Decreasing Social Isolation Through an Intergenerational Social Engagement Program

Jacqueline Kendona
George Washington University

Follow this and additional works at: http://hsrc.himmelfarb.gwu.edu/smhs_crl_capstones

Part of the Civic and Community Engagement Commons, Gerontology Commons, and the Occupational Therapy Commons

Recommended Citation
http://hsrc.himmelfarb.gwu.edu/smhs_crl_capstones/5

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License.
This Capstone Project is brought to you for free and open access by the Clinical Research and Leadership at Health Sciences Research Commons. It has been accepted for inclusion in Doctor of Occupational Therapy Capstone Projects by an authorized administrator of Health Sciences Research Commons. For more information, please contact hsrc@gwu.edu.
Decreasing Social Isolation Through an Intergenerational Social Engagement Program

Occupational Therapy Doctoral Capstone Project

Submitted

In Partial Fulfillment

of the

Requirements of the degree Doctor of Occupational Therapy

Spring 2017

By

Jacqueline Kendona, MS OTR/L

Faculty Mentor

Trudy Mallinson, PHD, OTR/L FAOTA
# Table of Contents

## Section I: Background

- Introduction .................................................................................. 3
- Social Isolation ................................................................................ 4
- Rationale ....................................................................................... 6
- Conceptual Model ........................................................................... 12
- Evidence Based Practice ................................................................. 14
- Participants .................................................................................... 15
- Occupational Needs ........................................................................ 16
- Program Statement ......................................................................... 16
- Outcomes ....................................................................................... 17
- Logic Model ................................................................................... 18

## Section II: Program Implementation

- Program Staff ................................................................................ 20
- Time ............................................................................................... 21
- Program Expenses and Financial Support ......................................... 21
- Enrollment ...................................................................................... 22
- Screening Process ........................................................................... 22
- Facilities ........................................................................................ 23
- Student Training ............................................................................. 23
- Interventions/Visits ......................................................................... 23
- Participant Reflection ....................................................................... 24
- Participant Appreciation ................................................................... 25
- Follow up ....................................................................................... 25
- Program Evaluation ......................................................................... 25
- References ..................................................................................... 28
- Case Study ..................................................................................... 34
- Appendix A ..................................................................................... 38
- Appendix B ..................................................................................... 39
- Appendix C ..................................................................................... 40
- Appendix D ..................................................................................... 42
- Appendix E ..................................................................................... 43
- Appendix F ..................................................................................... 44
- Appendix G ..................................................................................... 45
- Appendix H ..................................................................................... 46
- Appendix I ..................................................................................... 47
- Student Manual ............................................................................. 48
Section I: Background

Introduction
The purpose of this manual is to provide a guide for implementing the Intergenerational
Social Engagement Program (ISEP). Occupational Therapy practitioners working with older
adults may use this manual to intervene with residents experiencing social isolation in Assisted
Living (AL), Independent Living (IL) and Personal Care (PC) communities. The program is an
occupational therapy intervention program that facilitates social interaction in older adults
experiencing social isolation through participation in leisure activities with high school
students. This program is intended for use in communities where older adults reside to ensure
that they have access to opportunities for social engagement after they transition out of the
ISEP. The goal of the ISEP is to use an intergenerational social participation intervention and
leisure activities as a modality for reducing self-reported social isolation.

Adolescence is a time where social skills development is often connected to loneliness.
Poor social skills in adolescence are often related to how socially connected a teenager is with
their peers, teachers and family (Arnon, Shamai, & Ilatov, 2008; Shirilla, 2009). Socially
connected students who participate in leisure activities may be at a lesser risk of getting involved
in problem behaviors (Leversen, Danielsen, Birkeland, & Samdal, 2012). The ISEP is aimed at
facilitating social interaction that could improve the social skills of the student volunteers. This
program may also awaken the high school student’s awareness regarding social isolation in older
adults and the role of leisure in decreasing social isolation. The ISEP can serve to introduce the
high school student to a career in occupational therapy.
Social Isolation

Social isolation is the absence of meaningful contact with individuals or communities (Cattan, Kime, & Bagnall, 2011). Social isolation occurs when “an individual is lacking a sense of belonging, social engagement and quality relationships with others” (Dury, 2014, p.125). For some older adults, life circumstances such as physical frailty, deaths of family members and friends, increases the risk for social isolation (Klinenberg, 2016). Families no longer live next door to each other and the peripatetic nature of the modern society contributes to social isolation. Many older adults may find themselves either living far from loved ones or not having any living relatives close by. Others move from communities where they have support to be closer to their children as they age, which may limit social support. Some older adults find themselves alone in old age either because they never had children, their spouse is dead or due to interpersonal conflict, they are no longer in contact with their loved ones.

It is easier to make friends earlier in life when a person is in the workforce compared to later in life (Pettigrew, Donovan, Boldy, & Newton, 2014). Many older adults who do not have a strong network of friends at the time of retirement find themselves at a disadvantage for making new friends as their friendship network shrinks. Older adults may also be susceptible to social isolation after retirement if they are no longer physically able to engage in activities that facilitate social interaction (Pettigrew et al., 2014). Impaired ability to physically engage in social activities can lead to decreased motivation to initiate social interactions. Decreased ability to access public transportation and cessation of driving also increases the older adults risk for social isolation. The older adult’s ability to drive gives them sense of independence and a sense of belonging to a larger community which may be lost when they are no longer able to drive
Social isolation can have physiological effects on the older adult, impact their psychological and cognitive wellbeing, their health and behavioral habits (Nicholson, 2012). Community dwelling older adults who report experiencing social isolation are at a higher risk of major health problems compared to their peers that do not report feeling socially isolated (Nicholson, 2012). Older adults with decreased motivation to initiate social interaction who are experiencing social isolation have an increased mortality rate compared to their peers who remain socially engaged in social and physical activities (Lee et al., 2013; Valtorta & Hanratty, 2012). Social isolation increases one’s mortality rate by two to four times compared to alcoholism, smoking, obesity and physical inactivity (Bradly, 2015; Valtorta & Hanratty 2012). Social isolation is linked to a myriad of conditions such as the progression of cardiovascular disease and Alzheimer’s disease and Dementia (Valtorta & Hanratty 2012). This could be attributed to the lack of social support and limited meaningful social interactions with others. As a result, many older adults who experience social isolation can be frequent users of primary healthcare services (Hand et al., 2014).

