PSYCHOSOCIAL EDUCATIONAL TRAINING WORKSHOP FOR SENIOR
CITIZENS AND AGING ADULTS

A graduate project submitted in partial fulfillment of the requirements
For the degree of Masters of Science in Counseling,
Marriage and Family Therapy

By

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DEDICATION

I dedicate this project to my husband who has always supported my college career, he has encouraged me to get my degrees and kept me laughing along the way. Also, to my mother who has supported my aspirations from a very young age. I dedicate this thesis project to my father for without whom I would not be where I am today. Lastly, to my daughter, the light of my life, thank you for choosing me.
ACKNOWLEDGEMENTS

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ABSTRACT

PSYCHOSOCIAL EDUCATIONAL TRAINING WORKSHOP FOR SENIOR CITIZENS AND AGING ADULTS

By:

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Master of Science in Counseling,
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This psychosocial educational training workshop examines the mental, physical and emotional aspects that go into aging, and how we can age successfully. Everyone ages differently and research has proven that individuals can impact and control how they age. This training workshop will demonstrate the importance of having a healthy level of self-esteem, a good social support system and control over ones environment in successful and healthy aging. It will discuss the importance of having good health-promoting behaviors such as exercising, laughing more and eating right. This training workshop will cover psychosocial skills and give older adults specific tools to help them communicate their needs, resolve conflicts more efficiently and manage problems in their lives so that they have better control over their psychological and physiological stress levels. This is a solution focused training program that can be used for short-term therapy and geared towards psychoeducation.
CHAPTER I

Introduction

The world is aging, in our current culture aging can be is seen as something that needs to be endured not welcomed, and with the billions of dollars that go into the newest anti-aging creams, lotions and potions, our culture see’s aging as something that no one wants to do, and we fight our hardest for it not to happen to us. We live in a culture that strives to be young, look young and act young. The media is constantly bombarding us with messages of how bad it is to be old, the media portrays old people as, slow, wrinkled, and out of shape. The only time we see older adults on TV is when they are in advertisements for incontinence, arthritis, erectile dysfunction, maneuvering around in electric chairs or falling down. Our Western culture is not a culture that honors its elders, but places and institutions to put them so they are out of our view and mind. I am here to offer healthy alternatives to aging, to suggest skills and offer tools that are can be very beneficial to individuals as they enter their later years. These tools will give senior citizens the confidence to take control of their aging and become proactive in the process.

Age is not a determinant of biological aging but rather it interacts with social, personal and physical circumstances. Throughout the course of life there are inter-individual differences in patterns of growth, stability and decline, thus we all age differently. These patterns, psychosocial or behavioral, do not present themselves by chance but rather the individual acts as an agent for their own aging process and can greatly influence their way of aging. Thus, I believe that older aging adult’s can and do lean new behaviors and skills that can optimize their physical, emotional and mental process of aging.
According to the World Health Organization in 2010 there were more than 600 million people aged 60 and over worldwide, this total will double by 2025 and is projected to reach two billion by 2050. The U. S. Census Bureau shows senior populations are increasing faster than younger ones, as a result the nations median age is increasing. With this huge increase in our countries aging population, there is a great necessity to be aware of and understand the challenges this population will have to deal with, and be on top of these emerging health trends.

The fact that our country has more people living longer is a good sign. Increased longevity is considered a success for public health and social development, but all countries need to be prepared to address the consequences of this moving trend. It is important to know how to address the aging populations’ needs, and give them tools they can use to age successfully, and live healthier, longer lives.

There has been a lot of research on how stress impacts the immune system. Psychoneuroimmunology (PNI) studies have shown that when a person is stressed their immune system is compromised. The reverse has been seen as well, if an individual is happy or laughing for example, they experience less emotional discomfort and physical pain. Laughter has been used as a tool to help with rehabilitation and recovery in cancer patients and in individuals with disabilities.

As individuals begin the climb into their senior years, many changes occur. These changes affect the way they view themselves and others, these changes occur concurrently with the changing of their lives, bodies and careers. With these physical, emotional, and mental changes many individuals experience a loss of independence, a loss of self, feelings of sadness and lack of control over one’s life. Research has shown
that if individuals are given tools and/or programs that allow them to increase control
over their environment they will experience feelings of increased self-esteem, happiness
and success. Significant increases in these areas are important in order to live a healthier,
happier, and more fulfilled life with less depressive symptomology.

This training workshop offers a psychosocial educational solution focused
program for senior citizens and aging adults. The educational training workshop will be
directed at giving the seniors specific skills, and tools, that will increase their self-esteem,
environmental control and lower their levels of depression. The tools offered in this
training workshop will help them communicate better, solve problems more effectively
and deal with conflict in more appropriate ways. As stated above, research has shown that
individuals having increased their environmental control and self-esteem feel competent
and successful in completing and applying knowledge to a task. There is an increased
interaction with the medical community as we age and having the right tools to be able to
ask the hard questions, understand the answers and process the information is very
important.

**Statement of the Problem**

When we go to work every day we are mentally stimulated, but after retirement it
becomes harder to find activities that stimulate our minds and as we age we tend to have
more cognitive difficulties. Aging adults have little to no resources that help them with
their questions on aging, they may be insecure to ask the difficult questions or feel that
they don’t want to bother anyone with their problems. Aging individuals are loosing their
cognitive abilities at a faster rate than when they were younger, so by participating in
social activities both mental and physical. They can keep their minds sharp and help
influence healthy aging. There is a lack of workshops that give seniors back the cognitive skills and psychosocial tools needed to live their life successfully, and healthfully. There is also a lack of evidence that shows how psychosocial solution-focused education can help improve socialization, self-esteem, and environmental control, and decrease depression within our senior population.

**Purpose of the Graduate Project**

The purpose of this project is to create an educational training workshop for senior citizens and aging adults. This workshop is focused on educating aging individuals on skills and techniques they can use in their lives to help them age in a healthy successful manner. It is geared at giving senior citizens the psychosocial skills, confidence, and education to have control over their environment. By having competency over a task or social situation the individual experiences improved self-esteem, which intern helps improve mental and physical health, and decrease depression and loneliness.

**Limitations of the Project**

A limitation of this project is testing for appropriate application of knowledge. The training is given and then the individuals are sent off to apply the information they learned onto their lives. It would benefit the training workshop to develop a method to test if in fact the information is being retained and if so for how long is it being applied to daily living.

Another limitation is longevity of knowledge, how long does this information stay in the minds of the aging individual. Many older adults suffer from cognitive impairments so it would benefit this training workshop to find a way to test how long they retain the information learned in the program.
**Terminology:** The following are technical terms defined as they are used in this project.

**Senior Citizens:** The term implies the individual is retired, and/or is over the retirement age, which is 65 in California.

**Baby Boomer:** Any individual born during the post World War II years; from 1946 to 1965, these individuals are getting near or are at the age of retirement.

**Aging:** Includes gradual changes in the structure and function of humans that occur with the passage of time, and eventually lead to the increased probability of death as the person grows older.

**Psychoneuroimmunology (PNI):** The study of the interaction between psychological process and immune systems of the human body. The main focus of PNI is studying the interactions between the nervous and immune systems and the relationship between mental processes and health.

**Self-esteem:** A term in psychology that is used to reflect a person’s overall evaluation or appraisal of his or her own self-worth. Self-esteem encompasses certain beliefs, for example, "I am competent", "I am worthy." Self-esteem includes emotions such as triumph, despair, pride and shame. Self-esteem is the positive or negative evaluation of the self, and how we feel about that. A person’s self-concept consists of the beliefs one has about oneself, one’s self-perception, or, “the picture of oneself”. Self-concept is the perception that people hold about him/ herself. It is not the “facts” about one-self but rather what one believes to be true about one-self. Early researchers used self-concept as a descriptive construct, such as ‘I am an athlete’. Recent theories adapted self-esteem with more evaluative statements like ‘I am good at tennis’. The latter statement not only describes the self, as the individual identifies herself or himself, but
also evaluates the self by putting worthiness on it. Therefore, self-esteem is defined as both descriptive and evaluative self-related statements.

As a social psychological construct, self-esteem is attractive because researchers have conceptualized it as an influential predictor of relevant outcomes, such as academic achievement or physical achievement. In addition, self-esteem has been treated as an important outcome due to its close relation with psychological well-being. Self-esteem can apply specifically to a particular dimension, for example, "I believe I am a good writer and I feel happy about that" or have global impression for example, "I believe I am a bad person, and feel bad about myself in general". Psychologists usually regard self-esteem as an enduring personality characteristic or "trait" although normal, short-term variations do exist.

**Depression:** Depression is a syndrome of symptoms that involve sadness and somatic disturbances such as loss of hope, sleep and appetite. Due to the quickly expanding population of older individuals in the United States, late life depression is an increasing public health concern. Depression is the most common mental health problem currently affecting up to 15% of individuals over the age of 65. This high number seems to be shared by minority groups, and older adults from minority ethnic groups appear to have even higher levels of depression.

**Environmental Control:** To exert regulation and restraint over one's work, social or home environment.

**Cognition:** The mental process of knowing, understanding, perceiving, and judging information. The mental act or process by which knowledge is acquired, including perception, intuition and reasoning.
**Psychosocial:** For a concept to be psychosocial it needs to relate to one’s psychological development in and interaction with ones social environment. The term is most commonly used along side psychoeducation interventions and points towards solutions for individual challenges in interacting with an element of ones social environment.

**Interpersonal Communication:** Can be one on one conversations or individual interaction with many members in society. Communication is the process of interaction with others, it is the process by which we choose to communicate our ideas, thoughts, and feelings to another person or group of people.

**Conflict Management:** Involves implementing strategies to limit the negative aspects of conflict and to increase the positive aspects of conflict at a level equal or higher than where the conflict is taking place. The aim of conflict management is to enhance learning, job performance and decrease stress levels.

