用いた 実践の振り返り

Jewell Vanessa

School of Pharmacy and Health Professions

「作業」は、作業療法士を他の専門職と区別する。この知識にも関わらず、教育と実践の間には、ギャップがあることが続いている。警鐘は多くの実践領域で強力なルーツとなっている機能主義からシフトすることと作業中心の実践（OCP）に戻すために作業療法士に出されている（Gillen, 2013）。この OCP に向けたパラダイムシフトは臨床実践でまだ一般的になっていない。もし研究、理論、教育の全てが OCP をサポートするならば、OCP を妨げることが続く障壁は何があるのか、という疑問が残っているか？

創造的な欠乏、受動的な、医学モデルからのプレッシャー、時間と役割の期待、作業療法の価値を描くことができない、予算の懸念、そして資源の欠乏は全て OCP を妨げるブロックになる引用された理由である(Che Daud, 2014)。これらの理由のために、作業中心とした介入評価（OCIA）は、介入を開発するときに利用するために作業療法士と学生のために実践的なガイドを提示するために開発された。

OCIA は作業と適応のコンセプト上で文献の慎重な検討を通して開発され、OTIPM で使われた。テーマは、人、文脈、作業的関連性をといった本物の作業療法を含んだ文献から出現した。OCIA に関するコンテンツの妥当性と有用性に関する研究によれば、このツールは、職業中心の介入および使い易さのデザインに関する包括的な詳細を提供している。加えて、評価者間の信頼性の研究では、評価者間で実質的に一致しているレベルを示していた。

今回のワークショップの目的は、参加者が身障領域で成人に対して、作業に焦点を当て作業を基盤とした介入を発展させるためのガイドのように、振り返りのツールとなるように、OCIA の使い方を練習し理解することである。参加者は、作業を基盤とした介入と作業に焦点を当てた介入の違いを理解する；事例と参加者自身の実践を分析し議論する；実践のヒントと歩み出し、臨床実践の中で作業を基盤とした介入と作業に焦点を当てた介入を実施することを提案する。

Providing Evidence of Occupation-centered Practice – Reflections and Guidelines for Praxis and Research

Anders Kottorp

University of Illinois at Chicago, Karolinska Institutet

The emphasis of an evidence-based occupational therapy includes several challenges for both our praxis, education, and research. Although the emphasis on being occupation-centered in our profession and discipline has been highlighted now over several decades, the level of evidence supporting such practices is still sparse.

The lecture will initially shortly introduce some of the challenges involved in implementing an occupation-centered practice, based upon examples from clinical, educational, and research settings.

Secondly, various ways to provide clinical as well as research evidence on individual, group, and societal levels will be presented and discussed.

Thirdly, some examples will be given highlighting empirical evidence of occupation-centered practice, and the findings presented will also be problematized and discussed.

Finally, some personal guidelines will be provided to the audience in order to further build evidence of our practices, by using a critical approach as well as an international perspective aligned with such processes.

作業を中心とした実践のエビデンス ー実践と研究のための考察とガイドラインー

Anders Kottorp

University of Illinois at Chicago, Karolinska Institutet

根拠に基づいた作業療法の重点は、私たちの実践、教育、研究でいくつかの課題を含んでいる。しかし、私たちの専門性と規律の中で作業を中心とすることは、数十年にわたって強調されてきたが、実践をサポートするエビデンスレベルはまだ希薄である。

この講演では、始めに、臨床、教育、研究の例に基づいて、作業を中心とした実践に関連したいくつかの課題について簡単に紹介をする。

次に、個人レベル、集団レベル、社会レベルの臨床及び研究エビデンスを提供する様々な方法を提示し、議論する。

3つ目に、いくつかの例は作業を中心とした実践の実証的な根拠として示され、提示された知見もまた議論する。

最後に、このようなプロセスに沿った国際的な視点と同様に批判的なアプローチを用いることによって、私たちの実践の根拠を構築するためにやや個人的なガイドラインを提示する。

Oral Session

—大学における OTIPM 教育—

酒井ひとみ

関西福祉科学大学

作業支援における理論と実践が結びつくための作業療法教育の取り組みを紹介する。

【時期と到達目標】 (リハビリテーションモデル (RM) *授業は複数人の教員で担当)

1 年次前期：学生は、作業療法士はクライアントの作業を支援する職業であることを説明できる。

後期：学生は、OTIPM¹⁾ が作業療法士独自の作業療法過程であることを説明できる。

学生は、OTIPM で活用する作業ニード (COPM) と作業分析を実施できる。

2 年次前期：学生は、OTIPM で活用する作業遂行評価 (AMPS・ESI の技能活用) を実施できる。

後期：学生は、評価アプローチを説明できる。

学生は、RM に対してトップダウンアプローチによる探索的評価を実施できる。

3 年次前期：学生は、RM に対してトップダウンアプローチによる検証的評価を実施できる。

後期：学生は、RM に対して作業に対する介入および再評価を実施できる。

学生は、評価実習で担当した事例を活用して、作業支援の介入プログラム作成と模擬的な実演ができる。

学生は、RM に対して OTIPM に沿った事例報告書²⁾ を作成できる。

【成果確認】：RM の作業の変化(客観・主観)³⁾，学生評価 (客観・主観)

*リハビリテーションモデル RM：身体や言語に障害を持つひとが PT/OT/ST の養成校に出向いて、学生の学習に協力する仕事 (評価モデルや体験談を話すなど)。

参考文献

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— Education of the bachelor level that utilized OTIPM —

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Our action is introduced about education for practice to be tied to a theory in the occupation support of a client.

【Behavior target】

The first half of the first grader : Students can explain that occupational therapists are professionals who support the client's occupation.

The latter half of the first grader : Students can explain that OTIPM ¹⁾ is an occupational therapist's unique core occupational therapy process. Students can carry out occupational needs (COPM is used) and occupation analysis to utilize in OTIPM.

The first half of the second grader : Students can conduct occupational performance evaluation (Skills of AMPS and ESI is used.) utilized in OTIPM.

The latter half of the second grader : Students can explain the evaluation approach. Students can conduct exploratory evaluation by top-down approach to Rehabilitation model (RM)*.

The first half of the third grader : Students can conduct a verifiable assessment by top-down approach to RM.

The latter half of the third grader : Students can intervene and reevaluate the occupation against RM. Students can practically demonstrate the intervention program of occupation support by utilizing the cases handled in the evaluation practice. Students can prepare case reports according to OTIPM for RM.

【Result confirmation】

A change of the occupation of RM is evaluated (objectivity, subjectivity). An achievement degree for the behavior target of the student is evaluated (objectivity, subjectivity).

The class of RM is in charge in several teachers.

* Rehabilitation model RM : Work that a person having disorder for a body and a language goes to a training school in PT/OT/ST and cooperates with the learning of the student. (Example: an evaluation model and experiences are spoken)

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病院における新人への OTIPM 教育・OJT

石黒 望
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臨床において、OT として、成果を生む望ましい行動特性を備えるためそして、OT として歩むすべを備えたOTを育成するために、今、病院における臨床現場に何が大切なのか・・・何をするべきなのか・・・日常の効果的な「作業」療法実践に向けた日常的・意図的 OJT の為に、OTIPM をベースにした当院の工夫を紹介します。

リハ専門職の知識と技量とともに、OTIPM をベースにした介入は、作業に焦点を当て作業を基盤とした介入を通して、個人と作業と環境の結びつきを回復させ、健康！元気を目指す専門職「作業」療法士としての知識と技量・実践力を育成させます。しかしながら、現在多くの病院では、「作業」療法士として日常において「作業」療法を実践し学ぶ工夫が、定着していません。医療専門職・リハ専門職として、医師、看護師、PT など、他職種と学ぶ環境は充実してきたことと思います。しかしながら、OT を含む多職種を対象とする研修会である医療専門職・リハ専門職の学びに加え、「作業」療法士としての実践の環境を整える工夫が必要です。特に、日本における医療保険制度において作業療法は「疾患別リハビリテーション」「回復期リハビリテーション」でひとまとめに評価されている現状にあります。また各医療機関では、医師やPT、看護師や事務部門に管理されることの多く、PT のすき間を埋めるような臨床、単位請求に追われる臨床、そんな中で OJT が進められている現状では、臨床実践を通した「作業」療法士としての学びは、困難になっています。

当院では、「日本独自」の形である回復期リハビリ病棟において、OTIPM をどう展開するかを模索し、その実践を通した OT の学びを卒後教育の柱とすべく介入の実践を目指し模索しています。そこで、「回復期の流れの中で、OTIPM をどう位置づけるかは、回復期リハビリ病棟における OT 実践のあるべき姿を明らかにすること」と考えました。そこで、マズローの欲求段階への配慮や、安心安全⇒環境適応⇒目標環境適応⇒活動・参加・役割獲得⇒伝達など OT 課題の推移、そして日々の人—作業—環境の変化に焦点を当てた PT とも共有する時間軸を、回復期リハビリ OT 介入経過軸に、9 期（病院環境適応期、初期集中期、経過期、加速期、後期集中期、目標環境適応期、ステップアップ期、伝達期、振り返り期）に整理し、OTIPM を元に回復期 OT パスを作成しました。その実践を通じ OT 介入プロセスの主体的な学びを軸に回復期リハビリ病棟での 3 年間の実践学習を卒後教育の柱としました。全入院患者に対しパス実践を通し、各期における「人」「作業」「環境」の移り変わりを意識した介入実践、各期 COPM 等面接、AMPS 及び AMPS の視点の遂行観察等、自宅訪問、数回の目標環境への外出訓練、各介入モデルの実践、家族からの聞き取り、サービス担当者会議参加、作業に焦点を当てた申し送り表の作成、訪問リハよりフィードバックなどを 1 セラピスト平均年間約 16 事例を経験。加えて、チームの他 2 名のセラピスト担当患者を代行・共有し、年間約 48 名事例についても情報交換する機会を持ち様々な遂行文脈に触れる事ができます。全ての事例が、このパスに基づき OT 介入が実践されることで、全スタッフが一つの方向を向いて学ぶことを目指しています。

また、それら課題遂行評価、や様々な介入モデルの実践などが可能な「環境づくり」もまた大切です。なお AMPS 講習会には、入職 1～2 年目の受講を指導し現在殆どの OT が、認定評価者となっています。当院 OT 室には、OTIPM そして回復期 OT パスを理解する為の数種類の図を掲示し常に主体的に OT 実践を意識する環境を設けています。医療職・リハ職として、『基礎医学・疾病の研鑽、心理学領域の研鑽、運動学領域の研鑽、疾患別知識の研鑽、医療従事者としての研鑽、地域リハ従事者としての研鑽』をはかり、OT として、『作業科学の研鑽、OT 理論・実践の研鑽、OT 評価技能・技術の研鑽、代償・習得・回復・教育モデルなど OT 介入技術の研鑽』に努めることを意識し、人と作業と環境のつながりを支援し失われた作業を取り戻す作業療法士としての知識と技量習得への強い意識の定着を卒後年間の目標としています。そして研鑽の為、研修規定にて外部研修の参加や、発表支援を積極的に進めています。卒後 3 年で「作業」療法士として自信をもち、歩むすべを持つことで、一生 OT として成長できるのではないのでしょうか。

OTIPM education for freshman at hospital・OJT

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Currently, many hospitals have not established a way to practice and learn occupational therapy as an occupational therapist. As medical experts and rehabilitation experts, the environment to learn together with doctors, nurses, PT and others was improved. However, in addition to learning by medical experts and rehabilitation experts, it is also necessary to devise a method to prepare a practical environment for occupational therapists. Especially in Japan's medical insurance system, it is evaluated collectively as "rehabilitation for disease" and "rehabilitation during recovery period". In many medical institutions, the rehabilitation department has many hospitals managed by doctors and PT. Under such circumstances, OJT study as an occupational therapist in clinical practice is becoming difficult. Our hospital is aiming to use OTIPM as a pillar of education by utilizing OTIPM in Japan's unique form of the recovery phase rehabilitation ward. The recovery phase rehabilitation ward is a necessary and meaningful ward in order for the client to return from the "hospital" environment to "a unique culture and living environment such as Japanese houses and communities" different from "Western countries". I thought that introducing OTIPM into the recovery phase rehabilitation ward would reveal the ideal intervention of OT in recovery rehabilitation. Then, consideration of Maslow's desire stage, "safety / security" ⇒ "environmental adaptation" ⇒ "target environmental adaptation" ⇒ "activities and participation / role acquisition" ⇒ "transmission", the changing priority OT priority, "person - Occupation - Environment" and change them, as "time axis sharing with PT", the 9th term (hospital environmental adaptation period, initial concentration period, transition period, acceleration period, late intensive period, target environmental adaptation period, step up period · Transmission period · Reflective period), and based on OTIPM, we created OT path of recovery period rehabilitation ward.

Through the practice of this pass, the three-year practical learning in the rehabilitation ward in recovery phase focuses on the subjective learning of the OT intervention process and is set as the pillar of education. Every case aims to learn so that all staff face in one direction by practicing OT intervention based on this pass.

Poster Session1

長期の引きこもり生活を送ってきた人格障害事例に対する作業療法

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1. はじめに

今回、長期の引きこもり生活を送ってきた人格障害事例に対し、OTIPM と ESI を用いて関わる機会を得た。本介入では、事例との関係性構築に努め、事例の「もう一度、社会に出たい」という希望を引き出し、その実現に向けて協働した。この結果、事例は自己効力感を高め、地域での单身生活を始め、就労を目指すなど、今後の人生に希望を見出すに至ったので報告する。

2. 事例紹介

A 氏、40 代男性、回避性人格障害。20 年以上に及ぶ引きこもり生活の中で親子関係が変質し、次第に両親を暴力で支配するようになった。そして、1 年前、母を殴打する傷害事件を起こし、当院に医療保護入院となった。なお、本発表に際し、事例の父より書面にて同意を得ている。

3. クライアント中心の遂行文脈の確立

環境：自宅両親と 3 人暮らしであった。役割：患者役割のみであった。動機：引きこもり状態を脱したいという思いは有していた。課題：両親は再び社会に出て働くことを期待していた。文化：両親に依存した暮らしを当然と考えていた。社会：両親との関係は不良であった。制度：障害者手帳等は取得しておらず、福祉サービスは利用していなかった。心身機能：IQ73（境界域）で、感情制御が困難であった。時間：20 年以上に及ぶ引きこもり生活を送ってきた。適応：引きこもり生活から一変して入院となったことで、環境に適応できず、極度の不安状態にあった。

4. 作業遂行の強みと問題の特定と優先順位の決定

A 氏は ADL 自立し、入院に伴う極度の不安を有していながらも、「入院をきっかけに引きこもりを治して、もう一度、社会に出たい」「人付き合いが苦手。何とかしたい」と述べていた。一方で、長期のひきこもり生活に起因して、対人交流を含む社会経験全般の乏しさが窺えた。このため、筆者は ESI を用い、A 氏の対人交流の特性を把握し、今後のケアに生かすこととした。

5. 遂行分析

ESI の観察は 1) 他患者と世間話して交流する場面と、2) スタッフと今後のケアについて話し合う場面で実施した。どちらの場面でも、A 氏は自身の話を一方的に述べ、時に感情的になって大声を上げることもあり、社会交流技能の全般的な乏しさが窺えた（介入前 ESI：0.5 ロジット）。

6. 介入

OTIPM に則り、回復モデルでは集団での創作活動プログラムに導入し、A 氏が他者との自然な交流が行えるようになることを試みた。また、習得モデルでは、SST にて適切な対人行動を繰り返し練習した。そして、自宅を出て地域で单身生活を送る準備として、A 氏とともに買い物や調理、公共交通機関の利用などの生活技能訓練を重ね、賃貸物件の確保にも取り組んでいった。

7. 結果と考察

一連の介入から、A 氏は自己効力感を高め、対人交流技能と生活能力を向上させた（介入後 ESI：1.2 ロジット）。現在、A 氏は地域の精神科デイケアに通所しながら、单身生活を継続させている。そして、就労を希望するなど、今後の人生に希望を見出した。本介入から、A 氏の希望する生活の実現に焦点を当てた介入を進める上で、OTIPM と ESI の有用性が示唆された。

Occupational therapy for a personality disorder case who have sent long-term withdrawal life

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1. Introduction

This time, I got the opportunity to use OTIPM and ESI for a case of personality disorder who sent a long-term withdrawal life. In this intervention, I tried to build relationships with a case, pulled out his hope of "I want to go to society again" in the case, and worked together to realize that. As a result, I report about the case started hope for his future such as increasing self-efficacy, starting single life in the area, aiming to work.

2. Case

Mr. A, male in 40's, evasive personality disorder. The relationship between parents and children changed to withdrawal period of more than 20 years and gradually dominated their parents with violence. And one year ago, he injured his mother and was hospitalized in my psychiatric hospital.

3. Establish the Client-centered Performance Context

Environment: he lived with his parents at home. Motivation: he had a desire to get out of the withdrawal situation. Mental and physical functions: IQ73, emotional control was difficult. Adaptation: he could not adapt to the environment of hospital.

4. Identify and Prioritize Reported Strengths and Problems of occupational performance

Although he had extreme anxiety accompanying hospitalization, he said "I want to go out to society again", "I am not good at socializing. I want to do something about it." I evaluated the characteristics of his interpersonal exchange using ESI. As a result, he unilaterally stated his own story, sometimes became emotional, and the general poorness of social exchange skills was seen (ESI pre: 0.5 logit).

5. Intervention

In accordance with OTIPM, in the recovery model, I introduced it to the creative activity program, and he attempted to be able to make natural exchanges with others. Also, in the learned model, SST repeatedly practiced adequate interpersonal behavior. Then, as preparing for leaving home and preparing to live a single life in the area, he repeatedly carried out daily life skill training such as shopping, cooking, using public transportation, and securing rental properties.

6. Results & Discussion

From a series of interventions, he increased self-efficacy, improved interpersonal exchange skills and living ability (ESI post: 1.2 logit). Currently, he is continuing his community life. And hoping for employment, he found hope in his future life. From this intervention, the usefulness of OTIPM and ESI was suggested in advancing intervention focusing on the realization of his desired life.

大腿骨頸部骨折を呈したクライアントのコーヒー入れの可能化

～作業を通して健康的な習慣の獲得を目指した事例～

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クライアント中心の遂行文脈の確立 80歳代で入院するまで主婦の役割を担っており、3食調理をしていた。コーヒーにこだわりがあり、1日に7～8回はキッチンに立っていた。高齢になってからは両膝OAに伴う疼痛・歩行障害のために外出が困難となり、買い物は家族付き添いもしくは宅配を利用しながら生活していた。家事以外の時間の中では、昼過ぎにコーヒーを入れてケーキなどのおやつを食べてくつろげる時間が楽しみであり、毎日の習慣となっていた。一方で、間食を摂りすぎることが体重増加、膝痛につながることも自覚しており、習慣を変えたいという気持ちがあったが、行動に移すきっかけがなく、自らその習慣を変えることは困難だと感じていた。今回、転倒による大腿骨頸部骨折術後に当院回復期リハビリテーション病棟へ入院となった。クライアントは術部と膝の疼痛を訴え、臥床廃用によってADL全般に介助が必要な状態となっていた。自宅復帰を目指してリハビリテーションに取り組みたいという意欲がみられた。

作業遂行の強みと問題の特定と優先順位の決定 クライアントは年齢相応の認知機能を有しており、新しい手法を試すことへの抵抗が少なく、代替手段の提案に対する受け入れは良好であった。OSA-IIでは「自分の身体に気をつけている」の項目について「たくさん問題あり」と回答し、運動不足と間食を摂りすぎることに対して問題であるという認識を持っていた。行動には移せていないが、きっかけさえあればその問題に対して前向きに対処していこうという意識がみられた。また、「くつろいだり楽しんだりする」項目が「非常に大事」だが「たくさん問題あり」に該当した。コーヒーを入れて飲むことを続けたいという希望が強くあり、これまでの楽しみ・くつろぎとしての意味を継続しつつ、より健康的な習慣につながるようにしたいという希望が聞かれた。

遂行分析 AMPSのA-3.ポットで入れたコーヒーの課題と、J-9.食器を手で洗い、乾燥させ、片付ける課題を合わせて実施した。クライアントは車いすに加えて、伝い歩きで寄りかかりながらキッチン内を移動したが、立位で疼痛と疲労の訴えがあり身体的努力を認め、物品運搬には介助を要した。作業場が混雑しており、片付けに声かけと介入を要した。

介入 入院時は手術より1カ月しか経過しておらず、クライアントの回復が期待される状態であったため、回復モデルと習得モデルを用いて、徐々に立位時間を延長しながらキッチンに立つ経験を積み、キッチンでの立ち回りを練習した。また、代償モデルを用いて、入院時家屋調査で得られた情報を元に環境調整を検討した。運動不足解消のため無理なく続けられる運動を習慣化したいというクライアントの意向があり、習慣化しやすいようにコーヒー入れに合わせて行うことをOTより提案し、クライアントの快諾が得られた。湯を沸かしている間にキッチンにて立位で行えるものとして、PTより提案のあった自主トレーニングを行えるよう習慣化を図った。また、管理栄養士の指導内容を元に、退院後の食生活・間食の摂り方について前向きにコミュニケーションした。

結果 AMPSのロジット値は運動技能-0.3から0.5へ、プロセス技能は0.4から0.8へ改善した。コーヒー入れでは、作業場を移したり、物品を運搬したりする際の身体的努力の軽減がみられた。疼痛は残存しているが、立位での疲労の訴えはきかれなくなった。クライアントのコーヒー入れの作業の可能化に加え、その作業と絡めて、病前と比較して運動・食事面でより健康的な習慣の獲得を図ることができた。OSA-IIの「自分の身体に気をつけている」「くつろいだり楽しんだりする」の項目は、有能性尺度で改善がみられた。

考察 当初、クライアントにとってのコーヒー入れは、楽しみ・くつろぎとしての意味を持つとともに、作業の機能として過度な間食につながるネガティブな側面も帯びていた。今回の介入により、コーヒー入れの作業の楽しみ・くつろぎとしての意味を継続しつつ、作業に関わる健康的な生活習慣の獲得についても寄与することができたと考えられる。クライアントにとって意味のある作業をより良い価値を付加して可能化できたことは有意義であったと考えられる。

Adding Values to Making Coffee: An Attempt to Form a Healthy Habit for a Client through Enabling Occupation

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Client-centered Performance Context: The client was a female in her late eighties. She had coffee preference and made it seven or eight times a day. In old age, she could hardly go out by herself because of pain and difficulty in walking due to osteoarthritis of both knees. Therefore, when she bought basic commodities, she was accompanied by her family to go shopping or requested home deliveries. Outside of housework, she formed a habit to make coffee and enjoy snacks everyday. Although she was conscious of her own problems that excessive snacking might lead to weight gain and increasing pain in both knees, she was unable to find the right time to change her habit. She was hospitalized in our hospital after suffering from left hip fracture. She complained of pain in her left hip and both knees. In addition, she needed numerous assisted care because of prolonged bed rest. During her hospitalization, she tried to be engaged in the mission to be discharged and to return home.

Client's Priorities: The Client, who had age-appropriate cognition, was open to ideas like taking on new challenges, and she was comfortable to accept alternative proposals. According to Occupational Self Assessment II (OSA-II), she marked "a lot of problems" on the item of "Taking care of myself", because she was aware of the need to tackle her two problems: physical inactivity and excessive snacking. Although she had remained unable to put her thoughts into action, she tried to face her problems constructively. Additionally, she checked "most important" and "a lot of problem" on the item of "Relaxing and enjoying myself". She expressed a strong desire to keep it a habit to make some coffee for fun and relaxation, and shift the habit healthier.

Performance Analysis: The quality of the client's occupational performance was analyzed by using AMPS through two tasks: A-3 pot of boiled tea and J-9 hand washing, drying, and putting away dishes. She marked frequent need for help in walking and carrying items because of her pain and fatigue. Moreover, the workspace was too crowded to organize without help.

