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Older Adult Perceptions of The ASSIST Program

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Chapter 1 INTRODUCTION

Older people comprise the largest sector of the population in the United States and in other industrialized societies. According to the Department of Health and Human Services (2013), the number of older adults living alone increases with advancing age. Of those aged 65 plus 28% live alone, with women being more likely to live alone. After the age of 75, about 45% of older women live alone. While a small percentage of adults older than 65 (3.5%) live in institutional settings, this percentage dramatically increases with each decade of life. It increases from 1% in those aged 65-74, to 3% for those 75-84, and then to 10% for those older than 85 (Department of Health and Human Services, 2013, p. 5). Along with the increasing population of elderly in the United States, there is an increasing risk of social isolation due to dramatic changes in our modern culture. Rapid changes in family structures, increasing diversity in the general population, geographical mobility, and changing social integration patterns play a role in the disconnect that society is experiencing. Social isolation does not equate loneliness and depression. Loneliness is derived more by the lack of quality relationships than by the quantity of them (Masi, Chen, Hawkley, & Cacioppo, 2011, p. 2). Even though the two concepts are not the same, social isolation can lead to loneliness, which if not transient can lead to depression (p. 2).

Description of the problem

In the geriatric population six to seven percent suffer from depression (CDC, 2012). Depression is under-diagnosed and undertreated in the aging American population. While having a chronic medical condition predisposes older adults to depression, pre-existing depression can worsen the outcome of disability and disease (Alexopoulos, 2005, p. 1962). Part of the problem stems from an ageism culture of increasing isolation leading to loneliness and depression in older adults. Studies have shown a positive correlation between depression and a functional decline in

activities of daily living (Perissinotto, Cenzer, & Covinsky, 2012; Lenze et al., 2005). Other

studies have shown how intergenerationalism has had positive effects on older adults (Meshel,

2004; Darrow, Johnson, & Ollenberger, 1994). What has not been studied directly is the effect

that intergenerational exchanges between elders and adolescents could have on the loneliness and

depression experienced by older adults.

A wealthy gentleman developed the Academy Student Service Initiative Stipend for

Tuition (ASSIST). His mother was struggling with loneliness and he wanted to help. His desire

was to find a way to mitigate the loneliness felt by older adults. As a result of this desire he

developed the ASSIST program. The ASSIST program is currently being implemented at ten

different Seventh-day-Adventist Academies in the United States. In order to participate

adolescents from grades 9-12 must fill out an application, be interviewed, and accepted as a

participant. Once the adolescents are accepted into the program, they then go to homes within the

local community and visit with the older adults. They visit with them on a weekly basis. The

original purpose was for students to spend quality time with the older adults, developing personal

relationships with the goal of dispelling their loneliness (R. Christman, personal communication,

September 2, 2014).

Definitions of terms

<u>ASSIST</u> stands for Academy Student Service Initiative Stipend for Tuition.

<u>Intergenerational</u> is an adjective that involves or relates individuals from different age groups. It

also refers to the effects on several generations (Merriam Webster Learning Dictionary, 2014).

<u>Loneliness</u> has been likened to hunger and thirst; it's a warning that signals the need for

relational repair or maintenance (Masi et al., 2011, p. 2). "…loneliness is a subjective state of

perceived isolation that, without our awareness colors attention, cognition, and behavior in self-

defeating ways (Hawkley, Thisted, Masi, & Cacioppo, 2010, p. 139).

Depression Where "loneliness is a painful and aversive condition that is marked by a sense of emptiness, worthlessness, lack of control, and personal threat in one's social relationships depressive symptoms are painful, aversive feelings that dominate all aspects of life, not only social relationships (Hawkley et al., 2010, p. 1).

Theoretical framework

Grounded theory forms the framework for this study. Glaser and Strauss developed grounded theory in the late 1960s (Bugday, 2012, slide 4). Houser (2012) describes it as a qualitative systematic approach to developing a theory from the data collected (p. 438). It is a concept developed from an emergent social pattern that is generated by the comparison of collected data until saturation occurs (Glaser, 2002, p. 4). The concept developed by using grounded theory is one that can be "…applied to any relevant time or place" (p. 7). Grounded theory does not begin with a central research question. Rather the question is discovered as the process unfolds (Houser, 2012, p. 438). To begin with a general area of interest is chosen. Then using the qualitative methods of observation, interview, and document review the researcher begins to discover categories, concepts, and properties. These key points are coded, and the codes are developed into concepts that become the basis of the theory (Bugday, 2012). Hernandez (2010) states that, "grounded theory provides evidence about the ways people react and interact with each other and with their own health and illness" (as cited in Houser, 2012, p. 438).

Purpose statement

This paper explored the older adult perceptions of the ASSIST program, in which they participated. It examined their perceived feelings and thoughts, whether positive or negative,

regarding their interactions with the adolescents. This study is part of a larger study whose

purpose "…is to understand…how…the ASSIST Program has affected program participants

including the older adults receiving services and the [adolescents] providing [the] services…"

(Drumm & Trecartin, 2001, p. 1).

Chapter 2 LITERATURE REVIEW

The CINAHL, Medline, and PubMed databases, provided by the McKee Library at Southern Adventist University (SAU), were searched using the following keywords: intergenerational, elder, adolescent, loneliness, and depression. Most of the literature found was greater than twenty years old. The search led to sixteen peer-reviewed articles. Literature found from the last five years included seven articles, from the last 10 years six articles, and three from the last 15-20 years.