**Problem Solving:** Focuses on what the individual wants and needs to fix in their lives. This process focuses on the present problems and gives the individual solutions to change them. Also, looking into the future, and giving the individual tools to use in their lives going forward.

**Mentor:** Refers to a personal developmental relationship in which a more experienced or more knowledgeable person helps a less experienced or less knowledgeable person. The person in receipt of mentorship may be referred to as an apprentice or, in recent years, a mentee. Mentoring is a process that always involves communication and is relationship based. It is a process for the informal transmission of knowledge, social capital and the psychosocial support perceived by the recipient as
relevant to work, career, or professional development. Mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the mentee).

In order to educate individuals on healthy aging, it is important to look at the current research and literature on the matter. The following chapter will give an in depth look into the aspects of aging that impact the aging process. The literature review will discover that we are all in control of our aging and we have the power to alter the way in which we age.
CHAPTER II: LITERATURE REVIEW

Introduction

Aging is a very personal and emotional experience, successful aging is a process through which older individuals actively deal with their age-related changes. Successful aging is not about running from losses, but about learning to deal with them successfully. This review of literature will look at factors that impact the aging individuals’ mental and physical health. These factors include depression, lack of environmental control, and self-esteem. The research highlights the importance of learning appropriate coping skills and the importance of having a healthy level of self-esteem as we age. The research will show, through developing an psychosocial educational training workshop aging individuals can learn the importance of skills such as social communication, conflict management, and problem solving. As a result of the workshop they will increase their self-esteem, environmental control and decrease their depression, thus, they are able to improve cognition, memory and build social circles, thus living a happier healthier more fulfilled life. I will demonstrate the importance of maintaining/increasing ones social circle, explore coping strategies such as laughter to prevent negative behavior and thoughts and encourage living an active life.

Self-Esteem

Self-esteem in older adults is vulnerable to decrease as we age, and paying attention to it is very important in making sure we have a healthy level of self-esteem as we age, this will help individuals age more successfully, according to an older study by Tafarodi & Ho, (2006). Factors such as social losses, decreased health, loss of family and social circles are all issues that can lower self-esteem (Tafarodi & Ho, 2006). Self-esteem
has long been found to be related to depression, starting in 1982 Hunter, Linn, and Harris, investigated self-esteem among older adults, discovering that those with low self-esteem had significantly higher depression than seniors with high self-esteem. These author’s pointed out the great need to develop interventions that promote better feelings of self-esteem and self worth among older adults.

Individual with higher levels of self-esteem have better health and better outlook of the aging process according to Schöllgen, 2011. This current research suggests that self-esteem acts as a mediator to increase better psychosocial functioning, quality of life and acts as a buffer to external stressors (Schöllgen, 2011). Self-esteem is used as a buffer against the negative effects of stressful life situations and illnesses, thus if an individual has a higher level of self-esteem they will experience less illness and stress (Schöllgen 2011). Schöllgen (2011), finds that optimistic beliefs found in higher levels of self-esteem, imply stronger health effects in aging individuals.

These current studies have found the importance of family and social support in increasing healthy aging and self-esteem in seniors Sok (2011). There is an increased social concern with our rapid aging population, and as a part of aging we see family and social relations decrease, many older people are living alone especially women, who tend to out live men (Sok, 2011). In Louis Cozolino’s book: The Healthy Aging Brain (2008) he describes how human beings are social animals and the human brain is a social organism, our minds are formatted to search for social connections. Compared to animals we have more complex brains that offer many more neuron connections. Cozolino (2008) presents a table suggesting that the human brain is more complex allowing for different social skills:
Table 2.1 The Interwoven Evolution of Brain and Social Structure

<table>
<thead>
<tr>
<th>More Complex Brains</th>
<th>More Complex Social Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater adaptation</td>
<td>Increased role differentiation</td>
</tr>
<tr>
<td>Response flexibility</td>
<td>More sophisticated caretaking</td>
</tr>
<tr>
<td>Better problem solving</td>
<td>Prolonged childhood dependency</td>
</tr>
<tr>
<td>Role specialization</td>
<td>Transmission of learning</td>
</tr>
<tr>
<td>Sophistication of attachment</td>
<td>The emergence of culture</td>
</tr>
</tbody>
</table>

More sophisticated brains allows for more complex social structures, such as, communication and compassion, opening the door to deeper evolution of skills building (Cozolino, 2008). Our brain has control over our social impulses, that warm feeling you get when you are holding a baby, or that pain you get when you see a loved one hurt, all these feelings are triggered by chemical processes in our brains with the purpose of creating bonds and sustaining attachment (Cozolino, 2008). These everyday experiences activate the network of neurons in our social brains that connect our bodies, hearts and our minds to give us more impactful social experiences (Cozolino, 2008).

With the growing population of older people living alone Sok (2011) looked into their emotional well-being, quality of life and self-esteem, he found that older people living alone are at risk for high levels of mortality and morbidity, causing increased demands on health and social services. Sok (2011) found, in the past, family was regarded as the primary source of care for older people, however, now the role of social care is becoming an alternative support measure. He finds (Sok, 2011), to promote healthy individual lifestyles and increase self-esteem, we need to increase positive behavior and social support and decrease negative behavior and loneliness. The specific aim of this study was to compare the physical health status, self-esteem, and family support of older people (Sok, 2011). The findings of this study will help develop health
promoting programs for older people and increase their quality of life (Sok, 2011). Sok, (2011), discusses the importance of preventing diseases related to aging and over all health promoting behaviors. Health promoting behaviors are defined by Sok, (2011) as a multidimensional pattern of self-initiated actions and perceptions that enhance wellness, self-esteem and fulfillment of the individual. Sok, (2011) continues to explore how health related research has focused on self-esteem as one variable that greatly influences health-promoting behavior. Individuals with high self-esteem have been shown to have better health and well-being as compared to their counterparts with lower self-esteem (Sok, 2011). The study (Sok, 2011) shows the importance of family support of healthy aging and self-esteem. Family has been studied to be an important value for many ethnic groups such as Latinos, Asians, African Americans, and American Indians (Sok, 2011). This research has determined social support and family support are important for promoting healthy self-esteem and healthy aging (Sok, 2011). Older people who received this type of support were reported to have higher levels of self-esteem and a low prevalence of psychological distress and health related issues (Sok, 2011). Similarly, Schöllgen (2011) finds that social support in social resources are important of healthy aging, individual perceptions of a social support network increase one’s self-esteem, and buffers emotional and physiological reactions to stressful events and has been an important pathway influencing healthy aging. Schöllgen’s (2011) study concluded with discovering that social support helped increase the self-esteem in individuals in lower social economic status, this is due to the fact that income reflects the ability to buy assistance and help, versus individuals who have lower income rely and depend on their social support networks.
Previous studies by Zhang, 2002 indicate that individual self-esteem combine with collective self-esteem contribute to the prediction of life satisfaction, this study looks to demonstrate the effects of gender and age on the relationship between self-esteem and life satisfaction. Zhang (2002) found that a relationship between collective self-esteem and general life satisfaction was stronger for males than for females. Zhang (2002) stated the effect of collective self-esteem on life satisfaction was stronger in the younger generation than in the older. These results reflect the social expectations between males and females, the young and the old, with self-esteem being the highest correlate with life satisfaction through out any gender or age (Zhang, 2002). Research on self-esteem has emphasized how feelings of self-worth, and self-respect are derived from or related to an individual’s personal attributes, competencies and standing relative to others (Zhang, 2002). Our Western culture really puts importance on individual self-esteem in everyday human functioning, this can be seen in our politicians, and educators hoping that individual self-esteem may hold the key to understanding and solving many social problems and increasing societal well-being (Zhang, 2002). Zhang, (2002) discusses individual self-esteem is the feeling and evaluation of self-worthiness and collective self-esteem is the feeling and evaluation of the worthiness of a social group to which one is a member. This study shows that collective self-esteem can be a strong predictor of life satisfaction (Zhang, 2002). Another finding by Zhang (2002) suggested the relationship between individual self-esteem and life satisfaction has been found stronger in individualist cultures than in collective cultures, however this relationship is not constant and changes depending on individual and cultural differences.
Stinson in 2005, developed a six week program to see if older women ages 72 to 96, had increased self-esteem and lowered depression levels after participating in a weekly structured group that talked about and focused on depression, self-esteem, isolation, socialization, well-being and cognitive functioning. The study found that there was no significance in depression but an increase in self-esteem in the women that participated (Stinson, 2005). The study also found an inverse relationship between depression and self-esteem, this shows the importance of screening for depression and learning ways on how to combat it in older age (Stinson, 2005).

**Depression**

According to the Center for Disease Control and Prevention depression is a mental illness that can be costly and debilitating to sufferers, it can adversely affect the course and outcome of common chronic conditions. The CDC reported the current depression among adults in the United States (2006-2008) age group 45-64 was 9.6% and for individuals 65 and over it was 6.9%, females covered 10.2% and males 8%, the highest depressed group was Black, non-Hispanic at 12.9%. In America about 1 in 10 people suffer from depression (CDC, 2010).

DeMuth, 2004, found social models of depression in which adverse circumstances were believed to underlie the onset of depression. Some individuals seek professional treatment or outside help for dealing with depression, while others have negative attitudes towards anti-depressants and mental health care (DeMuth, 2004). A common viewpoint and effective way to combat depression is to adjust their outlook on life, believing that by changing mental attitude on the inside people can change their attitude on the outside (DeMuth 2004). Another form of dealing with depression comes from social support,
support plays an important role in combating, preventing and coping with depression in many older adults (DeMuth, 2004). A good support system gives senior citizens with depressive symptoms emotional support and affection (DeMuth, 2004). Social situations give older adults a place they can meet other people and can derive joy and happiness from spending time with loved ones (DeMuth, 2004). A subsequent generation of research has continued to demonstrate that interpersonal problems and stress increase the risk for depression, also, difficult interpersonal relationships play an important role in the course and onset of depression (Hinrichsen, 2008).

