

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)
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- › 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
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Barriers to LEAP program

- › Gathered 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

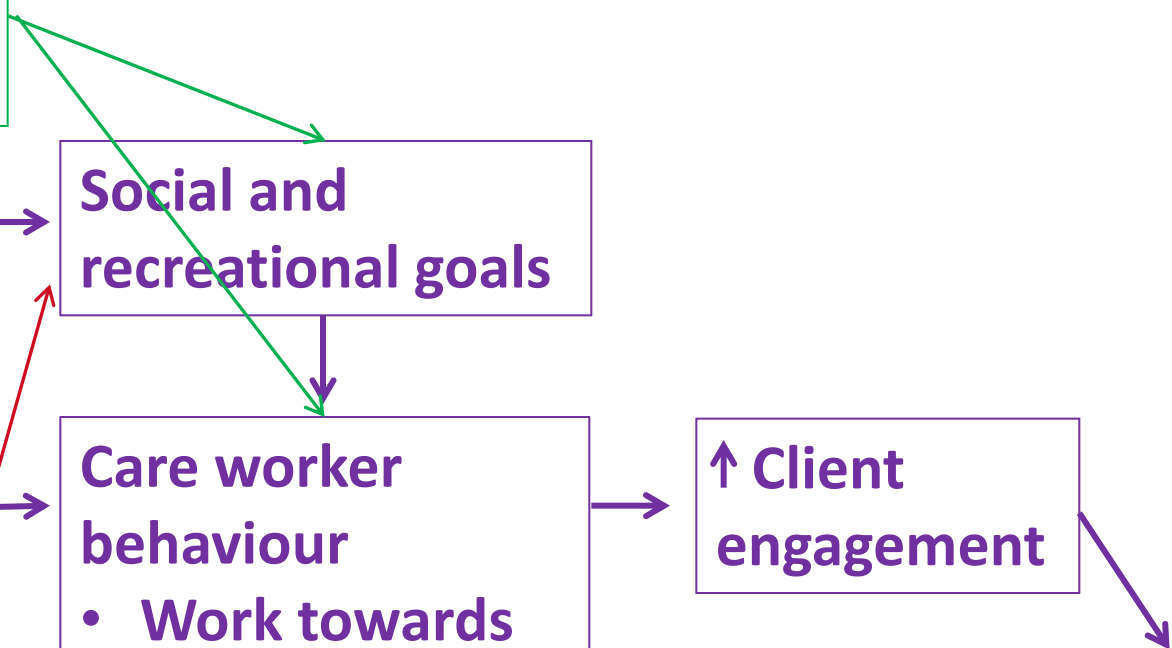
Social and recreational goals

Care worker behaviour

- Work towards goals
- Engagement techniques

↑ Client engagement

↑ Client mood and behaviour



- › 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
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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...
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- › 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

Low, L. F., J. R. Baker, et al. (2013). "Study protocol: Translating and implementing psychosocial interventions in aged home care the lifestyle engagement activity program (LEAP) for life." *BMC Geriatrics*: 124.