General literature

Intergenerational effects on older adults and adolescents.

Keller (1990) presented two social issues that a southern rural community struggled with and found a solution for. One issue was the increasing number of latchkey children, and the other was the shortage of community enriching programs for older adults to engage in. The community developed a program called Teens and Elderly for the Arts (TEA). In her article she highlighted the following: the benefits of linking the generations, the process of designing TEA, and the impact TEA and other such programs can have on the community. By linking generations through intergenerational activities older adults gain a sense of dignity, value, and usefulness. The adolescents indicated they learned new skills and felt better about themselves. The intergenerational exchange allowed for the development of a mutual understanding of each other. TEA time, as the program is called, "adds meaning and satisfaction to older adults' lives by allowing them opportunities to influence the future by transmitting their knowledge and skills to young people" (p. 321).

Yamazaki (1994) described the ways in which Japan has developed intergenerational exchanges in their schools, social welfare facilities, and adult educational facilities. "…in

traditional Japanese society the souls of the elderly and of children were thought to be deeply connected" (p. 454). Since the arrival of the technical age this close relationship or connection has been mostly lost. Yamazaki suggested that intergenerational programs assist older adults in sharing their valuable wisdom with the younger generation, giving them a sense of fellowship and community.

Mabli (2007) identified many of the social benefits gained by older adults and children who participate in intergenerational activities. Benefits to the older adult include developing feelings of value, alleviating feelings of isolation, providing emotional support, and increasing self-esteem. Benefits to children include, improved social skills, increased self-esteem, increased self-confidence, a decrease in drug use, and assisted them in becoming better-equipped members of society.

Davidson and Boals-Gilbert (2010) defined intergenerational programming "as the purposeful bringing together of different generations" (p. 23). They describe the types of intergenerational settings: senior care homes, early childhood settings, and shared facilities. They also discussed curriculum development for these types of programs. They feel that senior adults and young children share the following characteristics: "changes in development, need for companionship, and the desire to be understood" (p. 23). They proposed that intergenerational exchanges between the two generations could facilitate the growth of mental, emotional, social, and spiritual health.

Effects of loneliness and depression on elders' social well-being and health.

Alexopoulos (2005) wrote a review regarding late onset depression in the elderly, and he reviewed its prevention, diagnosis, and treatment, based off of the available literature. He notes a strong correlation between stress, major depression, and medical illnesses. When the body's

stress response is not inhibited immunity declines. While "depression exacerbates the outcome of medical illnesses" (p. 1962), the opposite can hold true as well. Medical illnesses can cause depression. Health, disability, social isolation, and low social economic status all contribute to depression in the elderly. "Suicide is almost twice as frequent in elderly individuals than in the general population" (p. 1964). Treatment and prevention for elderly depression is available. The problem that needs to be addressed is the lack of diagnosis and treatment of depression in the aging population.

Masi et al. (2011) conducted an integrative meta-analysis on loneliness reduction interventions. The authors found that there are four primary interventions: 1) improvement of social skills, 2) increasing social contact, 3) strengthening social support, and 4) confronting maladaptive social cognition. The results of the meta-analysis showed that "the effect size for interventions which addressed maladaptive social cognition was larger than that…" of the other interventions (p. 18). As a result of their findings, they proposed that activities focusing on cognitive behavioral therapy work best in reducing loneliness. Many interventions are aimed at providing increased opportunities for social interaction among the elderly; however, these activities may only bring lonely people together and not enhance social support or address abnormal social cognition.

Research literature

Intergenerational effects on older adults and adolescents.

Darrow et al. (1994) designed a quasi-experimental study designed to examine teens' and healthy older adults cross age attitudes after participating in an intergenerational choir for two semesters. Attitudes were assessed using a pre and posttest method. Results revealed that the attitudes of the older adults, and the attitudes towards them, changed in a positive direction. The

attitudes of the adolescents moved in a negative direction towards themselves and each other. The most significant changes were the positive change in attitude toward male seniors and secondly male teens. The authors proposed that by implementing intergenerational programs these two age groups could form surrogate relationships that "fulfill a need for family contact and dissuade isolation" (p. 132).

Meshel (2004) organized a quasi-experimental study based off of contact hypothesis ideology to promote positive stereotypes and attitudes between older adults and younger adolescents. For a period of six weeks participants met in each respective group, contact, didactic, and control, and participated in the planned activities for one hour every week. The study assessed attitudes and stereotypes for each age group before and after the initial and final activities spanning the six weeks. Results indicated that prior to the intervention younger participants already had a slightly positive attitude towards elders. After the intervention the contact adolescent group had slightly more favorable attitudes towards the older adults. In regards to the adolescents' attitudes no significant results were found. The older adults experienced an increase in life satisfaction, and their attitudes towards the adolescents increased significantly between pre-test and post-test. Meshel concludes that specific structured contact (contact hypothesis) between these two generations may be beneficial in promoting an increase in positive attitudes in both groups, and it also leads to increased life satisfaction among older adults.

In Germany, Kessler and Straudinger (2007) designed a randomized controlled trial. It focused on whether or not a nonfamilial intergenerational exchange has the "potential to compensate for cognitive and cognitive-affective deficits in old age and [the ability] to optimize prosocial behavior and communion goals in adolescence" (p. 698). They proposed that in role

development generativity and identity formation are complementary. Results partially supported their hypotheses. Adolescents in the experimental group displayed an increase in prosocial behavior and identity formation. Older adults in the experimental group experienced greater degrees of generativity and cognitive stimulation. Their hypotheses in regards to logical reasoning and communion goals were not supported.