One of the primary modalities used to treat depression in older women is medication, in 2000 three of the top 10 prescriptions were to older people for depression, Prozac at 2.5 billion, Paxil at 1.8 billion and Zoloft at 1.90 billion (Stinson, 2005). These anti-depressants lead to harmful side effects without alleviating the underlying depression, and the medications are more prevalent among frail older women over the age of 85 (Stinson, 2005). For these reasons there needs to be new alternative therapies for the treatment of depression in the older adult and especially in the older women (Stinson, 2005).

Depression may be an expected friend in older persons, or it can be a presumed response to a physical or emotional event, however research by Fulbright, 2010 has demonstrated that social integration yields positive physical and emotional outcomes even in the presence of emotional losses and physical decline. Fulbright’s (2010) research supports the idea that senior centers are helpful in providing an environment conducive to successful aging activities. These centers provide a positive atmosphere for developing a social support system that can reduce loneliness, depression and isolation (Fulbright,
Fulbright (2010), talks about self-efficacy and how it related to peoples beliefs in their ability to exercise control over aspects of their lives. He (Fulbright, 2010) continues to say that major life changes in later years are brought on by retirement, loss of friends or family and physical decline. Perceived social inefficacy increases vulnerability to stress and depression by hindering development for social support, and social support acts as a buffer against life’s stressors (Fulbright, 2010). This study (Fulbright, 2010) shows that when one has the support of their friends during life difficulites, changes and stressors, it makes it easier to go through the situation. Older people can fulfill the need for social relations by attending community senior centers (Fulbright, 2010). Fulbright (2010) illuminates depression as second only to heart disease as a leading cause of disability, and the greatest predictor of depression is social isolation, this can also lead to lowered self-esteem, and even suicide. Depression in the older adult is hard to screen for, this is due to the somatization of symptoms by the older adult adopting an apathetic affect, misrepresented the problem and/or the stigma concerning depression (Fulbright, 2010). Social support ahs been associated with reduced levels of physical disease, mental illness and mortality, the CDC (2005) reported that adults who lived alone and rarely visited with friends, reported more unhealthy days, mentally unhealthy days and days with depressive symptoms than those who reported to have a social support system and or live with family. Fulbright’s (2010) study demonstrated that increased levels of social support led to fewer reported unhealthy days and more day of feeling happy and healthy. As the population of older persons increases, examinations of the effects of living alone is very important to understand, social support improves the physical and mental lives of older adults, Fulbright (2010) found that women attributed their involvement with a local
senior center to be empowering to them, they laughed more, they felt lonely less and they felt that by participating in the community center their mental health improved. In Fulbright’s study, he found that 89.6% of people who attended the senior centers reported it improved their lives, they reported to have more friends, a greater social support and as a result had lowered depressive symptoms.

Social support is great at increasing mental and physical health conversely, feeling lonely is a universal phenomenon that can deteriorate one’s health and quality of life, loneliness is related to lower quality of life, poor health outcomes and depression (Savikko, 2010). Loneliness is defined by Savikko (2010) as an individual’s subjective experience of lacking satisfying human relationships, it is always related to an individual’s expectations, therefore one can feel lonely even when they are in a room full of people. In this study, (Savikko, 2010) loneliness refers to an individual’s inner feelings of loneliness, which cause depression and suffering. Loneliness is related to lower functional status, death, living alone, poor health, and inactivity that lead to cognitive decline and increased need for health services, Savikko (2010). Older people are more prone to feeling lonely, losses do occur in old age and with retirement, death, declining health, and social isolation aging individuals are suffering more from depression (Savikko, 2010). This study (Savikko, 2010) found that by participating in a program that encouraged social interaction, creativity and environmental control, individuals were seen to increase their feelings of depression and loneliness.

Choi, 2012 found that individuals who have difficulties or lack of housing and family/social support had higher depressive scores. These precarious living and social issues had a serious depressive effect on the individuals and require formal forms of
support (Choi, 2012). Choi’s study suggests the need for healthy living situations and family support in the individuals aging process. Those individuals who had no family, lived alone or had no social support were found to have high levels of depression and did not seek professional help, Choi (2012) concludes by illuminating the need for psychoeducation about the benefits of therapy for the treatment of depression.

Gerontologists have continued to conduct research on the relation between depression to physical disability and social support, research proves that individuals with greater disabilities have greater depression (Roberson, 2003). This is a significant problem as depression can pose a large threat and undermine the quality of life for many aging adults (Roberson, 2003). Depression is a risk factor for the onset of physical disabilities, and higher levels of depression are associated with higher risk of physical disability and inactivity (Roberson, 2003). Roberson (2003) found that physical therapy was associated with improvements in physical disability and mood with relief in depressive symptomology. Women who had more chronic illness were more likely to suffer from depression than those who had fewer illnesses, and that women who took longer to recover from a physical trauma were more depressed (Roberson, 2003). Roberson also found that inadequate social support had a significant impact of the level of depression in aging individuals who had greater physical concern.

The higher burden of depression among older women might be attributable to sex differences in the onset or persistence of depression (Barry, 2012). Barry found that older women had a higher likelihood of transitioning from a non-depressed to a depressed state more easily than older men did, and a lower likelihood of transitioning from a depressed to non-depressed state. This higher burden of depression in women seems to be
attributable to a greater susceptibility to depression and, once depressed to a more persistent form of depression and a lower probability of death (Barry, 2012).

Depressive symptoms generate stressors in their own right, seeking expressions of negativity (Barker, 2007). Self-esteem serves as a moderator for stressful experiences and depressive outcomes (Barker, 2007). The negative association between self-esteem and depressive symptoms is due to the extent that self-esteem can moderate the impacts of stressful events (Barker, 2007).

In a study by Engel (2011) depression and emotional well-being have been found to be significantly associated with appetite. As we age health maintenance is becoming increasingly important, and one factor important to the health of older adults is appetite (Engel, 2011). Appetite decreases with age for various reasons, this causes involuntary weight loss along with a variety of other chronic diseases associated with functional decline and mortality, depression being the major risk factor that negatively affects appetite (Engel, 2011). Stress impacts us all, Engel, (2011) found that stress has a debilitating effect on the health of individuals and individuals with better coping skills to manage stress are less affected by depression and poor health. Because psychological and emotional health can affect appetite it is suggested that individuals with better stress coping mechanisms have lower risk of poor appetite because they know how to better deal with stress (Engel, 2011). Depression is the most common cause of weight loss in older adults in community and institutional settings, because of the relationship between depression and anorexia and poor appetite in older adults (Engel, 2011). Depression is a common problem and a significant cause of poor appetite and motivation to eat in older adults (Engel, 2011). Engel (2011) goes on to say that we have less energy as a result of
aging but decreased intake of food as a result of decreased appetite can cause malnutrition. Impaired nutritional states are associated with impaired immunity, greater healthcare needs and longer hospital stays in older adults (Engel, 2011). The results of this study (Engel, 2011) found that the presence of depressive symptoms was associated with greater risk of poor appetite and poor emotional well-being was the most strongly associated with poor appetite. These results indicate that depressive symptoms, poor emotional well-being are associated with poor appetite, this is the first study to research this relationship and suggests that individuals with better coping skills may adapt better mentally and socially when faced with health or social loss, which in turn will prevent a loss of appetite (Engel, 2011).

Barry (2012) finds depression as stated above is associated with increased healthcare costs and adverse outcomes, including increased medical illness and mortality but a growing amount of research indicates widespread under-treatment of depression disorders in older persons. This finding is consistent across populations of individuals who are hospitalized, residing in nursing homes or community dwellers (Barry, 2012). Research has looked at either the use of antidepressants or the use of psychotherapy but not both (Barry, 2012). Barry’s (2012) study sough to describe the profile of depression treatment over time with hope to better understand the scope of potential under-treatment of depression in older adults. Barry (2012) found that the profile of depression treatment changed over time, with trends indicating an increase in the use of both antidepressant medications and psychotherapy, the findings confirmed potential under treatment of depressed older adults. Barry (2012) in addition found that many older adults with persistent depression were not being treated and that certain patient characteristics
influence receipt treatment. Although antidepressants are the most common use for depression, the present study (Barry, 2012) provides a more complete picture of the scope of depression treatment for older adults is best treated with a combination of antidepressants and psychotherapy. This shift reflects a diminishing fear of the stigmatization of receiving treatment for depression and a greater acceptance by both patients and physicians of non-pharmacologic therapy as an effective form of treatment (Barry, 2012). However, (Barry, 2012) found that the majority of participants with clinically significant depressive symptoms were not taking any treatment, nor medication or psychotherapy. This indicates and is consistent with the theory that demonstrates widespread under-treatment of depression in older adults (Barry, 2012). Strong evidence suggests that under-treatment is often attributed to misrecognition and under diagnosis of depression (Barry, 2012). Barry (2012) boldly pronounces that most older persons in this country receive treatment for depression from primary care physicians in more traditional practices who often lack specialty training in geriatric assessment and care. Without such education physicians are more likely to misdiagnose depression as dementia or mistake depressive symptoms as a result of age related conditions and or a normal response to age related losses (Barry, 2012).

Environmental Control

Control beliefs, according to a recent study by Schöllgen, 2011, show one’s ability to influence important aspects of life are important predictors of health-related aging, similarly, positive expectations about environmental control are related to healthy lifestyles and better health. Socioeconomically disadvantaged individuals encounter more stressors in their physical and social environment than less disadvantaged people
(Schöllgen, 2011). Education, occupation, and income are central determinants of the ability to control everyday life and shape one’s future in positive ways (Schöllgen, 2011). Environmental factors and control are relevant resources for lifestyle and health in the aging adult (Schöllgen, 2011). Control beliefs about one’s ability to influence important aspects of life are important predictors of health related goal setting, and health related issues and behaviors (Schöllgen, 2011). As such, having positive expectations about one’s future or believing that one has positive control over their future is directly related to healthy lifestyles and better health (Schöllgen, 2011). One way of increasing control is increasing ones optimistic beliefs, this is apparent in low status jobs (Schöllgen, 2011). Individuals who had higher levels of control beliefs had stronger effects on health and job satisfaction, as compared to individuals with higher job status and low control beliefs (Schöllgen, 2011). There is some evidence to suggest that high control beliefs are important for healthy health related variables in lower income groups (Schöllgen, 2011).