Social isolation was found to delay discharge from acute care setting for the older adult following hip fractures. This may result in higher cost of care as these older adults are spending more time in costly healthcare environments due to social isolation (Landeiro, Leal, & Gary, 2026). Socially isolated older adults were found to be more likely to frequent the emergency department and have unplanned hospitalization and greater rehospitalization rates (Valtorta & Hanratty, 2012). The consequences of not addressing social isolation are increased healthcare costs. In addition, because social isolation affects 18% to 38% of older adults, it can ultimately
become a public health problem due to excessive use of health services (Hand et al., 2014). These examples of the health-related cost associated with social isolation demands that healthcare practitioners collaborate to prevent the negative outcomes both for the older adult and the public healthcare system.

Social and environmental support can enrich an older adult’s health behaviors and help maintain if not improve health (Valtorta & Hanratty 2012). Social support is associated with positive health habits such as seeking preventative medical help as well and adhering to prescribed medical interventions (Coyle & Dugan, 2012). It is important to understand the role that the environment and personal habits have on meaningful social engagement. Addressing the environment, habits, routines and occupations of the older adult who is experiencing social isolation can help prevent the negative health outcomes. Adapting to a new role or environment requires changes in routine in order to be successful. The ability to adapt is not always easy as the habits needed for one to be successful requires some skill. The ISEP is based on the idea that by engaging in leisure activities the older adult and the student can each develop new habits and routines that promote social engagement.

**Rationale**

The American Occupational Association (AOTA) purports that occupations are central to a person’s identity, sense of competence and recognizes participation in occupations as an end result of interventions (AOTA, 2014). The primary focus of occupational therapy practitioners is “the use of occupations to promote health, well-being and participation in life” (AOTA, 2014, p. S11). Occupational therapists recognize the importance of an individual’s ability to participate in their daily life as well as the significance and meaning of participation. Occupational therapists select occupations based on their therapeutic benefit for the client. These occupations may be
performed individually or shared as those that involve another person with social reciprocal interaction.

Occupational therapy practitioners also possess knowledge on the complex and dynamic transactional relationship between client factors, performance skills, performance patterns, activity demands as well as the contexts and environments in which the occupation is performed (AOTA, 2014). The occupational therapy process is a fluid and dynamic process that allows the occupational therapist to reflect and change an intervention plan to accommodate all the variables noted above that facilitate satisfaction and fulfillment with participation in life, well-being and health. Occupations are therefore a means to an end and an end in itself.

Occupational therapy practitioners can help older adults experiencing social isolation achieve full participation, meaning and purpose, through the use of occupations. Occupational therapists possess the knowledge and skills needed to assess, interpret, and modify barriers to successful engagement in meaningful social activities. Disease, disability, the aging process and environmental barriers can interfere with a person’s ability to engage in meaningful social activities. Intrinsic and extrinsic factors such as one’s beliefs, social interaction skills, habits and routines as well as social and cultural environments affects one’s ability to participate in meaningful social activities (AOTA, 2014).

Through the occupational therapy process of evaluation, intervention and targeting outcomes, occupational therapy practitioners can facilitate engagement in meaningful occupations, such as leisure activities to improve health and well-being (AOTA, 2014). This begins with identifying an occupational profile and analyzing a client’s occupational performance at evaluation. The development of an intervention plan, implementing and reviewing the plan, are part of the intervention process. This can be achieved through
encouraging an individual to make personal adaptations, making environmental modifications, or redesigning the social activity. The final step of the occupational therapy process is assessing the outcome, which in the case of a socially isolated older adult, would be to compare their subjective reporting at the start of the ISEP to the outcome at the completion of the program.

Leisure and social participation are occupations that people perform that support their health and give meaning to their lives. Social participation and leisure activities are important parts of everyday function for improved health and wellbeing (Piskur, 2014; Blacker, Broadhurst & Teixeira 2008). A person’s psychological wellbeing can be improved using meaningful leisure activities (Berger, McAteer, Schreier, & Kaldenberg, 2013). Occupational therapy practitioners have the ability to create supportive environments for at risk populations through the use of leisure and social participation (Pereira, & Stagnitti, 2008).

Leisure can be described as the free time a person uses for pleasurable activities. Leisure activities are essential for aging, as they are known to decrease mortality and increase quality of life for the older adult (Berger, 2011). Leisure activities are often hobbies, which could be solitary recreational activities such as reading, gardening, fishing, painting or bird watching. They could also be interactive such as travel, board games, socializing with others, hunting, bingo, and bowling. Gender, socioeconomics, health status physical mobility and type of leisure activity all play a role in the older adult’s satisfaction with their leisure engagement. In a study of independently living older adults 65 years, retired and cognitively intact, participants with higher levels of leisure participation reported higher levels of life satisfaction (Griffin & McKenna., 1999). Researchers also found that having a car and ease of mobility influenced leisure participation and satisfaction. Being over the age of 74 in this study and those in poor to fair health were factors that negatively influenced leisure participation. Increased physical and
social health in the older adult is linked to participating in leisure activities with others (Pereira, & Stagnitti, 2008).

For the teenager, leisure activities afford them the opportunity to use their free time for satisfying activities while developing skills needed for future life roles. Participation in leisure activities can be of value in the psychological development of the adolescent as well. Interactions with peers and others outside the family of a teen can improve the mental health of a teen and prevent maladaptive behaviors (Leversen, Danielsen, Birkeland, & Samdal, 2012). Participating in organized or structured leisure activities can provide positive life satisfaction for the adolescent (Leversen, Danielsen, Birkeland, & Samdal, 2012). Structured community leisure activities can also improve the academic achievement of the adolescent as well as their involvement in civic activities (Arnon, Shamai, & Ilatov, 2008).

