CREATIVE EXPRESSION INTERVENTION FOR OLDER ADULTS WITH SUBJECTIVE MEMORY COMPLAINTS: THE USE OF TIMESLIPS TO IMPROVE QUALITY OF LIFE

BY

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PROJECT FOR DISTINCTION

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Abstract

This research study investigates the application of TimeSlips (TS) with individuals with Subjective Memory Complaints (SMC). TS is primarily used with individuals with dementia, and it has been shown to increase the quality of life for individuals with dementia. TS with individuals with SMC was predicted to increase quality of life and decrease depression symptoms and memory complaints. Participants completed quality of life, depression symptoms, and memory assessments before and after five weeks of one-hour sessions of TS. No significant results were found to support the hypothesis. One significant correlation was found between lower attendance rates and higher depressive symptom scores. The results were influenced by varying attendance rates and a small sample size. Future research is necessary in an alternate setting with more consistent attendance opportunities.

As noted above, individuals with SMC, MCI, and AD often have diminished quality of life and reduced social engagement. TS has shown success in improving overall life satisfaction for individuals with dementia; however, research has not yet tested the efficacy of TS in improving quality of life for individuals with SMC (Fritsch et al., 2009). The purpose of this study is to test whether TS can be effective in improving life satisfaction in individuals with SMC. One hypothesis is that TS intervention will increase quality of life of individuals with SMC. The second hypothesis is the intervention will lower symptoms of depression in individuals with SMC. The third hypothesis is the intervention will decrease memory complaints in individuals with SMC.

Method

Participants

The first research announcement appeared in the February 2018 edition of the Stockton Center on Successful Aging's (SCOSA) e-newsletter, which is distributed to 1050 individuals as well as to Stockton staff and faculty (about 1100). In addition, an e-mail invitation was sent to 155 individuals in SCOSA's Research Study Participant Pool who had previously expressed interest in participating in future research projects conducted by Stockton faculty and students under their supervision. Of 155 individuals on this list, 19 e-mails came back as undeliverable. An e-mail invitation was also extended to a moderated Listserv of Stockton University Retirees maintained by Stockton University Retirees Association (SURA) with a total of 180 recipients. Finally, an item was placed in the Community Calendar of the Press of Atlantic City newspaper.

Interested participants were instructed to either register via an online survey or to call the offices of SCOSA. A total of 19 participants initially registered for the program. All participants

the study. Two other participants dropped due to lack of interest, noting that they were expecting something a bit different. One participant was unable to attend sessions due to medical reasons. A snowstorm the day before the first session also led to some people who intended to participate to back out.

For the sample participants, six participants were female, and one participant was male. The average age of the participants was 73 years old. Four participants were widowed. Two participants were married, and one participant was divorced. Most participants' highest level of education was high school. One participant completed some high school. One participant

subscales (r = -0.28 and -0.26, respectively, both p < .01) (Ossher, Flegal, & Lustig, 2012). EMQ-R is valid and internally reliable with adequate correlations between individual items and the total score. EMQ-R is a useful measure for a wide range of participants to measure individual perceptions of memory abilities, and this assessment is more likely to be used in clinical practice than EMQ (Royle, & Lincoln, 2008).

The Geriatric Depression Scale - Short (GDS) is a 15-item self-report assessment which measures depression symptoms. This scale has shown sensitivity to assess depressive symptoms in older adults with mild cognitive impairment (Conradsson, Rosendahl, Littbrand, Gustafson, Olofsson, & L titetety on,it ᴀ gn osendahu ʿ ii Á eh ny r ɜ d] tN nsn, cep

Procedure

This experiment used a within-subjects repeated measure design. This experimental design was used based on the number of participants in the study. TS intervention was the independent variable. The dependent variables were memory complaints, symptoms of depression, and levels of quality of life. All participants received the intervention comprised of five one-hour sessions over a 5-week period, and all participants completed subjective memory, depression symptoms, and quality of life questionnaires before the first week session and after the fifth week session.

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Results

Data were entered in Stockton University's latest version of Statistical Package for Social Sciences (SPSS) software for data analysis.

Raw scores for all measures were entered into SPSS. WHOQOL-OLD was recoded to the transformed score in SPSS according to the WHOQOL-OLD Module Manual (2006). The GDS and EMQ scores did not require recoding or transforming. Three paired t-tests were conducted to compare pre-test and post-test scores for the EMQ-R, GDS, and transformed WHOQOL-OLD

Bivariate correlations were calculated exploring the relationship among scores on each measure. Difference scores (pre-to-post) on all measures were computed by subtracting the post-test from the pre-test scores. There was a positive correlation between number of attended sessions and change in GDS scores (= 0.881, = 7, = 0.009) such that the more sessions attended the lower the participant's depression level. There was no statistically significant correlation between number of attended sessions and change in WHOQOL-OLD scores (= .589, = 6, = 0.219) or between number of attended sessions and change in EMQ-R (= -0.240, = 7, = 0.604, post-test, and EMQ-R pre-test. Of the seven participants, one participant had significant missing data for a post-test measure. The correlations between number of attended sessions and difference of EMQ-R and number of attended sessions and difference of WHOQOL-OLD scores both had small effect sizes with insignificant correlations.

