Focused Question: Leisure and Social Participation

What is the evidence for the effectiveness of interventions within the scope of occupational therapy practice to maintain, restore, and improve performance in leisure and social participation for older adults with low vision?

Collaborators

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• Acknowledgements (BU graduate students)
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Leisure and Social Participation

• Leisure
  – “A nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep”
    (Parham & Fazio, 1997, p. 250)

• Social Participation
  – “Organized patterns of behavior that are characteristic and expected of an individual or a given position within a social system”
    (Mosey, 1996, p. 340)

Scope of the Question

Leisure and social participation are vital to well-being for individuals with vision loss

  – Social isolation and loneliness
  – Depression
  – Poor confidence
  – Decreased social roles
  – Decreased satisfaction
  – Boredom

A total of 13 articles were selected

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<tr>
<th>Level of Evidence</th>
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Key Findings

4 Themes

1. Problem Solving/Strategy Training
2. Combination of Services
3. Skills Training
4. Home Visits/Adaptations
Theme 1: Problem-Solving/Strategy Training  
Moderate - Strong Evidence

- Increased or continuation in leisure activities associated with:
  - In-home problem solving (Rovner & Casten, 2008, Level I)
  - Group self-management (Brody et al., 1999, Level I)

- Improved perceived security in leisure and social participation associated with:
  - Group health education program using problem-solving approach (Dahlin Ivanoff, Sörn, & Svensson, 2002, Level I)

Theme 2: Combination of Services  
Moderate Evidence

- Improved leisure and social participation associated with:
  - Vision rehabilitation and interdisciplinary services (Hinds et al., 2003, Level III; McCabe et al., 2000, Level I; Shuttleworth, Dunlop, Collins, & James, 1995, Level III)
  - Collaborative goal-setting along with relevant services (Pankow et al., 2004, Level I)
  - Residential training program for veterans with vision loss (Elliot & Kuyk, 1994, Level III)

- No differences noted with:
  - Family involvement in addition to “standard care” (McCabe et al., 2000, Level I)
  - Integrated services compared to “currently available services” (La Grow, 2004, Level II)

Theme 3: Skills Training  
Mixed Results

- Extended teaching time in the use of optical and non-optical devices was associated with improved leisure reading and seeing non-verbal cues (Scanlan & Cuddeford, 2004, Level I)

- Group counseling, individual counseling, and perceptual training:
  - All associated with increased activity participation (though no significant differences between groups)
  - No change noted on activities, expectations, or self-report questionnaires (Conrod & Overbury, 1998, Level I)

Theme 4: Home Visits/Adaptations  
Mixed Results

- Adding task-lighting in living room was associated with an increase in social participation (Brunnstrom, Sorensen, Alsterstad & Sjostrand, 2004, Level I)

- In-home problem-solving treatment was associated with continued activity participation (Rovner & Casten, 2008, Level I)

- Adding home visits to currently available low vision services was not associated with increased social and leisure participation (Reeves, Harper, and Russell, 2004, Level I)

Study Limitations

- Unclear which components of combination of services were effective
- Inconsistent definitions of “standard care,” “traditional care,” and “currently available services”
- Lack of consistent and comprehensive outcome measures of leisure and social participation
- Lack of diversity of study participants
- Small sample sizes
- Limited demographic information

Implications for Practice

- Improve lighting
- Support use of problem solving strategies
  - Support groups
  - Self-management groups
  - Individual intervention
- Refer to appropriate services / collaborate
  - Low vision team (e.g., low vision optometrist, orientation and mobility specialist)
Implications for Research

- More research is needed to determine most effective interventions
  - Development of specific leisure and social participation outcome measures
  - Research focusing on leisure and social participation outcomes
- Clear definitions are needed (e.g., leisure, standard care)

Implications for Education

- Leisure and social participation are important areas of occupation for health and well-being
- Educational curriculums should:
  - Focus on older adults living with vision loss and their unique needs
  - Discuss the multiple services available to older adults living with vision loss
  - Teach skills to facilitate problem-solving and self-management strategies
  - Address lighting, including importance, assessment, and intervention

Our Experience

- Collaboration between professor, OT clinician, students, and AOTA
- Application of classroom knowledge
- Hands-on-experience

Evidence Brought to Life!