



Matrix

Author / Year	Organization	Staff
Barker, J. C., & Mitteness, L. S., et al. (1991).	Organizational visibility in community network of care options	
Beisecker, A. E., & Wright, L. J., et al. (1996).	Demand for convenient hours, flexibility of use, affordability, stimulating, meaningful activities	
Benzing, P. (1994).	Implementation, funding, and scheduling of fieldwork	Occupational therapy students, fieldwork experience
Berry, G. L., & Zarit, S. H., et al. (1991).	Home care services vs. Adult day care services	
Beyersdorfer, P. S., & Birkenhauer, D. M. (1990).	Pet therapy	
Born, D.G., & Thompson, C.D., et al. (1996).	Adoption of pre-activity methods to increase involvement in activities.	
Bradsher, J. E., & Estes, C. L., et al. (1995).	Social / medical / combination models, and medical, "patchwork" funding, services	Medical model employees twice as many staff as social model
Brawley, E.C. (1997).		
Buelow, J.R., & Conrad, K.J. (1992).	Services offered	Perception of ADC and important components
Burgio, K.L., & Burgio, L.D., et al. (1991).	Intervention programming, verbal / physical cues	Staff role in toileting assistance
Cefalu, C. A., & Ettinger, W. H., et al. (1996).	Medical vs. Social	Skilled nursing (medical) versus social interaction (social)
Cohen, U., & Weisman, G. (1990).	Programming approaches to expand client autonomy	

Family	Client	Physical Setting	Outcomes
			Physicians as "gate-keepers" in use of alternative community care options
Users and non-users of ADC, demographics, perceptions of benefits / barriers		Barriers include unpleasant atmosphere, inadequate space and furniture	Need for increased marketing of ADC and its potential benefits
		Adult Day Care program offered for student practicum on University Campus	Meaningful experience for occupational therapy students and ADC clients
Demographics, activities performed during respite / non-respite, life satisfaction		Time usage and satisfaction	Time usage and satisfaction depending on respite type and caregiver relationship
	Client previous experience with pets, positive affect		Beneficial effects on clients, concerning social interaction, calmness, communication
			Increased social participation from the reading or telling relevant news stories
	Demographics, level of impairment		Increased demand, changing client profiles with lack of equal funding and regulation
ALZ impact on family	Effects of aging, effects of ALZ	Color, pattern, texture, light, acoustics, furniture, finishes, garden design	The formation of 10 therapeutic goals for design implementation, design guidelines
Perception of ADC and important components	Perception of ADC and important components	Interior environment	Staff caring, general morale and interior environ. are significant to client satisfaction
	Incontinence, level of physical and cognitive impairment		Incontinence is associated with cognitive and physical impairment
Demographics, caregiver burden, support options	Demographics, functioning / cognitive levels, continence, ADC stay length, abn behavior		Significant racial differences among client use pattern
	Needs of cognitively impaired, wandering	Design for day/respite center, impairment and environ. design, safety, privacy	Design principles for maximizing autonomy

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Cohen-Mansfield, J., & Besansky, J., et al. (1994).	Services offered	
Cohen-Mansfield, J., & Taylor, L., et al. (1998).		
Cohen-Mansfield, J., & Werner, P., et al. (1995).	Behavior modification techniques	
Conrad, K.J., & Guttman, R. (1991).	Therapeutic versus maintenance activities, services offered	
Conrad, K.J., & Hanarahan, P., et al. (1990, March).	Organizational and structural issues	Training, staff size, staff client ratio
Conrad, K.J., & Hanarahan, P., et al. (1993).	Medicare funding – ALZ vs. non-ALZ , rural vs. urban, medicare, requirements, services	Medicare requirements, qualifications
Conrad, K.J., & Hughes, S., et al. (1993).	Different model types - medical, social, rehabilitative, services offered, etc...	Staff client ratio
Conrad, K.J., & Hultman, C.I. (1993, September).	Services offered	Training
Cox, N.J., & Reifler, B.V., et al. (1998, May/June).	Reasons for termination, transportation, funding for clients, attendance flux	
Curran, J. (1996).		
Gutkowski, S., & Guttman, F. (1992).	Therapeutic goals of specific spaces	Interactions with patients
Guttman, R.A. (1991).		