- › 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

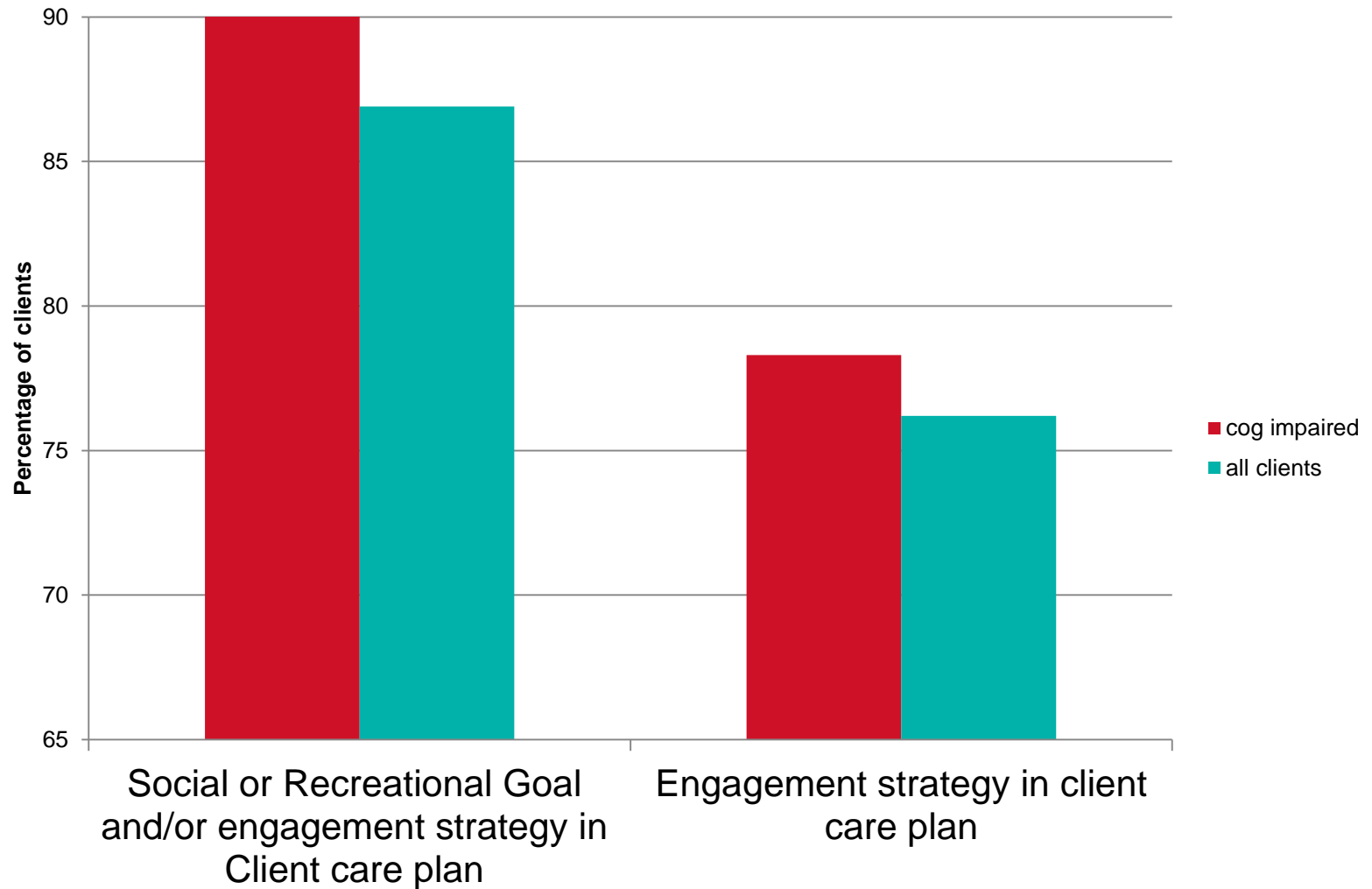
Secondary outcomes clients

- › 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
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Female	73.5%
English-speaking Country of Birth	55%
Age	82.6 years (52.8 – 113.6)
cognitively impaired with a Global Deterioration Score of ≥ 3	44%
CACP	84.1%
Hours of paid care/week	5.8 (1.5 – 16)



