

The Perspective of Occupational Therapists on the Use of Assistive Technology by Older Adults with Dementia

INTERVIEW GUIDE

Participants: Occupational therapists

Participant code number: _____

Date: _____

Thank you for providing consent to participate in this interview. In this interview you will be asked a series of questions regarding the use of assistive technology by older adults with dementia living in the community. This sub-set of assistive technologies can help individuals to compensate for difficulties arising from cognitive impairment related to dementia. An assistive device is considered to be any item, product or piece of equipment that can support an individual with dementia to perform daily occupations that they would not otherwise be able to do as a result of dementia-related impairments, or that increases the ease and safety with which occupations can be performed. Assistive devices can range from 'low tech' devices such as reminder clocks, white boards to 'high tech' devices such as computer-integrated systems.

Please feel free to ask questions and make any comments you have at any time. This interview will be audio- recorded and will be kept confidential and access will be strictly restricted only to researchers working on this project.

Part 1: General Information

1. How many years of experience do you have working as an Occupational Therapist?

___ <1 year ___ 1-5 years ___ 5-10 years ___ 10-15 years ___ 15-20 years ___ > 20 years

2. How long have you been working as a community-based occupational therapist?

___ < 1 year ___ 1-5 years ___ 5-10 years ___ 10-15 years ___ 15-20 years ___ >20 years

3. Approximately how long have you been working with older adults living with dementia in the community?

___ <1 year ___ 1-5 years ___ 5-10 years ___ 10-15 years ___ 15-20 years ___ > 20 years

Subject Code:

4. How often do you work with older adults with dementia? (check one)

A few times a year	
Once a month	
A few times a month	
A few times a week	
Daily (5 days/ per week)	

Now I would like you to think about one specific client with dementia that you have worked with in a community setting and **have seen at least 2-3 times**. I am going to ask you some questions regarding this client and his/her level of functioning (e.g. cognitive, physical etc.)

5. Did this particular client have any of the following:

Please answer by saying 'yes' or 'no.' If yes, please elaborate.

- a) **Problems with memory** YES NO _____
(e.g. short-term memory, remembering names, addresses)
- b) **Problems with orienting oneself** YES NO _____
(e.g. to time/date/year, environmental surroundings)
- c) **Wandering behaviour** YES NO _____
(e.g. pacing, walking around, unaware they maybe lost)
- d) **Communication difficulties** YES NO _____
(e.g. expressing needs, word finding, answering questions using mostly yes/no)

6. What is the gender of this client? _____ Male _____ Female

7. How old was the client?

- a) < 70 years old
b) 70- 80 years old
c) 81- 90years old
d) 91-100 years old
e) > 100 years old

8. When did you last visit this client?
- a) Within the last week
 - b) 1-2 months ago
 - c) 3-6 months ago
 - d) 6 months to 1 year ago
 - e) More than 1 year ago

9. Did this individual live alone at home or with a family member?

____ Alone ____ With family

If living alone, was this individual on their own:

Note: please keep in mind if the client had a nurse, PSW or friends who came to take care of them when answering this question.

- a) All the time
- b) 3 or more times a week
- c) less than 3 times a week

And was care required:

- a) day and night
- b) Only during the day
- c) Only during the night

If they lived with family member(s), did they require:

- a) Care 24 hours per day,
- b) Care sometime during each day (up to 12 hours)
- c) Care a few times per week
- d) Care a few times per month
- e) No care

Part 2: Common Assistive Technologies Used

I will now be providing you with 10 categories of assistive devices used by individuals with dementia. These are based on findings in the literature. Throughout this section please keep in mind the same individual that you thought about for the previous section. I will be asking you about each of the categories of devices to gain an understanding of what you have previously used with your client/have recommended to your client/have observed your client using and if so what and how they were used. (Provide participant with index card which has all the categories of assistive technology listed)

Subject Code:

1. **Orientation Devices** – are devices that help prompt the date and time (e.g. they can include but are not limited to wall clock calendars, electronic calendars, daytimers, reminder clock)

a) Was this type of device used by the client YES NO

If YES, complete the following questions. If NO, move on to the next category.

b) Please list the orientation devices you can think of that were used by the client (e.g. calendar)

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the types of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

- 1. A few times per year
- 2. A few times per month
- 3. A few times per week
- 4. Once per week
- 5. Daily (i.e. 5 days per week)

I am unsure about how frequently this device was used by the client
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?