Krause and Shaw (2001), prove that lower levels of environmental control, whether it is at home or at ones place of work, decrease feelings of self-esteem. These lowered feelings of self-esteem can come from a high need to be in control and actually having a low level of control (Krause and Shaw, 2001). Prolonged exposure to this type of environment leads to disturbances in health, well-being and self-esteem. Krause and Shaw (2001) stated that a strong sense of personal control is essential for the maintenance of health and well-being in later life. Individuals with a strong sense of control believe the changes in their social world are a direct result of their choices, efforts and actions (Krause and Shaw, 2001). In contrast, people with a weak sense of control believe the
events in their lives are shaped by forces outside of their influence and believe they have little ability to influence the things that happen to them (Krause & Shaw, 2001).

Sinha and Sinha, 2002 examined the effects of social support and self-control in a sample of 300 older adults, they hypothesized that social support and self-control would increase positive attitudes towards life and increase perceived control. Their (2002) results supported the hypothesis, they found that social support and self-control in interaction with age, reduced stress and enhanced perceived control and positive attitudes towards life and aging (Sinha and Sinha, 2002). The perception of potential control over a situation does ameliorate the stress and reduce adverse side effects, but if one can sustain a sense of personal control they can prevent psychological losses (Sinha and Sinha, 2002). Individuals are different in the way they obtain self control skills, by describing self-control as learned resourcefulness, a person self-regulates internal response that interfere with the execution of desired behavior (Sinha and Sinha, 2002). Individuals with high self-control appraise stress differently than those with lower levels of self-control, that difference results in more or less desirable psychological outcomes (Sinha and Sinha, 2002). The need for control over important life issues and the use of social support to cope with the stressor’s of aging are two variables that promote successful aging and increase a positive outlook toward life (Sinha and Sinha, 2002).

Our ability to control our stress is very important to our aging, a study by Bagheri-Nesami, (2010) found that coping skills may be an important component of optimal aging. Historically, coping after a stressful event has been defined as engaging in a cognitive appraisal of the stressor followed by consciously enacting a coping strategy in hopes to reduce the stressor’s perceived intensity or in building one’s resources to manage
it (Bagheri-Nesami, 2010). If the person believes they have control over either the situation or the outcome of the situation the individual is supposed to have decreased stress surrounding the situation (Bagheri-Nesami, 2010). Perception of coping skills on older adult health is important to assure healthy aging, especially in older women who historically have been more passive concerning their health (Bagheri-Nesami, 2010). Also, individuals who have greater disabilities believe to have less control over their physical health, they have reported less social activity, as well as lower psychological and physical well-being (Bagheri-Nesami, 2010). The study’s data analysis (Bagheri-Nesami, 2010), revealed that women experience a feeling of being at risk regarding age changes, and that women who had a higher lever of self-awareness and education had higher levels of coping strategies. Social support along with perceived control work as a coping mechanism that can mitigate adverse psychological effects of environmental stress, and individuals with high levels of social support are more resistant to psychological effects of environmental stressor than individuals with low levels of social support (Sinha and Sinha, 2002).

Kempen (2005) looks at a person’s sense of control over his or her environment and their resources to deal with stressful changes in a particular situation. Perceived control, or mastery, are considered a personal resource for successful adaptation to lifetime challenges and are considered a part of the coping process (Kempen, 2005). Control beliefs are derived from previous life experiences, environmental factors, or other’s influences, these beliefs are dimensions of self-concept, and coping skills are the strategies people use to protect themselves under specific situations (Kempen, 2005). Perceived control affect the motivation to deal with a specific situation, in this study
Kempen (2005) examines the role of perceived control in long term changes in middle aged older individuals. With respect to health decline, individual differences in perceived control to health outcomes after confrontation with health-related stressors are important (Kempen, 2005). Individuals who rely on their level of control are better adapted to coping with health problems, both emotionally and physically (Kempen, 2005). This leads to better preventive and compliance behavior, protection against decline in physical functioning, quicker recovery of illnesses and lower depression (Kempen, 2005).

Perceived control is a significant predictor for stability in mobility over a longer period of time and low levels of perceived control predicted functional decline in low functioning aging adults, also, perceived control increased recovery in older adults (Kempen, 2005). The objective of the present study is to look at perceived control longitudinally as a predictor of change in independently living middle aged and older persons. Kempen’s (2005) hypothesis is that older individuals with higher levels of self control would be able to preserve their level of functioning to a greater extent than compared to individuals with lower levels of perceived control (Kempen, 2005). Perceived control hypothesis was confirmed, it is a strong resource in the role of coping with health problems and stressful situations, and as a result older individuals would be able to keep their level of functioning longer (Kempen, 2005). Kempen (2005) concluded that the level of perceived control changed over an 8 year period, thus there is significant decreases in perceived control as we increase in age, and that is why it is important to take steps to minimize this decrease and improve our control as we age (Kempen, 2005). Lastly, the study found the control group reported higher levels of disability, lower levels of control and more chronic medical conditions (Kempen, 2005).
Hui, 2009, defined successful aging as the ability to actively engage in life, this often relates to older adults who have minimal disability and higher levels of physical functioning. Life satisfaction in Hui’s 2009 article was negatively correlated with the presence of chronic illness and impairment, which indicates prevention is better than a cure. This approach encourages aging individuals to increase control over their health, especially their physical health through exercise, which is an essential element of health promotion (Hui, 2009). Physical activity and dance have shown to increase mastery and control over a skill, hence increasing health and indirectly increasing self-esteem (Hui, 2009). Physical activity lowers blood pressure, elevates mood, increases sense of self-esteem and well-being and increases social contact (Hui, 2009).

Social control and mentoring were related to self-esteem in research conducted by Rook (1990), social relationships provide a sense of meaning and purpose to life, without which individuals experience despair and lack of self-esteem. Social control affects both psychological and health distress, Rook, (1990) found that increasing one’s social skills and interpersonal relationships via better communication is an indication of increased self-esteem and decreased health problems.

**Interpersonal Communication**

Interpersonal communication is the process by which we communicate our ideas, thoughts, and feelings to another person (Van Denburg, 2002). Our interpersonal communication skills are learned behaviors that can be improved through knowledge and practice (Van Denburg, 2002). Interpersonal communication includes message sending and message reception between two or more individuals, this includes all aspects of communication such as listening, persuading, asserting, and nonverbal communication.
In any interaction, individuals who know how to successfully communicate their needs and feelings will have higher levels of control and self-esteem, Van Denburg (2002).

Dessel, (2006) looks at how individuals with good interpersonal communication skills are exemplified and can be very beneficial in group activities such as politics, religion, and pop culture. They are shown to have good organization skills and conflict resolution (Dessel, 2006). Individuals with good interpersonal communication can create a comfortable environment in which other individuals feel safe and feel free to communicate their needs (Dessel, 2006). Through good interpersonal communication skills, one can harness extraordinary power toward achieving important personal goals, goals within the community, conflict resolution, advocacy and social change, this skill is very important at increasing ones sense of control over their environment (Dessel, 2006).

People communicate differently and for different reasons, as individuals age our communication changes and lack of communication in marriages for example can lead to depression (Harper, 2009). Part of the marital process and depression theory in late life marriages is the concept of communication (Harper, 2009). This study (Harper, 2009) suggests that older couples demonstrate better communication skills than middle aged couples especially when couples experiences less negative affect such as anger and belligerence during marital interaction (Harper, 2009). The author (Harper, 2009) found that there is a positive trend between age and communication in marriage across the life span. As we age in our marriage, if we are minimally depressed, we learn to communicate better (Harper, 2009). This is resulting from the ability to control the emergence of negative affect, a skill that younger people have not yet developed (Harper,
Harper’s (2009) finding indicated that when husbands and wives have difficulty communicating and problem solving, they had higher levels of depression (Harper, 2009). Harper (2009) also found that when both partners are depressed, communication is worse than when only one partner is depressed (Harper, 2009). A similar pattern can be observed among problem solving communication and depression in older adult marriages (Harper, 2009). Depressed couples, a relationship with one or both depressed partner(s) self-disclose less frequently and exhibit higher levels of aggressive behavior than non depressed couples, in addition the depressed couple exhibits less facilitative behavior than non depressed couples (Harper, 2009). Depressed couples, engage in less constructive problem solving communication and more destructive behavior, i.e. hostility, competitiveness and distrust, than non depressed couples (Harper, 2009). The authors’ findings (2009) point to implications for providing mental health services, i.e. psycho-education, support groups, to depressed elderly and their spouses.

Touching on communication, it is important to acknowledge older adults who are living in an assisted living facility, for the purposes of this project the focus will be on cognitively healthy older adults, however, Bryan’s (2002) research found some great evidence supporting individuals who suffered from increased physical impairments such as vision and hearing impairments. He found (Bryan, 2002) these impaired individuals had greater communication difficulties. This body of research attests the need for a training program to provide professional training for senior citizens to improve their communication skills, enhance the quality of life of older people with communication impairments and improving their communication environment (Bryan, 2002).

