The Lifestyle Engagement Activity Program (LEAP) for Life: Increasing social support and recreation in home care

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Acknowledgements

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Maslow’s hierarchy of needs for QOL

- Physiological
- Safety
- Love/belonging
- Esteem
- Self-actualization
# QOL domains for people with dementia

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomain</th>
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<tbody>
<tr>
<td>Physical functioning</td>
<td>e.g. walking, stairs, reaching, bending</td>
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<tr>
<td>Interaction</td>
<td>Communication, Comprehension</td>
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<tr>
<td>Bodily wellbeing</td>
<td>Fatigue, Sleep</td>
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<tr>
<td>Daily activities</td>
<td>Self-care, IADLS (e.g. shopping, cooking, finances)</td>
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<tr>
<td>Mobility</td>
<td>Travel in and outside neighbourhood, Public transport</td>
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# QOL domains for people with dementia

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<tr>
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<th>Subdomain</th>
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<tbody>
<tr>
<td>Social interaction</td>
<td>Intimacy, happiness with family</td>
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<tr>
<td></td>
<td>Social participation</td>
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<tr>
<td>Sense of wellbeing</td>
<td>Self-esteem, Sense of control</td>
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<td></td>
<td>Depressed mood, Feeling loved and wanted</td>
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<td>Anxiety/ worry, Loneliness/isolation</td>
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<td></td>
<td>Frustration, Boredom, Feeling useful, valuable to others, helpful</td>
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<tr>
<td></td>
<td>Calm, peaceful, Happiness, cheerfulness</td>
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<td></td>
<td>Sense of humour</td>
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<tr>
<td>Sense of aesthetics</td>
<td>Enjoyment of beauty/nature</td>
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<td></td>
<td>Creativity/artistic expression and appreciation</td>
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<td></td>
<td>Awareness and appreciation of surroundings</td>
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<tr>
<td>Discretionary activities</td>
<td>Work/productivity</td>
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<td></td>
<td>Being active</td>
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<tr>
<td></td>
<td>Hobbies, recreation, vacations</td>
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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
– LEAP movie here....

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
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>Characteristic</th>
<th>Value</th>
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<tbody>
<tr>
<td>Female</td>
<td>73.5%</td>
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<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 with cognitive impairment compared to 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

![Graph showing engagement over time. The HoME-S score remains stable from -6 to 6, with a slight increase from 6 to 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

[Graph showing the satisfaction with case managers and care workers over time.]

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

The University of Sydney
Client and family rated apathy

Client self-report of apathy
Family report of client apathy

Client Apathy

Time

-6 0 6 12

32 34 36 38 40 42 44

Client and family rated apathy
Family report of client agitation (CMAI)
In summary

- 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
- LEAP training and support available through the Arts Health Institute http://www.artshealthinstitute.org.au/

Future research

- LifeFul restorative care program in residential aged care
- Incorporating allied health input and approaches to LEAP – e.g. physiotherapist or exercise sports science assessment and care plan – delivered by care worker
- Self-stigma and goal setting in older people including people with dementia
LIVE and LAUGH with Dementia

The essential guide to maximizing quality of life

LEE-FAY LOW BSc Psych (Hons), PhD

DIAGNOSED WITH ALZHEIMER’S OR ANOTHER DEMENTIA

A practical guide to what’s next for people living with dementia and their families and care partners

KATE SWAFFER & LEE-FAY LOW

"This is a must-have book for people with dementia and their care partners… I found it inspirational."

Ita Buttrose, National Ambassador Alzheimer's Australia