1 2 3 4 5

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral
4. Somewhat Helpful
5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

h) Did your client find it easy to use this device?

1 2 3 4 5

1. Very Difficult
2. Somewhat Difficult
3. Neutral
4. Somewhat Easy
5. Very Easy

Subject Code:

2. **Medication Reminders** – Helps people who have difficulty remembering to take their medication at the correct time. This includes but is not limited to devices such as pill boxes, automatic pill reminders, and automatic pill dispenser.

a) Was this type of device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Please list the medication reminder devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the types of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

- 1. A few times per year
- 2. A few times per month
- 3. A few times per week
- 4. Once per week
- 5. Daily (i.e. 5 days per week)

I am unsure about how frequently this device was used by the client
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. Somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?

1 2 3 4 5

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral
4. Somewhat Helpful
5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

h) Did your client find it easy to use this device?

1 2 3 4 5

1. Very Difficult
2. Somewhat Difficult
3. Neutral
4. Somewhat Easy
5. Very Easy

3. **Memo minders** – Helps people who have difficulty remembering to carry out tasks. These devices can provide prompts and reminders or pass on a message. Sophisticated memo minders can also play messages when movement is detected (e.g. motion detectors)

a) Was this type of device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

Subject Code:

b) Please list the devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

1. A few times per year
2. A few times per month
3. A few times per week
4. Once per week
5. Daily (i.e. 5 days per week)

I am unsure about how frequently the client used this device
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. Somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

Subject Code:

g) How helpful do you think this device was for the client?

1 2 3 4 5

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral
4. Somewhat Helpful
5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

h) Did your client find it easy to use this device?

1 2 3 4 5

1. Very Difficult
2. Somewhat Difficult
3. Neutral
4. Somewhat Easy
5. Very Easy

4. Signs, notices and other environmental aids – Simple visual aids that can act as memory prompts for the individual. These include but are not limited to signs, labels, whiteboards, bulletin boards and pictures.

a) Was this type of device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Please list the devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

1. A few times per year
2. A few times per month
3. A few times per week
4. Once per week
5. Daily (i.e. 5 days per week)

I am unsure about how frequently the client used this device
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. Somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?

1 2 3 4 5

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral

Subject Code:

4. Somewhat Helpful

5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

h) Did your client find it easy to use this device?

1 2 3 4 5

1. Very Difficult

2. Somewhat Difficult

3. Neutral

4. Somewhat Easy

5. Very Easy

5. Phones and Phone Modifications – Can be used to communicate with family members when not in the same room/building. This can include but is not limited to regular telephones, cordless phones and cell phones. Phone modifications can include having a big screen, large buttons for each number and programmable phone numbers.

a) Was this type of device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Please list the devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of

e) How frequently do you think this device was used by the client?

1 2 3 4 5

1. A few times per year
2. A few times per month
3. A few times per week
4. Once per week
5. Daily (i.e. 5 days per week)

I am unsure about how frequently the client used this device
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. Somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?

1 2 3 4 5

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral
4. Somewhat Helpful
5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

Subject Code:

h) Did your client find it easy to use this device?

1 2 3 4 5

1. Very Difficult
2. Somewhat Difficult
3. Neutral
4. Somewhat Easy
5. Very Easy

6. Alarm and pager units. These devices can be used to alert caregivers, and community security monitoring agencies (e.g. Lifeline) when the individual is in danger

a) Was this type of device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Please list the devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

1. Once per year
2. A few times per year
3. A few times per month
4. A few times per week
5. Once per week

Subject Code:

I am unsure about how frequently the client used this device
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

- 1. Very Unsatisfied
- 2. Somewhat Unsatisfied
- 3. Neutral
- 4. Somewhat Satisfied
- 5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?

1 2 3 4 5

- 1. Very Unhelpful
- 2. Somewhat Unhelpful
- 3. Neutral
- 4. Somewhat Helpful
- 5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

h) Did your client find it easy to use this device?