Family	Client	Physical Setting	Outcomes
Reasoning for refusal to utilize services, services needed	Demographics, Disability level affecting care options		
	Hallucinations, delusions, pain, agitation, medical info, cognitive function		Clients experienced at least 1 del. / hal. per week, women more likely than men
	Agitated behavior frequency and type at ADC and home		Variance in agitated behaviors occurring at ADC and Home
		Pleasantness, amenities for ADA, safety, location	ALZ ADC - quality of life issues and improvement, Non ALZ ADC - maintenance
	Demographics, services needed	Square footage, location, equipment, amenities for ADA, space	Fiscal survival means intense marketing and over-enroll on a daily basis
			Percentage of ADC which qualify for Medicare
Family involvement	Impairment level in relation to program type		Types- ALZ family care, rehabilitation, high intensity, moderate intensity, low intensity
	Socio-demographics, services needed	Square footage, location, equipment, amenities for ADA, space, pleasantness	Fewer clients, staff, other resources in rural settings
Resistance to program	Behavior problems, medical needs, level of impairment / function		Suggestions made for preventing premature terminations
Family perceptions of clients changing mood and behavior	Clients suffering from Alz or related dementia		ADC had a positive effect on the mood and behavior of 42% of the clientele
		Color, light, boundaries, reception areas	Redefine space - interactive psychotherapeutic environment
Caregiver burden, nature of stress, support groups, institutionalizing issue			Increased caregiver burden = desire to institutionalize, benefits ADC

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Hasselkus, B.R. (1992).	Organization guiding principles, maintenance (ADL's) vs. therapeutic activities	Staff role in activities including ADL's
Hasselkus, B. R., & Labelle, A. (1998, March).	Discharge criteria, limits of care provision	Staff ideology about good and bad care, perception of termination of services
Hedrick, S., & Johnson, R.J., et al. (1991).		
Henry, M.E., & Capitman, J.A. (1995).	Financial viability, operational choices, services offered	Interaction with clients and family
Hensley, D.A., & Travis, S. (1997).	Organizational philosophies on staff training and continued education	Staff development and training / staff wear many hats based on need
Kirwin, P.M. (1991).	Services offered	
Kirwin, P.M., & Kaye, L.W. (1991).	Services offered to meet needs of family and client	Staff - less technical activities, Contracted - professional / technical services
Kirwin, P.M., & Kaye, L.W. (1993).	Services provided	
Lindeman, D.A., & Corby, N.H., et al. (1991).	Physical / social / cognitive / functional activities, financial management	Qualifications, recruitment, structure / training, retention / burnout, volunteers
Lovering, M. (1990).	Outdoor activities to supplement indoor activities	
Lyman, K.A. (1990).	Medical vs. non-medical	Stress, staff "control" over environment
Lyman, K. A., & Pynoos, J., et al. (1993).		Training intervention to increase knowledge of the effect of physical environment

Family	Client	Physical Setting	Outcomes
	Daily behavior / effects ALZ		Activities concerning ADL's take precedent over rehabilitative or therapeutic goals.
			Termination of client participation was an unsatisfactory experience for ADC staff
Ratings of client IADL's and behavior problems.	Level of physical and cognitive impairment / assistance received		ADHC participants more likely to be recruited from SNF / home care than from hospitals
Needs, preferences, satisfaction	Dementia / non-dementia, demographics, health status		Operational choices influence - affordability, utilization, discharge, but not caregiver well being
			Staff develop. programs constrained by time, budget, coordination, and changing client need
Socio-demographics, family support, caregiver functions, service need/use, satisfaction	Socio-demographics, impairments, length of stay, satisfaction		ADC & family roles more parallel than compliment. IADL's stronger predictor of ADC use than ADL's
longitudinal change in need of services	longitudinal change in need of services		ADC staff most likely to perform toileting, exercise and recreation - in home use declined over time
Services provided			Informal and formal - provide parallel services not complementary
Family needs, caregiver burden, support groups	Intake assessment, orientation, reassessment, behavioral problems	Noise, lighting, chairs, safety & security, wandering, room size and number	
	ALZ clients, wandering behavior, other impairments issues	Outdoor - enclosure, lighting, noise, safety, way-finding, seating arrangement	Design principles for outdoor spaces
	Medical typification of clients		Medical model has lower staff stress but increased infantilization of clients
		Space provision + spatial arrangements, security, personal care facilities, staff private spaces	Occupational stress & caregiving improvements with design modifications.