In Spain, Hernandez and Gonzalez (2008) formulated a quasi-experimental study. It was aimed to investigate the effect that an intergenerational program had on stereotypical attitudes towards older adults, as well as the effect on their well-being. Posttest results from the older adult experimental movement group showed a significant reduction in depressive symptoms. Where as the control group that did not participate in movement sessions had a significant increase in depression. Stereotypes and opinions of the opposite generation both improved after intergenerational exchanges took place. The authors postulated that one of the reasons there was an increased sense of well-being in the older adults was because they felt useful. "They knew that their participation…was aiding the students' university studies" (p. 303).

Feng-Jen, Motamed, and Rougemont (2013) conducted a correlational survey. In Taiwan, between 1993 and 2007, three waves of data were collected from a survey called the Study of Health and Living Status of the Middle-Aged and Elderly in Taiwan. The status of their living situation was evaluated: living alone, living with a child or partner, or assisting in the care of their grandchildren. The older participants level of depression was evaluated using the Center for Epidemiological Studies Depression Scale (CES-D). The purpose of the study was to evaluate the effects that intergenerational exchanges have on depressive symptoms experienced by older adults. Statistically significant results showed that overall the older adults who took part in the intergenerational exchanges (taking care of their grandchildren or living with a partner or a child)

are less likely to have depressive symptoms. Between 1993 and 2007 the percentage of older

adults that provided care for their grandchildren increased from 9% o 21%, and the percentage of

those living with a partner or child decreased. It was also noted that older adults in 2007 had less

depression than they did in 1993. The authors theorized that the interaction between the elderly

and their grandchildren is beneficial in preventing depression, poor health outcomes, functional

decline, and delays death.

Momtaz et al. (2014) hypothesized that older adults have greater levels of emotional

well-being in comparison to adolescents. Their study drew information from two surveys given

to students and community dwelling elderly in Malaysia. Results significantly validated the

hypothesis that older adults have higher levels of emotional well-being. From their results they

postulated, "that as people age and perceive their time horizons…[as shorter] they focus on more

immediate goals that elicit positive emotions" (p. 817). As individuals age they tend to become

more emotionally balanced with a positive outlook.

Effects of loneliness and depression on elders' social well-being and health.

Lenze et al. (2005) developed a longitudinal prospective observational study. The aim of

the study was to determine whether persistent depressive symptoms affect functional disability in

older adults (>65) verses temporary depressive symptoms. Over the course of the study those

subjects that had significant depressive symptoms were found to have a decline in daily

functioning, while those with low depressive symptoms experienced no decline. Significantly,

this study found that participants with persistently elevated depressive symptoms had a much

higher increase in disability than the subjects with temporary depressive symptoms.

Hawkley et al. (2010) designed a cross-sectional longitudinal study, using a cross-lagged

panel analysis method. The purpose of the study was to determine if the accumulated effects on

loneliness over time (four years) increased systolic blood pressure (SBP) more than in subjects

who experienced less loneliness. At one year there was no influence noted between loneliness

and SBP, but over the four year course of the study the individual who was lonelier would have a

2.1mm or higher SBP. They theorized that chronic loneliness leads to a gradual but accelerated

increase in SBP over time. The authors concluded that this is a serious matter, and attention

needs to be given to this subject since high BP and loneliness are correlated with higher mortality

rates.

Carstensen et al. (2011) developed a longitudinal investigational. The goal of this study

was multifactorial, but mainly to evaluate emotional experiences over time. Results showed that:

1) Positive emotions increase up to a certain age then plateau, 2) As people age there is less

emotional liability, 3) Mixed emotions or poignancy increases with age, and 4) The subjects that

experienced positive emotions on a more frequent basis then negative ones survived longer than

the subjects that experienced primarily negative emotions. "…the rate of mortality is statistically

lower in the subset with higher emotional status than the subset with lower emotional status" (p.

30). The authors propose that sustained positive emotions predict survival.

Perissinotto et al. (2012) designed a prospective longitudinal cohort study with the aim of

evaluating the "relationship between loneliness, functional decline, and death in older adults" (p.

1078). Subjects were randomly selected from the Health and Retirement Study. A three-item

loneliness survey adapted from the UCLA Loneliness Scale and an interview to assess ADLs,

functional decline, and time to death was used on these participants every two years for a total of

six years. Results showed that loneliness is significantly associated with an increased risk of

mortality over a six-year period of time "(22.8% versus 14.2%)" (p. 1080). Results also showed

a positive correlation between loneliness and functional decline. While taking into account that

the relationship between loneliness and functional decline may be bidirectional, the authors

suggest that "by helping elders develop and maintain satisfying interpersonal relationships"

health outcomes may be improved (p. 1082).

Chapter 3 METHODS

Research Design

A qualitative design was chosen in the interest of gaining knowledge and insight regarding the intergenerational exchanges between older adults and adolescents. This study is a qualitative evaluation of the ASSIST program. It was systematically designed to explore the older adult participant's subjective perceptions of the ASSIST program.