1 2 3 4 5

- 1. Very Difficult
- 2. Somewhat Difficult
- 3. Neutral
- 4. Somewhat Easy
- 5. Very Easy

Subject Code:

7. **Fall Detectors** – Can detect if a person is getting out of bed, rising from a chair, or when they have fallen. This includes but is not limited to pressure sensors or mats on or floor.

a) Was this type of device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of.

c) How frequently do you think this device was used by the client?

1 2 3 4 5

1. A few times per year
2. A few times per month
3. A few times per week
4. Once per week
5. Daily (i.e. 5 days per week)

I am unsure about how frequently the client used this device
(please check off if it applies)

d) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. Somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

e) How helpful do you think this device was for the client?

1 2 3 4 5

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral
4. Somewhat Helpful
5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

f) Did your client find it easy to use this device?

1 2 3 4 5

1. Very Difficult
2. Somewhat Difficult
3. Neutral
4. Somewhat Easy
5. Very Easy

8. Environmental Detectors – help detect changes in the environment such as temperature changes. These devices can include extreme water temperature monitors, gas detectors, and smoke detectors. This category can also include stove minders and auto shut-off kettle (appliances) as they can be part of the environment. Stove minders can alert individuals by a flashing light or a beeping sound. The auto-shut-off kettle automatically turns off when it reaches a certain temperature. These devices can act as detectors as they turn off when they are not in use thus preventing danger.

a) Was this type of device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Please list the devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

Subject Code:

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

1. A few times per year
2. A few times per month
3. A few times per week
4. Once per week
5. Daily (i.e. 5 days per week)

I am unsure about how frequently the client used this device
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. Somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?

1 2 3 4 5

Subject Code:

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral
4. Somewhat Helpful
5. Very Helpful

I am unsure about how helpful the client found this device
 (please check off if it applies)

h) Did your client find it easy to use this device?

1 2 3 4 5

1. Very Difficult
2. Somewhat Difficult
3. Neutral
4. Somewhat Easy
5. Very Easy

9. **“Wandering” Technologies** are used to alert caregivers when an individual has “wandered-off.” They can also aid in detecting the individual and can include devices such as GPS system in cell phones and sensors that alert others if a person has wandered off

a) Was this device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Please list the devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

1. A few times per year
2. A few times per month
3. A few times per week
4. Once per week
5. Daily (i.e. 5 days per week)

I am unsure about how frequently the client used this device
(please check off if it applies)

f) How satisfied did your client seem with this device?

1 2 3 4 5

1. Very Unsatisfied
2. Somewhat Unsatisfied
3. Neutral
4. Somewhat Satisfied
5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?

1 2 3 4 5

1. Very Unhelpful
2. Somewhat Unhelpful
3. Neutral
4. Somewhat Helpful
5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

Subject Code:

h) Did your client find it easy to use this device?

1 2 3 4 5

- 1. Very Difficult
- 2. Somewhat Difficult
- 3. Neutral
- 4. Somewhat Easy
- 5. Very Easy

10. **TV, Music, Radio and Computer aids-** are devices that help individuals remain connected to the world around them and also enhance engagement in leisure activities. These devices can have larger buttons, larger screens, larger keys and dials to enable the user to access them with ease.

a) Were these device used by the client YES NO

If yes, complete the following questions. If NO, move on to the next category.

b) Please list the devices you can think of that were used by the client

Now from the assistive devices you mentioned, pick the one that that you think your client used most often or was the most familiar with. Keep this device in mind when answering the following questions. If you are unsure please let me know.

c) What was the device? _____

d) Describe the occupation the device was used to aid and/or describe the type of situations it was used in that you were aware of.

e) How frequently do you think this device was used by the client?

1 2 3 4 5

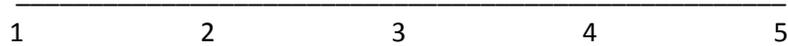
- 1. A few times per year
- 2. A few times per month

Subject Code:

- 3. A few times per week
- 4. Once per week
- 5. Daily (i.e. 5 days per week)

I am unsure about how frequently the client used this device
(please check off if it applies)

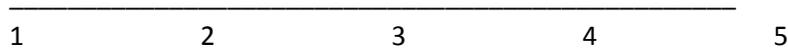
f) How satisfied did your client seem with this device?



- 1. Very Unsatisfied
- 2. Somewhat Unsatisfied
- 3. Neutral
- 4. Somewhat Satisfied
- 5. Very Satisfied

I am unsure about how satisfied the client was with this device
(please check off if it applies)

g) How helpful do you think this device was for the client?