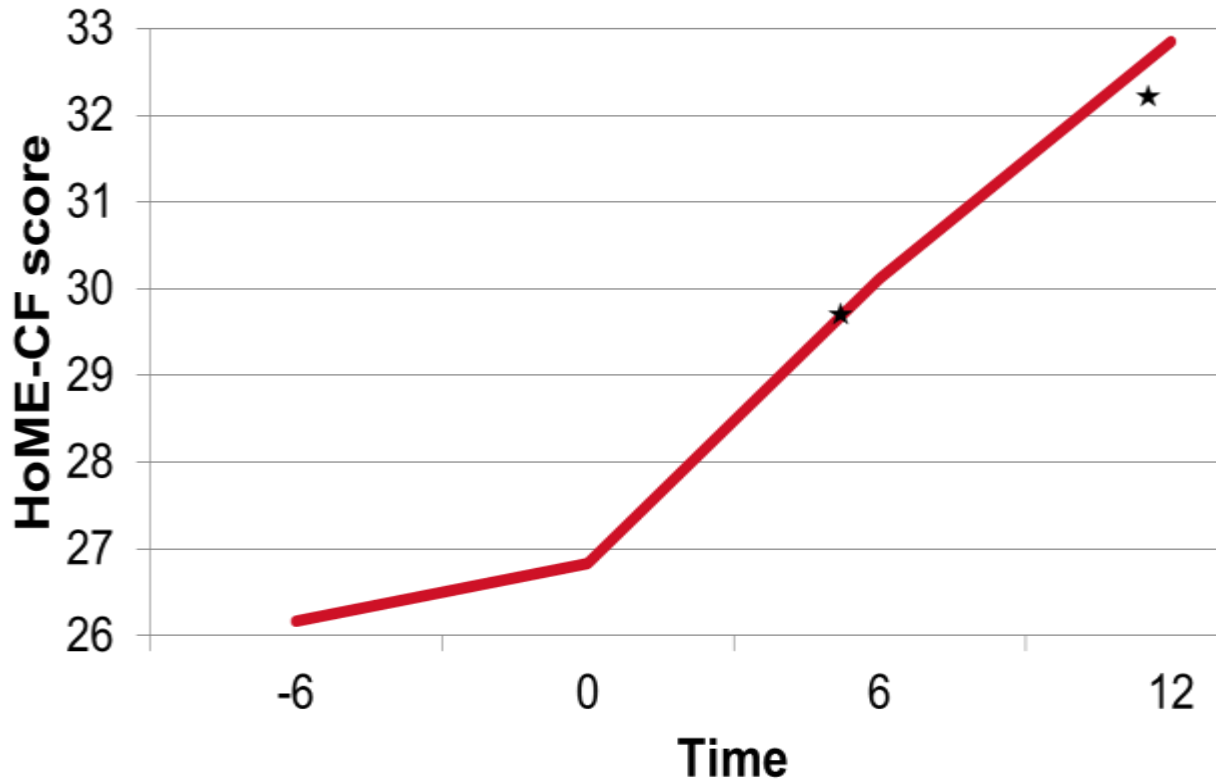
LEAP implementation by cognitive status



- › 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

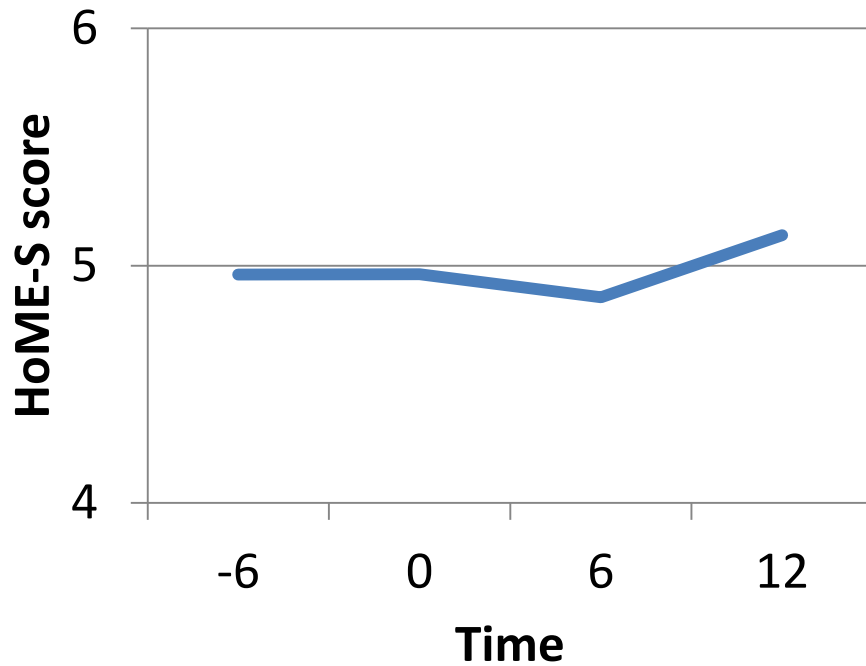