Intervention: Restorative model and acquisitional model were selected since the hospitalization occurred a month after the operation. In this process, she experienced being out in the kitchen as the duration of standing position prolonged little by little. On the other hand, we discussed environmental coordination based on information from home visit by using compensatory model. She would like to make it a habit to carry out low-impact exercise to overcome inactivity. Thus, she agreed easily with OTR's suggestion to use a combination of exercising and making some coffee to develop the healthy habit. On waiting in standing position until the water for coffee was boiling, OTR encouraged her to adopt the exercise that was suggested by PTR. Based on nutritional guidance by the registered dietitian, we discussed the client's eating habit positively.

Result: The client's ADL motor skills improved from -0.3 logit to 0.5 logit, and ADL process skills from 0.4 logit to 0.8 logit after two weeks. Although she still expressed pain in both knees, she was able to make some coffee safely and independently without fatigue. In addition to enabling occupation, she was forming a healthier habit in terms of exercise and diet. Upon reevaluation of OSA-II, she demonstrated improvement in occupational competence on the item of "Taking care of myself" and "Relaxing and enjoying myself".

Discussion: At first, making some coffee had not only positive aspects that were fun and relaxation, but also a negative one that caused excessive snacking. This intervention made it possible to meet her needs of relaxing and enjoying during coffee break. In addition, this contributed importantly to the process of constructing healthier habit formation. It was meaningful for her to enable occupation by adding extra values.

クライアント群への作業を基盤とした介入を通し作業遂行が向上した例

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【背景情報】夫と2人暮らしの80歳代女性。夫の腎臓病が悪化し入院、ほどなく本人も脳出血発症し、回復期病棟入院。【CL中心の遂行文脈】環境：持家一戸建て。娘家族が通える距離に居住。役割・動機：夫や孫に料理を作ることが生きがいが、できないと考える。心身機能：右麻痺；BRS：IV-V-V。膝関節症，肩関節症による疼痛あり夜間不眠。適応：本人・家族とも退院後の施設入所に納得。苦勞してADL自立するより，楽に過ごしたい。【遂行上の強みと問題】①現状で困ることは，介助下で夜間にPトイレへ移乗する際に肩の疼痛があり，日中も痛みが続くこと。②今後を考えると，夫や孫に料理を作れないことが悔しい。①に関してはNsからも，夜間排泄介助時の身体的負担や，本人より疼痛を訴えられ心理的負担があることから介入依頼あり。【遂行分析】①Pトイレ：本人，Nsの両者をCL群として捉え，病棟環境にてNs介助で実施。本人：重度身体的困難感。Ns介助のもと身体を起こす際，努力的(Aligns, Bends)。下衣操作時は両手で手すりを握り立位保持するため手が離せず介助が必要(Stabilizes, Aligns)。Ns：身体的困難，効率性に中等度の問題あり。ベッドサイドに設置したPトイレを越えて寝返り・起き上がりを介助するため，屈んで手を伸ばす際にロングリーチとなり努力量増大(Bends, Positions, Organizes)。また重く不安定(Stabilizes, Calibrates)。また，下肢をベッドから降ろす介助の際に下肢をPトイレにぶつけ非効率(Lifts, Handles, Navigates, Organizes)。本人，Nsともに疲労感強い(Endures)。②調理：夫の好物の餃子作りを希望し実施。常時車いす使用し(Walks)，高い棚，低い棚にある食材や調理器具へのリーチ(Reaches, Bends)や重い調理器具の持ち上げ(Lifts)，持ち運び(Transports)に介助を要す。【原因解釈】①Pトイレ：Ns介助の際，PトイレとNs，本人の位置関係が悪く，過剰な努力を要し，安定した介助とならない。本人は，痛みのため介助されることに恐怖感があり，非効率的。②調理：移動時の身体的困難度高く，手の届く範囲内に物品を準備する環境設定および物品持ち運びに介助を要す。【目標】①Pトイレでの夜間排泄が，Ns介助のもと，軽度の身体的努力量で疼痛なく実施できる。②調理が，環境設定のもと，軽度の身体的努力量で家族とともにできる。【介入】CLの心身機能回復の見込みが低いことから，人因的・物理的環境の調整，遂行練習による技能習得が作業遂行の向上に有効と考え，代償モデル，習得モデルを選択。①Pトイレ：Pトイレをベッドから離してセッティングし，Nsが介助しやすい環境を設定。前腕全体で肩甲帯・背部を支える介助方法を指導，練習。方法をポスターで視覚的に提示。②調理：OT調理室にて机上の手の届く範囲内に食材や調理機器をセッティングし，車いす座位で唐揚げ作りを練習。娘にも参加を促し，援助法を指導。また，本人にとっての調理という作業の意味や，作業遂行の健康への関与を共有し，外出時の自宅での作業遂行を促した。【結果】夜間排泄時の本人，Nsの身体的努力量および不安が軽減し，疼痛訴えが減り表情が明るくなった。特に調理実施時には疼痛の訴えが聞かれず，「孫にも作り方を教えて食べさせたい」「またお父さんに餃子を作りたい」など前向きな発言増加。娘からは，退院後も外出機会に調理を支援していくと意思表出あり。【考察】心身機能の改善の見込みが低いCLでも，対象をCLの周辺人物も含めたCL群とすることで，作業遂行を効率的に改善し得たと考える。また，作業遂行を通し，本人・家族の作業への捉え方が前向きに変化し，退院後の作業遂行支援にもつながったと考える。

Case study: Occupational performance improved through occupation based intervention for a client group

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Performance context: Hana (pseudonym) in her 80s lived with her husband. Soon after her husband's kidney disease worsened and required hospitalization, she was in the hospital with a brain hemorrhage. She thrived on cooking for her husband and grandchildren; however she felt she no longer could do this activity. She suffered paralysis on the left side and had trouble with insomnia due to pain caused by osteoarthritis (OA). She and her family agreed that she would enter a facility after her discharge from the hospital.

Her priorities: **1.** Hana was tired of shoulder pain while she transferred to a portable toilet with a nurse's assistance during the night. Priority 1 was that the nurses also had difficulty helping her use the toilet during the night, and asked the occupational therapies (OT) to intervene. **2.** Hana's second priority was to cook for her family.

Performance analysis : **1. Toilet:** Both Hana and the nurses were treated as a client group, and a performance analysis was done at the bedside. Hana: Severe physical effort, inefficiency, and a great need for help was observed. Her physical effort increased when she got up under the aid of a nurse (Aligns, Bends). Nurse: Mild to moderate physical effort and inefficiency were observed. When the nurse assisted Hana turning over in bed, she reached Hana and took her to a portable toilet with a long reach (Bends, Positions, Organizes, Stabilizes, Calibrates). **2. Cooking:** Hana used a wheelchair (Walks) she needed help to reach cooking appliances from higher and lower shelf (Reaches, Bends) and help lifting and transporting the heavy pan (Lifts, Transports).

Goal setting: **1.** Both Hana and the nurse feel mild physical effort and no heavy pain when Hana excrete at night. **2.** Hana can cook meals with mild physical effort with her family assistance in the environmental setting.

Intervention: A compensatory model and acquisitional model were selected. **1. Toilet:** Put a portable toilet away from the bed before she stood up next to the bed. After Hana stood up, then the nurse can move the portable toilet toward her. They practiced with the OT and it required less physical effort. **2. Cooking:** Hana was sitting on a wheelchair and necessary items were prepared within the reach of her hands. Her daughter also attended the practice and learned how to assist her and prepare the cooking items. The daughter also learned of the meaning of cooking for Hana, and the positive effects of the occupation on her health.

Results: Both Hana and the nurse feel relieved and the physical effort has changed to a milder level. The frequency of Hana's expression of pain has decreased and her face gradually cleared. Now she wants to teach her grandchild how to cook. Hana's daughter said she continue to provide the opportunity of cooking for Hana after discharge.

Discussion: If the client's motor and mental dysfunction did not recover well, using OTIPM and working with client group, including the associated people, would improve the occupational performance effectively. Moreover, the client and her family's perspective of her occupation changed positively through the practice of occupational performance. It may benefit others to encourage reengagement to a meaningful occupation.

作業を基盤としたプログラムの導入に難渋したが、 作業的存在として疼痛に適応した生活を再構築した事例

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【はじめに】交通事故により受傷し、疼痛軽減を目的に入院したクライアントを担当した。作業を基盤とした介入に消極的であったが、役割と作業の段階付に焦点を当てた介入により、疼痛に適応した生活を再構築した事例を経験したので報告する。【クライアント中心の遂行文脈の確立】＜時間的側面＞70代。定年退職後、妻と太極拳教室を開く。2年前に交通事故にて骨盤骨折。以来、疼痛軽減目的に電気治療を受ける。＜役割的側面＞犬の世話。太極拳教室の運営と、カラオケの会などの組織のまとめ役。事故後、疼痛が強く犬の散歩や太極拳を中断しており再開を希望。＜身体的側面＞約200mの歩行で疼痛出現。対処手段も不明確であり困惑。＜適応的側面＞受傷後2年経つが太極拳、犬の散歩の実施歴なし。

【作業遂行の問題の特定と優先順位の決定】ケンさん(仮名)が主体となった人との交流頻度は減少し、散歩は中断し、太極拳も自身が行うこと、教えること共に中断した。【遂行分析】＜犬の散歩＞1人で安全に課題の遂行が可能であったが、中等度の身体的努力量の増大、軽度の効率性の低下を認めた。運動技能：目的地にたどり着くまでに休息を取り、徐々に右足を引きずり努力量が増大し、進行速度が遅れる。＜太極拳＞一人で安全に取り組むことは可能であったが、重度の身体的努力量増大、中等度の効率性低下を認め、最後まで課題を成し遂げられなかった。運動技能：片足立ち、両膝を曲げて屈む工程でふらつき、著しい疲労を見せ、課題を完了することができない。プロセス技能：片足を上げた姿勢を保持する速度が速く、次の工程に移行する際に動作が止まる。【原因の解釈】両課題の遂行技能の著しい低下は、疼痛が影響しており、疼痛が増強しない動きや休憩の取り方等の代償法の獲得が未習得である為、課題を完了できなかったと考えた。さらに、これらの作業遂行を2年間中断していた為、下肢や体幹の筋力や耐久性の低下を考えた。【介入】太極拳と犬の散歩の再開を目標に介入を開始。疼痛が強く、「痛む中で散歩や太極拳はできない。」と発言あり、遂行を用いた筋力増強や痛みを避ける方法の取得練習は中断した。太極拳は、元々ケンさんは教える立場にいた為その役割に焦点を当てたプログラムに変更し、ケンさんが指導者となり演武の披露、口頭指示をしてOTRに太極拳を教える練習を行った。犬の散歩は、自分ペースで犬と散歩していた距離の散歩を短期目標に定め、普段の散歩環境を模した環境で、疼痛が出現する条件の確認とその対処法指導、再開に向けた段階付けの共有を実施した。疼痛があっても作業を行う利点を促す為、作業的ストーリーテリングを用いて、疼痛がある中で作業をする方法の共有を図った。その後、ケンさんから「他の患者も、カラオケが好きだから、院内でカラオケでもできないか？」と話があったため、カラオケの会の運営や主催の役割の再獲得を目標に、ケンさんが主催者となり、院内でカラオケの会を運営・実施する介入を追加した。【結果】＜自分のペースでの散歩＞効率性の低下に疑問が残り、身体的努力量の増大を認めた。「犬の散歩は、孫にやってもらうよ。まずは、自分のペースで毎朝散歩をして、少しずつ慣らしていくよ」と、短期目標は達成したが、長期目標である犬の散歩については課題が残った。＜太極拳＞自身が太極拳を演武することの遂行技能に著変は認めなかった。

「これからは自分でやるんじゃなくて、できるところだけ教えるよ。全く教えられない訳じゃないんですよ。」と、役割に対し認識の変化が生じた。＜カラオケ会の運営への参加＞「退院したらカラオケに行くよ。ここで経験したことを皆に伝えるのも、自分の役割だと思うんですよ。」と主体的に人との交流への意欲を示した。「痛いみは残ったけど、やれることはやったし、原因不明でどうしようもないことが分かって納得したよ。今までの生活を変える良い切っ掛けだな。」と、今後について、過去の生活と異なる意志を語った。【考察】疼痛に悩み、作業を行うことを中断していたケンさんは、介入当初、実際に作業を用いた介入に対してプログラムの中断を申し出た。結果として、疼痛に適応した生活を再構築できたのは、役割を踏まえた介入への切り替えと、語りを通して疼痛がある中で作業をする為の方法を共有したことが功を奏したと考える。また、自ら申し出のあったカラオケの企画を通して、疼痛があってもできるという有能感が高まり、重要なきっかけとなったと考える。痛みを理由に、作業を用いた介入に消極的なクライアントは少なくないが、その気持ちをくみ取りながらも、大切な作業を中断した生活のデメリットと、痛みと上手に付き合いながら大切な作業を行うメリットを考える機会を提供しながら、作業の段階付をすることで、生活の再構築支援につながる可能性が示唆された。

Intervention with occupational-based practice restores the life of the client with chronic pain.

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【Introduction】I was in charge of a client who had a negative attitude toward occupational-based practice, but occupational therapy focussed on role and occupation to redesign his lifestyle adapt pain. **【Establish client-centered performance context】** < **Temporal dimension** > Seventies, he opened a Tai Chi class with his wife. His pelvis was broken in a traffic accident 2 years ago. < **Role dimension** > He used to look after a dog, manage a Tai Chi class and lead a karaoke group. Since the accident he has stopped walking the dog and doing Tai Chi, but he hopes to restart these occupations. < **Body function dimension** > He feels pain when he walks 200m and he doesn't know how to deal with that. **【Identified and prioritized problems of occupational performance】**His proactive interaction with other people has diminished. He has broken off walking the dog, doing Tai Chi and teaching it. **【Performance effectively】**< Walking the dog > He was able to do the task safely by himself, though he showed moderate increase of physical effort and mild decrease of efficiency. < **Tai Chi** > He was able to do the task safely by himself. But he couldn't finish the task, because he showed severe increase of physical effort, and moderate decrease of efficiency. **【Interpretation of the cause】** I thought that he didn't know how to compensate for or alleviate the pain, and he didn't know when to take a rest. **【Intervention】** I started the intervention with the aim of restarting Tai Chi and walking the dog. But he experienced severe pain. So we had to stop the occupational skills training that used occupational performance to get the muscle strengthening and to avoid pain. Doing Tai Chi, we turned the occupational skills training into a program focused on the role. We started with his teaching the OTR, to demonstrate his ability as a verbal instructor. Walking the dog, We affirmed the term for feeling sore, decided how to deal with that, and identified the step to restart in an environment that simulated his ordinary walking course. I used Occupational Storytelling and identified the way to perform occupation when he feels pain. After that, He said "Can we sing Karaoke inside the hospital?". So we added the intervention to manage and implement the Karaoke group with he as the host to help with regaining the role of managing and implementing. **【Result】**<Walking at my own pace >His quality of performance on this task was questionably efficiency decreased and moderately increased effort. He said; "I'll get my grandchild to walk the dog. First of all I will start walking at my own pace every morning and warm up step by step." <Tai Chi>The quality of the performance was not remarkably changed. He said "Now I'll lecture and just demonstrate the parts I can do. I can't do everything." He changed recognition of role. <Management and participation of the Karaoke group>He told me; " It's my role to tell my friends my experience here." He showed me a desire for independent communication with friends. He said that; " Pain is remaining, but I have done all I can. I accept it because the cause is unknown and there is no other way. It's a good opportunity to redesign my lifestyle." **【Consideration】**Leading the karaoke group was a good opportunity to get a self efficacy managing pain himself. Not a few people are negative about occupational-based practice by pain. This support was designed to give him an opportunity to think about the negative effects of stopping doing important occupations and the benefits of continue doing these occupations. And providing his occupations step by step suggests the possibility to redesign his lifestyle with managing pain.

急性期病院における OTIPM に基づく作業療法の実践 ー失語症のあるクライアントに対する調理の支援ー

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当院は急性期病院であり、平均日数は 13.9 日である。当院では、可能な限り問題の作業を特定し、支援を行なっている。今回、失語症のあるクライアントの作業の支援を行なったので、その過程を報告する。

クライアント中心の遂行文脈の確立: A 氏, 50 代女性. 左視床出血発症. 意識障害軽減も重度右片麻痺, 記憶障害, 失語症などを有し, 食事以外の ADL に介助を要した. 病前は夫と 2 人暮らし, 家事は A 氏が行っていた. 住居はアパートの 1 階. 課題・動機的側面として「(夫は) なんにも出来ないと思ってたけど, いない間はできているみたい. これからはやってもらおうかな. でもご飯だけは帰ってきてから作らせるのは可哀想」と, 仕事から帰宅する夫のために料理をしたいと考えている. 発症に関して「死んだ方が楽だった」と語っていた.

作業遂行の強みと問題の特定と優先順位の設定: 作業遂行の強みと問題の特定を行おうと試みたが, 失語症による喚語障害が強く, 半構成的な面接で特定することができなかった. そこで, 補助手段として Aid for decision-making in Occupation Choice(ADOC), AMPS 課題リストを用いた. その結果, 作業遂行の問題に排泄や着替えが挙げられるとともに, 調理が挙げられたが, 優先順位まではわからなかった. 調理については「(夫は) よく食べるので, (レシピ本をみながら) 肉料理を作りたい」と話していた. 一方, 作業療法室の台所に立っていることは難しいかもしれないという話もしていた.

遂行分析: 遂行分析は, ホットプレートで生姜焼きを作る場面を評価した. その結果, 車椅子で課題環境遂行内を移動することが難しく, 材料・道具を集めることに援助が必要だった (Walks, Moves, Gathers). 冷蔵庫から材料を取り出す, 調味料を混ぜ合わせるといった場面で手を伸ばした時, アームサポートに寄りかかっていたほか (Stabilizes, Bends, Reaches). 車椅子のブレーキもかかっていた (Adjusts). 容器から肉を取り出し, 調味料の蓋の開閉場面では, 物が滑り, さらに十分に固定ができず, 援助が必要だった (Handles, Coordinates). 適切な量の調味料を混ぜ合わせることが出来た. 適切な焼き加減を判断することが可能であったが, 確認の際に立ち上がる時に援助が必要だった (Positions, Aligns). これらの問題が繰り返された結果, 全体的に時間を要した (Accommodates, Benefits, Paces).

介入: 車椅子から起立し, 立位を保持する, 対象物に手を伸ばすといった問題は, 心身機能の機能障害の影響が強かったため, 調理に加え, 排泄や着替えの際に意識的な練習を段階的に行った. 課題環境内の移動や対象物の運搬に関しては, PT で歩行訓練を行ってもらおうと同時に, OT では車椅子が操作できるよう練習をした. 対象物を適切に操作・固定する際の問題は上肢運動麻痺が重度であったことが影響していたが, 調理補助具の使用や, 片手調理に関する情報提供を行い, 実際に練習する代償モデルを取り入れた.

結果 (発症から 7 週後): AMPS 最終評価の結果 (食器を洗う, 手の届く所にある上着の着替え) A 氏の能力測定値は運動技能 0.61 logits, プロセス技能 1.05 logits であった. 食器洗いは軽く寄りかかって行うことが可能になった. 調理は対象物の運搬, 固定に滑り止めを用いたり, 適切なタイミングで援助を求めたりすることで可能になり, 味付けや火加減の確認などの一部の工程も立位で安全にできるようになった. また「一度火にかけると楽な料理なら出来ます」「普段は頑張るけど, たまに一緒に作ったりしたら楽しいねって夫と話していました」など話していた.

考察: A 氏のプロセス能力測定値が 1.0 logits 以上であることから, 後方施設を経て自宅退院できる可能性が高いと推察される. 今回, 急性期病院において調理に焦点を当てたことが, 作業遂行技能の改善とともに, 個人因子の回復につながり, 妻や主婦としての役割に参加しようとするきっかけになったと考える.

Practice of occupational therapy based on OTIPM in acute hospital - Support for cooking for aphasic clients -

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Establishment the client-centered performance context

A female in 50's after left thalamic hemorrhage. At 3 weeks after from onset, she had severe hemiplegia, memory impairment, and aphasia. Because of these, she need many assistances when doing in most ADLs. As a task and motivational dimension is cooking dinner for her husband.

Identify client's reported and prioritized strengths and problems of occupational performance

Due to she had a difficulty of communication, Aid for decision-making in occupation choice (ADOC) and AMPS task list were used as an auxiliary means. She said that toileting, dressing and cooking was cited, but the priorities were not known. Regarding cooking, she said "I'd like to try making meat dishes by myself". she also mentioned that it might be difficult to stand in the kitchen.

Performance analysis phase (make a pork ginger roast on electric griddle)

She gave assistance when using of a wheelchair and/or standing up from wheelchair (Walks, Moves, Gathers, Positions). Leaning on the arm support at the scene such as taking out ingredients from the refrigerator (Stabilizes, Bends, Reaches). When handling seasoning lids, etc. The objects slipped. Moreover could not fixation further (Handles, Coordinates).Capable of judge amount of seasonings and grilling of meat. These problems are repeated, it took time (Accommodates, Benefits, Paces).

Intervention

Regarding problems of standing up from a wheelchair, holding a standing position, reaching an object, in addition to cooking, we also selected a restorative model. Concretely, we practiced toileting and dressing to improve standing, leaning, holding. Simultaneously practicing gait in PT. For the problem of manipulating and fixing objects, adopted compensatory model and acquisitioned model were selected .Concretely, we practice a cooking using a cooking aid and providing information of one hand cooking.

Result (7 weeks after the onset)

AMPS motor ability measures was 0.61 logits, process ability measures was 1.05 logits (hand washing dishes, upper body dressing). Cooking can be done by using slip stoppers for fixing object, or asking for assistance at an appropriate timing for transporting object. Also, "I can cook like hot-pot dish" "I usually do it. But I talked with my husband if I sometimes cook together ".

Discussion

We suggest that focused on cooking at acute hospitals has led to the improvement of occupational performance skills, the recovery of individual factors, and the opportunity to participate in the role as a wife.

訪問型サービス C により作業遂行が改善した事例

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【はじめに】

訪問型サービス C(以下, 訪問 C)は, 介護予防・日常生活支援総合事業の介護予防・生活支援サービス事業のひとつである。訪問 C の特徴は, ADL の改善に焦点をあてなければならない点, 3 ヶ月間の短期間で支援を終結させる点にある。今回, 64 歳の事例に訪問 C を行った結果, ADL が改善した事例を報告する。発表に際し, 本人より文書で同意を得ている。

【クライアント中心の遂行文脈の確立】

A 氏は, 脳梗塞で入院する以前から簡易宿泊所で一人暮らしをしていた。退院後に簡易宿泊所の管理者から「もう, 麻痺があるなら料理は危ないから止めてほしい」と言われ, ガス調理器を撤去されてしまった。ガス調理器の撤去以来, この A 氏は外食生活を続けていた。糖尿病もあるため食事管理を頑張っていたが, 外食のみであるが故に糖尿病の状態は悪くなっていった。ケアマネを介して本人より「料理を再び始められないか作業療法士(OT)の助言がほしい」と依頼があった。

【作業遂行の強みと問題の特定と優先順位の決定】

簡易宿泊所の管理者が火を使った料理を制限していたため, 今回は「電子レンジを使った温めや, 簡単な調理(温野菜)が作れるようになる」ことを目標に課題に取り組むことにした。

【遂行分析】

AMPS の評価は, これまでに行なったことのある I-5(野菜の下ごしらえ)と J-3(掃除機がけ[家具は動かさない])で行なった。その結果, 運動技能 1.6 ロジット, プロセス技能 0.8 ロジットだった。

【支援】

AMPS の結果より, 訪問 C は 3 ヶ月の間に合計 3 回, 約 1 時間弱の頻度で, 電子レンジを購入し, 一緒に練習する中で支援を行うことにした。電子レンジ用の食材を久しく購入していなかったため, いつも利用するコンビニエンスストアで電子レンジ食材の選択の方法を学び, 実際に購入してもらった。帰宅後, 電子レンジをつかって温めてもらった時, どのくらいの時間温めたら良いかと OT に質問したりする場面があった。そこで, OT は食品ごとのラップ使用のルールや温め方が記載されているのでその都度を助言した。3 回目は, 1, 2 回目に助言したこと(例: 自分の知らない食品の温め方はラベルで確認する等)が行えているか, 実際の課題の中で確認した。

【結果】

支援は, 開始後 1 ヶ月で目標を達成したため, 終了した。AMPS の再評価は開始後 3 ヶ月後に行なった。その結果, 運動技能は 2.1 ロジット, プロセス技能は 1.4 ロジットとなった。

【考察】

本研究により, 総合事業で短期集中の ADL への助言でも, ADL 能力測定値は改善することが明らかになった。今後は, 訪問 C の対象者の選定方法についても検討していきたい。

A case study of improvement of the occupational performance by a short term preventive support type C

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[Introduction]

A home visiting preventive care project type-C (home service C) by rehabilitation professions and/or public health nurse is a service for frail elderly users who live in the communities. An important point of addressing home service C is to improve client's ADL and/or IADL (ADL), and terminate in three months. The purpose of this case study was to report an experiences of the improvement of the occupational performance by type-C service.