Although, this study did not find the statistically significant results that were expected, changes in several individual participants' scores showed the changes that were predicted. For example, most participants showed higher quality of life measures after participation in the program. The results were limited due to experimental design and sample size contributing to the study's inability to yield the hypothesized results. A repeated measure within-subjects was necessary to use for this experiment due to the small sample size. A control group would have been utilized if the sample size was higher. A greater number of Time Slips sessions may have yielded significant results.

Future research on TimeSlips with populations other than those with significant neurocognitive impairment will undoubtedly appear in the literature and has the potential to generate significant results. In past studies, TimeSlips storytelling with individuals with dementia has shown to engage creativity, but TimeSlips storytelling with individuals with SMC may engage creativity and encourage analytic thought processes (Fritsch et al., 2009). In the current study, participants incorporated obscure background details to make inferences about photos including the season and time-period. Session two of the intervention, the photo in Figure 4 was presented. An educated assumption of the location and time-period was predicted by the language of the police sign. The shoe style of the man dancing with the lady in the lady in the middle of the photo led participants to predict the photo was taken recently. Future research could combine TS intervention with detailed photos and elements of memory or cognition

improvement interventions. The integration of social engagement of TS and cognitive benefits of

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Appendix A

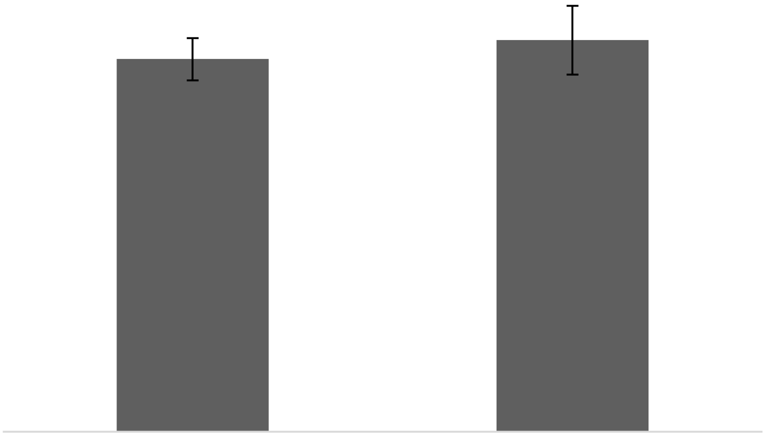

Figure 1

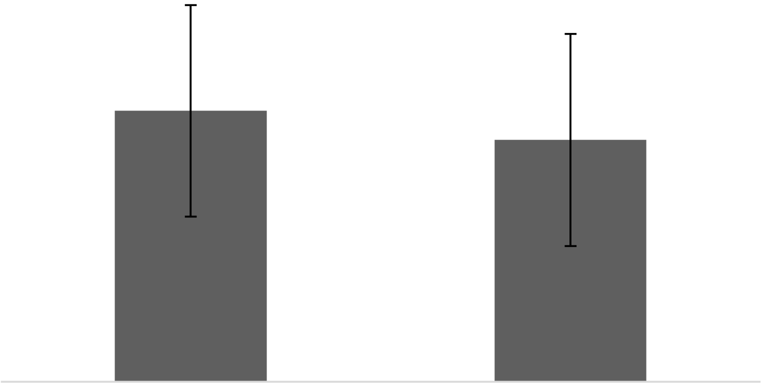

Figure 2

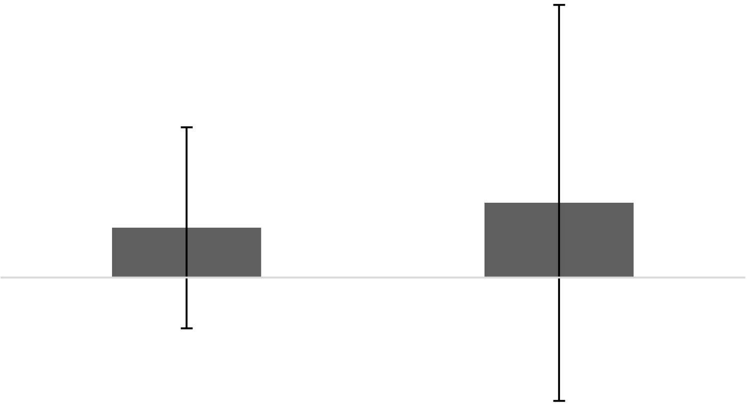

Figure 3.