Ethical Considerations

Prior to the commencement of this study approval was received from the institutional review board (IRB) at SAU (see Appendix A). In keeping with ethical principles, respect for persons, benefice, and justice have been maintained. 1) Respect for persons was preserved through the acquisition of informed consent prior to every interview. In this study there are two vulnerable populations, adolescents and older adults with impaired cognition. The older adults who were interviewed either signed informed consent for themselves or family members signed forms for them. The parents of the adolescents interviewed were contacted first, and both the parent and the child signed an informed consent. 2) This study generates no harm to the participants, thus benefice has been maintained. 3) The selection process for conducting interviews was non-biased. Everyone who participated in the ASSIST program and who has the mentally capability of recall is in the process of being interviewed. Regardless of their capacity to be interviewed, older adults with impaired cognition are still assigned to have adolescents visit with them

Population

The ASSIST program is being implemented at the following academies: Andrews Academy (Michigan), Atlanta Adventist Academy (Georgia), Blue Mountain Academy

(Pennsylvania), Campion Academy (Colorado), Collegedale Academy (Tennessee), Fletcher

Academy (North Carolina), Georgia Cumberland Academy (Georgia), Madison Academy

(Tennessee), Mount Pisgah Academy (North Carolina), and Sunnydale Academy (Illinois). The

target adolescent population chosen for this study was taken from the Collegedale Academy

sample only. The population of older adults was taken from among those residing in community

homes, Morning Pointe, and The Lantern.

Procedure

Potential participants (their parents or legal representative) were contacted, informed of

the interview, and then the adolescent or the older adult was invited to participate in the study.

Informed consent was obtained, interviews were conducted using a specific list of questions (see

Appendix A), and interviews were recorded using audio or video recording devices. The

interview recordings were transcribed verbatim using Microsoft Word. When finished, the

transcriptions were given back to the interviewed participants to review for accuracy of content.

This was done to ensure veracity and establish trustworthiness. Then using grounded theory as

the basis, the transcribed data were analyzed. Using this qualitative method, researchers

scrutinized the data looking for common themes, categories, and patterns.

Qualitative trustworthiness should be determined by credibility, dependability,

confirmability, and transferability (Houser, 2012, p. 465). Investigator triangulation was used to

establish credibility. The coders in this study developed similar themes. Hence there was

"stability of measure[s] across raters" ensuring interrater reliability (p. 212). Thus proving the

study dependable. The findings in this study are transferable to other older adults in similar

settings.

Research Questions

The following are the two specific questions this study focused on. 1) Have your views changed regarding adolescent-aged people? Describe this change. 2) How do you feel as a result of being in this program?

Measurements

Demographics

Gender: In the Collegedale area there were a total of 19 participants, consisting of 11 males and eight females.

Class standing of Adolescents: Of the adolescents who participated, five were freshman, six were sophomores, three were juniors, and two were seniors.

Location: The older adults that participated in the ASSIST program, and consented to interviews, reside in Morning Pointe, The Lantern, or community homes. The adolescents from this sample attended Collegedale Academy.

Chapter 4 RESULTS & DISCUSSION

Research Assistant Role

As research assistants for the ASSIST program, Joy Anthony and Deborah Hicks spent 60 plus hours doing various tasks. First the team, consisting of two graduate students, met with Dr. Christman. They discussed in depth what the ASSIST program was about and what their role as research assistants would be. Individually they then spent several hours searching for literature regarding older adults, adolescents, intergenerational exchanges, loneliness, and depression. After reading and critiquing many articles, this research assistant chose 16 for review. While the literature search was in progress, the team decided to focus on the older adults experiences in the ASSIST program, since this had not previously been done.

The team along with their professor conducted an interview of an older adult at Morning Pointe, an assisted living facility. They then transcribed the interview verbatim, along with transcribing other interviews that had been conducted in the past. Transcribing interviews took countless tedious hours in order to ensure accuracy. They took eight previously transcribed older adult interviews and searched them for re-occurring themes. Only six of the eight interviews were beneficial. One interview was not fully completed and in the other interview the older adult was not mentally able to recall the ASSIST program and offer any useful information.

Through the course of the semester the team met several times with the professor and also worked their own, transcribing interviews, searching for relevant literature, and writing their individual papers. They discussed the IRB process and reviewed the current IRB with our professor.

Findings

Question 5: Have your views changed regarding adolescent-aged people? Describe this change.

The themes from question five are "already positive" and "no change." Although not directly stated, most of the older adults, interviewed in this study, seemed to already have a general positive attitude toward adolescents. Out of the interviews, three directly stated that this intergenerational exchange had not altered their opinions or views in regards to adolescents. John's response was, "Probably not, because we have been around kids." Agnes responded with, "I never had any problem with adolescent kids/people. I love them." Two individuals were not very specific in their answers, and one stated it had changed her attitude towards them for the better. Ruth stated, "Yes, yes definitely…I don't look at students…younger people like I used to. I always thought they had an attitude towards us. Like they didn't think. She can't do nothing then. Don't mess with her. But they changed my attitude. They did."

Question 6: How do you feel as a result of being in this program?

Overall the themes that emerged from question six were a "sense of belonging," "usefulness," "fulfillment," "encouragement," "grandparenthood," and "meaningful companionship." These findings are supported by other studies; while not qualitative in nature, similar themes were found in their articles. Keller (1990) found that older adults gained meaning and satisfaction from their intergenerational exchanges and felt "more useful" (p. 320). Yamazaki (1994) suggests intergenerational exchanges outside the family can lead to a sense of community (companionship) and allow for a "sense of fulfillment" (p. 456). Mabli (2007) supports the theme of encouragement. The author suggests that intergenerational exchanges

provide emotional support and increase self-esteem (p. 24). Davidson and Boals-Gilbert (2010) felt that intergenerational exchanges promoted companionship (p. 24).

