The Lifestyle Engagement Activity Program (LEAP) Improves the Engagement, Apathy and Dysphoria of Home Care Clients with Cognitive Impairment

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Increasing shift from in Australia residential to community based aged care

Residential aged care in Australia has increased focus on lifestyle and leisure

People with dementia and their carers, and community care clients want activities, social support

Two studies (8 and 10 sessions) of OT home visits with PWD and carers showed improved mood, quality of life, pleasure, engagement, reduced problem behaviours (e.g. Seitz 2012; O’Connor 2009; Low 2012; Gitlin 2008; Graff 2007)
LEAP Aim

› To train and facilitate implementation of meaningful activities in community aged care by program care staff

› Evaluation aim:

› To evaluate effects of LEAP intervention on:
  - Client engagement (primary outcome)
  - Client depression, loneliness, apathy, agitation, satisfaction with care
  - Relationships between care staff and clients
  - Care staff satisfaction with work
  - Staff skills in implementing activities
Barriers to LEAP program

 günden through case manager interviews & from presenting program at staff meetings
- No time to do more
- Staff perceived as ‘maid’ or cleaner by client or families
- Activities/conversation seen as ‘waste’ of time
- We’re already doing activities
Staff engagement and management support

- Case manager training x 1
- Care worker training x 4
- LEAP Champion

Social and recreational goals

- Care worker behaviour
  - Work towards goals
  - Engagement techniques

↑ Client engagement

↑ Client mood and behaviour
Training program

› 2-3 hour sessions
› Experiential, interactive, fun
› Practical – develop and practice skills, problem solve
› Caters for different education levels, cultural backgrounds, English language proficiencies
› Workshops for 5-20 people, no powerpoint, some games, minimal handouts for care workers
› Care workers learnt rationale for program, taught to set SMART social and recreational goals, discussed implementation strategies
Care worker training program

› Session 1: importance of engaging and supporting clients through socialisation and recreation, communication skills and simple reminiscence

› Session 2: Engaging clients with dementia – BPSD, Montessori principles, task analysis, communication

› Session 3: Music, physical activity and activities for male clients

› Session 4: Humour and play, status and reciprocity, sustainability of LEAP

› 76 attended 4 sessions, 48 attended 3, 39 attended two, and 36 attended 1 session. Champions asked to brief care workers who missed sessions…
Evaluation

- No control group, pre-pre-post
- Assessments at -6, 0, 6, 12 months
- 5 sites, one in regional area, 2 non-English speaking sites
- N = 189 clients recruited
- Trained RAs in English, Cantonese, Mandarin, Arabic, Vietnamese, Spanish
- Validated translations of questionnaires used if available, otherwise translated and checked

Primary outcome – Client engagement

- Home care Measure of Engagement-Staff report (HoME-S) care worker rated: acceptance, attention, attitude, appropriateness, duration, and passivity
- Homecare Measure of Engagement-Client/Family report (HoME-CF), researcher-rated interview - client and/or family perspectives regarding care worker engagement through conversation and activities
- Both demonstrated good test-retest and inter-rater reliability and showed a significant negative correlation with apathy, agitation and non-English speaking background.
- Controlling for client characteristics, a stronger care worker-client relationship bond and more years care worker and client had known each other was associated with higher engagement.

Baker J, Harrison F, Low LF. In press Two measures of client engagement for use in home care for older people; the Homecare Measure of Engagement – Staff report and Client report
Secondary outcomes clients

- NPI Clinician version – Agitation, Apathy, Dysphoria subscales
- Cohen-Mansfield Agitation Inventory
- GDS-15
- UCLA loneliness scale
- Apathy Evaluation Scale
- Caregiver interaction scale
- Home Care Satisfaction Measure
- PANAS-X Joviality and attentiveness subscales
### Sample (n = 189)

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Female</td>
<td>73.5%</td>
</tr>
<tr>
<td>English-speaking Country of Birth</td>
<td>55%</td>
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<tr>
<td>Age</td>
<td>82.6 years (52.8 – 113.6)</td>
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<tr>
<td>Cognitively impaired with a Global Deterioration Score of ≥ 3</td>
<td>44%</td>
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<tr>
<td>CACP</td>
<td>84.1%</td>
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<tr>
<td>Hours of paid care/week</td>
<td>5.8 (1.5 – 16)</td>
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LEAP implementation by cognitive status

- Social or Recreational Goal and/or engagement strategy in Client care plan
- Engagement strategy in client care plan

Percentage of clients cog impaired vs all clients.
Process evaluation

- Changed care plans in 2 sites to include social support and activities
- New care planning protocols (to include SMART goals) on 2 sites
- Some of these goals were:
  - resume landscape painting
  - sort through old family photos
  - join a local exercise class
  - go to the library weekly to read and borrow books
- Some of the activity ideas were:
  - read the newspaper
  - paint nails
  - listen to favourite music
  - go for a walk
Engagement by care staff as reported by clients/family at interview

All clients: 0 to 12 months: $b = 5.39$, $t(113.09) = 3.93$, $p = .000$

Cognitively impaired: $b = 5.60$, $t(37.81) = 2.45$, $p = .019$

*controlling for gender, age, GDS, English-speaking country of birth, care worker report of relationship bond, and marital status.
Engagement as rated by care workers

HoME-S score

Time

-6 0 6 12
Neuropsychiatric inventory – Clinician (NPI-C) subscale results

- Apathy - all clients: $b = -0.23$, $t(117.00) = -2.03$, $p = 0.045$
  - cognitive impaired: $b = -0.41$, $t(47.85) = -2.62$, $p = 0.012$
- Dysphoria - all clients: $b = -0.25$, $t(124.36) = -2.25$, $p = 0.026$
  - cognitive impaired: $b = -0.39$, $t(39.16) = -2.57$, $p = 0.014$
- Agitation - $b = -0.97$, $t(98.15) = -3.32$, $p = 0.001$
  - cognitive impaired: NS
Client-rated satisfaction with care staff

- Blue line: Satisfaction with case manager
- Red line: Satisfaction with care workers

Client satisfaction with care staff vs. Time

-6 0 6 12

Client satisfaction with care staff

45 50 55 60 65 70 75 80 85
Client and family rated apathy

- Client self-report of apathy
- Family report of client apathy

Client Apathy vs Time
Family report of client agitation (CMAI)
Client self-report loneliness

Client Self-Report of Loneliness

Time

-6  0  6  12

37  38  39  40  41

Image of elderly people sitting together.
Client self-reported depression

Client Self-Report of Depression

Time

Client Self-Report of Depression

[Graph showing a decrease in depression over time]
Conclusions

› We considered dementia as part of program development and delivery but included all clients to maximise practice change

› LEAP improves engagement, dysphoria and apathy for clients with and without cognitive impairment

› It is possible to improve social and recreational support to older home care clients at minimal extra cost