

# Case examples of adapting Lifestyle Redesign® to different populations and contexts:

Results from a mapping study of three distinct programs.

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## Background

### WELL ELDERLY STUDIES

1990s – 2010s

Origin of Lifestyle Redesign®  
OT (LR-OT)

Preventive, occupation-based  
approach originally applied to  
community-living older adults

#### New Populations

- Emerging adults with diabetes
- Late-midlife adults with chronic conditions
- And others...

#### Chronic Conditions

- Diabetes
- Pain
- Multiple sclerosis
- Overweight/obesity
- And more...

#### New Settings

- Primary care
- Outpatient
- Private practice
- College/university
- And more...

### RESEARCH QUESTION:

Do adapted programs retain LR-OT core principles?

## Objectives

1. Describe the adaptation process of distinct LR-OT programs by applying the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME).
2. Map the adapted programs' content to the LR-OT framework's core characteristics and domains.



# Methods

**FRAME: Framework for Reporting Adaptations and Modifications-Enhanced** used to guide review

- ★ *What was changed*
- ★ *Why it was changed*
- ★ *How it was delivered*
- ★ *Core elements maintained*

Diabetic Foot Ulcer  
(DFU) Self-  
management

Primary Care  
Chronic Condition  
Management

*Remodeler sa Vie*  
(Reshape your Life)

## Analytic Lens: LR-OT Core Elements

### **Core Characteristics** *Define the intervention framework*

- Therapeutic focus on orchestration of daily activities
- Applicability to lifestyle-related challenges
- Techniques that facilitate therapist-client collaboration and individualization
- Concern with health-relevant outcomes
- Administration by OT practitioner with advanced training

### **Core Domains** *Categories of occupations and topics addressed in the intervention framework*

- Meaningful occupations, habits, routines
- Occupations relevant to wellness and chronic condition management
- Psychosocial well-being and mental health
- Environment and context
- Advocacy and healthcare access

### **Core Techniques** *Interventions and methods used to deliver the intervention framework*

- Patient education
- Occupational self-analysis
- Narrative reasoning
- Occupational orchestration and engagement
- Activity analysis
- Problem solving
- Autonomy-enhancing communication

# Results

Program	Adaptation Approach	Key Adaptations
Diabetic Foot Ulcer Self-management	Formal, stepwise adaptation guided by the ADAPT-ITT framework	Integration of DFU-specific occupations (e.g., offloading routines, wound care management) into LR-OT content
Primary Care Chronic Condition Management	Collaborative planning with primary care clinic leadership and interdisciplinary team members	Adaptation of treatment dose, session timing, and care coordination to fit primary care workflows
<i>Remodeler sa Vie</i> (French-Canadian older adults)	Rigorous translation and cultural adaptation process involving bilingual experts and community input	Cultural and linguistic tailoring of original Well Elderly materials to align with French-Canadian context

- ✓ All programs preserved core characteristics
- ✓ Content mapped to  $\geq 1$  core domain
- ↔ Adaptation approaches varied
- ✓ Fidelity was maintained

## Why This Matters

### Scalability

Supports innovation across contexts

### Design Guidance

FRAME offers a roadmap for adaptation without losing integrity

### Field Impact

Bridges OT and implementation science

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