In some of the interviews question six was skipped. In those interviews the general theme of how the older adults felt was pulled from other areas of the interview where they described how the program made them feel. The themes from these interviews were "encouragement" and "meaningful companionship." Doris confessed, that the adolescents "make me feel younger and better." Agnes stated, "I'm very thankful for it." In other areas of her interview she mentioned how this program has helped to "break the lonely cycle." This was a reoccurring theme throughout her interview. She stated "[I was] very lonesome before and not quite so lonesome [now]."

In Peter's interview the overall themes were "fulfillment" and "usefulness." Peter's answer to this question was, "Oh I look forward to uh to working with the kids." In response to almost all of the interview questions he talked about how he worked with the kids and taught them things. While he did not state this, he implied that he really gained a sense of accomplishment and fulfillment by passing on his knowledge to the adolescents involved in this program.

"Enjoyable companionship" was the emergent theme from John and his wife's interview. In response to question six John stated, "Well, I think it has improved it." John's wife went on to state, "I think it has just been a positive experience to have a nice young guy who is willing and it is just, it's been a real fun experience I think. We look forward to having him come. We just have some laughs and some fun. We are a little bit crazy and he seems to enjoy our craziness."

The themes from Elsie's interview were "belonging" and "grandparenthood" Elsie felt that she was in good health and that other older adults needed the kids more than she did. Her

response was, " I really don't need a lot. I am blessed with good health." When probed a little

further she stated, "I like young people and I love to be around them." "I relate to them more like

a grandma, and if they want to call me grandma they do. I had one lady adopt me as her aunt."

Even though she repeatedly stated that she did not need help, she seemed to enjoy the sense

belonging she gained by being a "grandma."

Chapter 5 EVALUATION

Discussion

Assisting in a qualitative research study presented a learning experience. As an individual this researcher prefers tangible visible data. It seems logical to have a question and then proceed to discover the answer by using quantitative data. One opinion held is that the qualitative process does not give straightforward answers easy to grasp. It takes deeper analysis to arrive with concepts, patterns, and themes. In working with this study it was found that discovering the themes in the interviews to be like a treasure hunt with an "aha" moment at the end. This type of research while different, presents a different angle. It reviews the emotional side of the numbers. Emotions are not always quantifiable and yet influence health and wellness immensely.

Grounded Theory is often considered difficult to understand. This theory was not the researcher's first choice for the framework for this project. In retrospect, that was only because they lacked an understanding of it. Without doubt, it is a complex theory. Through further study the researcher was able to gain a deeper appreciation for this theory after researching it in more depth. "Grounded theory provides evidence about the ways people react and interact with each other and with their own health and illness" (as cited in Houser, 2012, p. 438). This evidence is what was sought in this study.

Limitations

The sample size for this qualitative study was small. The population for this study included only participants from the Collegedale area. Future studies could take into account more older adult interviews from more or all of the areas in which the ASSIST program is being implemented. One difficulty is a lack of reliable interviews from older adults. Some older adults

due to mental capacity are unable to provide reliable data. The lack of quality older adult interviews limited the sample size as well.

Implications for further research

Darrow et al. (1994), Hernandez and Gonzalez (2008), and Meshel (2004) compared the effects of intergenerational exchanges on ageism. The benefits of these exchanges on life satisfaction, generativity, and cognitive stimulation were studied by Meshel, (2004) and Kessler and Straudinger (2007). Other studies have focused on how loneliness affects the degree of disability, functional decline, and mortality rates of older adults (Lenze et al., 2005; Hawkley et al., 2005; Carstensen et al., 2011; Perissinotto et al., 2012.) Feng-Jen et al., (2013) designed a study with the purpose of examining the effects that intergenerational exchanges had on older adults depressive symptoms. The exchanges studied were ones that took place within the biological family structure.

The literature review conducted showed a gap in knowledge. It is proposed that a future study could aim to research the effect that intergenerational exchanges have on older adults health and well-being, specifically in regards to loneliness and depression. It is possible that health care professionals are overlooking a preventable cause in the declining health of older adults; loneliness and depression. Prevention is key in many disease processes. Just like hunger, thirst, and pain, loneliness and depression are signals to humans that something needs to be done to regain homeostasis. Providers need to be more aware of the impact that loneliness and depression has on their patients.

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Appendix A

FORM A
Not required for a literature review/academic exercise.
RESEARCH APPROVAL

Research Request: _____Exempt   _X_ Expedited   _____Full Review   _____Other
(Animal/Plant)

This box is for SAU – IRB Office Use Only

IRB Tracking #_____

Date Received _____   _____Exempt   _____Expedite   _____Full Review   _____Other (Animal/Plant)

   1) IRB Board Approver   _____   _____   _____
                               Name   Title   Date
   2) IRB Board Approver   _____   _____   _____
                                 Name   Title   Date

Date Approval Sent_____

Title of Research Project: Participants Perceptions of being in the ASSIST Program