Social participation for the adolescent involves interactions with others, which includes family, friends, and one’s community. Social participation can be a conduit to support one’s health and well-being hence its absence could have negative effects on a person’s health (Wille-Tyndale et al., 2016). For some older adults, regular social interaction with family and other members of their community contributed to their sense of well-being (Willie-Tyndale et al., 2016; Thomas, O’Connell & Gaskin 2013). The absence of social participation for both the older adult and adolescent may have significant ramifications. The development of social skills and appropriate social behaviors for the adolescent happens through social participation. Despite living in a technological age where the Internet dominates social interactions, adolescents require physical social interactions that take place in a community for development. The social system that a community affords adolescents helps them with their development of socially appropriate behaviors, and role models for future occupations (Arnon, Shamai, & Ilatov, 2008).
Social engagement with older adults can include the act of befriending, which involves a trained volunteer providing support within boundaries with the goal of decreasing social isolation. Befriending has been used to support persons with social isolation in various health and social environments as part of an intervention to decrease social isolation (Balaam, 2015). Befriending involves a face-to-face encounter between the volunteer and their friend who is usually a person with perceived social isolation or loneliness (Cattan, Kime, & Bagnall, 2011). Befriending is a concept of two or more people involved in a supportive relationship, which is beneficial to at least one person. It does not have to be in a face-to-face context. Befriending can involve transportation, medication delivery, shopping as well as home visits, all of which have been shown to have a positive effect on the older adult’s sense of belonging (Dury, 2014). Befriending can be through telephone support, where telephone-based befriending services provide social support for socially isolated older adults (Cattan, Kime, & Bagnall, 2011). A person’s sense of belonging, which is achieved through a robust social network, can provide a reservoir for social engagement and decrease the negative impacts of major life events (Blobzik et al., 2008).

Connecting older adults and youth can have benefits for both generations. It can strengthen and transform both generations with greater benefits for their communities (Renick, 2015). Many teenagers do not have the benefit of living close to their grandparents in this peripatetic modern world resulting in a disconnect between the generations. Older adults have pearls of wisdom and copious time on their hands to share their life experiences with the youth while engaging in leisure activities. This can help decrease the despair older adults experience with social isolation. This reciprocal relationship ultimately results in a younger generation that has an appreciation for older adults and older adults who feel they are contributing to the the next
generation through social participation. This service learning program would also give greater meaning to the high school students as the benefits of volunteer work is known to result in a greater sense of purpose (Harvard Heart Letter, 2016). Participating in this program may ignite a desire to study geriatrics for the high school student as they prepare for college.

The reciprocal nature of this program could meet an important need for the older adult in terms of human relationships and social participation with possible improvement in everyday occupations. Engaging in everyday activities of daily living and instrumental activities of daily living contributes to health and wellbeing. Older adults who are having difficulty with social participation would over time begin to demonstrate compromised health and therefore limit their engagement in everyday occupations. The health benefit of social participation cannot be overstated. Lack of volition to participate in social interaction is a barrier to improving ones’ health. Interactions with other humans are one of the fundamental constructs of being human which is essential for satisfaction in daily living. Reciprocal human relationships are critical to achieving a lifestyle that is mutually satisfying and crucial to daily living (Fidler, 1996).

The use of intergenerational service learning is becoming a trend for introducing young adults over the age of 18 to gerontology. Intergenerational learning also affords the youth a valuable experience on learning about a generation they probably have limited contact with as well as decrease negative perspectives students may have about older adults (Penick, Fallshore, & Spenser, 2014). Students who participate in intergenerational programs gain first hand experience on the importance of social engagement for older adults (Kirkpatrick & Brown, 2006). Service learning programs are prevalent around college communities, however many suburban and rural communities do not have colleges to support intergenerational service learning.
The benefits of using students to provide therapeutic interactions to help decrease social isolation have shown in the CARELINK program. The interventions used by students in the CARELINK program were reminiscence, exercise-talk discussion, goal-oriented social engagement directed discussion, coaching and modeling. This study found that older adults in the intervention group were less likely to be socially isolated than those in the comparison group (Nicholson & Shellman, 2013). The use of social participation and befriending can be an effective tool to help improve the health and wellbeing of older adults experiencing social isolation. Occupational therapy practitioners can incorporate the befriending model into leisure-focused activities to help connect older adults with high school students for improved health related outcomes.

Based on review of the literature, I developed the ISEP model, an intervention in which high school students engage in interactive leisure activities in order to decrease social isolation in older adults. The use of social participation by pairing high school students with older adults is intended to enhance the older adults overall sense of well-being and help decrease social isolation. Although the ISEP program may have additional beneficial effects for the students involved, the program is primarily designed to facilitate social engagement in older adults.

**Conceptual Model**

The Canadian Model of Occupational Performance (CMOP) was used as the theoretical framework for the development of this program. CMOP recognizes that cognition, emotions and physical components of a person plays a role in their engagement in occupations. The CMOP is a model that looks at self care, leisure and productivity as activities people do to occupy themselves (Clarke, 2003). The CMOP emphasizes autonomy and personal growth, which the ISEP program seeks to facilitate through use of intergenerational social engagement to help
decrease social isolation. The ISEP is structured after the CMOP to incorporate a dynamic interaction between the person, their environment and occupation (Townsend, 1998). The CMOP recognizes that the physical, institutional, social, and cultural environments contribute to a person’s occupational performance. Increased social participation through leisure activities, improving engagement in one’s physical environment is purported to improve the older adults overall sense of wellness. Imbalance between a person, their environment and occupation can negatively influence one’s health.

Figure 1 illustrates the relationship between the high school student, older adult and the environment and social participation. It also shows how the use of social participation between the older adult and the high schools student can result in improved social participation for the older adult as well as improve the high school student’s knowledge regarding aging while they accumulate community service hours needed for high school graduation.

![Figure 1](image-url)
Evidence Based Practice

Occupational therapy practitioners ascribe to the principle that “man through the use of his hands as they are energized by mind and will, can influence the state of his own health”. (Reilly, 1962, p. 2). This is a core tenet of the profession as we use occupations as a means to improve health, well-being and participation. Occupational therapy practitioners continue to demonstrate how we use occupations to improve health, well-being and participation through research and dissemination of findings. Unlike other fields that focus on one aspect of a person’s health, occupational therapy takes a holistic view of a person and how the various aspects of a person’s internal and external environment affect their health, well-being and participation. The use of occupations to improve the health of individuals and populations is an area that continues to be researched in the field of occupational therapy. The AOTA encourages practitioners to advance evidence-based practice (EBP) as one of the goals of the centennial vision (AOTA, 2007). The use of EBP in occupational therapy practice is essential to the profession as we distinguish our approach to improving health, well-being and participation as well as the value we bring to our clients.