[Establishing the client centered performance context]

Mr. A was referred to us by his case manager because of concerns that his diabetes was getting worse. He had been hospitalized because of CVA over the past several years. After discharge from a hospital, he was asked to prohibit using cooking stove by the reason of CVA by his landlord. In requesting service from Mr.A and case manager, he wanted to be able to do more of his cooking himself.

[Level of performance,]

He had a difficulty of cooking because of landlord's prohibition. Accordingly, we taught a method of cooking with a microwave oven instead of cooking stove.

[Performance Analysis, goal]

To implement performance analysis, we use the AMPS.As a consequence of the AMPS, the motor skill's score was 1.6 logits, and the process skill's score was 0.8logits. From these, we formulated his goal: Mr. A will do a meal preparation with a microwave.

[Intervention]

Mr. A agreed with our proposal plan, he received occupational therapy for three months by a three times. In session 1, he learned how to select a meal in supermarket. We advised him to confirm a label(i.e,how to use lap, time).In third session, we confirmed his performance he learned.

[Results]

In reevaluation of the AMPS, the motor score was 2.1 logits,and process score was 1.4logits.

[Discussion]

It is suggested that occupational therapists could improve client's ADL and/or IADL (ADL) even a period and times are short.

回復期リハビリテーション病院退院直後の 訪問作業療法の必要性を感じた一事例

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はじめに

日本では、高齢者は、住み慣れた地域で継続して生活するために介護保険サービスを利用することができる。介護保険サービスの一つに作業療法士が従事している訪問リハビリテーションがある。しかし、2015年の介護保険における訪問リハビリテーションの実受給者率は、指定介護予防訪問リハビリテーションで1.4%、指定訪問リハビリテーションで、3.4%であり、有効に活用されているとは言い難い。その一因には、退院前後の変化に関する報告が少ないことが挙げられる。今回、回復期リハビリテーション病院に入院中から関わり始め、訪問作業療法を行った事例を経験し、退院直後から訪問作業療法を提供する必要性を感じたため報告する。

方法

対象者は脳梗塞になった85歳の女性で、発症から5ヵ月後に自宅に退院することになった。退院の2週間前を初期評価とし非訪問期を経て、退院1週間後の訪問作業療法開始時を中間評価、訪問期の後を最終評価とする、自然実験のAB法で関わった。それぞれの評価地点でAMPSとACQ-OPを実施した。ソフトウェアは、OT Assessment Package version 3.06を使用した。なお、発表することについて、本人の同意を得ている。

結果

初期評価では掃除機（家具を動かさない）と味噌汁の課題を行い、運動能力測定値は1.6 logits、プロセス能力測定値は0.8 logits、ACQ-OPは1.1 logitsであった。中間評価は掃除機（家具を動かさない）とごはん、スープ、おかずの課題を行い、運動能力測定値は1.6 logits、プロセス能力測定値は0.8 logits、ACQ-OPは0.9 logitsであった。最終評価では中間評価と同様の課題を行い、運動能力測定値は1.6 logits、プロセス能力測定値は1.3 logits、ACQ-OPは1.6 logitsであった。非訪問期前後に変化はなく、訪問期前後ではプロセス能力測定値とACQ-OPで統計上有意な差があった。入院中である初期評価では、キャニスター型掃除機を使用していたが、退院後の中間評価ではハンディ型掃除機を使用していたことが特徴的であった。

考察

非訪問期では変化がなく、訪問期後に有意な変化があったことから訪問作業療法は有効であったと言える。対象者が選択した掃除機は、入院中と退院後で異なっており、遂行の質を低下させる主因となっていた。加えて、ACQ-OPの値に変化が見られたことから、回復期リハビリテーション病院だけでは、作業遂行は定着することではなく、退院直後に住み慣れた自宅での関わる必要があると考える。つまり、今以上に訪問リハビリテーションが活用されることが望まれる。

A case on a need for home visit occupational therapy immediately after rehabilitation hospital discharge

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Introduction; In Japan, the elderly can use long-term care insurance services in order to continue to live in a familiar community. Among the services, a home visit rehabilitation is the one in which occupational therapists engage. Although the home visit rehabilitation is beneficial, it is difficult to say that it has been effectively utilized. In 2015, of all recipients of the home visit rehabilitation, only 1.4% used the prevention home visit rehabilitation, while 3.4% the home visit rehabilitation. A reason why home visit rehabilitation is not commonly used is that there are insufficient reports on change of the situation before and after hospital discharge. Having supported a patient while she was in the rehabilitation hospital, and provided home visit occupational therapy, I report the need to provide a home visit occupational therapy immediately after hospital discharge.

Method; A subject was an 85-year-old woman with stroke, who was planned to discharge to home 5 months after onset of the disease. The case was implemented in AB method of natural experiment. More specifically, she had an initial test at 2 weeks before discharge 2 weeks (started a period of non visit started), a mid-term test at 1 week after discharge 1 week (a period of home visit occupational therapy started), and a final test at 3 weeks after discharge. AMPS and ACQ-OP were carried out at each evaluation point. Software for the evaluation was OT Assessment Package version 3.06. The subject agreed to publish this report.

Result; At initial test, the tasks of I-21 Miso soup and J-3 Vacuuming without moving furniture were carried out and resulted in followingly: ADL motor ability measurements was 1.6 logits; ADL process ability measurements 0.8 logits; and ACQ-OP 1.1 logits. At mid-term test, the tasks of I-22 Rice, soup, a side dish, and J-3 Vacuuming without moving furniture were carried out and had following results: ADL motor ability measurements was 1.6 logits; ADL process ability measurements 0.8 logits; and ACQ-OP 0.9 logits. he same tasks as the mid-term were carried out at the final test: ADL motor ability measurements was 1.6 logits; ADL process ability measurements 1.3 logits; and ACQ-OP 1.6 logits. The measured scores were same before and after the period of non visit, but ADL process ability and ACQ-OP had statistically significant difference at the period of visit. It was a characteristic that she had used the canister-type vacuum cleaner at the initial test before discharge, while she used handheld vacuum cleaner with the mid-term test after discharge.

Conclusion; The home visit occupational therapy was effective because there was significant change in the period of visit, although there was no change in the period of non visit. She selected the different vacuum cleaners before and after hospital discharge, which caused decline in quality of occupational performance. Additionally, significant difference of the ACQ-OP shows that it is necessary to provide the occupational therapy in a home immediately after hospital discharge because occupational performance will not be acquired only in rehabilitation hospital. Therefore, the home visit rehabilitation must be utilized more than it is currently executed.

当院における段階的就労支援外来システムを利用した 1 事例 ～経過報告～

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【はじめに】近年の脳卒中者生存率向上に伴い労働が可能な”生産年齢”における脳卒中者も増加しているが、治療と職業生活の両立支援のためのガイドラインによると、発症後の就労や社会参加を続けるための支援の不十分さが指摘されている。A 区においても、クライアントより就労支援施設の少なさやその支援内容の複雑さを聞くことが多いため、当院の外来リハビリやボランティア制度を利用し、障害者雇用枠を見据えて就労支援を展開している。今回の報告では、雇用契約の前段階までの経過を報告する。なお、本人及びご家族には口頭と書面にて同意を得ている。

【就労支援外来紹介】面接にてクライアントの気持ちを確認したのち、どのような業務に従事したかを話し合う。提供できる業務は、デスクワークや物品修理などの業務となる。まずは外来リハビリとして通い始め、徐々に自主トレーニング枠を設け作業時間を延長する。その後ボランティア契約にて社会性を養うステップを経て、一定の基準を満たしたのちに雇用契約と移行する。

【事例紹介】30 代男性、診断名はくも膜下出血で回復期病院退院後当院の外来リハビリを開始。日常生活は自立しており、明らかな麻痺はないが軽度高次脳機能障害が残存している。以前は一人暮らしで営業職に勤めていたが、退院後は親とともに同居している。両親や本人ともに、就労し自立して生活できることを希望していた。「自分にできることを探し、それを活かして働けるか知りたい。」と語っていた。

【遂行分析】幕張版ワークサンプルや実際の業務を用いて実施した。物品仕分け作業と PC 入力作業を評価し、所定の BOX に物品を入れる際の入れ間違いや、PC 入力ミスなどあり、また全般的に遂行が著しくおこなれていた。

【介入】物品仕分け作業での処理速度については、繰り返し練習することで速度が向上した。練習を繰り返すことで、ミスもさらに減少した。PC 入力での入力速度については繰り返し練習し速度が向上した。ミスについては、付箋を用いたり、入力前に確認する情報を少なくしたりするなどの調整をした。

【結果】書類整理については、実際の業務にあたっている職員の速度に比して 2 倍程度の速度になり、業務遂行上、配慮を要さない状態になった。実際の仕事としては、職員の残業管理用のカードなどを整理したりする業務が担当できるようになった。PC については、マイクロソフトオフィススペシャリストなどの資格を取得した。実際の仕事としては、職員の業務日報入力などを担当できるようになった。今後、職員と交流し業務を遂行するにあたって、作業遂行能力に加えて新たに交流技能の評価を ESI にて世間話の場面とチェック業務を依頼される場面を評価した。1.0logits であり相手の質問にうなずいたり返答したりするのみで会話が續かない、与えられた作業を直ちに始められるだけの適切な質問ができないなどの問題が観察された。個人で作業をすることはできるようになったが、他者と交流しながら仕事を進める上ではやや調整が必要なため、今後の課題となった。

【考察】就労においては、人、環境、作業が複雑に絡み合っており、機能障害に着目しすぎると、全体像を捉えることに難渋することが多い。しかし、その機関にて遂行可能な業務をクライアントと相談しながら観察、分析、介入、再評価のプロセスを踏むことでトップダウンアプローチが可能になったと考える。病院にて外来リハビリの枠組みで就労支援を展開していくことは、支援が不足していると言われている生産年齢において、再び働き始める支援のひとつとなりえると考ええる。

Case Report: A Returning to Work Rehabilitation System for Outpatients.

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Introduction Recently, it is increasing that the survival rate of stroke patients within “Productive Age”. According to the guideline (by Ministry of Health, Labor and Welfare), both, the treatment and the working life do not support after a stroke in an efficient way. For this reason, we started an outpatient rework rehabilitation service.

Outpatient rehabilitation system At first, we try to make common decisions and find goals regarding the kind of work which patient are capable and want to do. The service we can offer to our patients are, for example, office work. First of all, we start as one to one regular rehabilitation and it gradually steps up respecting which patient’s limits. Second step is self-training at our hospital, third is volunteer contract, and final step is the employment as a person with disabilities.

Case A 36 years-old man, who was living by himself and working as a salesperson, was diagnosed as subarachnoid hemorrhage. He became independent in basic daily life, but he still remains with higher brain dysfunction. This fact limits him to get back to his former work. He is now working as a volunteer in our hospital.

Occupational Performance Analysis The performance is evaluated through individual real tasks by our hospital staff and Work Sample Makuhari Ver. (MWS) mainly “Sorting operation” and “Data input”.

Approach and process Firstly, our outpatient was submitted to only one task to sort papers or ID cards in our office. Following the limitation, we reduced the information that he has to deal and we increased the number of repeats. After one month, he was able to sort papers and cards in limited time condition and reducing errors. On the next step, we submitted to input data on PC. Because of his memory dysfunction, we used compensatory tools, and request him to do repeatedly. He succeeded also in this activity. Afterwards, he should be able to interact with any staff. We’ve eve evaluated him by using ESI. In this evaluation, the following problems are observed, such as “He couldn’t inquire enough questions or clarify the information about how to perform the given work” (score is 1.0 logits). It has been becoming clear that this client can do daily work but we still need to improve his skills to interact at work. We are still working in this mainly issue.

Discussions If our focuses attend to client’s dysfunction, we often have difficulty in gain perspective on the whole OT process. In this case, we often discuss and share the Goal setting and principle of therapy process with the client. Also, we evaluated through real tasks what he is going to engage if he get employed. Thus, top down process enable the client to deal with working tasks.

Poster Session 2

The Effect of Teacher's Occupational Conceptualization on Student

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Establish client-centered performance context : The client is a 16-year-old student at a special school. He has hemiplegia due to brain surgery long before, No eyeball, and has a cognitive level of 1 year. The reason for the request is the difficulty of maintaining the Sensory exercise play and the sitting which threatens the health. The student likes to play in the body (scraping the orbit, Oral sensory play, Paint tasting), exploring the space (pulling the poster, turning the lights on and off), eating snacks, It focuses on the physical functions such as teacher, block, sandbag movement, and running. The student is being assisted in every day life.

Identify client's reported and prioritized strengths and problems of occupational performance: Exploring the environment at the developmental level works well, but Sensory exercise play has health and hygiene problems. It is easy to move and take off socks and shoes during daily activities, but the use of forks is difficult.

Performance Analysis: After observing the two performances, they were analyzed by the Person-Environment-Occupation (PEO) Model. Exercise classes(running the treadmill), eating on the fork required continued physical and verbal help, moderate safety risk and serious inefficiency and physical effort. When analyzed by the PEO Model, the Person-Occupation Fit did not provide activities reflecting the student's energy, cognition, and play levels, and provided most of them with no opportunity to perform activities in everyday life. Person-Environment Fit wanted to play a student's game, but the teacher as an environment instructed them to build and run. The Occupation-Environment Fit showed that the teacher had difficulty in grasping the motivation and the level of the students' ability, and suggested the class based on physical activities. As a result, students' low level of play was regarded as a problem behavior, and overall difficulties were presented in the areas of play, everyday life, and education.

The goal is that the student will be able to perform lessons in less than five lessons of physical effort and mildness of physical effort and hardness, less than eight less We decided to eat safely with moderate physical effort and inefficiency of hardness.

Results: When the teacher presented the independence level of daily life to the teacher with compensatory model and instructed the teacher to set goals, he performed water tricks and hand trimming activities in hand washing activities and built up a fork handle to succeed in eating The number of times has increased. I was wearing diapers, but I have been going to the restroom every time I take a break. The repertoire of everyday life activities was expanded by five activities from pre-mediation, skin exfoliation, and movement (2 activities).

Conclusion: It is important to clear concept of rapport formation and occupational therapy intervention in the collaborative process. Students will be treated as unique human beings, and when they are based on student 's work understanding, they will be able to participate and adapt to school life without having to collectively define them as problem behaviors or challenging behaviors.

교사의 작업적 개념형성이 학생에게 미치는 영향: 사례 연구

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클라이언트 중심의 수행문맥의 확립: 클라이언트는 특수학교에 다니는 16 세학생으로 오래 전, 뇌수술로 인해 편마비 증상을 보이며, 왼쪽 안구가 없고, 인지수준이 1 세이다. 의뢰사유는 건강을 위협하는 신체놀이와 착석유지의 어려움이다. 학생은 신체놀이(안와 굽기, 구강탐색하기, 난간의 페인트 맛보기), 공간탐색놀이(포스터 떼기, 전등 켜고 끄기), 간식 먹기, 잡기 놀이와 침대에서 쉬는 것을 좋아한다. 교사와 적목과 모래주머니 옮기기, 달리기 같은 신체적 기능에 초점을 둔 수업을 1:1 로 진행하고 있다. 학생은 대부분의 활동에서 도움을 받고 있다.

클라이언트가 보고하고 우선시하는 작업수행상의 강점과 약점의 확인: 발달수준에 맞춰 환경 탐색하기 활동을 잘 수행하지만, 신체놀이는 건강과 위생문제를 갖고 있다. 일상생활활동 중 이동하기와 양말, 신발 벗기를 잘 수행하지만 포크사용은 어려움을 보이고 있다.

수행분석: 2 가지 수행을 관찰한 뒤, Person-Environment-Occupation(PEO) Model 로 분석했다. 체육수업(런닝머신을 달리기), 포크로 식사하기는 지속적인 신체적 언어적 도움이 필요하였고, 중등도의 안전위험과 중증도의 비효율성과 신체적 노력이 증가 되었다. PEO Model 로 분석하였을 때, Person-Occupation Fit 은 학생의 에너지, 인지 및 놀이 수준을 반영한 활동이 제공되지 않았고, 일상생활활동에서 수행할 기회를 주지 않고 대부분 제공해주었다. Person-Environment Fit 은 학생의 놀이를 하고 싶어했지만, 환경으로써의 교사는 적목 쏘기, 달리기들을 지시했다. Occupation-Environment Fit 은 교사가 학생의 동기와 기능수준파악에 어려움을 보이면서 신체활동 중심의 수업을 제시하게 되었다. 학생의 낮은 수준의 놀이를 문제행동으로 여기면서 놀이, 일상생활, 교육영역들에 전반적으로 어려움을 제시하게 되었다.

목표는 2 개월 안에 학생은 담임교사의 수업을 경도의 신체적 노력과 경도의 비효율성과 안전성, 5 회 미만의 도움을 받아 수행하기, 6 개월 안에 학생은 포크로 식사하기를 8 회 미만의 도움을 받아 중등도의 신체적 노력과 경도의 비효율성으로 안전하게 식사하기를 수행하기로 세웠다.

중재결과: 보상적 모델로 교사에게 일상생활독립수준을 제시하고 교사가 목표설정을 해보도록 하였을 때, 손 씻기 활동에서 물 틀기와 손 비비기 활동을 수행했고, 포크손잡이를 Built up 하여 먹기를 성공하는 횟수가 늘게 되었다. 기저귀를 차고 있었는데 최근 화장실 다녀오기를 쉬는 시간마다 진행해보고 있다고 한다. 중재 전, 하의벗기, 이동하기(2 개의 활동)에서 5 개의 활동으로 일상생활동작 레파토리가 확장되었다.

결론 협업과정에서 라포형성과 작업치료중재에 대한 명확한 개념형성은 중요하다. 학생을 고유의 인간으로 보고, 학생의 작업적 이해를 기반으로 할 때, 문제행동 또는 도전행동으로 일괄적으로 규정하지 않고 학교생활에 참여하고 적응할 수 있도록 돕게 될 것이다.

Client's occupation which is difficult to perform in clinical setting, A challenging case of achieving the Client's goal through dividing 2 tasks : Application of OTIPM Case

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Establish client-centered performance context

The client is a 75-year-old woman who had a stroke in April 2016. It has been 2 months after onset. She is currently performing hand washing and brushing independently and she needs help in everyday life. However, the client had a hobby to do an aqua exercise in swimming pool near the house, and she really likes to meet friends there. She wanted to do aqua exercise with her friends again. As a result of interviewing with his son, he does not consider returning home, but he has a plan to use a caregiver when returning home and wants her to be able to do aqua exercises if she wants. She still keeps in touch with 3 friends who do aqua exercise, and they can help her in the process of going to the pool. However, she has never visited a house and a swimming pool after the onset. she is practicing walking with a walker recently, and K-MMSE score reported 17/30, cognitive impaired. She does not think that she should go a swimming pool right now, but she was very eager to improve several abilities to do the aqua exercise.

Identify and Prioritize reported strength & problems of occupational performance

Some of the strengths were hand washing, brushing the teeth. The problems were going to a swimming pool for aqua exercise, bathing, and dressing.

Performance analysis:

The client decided to carry out doing aqua exercise through an interview. However, in order to analyze this task, we needed to divide the task into two separate tasks, because doing aqua exercise takes a lot of time when hospitalized. The first task is 'going down to the first floor using a walker to go to the swimming pool' and the second task is 'dressing a swimming suit within a reach. The first task was the marked physical effort, moderate inefficiency, frequent help, and mild difficulty in the safety. When the client approached the elevator and pressed the button, the client wobbled, repeatedly pressed the button 2-3 times, and she did not check the button in the elevator. The second task required frequent assistance at moderate levels of physical effort and inefficiency and showed a mild difficulty in the safety. When she was wearing a swimsuit, she needed therapist's help to keep the balance. and she showed wobbling back and forth in the process of raising her swimsuit on the legs. This situation was repeated two more times.

Intervention

Through identifying and clarifying the causes, OT planned to use intervention which is the compensatory, acquisitive, and restorative occupation for two tasks. Then I provided the experience of going to the swimming pool at home by using the home visiting service.

Results

Through therapeutic intervention, both tasks were performed independently and safely at the level of minimal physical effort and inefficiency. All scores of MFT, MBI and Berg Balance Scale were improved. In the last interview, she said: "If there is anyone to help, it is worth trying."

Conclusion

I conducted therapeutic intervention based on OTIPM focusing on the client's motivation and several dimension, not merely focusing on the body function component. Because of one year clinical experience, I thought I set an inappropriate goal, but it gave me thinking what a client wants to do, who is the client is, and more meaningful to achieve client's occupation than what a therapist suggests the goal for his ability.

병원환경에서 수행하기 어려운 클라이언트의 작업, 하나의 작업을 2개의 과제로 나눠 도전해본 클라이언트의 목표 달성 도전 사례 : OTIPM(Occupational Therapy Intervention Process Model) 중재 사례

김영화

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클라이언트 중심의 수행문맥 확립 : 클라이언트는 2016년 4월에 뇌졸중이 발병한 75세의 여성이다. 발병 2개월 정도 경과하였으며 현재 손 씻기, 양치하기 정도를 독립적으로 수행하고 있고 그 외의 일상생활에서는 도움을 받고 있다. 그러나 클라이언트는 집 근처에 있는 수영장에 가서 아쿠아운동을 하는 취미가 있었으며 같이 하는 사람들과 친하게 지냈기 때문에 재활치료를 통해 동료들과 아쿠아운동을 다시 하기를 원하였다. 보호자인 아들과 상담한 결과 아직 집으로의 복귀를 고려하고 있지는 않지만 가정복귀를 하게 되면 요양보호사 제도를 이용하는 것을 고려하고 있었고 만약 가능하다면 클라이언트가 원하는 대로 아쿠아운동을 하게 되길 원한다고 하였다. 클라이언트는 발병 전 친한 친구 3명과 함께 아쿠아운동을 6~7년간 꾸준히 다녔고 현재도 연락을 하고 지내고 있어 수영장에 가는 과정에서 도움을 받을 수 있다고 하였다. 그러나 발병 이후 한 번도 집과 수영장에 가본 적이 없었고 기록상 K-MMSE 17/30점으로 인지저하 양상이 있었으며 위커를 이용한 보행을 연습 중에 있는 상태였다. 클라이언트는 지금 바로 수영장에 가야한다고 생각하는 것은 아니었지만 아쿠아운동을 하러 가는데 필요한 작업을 개선하기를 매우 원하고 있었다.