**Conflict Management**
A consistent view in developmental psychology is that aging is associated with many mental and physical declines according to Grossmann, (2010). Folk psychology propositions that people become wiser as they get older (Grossmann, 2010). A sufficient reason for assuming that older people are wiser is they have more life experiences (Grossmann, 2010). Older adults are believed to show greater competencies for reasoning in the area of social dilemmas and conflict (Grossmann, 2010). Grossmann’s (2010) research discovers, when older adults read stories about intergroup and interpersonal conflict, they make greater use of higher-order reasoning schemas that emphasize multiple perspectives, compromise and knowledge. Social reasoning improves with age despite a decline in fluid intelligence, these results suggest the need to assign older adults to higher social roles that involve legal decisions, counseling and intergroup negotiations (Grossmann, 2010). There is some consensus that wisdom involves certain pragmatic reasoning used to cope with important challenges and social conflict (Grossmann, 2010). Conflict management involves reasoning, wise thinking, appreciation of broader contexts, sensitivity to social relations, and concern with conflict resolution (Grossmann, 2010). Wisdom was measured in Grossmann’s (2010) study by possible ways social conflicts can be resolved. Grossmann (2010) found that older adults scored significantly higher for wisdom.

Studies have shown that individuals who believe they have a good sense of conflict management have a better outlook on life, more productivity in the work place and less interpersonal conflict therefore they have less stress related outcomes due to psychological stress impacting the immune system (Dijkstra, 2011). This study goes on to say, individuals who feel they have better sense of control over their environment report
to have better job performance, team productivity, and less psychological strain due to conflict (Dijkstra, 2011).

Effective conflict resolution involves the ability to take into account another’s point of view, conflict provides a natural opportunity for an individual to confront another and express their feelings towards that person (Chen, 2003). Interpersonal resolution involves an emotional component that heightens the individuals experience, this component serves to motivate the reorganization of knowledge and bring about active learning (Chen, 2003). Consequently, interpersonal relationships within peer conflicts provide opportunities for peers to become conscious of others’ feelings, it provides an important context for the development of conflict resolution skills allowing individuals to recognize and appreciate the perspectives of others, Chen (2003)

Teaching conflict resolution skills though prevention has been shown to be a way of preventing more entrenched behavior problems from emerging (Taylor, 2009). Also, improving relationships by developing conflict-resolution skills is an important component of improving wellbeing and self-esteem (Taylor, 2009). Taylor (2009) described tools to use that will help individuals understand the role of conflict in their lives and realize that conflict is neither good nor bad. The skills involved in resolving conflict productively can be taught through an active role-play based interventions, this intervention can develop necessary conflict-resolution skills (Taylor, 2009). Involved in this intervention is understanding who owns the problem in any conflict situation, and allow the individual to develop conflict resolution strategies and help them to arrive at solutions that met their needs (Taylor, 2009).
Tjosvold et. al. (2008), indicated that predispositions of engaging in controversy and resolving conflicts of interest in ways that maximize mutual benefit were significantly related to a positive orientation toward life and work. How a person deals with conflict and the persons’ psychological health are in fact related, much of the experience in their lives comes from conflicts, this stress may result in psychopathology (Tjosvold et al, 2008).

Allen (2007), demonstrates the importance of creating a training program for individuals to learn how to handle interpersonal conflict. Conflict is a condition inherent to all human interactions, and the author presents a conflict resolution model that will help in a conflict situation (Allen 2007). Allen (2007) reports that conflict is triggered when one individual perceives their interests are being blocked by another, or when both parties want something they both can’t have (Allen 2007). The model share’s five dimensions of conflict resolution strategies (1) avoidance (2) conciliation (3) compromise (4) problem solving (5) forcing (Allen, 2007). When one’s need is low and another’s irritation is high, then avoidance is the best strategy, when one is feeling cooperative and the other is erroneous or their anger is misdirected then conciliation is best (Allen, 2007). Compromise is best when one is steadfast in their needs and the other is aware of both options but is willing to bend their needs, essentially, when ones needs are high and the others resistance is low try problem solving (Allen, 2007). Lastly, forcing is more used in nursing homes when the residents’ need is urgent but the organizations rules and regulations are firm (Allen, 2007). Knowing how to deal with conflict is very powerful and the intent of this conflict model is to achieve two main goals (1) reduce unproductive
conflict, increase productive conflict and (2) promote social effectiveness by building interpersonal problem solving skills (Allen, 2007).

**Problem Solving**

Hoppmann, in 2011 looked at how aging individuals cope with every day stressor’s and how they use problem-solving skills to deal with them. His study showed that individuals vary in their problem solving, and proved that individuals who are better problem solvers use more instrumental skills and less emotion in solving problems, as a result they are less anxious and stressed. For example older individuals use more proactive emotion regulation and collaborative problem solving (Hoppman, 2011). Also, individuals who were higher in neuroticism reported less instrumental problem solving and were more passive with their emotion regulation in the problem solving (Hoppmann, 2011). Furthermore, the study showed, adults who where more anxious and stressed had more environmental problems as compared to adults who were not as anxious and stressed (Hoppmann, 2011).

Problem solving has been used as an intervention in clinical trials to help combat depression in cancer patients (Hopko, 2011). Also, problem solving techniques have been found effective in reducing symptoms of depression, anxiety and pain in breast cancer patients (Hopko, 2011). Problem solving has been historically used in the medical care setting and has documented efficacy within medical care settings due to its status as the gold standard of treatment within this context (Hopko, 2011). In Hopko’s 2011 study, he found that problem solving was effective in decreasing depression symptoms, as well as increasing environmental reward, quality of life, social support and medical outcomes. Problem solving is largely based on learning a problem-solving algorithm that allows for
increased coping skills and emotion regulation, decreased impulsivity, enhanced logic and subsequent depression management (Hopko, 2011).

A major target of neuropsychological rehabilitation is the remediation of functional problem-solving deficits (Rath, 2011). Conceptualized as the most complex of all intellectual functions, problem solving is a higher order cognitive activity that arises in situations for which no response is immediately apparent or available (Rath, 2011). Requiring the control of more routine or fundamental cognitive abilities, intact problem-solving skills are necessary to resolve different types of daily interpersonal conflicts such as everyday intrapersonal problems and decision making that are inherent in maintaining a home, functioning in the community, or returning to work (Rath, 2011).

Individuals who have heightened problem-solving skills can define a problem, identify the conditions and constraints of problematic situations and set realistic goals (Rath, 2011). They can generate alternatives to the problem by brainstorming possible solutions (Rath, 2011). They can make decisions by examining potential consequences of options and selecting an optimal one given the constraints of the problem, lastly they can implement the solution, monitoring its effectiveness and making modifications as necessary (Rath, 2011). Problem solving has been a robust tool in aiding the rehabilitation of brain injury and impairment and has proven to show results in rehabilitation to the individuals’ sense of self and control (Rath, 2011).

Gilhooly, (2007) examined the relationship between quality of life in older adults and cognitive functioning in real-world problem solving. The ability to derive effective solutions to problems is of great importance to maintain quality of life and independence as the individual ages (Gilhooly, 2007) The author (Gilhooly, 2007), found that quality of
life was related to real-world problem solving ability, those with greater quality of life
had higher levels of real-world problem solving abilities. Gilhooly, (2007) measured real-world tasks by the ability to solve paper and pencil scenarios representing common types of problems individuals encounter in their own lives. Quality of life was related to how well individuals solved problems, general problem-solving ability showed an increase in quality of life in older adults (Gilhooly, 2007). Effective real-world problem solving is associated with increased everyday functioning, however, practical problem-solving is seen to decrease as age increases (Gilhooly, 2007). There is some age-related decline in everyday problem solving but this decline is reduced when the problem content is intrapersonal, thus, increased age may be associated with better ability to carry out social and emotional problem solving (Gilhooly, 2007).

The number of older adults living alone is increasing, Tsai in 2007 conducted qualitative research that could enhance policy makers’ and healthcare providers’ understanding of problem-solving experiences of older adults, these findings can be used to improve elderly peoples use of support systems in their community (Tsai, 2007). Tsai’s research looked at Taiwanese elders living independently but the research can be applied to all elders living independently (Tsai, 2007). In certain cultures family members are expected to care for their ageing parents, nevertheless there are many aging individuals living alone (Tsai, 2007). This is contributed to such demographic and sociological trends as longer life span, lower birth rate, urbanization and industrialization (Tsai, 2007). People who live alone should depend heavily on their social support system but what Tsai found (2007) is that this group of individuals who live alone do not use social support programs, in fact elders living alone have a low participation rate in social
activities. It is the goal of this study to use its finding to better help elders living alone and how they rely on their problem solving skills in terms of socialization and social support (Tsai, 2007).

**Mentoring**

Multiple studies have shown the feelings of success or accomplishment over a task or goal is beneficial to self-esteem and healthy aging (McDonald, 2010). Such tasks that have been beneficial to these feelings of success is mentoring, mentoring allows the adult to have mastery over a subject, social interaction and lending of knowledge (McDonald, 2010). It is important to look at the effects that mentoring can have on the individuals self-esteem and environmental control, McDonald, (2010) states that mentors reported the experience to be rewarding, it enabled them to reconnect with stimulating activities and brought new environmental challenges. The mentees reported to be helped by their mentors support and influence (McDonald, 2010). The mentorship reinforced a positive self-concept and improved the goals of the mentees (McDonald, 2010).

McDonald, (2010) study looked at the successful outcomes of mentoring programs using senior nurses as mentors for their younger colleges. McDonald (2010) reported due to the great success of these mentoring programs many more programs have been created.

Building bridges between members of different generations through active mentoring programs was effective for improving life satisfaction levels, professional and personal relationships (McDonald 2010). The article finishes by suggesting many retired individuals have the potential to excel at mentoring because of their personal qualities, practices and their held knowledge and wisdom, they are of value in assisting younger individuals (McDonald 2010).
Some of the benefits of mentor programs according to Parise (2007) are the personal satisfaction mentors receive from observing and participating in the success of their mentees, and this can result in a very rewarding experience for them and reinforces the mentor’s feelings of accomplishment and competence. The mentee can improve academic or professional performance and through their supportive relationship with their mentor they can gain psychosocial support and skills (Parise, 2007).