In a study of urban dwelling older adults, occupational therapy researchers found that occupational therapy practitioners can facilitate and advocate for social participation for the older adult to help improve their sense of well-being (Andonian & MacRae 2011). Participants in this study highlighted the importance social support and friendship as well the willingness to try new things and remain socially connected for their sense of well-being. Through the occupational therapy process and a client centered approach, the use of social internet-based activities was shown to help improve social participation in the older adult (Larsson, Nilsson & Larsson Lund
Leisure activities can be used to improve participation in individuals recovering from various health conditions. A review of the literature shows there is benefit in using leisure activities to improve participation in people recovering from stroke among other health conditions (Wolf, Chuh, Floyd, McInnis & Williams 2015).

This program is designed to provide benefits for the older adult and high school student. It addresses the potential deficits identified earlier through an occupation based approach which is within the skill set of an occupational therapist. The use of occupations to facilitate improved sense of well-being, and health have positive outcomes in occupational therapy literature. Leisure activities and social participation are occupations that can help decrease social isolation in older adults with social isolation while enhancing the adolescents’ social skills.

Participants

Community dwelling older adults; male and female, 65 years and up, who live in assisted living communities, independent living as well as well personal care homes are eligible to participate in this program. Older adults should be in stable health and able to leave their rooms or apartment and access the common areas of their community in order to participate in this program. Due to the age of the high school students, older adults should be free of cognitive deficits to participate in this program.

High school students between the age of 16 and 19 seeking community service hours needed for high school graduation and have an interest in visiting older adults make ideal volunteers for the program. Students assist with engagement as well as participation in leisure activities during befriending visitations. These students should provide their own transportation to the community where program takes place. They should also commit to participating in a three-hour education session in prior to visiting with the older adults.
**Occupational Needs**

High school students often require community service as part of their graduation requirements. Students have the opportunity to contribute to their communities through community service and service learning activities (Hancock, Shenk, & George, 2013). Participating in this service learning program would afford them that opportunity. Service learning is also a platform for the blending of formal and informal education as well the development of awareness of community needs in one’s local community (Kielsmeier, 2011). Through the use of informal service learning, high school students volunteer for this program and accumulate community service hours for graduation. The benefits of service learning for the student and community at large is immense as students develop an awakened consciousness for aging.

**Program Statement**

Social participation, social systems, community engagement and social engagement are all considered social determinants of health by the World Health Organization (WHO). This intergenerational community program is intended to connect high school students with socially isolated older adults to facilitate social participation through use of leisure activities. The primary focus of this intergenerational community program is to use leisure activities and social participation as an intervention for the older adult who does not have meaningful interactions others regularly. The ability to initiate social participation and engage in leisure activities is an important step to decreasing social isolation and improving meaningful social engagement (Lee et al., 2013).
Outcomes

The primary outcome of this ISEP program is decreased social isolation in older adult participants. It is recommended that the occupational therapy practitioner use the Lubben Social Network Scale-6 (LSNS-6) to identify older adults for social isolation. The instrument is administered to the older adults at the start of the program for baseline data and at the completion of the program to measure changes after intervention. Designed for use with older adults, the LSNS-6 assesses family ties and ties to friends (Lubben et al., 2006). The six questions are equally weighted with possible total scores between 0-30. A cutoff score of less than 12 indicates a person is at risk for social isolation (Lubben et al., 2006). The LSNS-6 is reported to have a Cronbach alpha range of 0.84 to 0.89 for the family subscale and 0.80 to 0.82 for the nonkin subscale (Lubben et al., 2006). It has good validity and reliability in community dwelling adults (Lubben et al., 2006).

The Mini Mental State Examination (MMSE) is an 11 question cognitive assessment that is used to rule out dementia in the older adult (Kalish, & 2016; Norris, Clark, Shipley, & Norris, 2016). It is a 30-point assessment tool that assesses orientation, attention, memory, language and visual-spatial abilities (Norris, Clark, Shipley, & Norris, 2016; Schmitt, Livingston, Goette, & Galusha-Glasscock, 2016; Votruba, Persad, & Giordani, 2016). In the older adult aged 65 and up, a normal score for the MMSE ranges between 24 and 30. A score less than 24 requires further assessment to rule out dementia (Norris, Clark, Shipley, & Norris, 2016; Schmitt, Livingston, Goette, & Galusha-Glasscock, 2016; Votruba, Persad, & Giordani, 2016). The MMSE is administered to older adults to rule out mild cognitive impairments. Older adults with MCI are not able to participate in the intergenerational program.
High school students are given a 10-question questionnaire at the start of the program. The questionnaire uses a five point Likert-type scale consisting of questions on their perceptions on aging and the older adult. The occupational therapy practitioner or a team member administers the questionnaire before the start of the program and at the end of the program. A demographics questionnaire is to be administered for high school students and older adults.

**Logic Model**

Pipeline logic models are used to represent an intervention as a linear process (Funnell, & Rogers, 2011). The pipeline logic model is used to illustrate the ISEP program as it best describes the sequence of the program. This program is an intergenerational community program with a long term outcome of communities and high local high schools collaborating for an intergenerational social engagement program. Figure 2 shows the five components of the pipeline logic model for this program. The inputs for this program consist of the evidence, the participants, staff and environment of the community in which the older adults reside where program would be taking place. The activities consist of the tasks to be performed by the program staff, which is the recruitment of the older adult and student volunteers as well as the educational session to be conducted with the students prior to the befriending visits. The outputs comprise the intervention of hour-long weekly visits, social engagement and leisure activities that the older adult and student would be performing. The primary goal of the ISEP is to decrease social isolation in older adult participants. The goals for the high school student are improved insight into aging and improved social skills. A secondary goal or impact for this program is for communities to adopt the program for use to help decrease social isolation and for
high schools to partner with senior housing communities for service learning and community service.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence/Theory</td>
<td>Recruit self identified socially isolated older adult into program</td>
<td>One hour weekly visits between high school student and older adult for eight weeks</td>
<td>Increased social engagement for older adult, with at least 3 social participation a week compared to baseline</td>
<td>Communities adopt the program for use in decreasing social isolation in older adults as well as promote intergenerational interaction</td>
</tr>
<tr>
<td>Older adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school student</td>
<td>Recruit high school students for program</td>
<td>Student and older adult engage in social participation</td>
<td>Decreased perceived social isolation for older adult with improved score on LSNS-6</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist, Staff volunteers</td>
<td>Education of high school student on befriending and interacting with older adult</td>
<td>High school student and older adult engage in leisure activities</td>
<td>Students with improved insight into aging Students with improved social skills</td>
<td></td>
</tr>
<tr>
<td>ALF/IL/PCH</td>
<td>Pair high school students with older adult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 2
Section II: Implementation