클라이언트가 보고하고 우선시하는 작업수행상의 강점과 약점의 확인 : 강점으로는 손 씻기, 양치하기가 있었으며 약점으로는 아쿠아운동 다녀오기, 목욕하기, 옷 입기가 있었다.

수행분석 : 과제 계약을 통해 아쿠아운동을 다녀오는 하나의 과제를 수행분석하기엔 과제시간 소모의 측면과 클라이언트가 병원에 입원해있는 상황이기 때문에 어려움이 있다는 것에 동의하여 두 가지의 과제로 나누어 실시하는 것으로 결정하였고, 첫 번째 과제는 '수영장에 가기 위해 위커를 이용하여 1층에 내려가기', 두 번째 과제는 '환의를 벗고 손닿는 곳에 있는 수영복으로 갈아입기'로 결정하였다. 첫 번째 과제는 중증도의 신체적 노력과 중등도의 비효율성을 보였으며 잦은 도움을 필요로 하였고 경도의 안전에 어려움을 보였다. 클라이언트는 엘리베이터에 다가가 버튼을 누를 때 몸이 휘청거렸고 버튼을 2-3번 반복해 눌렀으며 엘리베이터 안에서는 버튼 조작을 하지 않고 층을 확인하지 않는 양상이 나타났다. 두 번째 과제는 중증도의 신체적 노력과 비효율성을 보이는 수준에서 잦은 도움이 필요하였으며 경도의 안전성의 저하를 보이는 것으로 나타났다. 수영복을 입을 때 다리에 있는 수영복을 끌어올리기 위해 자리에서 일어나는 과정에서 균형을 잃고 앞뒤로 휘청거리 치료사의 지지가 필요하였으며 이와 같은 상황이 두 번 더 반복되었다.

중재 : 원인의 명확화를 통해 두 가지 목표에 대해 보상적, 습득적, 회복적 작업을 각각의 수행상의 어려움을 보인 기술들의 개선을 위해 중재로 적용하였고 치료목표의 현실화를 위해 가정방문서비스를 이용하여 직접 집에서 수영장에 가보는 경험을 제공하였다.

결과 : 치료 중재를 통해 두 과제 모두에서 경도의 신체적 노력과 비효율성을 보이는 수준에서 독립적으로 안전하게 과제를 수행하였으며, MFT, MBI, BBS 평가결과 모든 평가의 점수가 향상되었다. 또한 인터뷰를 통해 "도와줄 사람이 있다면 해볼만하다."라고 말하였다.

결론 : 클라이언트의 능력적 측면만을 고려하는 것이 아닌 클라이언트의 동기 및 다양한 측면에 중점을 두고 OTIPM 에 기반한 치료적 중재를 실시하였다. 임상 1 년차로서 목표를 너무 높게 설정한 것이라는 생각도 있지만, 클라이언트가 원하는 것에 초점을 두는 것이 치료사가 목표를 제시한 것을 하는 것에 비해 더욱 의미가 있고 결과상 크게 달라질 수 있다는 것을 생각할 수 있게 하는 사례였다고 생각된다.

錢太鼓を通して元気になる：急性期病棟での実践の一例

山地早紀¹

1 興生総合病院

クライアント中心の遂行文脈の確立

Aさんは、畑にて転倒し左大腿骨頸部骨折を受傷し、人工骨頭置換術直後から急性期病棟にて理学療法、作業療法が処方された、80代の女性である。

もともと、一人暮らしをされており、野菜作りやカラオケが好きでよく出かけ、「錢太鼓」の指導を長年されていた。「自分のことは自分でしたい。」「息子や娘には迷惑をかけたくない。」という思いが強い方であった。

作業遂行の強みと問題の特定と優先順位の決定

術後は、脱臼肢位を守りながら、早期離床が求められていた。Aさんは、意欲的で「一人暮らしの生活にまた戻り、散歩や畑仕事をしながら、週2回錢太鼓を教えに行きたい。」と話された。術後翌日のCOPMの結果は、遂行度スコア、満足度スコアともに1.2となった。

遂行分析

術後すぐであったため、本人と相談し身の回りの比較的難易度の低い作業課題を選択した。病室で、「靴と靴下を履く」と「歯磨き」の課題を行った。また、Aさんの意味のある作業である「錢太鼓」について教えてもらい、実際に踊りを行ってもらった。数年前から、右肩の痛みがあり、動かしにくいことが分かった。AMPS結果は、運動技能が-0.2ロジット、プロセス技能が0.6ロジットだった。

介入

①安全で痛みなく、トイレに行けるようになる、②散歩に行けるようになる、③錢太鼓の練習を行うことを目標に介入を行った。①禁忌を守りながら、動作を習得する。（習得モデル）、痛みに合わせて介助を受けられるようにする。（代償モデル）を目的にAさんが適切に介助を行ってもらえるよう、評価と病棟への申し送りを行った。②Aさん、理学療法士と一緒に歩行補助具を選択し、靴べらを使用した靴の着脱練習を行った。（代償・習得モデル）③肩の可動域を拡大し、疼痛を軽減させるために錢太鼓を行った。（回復モデル）道具のバチを一緒に作成し、セラピストにも踊りを熱心に指導し、練習を行いながら正座や床からの立ち上がりの練習も行った。

結果

10日間の介入を行い、経過とともに骨折、創部の痛みも軽減し、禁忌を守りながらトイレに自立して行けるようになった。靴べらの使用にも慣れ、シルバーカーを使用すれば病棟を自由に行き来できるようになった。錢太鼓の練習も継続して行えた。COPMは、遂行度スコア3.3、満足度スコア4.8の向上があった。AMPSでは、食器を手で洗う、上半身の整容の課題を行い、運動技能0.8ロジット、プロセス技能1.0ロジットという結果になった。

考察

疾患別リハビリテーションでは今回の結果は得られなかったと考える。クライアント中心の10の側面を考えることで、Aさんにとって意味のある作業や以前から抱えていた作業への介入が行えた。そのことが、錢太鼓の指導者としての役割や課題の達成に繋がったと考える。

Getting better through Zenidaiko: A case study in an acute care unit

Saki Yamaji¹

¹ Kosei general hospital

Performance context

Mrs. A was an 80 years old woman and lived alone. She likes gardening, going to karaoke. She had taught "Zenidaiko" for many years. Zenidaiko is a traditional dance in this community. She took a fall in the field, fracturing her femoral trochanter. She was hospitalized in an acute care unit and prescribed physical therapy and occupational therapy. She said that she wanted to do self-care by herself, and did not want to bother her children.

Client's priorities

After surgery, particular positions were the contraindication. She had to move from bed ridden. She was interviewed using the Canadian Occupational Performance Measure (COPM) for generating her occupational profile. She identified four occupations as important to her: (1) taking a walk, (2) gardening, (3) Teaching Zenidaiko, and (4) using a toilet by herself.

Performance analysis

We chose two easy tasks for the Assessment of Motor and Process Skill (AMPS). The tasks were putting on socks and shoes, and brushing her teeth.

I learned Zenidaiko from her. She had suffered from a sore shoulder since a couple of years ago. She had difficulty moving her right arm.

Intervention

We set goals: 1) using the toilet safely without pain by herself, 2) taking a walk, and 3) practicing Zenidaiko. I recommended her to receive assistance for avoiding her pain. I cooperated with physical therapists and nurses. She learned how to avoid bad positions. We selected an appropriate walking aid. I advised her to use a shoehorn when she put on her shoes. She eagerly taught me Zenidaiko with a device we made. She practiced in sitting straight up from floor through Zenidaiko. The range of motion of her shoulder was expanded when practicing Zenidaiko.

Reevaluation

After 10 days, her pain from the fracture gradually disappeared. She can use a toilet by herself using the proper position. She became familiar with using a shoehorn, She was able to take a walk freely with a rollator. She continues practicing Zenidaiko. Her scores in COPM increased, 4.5 from 1.2 in performance and 6.0 from 1.2 in satisfaction after the intervention. Tasks she performed in the AMPS re-evaluation were hand washing dishes and her upper body grooming/bathing. The ADL motor ability measure increased to 0.8 from -0.2 logits and the ADL process ability measure increased to 1.0 from 0.6 logits.

Discussion

Her occupational performance goals were based on the occupational therapy intervention that was meaningful occupation-based and client-centered. She was able to play her role as a Zenidaiko teacher.

OTIPM に基づく実践により生きがいとする作業が可能化した事例

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はじめに

今回、地域交流や旅行を生きがいとする大腿骨転子部骨折受傷後の 80 歳代女性を担当した。OTIPM に基づき介入し、退院後に作業が可能化した事例を報告する。報告に際し本人に同意を得ている。

クライアント中心の遂行文脈の確立

環境：徒歩や公共交通機関で地域の会（ダンスや卓球等）や旅行を行っていた。役割：地域の会の役員。動機：地域の会・旅行は交流ができ楽しみ。課題：旅行・地域の会が再開できるか不安。社会：地域の人、家族と関係は良好。制度：理学・作業療法を 1 日計 2 時間実施。心身機能：FIM116 点。歩行器歩行、入浴は見守り。階段昇降未実施。左大腿骨転子部骨折受傷。MMT 下肢 3-2。時間：退職後、地域の会に参加。適応：地域の会に参加困難の時の楽しみを考えている。

作業遂行の強みと問題の特定と優先順位の決定

COPM で洗濯・掃除・料理・地域の会は重要度 7、遂行度 2、満足度 2（以下重、遂、満）、買い物（重 7、遂 1、満 1）旅行（重 8、遂 1、満 1）。強み：病棟内での ADL は階段・歩行以外では車椅子使用し自立。問題点：希望する作業を行う際の移動や公共交通機関の利用に問題が生じている。

遂行分析

AMPS は運動技能 0. 9logit, プロセス技能 1. 3logit. 軽度の身体的努力の増大と効率性低下、安全性に疑問、口頭援助を要した。作業遂行中、移動と物の運搬時、台所に手をつく、ふらつきがみられ（Stabilizes, Aligns, Walks, Transports）、伝い歩きをしないための影響もあった（Accommodates, Benefits）。鍋を持ち上げる際、努力増大（Bends, Lifts）。

介入

独居に戻り、地域の会に参加・旅行の獲得のために、病棟内・屋外散歩（階段・段差昇降、坂道を含む）、物の運搬、買い物、洗濯、掃除、草取り、料理、卓球、ダンス、入浴、バス・電車の利用、家族との旅行を実施（回復、習得）。また、移動の安定のために歩行補助具の使用、荷物を持つ道具の工夫、エレベーターの利用、家族や友人の援助を得ることも考慮した（代償）。

結果

入院期間は 3 ヶ月。AMPS は運動技能 2. 5logit, プロセス技能 1. 6logit. FIM126 点。MMT 下肢 4-3 となり自宅退院した。退院 1 ヶ月後の COPM：洗濯・掃除・料理（遂 10、満 10）買い物（遂 9、満 8）、地域の会（遂 9、満 9）、旅行（遂 9、満 7）。家族との温泉旅行や軽スポーツの会で卓球が自立。今後カラオケやちぎり絵は参加予定。ダンスは未定、旅行は友人と行きたいと述べた。

考察

OTIPM はクライアントから作業ニーズを引き出した後、実際に作業遂行を必ず観察することで常に作業から離れることのない作業療法を展開できることが最大の特徴¹⁾とされている。今回、OTIPM に基づき、作業の目標や問題点をより具体的に共有、協働したことで、意味のある作業の可能性につながったと考えられる。

文献：1) Fisher AG: Occupational Therapy Intervention Process Model. Three Star Press. 2009

A case example of the implementation of OTIPM-based intervention to improve patients' ability to conduct activities

Ryo Suzuki, Tatsuya Suzuki

Introduction

A female in her 80s diagnosed with a fracture of the greater trochanter of the femur underwent based on Occupational Therapy Intervention Process Model (OTIPM) in a convalescent-care hospital. As described in the following case report, the intervention restored her (the client's) ability to conduct activities:

Establishment of the client-centered performance context

- Environment: She used to participate in local associations and go on trips using public transportation.
- Role: She was a board member of a local association.
- Motivation: She enjoyed interacting with people.
- Challenge: She was anxious whether she would be able to continue going on trips and participating in local associations.
- Physical and psychological functions: The Functional Independence Measure (FIM) score was 116 points. She only required observation when she used a walker and bathed. The Manual Muscle Testing (MMT) grade of lower leg were 3-2.

Identify and prioritize reported strengths and problems of occupational performance

- Canadian Occupational Performance Measure (COPM) test results:

The client had difficulty with activities including going on trips and being involved with local associations. Each activities of importance were 7-8, performance scores were 1-2, and satisfaction scores were 1-2.

- Strength: The client was almost independent in terms of Activities of Daily Living (ADL).
- Problem: The client had problems with using transportation in relation to activities.

Performance analysis

Assessment of Motor and Process Skills (AMPS) scores: 0.9 logit on the ADL motor scale and 1.3 logit on the ADL process scale. According to the results of observation, the client had difficulty walking and carrying objects (Stabilizes, Aligns, Walks, Transports, Bends, Lifts), which posed a safety problem.

Intervention

The OT conduct real activities as restorative and acquisitional models. The client's efforts and ideas regarding transportation and her assistance of others were also included as compensatory models.

Results

The client was discharged to home in three months. At discharge, the AMPS scores were as follows: 2.5 logit on the ADL motor scale and 1.6 logit on the ADL process scale, the FIM score: 126 points, and the MMT score of the legs: 4-3. One month after discharge, the COPM performance and satisfaction scores were 9-10 and 7-10 points. Following discharge, the client was able to go on hot spring trips and play table tennis.

Discussion

The OTIPM provides occupational therapy closely associated with real activities, as its principal feature, because it requires the examiners to observe clients performance of activities following the identification of their activity-related needs¹⁾. This intervention improved the ability of the client to conduct activities because it was based on the OTIPM.

References: 1) Fisher AG: Occupational Therapy Intervention Process Model. Three Star Press. 2009

急性期からクライアントらしい生活を目指して

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【クライアント中心の遂行文脈の確立】**環境**: 独居。キーパーソンは次女。病室は4人部屋。**制度**: 要介護3。身体障害者手帳4級。ホームヘルパーと、デイサービスを利用。家事はヘルパーが行っていた。**課題**: 日常生活は見守りと介助を要している。4点杖歩行可能だが見守りが必要。**社会**: 病棟スタッフや他患者と問題なく良好な関係を保っている。**文化**: 話好きで、人と話をすることが楽しいと感じている。**役割**: 現在は入院患者役割。自宅では、サービスを受けるという利用者役割。**時間**: 60歳代後半。外出はデイサービスとヘルパー同伴の買い物(車椅子)のみ。**心身機能**: 診断名は右内頸動脈狭窄症。ブルンストロームステージは左上肢V・手指IV・下肢V。四肢・体幹に関節可動域制限あり。既往歴は糖尿病、両変形性膝関節症、多発性ラクナ梗塞等。**動機**: ファッションに興味あり。歩いて買い物に行けるようになりたいと思っている。**適応**: 看護師との4点杖での歩行練習や、服薬時にカプセルをつまむなど、積極的に練習している。

【作業遂行の強みと問題の特定と優先順位の決定】カナダ作業遂行測定では、「近所のコンビニまで4点杖歩行で行き買い物がしたい(重要度10, 遂行度4, 満足度3)」, 「服を自分で着れるようになりたい(重要度10, 遂行度4, 満足度1)」が挙げられた。

【遂行分析】運動とプロセス技能評価にて作業遂行を評価した。課題は「靴と靴下を履く」, 「上着の着替え」の2課題を実施した。結果は運動技能が0.5ロジット, プロセス技能が0.1ロジットであり, 中度の身体的努力と効率性の低下がみられ, しばしば物理的援助が必要であったが安全に遂行できた。両技能共, カットオフ値よりも低く, 同年代健常者水準も大きく下回っていた。

【介入】プロセス技能が0.0ロジット以上であることや, 短期間の入院予定であり早期に結果を出さなければならないことを考慮し, 習得モデルと代償モデルを選択した。更衣や買い物を自然な環境で繰り返し実施(計7回の介入)し, 効率の良いやり方を一緒に模索していった。

【結果】カナダ作業遂行測定の再評価では「近所のコンビニまで4点杖歩行で行き買い物がしたい」の遂行度・満足度共に10と向上し, 「服を自分で着れるようになりたい」も遂行度・満足度共に7に向上した。運動とプロセス技能評価の再評価は, 「上下着の着替え」と「買い物」を実施した。結果は運動技能0.8ロジット, プロセス技能0.9ロジットに向上し, 自宅退院となった。

【考察】7回と短期間の介入であったが, 急性期から更衣や買い物を自然な環境で繰り返し練習することで, クライアント自身が自己の能力を再確認することができた。クライアントは, 今回の入院前はサービスに頼りきった生活を送っていたため, 作業経験不足であったことが考えられた。そのため, 効率の良いやり方を一緒に模索し繰り返し作業を行うことで, 作業技能が向上し, 遂行度・満足度が向上したと考えられた。また, 自分でもできるということを感じれたことが, 自信につながり自分らしい生活を送れるようになったのではないかと考える。

Aiming to achieve a life suitable for the client from the acute phase

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[Establishment of the context for client-centered performance] Environment: The client was living alone. The key person was his second daughter. **System:** Long-term care level 3. Physically Disabled Person's Handbook Class 4. He was using a home helper and a day service. **Issues:** Daily living activities required both monitoring and assistance. **Society:** He maintained good relations with ward staff and other patients without problems. **Culture:** He was talkative and enjoyed other people's company. **Role:** At the intervention, his role was being an inpatient. **Time:** He is in her late 60s. **Mind and body functions:** He was diagnosed with right internal carotid artery stenosis. Brunnstrom stage: left upper limb V—fingers IV—lower limb V. **Motivation:** He was interested in fashion, and wanted to go shopping on foot. **Adaptation:** He actively practiced walking with a four-point stick, picking up a drug capsule when consuming it, etc.

[Strengths in occupational performance, identification of problems, and decision prioritization] With regard to the COPM, there were items such as “(1) I would like to go to the nearby convenience store with my four-point stick to buy something (importance level, 10; performance level, 4; and satisfaction level, 3).” and “(2) I would like to be able to dress by myself (importance level, 10; performance level, 4; and satisfaction level, 1).”

[AMPS] Two tasks, i.e., “to wear socks and shoes” and “to change outer clothes,” were performed. The results were 0.5 logits for the motor skill and 0.1 logits for the process skill.

[Intervention] We selected acquisitional and compensatory models. Changing clothes and shopping were performed in a natural environment (total of 7 interventions) to explore efficient approaches with an occupational therapist.

[Results] In re-evaluation of the COPM, performance and satisfaction levels for (1) were both improved to 10, and performance and satisfaction levels for (2) were both improved to 7. The AMPS results showed that the motor skill improved to 0.8 logits, process skill to 0.9 logits. Thus, the client was discharged from the hospital to home.

[Discussion] Before this hospitalization, the client was completely reliant on services, and therefore might have lacked occupational experience. His occupational skills apparently improved by exploring efficient approaches and repeating the same skills with an occupational therapist in charge, leading to improved levels of performance and satisfaction. In addition, the feeling that “I can do it by myself” may have improved self-confidence, which in turn may have facilitated living a life suitable for him.

学校課題に問題を抱える広汎性発達障害児に対する Cognitive Orientation to daily Occupational Performance (CO-OP) の効果

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【クライアント中心の遂行文脈の確立】Aくんは1クラス28名の通常学級に通う小学校2年生の男児である。授業についていけない等の課題があるため支援員のサポートを受けているが、学年が上がり学習課題が増え、少しずつ学習についていけないことも出てきている様子である。教員から、不器用さや漢字を覚えることが難しいことなどを指摘されており放課後等デイサービスで作業療法を実施した。

【作業遂行の強みと問題の特定と優先順位の決定】教員およびAくんに対するCOPMの結果、①ハサミが上手く使えない、②漢字を覚えることが難しい、③絵を描くことが苦手であり、④ピアノやリコーダーが難しいという作業遂行に問題を抱えていることが理解できた。これらの問題に対して、Cognitive Orientation to daily Occupational Performance (以下、CO-OP) を習得モデルとして用いた。

【遂行分析】2つの課題に対してSchool AMPSを用いて評価・分析した。①図形をハサミで切る課題(CP-4)では、紙をハサミで切る際に手が滑ることや、ごちなさといった問題が中等度あった。また、ハサミで紙を切るペースが早く、途中で行為が中断することもあることや、切ってはいけない部分も切り落とし、切らないといけない部分を切らずに終了する問題が中等度あった。これらの問題は、未然に防ぐことができず、繰り返された。

②自分の名前の漢字を書く課題(WR-3)では、持続的に机にもたれかかり、elbow upする問題が中等度あった。また、書き始めに戸惑い、遂行途中で静止することがあり、左から順番に文字を書くことができない問題が中等度あった。さらに、文字を書いている際に、抑えている紙が滑る問題が軽度あり、これらの問題は、未然に防ぐことができず、繰り返された。

【介入】習得モデルとして、放課後等デイサービスにおいてCO-OPを用いてハサミや漢字を書くスキルを身につけた。身につけたスキルは学校等で活かし、他の課題においても活用した。

【結果】ハサミ動作や漢字において、戦略を自身で立案し実施することで遂行の質が向上した。また、それらのスキルは2ヶ月後も継続されており、スキルは一般化されたことが確認できた。さらに、問題解決する方法を見に付けたことで、苦手なリコーダーやピアノ、縄跳びといった活動に対しても問題を解決していくことが可能となった。School AMPSの結果として、Motor Skillsは1.7 logitsから2ヶ月後に2.4 logit (+0.7)まで向上した。同様にProcess Skillsも0.7 logitsから1.5 logits (+0.8)まで向上した。

【考察】Aくんにとって低学年のうちに、学校課題の問題を解決する方法を身につけることは重要であり、その方法としてスキルの獲得、一般化、転移を目的としたCO-OPは有用であると考えた。

Cognitive Orientation to daily Occupational Performance (CO-OP); an approach to improve school tasks and skills in a child with autism

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【Performance context】 Case A is a second grade primary school boy attending a regular class of 28 students. He receives special needs educational support because, as he progresses through the school grades, the number of learning tasks increases, and he is unable to keep up. His teachers highlight his difficulties memorizing Kanji and his clumsiness at school. Consequently, he attends occupational therapy interventions at day service for children.

【Client's priorities】 Case A's COPM assessment results highlighted the following problems and performance difficulties: (1) poor scissor skills, (2) difficulty in memorizing Kanji, (3) poor painting skills, and (4) poor pianica and recorder skills. The Cognitive Orientation to daily Occupational Performance (CO-OP) approach was selected as an acquisition model.

【Performance analysis】 Two tasks were evaluated and analyzed using School AMPS. The first task required cutting with no pasting - simple straight lines (CP-4). There were moderate problems observed, such as his hand slipping when using scissors to cut paper and an overall clumsiness performing the task. The speed of cutting the paper with scissors was rapid, with times when the action was interrupted mid-task, and completing the task by avoiding cutting parts of the paper that were not to be cut was noted as moderately problematic. These problems were not preventable and were repeated.

In a task required short answers (numbers or words) (WR-3), the persistent leaning on the desk and elbow-up was moderately problematic. Case A was confused at the start of writing, occasionally stopping mid-task, and there were moderate problems noted in writing the letters in order from left to right. A mild problem was also noted with paper slippage when writing.

【Intervention】 Using the CO-OP acquisition model, he acquired skills using scissors and writing Kanji. Moreover, he could apply his newly learnt skills at school, and apply these skills to other tasks.