All clients: 0 to 12 months: $b = 5.39$, $t(113.09) = 3.93$, $p = .000$

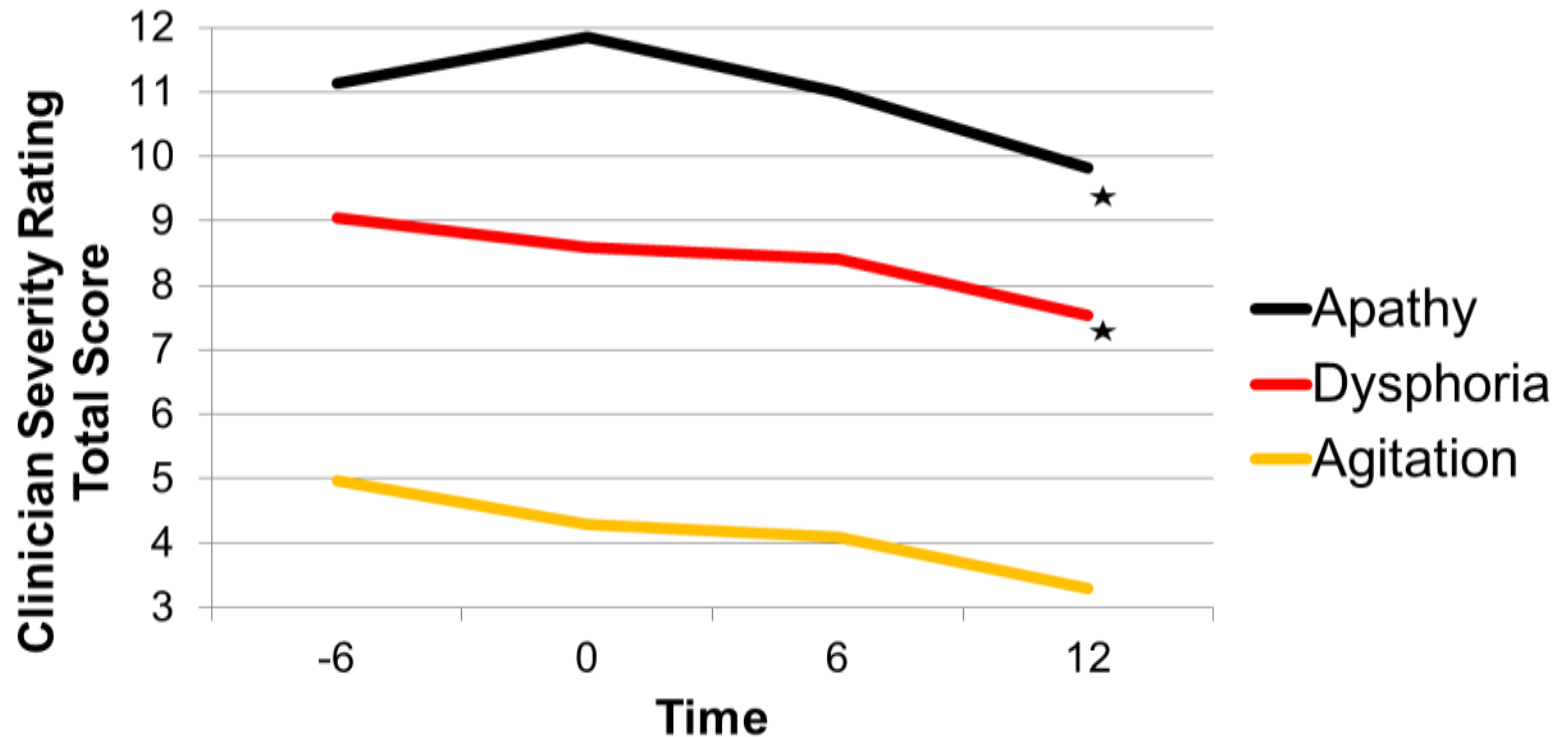
Cognitively impaired: $b = 5.60$, $t(37.81) = 2.45$, $p = .019$