Section II: Program Implementation

This ISEP is intended to take place in the common area or activities room of an ALF, IL or PCH. Students and older adults engage in social participation and leisure activities under the supervision of a program team member in a public area of the community for the safety of both the high school student and the older adult. This is to ensure that help is easily accessible if the older adult or the student is uncomfortable, in need of assistance or in distress.

Program Staff

The occupational therapist working in the ALF, IL or is going to be leading the ISEP. The occupational therapist is responsible to putting together a team of community workers, consultants and volunteers to run the ISEP. Staff of the community, consultants and volunteers who have undergone a background check make up the ISEP staff. Persons who are not employed by the community are unable to participate as program staff. This is to ensure the safety of the students and the older adults. An occupational therapy assistant, registered nurse, licensed practical nurse, physical therapist/assistant, activities and recreational staff or direct care worker may be part of the core ISEP team. The core team will assist the occupational therapy practitioner enroll and screen older adults and high school students. Program staff also provide supervision during the student visits in a common area of the community. The program staff assist the team leader with operational activities such as purchasing equipment necessary to carry out leisure activities, and conducting student training sessions. This is designed to be implemented as a volunteer program however staff may be given a stipend depending on program funding.
Time

High school students participate in a three-hour training session led by the occupational therapy practitioner. Program staff assist with training to ensure students are competent to interact with older adult. Students perform an hour long weekly visit for eight weeks. The occupational therapy practitioner supervises the first visit for each pair of older adult and high school student. Program staff provide supervision of subsequent visits between older adults and high school students. Program staff take turns to provide supervision depending on the number of staff volunteer in the program. Program staff volunteer a minimum of five hours and a maximum 15 hours for the 12-week duration of the program. This depends the number of staff volunteers and the number of program participants.

Program Expenses and Financial Support

The occupational therapist leads the process of seeking financial resource for the program. Funding may be sought from community leadership, and employers of program staff if they offer such funding. Occupational therapy practitioner may seek funding from other organizations such as grant makers. Please see appendix G for list of funding sources. The staff purchases leisure activities such as playing cards, art supplies and tokens of appreciation in the form or gift cards to local stores from financial resources. The value of the gift cards is to be determined by program staff. The cost of the recognition ceremony at end of program and light refreshments also to be paid from program funds.
Enrollment

High school students are recruited using a flyer and through the local high school’s guidance counselor’s office. Local churches and youth groups may also be contacted to enroll student volunteers. Older adults are enrolled by circulating a flyer in their communities. They may also be identified by community staff for the program. Occupational therapy practitioner leads the enrollment effort and is responsible for screening and enrollment process.

Screening Process

High school students contact occupational therapist by calling the number provided on flyer. The occupational therapist screens using student participant enrollment form. High school students need to meet the minimum age requirement and be able to provide their own transportation to and from program site. A parent or legal guardian of high school student signs form giving student permission to participate in program.

The occupational therapist identifies older adults eligible to participate in program. The occupational therapist uses the MMSE to rule out cognitive deficits. Older adults who score below 25 on the MMSE cannot participate in the ISEP. The occupational therapist also administers the LSNS-6 to establish a baseline. Older adults who score 12 and below are eligible to participate in the program. The occupational therapist gathers information about older adult leisure interest during initial interview in order to pair older and student with similar leisure interest. Program staff may collect basic demographic information from both high school student and older adult using appendix E.
Facilities

The occupational therapy practitioner is responsible for securing space in each ALF, IL or PCH to conduct the program. The occupational therapist is also to facilitate student training and visits held in the community. Visits between high school student and older adult take place in a common area such as a dining room, library or activities room of the community. The occupational therapy practitioner ensures that the community leadership is aware of the dates and times that students and seniors would be visiting. All facility related needs will be handled by the occupational therapist and cleared by the community leadership.

Student Training

Students are required to participate in a three-hour training session prior to engaging with older adults. The occupational therapy practitioner leads the training session and ensures that all students are competent with engaging an older adult in dialogue and leisure activity. Students participate in a lecture, and role play as part of training session. The training consists of four modules which covers communication, interactive leisure activities, prompted journaling and ending a visit. Students are given a manual for the training session with sections for note taking. Students role play with other students and program staff, practicing each module for proficiency and competence. The occupational therapist verified competence of students through direct observation.

Intervention/Visits

All visits shall be scheduled through the program staff. Visits are to take place between 4pm and 6pm on school days. A missed weekly visit may be performed at the weekend. Weekend visits may to be performed only in special cases such as illness on the part of the students or the older adult. A weekend visit may be performed if program staff is available to
provide supervision. Occupational therapy practitioner would be present during first visit of students to community. Ideally, multiple students should visit a community on the same day and at the same time for effective use of the occupational therapy practitioner’s time. Occupational therapist supervises the first visit. The occupational therapist assesses fit with engagement and interaction between students and older adult as well as leisure activities. Where there are multiple pairs of students and older adults, occupational therapist supervises the group.

Program staff encourage students to honor visits as scheduled. Students are to notify program staff as soon as they know they need to cancel a visit through a voice call or text message to phone number provided in their training manual. The older adult whose student cancels visit is given a choice to have a visit with a program staff when a student is unable to make a visit. Program staff notify students prior the morning of a visit if older adult needs to cancel or reschedule a visit due to illness or outside appointments.

