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Exploring Key Success Factors in Home-Based Occupational Therapy for People with Dementia: A Qualitative Study from Italy †

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Abstract

This qualitative study explored the experiences of caregivers of people with dementia who received home-based occupational therapy from the Modena Memory Clinic. Five participants were interviewed through semi-structured conversations analyzed using thematic analysis. Results identified three main mechanisms underlying the effectiveness of the intervention: education, empowerment, and collaboration. Therapist-tailored interventions helped caregivers recognize remaining abilities, improve problem-solving, and enhance daily care strategies. The home environment supported comfort and engagement, while collaboration with professionals strengthened continuity of care. These findings highlight occupational therapy as a key component of community-based and person-centered dementia care.

Keywords: occupational therapy; dementia; psychosocial interventions; community care; caregivers

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1. Introduction

The term "dementia" includes a group of neurodegenerative disorders and represents the seventh leading cause of death worldwide as well as one of the major causes of disability among older adults, since its symptoms interfere with daily functioning and participation [1]. In Italy, the Piano Nazionale Demenze (National Dementia Plan) promotes an integrated network for care and research, emphasizing non-pharmacological and rehabilitative approaches [2]. Such interventions aim to maintain function, autonomy, and quality of life for both persons with dementia (PwD) and their caregivers (CG). The Italian Guidelines on Diagnosis and treatment of dementia and Mild Cognitive Impairment recommends Occupational Therapy (OT) as one effective treatment in dementia care, as it promotes well-being through meaningful occupations and supports independence in Activities of Daily Living (ADL) [3]. Moreover, within the framework of Ministerial Decree 77/2022 (DM 77/2022), which promotes integrated and person-centered community care [4], OT represents a valuable opportunity to achieve its goals by supporting continuity, autonomy, and participation in daily life.

Within the Memory Clinics, Centri per i Disturbi Cognitivi e le Demenze (CDCD) in Modena, OT is provided primarily at home, following the local protocol Avia Pervia OT, which offers three types of interventions. The Community Occupational Therapy in Dementia (COTiD) program, developed by Maud Graff, promotes autonomy and quality of life through a tailored occupation-based intervention for both PwD and CG [5]. The Tailored Activity Program (TAP), designed by Laura Gitlin, is a structured home-based intervention that uses individualized activities to reduce behavioral symptoms and train CGs through an educational, problem-solving approach [6]. Both of these psychosocial interventions were implemented in Italy in recent years [7,8]. Finally, the Avia Pervia OT local protocol includes consultations addressing assistive technology, environmental adaptations, and prevention of delirium or falls.

The contribution of occupation to various dimensions of well-being across the course of dementia has long been recognized, as demonstrated by studies such as Phinney et al. [9], Mountain and Craig [10], and Laver et al. [11]. International literature has long emphasized the role of home-based, occupation-centered approaches in supporting PwD and their CGs. Studies by Graff et al. [5]., Gitlin et al. [6], as well as recent World Alzheimer Report 2025 [12], underline how individualized activity-based interventions promote autonomy, engagement, and caregiver well-being.

CGs are essential in dementia management, yet often experience emotional distress, social isolation, and insufficient information. Most are family members with no formal training, and the chronic demands of care can lead to high stress or burnout [13]. Effective support therefore requires close collaboration between health professionals and family networks.

This study qualitatively explores the success factors of home-based OT for PwD and their CGs, as implemented by the CDCD of Modena. As these approaches are still relatively new within the Italian community care setting, this study takes an exploratory qualitative approach to describe CGs lived experiences rather than to test predefined hypotheses.

2. Methods

This study adopts an exploratory and qualitative research design, using semi-structured interviews to explore the experiences of CG of PwD who received home-based OT from CDCD in Modena.

The sample consisted of CG identified by the CDCD: two who received the COTiD program, two the TAP intervention, and one who benefited from a consultation. Inclusion criteria required CGs residing in Modena who had completed a successful OT intervention, defined as achievement of all planned goals and perceived improvements in daily life and quality of life for both CG and PwD. Exclusion criteria included CGs from other municipalities or those who did not receive home-based OT.

Data collection was conducted through semi-structured interviews based on the Interview Protocol Refinement Framework [14]. Interviews were conducted by an undergraduate student under the supervision of a senior occupational therapist and researcher, who also reviewed and validated the analytical process.

After telephone contact, interviews were carried out either at caregivers' homes or at the CDCD in a comfortable, informal setting. Participants received an information sheet explaining research aims and were asked to sign a consent form authorizing audio recording for transcription. Ethical approval was waived in accordance with local regulations for exploratory educational theses, while all participants provided written informed consent and were assured of full anonymization of their data. Each interview encouraged open sharing of experiences, expectations, and perceived outcomes of home-based OT.

All interviews were audio-recorded and transcribed verbatim using word-processing software on a computer before being subjected to thematic analysis. Data were manually coded and analyzed following the six-phase framework proposed by Maguire and Delahunt, which provides a practical, step-by-step approach to thematic analysis involving familiarization with the data, generation of initial codes, identification and review of themes, and synthesis of findings into coherent analytical narratives [15]. Manual coding was guided by an inductive approach consistent with Maguire and Delahunt's six-phase framework for thematic analysis, allowing categories to emerge directly from participants' narratives. Emerging categories were grouped into broader themes representing shared experiences and perspectives, forming the analytical foundation for the study's final results.