【Reevaluation】 The quality of his performance improved by planning and developing strategies to use scissors and to memorize Kanji. Two months later, his newly acquired skills were sustained, and skills generalizability was confirmed. Application of the same methods made it possible to solve problems with other activities, such as poor recorder and pianica playing and to improve jump rope activities. Two months later, the results of the School AMPS demonstrated improved motor skills from 1.7 logits to 2.4 logits (+0.7). Similarly, his process skills improved from 0.7 logits to 1.5 logits (+0.8).

【Discussion】 It is important for Case A to acquire problem-solving methods for school tasks. The CO-OP method aimed to enhance skill acquisition, generalization, and transfer of skills.

急性期脳出血を有する個人クライアントに適用した回復モデル

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クライアント中心の遂行文脈の確立: クライアント (CL) は妻と二人暮らしの 70 歳代の男性であった。頸椎の手術を入院 3 か月前に受け、右肩と肘に重度の筋力低下があった。その手術後から活動性の低下と役割の喪失がみられた。今回は脳出血のために入院し、翌日から作業療法 (OT) が開始された。その時点では、脳出血由来の障害は軽度であるが、簡単なセルフケアにも介助が必要だった。なお、CL は清潔好きであり、職業が水道工事だったことに対して誇りを持っていた。そして、妻からの多大な介助が期待できるため在宅生活に復帰できると考えていた。

作業遂行の強みと問題の特定と優先順位の決定: カナダ作業遂行測定 (COPM) の結果は、「風呂の掃除をする」、「庭木の剪定をする」、「服を着替える」などであった (遂行スコア 3.2, 満足スコア 2.4)。

遂行分析: 「片付けられている上下着の着替え」、「床を掃く」という課題を遂行した運動とプロセス技能の評価 (AMPS) の結果は、運動ロジットは 0.4, プロセスロジットは 0.4 であった。ベースラインは、「中度の身体的努力の増大, 中度の効率性低下, 課題を途中でやめる, 転倒の危険性があるなどの場面があったために継続的な介助が必要」であった。

原因の解釈と目標設定: 頸椎の手術を受けた後に活動性が低下したことと、それ以降の作業経験が少ないことが主たる原因だと捉えた。また、AMPS の結果と課題難易度から、COPM で報告した作業を CL が遂行するには安全性の問題があると考えられた。そこで、これらを CL にフィードバックし、協業した上で OT の目標を「活動性の向上を目的とした散歩や簡単な掃除といった回復作業を退院後に自宅でできるようになる」に再定義した。なお、散歩や掃除を選択したのは、CL の誇りである以前の職業に関連し、かつ病院と自宅でできる作業を優先したためである。

介入: 事例と協業した結果、回復モデルを選択し、①病棟の散歩、②洗面台の掃除を実施した。①では、自宅と病棟で散歩ができるように練習をした。介入前における散歩に関するリッカートスケール (1: 自宅で全くできないと思う~10: 自宅ですべてうまくできると思う) は 1 点であった。②では、病院の古い設備をきれいにしようとするなど、積極的に取り組む姿勢がみられた。また、「足が良くなっている」という感想を述べた。退院前には、CL と妻に対して取り組んだ内容の報告と、退院後に①、②を実施する方法に関する教示を行った。

結果: COPM の遂行スコアは 3.0, 満足度は 2.2 であり、AMPS の運動ロジットは 0.4, プロセスロジットは 0.7 であった。プロセスロジットは統計学的に有意ではないが臨床上意味のある改善が得られた。リッカートスケールは 7 点に改善し、協業的に取り組んだ散歩が退院後も可能となった。しかし、洗面台の掃除に関しては、妻が行ってしまうため CL は行っていないとの情報を得た。評価 3 回, 介入 4 回, 再評価 1 回, 合計 8 回の OT を行い、その後自宅へ退院した。

考察: 退院後に簡単な掃除を行うことが CL の役割として定着しなかったのは、入院以前から妻が自宅の掃除を行っていたためだと考えられる。急性期において退院後も継続できる回復作業を選択することの難しさを感じた。CL 中心の遂行文脈をより明確にすること、CL 群に対して回復作業を行う重要性を退院前に説明することを今後の課題としたい。

A model for enhancement of body functions were applied to a client with acute cerebral hemorrhage

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Client-centered performance and context: A client was septuagenarian and had a wife. He was admitted to the hospital because of left cerebral hemorrhage. I met him the following day. His disabilities by cerebral hemorrhage were mild, but he needed assists from others in simple self-care. He could not flex the right shoulder and elbow because he had undergone a surgery on his cervical spine in the 3 months before the admission. He lost roles and spent idly after his surgery. He was tidy and was proud of the past job was water supply works.

Evaluation: In the Canadian Occupational Performance Measure (COPM), he reported cleaning the bathroom, pruning plants, dressing himself and so on. The performance score was 3.2, the satisfaction score was 2.4. In the Assessment of Motor and Process Skills (AMPS), he performed upper and lower body dressing of garments stored in the drawer and seeping the floor. The motor logit and the process logit were 0.4 and 0.4 respectively. The baselines were that "the client has moderate increased effort and decreased efficiency, interrupting these tasks and possibilities of falling, and needs continuous assistance."

Interpret the reasons for client's problems of occupational performance and redefine goals: The reasons might be that he got to be inactive and he lacked the occupational experience after the surgery. We set his goals that he got to be able to perform restorative occupations of taking a walk and easy cleaning to enhance his activities.

A model and implementation: We selected a model for enhancement of body functions. Then, he performed two occupations: (a) taking a walk and (b) scrubbing a sink. In the (a), he practiced taking a walk the ward in the hospital to be able to take a walk around his home. His 10-value Likert scale: one means he felt that he could not take a walk at all, 10 means he felt that could do well was one. In the (b), he tried to repair equipment of the hospital. He scrubbed a sink positively. I collaborated with him throughout the process of this therapy.

Results: In the COPM, the performance score was 3.0, the satisfaction score was 2.2. In the AMPS, motor logit was 0.4 and process logit was 0.7. This development represented a clinical improvement. The Likert scale was 7 and he got to be able to take a walk around his home with his wife after discharge. However, he did not clean his house because his wife did it. He was discharged from hospital after 8 occupational therapy sessions.

Discussion: The reason he did not clean his house was his wife had been cleaned. We strongly realized that it was difficulty we selected the occupations for enhancement of body functions in acute setting. We think that challenges are clarifying client-centered performance and context and instructing client constellations that performing the occupations for enhancement of body functions are important.

The Meaning of Occupation, Caring for Others: Learning from Adolescent Client Participating in Volunteer Activity for the Sewol Ferry Disaster

Seokyeon Ji¹

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Establishment of performing the context of client-centered

April 16, 2014, is remembered to Korean people as a great tragedy day by the Sewol ferry sinking accident. 261 high school students were sacrificed while going on a high school trip. D was an 18-year-old student in the same grade as sacrificed students when the accident happened. D has been diagnosed as brain calcification caused by paralysis in his limb, and he also has autism spectrum disorder. His family had tried to restore his symptoms during his childhood, but they became to know the necessity of social support for disability. Since he was 4-year-old, he had occupational therapy service, and his occupational therapist has reflected her intervention changed from body function-focused, therapist-centered approach to occupation-based, occupation-focused and client-centered approach by the based on the OTIPM.

In 2015, D's occupational therapist visited the community center for the Sewol-ferry bereaved family as a volunteer and told D about volunteer activity because D concerned volunteer and he had participated fasting and expressing it on SNS with his alternate school members. According to D's mother, D said that he felt 'Anger' in his mind when he witnessed Sewol ferry accident and its proceeding. It was his first voluntary expression of his emotion. At that time, D practiced extended occupation such as doing part time job in alternate school and the children's development supporting center. Communicating with D for establishing goal, planning and checking performance were done by text and photo via virtual tools because it was more capable.

Client's priorities

D's Parents' priority of D's occupations were time and money management, communicating about his schedule with his social members. D's priorities were to maintain current work, and he wanted to participate volunteer center for the Sewol ferry bereaved family where his therapist participated in. He was proud of keeping time for work and not being late. His parents' prioritized time management meant accepting and adjusting when there was a change in appointment or schedule.

Performance analysis

D did not manage pocket money and salary by himself and did not know the exact amount. When verifying or communicating time or schedule changes, communicating by text or phone call were limited, it had to reaffirm by his mother. He did not start volunteer activity by himself, or he did not ask occupational therapist that he want to participate even he expressed to his mother.

Intervention

D get his salary in cash not by bank transferring. He encouraged to buy hygiene stuff for his daily life, to buy snacks for tea time in the workplace so that he had the chance to calculate his money. It was suggested to check his to-do list at the workplace which recorded by staffs in the workplace. When a therapist visited the support center for the Sewol ferry accident bereaved family, therapist invited him to accompany. It took around 2 hours from D's home to volunteer center.

Result

Even D's social interaction was moderately inappropriate at volunteer center for the Sewol ferry, and he had tried to comfort, ask questions, and talk about related topics with bereaved family and other volunteers. After he had visited volunteer center, he asked names of the people who had met at volunteer center, and he asked when he could visit more by text messages. It was the longest and voluntary questions and asking from D since occupational therapist had met him. He visited the volunteer center with other volunteers and sometimes visited alone. He paid dinner for another volunteer one time.

Discussion

As an individual occupational therapist, it is valuable that have experience of seeing a person's growth and change of occupations more than 15 years. The Sewol ferry accident which considered as national disaster makes many Korean people have sadness and anger, and that lead people to do anything could do. For D, he also felt anger through that accident, and he expressed his expression and wanted to do something. As an occupational therapist, learning is undergoing by breaking preconception the autism people can not express deep emotions.

OTIPM is a useful model to compare not only client's change but also occupational therapist's reflection because of its stable structure and accurate process. Through this model, the therapist could find D's occupational priority was doing volunteer for sacrificed people by the Sewol ferry accident which emerges naturally.

The therapist asked him what was the motivation to do and D said that "I want to live well, and I also want people to live well." His word is simple but strong to parents and therapist. His word can be interpreted that he has the desire to contribute to others. As an occupational therapist, I believe that participation in an occupation that contributes to others is the ultimate goal of the occupation.

타인을 돌보는 작업의 의미: 세월호 재난 자원활동에 참여하게 된 장애 청년을 통해 배운 작업

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클라이언트 중심의 수행문맥의 확립

2014년 4월 16일, 한국의 세월호 페리 침몰사고는 큰 비극으로 기억되고 있다. D 군은 세월호를 타고 수학여행을 가다가 죽음을 맞은 고등학생들과 같은 학년으로 대안학교를 다니던 만 18세의 청년이었다. D 군은 뇌성마비 증상과 자폐스펙트럼장애가 있다. 가족은 유아기까지는 장애증상을 개선하려 하였으나, 이후 신체 기능장애를 인정하고, 활동참여를 위해 학교와 사회인식 개선에 노력하며 작업치료사는 이 가족과 D 군이 4세때부터 작업과 참여향상을 지원해왔다. 작업치료사는 D 군에게 시행한 14년간의 작업치료를 OTIPM으로 반영하면서 자신의 작업치료가 신체중심이었던 시기, 클라이언트 중심이 아닌 작업치료의 시행착오를 발견하고 이를 통해 계속 수정하고 있었다.

2015년, D 군의 작업치료사는 세월호 유가족을 위한 치유센터에 자원활동자로 방문하고 있었고, 다녀온 이야기를 D 군에게 나누었다. 왜냐하면, D 군이 대안학교의 교사와 학생들과 더불어 SNS를 통해 세월호 사고 해결을 요구하는 릴레이 단식을 자발적으로 참여하였기 때문이다. 어머니에 따르면, D 군은 세월호 사고를 보고, 마음에서 '분노'를 느꼈다고 하였으며, 이는 처음으로 표현한 감정이었다.

2015년 당시, D 군은 작업치료사의 지원을 받으며 스스로 해야 하는 작업, 하고 싶은 작업 목표를 선택하고 수행하고 있었다. 목표 설정과 수행과정은 직접 말로 소통하는 것보다는 메신저를 통해 글과 사진으로 소통하는 것이 보다 유능하였다. 주 2회 작업치료사가 일하는 기관과 졸업한 학교에서 파트타임으로 직업활동에 참여하면서 금전관리를 하고, 출퇴근, 청소 및 물품관리에 대한 일을 수행하고 있었다.

클라이언트가 보고하고 우선시하는 작업수행상의 강점과 약점

부모님의 우선순위는 자기 시간관리, 용돈관리, 약속과 시간변경에 대한 의사소통이었고, 본인의 우선순위는 현재 하고 있는 일을 지속하기와 작업치료사가 자원활동을 하는 세월호 유가족지원기관에 자원활동 해 보기였다. 자기 시간관리는 출퇴근은 명확하며 지각하지 않는 것에 대한 자부심이 있었고, 이를 중요시 하고 있었다. 부모님이 우선시하는 시간관리의 의미는 타인과 약속변동이 있거나 자기 일정이 달라질 때 시간을 관리하고 조정하는 것이었다.

수행분석

용돈과 급여는 스스로 쓰지 않고 관리하지 않고 금액을 정확히 알지 못하였다. 약속시간 변경은 메신저를 통해 일방적으로 전달하여, 어머니를 통해 재확인해야 했다. 스스로 전달한 내용을 상대방이 재확인하는 질문에 답변하지 않아서 대화가 멈추는 일이 빈번하였다. 자원활동은 스스로 시작하지 못하고 작업치료사가 권유해서 시작할 수 있었다.

중재

출퇴근 및 할 일에 대한 기록화일을 공동문서로 직장의 동료와 점검하며 확인하였다. 급여를 이체하지 않고 직접 받고, 스스로 구입해야 하는 물건 구입, 동료들과 스낵을 함께 하면서 자기 계산하기를 시행하였다. 세월호 자원활동기관에 작업치료사가 방문할 때 동행을 권유하여, 함께 버스를 타고 2시간 정도 거리를 오고 갔다.

결과

세월호 자원활동기관에서 유가족 부모님들을 만나 대화를 듣고, 도중에 끼어들고 관련없는 이야기를 하였지만, 유가족 부모님들이 기쁘고 반가워하였으며, 이후 작업치료사에게 처음으로 활동기관의 다른 사람들에게 친구신청을 해도 되는지, 이름이 무엇인지, 활동기관에 가도 되는 요일은 언제인지 질문을 SNS로 하였다. 이는 작업치료사가 D 군을 만난 이후 받은 가장 길고 자발적인 질문이었다. 이후 다른 사람과도 함께 방문하였고, 혼자서도 방문하여 치유기관에서 필요로 하는 청소를 참여하고, 함께 간 사람에게 저녁식사를 대접하였다.

결론

작업치료사가 16년간 한 사람을 만나면서 그 사람의 작업이 성장하고 변화하는 과정을 보는 경험은 가치롭다고 생각한다. 세월호 사건은 한국사람들에게 슬픔과 분노를 느끼게 하고, 뭐라도 해야 한다는 마음을 사람들에게 일으키는 국가적 재난이었다. 이 일을 통해 작업치료사는 D 군 또한 분노를 느끼고 피해자와 유가족에게 무언가라도 하고 싶다는 생각을 갖게 된다는 것을 알고 다시금 선입견을 깨며 작업적 성장을 배우게 되었다.

OTIPM은 작업치료사에게 임상적인 실전을 비춰보는 모델로써 클라이언트의 성장만 알게 하는 것이 아니라 작업치료사 자신의 성장도 가능하게 한다. D 군의 작업성장은 OTIPM의 과정으로 정리하면서 알 수 있었다.

D 군이 원하는 자원활동에 참여하면서 기대되는 작업이 자연스럽게 시행되는 것을 보면서 작업치료사는 D 군에게 자원활동 참여를 하게 한 동기가 무엇인지 물었다. D 군은 “나도 잘 살고, 상대도 잘 살자.”는 것이라고 말했고, 이는 타인에 대한 기여하고자 하는 마음이라고 부모님과 함께 해석하였다. 타인에게 기여하는 작업 참여는 작업영역에서 궁극적인 목적이며, D 군이 작업을 통해 성장하며, 작업치료사 또한 그의 성장을 통해 배우게 된다.

The Meaning of Occupation-based Intervention Focused on Developing Self-help Skills for Adolescent with Severe Developmental Disability

Misun Kim, Aeri Yu, Chrom Ham, Seokyeon Ji¹

¹ Sensory Integration Towards Social and Occupational Being

Performance context

L is a 14-year-old a female adolescent who has had occupational therapy since eight years old. The primal parents' reason for referring occupational therapy was to increase communication skills by increasing cognitive and language development through integrating sensation. Her developmental age is around 1 or 2-year-old level which is assessed profound disability. L has been participating occupational therapy individual and group intervention of play-based program because she likes being with others through participating play with other children. Her self-help skills continuously even it is slow. When her life in special school, it has become the issue that she increased urine mistake and it happened by unfamiliar teacher's support.

Client's priorities

Performing daily life at home, L can move indoor independently from room to room. She can pull the door avoiding the door from hitting her body, and she needs assistance while she walks around mattresses or obstacles on the floor and climbing and down stairs and ramps. There was no refuse to urinate in home. However, because she refused to go to toilet in school, it became necessary to intervene in urinating and changing clothes because she refused to urinate then clothes became wet.

Performance analysis

Going to toilet: Toilet performances in home and school were compared. Therapist and caregiver observed and found L made a sound or touched the floor with her hands when she feels urinating. It had been needed consistent physical assistance to take her body in front of the toilet, to turn around, to walk backward and to sit on the toilet. When teacher took her in front of the toilet and make her sit on the toilet, she refused strongly to sit. Therapist found that L walked back, her legs naturally bent and sat down when her legs have touched the toilet. It was also found that L did as the same way when sitting on a chair.

Changing pants: L needed physical support to stand when she was wearing pants and had difficulty pulling her pants up. The difficulty of pulling and putting pants was identified because of her physical function as well as tightness of her pants. She had whole assistance phases of wearing pants, and caregiver and teacher provided assistance persistently.

Intervention

Going to toilet: Occupational therapist consulted and communicated with teacher and mother to support L to sit on the toilet not by force but by help (adaptive intervention).

Changing pants: Changing easy wearable pants instead narrow pants, starting pants in sitting instead if standing (adaptive intervention), dividing into small steps doing with and without assistance and practicing small steps to acquire skills (adaptive and acquisition intervention) were implemented.

Reevaluation

Toilet accidentally disappeared in the school.

L can raise her legs when pants are ready, can pull over from ankle to knee when pants ready on her ankle. Verbal and physical assistance were specified and decreased.

Discussion

It was found that occupation-based intervention is effective to decrease challenging situation and increase occupational performance skills in daily life for adolescent with severe developmental disability. L's mother reported that 'I do not know whether increasing my daughter's cognition or not, but I know my daughter has been able to walk outside, to go to local hospital, go to shopping and family trip together after participating occupational therapy.'

중증장애 청소년에게 자조기술에 초점을 둔 작업기반 중재의 의미

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클라이언트 중심의 수행문맥의 확립

L은 14세의 여학생으로, 8세경부터 작업치료를 실시하고 있다. 처음 의뢰할 때의 부모의 작업치료(감각통합*) 의뢰사유는 미세한 감각을 통해 인지나 언어 발달에 자극을 주어 의사소통이 원활해 질 수 있도록 하는 것이었다. 현재 특수학교를 다니고 있으며, 전반적인 사회성숙 연령은 1~2세로 최중증 장애수준으로 평가되었다. L은 놀이참여를 통해 또래와 함께 있는 시간을 좋아하고 개별 및 집단 놀이활동 프로그램에 참여해왔다. 자조활동의 발달은 5년동안 1년 정도 수준의 발달을 보였다. 새 학년이 되고 교사가 바뀌게 되었고, 교사가 학교에서 화장실을 데려가면 소변보기를 거부하여 소변실수가 잦아지는 일이 발생하였다.

클라이언트가 보고하고 우선시하는 작업수행상의 강점과 약점의 확인

L은 방에서 혼자 다닐 수 있고, 문의 손잡이를 열어주면 손잡이를 잡고 당기며 문이 몸에 부딪히지 않게 피할 수 있으며, 바닥에 매트나 장애물이 있는 경우와 계단과 경사로를 오르내릴 때 신체적인 도움이 필요하다. 화장실 가기와 같은 자조활동이 학교에서 원활하게 이뤄지지 않고 소변을 실수하기 때문에 옷을 갈아입어야 하는 일이 빈번해져서, 학교 생활에서 소변보기, 옷갈아입기 활동에 대한 중재가 필요하게 되었다.

수행분석

화장실 가기: 집과 환경의 화장실에서 수행을 관찰하였다. L은 소변이 마려울 때는 입으로 소리를 내거나 바닥을 손으로 치는 행동을 하며, 이를 보호자를 통해 치료사가 알게 되었다. 학생을 변기까지 지지하면서 데려가야 하고, 변기에서는 뒤로 돌아서 뒤로 걸어나가는 것을 도와주고, 변기에 앉도록 해야 한다. 교사는 학생을 수동적으로 앉히려 하였고, 이를 거부하는 상황이 벌어졌다.

바지 갈아입기: 지속하여 서 있을 때 기대거나 신체적 도움이 필요하였고, 서서 바지를 올리는 데 어려움이 있었다. 바지 폭이 좁아서 손으로 올리는 것이 어려웠다. 바지 입기 각 단계의 시작-지속-마무리 전체에 도움이 필요하였고, 보호자와 교사는 대체로 모든 단계에서 도움을 제공하였다.

중재

화장실 가기: 교사에게 L이 변기에 앉기 위해 필요한 도움이 무엇인지, 어떻게 하면 L이 활동을 시작하는지 교육하였다. 학생은 뒷걸음질을 하고, 다리에 변기가 닿으면 몸을 굽혀 앉는 행동을 하였는데, 보호자와 교사가 이를 발견하지 못하였기에 이를 전달하였다(적응적 중재).

바지입기: 팍 끼는 바지 대신 폭이 넓고 부드러운 옷으로 옷입기를 실시하였다(적응적 중재). 필요한 단계를 나누고 각 단계에서 스스로 할 수 있도록 언어적 도움과 신체적 도움을 감소하는 중재를 실시하였다(습득 및 적응적 중재).

결과

화장실: 학교에서 소변실수가 거의 없어졌으며, 교사와 함께 화장실을 가서 소변보는 활동이 수월해졌다.

바지입기: 앉은 자세에서 바지를 끼울 때 다리 들기를 스스로 하게 되고, 끼운 바지를 “바지 올려”라는 말과 동시에 손을 바지로 가져가는 신체적 도움을 주면 바지를 발목에서 무릎까지 끌어올리는 것이 가능해졌고, 무릎에서 허리로 끌어올릴 때는 신체적인 도움을 받아 바지입기를 할 수 있게 되었다.

결론

최중증 아동청소년의 경우에, 자조활동 과제 자체를 자립적으로 수행하는 것은 어려울 수 있지만, 필요한 기술을 직접, 보상적으로 중재함으로 인해, 보호자와 교사의 도움 정도를 일관성 있게 유지할 수 있었고, 작지만 스스로 수행 가능한 기술을 혼자 할 수 있게 하면서 수행행동이 성장하는 것을 알 수 있었다. 어머니는 ‘처음 바랬던 인지는 좋아졌는지 잘 모르겠지만, 작업치료를 하면서 걸어서 동네 병원가기, 가족 여행가기, 쇼핑에 데려가는 일이 가능해졌고, 일상생활이 훨씬 더 여유롭고 함께 할 수 있는 활동이 많아졌다’고 보고 하였다. 작업치료의 목적을 삶의 활동에 직접 참여하는 작은 행동에 초점을 두는 것은 최중증 장애가 있는 사람이라도 필요하며, 이는 당사자와 가족의 삶에 영향을 주는 것으로 볼 수 있다.