*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

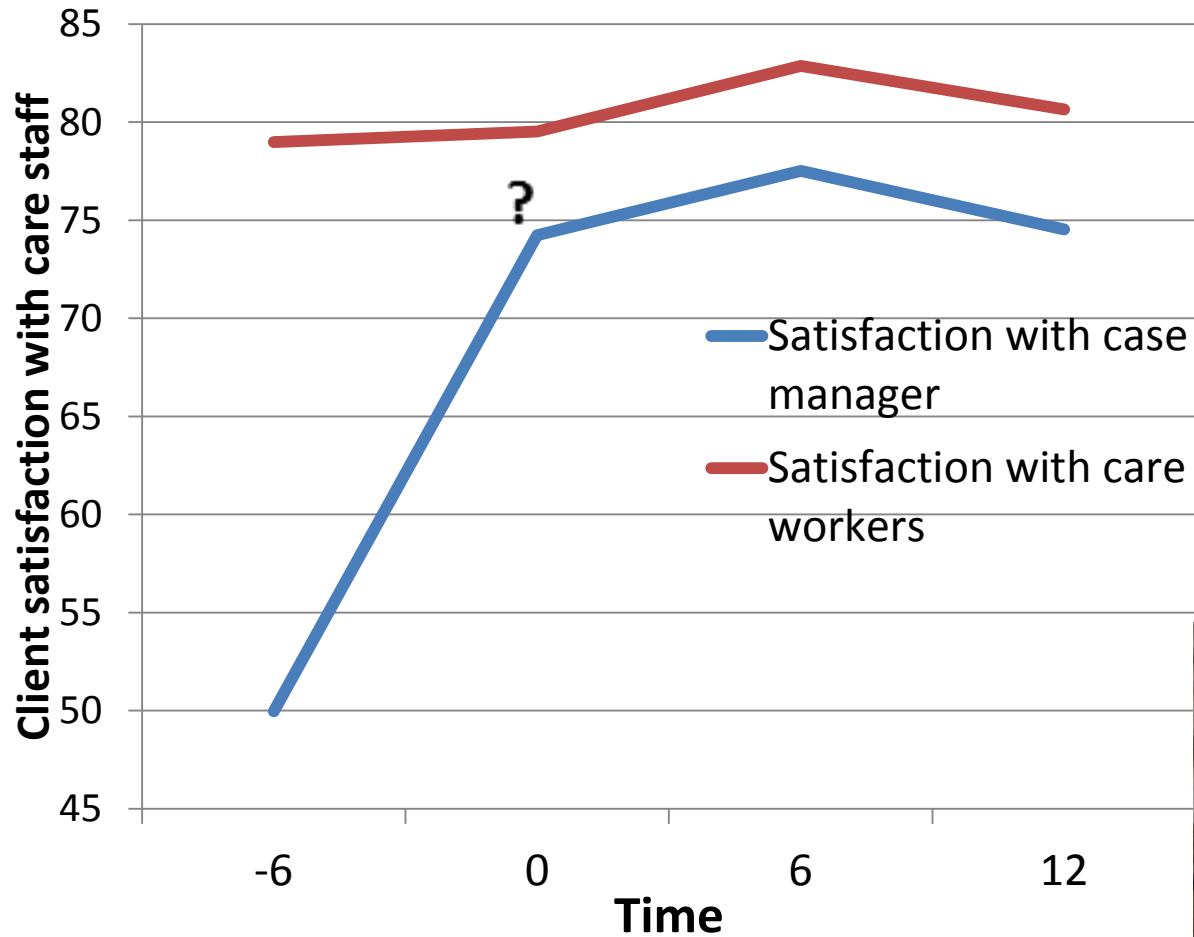


Neuropsychiatric inventory – Clinician (NPI-C) subscale results

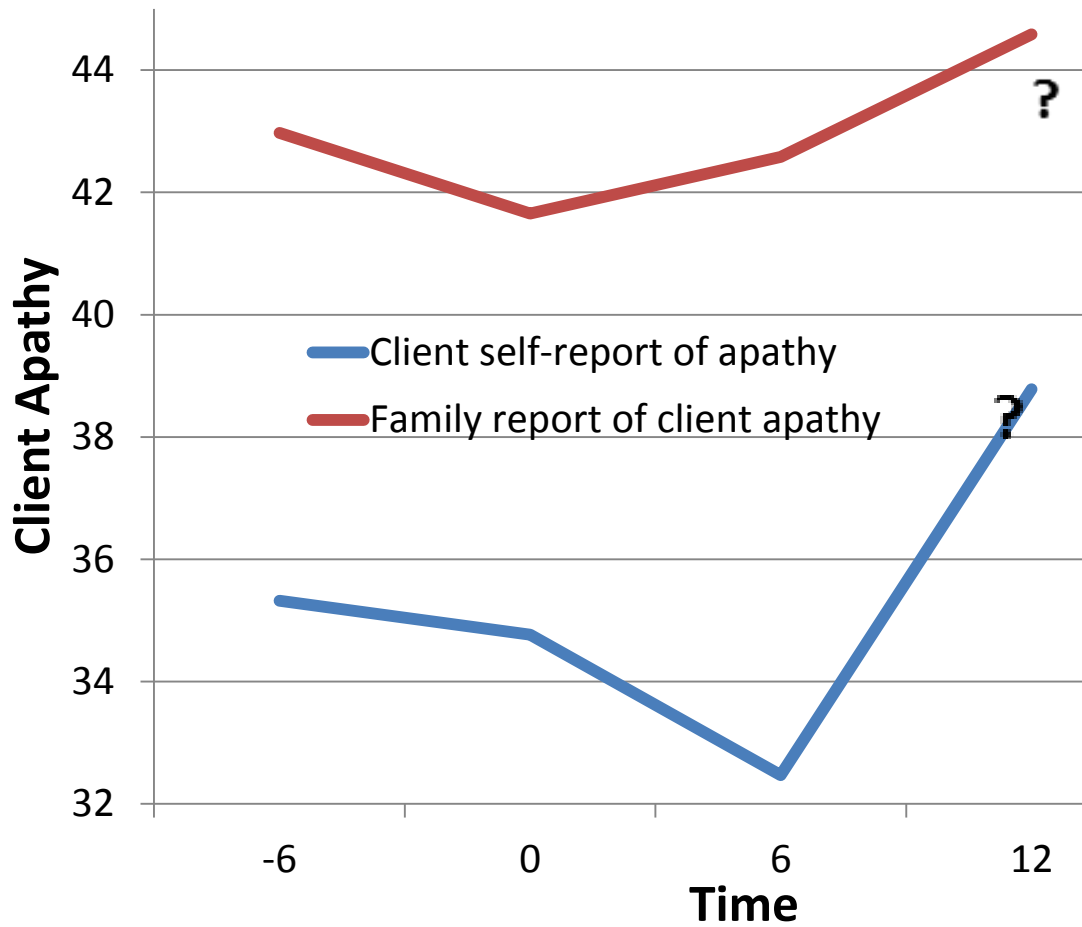


- Apathy - all clients: $b = -.23$, $t(117.00) = -2.03$, $p = .045$
 - cognitive impaired: $b = -.41$, $t(47.85) = -2.62$, $p = .012$
- Dysphoria - all clients: $b = -.25$, $t(124.36) = -2.25$, $p = .026$
 - cognitive impaired: $b = -.39$, $t(39.16) = -2.57$, $p = .014$
- Agitation - $b = -.97$, $t(98.15) = -3.32$, $p = .001$
 - cognitive impaired: NS

