Group intervention for older clients with a visual impairment: advantages, inconveniences and barriers

Information Monitoring Summary

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Notice to readers
The information in the following pages is not intended to be an exhaustive review of the literature. The goal was to make directly relevant selected information more readily available. Accordingly, not all articles or documents dealing with the topic have been reviewed.

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Summary

1. A number of studies have shown the effectiveness of group approaches for older persons with a visual impairment (VI). In the studies surveyed, the programs aim at improving functional and/or psychosocial self-management. In the short term, group programs can help individuals to…

- better adapt to their vision loss psychosocially, reduce sadness and feelings of depression, and improve their satisfaction in regard to life and their self-efficacy: that is, the self-evaluation of the ability to act with success in given circumstances (Brody, Williams et al. 1999; Brody, Roch-Levecq et al. 2002; Gutman and Jaffe 2002);

- increase their use of optical and non-optical assistive devices for activities of daily living. (Brody, Williams et al. 1999; Eklund, Sonn et al. 2004; Eklund and Dahlin-Ivanoff 2007) and increase their perception of security when performing activities (Eklund, Sonn et al. 2004).

2. The content of programs surveyed here included teaching, discussions and training on functional strategies, problem solving, and establishment of goals and/or management of emotional reactions associated with vision loss. A study by Rees, Saw et al. (2007) confirms the correspondence between this content and the needs and expectations of persons with VI.

3. In a long-term study performed in Sweden, the group program was more beneficial than the one offered individually, in regard to using assistive devices and perception of security when performing activities (Eklund, Sonn et al. 2004; Eklund and Dahlin-Ivanoff 2007). The total social costs per treatment were also lower (Eklund, Sonn et al. 2005).

4. Group programs can take different forms: a limited-term support group led by one or more health professionals (McCulloh, Crawford et al. 1994; Gutman and Jaffe 2002), group education (Horowitz, Leonard et al. 2000; Brody, Roch-Levecq et al. 2002; Eklund, Sonn et al. 2004, 2005; Eklund and Dahlin-Ivanoff 2007), or an independent self-help group (McCulloh, Crawford et al. 1994).

5. Transportation, time and the commitment to participating in the meetings are the main barriers to participation in group programs (Kalafat and Dehmer 1993; Horowitz, Leonard et al. 2000; Rees, Saw et al. 2007).
These articles are summarized in the following pages:


**Purpose:** To assess if a self-management group intervention can improve mood, self-efficacy and activity among older persons with age-related macular degeneration (ARMD).

**Method:** Subjects were randomly assigned to an intervention (n=44) or control (n=48) group. All were legally blind in at least one eye. **Group program:** 6 weekly two-hour sessions. **Content:** Education about the disease. Group discussions. Behavioral and cognitive skills training to address barriers to independence. **Measures:** Pre- and post-program. Questionnaires on emotional distress, quality of well-being, self-efficacy (self-evaluation of one's ability to perform successfully in given circumstances), participation in activities and use of optical aids. **Results:** Compared to the control group, group program participants had a substantial reduction in psychological distress and an increase in self-efficacy and use of vision aids.

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**Objectives:** To assess the effectiveness of a self-management program for persons with ARMD.