The Effects of Occupation based Therapeutic Intervention of Eating for Both Client with Stroke and Client's wife : Application of OTIPM Case

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Establish client-centered performance context: The client diagnosed with stroke occurred in September 2015, causing symptoms of tremors and dysphagia. For 11 months after onset, He has been treating OT, PT to reduce tremor and dysphagia. His wife is caring for him 24 hours a day, and she is helping with all of his basic daily activities such as eating, brushing, and dressing. The client told about his wife's continued help and wanted to relieve her of the burden. His wife said about irregular eating problems during nursing and the present life that can not eat together. But she thought that the client would not be able to do it alone, and she said, "I always help him that's why he can't" and "he can not eat alone." She also felt that she had to help because of the safety problems which is hurting a cheek with a fork during eating. Moreover, she reported that This meal time was so long that client was late for the therapy session. Also, the client often told me "I can't do anything because my hand is shivering." He wanted to use chopsticks rather than a fork if he can eat by himself and told me that he would accept using assistance equipment.

Prioritize reported Strengths and Problems of Occupational Performance: Reported Strength is having an everyday conversation with his wife, and problems are brushing teeth, preparing a meal, eating. And the prioritized goal was to eat a meal.

Performance Analysis: Performance Analysis was implemented with (a) Eating food prepared on table (b) using a spoon and chopsticks. And he performed moderately inefficient and physical effort, and frequently help when he eat meals safely. He repeated dropping food because of repeatedly shivering his hands and regularly eating some food despite the presence of food in his mouth. The wife also intervenes persistently by cueing about eating.

Intervention: Through identifying and clarifying the cause, adaptive, acquisitive, and restorative occupations were performed in stages for client and client's wife. Primarily, interventions for client's wife were implemented to improve her thought that the client could not do it by himself and to reduce the intervention in the performance process.

Result: Client's goal to eat a meal safely with mild inefficiency and physical effort and occasional help was achieved. As a result of the final interview, the negative thought of the wife about the client was reduced, and the performance and satisfaction with the client's eating were found to be very high in the COPM.

Conclusion: It suggests that considering the client's constellation as well as the client is important to improve client's occupation as we do OT

뇌졸중을 경험한 클라이언트와 그의 아내에 대한 작업기반의 치료적 중재가 식사하기의 수행에 미친 영향 : OTIPM 적용사례

곽지원

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클라이언트 중심의 수행문맥의 확립: 2015년 9월에 뇌졸중이 발병되었으며 이로 인해 사지의 떨림증상 및 연하장애문제를 보이고 있다. 발병이후 11개월간 OT, PT 등 치료를 지속해오고 있고 치료의 초점은 떨림의 조절 및 삼킴기능 개선이었다. 아내가 매일 24시간 간병을 하고 있으며 아내를 통해 식사하기, 양치질, 옷 입기와 같은 기본적인 일상생활을 모두 도움을 받고 있다. 클라이언트는 아내가 지속적으로 도움을 주고 있는 것에 대해 안타까워하였고 이에 대한 부담을 덜어주고 싶어했으며, 아내 또한 간병으로 인해 지속되는 불규칙한 본인의 식사문제와 부부가 같이 식사할 수 없는 지금의 생활에 대해 아쉬워했다. 하지만 아내는 클라이언트가 혼자 할 수 없을 거라는 생각을 가지고 있었고, “아프니까 도와줘야지”, “혼자서는 식사를 할 수 없다.” 등의 말을 했다. 또한 포크로 볼을 찌르는 등의 안전상의 문제와 식사시간이 길어져 치료시간이 늦어지는 문제로 인해 도움을 줄 수밖에 없다고 생각했다. 클라이언트 또한 나는 “손이 떨려서 아무 것도 못해” 라고 자주 이야기하였고, 아내가 도와줘야지만 식사를 할 수 있다고 생각하는 경향이 있었다. 만약 식사를 스스로 한다면 포크보다는 젓가락을 사용하기를 희망했고, 치료사가 보조도구를 사용하는 방법을 이야기했을 때 수용하겠다는 의사를 피력했다.

클라이언트가 보고하고 우선시하는 작업수행상의 강점과 약점의 확인: 클라이언트의 보고된 작업수행상의 강점은 아내와 일상적인 대화하기였으며 약점으론 식사하기, 세수 및 양치질하기, 옷입기가 있었으며 치료 목표로 우선시 하는 수행은 식사하기였다.

수행분석: 클라이언트와 과제계약을 통해 식탁위에 차려진 음식물을 (a) 숟가락과 에디슨 젓가락을 사용하여 (b) 식사하는 것을 수행분석하였으며, 수행분석 결과 전반적 기준선으로는 중등도의 신체적 노력과 비효율성으로 잦은 도움을 받는 수준에서 안전하게 식사를 수행하였다. 클라이언트는 젓가락과 수저를 사용할 때 지속적으로 손이 떨리면서 음식을 입으로 가져갈 때 흘리는 양상이 반복되었고, 입안에 음식물이 남아있음에도 계속 넣으려다 입밖으로 음식물이 떨어지는 양상이 반복되었다. 또한 아내는 언어적으로 지속적으로 개입하는 양상을 보였다.

중재: 원인의 명확화를 통해 식사하기와 관련하여 보상적, 습득적, 회복적 작업을 클라이언트에게 단계적으로 실시하였고, 클라이언트가 스스로 할 수 없다고 생각하는 아내의 인식개선 및 수행과정에서의 개입을 감소하기 위한 치료적 중재를 실시하였다.

결과: 치료를 통하여 경도의 신체적 노력과 비효율성으로 간헐적으로 보호자의 도움을 받으며 안전하게 식사를 하게 되었으며, 종결인터뷰결과, 아내가 클라이언트에게 가지고 있던 부정적인 인식이 감소되었고 클라이언트가 식사를 하는 것에 대한 수행도 및 만족도가 COPM상 매우 높아진 양상으로 나타났다.

결론: 작업치료를 진행할 때 클라이언트뿐만이 아니라 클라이언트의 콘스텔레이션을 함께 치료대상으로 고려하고 치료를 진행하는 것이 중요함을 치료결과를 통해 제시할 수 있었던 점이 의미가 있었다고 생각한다.

Development of Occupation-centered Model in a Korean Elderly Daycare Center.

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Introduction

Occupational therapists (OTs) have a unique understanding of how occupations impact people's health and well-being and thus play a significant role in preventing disabilities and promoting health (Soderback, 2015). Due to the increasing number of the aged, the long-term care insurance system for the elderly has introduced in Korea since 2007. However the role of OTs hasn't explored and established in the daycare center for the elderly because of lack of awareness about occupational therapy in social welfare setting. The purpose of this research is to explore the role of the occupational therapy in a daycare center under the Korean long-term care insurance system by developing and managing an occupation-centered service model.

Method

One OT researcher and one OT clinician conducted research with the support of Korean Association of Occupational Therapists and Mr. Fujiwara of Dream-lake day service center in Japan. All service users who have dementia and other geriatric conditions at the Seoul Seniors Tower Day Care Center participated in the research as subjects from the February 2015 until June 2016.

Qualitative and quantitative data were collected through interviews, evaluation results, photographs, and surveys with clients, care workers, and social workers to develop the occupation-centered model. Then preliminary service model has been drawn up to meet individual occupational needs of the service users and to enable them to engage in the various daily occupations (Cheong Choon activities) and monthly special event (Choeng Choon Market). All data were analyzed according to the interaction of service users (person), activity programs (Occupation), and environment (physical setting and the personnel in the center).

Result

The main results of the occupation-centered day care model are as follows: Service users have had more opportunity to engage in self-determined activities with greater satisfaction leading to the increase in the number of service users, care workers, and occupational therapists. Moreover, the care workers and social workers reported increased awareness about occupational therapy, improved quality of service and participation of the elderly, and the better understanding of their roles in the center. Moreover, the model won the Grand Prize in the Long-term Care Best Practice Award in the National Competition hosted by the Ministry of Health and Welfare.

Conclusion

The preliminary occupation-centered day care model seemed to prove the power of occupation on the elders with dementia and geriatric conditions in the center. Also, it appealed to the staffs and their family members in the centers. It is just beginning for the OTs to the role occupational designers and managers in the long-term care center. There are so many things that OTs could contribute to in this field.

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작업중심 노인데이케어센터 모델 개발 ; 장기요양보험제도에서의 작업치료사의 도전

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서론

작업치료사들은 작업이 사람들의 건강과 안녕에 어떻게 영향을 주는지, 그리고 얼마나 중요한지에 대해서 독특한 관점을 가지고 있다(Soderback, 2015). 2007 년 한국에 노인장기요양보험제도가 도입된 이후로, 노인데이케어센터나 요양원의 수가 늘고 있지만, 작업치료에 대한 낮은 사회적 인식이 낮고, 병원과는 다르게 생활을 중시하는 작업적 모델이 제한으로 노인장기요양제도 안에서의 작업치료사의 역할을 확립되지 못한 실정이다. 이에 2015 년 대한작업치료사협회는 일본 꿈의 호수촌, 그리고 (주) 서울시니어스타워와 협약을 통해 주야간보호센터에서 치매 및 노인성 질환으로 인해 활동에 제약을 가진 노인들에게 의미 있는 작업에 참여할 기회를 제공하는 작업중심 데이케어센터 모델을 개발함으로써, 노인장기요양기관에서의 작업치료사의 역할을 탐색하고자 하였다. 본 연구는 “작업중심형 노인데이케어센터모델”의 개발과 그 예비적인 효과에 대해서 소개하고자 한다.

연구방법

본 연구는 서울시의 한 주야간보호센터에서 치매 및 노인성 질환을 갖고 있는 이용자들을 대상으로 작업치료사 2 명이 일본 노인작업치료전문가 후지와라씨의 자문을 받으며, 2015 년 2 월 ~ 2016 년 6 월까지 진행하였다. 프로그램 개발을 위하여 이용자의 작업 프로파일을 통해 작업적 욕구를 파악하고, 이용자의 욕구에 맞는 작업활동을 제공하기 위하여 활동분석을 통해 의미 있는 작업에 참여기회를 확대할 수 있도록 작업적 욕구에 맞는 활동프로그램모델을 개발하였다(청춘활동"이라고 불리는 매일의 활동프로그램들과 "청춘장터"라고 불리는 월별행사). 연구자들은 이용자들, 직원들과 지속적으로 논의하면서 모델을 수정 보완했다. 또한 직원들과의 면담을 통해 중요한 정보를 공유하고, 필요에 따라 추가적인 교육을 실시하는 등 이 모델을 실현하기 위한 사회적 환경을 조성함과 동시에, 활동에 필요한 도구, 장비의 구입과 배치 등, 물리적 환경설정도 실시하였다. 개발과정 중 이용자 및 직원을 대상으로 실시한 인터뷰, 설문지, 평가 결과, 사진 등의 양적 질적 데이터를 주·야간 보호시설에서 노인들의 참여에 영향을 미치는 요소인 노인, 주·야간 보호시설 환경, 과제를 PEO(Person-Environment-Occupation) 모델을 사용하여 분석하였다 (Law et al., 1996).

결과

작업중심 데이케어센터 모델을 적용한 결과, 어르신들이 자신의 작업적 욕구에 맞는 다양한 활동에 스스로 결정하여 참여할 수 있는 기회가 늘었고(참여기회 확대 및 자기결정권 강화), 실제로 어르신들의 참여도와 만족도가 높아졌다. 직원들은 작업중심 데이케어센터와 작업치료에 대한 인식이 높아졌고, 작업치료사와 함께 일하면서 스스로의 직무를 더 잘 할 수 있게 되었다고 보고하였다 (작업치료에 대한 직원들의 인식향상 및 요양보호사의 직무수행의 질 개선). 마지막으로 물리적 환경도 작업에 맞게 변화되고 조성되었다. 또한 이 모델은 국민건강보험공단에서 실시하는 우수사례대회에서 전국 1 위를 하는 등, 시설 내외로부터 긍정적인 평가를 받았다.

결론

이 연구를 통하여 노인장기요양보험제도 안에서 작업치료사가 치매 및 노인성 질환이 있는 어르신들에게 작업 참여의 기회를 제공을 함으로써 건강과 안녕에 기여할 수 있다는 사실을 재확인하였다. 다양한 작업을 제시하고 환경을 변화시킴으로써 “작업”의 영역의 확대와 다양성이 개선되었지만, 앞으로 개개인에 맞춘 작업기반 평가 및 중재를 통해서 작업수행의 질 향상과 삶의 질 개선을 위한 구체적인 접근해야 하는 과제가 남아있다.

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Focusing on self-help skills of the preschool and home Meaning of short-term infant self-help activities, group programs

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Introduction

In Korea children with a disability who receive integrated support not special education from educational institutions, need to support not only learning activities but also self-help activities. OT service in the medical setting provides intervention for improving engagement of self-help activities such as swallowing treatment for a meal, dressing training and so on. However, these are not well linked to the mediation of activities based on actual performance, and links to home and educational sites. Thus we who work in community setting plan for the intervention to provide assistance directly or indirectly, and to link this method to the home and educational institutions to the children who need to support self-help activities.

Methods

We recruited clients who have difficulties in participating in self-help activities at home and the preschool and their parents who have difficulties in training the children the life skills. The parents want to know how to support self-help activities at home and communicate these issues with the preschool staffs because they did most self-help activities for the children. Children who participated in this program are three boys and a girl. They are four years five months old, five years two months old and five years six months old. They have received individual OT service in our center for about over a year.

The assessment of children's participation in self-help activities and the degree of performance levels was implemented before starting the program.

The program was conducted two hours once a week totals three times. Each program consisted of group activities, similar to a preschool routine. Participants performed starting and finishing activities in a particular place as the daily routine. Play activity was organized of the summer games such as messy tactile play according to the level of children. After playing, they took a shower and changed their clothes naturally. During lunch, they ate lunch together and brushed their teeth. Then they finished their work and returned home.

In the first session of the program dressing, eating, brushing and washing activities were observed directly and the baseline was established. The AMPS assessment was used in the quantitative evaluation. After performance analysis, OTs constituted a physical environment and offered physical and verbal supports while children participated in self-help activities. Each child's performances were analyzed in every session, and OTs sought to find ways for children to acquire skills more efficiently in the next session.

Results

Overall self-help performance skills have improved. In common, the frequency of initiating action increased during participating self-help activities by themselves. Within three weeks, the teacher noticed a change the behavior in self-help activities and gave positive feedback. Parents thought it difficult to acquire self-help skills because they are still young and slow to develop, but their children were able to do it. They reported that realized that it is important to do it personally.

Conclusions

Intervention based on the OTIPM has had a positive influence on the participation of children's self-help activities. Through the specific performance context and performance analysis, we were able to provide appropriate interventions for the each child. It would have been difficult to lead children's participation if group program were organized without considering context (ex: changing clothes, shower and brushing without any excuse). Also, It would have been difficult to support to children if we did not observe the performance directly. Of course, it was a separate program from home and preschool (education institutions), but we wanted to form a similar context and environment as much as possible. Rather than simulated occupation performance programs, we aim to engage in the actual occupation performance.

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린이집과 가정의 자조기술향상에 초점을 둔 단기 유아 자조활동 집단프로그램의 의미

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서론

한국의 장애 유아 중 일반 어린이집에서 통합지원을 받는 경우, 어린이집 생활에서는 교육활동만이 아니라 자조활동에 대한 구체적인 지원이 필요하다. 의료기반의 임상에서는 자조활동 중 식사를 위한 삼킴치료 등을 시행하지만 실제 수행에 기반을 둔 활동의 중재와 집과 교육현장에 연계가 잘 이뤄지지 않고 있다. 이로 인해 어린이집과 가정에서 자조활동 중재를 필요로 하는 유아를 중심으로 방학 기간 중 작업치료사가 직간접적으로 중재하고 가정과 교육기관에 연결하는 자조활동 프로그램을 계획하였다.

연구방법

우리는 가정과 어린이집에서 자조활동 참여에 어려움을 겪고 있는 클라이언트를 모집하였다. 그들의 부모들은 자조 기술을 어떻게 교육해야 할지 힘들다고 하였다. 가정에서 대부분의 자조 활동은 보호자가 해주고 있었다. 따라서 가정에서 자조활동을 지원하는 방법, 어린이집과 연계하며 자조활동에 관련된 의사소통을 하길 희망하였다. 본 프로그램에 참여한 아동은 일반 어린이집에서 통합 지원을 받는 장애 영유아였다. 4 세 5 개월, 5 세 2 개월, 5 세 6 개월 아동 2 명으로, 3 명의 남아, 1 명의 여아로 구성되었다. 본 기관에서 개별 중재를 1 년 이상 받고 있었다. 프로그램 시작 전에 자조활동 참여와 수행 정도를 설문으로 평가하였다.

프로그램은 주 1 회씩 총 3 회 시행하였다. 각 프로그램은 2 시간의 집단 활동으로 어린이집 일상과 유사하게 시간을 구성하고자 하였다. 시작과 마무리는 일정한 장소에서 시행하는 루틴과제로 계획하였다. 여름철에 맞는 자유 놀이를 수준에 맞게 개별 및 사회적으로 구성하였다. 놀이를 한 뒤, 화장실을 가고 샤워를 하면서 자연스럽게 씻기와 옷갈아입기를 시행하였다. 점심 시간에 도시락을 함께 먹고 양치하고 마무리하여 집으로 귀가하는 프로그램으로 진행되었다.

본 프로그램 첫 회기 때 우선 시하는 옷 입고 벗기, 식사, 양치하기, 씻기 활동을 직접 관찰하여 기초선을 확립하였다. 이 때 AMPS 평가를 양적 평가로 사용하였다. 1 회기 수행분석 이후 치료사는 아동에게 맞는 물리적 환경을 구성하였다. 그리고 언어적 신체적 도움을 제공하였다. 매 회기마다 아동의 수행을 분석하여 다음 회기에 좀 더 효율적인 수행 기술을 습득하는 방법을 모색하였다.

결과

전체적으로 아동의 자조기술은 향상되었다. 공통적으로는 과제 마다 스스로 시작하는 행동이 증가되었다. 3 주만에 변화한 모습을 어린이집 교사가 직접 느끼고 긍정적인 피드백을 하였다. 부모님으로부터 아이가 아직 어리고 발달이 느려서 할 만하지 않을 것 같았고 가르치는 것으로 가능할까 하는 의문이 있었는데, 직접 시행하는 것이 중요하다는 것을 알게 되었다는 보고를 받았다.

결론

OTIPM 을 통한 중재는 아동의 자조 활동 참여에 긍정적인 영향을 주었다. 구체적인 수행문맥과 수행분석을 통해, 우리는 아동에게 적합한 중재를 계획하고 시행 할 수 있었다. 문맥을 고려하지 않고 프로그램을 계획했다면(예를 들어 이유 없이 옷 갈아입기, 샤워, 양치를 시행하기) 중재 시 아동의 참여를 이끌지 못했을 것이다. 또한 수행을 직접 관찰하지 못했다면 적절한 지원을 제공해지 못했을 것이다. 물론, 기관에서 가정과 어린이집과 분리된 3 주간의 프로그램이었지만, 최대한 비슷한 문맥과 환경을 형성하고자 하였다. 이런 프로그램을 통해 실제에 가깝게 구성하는 가상 프로그램보다는 실제 상황에서 중재하는 데 작업치료사가 참여하는 방향성을 지향하고자 한다.

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主婦として家事をしたい

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クライアント中心の遂行文脈の確立

Aさんは、40歳代の女性で、X月中旬に右示指の突き指をきっかけに痛みが出現し、外来作業療法が開始となった。自宅で夫、育ち盛りの息子と4人暮らしで夫は家事に協力的である。近所に実母が暮らしており、家事を手伝ってくれる。家事は自分の役割として行いたいと思うが、痛みが強い日は思うようにできず、夫や実母が手伝ってくれるのに申し訳なさを感じている。仕事は児童福祉施設に勤務し、上司は仕事内容を配慮してくれるが、迷惑をかけたくないと思っている。右示指の突き指をきっかけにしびれを伴う痛みが強く、右示指を使うことを避け、関節可動域制限もある。常に痛みの出現に不安を感じ、手が治らなければ何もできないと思っている。

作業遂行の強みと問題の特定と優先順位の決定

作業療法を行う上で、作業遂行上の問題を明確化する目的でCOPMを行った。その結果、Aさんの作業の問題として、家事ができること、仕事ができることが挙げられた。作業療法で練習したいこととして、家事をする上で簡単に行える朝食作りを一人ですることが挙げられたため、まずは「野菜の下ごしらえをする」「食事の後片付けをする」から実施することとした。

遂行分析

本人の同意を得てAMPSを行った。課題は「野菜の下ごしらえ」「食器を手で洗う」を実施した。運動技能は1.7ロジット、プロセス技能は1.1ロジットで、両課題ともに軽度～中等度の身体的努力の増大と効率性の低下を認めたが、安全に自立して課題を遂行することができた。

介入

家事については代償モデルを使用した。調理方法の代償手段をAさんと検討する(太柄の包丁、手順の簡略化など)ことに加え、自分で考えるセッションも行った。その方法を、自宅で実践しどのくらいできたかを振り返ることを実施した。週2～3回外来作業療法を5ヶ月間実施した。

結果

再評価をAMPSで行った。運動技能1.7ロジット、プロセス技能1.5ロジットだった。COPMは初回時と比較して遂行スコアが4.6、満足スコアが6.7の向上を認めた。Aさんは作業療法終了後も、直接介入しなかった仕事や身の回りのことでも自分で工程を工夫し実施できる作業を増やしていた。Aさんは、「症状の波があるが、自分で対応出来ることが増えた」と話した。

考察

開始当初Aさんは、右指が痛むままでは何もできないと思っていた。そこで、Aさんと協働し、どのようにすればうまくできるのかを自分自身で考え、対応することが出来るよう支援したことが再評価の結果に大きく影響したと考える。Lindaらは慢性疼痛患者に対し、COPMで問題を焦点化し、自分でコントロールすることが疼痛マネジメントの中で有効としている。作業療法士がCOPMを用い、痛みそのものではなく作業遂行上の問題に焦点化することで、痛みに捉われることなく、自分で作業遂行上の問題点を解決するようマネジメントする重要性が示唆された。

I want to do housework as a housewife

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Establish client-centered performance context: The client was a woman in her 40s. She sprained her right index finger in the middle of X month. She had pain when she had received occupational therapy as an outpatient. She lived with her husband and three growing sons at home. Her husband was cooperative at housework. Her mother lived in the neighborhood and helped her with housework. She wanted to do housework as her role. It was impossible to do it when she had a strong pain. She felt sorry for her husband and mother to help her. Her work was a caregiver in the child welfare facility. Her boss was considerate for her works but she didn't want to be trouble for him. She has a strong pain of her right index finger and avoided the use of it, had a limitation of range of motion due to numbness in the wake of jamming a finger of it. She always felt uneasy about the emergence of pain. She had thought that she couldn't do anything unless her finger got better.

Identify and prioritize reported strengths and problems of occupational performance: Before occupational therapy began, occupational therapist (OT) used the Canadian Occupational Performance Measure (COPM) to clarify her occupational performance problems. As the result, her occupational performance problem was doing housework and her job. She wanted to practice making a breakfast in occupational therapy. Making a breakfast is the easier task of her. At first, we decided to enforce "vegetable preparation "and "clean up the meal".

Performance analysis: OT assessed by the Assessment of Motor and Process Skills (AMPS) with the consent of her. The tasks of the AMPS were carried out the "Vegetable preparation - one to four persons" and "Hand washing dishes". The motor logit was 1.7 and the process logit was 1.1. The results showed the mild to the moderate degree of increase in effort and decrease in efficacy. She was able to carry out safely and independently the tasks.

Intervention: We used the compensatory model for housework. We considered the compensatory ways of cooking such as using a thick handle kitchen knife and simplification of a procedure with her. In added, we also conducted sessions to think for herself. She practiced the ways of cooking at home and we looked back how well she did. She received occupational therapy as an outpatient for five months by 2 to 3 times per week.