Principal Investigator: Ronda M. Christman	E-mail Address: rchristman@southern.edu
	Phone #: 423-421-6774
Co-Investigator:	E-mail Address:
	Phone #
Co-Investigator:	E-mail Address:
	Phone #:
Co-Investigator	E-mail Address:
	Phone #:
Department: School of Nursing	Faculty Supervisor: Self
Starting Date: September 25, 2014	Estimated Completion Date: 2020
Cooperating Institutions: Is this research being done with any institutions, individuals or organizations not affiliated with SAU? If yes, please provide the names and contact information of authorized officials below.	
Name of Institution	Address:
Contact Name:	Phone #:
Contact E-mail:	
External Funding Agency:	Identification # (if applicable)
Grant Submission Deadline (if any)	

Please attach all of the following items, making sure the entire application is completely filled out (where applicable) before submitting the application:
- Any research instruments (tests, surveys, questionnaires, protocols, or any form else used to collect data)
- All informed consent documents

- Permission from applicable authorities (principals of schools, teachers of classrooms, etc.) to conduct your research at their facilities on their School Letterhead.
- Students need signatures from their faculty advisor.

All student applications must be signed by the faculty advisor then scanned and submitted electronically, or submitted directly by the faculty advisor. All applications should be submitted by email to irb@southern.edu.

Please be aware you cannot begin your research until it has been officially approved by the IRB.
Type of Research- Check all areas that apply

____   Dissertation/Thesis

____   Funded Faculty Research

__X_   General Faculty Research

____   Applying for ARC Funding

____   Student Research

____   Other: Animal/Plant

Background and Rationale for the Study: (This section should present the context of the work by explaining the relation of the proposed research to previous investigations in the field. Include citations for relevant research.)

Lonliness is common among the elderly population and adolescents are at risk for getting into high-risk behaviors when they have too much idle time on their hands. The ASSIST program provides a venue for the elderly to experience socialization and companionship while providing the adolescent opportunity to earn money for school while spending time with the elderly. There is a positive benefit of the inter-generational companionship and the elderly can experience greater health (Ajrouch, 2007).

Purpose/Objectives of the Research: (Briefly state, in non-technical language, the purpose of the research and the problem to be investigated. When possible, state specific hypotheses to be tested or specific research questions to be answered. For pilot or exploratory studies, discuss the way in which the information obtained will be used in future studies so that the long-term benefits can be assessed.)

This study will explore the ASSIST participants' perceptions. A study has been conducted by the School of Social Work since 2011, but this study will be conducted by this principle investigator in the School of Nursing.

Methods and/or Procedures: (Briefly discuss, in non-technical language, the research methods which directly involve use of human subjects. Discuss how the methods employed will allow the investigator to address his/her hypotheses and/or research question(s).)

This study will use mixed methods. Semi-structured interviews will be conducted and recorded along with a quantitative survey instrument will also be used. Participants from the various ASSIST sites will be invited to participate in the study. The participant will need to sign an informed consent form signifying that they are willing to participate in the study. The interviews will be conducted at a comfortable and convenient location for the participant. They will be recorded and transcribed into an electronic format.

Description of Research Sample: If human subjects are involved, please check all that apply:
_X___ Minors (**if minors are involved please attach a Childs Assent Form**)
____   Prison Inmates
 ____   Mentally Impaired
____   Physically Disabled
____   Institutionalized Residents
____   Anyone unable to make informed decisions about participation
____   Vulnerable or at-risk groups, e.g. poverty, pregnant women, substance abuse population
____   Health Care Data Information - be **sure to attach any necessary HIPAA forms if this line is checked**
____   Other: Animals or plants will be used
____   Other: please describe

Approximate Number of Subjects: __100_____

Participant Recruitment:
Describe how participant recruitment will be performed.   Include how potential participants are introduced to the study (Please check all that apply)

SAU Directory:	Postings, Flyers		Radio, TV
E-Mail Solicitation	How Were Addresses Obtained		
Web-based Solicitation	Indicate Site		Indicate Site
Participant Pool		What Pool	
Other, Please Specify			
Attach Any Recruiting Materials You Plan to Use and the Text of E-mail or Web-based Solicitations You Will Use			

Content Sensitivity:

Does your research address culturally or morally sensitive issues? ____Yes   _X___ No   If yes, please describe.

Privacy and Confidentiality:
Efforts will be made to keep personal information confidential.   We cannot guarantee absolute confidentiality.   Personal information may be disclosed if required by law.   Identities will be help in confidence in reports in which the study may be published and databases in which results may be stored.

Will personal identifiers be collected?   ____   Yes   _X__   No
Will identifiers be translated to a code?   ____   Yes   _X__   No
Will recordings be made (audio, video)   _X___ Yes   ____   No   If yes, please describe.

       The interviews will be recorded and then transcribed into an electronic format.

Is Funding being sought to support this research? __No_____

Circle to indicate if the funding is: Internal or External Funding? Is there a funding risk? ___N/A_____

Who will keep the financial records?
_____N/A_____

Who will have access to data (survey, questionnaires, recordings, interview records, etc.)? Please list below.

       The principle investigator and my research assistants.

