

BACKGROUND & PURPOSE

Background

- Approximately 13% of older adults have depression (Centers of Disease Control and Prevention, 2017)
- Depression is a mental health condition that can greatly impact the way an individual feels, acts and thinks (American Psychiatric Association, 2018).
- Risk factors for development of depression include: life events, genetics, social isolation, diagnosis of progressive or chronic disease, and residing in an assisted living or skilled nursing facility (Cornwell & Waite, 2009)
- Occupational therapy's (OT) role in treating depression among older adults includes reintroducing meaningful occupations, establishing healthy routines and habits, increasing community involvement, and encouraging increased social interactions through group therapy (Bains, Scott, Kellett, & Saxon, 2014).
- Lack of research and knowledge regarding OT's role in treating depression (McMaster University, 2016).

Purpose:

- To collaborate with occupational therapy assistant students to develop and implement an occupation-based program for older adults with depression who are living in an assisted living facility.
- Program was implemented at Parkwood Assisted Living Facility in Grand Forks, ND

METHODS

- Increase knowledge about OT's role in depression through literature review
- Recruitment of participants
 - Inclusion criteria:
 - Recruitment strategies: flyer, collaborating with life enrichment staff, building rapport with residents
 - Administer pre-assessments:
 - Beck's Depression Inventory (BDI-II), Modified Interest Checklist (MIC), CASP-19 Quality of Life Questionnaire (CASP-19), and Person-Centered Assessment Tool (P-CAT)
 - Conduct a comprehensive needs assessment
 - Develop Life Engagement Group (LEG) program
 - 1 hour sessions
 - 10 week program consisting of biweekly sessions: 1 educational and 1 community outing/hands on session

IMPLICATIONS FOR OCCUPATIONAL THERAPY

Revisions to Person-Occupation-Performance- Model

- Increased emphasis on intrinsic factors when treating mental health conditions versus an equal emphasis on the environmental and person components.
 - Interventions should initially address the individual's intrinsic skills, thoughts, and attitudes, as these aspects as what commonly limit the individual's engagement in meaningful activities.
 - Lack of motivation or interest to engage in activities or roles that were previously meaningful to the individual is one of the most common symptoms of depression, so it is imperative the occupational therapist is implementing client-centered occupations.
 - Medication management should also be addressed among the older adult population as they are typically taking a number of drugs that can put them at increased risk for depression or other mental health conditions (Opp, 2018).
- Mental Health Assessments and interventions aligned with the PEOP model
 - PEOP provides brief guidelines on interventions and assessments, however they are aimed at treating physical health conditions. Because treating mental health conditions is a more nontraditional setting for OT, it would be beneficial to have specific assessments for addressing depression and improving the person's quality of life (Wong & Fisher, 2015).

Implications for Occupational Therapy

- The LEG had promising results for decreasing depressive symptoms and improving quality of life among older adults living in an assisted living facility.
 - OTs should continue to research the effectiveness of occupation-based group programs to treat depression among older adults in various settings including outpatient behavioral health and skilled nursing facilities.
- OTs should incorporate community outings to treat depression in order to address social participation, community mobility, and leisure exploration (Adams, Roberts, & Cole, 2011).

THEORETICAL FOUNDATION

- Person-Environment-Occupation-Performance (PEOP) Model (Baum, Christiansen, & Bass, 2015)
 - Systems model that puts emphasis on how its four components interact and support or hinder the individual's overall occupational performance
 - Four constructs include, person (intrinsic factors), environment (extrinsic factors), occupation, and performance
 - *Intrinsic factors*: The group participants who were at risk for, or had, depression had many intrinsic factors that altered their ability to engage in meaningful occupations
 - Decreased motivation, negative thoughts/feelings, diminished self esteem
 - Physiological differences due to medications and typical aging process
 - Limitations in physical and cognitive skills impacting ability to engage in activities that were previously meaningful
 - *Extrinsic factors*: Extrinsic factors that most commonly impacted the resident's performance in meaningful activities:
 - Social and economic systems: Residents, especially those in basic care, were unable to attend some outings due to limited money to spend each month (\$100).
 - Staff and individual's caregivers played a huge role in hindering/supporting overall performance
- Model of Human Occupation (Kielhofner, 2008)
 - Supporting theory
 - Utilized to guide mental health assessments and interventions
 - Interest Checklist, Beck's Depression Inventory

RESULTS/CONCLUSIONS

- 6 total residents aged 65-88
 - 1 male, 5 females
- Average sessions attended: 15
- Average length group participants lived at Parkwood: 11.67 months

Results

- Significant decrease in depression symptoms on the BDI-II post- intervention ($Z=-2.201$, $p<.028$)
- Post- CASP-19 scores were statistically higher than pre-test scores ($Z= -2.207$, $p< .027$)
 - Higher scores suggest a higher perceived quality of life on the CASP-19

Conclusions

- OTs should incorporate occupation-based and community focused group intervention for older adults living in an assisted living facility with depression.
- Further research is needed in this area of OT in order to fully understand interventions that are most effective

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