



Testing the Feasibility of the Individualized Positive Psychosocial Intervention



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“The Individuals Positive Psychosocial Intervention (IPPI) is a program that teaches nursing home direct care workers how to meaningfully engage with people living with dementia in one-to-one positive interactions that enhance wellbeing and reduce distress.”

RATIONALE: Over 75% of people living with dementia (PLWD) experience psychological and behavioral symptoms of distress, and their care partners (e.g., certified nursing assistants) struggle to prevent or positively respond to their distress. Research shows that nursing home residents experience more pleasure, alertness, engagement, and positive verbal behavior when engaging in IPPI activities delivered by a trained care partner.

OBJECTIVE: Our goals with this pilot study for an embedded pragmatic clinical trial (ePCT) are to effectively deploy the IPPI program into routine care within nursing homes while assessing implementation fidelity, barriers and facilitators, and the impact on distress in PLWD over 6 months, knowledge of emotion-focused communication for care providers, and self-efficacy for using emotion-focused communication for care providers.

SETTING: Nine nursing home communities that are owned and/or managed by United Church Homes.

POPULATION: Nursing home residents living with dementia and experiencing symptoms of distress (e.g., physical/verbal behaviors, rejection of care) or depressive symptoms (e.g., sad mood, poor self-esteem, restlessness), and their direct care partners.

INTERVENTION: The IPPI is an evidence-based program that engages PLWD in brief (i.e., 10 minute) one-to-one preference-based activities 2 times a week, with the goal of decreasing communication of distress and enhancing well-being among residents.

OUTCOMES: The primary clinical outcome is an improvement in a resident's targeted distressing mood or behavior. The secondary clinical outcome is an increase in staff knowledge of emotion-focused communication and self-efficacy in applying the skills in care. Implementation endpoints include the acceptability, feasibility, and appropriateness of the intervention, completing IPPIs, and obtaining MDS 3.0 data from United Church Homes to examine impact on distress for PLWD.

IMPACT: Findings from this study will guide any needed adaptations to the implementation as well as estimates of power needed for a full-scale Stage IV effectiveness ePCT. If successful, this IPPI pilot study could have significant impact on nursing home staff's ability to provide PLWD with preference-based, person-centered care to improve their mood and reduce communication of distress.