Participant Compensation and Costs
Are participants to be compensated for the study?   ____   Yes   _X___ No
If yes, what is the amount, type and source of funds:
Amount $_____   Type:_____   Source _____

Will participants who are students be offered class credit?   ____   Yes   _X__   No   ____
       NA
Are other inducements planned to recruit participants?   ____   Yes   _X__   No   If yes, please describe
Are there any costs to participants?   ____   Yes   _X__   No   If yes, please explain
_____

Other: Animals/Plants

Are the animals/plants being studied on the endangered list? ___N/A_____

Are Scientific Collection Permits required, i.e. Tennessee Wildlife Resources Agency? __ N/A _____

Have the animal(s) utilized in this study already been used in a previous study (non-naïve animals)? __ N/A __

Will the animal(s) used in this study be used in a future study? __ N/A _____

Where will the animals be housed? ___ N/A _____

Will the rodents (if applicable) be housed in wire bottom cages? _ N/A _____

Will plants be used for instructional purposes as part of teaching a course? __ N/A _____

Are there any risks involved with this study?   _____Yes   _X_____No

Are there any potential damage or adverse consequences to researcher, participants, or environment? These might include physical, psychological, social, or spiritual risks whether as part of the protocol or a remote possibility.   Please indicate all that apply.

_____   **Physical Risk:** May include pain injury, and impairment of a sense such as touch or sight. These risks may be brief or extended, temporary or permanent, occur during participation in the research or arise after.

_____   **Psychological Risk:** Can include anxiety, sadness, regret and emotional distress, among others. Psychological risks exist in many different types of research in addition to behavioral studies.

_____   **Social Risk:** Can exist whenever there is the possibility that participating in research or the revelation of data collected by investigators in the course of the research, if disclosed to individuals or entities outside of the research, could negatively impact others' perceptions of the participant. Social risks can range from jeopardizing the individual's reputation and social standing, to placing the individual at-risk of political or social reprisals.

_____   **Legal Risk:** Include the exposure of activities of a research subject "that could reasonable place the subjects at risk of criminal or civil liability".

_____   **Economic Risk:** May exist if knowledge of one's participation in research, for example, could make it difficult for a research participant to retain a job or find a job, or if

insurance premiums increase or loss of insurance is a result of the disclosure of research data.

_____ **Spiritual Risk:** May exist if knowledge of one's spiritual beliefs or lack of, could be exposed which in turn could invoke an economic, social and or psychological risk.

Risks: In your opinion, do benefits outweigh risks? _X___ Yes _____ No

Results:

The results will be disseminated as:

_____Classwork only   _____Student conference   __X___ Professional conference

__X___Published article   _____Other   If other, please specify:

_____

Signatures: If submitted by a faculty member, electronic (typed) signatures are acceptable.   If submitted by a student, please print out completed form, obtain the faculty advisor's signature, scan completed form, and submit it via e-mail. Only Word documents or PDF files are acceptable submissions.

Ronda M. Christman PhD   9 -24-14

_____   _____

Principal Investigator (PI) or Student   **Date**

_____   _____

Faculty Advisor (for student applications)   **Date**

All student applications must be signed by the faculty advisor then scanned and submitted electronically, or submitted directly by the faculty advisor.   All applications should be submitted by email to: irb@southern.edu

Additional Special Requirements or Attachments to the Application

Approvals from other IRBs

Cooperative research projects involve research that involves more than one institution. In these instances, federal law holds each institution responsible for safeguarding the rights and welfare of human subjects and for complying with federal policy; therefore, SAU IRB applications must be made even if there is another institution conducting a review of the same research project. When a study is being carried out at a non-USA site, and approval from other institutional review boards at the foreign site must be sought. The IRB recommends that a copy of each IRB approval be submitted.

Questionnaires/Other Instruments

Any questionnaires, tests, survey instruments or data collections sheets which are not standard and well known must be submitted as part of the application. Structured interview questions and outlines for unstructured interviews also must be included.

Advertisements/Notices/Recruitment Flyers

The text of any advertisement, video display, notice, sign, brochure or flyer used to recruit subjects either should be included as an attachment.

ASSIST Program Study

Informed Consent Form

Thank you for your participation in the ASSIST program. There are many ways to determine whether a program has been beneficial to an individual and I would like to include your input. We will be conducting a research study with several past and present participants of the ASSIST program.

Your participation is voluntary. All interviews are confidential. We will not use your name or any identifying information during the course of this study. Your decision whether or not to participate will not prejudice your future relations with Southern Adventist University, Collegedale, TN or with the ASSIST program. If you decide to participate you are free to withdraw your consent and to discontinue participation at any time without penalty. There are no costs or known risks or benefits to you associated with this study. If you participate in this study, you will not waive any legal or human right.

If you currently participate you will be asked to complete a verbal interview with a professor or current graduate student from Southern Adventist University that will last approximately 45 minutes. The researcher will record the interview electronically (audio and visual), then create a transcription. The electronic file will be password protected and an alias will be created in order to protect your identity. The purpose of the interview is to determine the effectiveness of the ASSIST program based on the impact that it made on those receiving services, the facilities providing services, and the student's that are involved.

If you have any questions during the course of the interview please contact us. If you have any questions about the project, you may contact Dr. Ronda Christman 423-421-6774 or Dr. Cynthia Gettys, Chairperson of SAU's Institutional Review Board for the Protection of Human Subjects, at 423-236-2285.

Ronda Christman, PhD, RN, MSN
Assistant Professor
Southern Adventist University

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNAURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

ASSIST Program Study

Family Member / Participant Informed Consent Form

We will be conducting a study to determine the effectiveness of the ASSIST program. Students, older adults, and program coordinators that have participated in the ASSIST program will be interviewed regarding their perceptions of how effective the program was, and whether it had an impact in their life. Professors and graduate students from Southern Adventist University will be conducting the interviews, which will be recorded electronically. The interview questions will be the same for each participant group who participates and will be directly related to their experience while participating in the ASSIST program. A written transcript of the interviews will be created from the audio/video recording. Each participant will be debriefed on his/her experience at the end of the interview. Participants in the interviews will be coded with an alias to protect their true identities. There are no risks associated with this study.