**Participant Reflection**

Students and older adults have the option to either journal together or alone, given prompts. Students and older adults would have the option of journaling after each visit or at week three and week six. In cases where there are multiple pairs in a given community, a writing group may occur at week three and week six. This entails the supervising team member providing prompts for journaling. See appendix H for guided prompts. The purpose of journaling for older adults and students reflect on their perceived benefits of the ISEP.
Participant Appreciation

The occupational therapist coordinates a participant appreciation ceremony at the end of the 12 weeks. The ISEP participant appreciation ceremony lasts 45 mins to an hour depending on the number of participants in each community. The ISEP provides light refreshments during this ceremony to be held in the community room where visits take place. A certificate of participation is given to the high school student and the older adult. The high school student receives a letter reflecting the hours they participated in the program. Students are also presented with token gift in the form of a gift card for their time and commitment to program. The program staff seeks permission from communities to invite families of the high school student and older adult to recognition ceremony.

Follow up

Occupational therapist follows up with the older adult at three months and six months after program ends. The purpose of the follow up to assess the older adult’s continued social participation following end of program. Program is deemed successful if older adults are engaging in at least three or more community activities a week after program ends compared to their baseline before participating in program. Older adults whose social participation declines after end of program are given the option of re-enrolling in program.

Program Evaluation

Evaluation of the ISEP will take an iterative approach in that the goal of evaluation is to determine program’s effectiveness as well as areas that need to be improved. The reach, effectiveness, adoptability, implementation and maintenance (RE-AIM) framework may be used as a guide for evaluating the ISEP. The RE-AIM is an evaluation model that is used to evaluate
and report on community based intervention as well as for improvement of the intervention (Koorts & Gillison 2015).

Although the RE-AIM was developed for use in research, it guides the evaluation of this program due to its logical sequence and popularity in the literature for use in evaluating community based programs. The identification of self reported socially isolated older adult to participate in the program and reaching high school students who are 16 years and over, satisfies the reach of the program. The effectiveness of the program is to be assessed by the number of older adult participants who have an improved score on their LSNS-6. Older adults who continue to participate in at least three more community leisure activities at 6 months’ post program completion will also satisfy program effectiveness. Older adult who report perceived decreased social insolation and do not participate in community activities are also counted for program effectiveness. Identification of a community and staff that is willing to implement the program in their community satisfies the programs adoptability. The extent to which the ISEP is implemented in a community is assessed though implementation. Adhering to the tenets of the program to ensure fidelity to the program meets the implementation domain of RE-AIM. Factors that affect the implementation of the program is identified as well to help improve program. On an individual level, older adults reporting continued decreased social isolation satisfies the maintenance of the RE-AIM framework. On an organizational level, utilization of the ISEP to address social isolation shows that program meets the maintenance domain of the RE-AIM. Program staff need to continuously monitor the appropriateness and effectiveness of the ISEP.
The ISEP was developed in response to a need I encountered during my work as a Home Health Occupational Therapist. Communities, older adults and high school students can benefit from this intergenerational program.


support for socially isolated older people - an evaluation. Health & Social Care In The Community, 19(2), 198-206 9p. doi:10.1111/j.1365-2524.2010.00967.x


Social isolation in older adults who are frequent users of primary care services. Canadian Family Physician, 60(6), e322-9.

Kalish, V. B., & Lerner, B. (2016). Mini-Mental State Examination for the Detection of Dementia in Older Patients. American Family Physician, 94(11), 880-881


Lend a hand, help your heart? People who do volunteer work may reap benefits beyond the satisfaction of helping others. (2016). Harvard Heart Letter, 28(10), 6-7 2p


Thomas, J. E., O'Connell, B., & Gaskin, C. J. (2013). Residents' perceptions and experiences of social interaction and participation in leisure activities in residential aged care. Contemporary Nurse: A Journal For The Australian Nursing Profession, 45(2), 244-254. doi:10.5172/conu.2013.45.2.244


Mock Case Study

Tara is an occupational therapist at Green Valley Cottage, York PA. Green Valley Cottage is an assisted living community with 40 residents. There is an activities room, library, sun room and visiting room for social visits with guests of residents. Tara is the team leader for the ISEP. The program staff consist of Tara the team leader and Jenny an LPN.

Tara and Jenny have flyers of the ISEP on the door of their office and the notice board of the community to promote the program. The resident care director of the community also recommends residents to the program when there is a concern with social isolation. Tara goes to the local high school once a month to talk to the guidance counselors about recruiting students for the program. She also has flyers posted in the local churches to promote and advertise the program to prospective high school students. Students are able to reach Tara either on the phone number on the flyer or through their guidance counselors in the high school.

Jenny assists Tara with training students for the program and supervising visits between the high school students and the residents of the community. Jenny also helps with fundraising and shopping for leisure activities.

Nancy is an 88-year female who moved from New Jersey into an Assisted Living Facility in York Pennsylvania to be close to her son. Her son lives in York PA with his wife and they both work Mondays to Fridays and do not get to spend time with Nancy during the week. Nancy was an architect and loves to draw and paint. She was recommended to the ISEP by the resident care director of the ALF.
Maegan is a 17-year-old high school student who lives with her parents and younger brother in York PA. She is a junior and needs 20 community service hours for high school graduation. Maegan works in her father’s art studio on Saturdays. She is on the swim team and plays viola on the high school orchestra team. She wants to study graphic design in college.

**Screening & Enrollment**

Tara educated Nancy on the ISEP and Nancy agreed to participate in the ISEP if she was deemed a candidate. Nancy filled out demographic form and Tara administered the LSNS-6 and MMSE to Nancy. Nancy scores 10 on the LSNS-6 and 26 on the MMSE. Five students called Tara, the OT and expressed interest in volunteering for the program. Students filled out demographic form and questionnaire as part of screening process. Parents of students signed demographic form to give permission for students to participate in the program. The program staff set a date and time for three-hour training.

**Week 1:**

Students participate in three-hour orientation to program after school, taught by Tara the OT/team leader and Jenny. Tara and Jenny role play various conversation starters, initiation of visits, engaging in leisure activity and ending visits as part of training and facilitate role play between students. Students practice with each other, Tara and Jenny for competence with 100% return demonstration.