**Stress**

Stress is an adaptation reaction in response to internal or external threats on our reality (Lecic-Tosevski, 2011). It is not a simple response reaction but is considered a complex defense mechanism representing the final end point of many biological, psychological, and social factors (Lecic-Tosevski, 2011). Stress in an interaction between the individual and his or her environment, involving subjective perception and assessment of stressors that result in an extremely personalized process (Lecic-Tosevski, 2011). Such things as early life experiences or learned cognitive predispositions make individuals more or less susceptible to the negative effects of stressors (Lecic-Tosevski, 2011). Intensity, vulnerability and resilience to stress response are greatly dependable on someone’s age, gender, intelligence, environmental control, and level of self-esteem (Lecic-Tosevski, 2011). Lecic-Tosevski, 2011, offers four aspects from which to understand stress: 1) choice or avoidance of stressful environment, 2) ways of interpreting a stressful situation and evaluating one’s own abilities for proactive behavior, 3) the intensity of the response to a stressor and 4) coping strategies employed by the individual facing the stress. The author finds considerable consistency in coping strategies used to confront stressful situations (Lecic-Tosevski, 2011). Self-esteem has
been associated with positive reframing of stressful situations, as well as goal directed problem solving has been shown to help the individual decrease their stress and how they manage a stressful situation (Lecic-Tosevski. 2011). The ability to seek out social support has shown to have a positive impact on how the individual tolerates the stress, the stress has been reported to be less severe if someone is able to speak to someone about it (Lecic-Tosevski. 2011). The author (Lecic-Tosevski. 2011) discusses the need for educational programs aimed at developing the individuals capabilities for critical thinking, problem solving, self-esteem building and gaining control over one self and their reactions to stress especially for senior individuals who may be experiencing more debilitating life stressors.

Both the aging process and psychological stress are interrelated in impacting the immune system and physical health, (Graham, 2006). Chronic stress speeds the rate of age related immune deregulation (Graham, 2006). Age related diseases and impairments augment the effects of stress in older individuals (Graham, 2006). Aging is associated with a decline of the immune system, as evidences by T-cells, white blood cells that play an important part in mediating immunity (Graham, 2006). Older individuals show a decreased in their ability to respond to T-cell challenges that the T-cells would normally be able to fight off, this decline begins at age 60 and increases after that (Graham, 2006). There is a notable decline in “natural killer” cells as we age, these killer cells provide early defense against viral infections and play an important role in fighting cancer development and progression (Graham, 2006). Chronic stress impacts the immune system, in negative or hostile, conflicting close relationships, the individuals show less adaptive immunological responses, reflecting in chronic patterns of conflict interactions.
(Graham, 2006). The death of a spouse, parent or child is also associated with deregulation of the immune system (Graham, 2006).

Stress related changes in immune function has very meaningful consequences for our health, stress alters immune function in adults and has serious consequences for health outcomes, illness and recovering from sickness (Coussons-Read, 2003). The function of T- and B-lymphocytes are effected when stressed, these lymphocytes are the bodies “natural killer” cells and production of these are suppressed by stress, so when we are stressed our body is not fighting off sicknesses or “killing” any toxic cells (Coussons-Read, 2003). Stress exacerbates the common cold and influenza virus in humans (Coussons-Read, 2003). Major life events increase levels of viruses in our bodies, which indicates a depletion of our immune function (Coussons-Read, 2003). Chronic stress, for example being a caregiver or caring for a loved one with Alzheimers disease, reduces our “natural killer” cells and increases the frequency and duration of illness, we are more likely to suffer from an illness for longer with slower recovery (Coussons-Read, 2003). Stress in marriage, for example lack of marital satisfaction, divorce and bereavement have similar negative effects on immunity and health, emphasizing the role of psychological and social factors in maintaining physical and mental health (Coussons-Read, 2003).

The aging adult begins to suffer form cognitive impairments, it can start off as something small like forgetting where you put your keys and in some cases it can be as severe as Alzheimer’s disease (AD) finds a study by, de Souza-Talarico, 2009. Cognitive impairments eventually become a threat to biopsychosocial equilibrium, constituting a stress factor capable of stimulating behavioral and neurological responses (de Souza-
Talarico, 2009). There is a school of thought that states both positive and negative events resulting in change for the individual create stress and require adjustment, another school believes only threatening and harmful events are stressful, and still another school of thought defines stressful events as those having a strong emotional impact (de Souza-Talarico, 2009). Taking into account the different theories defining stress, it’s the consensus that individual differences in reaction and response to stress stem from the individual’s evaluation of the stressful situation (de Souza-Talarico, 2009). Thus, the severity of the stressful impact can be greater or lesser if the individual makes specific coping behaviors in dealing with the stress (de Souza-Talarico, 2009). In this study (de Souza-Talarico, 2009), the definition of stress emphasizes the relationship between the person and the environment, taking into account both characteristics of the person and the nature of the event, which in turn is appraised by the person as stressful and endangering their well-being (de Souza-Talarico, 2009). It is not the quality of the event but how it is perceived that classifies it as a stressor (de Souza-Talarico, 2009). The process by which an individual defines the extent to which a situation is stressful or not is called cognitive appraisal, this is followed by the judgment phase, where an individual evaluates whether fear or anxiety demands are greater than their personal ability to deal with the stressful situation (de Souza-Talarico, 2009). This conflict between demand and effort is called coping, to “cope consists of cognitive and behavioral change when handling stress, this can be broken down into two coping styles one is centered around the problem and the other is centered around the emotion (de Souza-Talarico, 2009). Coping centered on the problem incorporates the attempts of the individual to try and modify the problem, whereas coping centered on the emotions encompasses the attempt to substitute or
regulate the emotional impact of stress on the individual (de Souza-Talarico, 2009). The latter coping derives from a defense mechanism, leading the individual to avoid confronting the threat in a realistic manner (de Souza-Talarico, 2009).

**Psychoneuroimmunology**

Psychoneuroimmunology or PNI is concerned with multidimensional psychobehavioral-neuroendocrine-immune system interactions (McCain, 2005). This is the understanding of how our immune systems are influenced by our social and physiological behaviors (McCain, 2005). The article by McCain (2005) addresses PNI as an integrating paradigm for advancing both theoretical and empirical knowledge of physiological patterns of health. Below is a model that defines and describes the basic PNI framework provided by McCain, (2005): Figure 2.2:

![Psychoneuroimmunology Model](image)

Within PNI, behavioral aspects are viewed as moderators that affect the immune system and that is moderated through the neuroendocrine system (McCain, 2005). Stress impacts social factors, illness related factors and influences cognitive ability and coping ability (McCain, 2005). It is possible that by improving the coping mechanisms of
psychological functioning, quality of life and physical health we can improve our PNI and our immune system (McCain, 2005). Breaking down the word PNI, the “psycho” part of the word includes sociobehavioral aspects, this includes different psychological or emotional states or distress i.e. depression, grief, loss of control, which all have reliable immunosuppressive effects (McCain, 2005). The “neuro” component of the word includes understanding of physiological responses to psychological stressors (McCain, 2005). This involves activation of the sympathetic-adrenomedullary system, which releases epinephrine, norepinephrine, enkephalins and the hypothalamic-pituitary-adrenocortical system is being stimulated at the same time, releasing corticotropin (ACTH) endorphins, and cortisol (McCain, 2005). Lastly, the “immunology” aspect of the word involves the immune system, this includes an interaction between the neuroendocrine and immune system (McCain, 2005). Additionally, neurotransmitters, neurohormones and neuropeptides exist on cells of the immune system such as cortisol receptors (McCain, 2005). The last part of the word “immunology” is how leukocytes produce neurohormones and neurotransmitters, which impact our fight for health (McCain, 2005). Stress response involves both direct and indirect effects on the immune system that regulate physiological adaptation and coping mechanisms (McCain, 2005). The “immuno” component measures many disease-specific physiological indicators of immune functioning (McCain, 2005). The relationship between “neuro” and “immune” are measured by physiological function in the context of disease (McCain, 2005). The best known suppressive effects on PNI are due to heightened levels of cortisol, increased levels of cortisol inhibit the good “killer” cells (McCain, 2005).
It has well been established that psychological stress promotes immune dis-regulation in humans, (Christian, 2012). Stress promotes inflammation, impairs antibody responses to vaccination, slows wound healing and suppresses cell-mediated immune function (Christian 2012). Christian (2012) looks at how stress and the immune system are impacted during pregnancy, and he found that the immune system changes substantially to support a healthy pregnancy, this adaptation is set to protect the fetus from possible rejection by the maternal immune system. The application of psychoneuroimmunology model to prenatal periods hold great promise for elucidating biological pathways by which stress affects pregnancy outcomes, maternal health and fetal development (Christian, 2012). Surviving preterm infants are at high risk for serious health complications including respiratory, gastrointestinal, nervous system and immune problems (Christian, 2012). The estimated societal economic burden of preterm birth is at least 26.2 billion per year or 51,600 per preterm infant (Christian, 2012). Coussons-Read, (2003) supports Christian’s (2012) findings and reports that psychological and environmental stress activates the endocrine system and impacts the immune system, increasing the possibility of infection. Coussons-Read (2003) also studies PNI in pregnancy and suggests that PNI in pregnancy in which prenatal stress reduces immune function and increases susceptibility to infections for both the fetus and mother. Coussons-Read (2003) offers this diagram depicting the impact of stress on child development, please note the impact of stress can affect not only the child’s development but human development in general, especially the aging adult’s cognitive development (Coussons-Read, 2003)
The relationship between stress and the immune system or psychoneuroimmunology (PNI) negatively impacts our health, as evidenced by the endocrine and immune systems regulating each other in situations of stress and infection, which increases the production of pro-inflammatory “natural killer” cells (Coussons-Read, 2003). Perception of a stressor activates the Sympathetic Nervous System (SNS) inducing the fight or flight response (Coussons-Read, 2003). Activation of the hypothalamo-pituitary-adrenal (HPA) axis is an important aspect of this response, and acknowledgement of a psychological or physical stressor causes the release of corticotropin releasing hormones (CRH) in the hypothalamus (Coussons-Read, 2003). CRH makes the pituitary gland release adreno-corticotropin hormone (ACTH), which releases cortisol from the adrenal cortex (Coussons-Read, 2003). Even though these connections are a natural response for our bodies to do, the duration of chronic psychological, emotional, and social stress are harmful to our immune systems (Coussons-Read, 2003).