- 1. Very Unhelpful
- 2. Somewhat Unhelpful
- 3. Neutral
- 4. Somewhat Helpful
- 5. Very Helpful

I am unsure about how helpful the client found this device
(please check off if it applies)

h) Did your client find it easy to use this device?



1. Very Difficult
2. Somewhat Difficult
3. Neutral
4. Somewhat Easy
5. Very Easy

Are there any assistive devices that you used with this client that were not mentioned? If so list 2 and describe what occupations they were used to support?

Part 3: Occupations and Assistive Technology

Now I would like you to think of occupations that this particular client was able to do and those that she/he had difficulty with. I am interested in those occupations where an assistive device was used to enable each occupation.

1a) Can you please provide examples of 1-2 occupations (e.g. self-care, productivity, leisure occupations) that your client was able to perform with the use of assistive devices? Occupations can include but are not limited to bathing/showering, meal preparation, eating, brushing teeth, toileting, shopping and taking care of finances.

b) Was the occupation performed by the client independently or was a family caregiver present to aid their loved one in participating in the occupation?

Occupation 1: _____

Assistive device used (name or describe it) _____

Was the occupation performed: (please check one)

Alone _____ Family caregiver present to help _____

Occupation 2: _____

Assistive device used (name or describe it) _____

What the occupation performed: (please check one)

Alone _____ Family caregiver present to help _____ (check one)

Subject Code:

2a) Can you please provide examples of 1-2 occupations (e.g. self-care, productivity, leisure occupations) that your client had difficulty with performing.

b) Was an assistive device used to aid in the performance of this occupation?

Occupation 1: _____

Assistive device used: YES NO

If yes, what was the device used? (name or describe it) _____

Occupation 2: _____

Assistive device used: YES NO

If yes, what was the device used (name or describe it) _____

Why do you feel these assistive devices (if used) did not work for the individual (e.g. were they used inappropriately, did not meet their needs etc.)

Part 4: Potential of Assistive Technologies

In this component you will be asked to identify gaps or possibilities where occupational participation for the client discussed earlier would have been enabled or enhanced by the use of assistive devices.

*Can you think of 1-2 situations where by **introducing** the use of assistive devices would have improved performance of certain occupations? Please describe these situations.*

Probe: For example during your visits with this client, do you feel that there are situations that the client encounters at home where they are having difficulty with certain occupations where using assistive technology would aid them?

Situation 1: _____

Situation 2: _____

What assistive devices can potentially be used in these situations?

Situation 1: _____

Situation 2: _____

How can these devices be used to help the client?

Situation 1: _____

Subject Code:

Situation 2: _____

Why do you think these devices have not been used?

Situation 1: _____

Situation 2: _____

Part 5: Prescribing or Recommending Assistive Technology

In this section you will be asked to discuss the use of assistive technology in general. For this section, please think about all the clients with dementia living in the community that you have or are working with and their use of assistive technology.

- 1) Have you prescribed or recommended assistive devices to other clients with dementia you have worked with? YES NO

If No, please explain why.

If Yes, please answer the following questions.

- 2) Based on the categories mentioned in the first component (can ask participant to refer to index cards with categories of assistive devices listed.) What type of assistive devices do you recommend most often and why?

#1 _____
#2 _____
#3 _____

- 3) Is there a difference in the types of assistive devices that you recommend/prescribe if the individual lives alone versus living with a family member?

YES NO

Explain your answer

- 4) Have you prescribed/recommended devices to the family caregiver that they can use in caring for their loved one? YES NO

If yes, can you please list and describe up to 3 these devices and why you recommended or prescribed them?

#1 _____
#2 _____
#3 _____

Part 6: Scenario-Based Question

Imagine that we have entered an era of extreme technological advancements and that any type of assistive device can be developed to meet each individual’s particular needs.

What are the most important types of occupational performance issues that you think need to be addressed by these new technologies? What would these new assistive devices be able to do and how could these devices be used to enhance occupational participation (you don’t have to give details about what the device would look like or how it would work, but rather focus on what the devices would enable people to do)?

Is there anything else you would like to add about AT and persons with dementia and the role of an OT that I haven’t asked?

--- Thank you for participating in this interview.