Results: In the re-evaluation of AMPS, motor skill was 1.7 logit and process skill was 1.5 logit. In the COPM, the performance score was 4.6 and the satisfaction score was 6.7. The both scores improved compared with the first time. After the completion of occupational therapy, she had been able to work with her ingenuity without an advice from OT. She said "there was a wave of symptom, but I could cope with it by myself. "

Discussion: At the first session, she had thought that she could not do anything because of pain. Therefore, OT helped her to think how can well be on her own and to be able to respond on her own. Its intervention affected greatly the results of the re-evaluation. According to Linda et al (2001), using the COPM is effective for patients with chronic pain in the pain management program in that it makes them focus on their problem and control themselves. It is suggested that it is important that occupational therapists use the COPM to focus on the occupational performance problems and manage to solve the problems on themselves without being caught by pain.

失語、失行、半側空間無視を呈するクライアントに対する食事アプローチ ～作業技能の質の改善が得られた一事例～

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＜クライアント中心の遂行文脈の確立＞ 本発表に関し、症例より同意を得ている。

1. 環境的側面：現在は入院中であり、同室患者3名と室内の洗面所とトイレを共有している。自宅では息子家族との4人暮らしであり、定期的に娘やひ孫の訪問があった。生活スペースは1階であり、バリアフリー済み。2. 役割的側面：現在は入院患者として病院職員の指示に従う役割がある。家では、家族のために料理を1～2品作ったり、洗濯や庭の草むしりを行っていた。娘の訪問があった時は、2人で買い物に行っていた。3. 動機的側面：身の回りの事は自分でしたい。入院中は、塗り絵や他患者とのおしゃべりを楽しみにしている。4. 課題的側面：現在はADLが全介助であり、食事動作の獲得を希望している。また、症例のケアスタッフは、優先的にムセやこぼし量の多い食事動作の自立を望んでいる。5. 文化的側面：自分でできる事は自分でする、他者に迷惑をかけたくないという、価値、習慣がある。6. 社会的側面：息子夫婦、孫、娘、病院のスタッフや他患者と良好な人間関係を保っている。7. 社会制度的側面：介護保険は要支援1の認定を受けており、週1回デイサービスに通っていた。8. 心身機能的側面：80代後半女性。ウェルニッケ失語があり、表出は新造語やジャーゴンが殆どで有意味語が乏しい。理解面は単語、一部短文レベルである。その他、観念・観念運動失行、右半側空間無視、嚥下障害を呈している。右上肢は重度麻痺にて廃用手である。移動は車椅子全介助である。9. 時間的側面：現在は、1日3回のリハビリとケアを受け、それ以外は車椅子に乗車して塗り絵をしたり、他患者とのおしゃべりをして過ごしている。もともと日記や新聞を読む習慣、園芸や歌の趣味があった。10. 適応的側面：食事形態は軟飯・5分菜食、水分はトロミを付けている。排泄は時間を決めて誘導している。

＜作業遂行の強みと問題の特定と優先順位の決定＞

Z+85日にADOCを使用したところ、食事と排泄が困っていること、趣味の園芸や歌の再開に対して自信がないとの思いが表出された。数字の理解が困難であったため、困難度や自信のなさをFace scaleを代用したところ、順に5-4-4-4（5段階）を示した。ケアスタッフへの気兼ねの思いから、まずは左手での食事動作の獲得を優先した。

＜遂行分析＞

AMPS課題のP-1(食事をとる)、P-12(おやつを用具を使って食べる)を評価した所、1回のスプーンのすくい量が多いこと、口元を皿に近づけてのすすり動作によるムセ、スプーン的位置の誤りや困惑・誤操作、右側食器の見落としが見られていた。motor/process技能は、-1.8/-2.7logitであった。

＜介入・結果＞

習得モデルと代償モデルを選択した。スプーンのつぼ部分の小型化と柄部分の角度・Gripの太さ調整、食器を左側手前に設置する環境調整を行なった。また、実際の食事場面（昼食時のみ）で適宜OTの操作誘導を行ない、作業技能の獲得を目指した（Z+87～91日）。経過に伴い作業技能は改善してきたが、OTの介入がない時の汎化が得られなかった。特に、御飯の粘着性や硬さによるすくいにくさから、スプーンの持ち直しが頻回に見られ、誤操作が継続していた。そこで、スプーンの把持形態の安定化のために3指つまみでのGripの把持形態の改善を図り、御飯がすくいやすいように食器を薄皿へ変更し、食器の下に滑り止めマットを使用した。すると、Z+96日には作業技能の改善が図られ、最終時のAMPS(motor/process)は、0.3/-0.2logit、困難度のFace scaleは2まで改善した。

＜考察＞

従来から高次脳機能障害に対する汎化の困難さが指摘されており、訓練室でのエクササイズや人工的作業と日常生活活動との汎化の関連性は報告されていない。失行症に対するアプローチとして、Miller¹⁾は課題の親近性と活動の有意味度（活動がより身近で本人にとって意味があるか）の重要性を報告し、また、Fisher²⁾はリハビリの早期から代償モデルの選択を推奨している。今回、クライアントにとって意味のある自然な文脈で関わったことで、御飯の粘着性や硬さといった活動獲得における詳細な阻害因子を発見することができた。そのため、作業技能の質の改善を図るにあたり、OTIPMモデルの介入が有効であったと考えられた。

1) Miller N: Developmental dyspraxia. Dyspraxia and its management. pp155-194, Croom Helm, 1986

2) Fisher AG: Uniting practice and theory in an occupational framework. AJOT 52:509-521, 1998

An approach regarding meals toward a client with higher brain dysfunction ~An example of a case having improvement in occupational ability~

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<Establish client centered performance context> The client has agreed upon this publication

1. Environmental aspect: At home, the client was in a household of 4 people including the son's family.
2. Role aspect: At home, the client had a role to cook 1~2 dishes for the family.
3. Motive aspect: The client wishes to do the personal care single-handed.
4. Challenging aspect: The client needs full assistance in ADL and is hoping to gain ability in eating.
5. Cultural aspect: The client feels and has a habit to do things single-handed if having the ability to do so.
6. Social aspect: The client has good relationships with the son and daughter-in-law.
7. Social system aspect: As for the care insurance, the client went to take day care services once a week.
8. Mind and body function aspect: The client is a woman in her 80s. The client has Wernicke's aphasia so speaks mostly newly made words and jargons and is poor in speaking meaningful words. Also, the client has ideomotor apraxia, right hemispatial neglect, and dysphagia. The client's right hand is not functioning due to serious paralysis in the upper limb. Transportation is fully supported with a wheelchair.
9. Time aspect: At the moment, the client is taking rehabilitation and care service 3 times a day. The client has had habits of keeping a journal and reading newspapers and hobbies like gardening and singing.
10. Adaptive aspect: The diet is based on soft diet with half of them consisting of vegetables.

<The strength of putting the work into action, identifying problems, and determining priorities>

When evaluating Aid for Decision-making in Occupation Choice (ADOC) on day Z+85, it was seen that the client had a hard time regarding meals. Since it was hard for the client to understand numbers, we substituted them with Face scale on the aspect of difficulty and insecurity, and got a score of 5(out of 5).

<Analysis of the action>

When evaluating P-1 (eating a meal) and P-12 (eating a snack with a utensil) from AMPS assignment, we were able to find depression in positions, reaches, grips, manipulates, calibrates, flows, paces, uses, handles, terminates, searches / locates, gathers, navigate, notices / responds while using a spoon. As for the motor / process ability, the score was -1.8 / -2.7 logit.

<Support and conclusion>

Acquisitional model and compensatory model were chosen. There was guidance of moving by the OT occasionally during the actual mealtime to aim for the acquisition of the ability (day Z+87~91). As it proceeded, the ability did improve, but it was not generally done when without the OT guidance. Therefore, to maintain the grasp of the spoon, we tried to improve the grasp by using 3-finger pinch, changed the bowl to a thin plate to make it easier to scoop rice. Then, on day Z+96, there was an improvement in the ability and the final score of the motor / process was 0.3 / -0.2 logit and the difficulty Face Scale was 2.

<Consideration>

By using an OTIPM model, we got to discover inhibiting factors such as the stickiness and hardness of the rice, install the compensatory model early, and got to work directly toward the ability to eat, which was meaningful to the client. We assume these factors were effective in improving the quality of the ability.

OTIPM の利用と他職種連携による退院後の生活に向けた支援

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【クライアント中心の遂行文脈の確立】妻・息子とエレベータ付の集合住宅 4 階で生活する 60 歳代男性。大脳皮質基底核変性症と 3 か月前の転倒による左大腿骨転子部骨折から歩行の困難さを呈していた。日中、家族の仕事のため週 5 回小規模多機能施設を利用し、移動や ADL 全般を介助。妻が仕事から帰宅するまでの間に、ベッドの上に用意された自宅着に着替え、ベッド上を中心として過ごすことを日課としていた。今回、薬剤調整とリハビリテーションの実施のため、2 週間の入院治療となった。OT の実施に当たり、「着替えが難しく、練習したい」と希望された。

【作業遂行の強みと問題の特定と優先順位の決定】入院中の生活では、食事は自力摂取可能も 1 時間以上を要し疲労から介助。基本動作や移乗・整容・トイレ・入浴・歩行・更衣にも協力動作があるが、多大な時間や介助を要していた。介助が必要なことに不満を訴えつつも、リハには意欲的に参加。ベッド上の基本動作と更衣動作の自力での獲得が優先事項として挙げた。

【遂行分析】服を手の届く範囲に用意した状態での上着の着替えの課題を評価した。安全に行うことができたが、重度の身体的努力の増大と中度の効率性低下があり、しばしば介助を要した。問題となった行為には、ボタンの着脱や衣類の引き上げ操作には受け入れがたい遅れがあり、介助も必要であった。姿勢の保持のために座面に手をつき、衣類に手を伸ばす際や屈む際の努力もあった。動作中に停止することや、両手での操作が遅れることで、袖通しを繰り返していた。特に重要な点としては、上着の着替えに介助が必要であったことに加えて、35 分の時間がかかり、終盤には短い休憩を挟むほどの疲労があったことである。

【介入】手の届く範囲に置かれた上下着の着替えの自力での獲得を目指し、習得モデルと回復モデルを選択。座位姿勢での四肢・体幹部の清拭や、立位姿勢での手洗いや洗顔などの整容を行い、座位・立位バランスや四肢・体幹機能の協調性の回復を図った。また、実際に着替えの練習を行った。代償モデルとしての環境調整の検討も行ったが、既に自宅は環境調整が済んでおり、今回は実施しなかった。座位・立位バランス向上のための機能的練習や自宅でのスタイルに合わせた動作方法については PT と、食事の自力摂取獲得のための直接的・間接的な嚥下練習やセッティングなどの環境調整については ST との情報共有を密にした。

【結果】薬剤調整が進み反応や動作の緩慢さは改善が見られ、ベッド上での基本動作は自力で獲得された。食事は 20 分程で疲労なく全量自力摂取。着替えは上下着を用意した状態での観察で、中度の身体的努力の増大と軽度の効率性低下の問題点は見られたが、安全に、自立して行うことができるようになった。A 氏からは「自宅でも大丈夫そう」と満足している発言があった。

【考察】当院ではパーキンソニズムを呈する患者に対して、薬剤調整とリハビリテーションの実施を目的とした 2 週間の短期的な入院治療を実施している。今回、OTIPM の利用による早期からのクライアント中心の遂行文脈の確立をし、上下着の着脱練習を中心に介入を行い獲得に至ることができた。合わせて、身体機能・基本動作練習や、嚥下練習などの食事への介入については、PT・ST など多職種との連携により、退院後の自宅生活に向けたアプローチとなった。

Case study: Support for living after discharge with Using OTIPM and multi-occupational collaboration

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【Performance context】 Mr. A is 64 years old man. He lived in 4th floor of housing complex with his family. He has been difficulty ADL with Cerebral Cortical Basal Degeneration and Fracture of left femur. He has been use small multifunction facility 5-times per a week while his family has work. It was his role to change clothes to his room wear until his wife comes home. This time, he was hospitalized for 2 weeks for the implementation of drug adjustment and rehabilitation. He said me "It is difficult to change clothes, I want to practice."

【Client's priorities】 He needed assistance with meals, and it took 1 hour and he was tired. Even with other ADL, due to a lot of time and fatigue, it was requiring assistance. Priorities were given to acquiring the basic actions on the bed and changing clothes on his own.

【Performance analysis】 I evaluated the task of "upper body dressing-garment within reach". He could do it safely, but with severe physical efforts and moderate efficiency declines, often requiring assistance. The acts which became most problems in this task were unacceptable delay for button attachment / detachment and clothes lifting operation. And assistance was also necessary. He used his hands to support his posture. There were also some efforts when reaching out and bending. Besides, because of delay in activities with both hands, he repeated the same actions. As a particularly important point, in addition to having to require assistance to change clothes he took 35 minutes and had so fatigue that catch a short break at the end.

【Intervention】 I chose learning model and recovery model, aiming at him to acquire himself with "upper and lower body dressing-garments within reach". He actually practiced changing clothes. I also examined compensatory model, but his family have already adjusted the environment at home and I did not do it this time. I shared information with PT and ST about exercises on functions and on performance of how to adapt to the home environment.

【Reevaluation】 As drug adjustment advanced, slowness of movement improved, he was able to do basic action on the bed on his own, and consume all meals on his own without fatigue in about 20 minutes. I observed changing clothes which were prepared (upper and lower dressing-garments). Although there were problems of moderate physical effort and mild efficiency declines, he became possible to do it safely and independently. Mr. A said me "It seems to be OK at home" and he satisfied.

【Discussion】 This time, I tried using OTIPM to establish a client-centered performance context from the early stage, and he was able to practice changing clothes and it became possible. I cooperated with PT and ST for multi-occupational cooperation on physical function exercises, basic motion exercises, swallowing exercises, meal environment adjustment, and it became an approach towards home life after discharge from our hospital.

OTIPM を使った教育の課題

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はじめに

本学では約半数の作業療法士教員が、多様なクライアント（CL）を対象として、できるだけ作業療法介入プロセスモデル（OTIPM）を使った教育を行うことに合意してから、1年が経過した。本報告の目的は、作業療法教育における OTIPM の使用について、1年間の教員の経験を基に、課題を明らかにし、今後の改善策を探ることである。

方法

OTIPM を自身の担当科目で使用した 5 名の教員全員に質問紙調査を行い、OTIPM 教育の困難さ、OTIPM の各段階（CL 中心の遂行文脈の確立、CL が報告する作業遂行の強みと問題、課題観察と遂行分析、効果的・非効果的行為の特定と説明、CL 中心の目標設定、CL の遂行上の問題の原因の明確化、モデルの選択、計画と実行、再評価）について、容易から困難まで 4 段階で問い、各段階と全体の改善策等について自由記載を依頼した。その結果を共有した上で、3 名によるフォーカスグループと 1 名のインタビューを行った。発言を録音し逐語録を作成し、意味内容ごとに切片化し、ラベルを付け、意味の類似性に基づいて浮上するテーマを探った。

結果

質問紙調査の結果 5 名中 3 名以上が、やや困難および困難と回答したのは、CL 中心の遂行文脈の確立、CL 中心の目標設定、CL の遂行上の問題の原因の明確化、モデルの選択、計画と実行だった。インタビュー結果から浮上したテーマは、OTIPM の不足・不明瞭さ、教員の決意と成長、教材と教育法の開発だった。

OTIPM の不足・不明瞭さには、CL 中心の遂行文脈確立の困難さ、CL 群や CL 集団への適用の困難さ、観察記録方法の迷い、目標設定の方法の不明確さ、回復モデル理解の困難さがあった。CL 中心の遂行文脈を 10 側面に分けて記載することには賛否があり、文脈確立手順を明確にするための方法が提案された。観察記録方法を遂行の質（身体的努力量、効率性、安全性、自立性）を中心に記載することへの賛否があった。目標設定の段階では遂行以外の目標も加えること、回復モデルでは積極的に医学的知識や心身機能評価を取り入れることが提案された。

教員の決意と成長には、OTIPM 教育を行う決意の揺らぎ、作業中心実践の効果の不明確さ、教員の理解促進があった。OTIPM の教えにくさや医学的知識を教える必要性から、OTIPM 教育を行おうという決意が揺らいでいた。実際の OT 実践で、作業中心実践が十分に行われていないことや、作業中心実践の効果のエビデンスが不足していることも、OTIPM 教育を徹底することの妨げとなっていた。教員が相互の教育内容や方法について共通認識をもつ機会もなく、各種評価法の位置づけや医学的知識との併用に関する意見の一致もなかった。OT プロセスの特徴である協働や行ったり来たりする性質について、共通理解を確認していく必要性も指摘された。教員が情報共有や協議の機会を定期的にもち、教育を改善し、研鑽を続けることが提案された。

教材と教育法の開発には、事例やビデオなどの教材の必要性、自身や事例の遂行文脈を書く、観察記録の文書化の反復練習、チェックリストの活用などがあった。既存の出版物の整理、新たな事例の作成、チェックリストの改訂により、学生参加型の学習を促進したいという意味が示された。

考察

本研究により、OTIPM の不十分な点が明らかになり、参加した教員が、教育しながら継続的に改善に取り組む方向性が生まれた。今後は他校の作業療法教員とも連携しながら、質の高い作業療法実践を行うための教育を追求していきたい。

Challenges of education using OTIPM

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Introduction Authors agreed to use OTIPM one year ago. The purpose of this study is to identify challenges of education using OTIPM and seek strategies to overcome the challenges based on their experiences.

Methods The five teachers who used OTIPM in their classes answered the questionnaire. They rated it using 4-point-scale from easy to difficult in the following items; teaching OTIPM, teaching each step in OTIPM (establishing a client-centered performance context, identifying strengths and problems in occupational performance, task observation and performance analysis, identifying and describing effective and ineffective actions, setting a client's goals, identifying causes of problems, selecting models, plan and implementation, and re-evaluation). They also answered an open-ended question about strategies for the challenges. After sharing the results of the questionnaire, a focus group interview and an individual interview were held. Interviews were recorded and verbalized. The data was divided into small units, coded, and labeled. Themes were formed from the data.

Results More than three teachers answered items such as establishing a client-centered performance context, setting a client's goals, identifying causes of problems, selecting models, and plan and implementation were difficult or somehow difficult. The themes emerged from interviews demonstrated the imperfectness and ambiguity of OTIPM, commitment and development of teachers, and development of teaching materials and methods.

Imperfectness and ambiguity of OTIPM: There are difficulties in establishing client-centered performance context, seeking a proper description of the observation, ambiguity of how to set goals, and difficulty of understanding models in this theme. There is a controversy how to describe client-centered performance context. Ways of establishing the context were suggested. There are arguments how to describe the quality of performance such as effort, efficiency, safety, and independence when making documentation. Adding goals besides performance goals and using medical knowledge and evaluations of body function were recommended.

Commitment and development of teachers: There are weaknesses of commitment to teaching OTIPM, uncertain effects of client-centered practice, and facilitating teachers' understanding. The teachers have lost motivation to teach OTIPM because of the difficulty of teaching OTIPM and necessity to teach medical knowledge. The other barriers for teaching OTIPM were actual clinical practices therapists do not implement client-centered practice and lack of evidence in occupation-centered practice. There is no time to share and discuss their opinion with each other. Common understandings about occupational therapy process are needed. The opportunities for sharing information, discussing their opinions, and developing skills are suggested.

Development of teaching materials and methods: There is a necessity for teaching materials such as case reports and videos, writing exercises, and utilization of a checklist. Using publications, making new case studies, renewal of the current checklist are suggested.

Conclusion Imperfectness of OTIPM was founded through this study. The teachers have to continue to work for improvement during education. The teachers among the other universities can collaborate to improve the quality of occupational therapy education.

精神科病院入院作業療法における作業を基盤にした 個別プログラムの実践報告

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1,2 所属 医療法人せのがわ 瀬野川病院

クライアント中心の遂行文脈の確立：若い頃からレコードを集めることが趣味で、良い音の出るスピーカーで聴くことを楽しんでいた 50 代男性の A 氏は、統合失調症に罹患し入院してから約 19 年という長期間を精神科病院の中で過ごしている。高齢の母に対して何か親孝行をしたいという思いを抱いているが、入院中であるため何も出来ない自分を不甲斐無く感じている。そのような状況の中、作業療法士に対して、「退院して母を温泉旅行に連れて行く計画を立てたい」という A 氏の希望が語られた。

作業遂行の強みと問題の特定と優先順位の決定：A 氏は母を旅行に連れて行く計画を立てることに對して強いモチベーションを持っている。また、身体機能面に大きな問題は無く身の回りのことはサポート無く出来ていること、何かあった際にサポートをしてくれるスタッフが近くにおり、退院促進の対象者にリストアップされていることは A 氏の強みである。一方、入院中であり、自由に外出できないことや長期入院によりインターネット等の A 氏が入院中に一般的となった資源の活用経験が無いことは問題点となる。

COPM 母を温泉旅行に連れて行く計画を立てる 重要度 10 遂行度 3 満足度 5

遂行分析：母を旅行に連れて行く計画を立てたいと思っているものの、何から決めればいいのか分からない状態に陥っており、計画は全く進んでいなかった。計画を立てるために必要な情報を集める方法が分からず、環境も整っていなかった。AMPS 評価においても、工程が非効率的であること、物事を順序立てて効率よく準備をすることが出来ないといった点が明らかとなった。また、それらの問題に自ら気付くことが出来ていないことが A 氏の課題であった。

AMPS 運動技能 1.8 プロセス技能 0.3

介入：初期評価終了後、インターネットの活用方法を確認しながら温泉旅行の計画を立てるプログラムを 3 回実施、退院後の利用法についても情報提供を行う。また、AMPS により明らかとなった作業遂行上の具体的な課題について A 氏と共有し、対応策を共に検討する。

結果：A 氏からは個別プログラムに対して好意的な意見が語られ、COPM、AMPS においても変化があった。その後、退院に繋がり、現在は旅行の資金を貯蓄している。

COPM 母を温泉旅行に連れて行く計画を立てる 重要度 10 遂行度 5 満足度 7

AMPS 運動技能 2.1 プロセス技能 0.8

考察：クライアントの作業を基盤にしたプログラムや、AMPS のようにクライアントが実際に作業に取り組むことで自身の課題に気付くことが A 氏の変化に繋がったと考える。そのような機会を得ることは通常の集団プログラムにはない作業を基盤とした実践の魅力であると考ええる。

An occupation-based Individual program in a psychiatric hospital

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Establishment of client-centered performance context : Mr. A's hobby is to collect records. He enjoys listening to music. Mr. A is a 50-year-old man with schizophrenia. He has been in a psychiatric hospital for about 19 years. He wants to do something in the spirit of filial piety for his elderly mother. However, he is in the hospital and cannot do anything. He talked to his occupational therapist about the hope of planning to take his mother on a hot spring trip.

Determining the strengths and problems of occupational performance and determining priorities: He has a strong motivation to make a travel plan with his mother. There is no big problem in terms of physical function, and self-care activities are done without support. There are staffs who will support him. He has to prepare for discharge. These three points are his strengths. He is in the hospital and cannot go out freely. Since he has been hospitalized for a long time, he has little experience using social resources such as the Internet. The point above is his weakness. Using COPM, he made a plan to take his mother on a hot spring trip. The importance of the occupation is 10, 3 in performance, and 5 in satisfaction.

Performance analysis: He did not know how to gather the necessary information to make a plan. There was no environmental support. In the AMPS evaluation, the steps he performed were inefficient. He has difficulties in performing tasks in logical order. He is not aware of his own problems. The result of AMPS was 1.8 in motor skill and 0.3 in process skill.

Intervention: He made plans for a hot spring trip while learning how to use the Internet with therapists. The occupational therapists provided information for using the Internet after discharge. He and the occupational therapists shared information and discussed solutions to the specific challenges identified by the AMPS evaluation.