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Maynard, M. (1990).	Stress management exercises for clients	
McGadney, B.F., & Madison, A. (1997).	Services offered	
Murphy, M.B. (1993).	Concept of Adult Day Care, administration and organization, services offered	Training techniques and personal care
Newman, S., & Ward, C. (1993).	Planned and structured music activities	
O'Brien, N., & Sainer, J., et al. (1995).	Admin. policies and procedures, organization goals – mission statement, recruitment	Position summaries, professional and volunteer employment
Short-DeGraff, M.A., & Diamond, K. (1996).	Intergenerational activities	
Stevens, A.B., & King, C.A., et al. (1993).	Question asking reading (QAR) as meaningful activity	
Stremmel, A.J., & Travis, S.S., et al. (1994).	ADC and Child Care Center – philosophy on intergenerational exchange	Staffing concerns, training
Teresi, J.A., & Holmes, D., et al. (1998).	Medical Adult Day Care	
Travis, S., & Das, P. (1994).	Medicaid, research, teaching, public service, marketing, intergenerational	Staffing, student volunteers
Twigg, J. (1997).	Boundary between medical / social model concerning provision of bathing services	Psychosocial implications of bathing role
Wallace, S.P., & Snyder, J.L., et al. (1992).	Racial differences in funding sources for clients, racial differences in service needs	

Family	Client	Physical Setting	Outcomes
	Education + physical limitations, stress reduction		Aid adaptation to life stressors
Socio-demographics, attitudes toward ADC and other community resources	African American ADC clients, socio-demographics, services needs		African American caregivers prefer community asst. to family asst. Need asst. w/ IADL's, mostly
	Understanding the ADC client population and individuals with ALZ and dementia		
	ADC clients, physical manifestation of social interaction		Increase in social interaction and physical contact when children present
Caregiver burden, family finances, resistance to use	Client profile, behavior problems, intervention techniques	Design and use of space, sensory stimulation, orientation, environmental barriers	
	Various impairments including dementia (ALZ), behavior, social interaction		Higher social interaction / lower levels of solitary behavior with Intergenerational prog.
	Various impairments including dementia (ALZ), memory skills, social interaction		Higher social interaction and improved memory skills w / Question and Answer Reading
		Different spatial requirements for ADC / CDC programming activities	Benefits exist from intergenerational exchanges, but problems - training, practice policy
	Prevalence of cognitive impairments		Increased prevalence of ADC's serving mildly and moderately cognitively impaired clients
		Adult Day Care as part of University Campus	
Willingness and psychological reaction to bathing assistance	Psychological reaction to loss of ability to perform personal hygiene, social meaning of bath	Home environment vs. public space of ward or nursing home, public vs. private	Trend away from medical toward social results in unclear definition of bathing services
	Socio-demographics, functioning(ADL), cognitive levels		African American clients utilize ADC at twice the rate of older Caucasians.

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Webb, L.C. (1989).	Activities for sense of control, maximize the functional level, promote independence	Staff orientation, staffing patterns, support staff
Weissert, W.G., & Elston, J.M., et al. (1990).	Licensing / certification, financial aspects, services offered, three models of care	
Weissert, W.G., & Elston, J.M., et al. (1991).	Regulating entities, differences between ADCs according to regulatory status	Staffing requirements
Werner, B.J. (1994).	Medical model, revenue sources, administration methods, programming, therapies	Staffing, staff development, volunteers, students
Wilber, K.H., & Specht, C.V. (1994).		Demographics, burnout, involvement, peer cohesion, autonomy, control, physical comfort
Williams, B., & Roberts, P. (1995).	Segregation on basis of ability, programmed vs. non-programmed time	Staff roles in social interaction of clients
Zarit, S.H., & Stephens, M.A.P., et al. (1998, Sept).		
Zelman, W.M., & Elston, J.M. (1991, Spring).	Funding, operating expenses, financial profile, revenues, expenses	

Abbreviations:

- ADC** = Adult Day Care (Center)
ADHC = Adult Day Health Center
ALZ = Alzheimer's Disease
ADA = Americans with Disabilities Act
ADL = Activity of Daily Living
IADL = Instrumental Activities of Daily Living
CDC = Child Day Care (Center)

Family	Client	Physical Setting	Outcomes
Family resources, recognition of family needs, family involvement	Intake assessment, trial period, activity level, orientation to facility	ADA, site selection and orientation, vestibule, reception area, mnemonic cues, signage	
Socio-demographics	Socio-demographics		Expenses exceed revenues, general high level of client satisfaction with ADC
	Client satisfaction	Facility requirements for regulation	Regulated centers generally have more satisfied clients that unregulated centers
	Cognitively and physically impaired		Various sources of funding necessary to provide range of services demanded of ADHC
			ADC staff experienced lower than average levels of burn-out for health care workers
	Cognitive impairment and participation / social interaction	Staff influence in physical location of clients	Friendship-type interactions enable clients to maintain self-esteem and adjust to social norms
Socio-demographics, caregiver burden, depression, anger	Impairment levels (IADL's and ADL's)		ADCs allow for lower levels of caregiver related stress and better psychological well-being
	Dependence level according to model type		Labor is largest expense, flexible scheduling and part-time employees may help with cost of labor