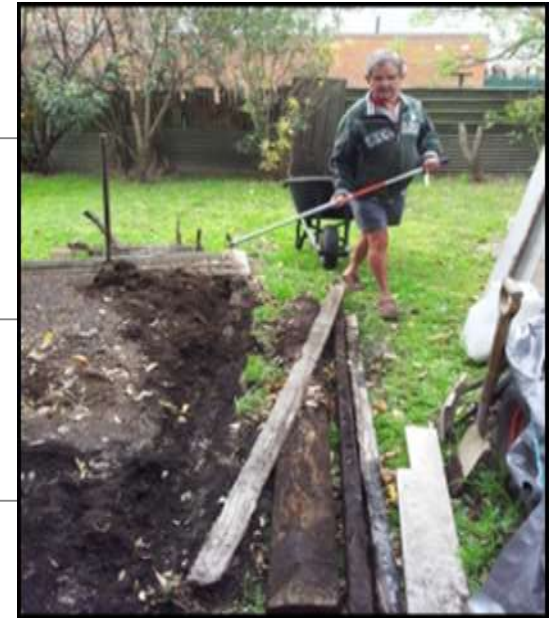
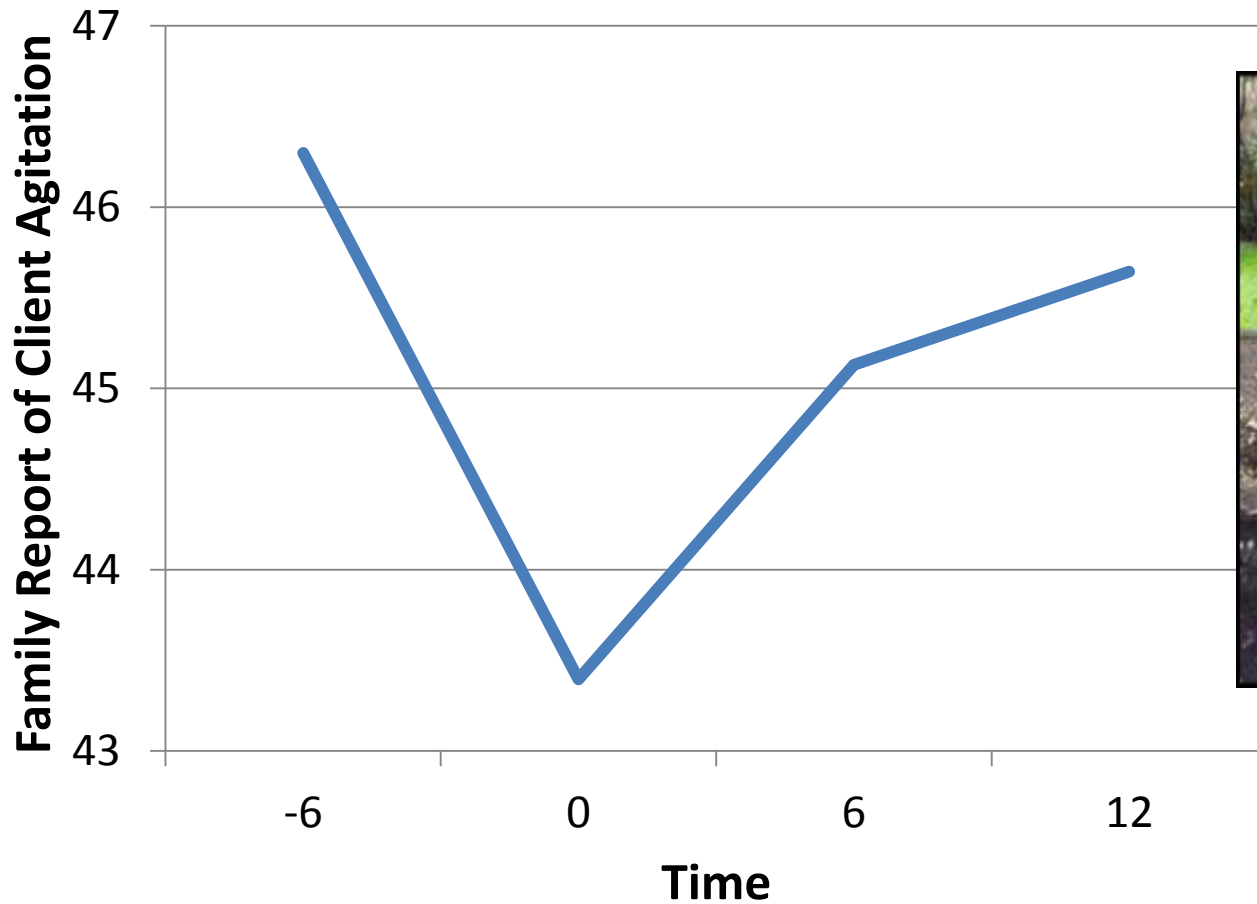
Client-rated satisfaction with care staff