**Laughter**

Humor produces natural psychological and physiological effects on our bodies that mirror the health benefits of physical exercise (Berk, 2001). Many aging adults who
live with chronic pain, fatigue, depression, and stress can cope better with their conditions or may find temporary relief through laughter and humor (Berk, 2001). The healthcare field professionals are increasingly becoming more aware of the therapeutic value of humor especially within the population of older adults (Berk, 2001). Humor helps educators teach sensitive topics such as aging, death, dying, and grieving in such a way that the information is well received within this population (Berk, 2001). We see humor being used more and more in the media for its benefits in treatment, and stress reduction in many psychological and physiological problems (Berk, 2001). The psychophysiological research on humor breaks down the humor into three elements 1) the humor, 2) the emotional response and 3) the physical response or behavior/laughter (Berk, 2001). Below is the relationship between the different elements of humor and its psychological effects (Berk, 2001). Figure 2.4:

The largest function of humor is to help detach us from our world of loss and gain, good vs. evil, and enable us to see it with perspective (Berk, 2001). The function of detachment uses humor as a coping mechanism involving a cognitive shift in perspective that allows one to put distance between them and the threatening situation (Berk, 2001). The psychological interpretation consists of three components 1) the
problem/situation/external stressor; 2) the humor response/cognitive shift in perspective or cerebral process that allows one to separate from the problem and 3) the emotional response resulting from that separation (Berk, 2001). The problem/situation/external stressor; may be a difficult part of aging, and the question at hand is not whether these difficult realities of life will happen, but how will we respond to them (Berk, 2001). The humor response/cognitive shift/cerebral process; is the adaptive coping mechanism that allows one to manage more effectively with adverse situations, it is a self-care tool and buffers negative emotional responses (Berk, 2001). Lastly, the emotional response to a threatening situation is usually negative, there may be feelings of anxiety, depression, loneliness, and low self-esteem (Berk, 2001). Humor however, can be a great response to significantly reduce the impact of difficult negative reactions (Berk, 2001). Berk, (2001) reported eight psychological benefits of humor and they are; humor reduces anxiety, tension, stress, depression and loneliness, humor improves self-esteem, restores hope and energy, and lastly, humor provides a sense of empowerment and control (Berk, 2001). 

The physical components of laughter translate into physiological benefits that involve the central nervous system, muscular, respiratory, circulatory, endocrine, immune, and cardiovascular systems (Berk, 2001).

Humor improves mental functioning by increasing the catecholamine levels in the body, the post-laugh euphoric experience uses both hemispheres of the brain and older adults who laugh on a regular basis will experience increased interpersonal alertness and increased memory (Berk, 2001). A good laugh is a coordinated movement, it activates 15 facial muscles, plus spasmodic skeletal muscle contractions (Berk, 2001). Laughing creates a total body response that has been proven to be clinically beneficial, it includes
the face, chest, abdomen and skeletal muscles (Berk, 2001). Due to these findings humor is especially helpful for individuals who are bedridden or wheelchair-bound older adults (Berk, 2001). Laughter exercises the lungs and chest muscles, improving respiration, increases ventilation, clears mucous, increases air intake and enhances blood oxygen levels (Berk, 2001). For these reasons laughter is very helpful for elderly individuals with chronic respiratory condition and can reduce the chances of any infection and/or pneumonia (Berk, 2001). Laughter increases heart rate and blood pressure, this causes increased movement of oxygen and nutrients to the tissues, these effects can be beneficial to older adults who live very sedentary life styles due with either physical limitations or disabilities (Berk, 2001). Laughter is considered eustress, a healthy stress that effects the neuroendocrine and stress hormones that decrease cortisol, epinephrine and growth hormones in the blood (Berk, 2001). Laughter impacts a particular area of immune functioning, immunoglobulin is the antibody in saliva, tears and is the primary defense against viral and bacterial infections (Berk, 2001). Low levels of immunoglobulin are seen in older individuals who have high levels of stress and illness, these levels can increase as a result of watching humorous videotapes, but learning healthy coping skills are more long term in improving these levels (Berk, 2001). Lastly, the most frequently reported benefits of laughter is the release of endorphins, this release decreases pain and creates a sense of euphoria (Berk, 2001)

**Conclusion**

The research analyzed above thoroughly examines specific aspects that the role of depression, environmental control, and psychosocial communication has on self-esteem in an older adult population. We see, by making small changes in our life we have the
power to alter the way we age for the better. Engaging in social activities, dancing and just plain laughing will improve our immune system, possibly prevent illness and slow down the aging process.

Good interpersonal communication skills are beneficial in group activities such as politics, religion, culture. Individuals who have good interpersonal communication skills are shown to have good organization skills and conflict resolution. These individuals can create a comfortable environment in which other’s feel safe in and feel free to communicate their needs.

The above research supports the need for better conflict management. Studies have shown that individuals who have a good sense of conflict management have a better outlook on life greater self esteem and control over their environment. They are more productive in the work place and have less interpersonal conflict and less stress related outcomes due to psychological stress.

The research has demonstrated individuals who are better problem solvers are less anxious and stressed, they use more instrumental and less emotion in solving problems. Problem solving techniques are effective in reducing symptoms of depression, and anxiety. Problem solving has also been historically used in the medical care setting and has documented efficacy within this setting due to its status as the gold standard of treatment.

The research supports the mentoring experience to be rewarding, it enabled the mentors to reconnect with activities and bring new challenges to their lives thus increasing their sense of self. Some of the benefits of the mentor program is the personal satisfaction the mentors receive from observing and participating in the success of their
mentees, this results in a very rewarding experience for the mentor and reinforces the mentor’s feelings of accomplishment, competence and control.

Any kind of stress is not good for us, and studies have shown that stress impacts the immune system in a debilitating way. Psychoneuroimmunology (PNI) is the study of how the mental health outcome, whether we are depressed, in chronic pain or in a volatile relationship has an affect on depleting out immune system, leading to susceptibility to illnesses and longevity of illness. We are more likely to get sick and stay sick as a result of stress, and pain. The converse is also true, laughter, has been studied and used in the medical community for its healing affects. A good laugh is comparable to aerobic workout. Laughter reduces anxiety, stress and depression. It improves self-esteem, hope and energy. Laughter provides a sense of empowerment and environmental control. The following chapter will discuss the formation, design and timeline of the workshop.
Chapter III: METHODOLOGY

Justification for the Project

In this graduate project I will be creating a psychosocial educational training workshop that utilizes solution focused techniques to encourage healthy aging for senior citizens. As we age there are many changes that occur in our lives, and with these changes our self-esteem is affected, how we interact with our environment is affected, and we begin to experience depression and mental decline. The literature above has shown when a senior citizen is given a project or is learning a skill they experience increased mental stimulation, environmental awareness, and a better sense of self. When they interact in social situations and engage in laughter they experience feelings of happiness and euphoria. The proposed psychosocial educational training workshop will give senior citizens skills that will help them accomplish these goals and by participating in the workshop they will have a sense of accomplishment and feelings of success. The training workshop will not only aid them in learning better interpersonal communication and problem solving skills, but it will help them lower their stress levels, isolation and depression. These are all very important parts of aging successfully and preventing stress related health concerns.

Program Development

Throughout my life I have had a great love and understanding for the senior population. My father was 92 when he died in 2003, I was 21 years old. I spent my life listening to his stories and playing dominos with him at the kitchen table. After he died I spent many years involved volunteering at local Senior Centers around Los Angeles. I helped organize events at the centers and even went on trips to museums with them.
During my first Masters program I focused on psychological research and as part of my research I helped establish a program at a local senior center that worked at increasing cognitive ability in seniors. The project was a six week program where they had to play certain games. It tested their memory, self-esteem and environmental control before and after the six weeks, I found, that after playing these mental games the seniors reported better memory function, greater environmental control and more importantly greater feelings of self-esteem. This program gave me the enthusiasm and encouragement to create a workshop where I can help older adults and seniors increase their quality of life self-esteem, and environmental control. Healthy aging is a choice and we all age differently, there is a lack of programs that focus on giving aging adults skills and tools to better age and encourage skills that will help them stay healthy.

My time with my father and the time I spent with the seniors made me realize how much I valued them and how influential they have been on my life. Spending time with senior adults and listening to their life stories awakened an understanding in me that there is a great need to help them age with compassion and understanding.

The title of my first Masters thesis is Psychological and Health Factors Predicting Self-Esteem in Older Adults. The paper looked at the aging process and the many changes that occur with aging. With the physical and mental changes that go along with aging many struggle with their sense of identity, they can experience a loss of independence and a loss of self. Moreover, feelings of sadness and a lack of control over one’s life affect the emotional wellbeing of the aging individual. I looked at how self-esteem played a part in how the individual aged. I found that the greater self-esteem the
individual had the better they were at accepting and experiencing the aging process, they had less depression and experienced more control over their environment.

I want to take the findings from my previous thesis and create a workshop that helps older adults feel success, accomplishment and personal growth as they age. I aim to create a workshop that gives seniors increased self-esteem and increased environmental control. This training program will give older adults tools they can use to better serve themselves in the aging process.

I now work at a cancer support center, and many of the participants there are sick and aging. They often express they suffer from unwanted aloneness, loss of control and depression. I hear them asking for help with these tools on a daily basis and I often feel helpless that I don’t have any resources to give them on educational workshops. That is why this workshop is beneficial, there is no workshop out there that helps people learn healthy tools on how to successfully age.

The training workshop will be designed to be an educational lecture with participant involvement and with the incorporation of role-play and demonstration of applicable skills/tools.