Nancy is paired with Maegan who has similar interest of art and drawing. Program staff did not need to purchase art supplies for this pair of older adult and student as Nancy and Maegan have their own art supplies.
Week 2:

Maegan’s school day end at 3pm and she has agreed to be at the ALF at 4pm for her visits with Nancy. Maegan’s mother drives her to the AFL where student are required to sign in at the front desk with the receptionist. OT is present at first visit between Nancy and Maegan. Nancy meets student and OT in the activities room of her ALF.

Nancy and Maegan introduce themselves and begin discussing their love for art. Nancy tells Maegan how she got into art. OT sits at a distance supervising visit while Nancy and Maegan converse, sketch and draw.

Week 3-11

Maegan and her four friends visit Nancy and four older adults every Wednesday at 4pm. They meet in the activities room where there are tables for them to engage in various leisure activities. Nancy and her Maegan alternate between sketching, drawing, painting, playing cards and scrabble. The scrabble and cards were provided by the ISEP. The visits are supervised by the Jenny and Tara who take turns to volunteer for the Wednesday visits in that community. The students start packing up the leisure activities at 4:50pm and leave at 5pm.

Journaling is encouraged but not a requirement for participants of the program. Maegan and Nancy have chosen write a reflection of their visits in a journal provided by the program staff. They both write journal after each visit, reflecting on the meaning of the visit and if they learned something new about each other with the interaction.

Week 12:

Nancy and Maegan fills out questionnaire.
OT administers LSNS-6 to Nancy to see if there is a change. Nancy scores 22 on LSNS-6.

Program staff have an award ceremony for older adults, Maegan and her friends who volunteered for the program. Maegan and her friends are each given a $25 gift card to a local restaurant as a token of appreciation. Nancy and her friends are also given a certificate participation.

<table>
<thead>
<tr>
<th>Evaluation/Occupational Profile</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>88 year old female, no cognitive deficits, self reported socially isolated following move into new state and ALF community</td>
<td>Weekly engagement in social participation and leisure activities with high school student volunteer</td>
<td>Improved score of 22 from baseline score of 10 on LSNS-6, indicating decreased perceived social isolation</td>
</tr>
<tr>
<td>17 year old high school student who needs community service hours for graduation</td>
<td>Weekly engagement in social participation and leisure activities with older adult who resided in ALF</td>
<td>Improved insight into aging</td>
</tr>
</tbody>
</table>
Looking for older adults 65 years and up who wish to improve their socialization

Do you feel you do not have quality social interaction with others in your life?
Are you feeling socially isolated? Do you wish to participate in a program that connects you with high school students for meaningful leisure activities and share stories?

Please contact Jackie Kendona at 717-887-6105
Looking for high school students, 16 years and older, looking for volunteer opportunities?

Would you like to befriend an older adult and visit with them once a week for interactive leisure activities such as card games, board games, art and puzzles? Would you like engage in conversation with an older adult about your time in high school and learn about high school in the 30s, 40s, and 50s? Do you need community service hours and are willing to give an hour a week to interact with an older adult?

Contact Jackie Kendona at 717-887-6105
Appendix C

Intergenerational Social Engagement Program

High School Students Questionnaire

Please answer the following five questions by responding: strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

I enjoy spending time with my friends after school.
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

My friends and I do fun things together
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

My friends help me stay on my best behavior
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

I enjoy interacting with my teachers and other adults outside the classroom
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

I am learning acceptable social behavior from the adults in my life
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

I have contact with people over the age of 65 at least once a week
6. Strongly agree
7. Agree,
8. Neither agree nor disagree
9. Disagree
10. Strongly disagree
I understand the difficulties older people have with making friends.
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

I am interested in working with old people after high school or college.
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

Spending time with old people can be fun/enjoyable.
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

Old people have a social network of friends and family who visit them regularly.
1. Strongly agree
2. Agree,
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
Appendix D

LUBBEN SOCIAL NETWORK SCALE – 6 (LSNS-6)

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc...

1. How many relatives do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

2. How many relatives do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

3. How many relatives do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood

4. How many of your friends do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

5. How many friends do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

6. How many friends do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

LSNS-6 total score is an equally weighted sum of these six items. Scores range from 0 to 30
Appendix E

Intergenerational Social Engagement Program

Demographic & Screening Form

Please answer the questions below that apply to you

Name ___________________________ Preferred to be called _____________

Age _______ Female_______ Male _______

Phone number _______________________

High school Student

Do you have a means of transportation? Yes ______ No ______

Older Adult

Where do you reside?  
Assisted Living Facility____  Independent Living Facility______ Personal Care Home ______

With which racial or ethnic category do you identify?  
African American____  Asian/Pacific Islander ____  Caucasian ____  Latino ___

Person to alert in the event of medical emergency: ________________________________

Relationship to you: ___________________________ Phone: ________________________

Relationship status (circle one): Single  Married  Partnered  Separated  Divorced  Widowed

Do you need assistance of another person to do the following?  
Bathing _____  Dressing _____  Walking _____  Use the toilet _____

How would you rate your health?  
Excellent ______  Good ______  Fair ______  Poor ______

Explain if poor: ___________________________________________________________________
February 4, 2017

To Whom It May Concern:

Miss Jane Doe volunteered for the Intergenerational Social Engagement Program from November 2016 to February 2017. She engaged in a total of 12 hours for this program. We were grateful to have her as a volunteer for our program.

Thank you.

Sincerely,

Jacqueline Kendona
Occupational Therapist/Program Leader
Appendix G

Intergenerational Social Engagement Program
42 Oak Rd, York PA 17402 ♦ Tel: 717-887-6105 ♦ intergenerationalengagement@gmail.com

Funding Sources

Rural Health Information Hub
https://www.ruralhealthinfo.org/

Grantmakers in Aging
http://www.giaging.org/

Harry & Jeanette Weinberg Foundation
http://hjweinbergfoundation.org/program-areas/older-adults/

AARP Foundation
http://www.aarp.org/aarp-foundation/grants/

United Way
https://www.unitedwayoc.org/community-partners/grant-making/

MetLife
Journaling Prompts

What do you like about these visits?

What do you like doing most during these visits?