3. Results and Discussion

3.1. Results

Five CG of PwD who had most recently completed home-based OT interventions through the CDCD of Modena participated in the study. Participants were identified by the CDCD of Modena through a purposive sampling strategy based on predefined inclusion criteria. Three participants were male and two female; aged between 50 and 80 years, and all resided in Modena. Their caregiving roles included two children, one husband, one niece, and one professional caregiver. Interviews were conducted in July 2024, either at participants' homes or at the CDCD.

Analysis revealed four main thematic areas corresponding to the structure of the interviews: approach to the service, experience of the home-based intervention, perceived success factors, and perceived outcomes for both CG and PwD.

CGs generally reported that they first learned about the OT service through healthcare referrals rather than personal research. Most had little prior knowledge of OT, approaching the intervention without clear expectations but with a sense of need for support. This lack of awareness reflects the limited visibility of OT in dementia care and underscores the importance of professional communication and outreach.

The home environment was consistently described as a key facilitator of therapeutic success. CGs emphasized that familiar surroundings promoted comfort, cooperation, and engagement for the PwD, while also offering logistical convenience for families. Several participants reported that the intervention led to noticeable improvements in their relatives' engagement in meaningful daily activities and, in some cases, to a reduction in behavioral symptoms or in medication use, following consultation with the original prescribers. These reports align with existing literature showing that person-centered, activity-based interventions can help reduce behavioral and psychological symptoms in PwD.

A central theme across interviews concerned the relationship between therapist and CG. Participants valued the therapist's holistic approach, the practical strategies provided for managing daily routines, and the emotional reassurance gained through personalized guidance. Many CGs reported a shift in perspective—from focusing solely on the limitations of the disease to recognizing the remaining abilities of their relatives. This re-framing helped them reduce feelings of helplessness and promoted a more confident and proactive approach to care.

All participants described feeling actively involved throughout the process. The collaborative nature of the intervention was perceived as empowering, allowing CGs to develop problem-solving skills, improve communication, and strengthen their sense of competence. Emotional responses ranged from initial uncertainty to growing tranquility and satisfaction as they observed positive changes in daily life.

Following the intervention, CGs reported feeling more skilled in promoting autonomy, adapting communication, and managing challenging behaviors. Some expressed the need

for periodic follow-up sessions to adjust strategies in response to disease progression, while others proposed extending OT principles to the training of home-care assistants. Several participants highlighted the importance of the multidisciplinary team supporting the CDCD service, recognizing it as a key element in ensuring continuity and integration of care. While participants experienced different intervention formats (COTiD, TAP, or individual consultations), all reported similar mechanisms of success—therapeutic education, empowerment, and collaborative support.

Across all participants, three interrelated mechanisms emerged as central to the perceived success of home-based occupational therapy (Table 1).

Table 1. Summary of the three key mechanisms identified by caregivers as contributing to the effectiveness of home-based occupational therapy interventions.

Mechanism	Description	Perceived Impact
Education	Therapists provided tailored information and practical guidance for managing daily activities and behavioral symptoms.	Improved caregivers' understanding of dementia and daily care strategies.
Empowerment	Caregivers were actively involved in problem-solving and decision-making.	Increased confidence, autonomy, and coping skills.
Collaboration	Ongoing communication and teamwork between therapists, caregivers, and the multidisciplinary team.	Strengthened continuity of care and trust within the network.

3.2. Discussion

Although the sample was small, it was considered adequate to explore the study objectives, as it represented the main types of home-based OT interventions delivered by the CDCD of Modena.

Overall, the findings suggest that the success of home-based OT in dementia care lies in three interrelated mechanisms: education, empowerment, and collaboration. By equipping CGs with tailored strategies and enhancing their confidence, OT not only improves daily functioning for PwD but also alleviates the emotional burden of caregiving. While limited by its small sample size, this qualitative study provides valuable insight into the lived experience of family CGs and offers a foundation for future research on sustaining the impact of home-based OT interventions through structured follow-up and broader community integration.

4. Conclusions

The study highlights three key mechanisms underlying the effectiveness of home-based OT: the educational role of the therapist, CGs' empowerment, and collaboration within the care network. OT was described as a supportive experience that enhanced CGs' understanding of dementia, strengthened their problem-solving skills, and improved confidence in daily care. The home environment facilitated comfort and engagement, while the therapist's person-centered approach helped caregivers focus on preserved abilities rather than decline. In line with DM 77/2022, these findings support the inclusion of Occupational Therapy as a core element of community-based dementia care.

Although based on a small and context-specific sample, this preliminary qualitative study provides meaningful insight into CGs' experiences. Future research should explore

these mechanisms in larger samples and consider mixed-method approaches to examine how the benefits of home-based interventions can be sustained over time.

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Abbreviations

The following abbreviations are used in this manuscript:

PwD	Person(s) with Dementia
CG	Caregiver(s)
OT	Occupational Therapy
CDCD	Centri per i Disturbi Cognitivi e le Demenze (Memory Clinics)
COTiD	Community Occupational Therapy in Dementia
TAP	Tailored Activity Program
DM 77/2022	Decreto Ministeriale 77/2022 (Italian Ministerial Decree on community-based care)

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