Result: He provided positive feedback about this individual program. The scores of his COPM and AMPS changed after the intervention. Since he was discharged from the hospital, he has saved money for the travel. The score of occupational issues in the COPM, making a plan to take his mother on a hot spring trip, is 5 in performance and 7 in satisfaction. In the re-evaluation of the AMPS, the scores are 2.1 in motor skill and 0.8 in process skill.

Conclusion: He improved through occupation-based practice. Noticing his own tasks and challenges led him to change. Such opportunities are not found in regular group programs. That is one of the attractions of occupation-based practice.

回復期リハビリテーション病棟での実践

奥 理恵¹

1 大野浦病院

クライアント中心の遂行文脈の確立 A氏 70代男性. 家具職人等の職を経てスーツケースの修理の仕事をしており, 畑仕事や船釣り, ジムでの運動を趣味として行っていた. 仕事や生活には車を使用しており, 妻と2人暮らし. 妻と協力しながら家事も行っていた. 人の為になる事や健康に繋がる事, 人との交流に意欲的. 入院中も病院スタッフや家族, 他患者様とも良好な関係を築くことができていた. 脳梗塞により X 日右片麻痺 (BRS: VI/VI/V) を呈したため X+14 日に当院入院となり, 趣味や仕事を継続すること, 運転再開を目標としていた. A 氏の息子は運転や復職に肯定的であったが, 妻は安全面から行ってほしくないと思っていた.

作業遂行の強みと問題の特定と優先順位の決定 X+15 日に COPM を実施し, ①畑仕事 (重要度 10, 遂行度 4, 満足度 1) ②魚釣り (6, 8, 8) ③仕事 (7, 6, 6) ④運転 (10, 1, 1) ⑤運動再開 (10, 7, 3) が挙げられた.

遂行分析 馴染みがあり今後行うかもしれない課題で X+19 日に AMPS を実施 (掃除機がけ, 食器の片付け). 運動技能 1.7 ロジット, プロセス技能 1.3 ロジットであり, 右上下肢の麻痺による筋力低下と身体の使い方の不慣れさ, 活動量低下に伴う体力低下により, 軽～中度の身体的努力があったが効率性の低下はなく, 自立して安全に遂行することができた. 課題遂行後, A 氏より「特に難しいところはありません, 大丈夫.」との発言があった. COPM では AMPS 課題に無い作業が挙げられており, 観察できる工程の遂行分析を行い, AMPS と含めて A 氏と共有した.

介入 まずは回復モデルと習得モデルを選択し, 院内の環境で家事や園芸, 木工等を通して重たいものを運ぶ練習や体力向上を図った. また, リハビリ以外の時間に 1 人でリハビリ室での運動ができるように調整を行った. 次に習得モデルと代償モデルを選択し, 院外へ出て畑作業や釣りを実施. 作業技能の習得や, 安全に行える方法を A 氏と検討. 運転と復職は A 氏, 家族の思いをくみ取りつつ進めていき, 必要な代償手段や環境調整を検討した. A 氏は作業療法内での作業を楽しみにされ, 畑作業や釣りを通して地域の人との交流も生まれていた.

結果 X+45 日, X+80 日に COPM 再評価. 遂行度, 満足度は①畑仕事: 7→10, 4→10②魚釣り: 1→5, 1→5③仕事: 10, 10④運転: 5→10, 5→10⑤運動再開: 10, 10 に変化し, 遂行スコア, 満足スコアとも臨床上有意味のある 2 点以上の変化を認めた. X+82 日に AMPS 実施. 運動技能 2.2 ロジット, プロセス技能 1.9 ロジットに向上し, 地域で自立して生活できるレベルまで向上し, 有意な変化を示した. 経過の中で, 「椅子に座って畑作業しようか」「右足の動きが悪いからサポーターをつけてみたい」等, 自ら難しい点を認識し, 代償方法を考える発言が聞かれるようになった. 畑作業や運動は安全に可能となり, 魚釣りは陸からであれば 1 人で安全に可能となった. 運転はサポーターを装着することで可能となり, 実際の運転評価でも問題は見られず, 公安につながった. 仕事に関しては, 復職には直結しなかったが, A 氏の息子を通じて環境調整等を会社側に伝達し, A 氏の身体的状態でも可能と判断され, 家族の意見も踏まえて時期を見て復帰することになった. X+85 日, 自宅へ退院された.

考察 COPM により挙げた作業は院内の環境では直接的評価や介入が困難なものであったが, 外部の機関との連携や院外に積極的に出ていくことで, 作業を基盤とした介入を行うことができた. 実際に作業を行うことで, A 氏自身が作業遂行上の問題に気付いて努力性なく遂行する方法を考えるきっかけとなった. また, A 氏が作業再開へ向けて取り組むモチベーションとなり, A 氏と作業療法士が協働して難しい点の共有や代償手段の検討にも繋げることができたと考える. 回復期リハビリテーション病棟に限らず病院内の環境やシステムには制約があるものの, 入院中でも院内外で作業基盤の実践をすることが可能である. 今後も入院中からの作業基盤の実践の効果を示していき, クライアントの退院後の作業に繋げていきたい.

Practice in recovery rehabilitation ward

Rie Oku¹

¹ Onoura Hospital

Performance context Mr. A is a male in his 70's. After doing work as a furniture craftsman, he was repairing suitcase, he was doing farm work, boat fishing, and exercising at the gym as a hobby. He drove a car, and lived with his wife. He was doing domestic activities. He was keen to help others and to keep healthy. He built good relationships with hospital staffs, family members, and other patients during hospitalization. He was admitted to our hospital 14 days after onset. He had right hemiplegia (BRS: VI / VI / V) caused by cerebral infraction. He was willing to continue to do his hobbies and work and drive again. Mr. A's son agreed on his plan however, his wife was against it.

Client's priorities ①working on a farm (importance 10, performance 4, satisfaction 1)②Fishing (6, 8,

8)③Work (7, 6, 6)④Driving(10, 1, 1)⑤The resumption of exercise (10, 7, 3) were his priorities in COPM

15 days after from onset.

Performance analysis. Vacuuming and cleaning dishes were observing as AMPS on the nineteenth day. Motor logit was 1.7 and process logit was 1.3. Although he had minor to moderate difficulties in his performance due to muscle weakness caused by the paralysis of his right upper limb and due to physical weakness because of inactive days, he carried out efficiently and safely.

Intervention At first I chose the recovery models and the learning models; Heavy activities such as, gardening and woodwork were performed in the hospital to improve his physical strength. He could use the rehabilitation room for his practice. The compensation model were selected for working on a farm and fishing. Mr. A and I discussed about safety. We considered about adaptive strategies and environmental modification for driving and his work. We also thought about his family feelings.

Reevaluation Both scores of performance and satisfaction in COPM increased at least two on the forty five and eightieth days. It was clinically meaningful change. AMPS was reevaluated on the eighty second day.

Motor logit was 2.2 and process logit was 1.9. This development represented significant change. The result suggested that Mr. A could live independently. During the rehabilitation, he recognized the difficulties in his performance and suggested the alternative ways: he said, "I can use a chair for working in a farm", "I want to attach supporters because the movement of the right leg is bad", etc. Working in a farm and exercise can be done safely, and fishing can be safely done alone from land. Driving was possible by wearing supporters, and problems were not seen even in the driving evaluation. Regarding his work, the company, within Mr. A belong, accepted Mr. A's return to work after discussing environmental concern with Mr. A's son. His return date to his work will be decided upon his family's agreement. He was discharged on the eighty fifth day.

Discussion Although it is difficult to evaluate his work directly in the hospital environment, I went out of the hospital proactively and collaborated with external organizations for the occupational-based practice. Mr. A had a chance to think about his own problems through performing actually. Also, Mr. A became motivated returning to his work, and Mr. A and the occupational therapists could share difficult points and various adaptive strategies. Although there are restrictions on the environment and systems in the hospital, it is possible to practice inside and outside the hospital even during hospitalization. I will continue to show the effect of occupational-based practice in the hospital then I would like to follow clients after discharge.

急性期病院での作業中心の実践 ～2 週間の関わり～

衣笠真理恵

鳥取県立中央病院

クライアント中心の遂行文脈の確立 60 歳代の男性。妻、叔母との 3 人暮らし。惣菜作りのパートにやり甲斐を感じ 10 年以上続けている。通勤に約 1 時間を要し早朝からの勤務でハードだが、仕事が好きで自分に合っているから続けてこられた。X 日に脳梗塞で右片麻痺(BRS: V/Ⅲ/Ⅳ)を呈し、同日当院に入院。軽度の構音障害はあるが意思疎通可能で、高次脳機能障害は認めなかった。入院日から作業療法が始まり「あと 3 年は仕事を続けたい」と希望を話した。初日から安静度の制限はなかったが血圧が高かった。家族は協力的だった。明るく穏やかな性格で、病院スタッフや担当の看護学生との関係性は良好だった。

作業遂行の強みと問題の特定と優先順位の決定 移動には見守りが必要で、病衣の紐を結ぶ場面に介助を要していたが、それ以外の ADL は概ね自立していた。介入初日に作業ニーズを聴取すると、惣菜作りのパートに復帰すること、自宅周辺は田舎で不便なため自動車運転ができることが挙げられた。作業上の問題を明らかにするため、X+4 日に改めて COPM を実施。①車の運転(重要度 10)②炒飯炒めで大きなお玉が使える(重要度 9)③バットに乗った重たい炒飯が運べる(重要度 8)④包丁が使える(重要度 7)の 4 つが挙げられた。

遂行分析 X+5 日に AMPS 実施。課題は作業ニーズと課題難易度、血圧変動等の全身状態を考慮し、上下衣の着替えと食器洗いを選択した。安全に自立して課題を遂行したが、右手でスポンジを把持できず撫でるように洗う等中等度以上の努力性が見られ、服を着る前にためらう等の効率性の低下も見られた。右手の麻痺と麻痺状態での課題遂行への不慣れさが大きな原因と考えられた。軽～中等度の努力性、軽度の効率性の低下で食器洗いや簡単な調理ができることを当院入院中の目標として設定した。

介入 回復、代償、習得モデルを併用した。日常生活の中での右手使用を目指し、コップの把持練習や太柄グリップ装着しての歯磨き練習、調理を想定しお玉の操作練習、食器洗い練習などを行った。OT 室の台所で炒飯作りを 2 回実施した。日常生活の中で積極的に右手を使用していくことの必要性を A 氏と担当看護学生と共有すると、OT 以外の時間でも右手で軽食を食べてみる等、学生と一緒に取り組む姿が見られた。

結果 X+12 日に COPM と AMPS の再評価(食器洗いと片付け、炒飯作り)を実施。COPM は遂行度①2→7②1→2③1→3④1→3、満足度①1→6②1→1③1→1④1→1 となった。遂行スコア 1.25→3.75、満足スコア 1→2.25 と変化し、遂行スコアで臨床上意味のある 2 点以上の変化を認めた。AMPS は運動技能 1.04→1.67logit、プロセス技能 1.01→1.33logit となり、運動技能は有意な変化を、プロセス技能は臨床上意味のある変化を示した。調理では少しずつお玉を握り込んで使用できるようになった。また、食器洗いではスポンジを把持し軽～中度の努力性で効果的に洗えるようになり、A 氏は「洗えてるでしょ。冗談抜きでよくなりました」と話した。X+13 日に回復期病院へ転院。転院後 A 氏から話を聴いてみると「単なる訓練でなく、早い段階から自分の目標に合ったリハビリができて意欲に繋がった。何回かやってみて多少なりともできる面が出てきて、これだったらできるようになるんじゃないかと思えた」と語った。回復期病院退院後に A 氏に話を聴くと、車の運転は通常通り行っていた。また、退院 2 ヶ月後に別の仕事に復帰していた。家族が長距離通勤を心配し、近くの職場を一緒に探してくれたようだった。現在は大衆浴場のスタッフとして、他スタッフと同じように仕事をこなしている。A 氏は今の仕事に満足しており「お客さんと接するので前の仕事とは違う面白みがある」と話していた。

考察 A 氏が退院後転職したことにより、今回の介入で行った調理課題の練習は、心身機能向上を目指した回復作業であったことが明らかになった。急性期から作業中心の実践を行なうことで、A 氏は早期から目標に直結した練習が行えたと感じ、その経験を後の作業能力の指標とすることができていた。また、それが意欲の源ともなっていた。実際に作業を行ってみることが作業能力の適切な評価となり、クライアントの気付きを促し、より具体的に目標に向けて取り組む姿勢をつくることのできる可能性がある。今回仕事を変更した主な要因は家族の不安であった。当初から家族とも密に連携がとれていれば、より効果的な介入が行えたかもしれない。

Occupation-Centered Practice in Acute Care Hospital.

-A Case study: Two-week Intervention-

Marie Kinugasa

Tottori Prefectural Central Hospital

Performance Context The client is in his 60s. He had continued his job of making delicatessen for more than 10 years. The job was physically demanding as he had to start working early in the morning and it took an hour for him to commute. However, he enjoyed the job. One day, he was hospitalized due to a stroke and right hemiplegia (Brunnstrom Recovery Stage: V, III, VI). He had high blood pressure. In the first session of occupational therapy, he stated that he would like to continue his job for at least 3 more years. Over time, he had built good relationships with the hospital staff.

Client's Priorities What he needed assistance with was to tie the strings of a hospital gown. On the first day of the intervention, he was asked about his occupational needs. His occupational issues were returning to work and driving a car. To identify occupational problems, the Canadian Occupational Performance Measure (COPM) was utilized 4 days after his administration. There were 4 problems identified: Driving a car (importance: 10), using a big ladle (9), carrying heavy fried rice (8), using a kitchen knife (7).

Performance Analysis The Assessment of Motor and Process Skills (AMPS) (P7, J2) was administered on the fifth day. He performed the tasks safely and independently, although he was not able to grasp the sponge tightly enough to fully clean the glass. He demonstrated moderate physical effort. The decline in efficiency, such as struggling to dress, was also observed. Paralysis and unfamiliarity to performing tasks with disability seemed to interfere his performance. Washing dishes and cooking simple things with light to moderate effort and mild efficiency deduction were set as our goals.

Intervention Compensatory, acquisitional, and restorative models were used. He practiced grasping cups and brushing his teeth with a thick handle grip. He practiced using a ladle for cooking and washing dishes. He cooked fried rice twice in the clinic kitchen. He decided to practice using his right hand as much as possible after discussing the importance of the usage of his right hand with a nursing student.

Reevaluation Reevaluation of COPM and AMPS (J9, I11) were done after 12 days. The COPM performance score increased by 2.5. Satisfaction score increased by 1.25. The Activities of Daily Living (ADL) motor ability measure and the ADL process ability measure improved from 1.04 logits to 1.67 logits and from 1.01 logits to 1.33 logits, respectively. He stated that his physical function was recovering well and he could wash well. after spending 13 days at our hospital, he transferred to a rehabilitation hospital. He reported that the training towards his goals increased his motivation and did not feel like just training. After his discharge, he was able to drive a car. He started his new job as a clerk at a public bath close to his residence recommended by his family. He stated that his new customer service job is different from his past job, yet interesting and he is satisfied.

Discussion Cooking in occupational therapy revealed to be a restorative occupation for him due to his career change. He felt that the goal-oriented occupation-centered practice from the acute care hospital was practical and very motivating. The early-stage experience served as an indicator of later occupation capability improvement. To practice, actual occupational tasks give us an appropriate assessment of occupational capability. It also helps clients realize and come up with more concrete goals. The intervention might have been more effective if there were more communication and coordination with his family to resolve their concerns which resulted in his career change.

意思表示が困難なクライアントとの協働への試み

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クライアント中心の遂行文脈の確立

80歳代男性のA氏は、脳幹梗塞によって四肢運動障害(左片麻痺・右失調)と、眼球運動障害、重度構音障害を呈したため入院となり、作業療法へ紹介された。A氏は意思表示が困難であったため、A氏夫妻をクライアント群とした。

発症前のA氏は、妻と二人暮らしで、散歩をしたり、新聞を読んだり、庭の手入れをしたり、TVを見て過ごしていた。介入開始時のA氏は、回復期リハビリテーション病棟に入院しており、生活のすべてに介助が必要であった。妻は内部障害を患っており、1時間以上の離床で体調不良となった。そのため、発症前のA氏は、妻の支援をしていた。A氏の発症後、妻はA氏の支援をしたいと考えていた。

作業遂行の強みと問題の特定と優先順位の決定 (OT 開始1日目)

A氏は、意思表示が困難であり、自身の作業遂行に関して語ることができなかった。

妻へのCOPMの結果、2つの作業が挙げられた。1つ目は、「夫にしてあげられることを探す」であり、重要度は8、遂行度は4、満足度は3であった。妻は、A氏へ昔話を語ったり、身体を擦ったりしていたが、それが良いことか分からなかった。2つ目は、「夫と話をする」であり、重要度は7、遂行度・満足度ともに3であった。A氏へ語りかけても笑顔がない時、妻は悲しんだ。

遂行分析 (OT 開始2日目～5日目)

A氏夫妻の交流や、A氏が様々な意思表出手段を試している場面の観察と、AMPSを実施した。

A氏夫妻の交流では、A氏が話す内容が分からず、二人は困惑した表情で会話が終了した。A氏と試した意思表出手段は、書字や、ADOC、透明文字盤、環境制御装置の走査式入力法を実施したが、すべて困難であった。可能であった返答は、頷きと、首を横に振ることであった。

AMPSの結果、運動技能は-2.81ロジット、プロセス技能は-0.81ロジットであった。2つの課題ともに、重度の身体的努力と効率性の低下を認め、しばしば介助が必要であった。強みとなる遂行技能は、課題契約が可能な程度の理解力があること、時間がかかるが右手で物を掴んで持ち上げられること、適切に物を選んで使うことであった。

介入 (OT 開始6日目～25日目)

まずは、A氏との協働に向けて交流手段を模索し、確立できた交流手段を妻へ教えることにした。交流手段の模索は、強みとなる遂行技能を基にした。その結果、A4用紙の左半分に○、右半分に×と書かれた紙の上で、返答内容が書かれたカードを仕分ける方法を実施した。返答カードの内容は、遂行文脈を基に作成した。この方法により、A氏は妻の生活や庭のことを知りたいことや、髭を剃ること、新聞を読みたいことなどが分かった。ある程度の自由な意思表示が可能となったが、返答時間がかかる問題があったため、実用的な返答方法を再検討した。前述した方法で挙げた内容をリスト化し、リストに振った番号を見てA氏が指数字で返答することで、意思疎通にかかる時間が短縮された。この方法により、A氏はやりたい作業を伝えることができ、妻や病院スタッフの支援を受けながら作業へ取り組めるようになった。

結果 (OT 開始18日目～25日目)

妻へのCOPM再評価の結果、「夫と話をする」に関しては、遂行度、満足度ともに2点の向上を認めた。妻は、「身体を擦ること以外に、ある程度の会話ができるようになった」と語った。AMPSでは初回評価と同課題を実施し、運動技能が-2.42ロジット、プロセス技能が-0.04ロジットとなった。

考察

意思疎通が困難なクライアントへ、過去の状況やニーズからの情報や、クライアントをよく知る人の代弁から情報を得ることで作業療法を行うことがある。しかし、その情報にはクライアントを取り巻く時間や環境の変化が乏しく、情報が偏る可能性がある。そのため、クライアントのニーズに辿り着けない恐れがあると考えられる。これは、閉ざされた質問においても質問者の影響を受けるため同様と思われる。今回のA氏への介入は、開かれた質問に近づける試みであり、クライアントとの協働関係を築くためにも重要であったと考える。

Collaboration with a client having difficulty with communication

Yuya Nakagoshi¹

¹ Jinsei hospital (Former affiliation; Kousei general hospital)

Performance context

The client who is an 80 years old man was hospitalized with brainstem infarction. He had left hemiplegia, right ataxia, ocular motility disorder, and severe articulation disorder. He has started occupational therapy. Occupational therapy was started for him and his wife as the client group. He had lived with a wife and enjoyed the stroll, care for garden, TV viewing, and reading of the newspaper. He took care of his wife because she was suffered from an internal organs disorder. Her tolerance of activity was within one hour. He received assistance for self-care in a convalescent rehabilitation ward. His wife wanted to support him.

Client's priorities

He was not able to talk about the occupational performance. His wife identified two occupational issues when interview using the COPM. She said, "I want to find something to support him." The scores are 8 in importance, 4 in performance, and 3 in satisfaction. Although she told memories and rubbed his body, she is not sure it is good. She also wanted to talk with a husband. The scores are 7 in importance, 3 in performance, and 3 in satisfaction. She grieved because he did not have a smile when she told him.

Performance analysis

I evaluated his performance using the AMPS and observed the interaction between him and his wife. I tried to use various methods for communication with him. His wife could not understand what he wanted to say. Writing, the ADOC, the Etran, and the scanning-style input method of the environmental control unit were not useful as communication tools. He could send his message by moving his head.

The results of AMPS were -2.81 logit in motor skill, -0.81 logit in process skill. He showed the substantial increase in physical effort and the substantial decrease in efficiency and needed physical assistance constantly. He demonstrated strengths such as choosing task objects, following the task contract and grasping things by his right hand.

Intervention

Communication methods were searched for the client's wife. He could communicate with answer cards. There are contents from his performance context in answer cards. He classified the cards on the A4 sized paper. There is "X" in the left half and "O" in the right half. I understood what he wanted to know through this method. He wanted to know about his wife and his garden and do shaving and reading newspapers. He could answer the number of items with his fingers more speedy if there is the list of items. As the result, he became able to engage in the occupation with the supports from his wife and the staff.

Reevaluation

His wife said, "I can talk with my husband." Two points improved in the both scores of the COPM in reevaluation. The reevaluation of the AMPS showed -2.42 logit in motor skills and -0.04 logit in process skills.

Discussion

There is a client who has the difficulty of communication. We have to gather information from the past information. The information may have a bias when gathering information from the person close to the client. It is difficult to know the client's needs. These methods I used will be one of the trials to the client's needs. It is also helpful to establish collaborate relationship with the client.

懇親会のご案内 Party Information

場所：首都大学東京 荒川キャンパス 食堂（図 参照）

Place: Tokyo Metropolitan University dining hall

時間：18:30～20:30

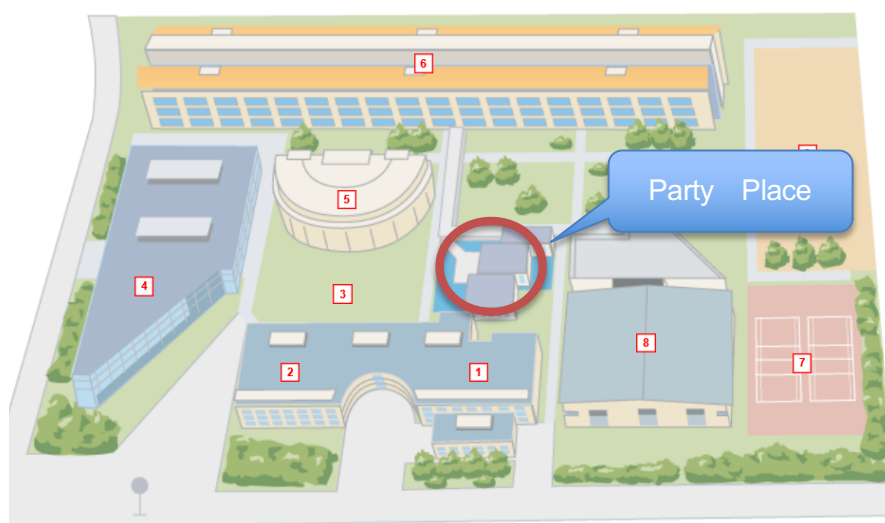
Time: 18:30～20:30

会費：5000 円 程度

⇒当日参加者の数で最終的な金額を決定します。

Membership Fee: About 5000yen

⇒The final fee will be decided by the number of participants on the day.



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