What other activities would you like to do during visits?

What part of these visits do you not like?

How can we improve this program?
Appendix I

Intergenerational Social Engagement Program

Exit Survey
Please answer the following five questions by responding: strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

I enjoyed talking with my new friend
   6. Strongly agree
   7. Agree,
   8. Neither agree nor disagree
   9. Disagree
   10. Strongly disagree
I enjoyed doing activities with my new friend
   1. Strongly agree
   2. Agree,
   3. Neither agree nor disagree
   4. Disagree
   5. Strongly disagree
I will recommend this program to other seniors/students
   1. Strongly agree
   2. Agree,
   3. Neither agree nor disagree
   4. Disagree
   5. Strongly disagree
What can be done to improve program?
______________________________________________________________________________
______________________________________________________________________________

What should be eliminated from program?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Intergenerational Social Engagement Program

Student Training Manual
Project Statement

An intergenerational community program intended to connect high school students with socially isolated older adults to facilitate social participation through use of leisure activities.

Introduction - Manual

- This manual is to provide a guide on how to organize the intergenerational social engagement program.
- This manual provides an instructional resource and guide for volunteers. It covers befriending the older adult and engaging the older adult in leisure activities.
Introduction - Program

Intergenerational social engagement
Pairs older adult with high school student
Provides opportunity for older adult and high school student to socially interact
Provides opportunity for high school student to accumulate community service hours needed for graduation
Provides opportunity for high school student and older adult to share their high school experience while engaging in an interactive leisure activity

Training Objectives

At the end of this 3-hour educational session, you would be able to:
Initiate conversation with an older adult
• Engage the older adult in a leisure activity you both agree upon
• Appreciation for old age and social engagement
• Communicate effectively with older adults
• Enhanced social skills
• Know when to contact staff
Role of Team Leader

Occupational Therapist/Team leader:
- Mobilizes a team of other OT clinicians, nurses, social workers, adult community volunteers to help run the program
- Recruits older adult and high school students
- Administers Mini Mental State Examination to rule out cognitive impairments in older adults
- Administer LSNS-6 to older adults

Role of Team Leader

- Interviews older adult to determine leisure interest
- Interviews or delegates interview of high school student to determine leisure interest
- Occupational Therapist would supervise first visit
- Help coordinate a day of the week for subsequent visits between older adult and the high school student
Roles of Program Staff

Program Staff:
- Assist with conducting 3-hour educational session for high school students
- Assist with supervision of subsequent visits between older adult and student
- Assist with purchases of supplies for program
- High school student/Volunteer:
  - Participate in 3-hour educational session
  - Visit older adults in ALF/ILF/PC
  - Notify team leader/occupational therapist of any changes or concerns with older adult

Goals of Program

- Decreased social isolation for older adult
- Students have improved insight into aging
- Students to have enhanced social skills
Visits

Initial visit may be in a group setting made up of three to ten pairs of older adults and students or with one older adult and one high school student.

Initial Visit

- Initial visit by high school student will be performed with an occupational therapist who would be assessing for good fit between student and older adult.
- Occupational Therapist introduce high school student to older adult
- Occupational Therapist will review the purpose of the hour long visit to the older adult and the student
- Occupational Therapist will give student feedback on strengths and strategies for subsequent visit
Communicating

Conversation Starters:

• Introduce yourself

e.g.: my name is Jackie I am 16 years old. I attend York Catholic High School

Eg: What do you want me to call you?
    What do your friends call you?

* Invite older adult into dialogue
E.g.: Tell me about:
       your best high school experience.
       a memorable high school experience.
       your home life and responsibilities, part time jobs you held
       favorite teacher or subject and why
       growing up in the 30s, 40s, 50s?
Communicating

- Were your high school teachers strict?
- Did you have field trips to other states?
- What extra curriculum activities did you do in high school?
- What did you think of sports in high school?
- How much homework did you have in high school?

Practice

- Occupational Therapist demonstrates communication techniques with a student
- Students pair up in groups of 2-4 and practice communication strategies for skill 15-30 mins
- Practice... practice... practice... practice
- Occupational Therapist monitors each group to ensure students are able to teach back communication strategies with 100% return demonstration
Notes

Module 2
Interactive Leisure Activity

Student and older adult will engage in an interactive activity of their choosing such as painting/coloring/drawing, board game, puzzle or basic card game for 30-40mins

Practice

- Students practice simulation of interactive leisure activity using card game such as:
  - Go fish
  - Rummy
  - War
  Practice.....practice.....practice
  Occupational Therapist to monitor for competence and skill, providing feedback as needed
Notes

Module 3
Prompted Journaling

- This is to take place at week three and week six of program
- Team member supervising older adult and student give pair sheet with prompts to gather qualitative feedback on program
- Activity may be done together as a pair or individually
- This is an optional exercise.

Module 4
Ending Visit

• Student will monitor time and at about 50mins, begin the process of ending visit
• Tell older adult it is time to leave
• Confirm next visit
• Clean up area/ gather items used for interactive activity
• Thank older adult and leave premises

Final Visit

• Student will monitor time and at about 40mins, begin the process of ending visit
• Tell older adult it is time to leave
• Clean up area/ gather items used for interactive activity
• Share with older adult the positive impact of their interaction
  E.g.: Thank you for sharing the memories of your high school days with me. I have learned how to ________
• Thank older adult
• Exit community
Practice

- Students practice ending a visit with members of their group
- Practice….practice…..practice

- Occupational Therapist to monitor for competence and skill, providing feedback as needed

Definitions

- Team leader: Occupational Therapist
- Older Adult: Ages 65 and up
- High School Student: Ages 16 and up
- Social Isolation: An older adult who does not have meaningful connections with others
- Leisure Activities: Any activity that the older or high school student finds gratifying and relaxing
- Social Participation: Any activity that involves interaction with another person face to face, via telephone or social media
Thank You

I would like to thank all the high school students and volunteers team members who will be helping our older adults with their leisure and social participation to decrease social isolation.

Jacqueline Kendona, OTR/L

Unforeseen Situations

Please call team leader/Occupational Therapist at

717-887-6105

for any concerns with transportation, need to cancel or reschedule visit, issues and situations where you no answers or need clarifications