Participation in this study is voluntary. All information will remain strictly confidential. Although the findings may be published, at no time will your child's name be used. You are at liberty to withdraw your consent to the study and discontinue participation at any time without prejudice.

If you have any questions about the project, you may contact Dr. Ronda Christman 423-421-6774 or Dr. Cynthia Gettys, Chairperson of SAU's Institutional Review Board for the Protection of Human Subjects, at 423-236-2285.

Ronda Christman, Ph D, RN, MSN
Assistant Professor
Southern Adventist University

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNAURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

I_____, give my permission for my family member,

_____, to participate in the research project and affirm that I have

read and understood the above statement.

Signature of Family Member: _____ Date: _____

Relation to ASSIST Participant: _____

Signature of Researcher: _____ Date: _____

ASSIST Program Study

Informed Photo Consent Form

        We will be conducting a study to determine the effectiveness of the ASSIST program. During the research study there may be opportunity for photos to be taken and permission needs to be given. By signing this form, you are giving permission for you or your family members' photo to be taken and possible used in a publication. Participants in the study will be given an alias to protect their true identities. There are no risks associated with this study.

        Participation in this study is voluntary. All information will remain strictly confidential. Although the findings may be published, at no time will you or your family members' name be used. You are at liberty to withdraw your consent to the study and discontinue participation at any time without prejudice.

        If you have any questions about the project, you may contact Dr. Rene` Drumm at 423-315-2774, Dr. Ronda Christman 423-421-6774, or Dr. Cynthia Gettys, Chairperson of SAU's Institutional Review Board for the Protection of Human Subjects, at 423-236-2285.

Dr. Rene` Drumm, PhD, LMSW
Ronda Christman, Ph D, RN, MSN
Southern Adventist University

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNAURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

     I_____, give my permission for my family member,

_____, to be photographed and participate in the research project and affirm that I

have read and understood the above statement.

Signature of Family Member: _____ Date: _____

Signature of Researcher: _____ Date: _____

Survey Questions for the ASSIST Program Participants

Questions for the **elderly ASSIST program participant:**
1. Describe your experience with your student in the ASSIST program.
   a. How would you describe your relationship with the student?
   b. How would you describe the student's attitude?
   c. What were some of the activities that the student did with you?
   d. How has this assistance helped you?
2. Sometimes it is hard to have someone come into your home and sometimes it is not. What has this been like for you?
3. How often does your student visit you each week?
4. Has participation in the ASSIST Program affected your social life?
   a. Before
   b. After
5. Have your views changed regarding adolescent-aged people?
   a. Describe this change.
6. How do you feel as a result of being in this program? (not health)
   a. Example
7. Would you refer another elderly person to participate in this ASSIST program?
   a. Explain
8. Would you change or do anything differently with the ASSIST program?
   a. What specifically.
9. Do you see any benefit to _____ Academy?

Questions for the **student/adolescent ASSIST program participant:**
1. As you think back on your time in the ASSIST program, what do you see as some of most important benefits the program has offered you as a participant?
   a. What has participating in the program been like for you?
2. Have you seen changes in yourself in the past school year as a result of participating in the program?
   a. Describe those.
3. Do you think the person (people) you are serving is benefitting from the program?
   a. If yes, how do you think they are benefiting?
   b. If no, describe your response.
4. Can the person you are serving be harmed or vulnerable from participating in the service program?
   a. Explain
5. Describe some of the activities that you have performed for the elderly participants.
6. What are some of the positive changes you have noticed in the older adults that you have interacted with as a result of your visits?
   a. Share some of your success stories.
   b. Share any negative stories.
7. Have your views changed regarding elderly people?
   a. If yes, describe those changes.
   b. If no, explain.
8. How has this program financially impacted your family?

9. Would you refer another academy student to participate in this ASSIST program?
   a. Explain your answer.
10. Would you change or do something differently with the ASSIST program?
   a. Explain your answer.
11. What training did you receive? What training do you think you need?

Questions for **school ASSIST program administrators:**
1. What are the top three benefits of this program?
2. What are the top three challenges?
3. Have student's lives changed by participating in the program?
   a. Describe what you have seen/heard.
4. What could be done to improve the program?
5. What else needs to be said?

Question for **health-care facility ASSIST program administrators:**
1. Has the ASSIST program enhanced your facility?
   a. Explain your answer.
2. What specific positive benefits have you noticed with the residents who are part of the program?
3. Describe any negative experiences.
   a. What have been some of the challenges to having students in your facility?
4. If you could expand or improve on the program, how would you do that?
5. What else needs to be said?

Quantitative Survey Question

1. What is your gender?
A. Male
B. Female

2. How long have you participated in the ASSIST program?
_____ months
_____years

3. How satisfied are you with your interaction with your ASSIST counterpart?
A. Very Unsatisfied
B. Somewhat unsatisfied
C. Neutral
D. Somewhat satisfied
E. Very Satisfied

4. How beneficial do you feel that the ASSIST program has been?
A. Not beneficial
B. Somewhat unbeneficial
C. Neutral
D. Somewhat beneficial
E. Very beneficial

5. Would you refer someone else to participate in the ASSIST program?
A. Not refer
B. Somewhat refer
C. Neutral
D. Mostly refer
E. Always refer