

The MultiContext Approach: The Feasibility of Integrating Functional Cognitive Activities within an Inpatient Rehabilitation Unit

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BACKGROUND

- Functional cognition is a crucial component to address within an inpatient rehabilitation setting.
- The MultiContext (MC) Approach proposes a framework to guide occupational therapists in treating clients with cognitive impairments affecting everyday tasks.
- The MC approach focuses on enhancing self-awareness to develop strategies for clients to utilize across functional activities. By helping clients recognize that similar errors are interfering with everyday tasks, clients have the opportunity to develop and enhance strategies to assist in managing performance errors.
- Structured activities have a role in an inpatient rehabilitation setting.
- Objectives: 1. Identify the process for successful therapist implementation of MC activities. 2. Describe client satisfaction and perspectives with functional cognitive activities in an inpatient rehabilitation setting.

METHODS

Therapist Procedures

- Designed organizational system for activities for easy therapist implementation: easy accessibility in gym, organized by color-coded folders based on topics and separated by level I, II, and III.
- Provided 3 in-services to therapists in which therapists practiced activities on each other.
- Provided therapist feedback survey after therapist use of activities with clients
- Demographics: 4 therapists, 1 Level II fieldwork student, 100% female, average years of experience = 6.75 years.

Client Procedures

- Clients selected by therapist and engaged in MC activities from 1 to 4 sessions.
- Provided client satisfaction survey after last MC activity.
- Demographics
 - 15 clients
 - Diagnoses: Acquired Brain Injury, Parkinson's Disease and Multiple Myeloma
 - Median age = 66 years (range = 55 to 86 years)
 - 33% male and 67% female
 - Median MoCA score = 20.7/30 (range = 11 to 27)
 - 6 out of 15 scores unable to be obtained for average due to language or therapist did not complete.

SCHEDULE MODULE ACTIVITIES

Search and Locate			Shifting Activities		
Comparing information and detecting discrepancies			Marking items on the schedule according to changing directions		
Sample Directions	Schedule Level 1	List Level 1	Sample Directions	Schedule Level 1	
	Schedule Level 2	List Level 2			
Entering Information			Questions		
Marking items on the schedule according to changing directions			Finding information on the schedule or answering questions with multiple criteria and constraints		
Sample Directions	Schedule Level 1	Self Check Levels 1 and 2	Sample Directions	Schedule Level 1	
	Schedule Level 2			Schedule Level 2	

QUOTES

Therapist Quotes

"It was helpful to observe therapists during in-services implementing activities to understand various grading levels and how to facilitate guided questioning."
"The materials were easy to find as they were filed in the same location and categorized, color-coded, and labeled appropriately."

Client Quotes

"It was an eye opener. Need to slow down and look at what I am given more carefully."
"I have to be more alert because these skills used to be on automatic pilot before the surgery."

RESULTS

THERAPIST SATISFACTION SURVEY	REPORT
Ease of Implementation	2/5 reported easy, 2/5 neutral, 1/5 reported moderately difficult
Knowledge of Activities after Inservice	2/5 reported knew very well, 1/5 reported knew moderately well, 2/5 neutral
Time Constraint on Rehab as Barrier to Use	2/5 reported slight barrier
Activities Helpful to Clients	2/5 reported helpful, 2/5 reported moderately helpful, 1/5 neutral
Preparation Time Required	4/5 reported 1 to 4 minutes, 1/5 reported 5 minutes

CLIENT SATISFACTION SURVEY	PERCENT
"Interested/Very Interested"	73% (n=11)
"Some/A lot" of Challenge to Thinking	93% (n=14)
"Some/A lot" of Enjoyment	87% (n=13)
"Some/A lot" of Benefit	93% (n=14)
"Very/Extremely" Likely to Use Strategies	87% (n=13)
Overall Satisfaction	100% (n=15)

DISCUSSION/CONCLUSION

Clients were satisfied and engaged with MC activities in an inpatient rehabilitation setting.

- MC activities are feasible for therapists with no prior knowledge of activities to learn and implement. Addressing organization of activities is important for successful therapist implementation.
- MC activities allow for motor and cognitive goals to be addressed simultaneously.
- Structured activities are often therapist-directed initially and can eventually progress to more client-centered activity choices.
- Limitations include small sample size and lack of data of cognitive baseline.
- Challenges include short-length of stay, clients with denial and inconsistent use of metacognitive questioning.
- Recommendations include additional training in metacognitive questioning, utilizing and enabling strategy generation and training, maintenance of organized materials, and uniform documentation.