Fall Prevention Education Training for Older Adults with Serious Mental Illness and Previous Homelessness

Alex Manwaring, BS, OT Doctoral Student, Tina DeAngelis EdD, OTR/L, Elizabeth Brooks, BS, OT Doctoral Student
Thomas Jefferson University, College of Rehabilitation Sciences, Department of Occupational Therapy, Philadelphia, Pennsylvania

Abstract

Purpose: To examine the effect of an occupational therapy education and training program on fall risk awareness and fear of falling (FOF) with older adults who reside in one permanent supportive housing site, Project HOME (Housing, Opportunity, Medical, Education.), who have a history of serious mental illness and chronic homelessness.

Methods: Seven individuals aged 55+ from Project HOME, a permanent supportive housing non-profit organization in the Northeast, participated in a six-week pre-post occupational therapy education and training group program aimed to decrease FOF. Fear of falling was measured using the Fear of Falling Efficacy Scale – International (FES-I) with cut-off scores of low, moderate and high concern for falling (Delahere et al., 2010; Greenberg, 2012). Mean scores on the FES-I across the sample were compared using a Wilcoxon signed-rank test to determine statistical significance at a p-value of ≤ 0.05.

Results: There were n=7 participants that decreased their FES-I scores by n=1 participant that had no change in their FES-I scores, and n=5 participants that had an increase in their FES-I scores pre- and post-group education and training. Cut-off scores indicate 86% (n=6) of participants had no change in their FOF and 14% (n=1) had decreased FOF. A Wilcoxon signed-rank test showed that there was no statistically significant change in FOF comparing pre and post-FES-I overall scores (Z=-.201, p=0.893) and im­proved scores (see Table 2) with median FES-I scores improvement from 39 pre to 29 post.

Discussion: Although data demonstrated no statistical significance post-programming, it is hypothesized that participants’ FOF remained the same or increased possibly due to heightened awareness of fall-risk factors discussed in weekly programming. It is recommended future occupational therapy research include more rigorous methodology such as randomized control trial accounting for cognitive status of participants in the inclusive/exclusive criteria, additional individualized assessments of each participant, larger sample sizes, incentives to improve group participation rates, and longer duration of group programming with additional practice of falls prevention strategies taught during group sessions. This study also calls for further research exploring occupational therapists consulting permanent supportive housing staff in aging in place initiatives such as the training and education provided to residents in this study.

References


See handout for additional references*