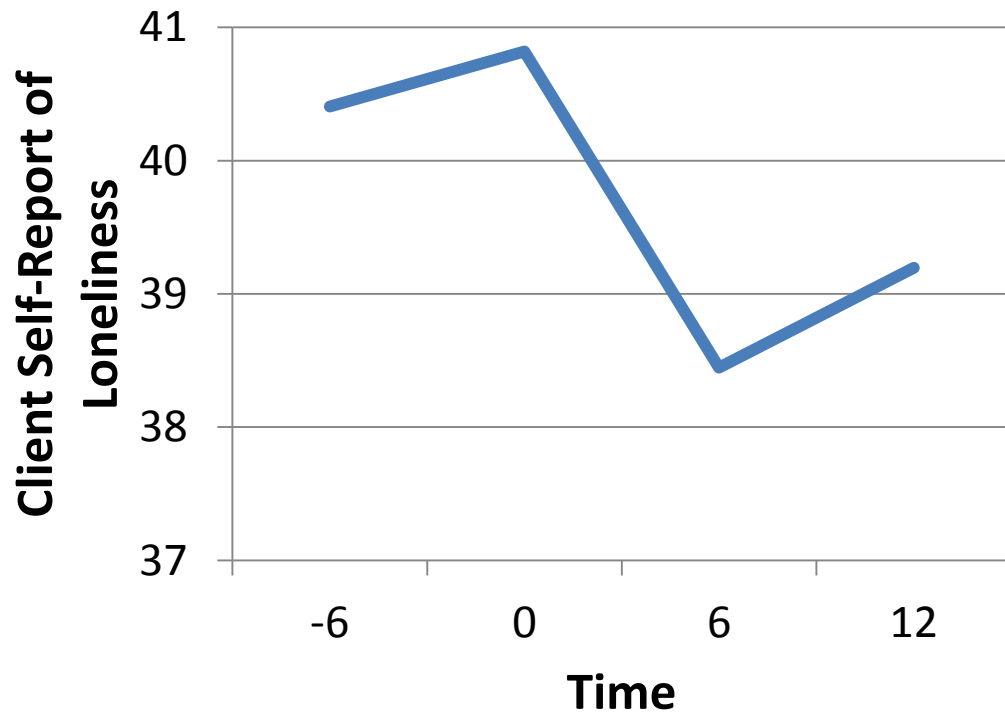


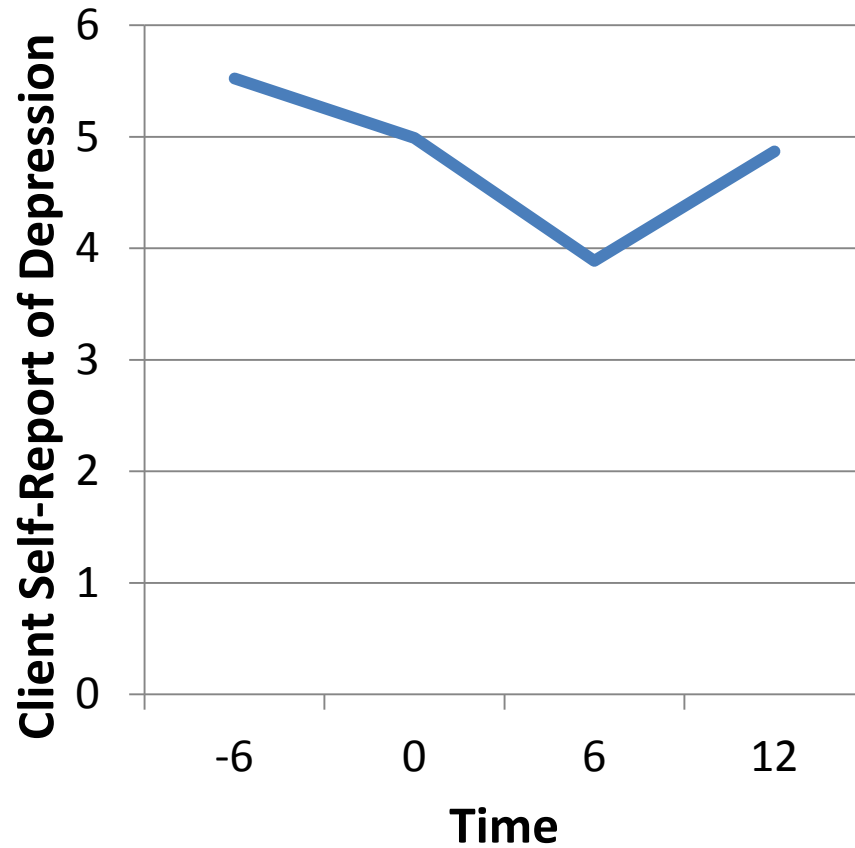
Client and family rated apathy



Family report of client agitation (CMAI)







- › 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