**Participants and Intended Audience**

The training workshop is intended for any senior citizen or older/aging adult attending a Senior Recreation Center in the Los Angeles area. Any one can attend the workshop-training program, this program is beneficial to all who are interested in healthy aging and improving their coping skills and social network. This program can help individuals who range in different levels of cognitive abilities, even participants with
cognitive or psychological impairments have been seen to improve after participation in similar programs.

Experienced leaders who are trained in either psychotherapy, counseling and or social work will proctor the training workshop. The leaders can be students, clinical interns or licensed Marriage and Family Therapists/Clinical Social Workers. It is important to note individuals who are interested in this line of work must have experience or interest in gerontology and/or developmental psychology. Specific facilitator skills include; empathy, understanding of cognitive difficulties and decline in old age, patience for others and care for our aging population. Currently this workshop is in English but there is a great need for this program to be in Spanish and/or other languages. Leaders who are bilingual and can translate this program into other languages are wanted.

**Setting, Materials and Timeline**

The educational training workshop will take place at the Senior Recreation Center. The workshop is planned to be once a week for two hours for two weeks. The first week will cover relevant research and on the topics of self-esteem, environmental control, depression, PNI, and health-behaviors like exercise and laughing. Within this psychoeducation portion of the workshop I will hand out the Rosenberg Self-Esteem Scale (1965) for the purpose of educating the participants on their own internal level of self-esteem. They can take the survey and can see for themselves how high or how low their self-esteem is. This also helps encourage the participants to want to increase their self-esteem and gives them more self-efficacy. The other scale I will be handing out is the Geriatric Depression Scale, again, for the purpose of illuminating the participants’ own levels of depression. The second week begins with the second part of the workshop. This
part covers the solution focused training. I will educate on the benefits for increasing environmental control, communication, problem solving and decreasing conflict. I will offer tools to help increase these skills and engage in role-play and demonstration to help cement the tools into the participant. The workshop will require a room with enough chairs for all the participants to sit comfortably and enough space for the facilitator to deliver a power point presentation. There needs to be enough space for all to sit and participate in demonstrations and role-play. The space needs to be quite and free from distractions. The facilitators will provide the equipment for the power point presentation, but will need to arrange for any compatible software and/or material. Handouts of the slides will be given out to the participating individuals.

**Project Outline**

*The first part of the project will be psycho-educational portion of the workshop, the aspects of the workshop that will be addressed and the meaning of successful aging.*

I. Introduction to the importance and benefits of the program  
   a. Research behind the program  
   b. Importance of healthy aging  

II. Importance of self-esteem and its impact on aging  
   a. Rosenberg Self-Esteem Scale (1965)- given to gage participants’ level of self-esteem.  
   b. Importance of social support  

III. Impact of depression in aging  
   a. Geriatric Depression Scale (short form)-given to show differing levels of depression.  
   b. Who is at risk  
   c. Ways to improve depression  
   d. Psychotherapy vs. Medication  
   e. Impact of isolation  
   f. Socialization  
   g. Drinks and food  

IV. Influence of control over ones environment,  
   a. The benefits of mastery  
   b. Influence outcomes in life  
   c. Control over stress
*The second part of the workshop will be intensive solution focused training. It will focus on giving the adults specific tools they can apply to their daily lives.

I. Interpersonal communication
   a. How to increase good communication
   b. How to communicate in relationships
      i. Role play and demonstration

II. Conflict management
   a. What we can do to decrease negative effects of conflict
   b. Good conflict management reflects good outlook
      i. Role play and demonstration

III. Problem solving skills
   a. Ways to improve skills
   b. Problem solving as way to combat depression
      i. Role play and demonstration

IV. Mentoring
   a. Benefits of mentoring
   b. Mastery of skills
      i. Role play and demonstration
CHAPTER IV: SUMMARY AND CONCLUSION

Summary

The psychosocial solution focused educational training workshop proves, by giving senior citizens psychosocial tools they can live a healthier, longer, happier life, that they are in control of. Their self-esteem will increase and so will their sense of environmental control. Given these tools they will be able to better solve problems in their every day lives, they will communicate better to loved ones and they will learn that stress influences their immune system thus learning how to control their stress, through communication and problem solving skills. These solution-focused interventions are provided for short-term therapy only.

Self-esteem is one’s overall appraisal of their self-worth, it is the positive evaluation of the self. Certain factors such as social losses, declining health and losses in the family or social circle all lower self-esteem. Individuals with higher levels of self-esteem have better health and better outlook on aging. Healthy levels of self-esteem increase psychological functioning and quality of life. In order to increase self-esteem we need to promote healthy lifestyles, increase positive behaviors and social support while decreasing negative behaviors and feelings. Social support helps increase self-esteem and acts as a buffer for emotional and physiological reactions to stressful events.

Depression is an illness that is debilitating and can adversely affect the course and outcome of chronic conditions. Social support again, plays an important factor in combating and dealing with depression, a good support system gives older adults with depression emotional support and affection. Self-esteem serves as a moderator for stressful experiences and depressive outcomes, greater rates of depression are causing an
increase in health care costs and are increasing medical illness, mortality and co-morbidity.

One way of increasing control is increasing one’s optimistic beliefs, individuals who have higher levels of control beliefs have stronger impact on their health satisfaction. Lower levels of environmental control decrease feelings of self-esteem and having a strong sense of personal control is essential for the maintenance of health and well being in later life. Social support and self-control increase positive attitudes towards life and increase perceived control by reducing stress and increasing positive attitudes towards life and aging. Our ability to control our stress is very important to successful aging, if a person believes they have control over the outcome of a situation then there is less stress surrounding the situation. Control over our bodies is very important to our self-esteem, physical activity increases mastery over skill and increases health and self-esteem. Control in important, to have control over a situation and increase in socialization techniques has been shown to increase self-esteem and decrease depression. Mentoring gives individuals the feeling of success and accomplishment over a task and greatly increased self-esteem in older adults. Mentoring gives older adults something to participate in that they are good at and they have the opportunity to keep their cognitive skills sharp.

Individuals with good interpersonal communication are helpful at solving problems, communicating their need and have been seen to have healthy levels of self-esteem. Individuals with good communication are more calm, less hostile, competitive and distrusting.
Conflict management involves reasoning, wise thinking, appreciation of broader concepts, sensitivity to social relations and concern with conflict resolution. Individuals who have a good sense of conflict management have a better outlook on life, more productivity in the work place and less interpersonal conflict therefore they have less stress related issues that can impact the immune system.

Individuals who are better problem solvers use more instrumental skills and less emotion in solving problems, as a result they are less anxious and stressed. Problem solving helps to combat depression, anxiety and increases environmental reward, quality of life and prevents some medical outcomes. Problem solving is essentially learning a skill that helps one deal with emotional regulation, decrease impulsivity and subsequent depression management.

As we age it is important to focus on healthy coping skills to deal with stress, much research has shown that stress has a negative impact on the immune system. The study of psychoneuroimmunology is just that, how our minds/emotions affect our immune system. Prolonged stress or chronic pain depletes the immune system, and the reverse is seen to be true, engaging in activities such as laughing and physical activity have been shown to improve the immune system and function.

Evaluation of Project

This training workshop project is effective in educating individuals on healthy ways of successful aging. It gives older adults skills and tools they can apply to their everyday life that are helpful in coping with stress, conflict and communication. It is important to acknowledge the importance of having a good level of self-esteem and
social support. The project will teach individuals how to better interact with members in their community, and encourages its participants to have control over their environment.

**Limitation of the Project**

I strongly believe this project will benefit anyone who chooses to take their aging process in their own hands and become proactive about their individual development. It does not have a limit on the number of participants, nor the type of participant. All individual from all ethnic, racial, income, religion, and gender are welcome to participate. Attrition and illness may play a factor in how many individuals sustain the duration of the program.

**Suggestions for Future Work**

Future work on this project will be to offer the participants the opportunity to use their knowledge gained in the training workshop to become mentors at local middle schools. The senior mentors will travel to the schools once a week and mentor students who show a need in academic or inter-relational assistance. This program will be a commitment of one year for both the mentor and the mentees. The individuals who are interested in becoming mentors will need to be screened for cognitive impairments. The Memory Alteration Test (Rami, 2007) will be used to screen out potential participants with major cognitive impairments. There are 43 memory questions with a total of 50 points. The participants have to pass this test with a score of 36 or above. The scores on this measure will be used to screen if senior citizens are competent to stand the training and mentorship program.

The after school mentor program is a necessary future endeavor for several reasons, first, it a time for many students to engage in at risk behaviors so having a
supervised activity to fill up that space can prevent the temptations for risky behavior. The mentor program will not interfere with the students classes it will be in addition to their curriculum, there is more space available in the class rooms for mentor/mentee meetings and it is a good time for the senior mentors to travel to the school.

“We must make sure that every child has a safe and enriching place to go after school so that children can say no to drugs and alcohol and crime, and yes to reading, soccer, computers and a brighter future for themselves.” –President Clinton

“This period of time between the school bell and the factory whistle is a mist vulnerable time for children. These are the hours when children are more likely to engage in at-risk behavior and are more vulnerable to the dangers that still exist in too many neighborhoods and communities” – Vice President Gore

A future part of this program will be to create a measure by which the facilitators can gage the psychosocial and cognitive improvements of the seniors. This measurement will be given at the beginning of the program and then at the end to examine how much the individual have increased their learning in communication skills, conflict management, and problem solving. Another tool will be used to measure feelings of self-esteem and environmental control.

Project Summary

There is very little research on the use of such skills as communication, conflict and problem resolution to increase self-esteem, environmental control and combat depression in the aging adult. This proposed workshop demonstrates need that aging individuals want to be educated on better ways they can age successfully. The research has shown the need for more programs of this nature and the importance of keeping the
mind stimulated. There is a need for educational programs aimed at developing the individual’s capabilities for critical thinking, problem solving, self-esteem building and gaining control over one self and their reactions to stress.
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