**Method:** Random assignment of participants to a group program (n=86), individual listening to a 12-hour audio series on ARMD and health (n=74), or a waiting list (n=72). **Group program:** 8-10 participants per group; 6 weekly 2-hour meetings. **Content:** Didactic presentations and group problem solving with guided practice. Formal lectures by professionals in various fields (ophthalmology, rehabilitation, nutrition, exercise physiology, low vision optometry). Behavioral and cognitive skills training on barriers to independence. **Measures:** Performed immediately before and after the program, or after 6 weeks for the control group. Questionnaires on psychological distress, quality of life in relation to vision ("function"), social support, life perception, self-confidence in accomplishing daily activities. **Results:** Compared to persons in the control group (combination of "waiting list" and "health program audio series" groups), group program participants showed a significant improvement in mood and function. The change was more pronounced for subjects who were initially depressed. An improvement in self-efficacy was also observed in program participants.
Combined goal of the three studies: 1) Investigate the long-term impact of a health-promotion group-based program as compared to an individual program for persons with ARMD in regard to the use of assistive devices (AD); 2) assess the impact on perception of security when accomplishing daily activities; 3) investigate the relation between the number of AD used and the level of dependence in activities of daily living (ADL); 4) compare the cost-effectiveness of the two programs. Method: Subjects divided randomly in a group program "Health Promotion" (n=62) or individual program (n=69). Group program: 4-6 participants per group; 8 weekly 2-hour meetings. Meetings conducted by an occupational therapist. Multidisciplinary health education (ophthalmology, optometry, low vision specialists, lighting expert). Content: themes on ADL, addressed through information and skills training. Discussion and use of problem solving strategies. Handing out of an info booklet on ADL; participants to read some targeted chapters before each meeting as preparation and to formulate questions to ask during the meeting. Information on "future AD", that is, in the event of additional vision loss or physical ability. Glasses prescription by optician. Individual Program: User-determined goals; aimed chiefly at reading and near and far vision. Optical and non-optical AD prescription according to the intervention plan. Information upon request on “future AD”, lighting and the disease. One-hour phone follow-up on one or two occasions, about 2-4 weeks after the final visit. Measures: Performed at the time of admission and 28 months after the program’s termination by interview or file data collection. Examination of medical file and record of optical, non-optical and ADL assistive devices prescribed; questionnaire on perceived security in performing daily activities (meals, self-care and care of clothing, communication, cleaning, mobility, shopping, financial management /very insecure, insecure, rather secure, secure); calculation of cost related to low vision clinic visits and group meetings, medical visits, use of home assistance and household adaptation services. Results: 1) Compared to before the intervention program, group program participants (health promotion) made greater use of a combination of low vision (optical and non-optical) and ADL assistive
devices, whereas the individual program participants used just optical AD. The authors conclude that this difference is due to the fact that the group program participants learn how to use various AD at a less advanced stage of their disease, as the goal of the program is to prevent future human dependence in accomplishing activities following a loss of vision. The problem solving approach may also have contributed to the increase in the use of AD. 2) There is no relation between the number of AD used and the level of ADL dependence being increased, maintained or decreased. 3) At the time of long-term follow-up, the group program participants had a significant improvement in their perception of security for 20 out of 28 ADL, compared to no improvement for individual program users. The latter also had a significant decrease in their perception of security for 13 activities, whereas no decrease was recorded in the other group. 4) The total social costs per treatment were lower for the group program than for the individual.


Group of 10 men and women with grandchildren, most of school age. Program structure: 10 weekly 90-minute meetings, conducted by two clinicians. Themes addressed: fantasies on the subject of the grandparent’s role, adjustment to vision loss, "the child in me", heritage, games. Participants report that the group interventions helped them to progress and adjust to their role as grandparents.


Goal: An adaptive skills training program based on a group approach was developed to give older legally blind persons living in rural areas (< 25,000 inhabitants) the training necessary for them to remain independent in their home. Group program: 12 meetings 3-4 hours long. Content: Learning management of self-care and care of clothing; meals; household activities; orientation and mobility; use of assistive equipment. Discussion and counseling on themes such as independence vs dependence, support systems, leisure activities, community resources. Method: 395 participants participated in the program and answered, before and after the group program, a questionnaire on psychosocial adaptation to age-related vision loss. Results: Actual program length: 24-32 hours. On average, participants attended 8 meetings; 37% attended between 9 and 11 meetings and 57% 12 meetings. Program impact: significant improvement in psychosocial adaptation, feelings of sadness and depression and satisfaction in life, independent of age or whether living alone or not. Improvement in household activities skills, travel outside the home and personal care.
Three out of four participants (73%) nevertheless received additional services in visual impairment rehabilitation, orientation and mobility, social service, etc. Limits of the study: no control group. Nonstandardized interventions. Interviews conducted by clinicians and not independent evaluators, which may cause a bias on the part of participants (desire to please). Results measured immediately after the program may be influenced by the "halo" effect (positive bias created by the fact of having received interventions). No measure of long-term results.


This article describes the Adjustment to Blindness Project via self-help groups established throughout the United States in 1983. The project goal was to increase independence and quality of life for people with a visual impairment. Two consultants who had a visual impairment developed 23 self-help groups; 10 years later, half of the groups were functioning independently. A survey among members of the various groups shows the latter are quite beneficial (reduction in isolation, mutual help, support, information on resources, devices, etc.). The main barrier to participation in meetings is transportation.


Description of the structure and content of a support group (14 participants). Consists of 8 weekly 2-hour meetings, conducted by two health-care professionals. The article includes recommendations for groups of this kind.


Goals: To explore the needs of adults with low vision to determine the desired content of a self-management program and potential barriers to participation. Method: Semi-structured interviews of 48 persons with low vision. Results: All participants described a range of consequences resulting from their vision loss, including functional and social difficulties and emotional distress. Less than half said they were interested in participating in a group program. Barriers to participation in a group program include practical reasons, a lack of perception of needs and a negative and fuzzy perception of such a program.