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Plant therapy: Should it be given the green thumbs up?

Christy Ann Mahoney

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PLANT THERAPY:
SHOULD IT BE GIVEN THE GREEN THUMBS UP?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Christy Ann Mahoney
June 1998
PLANT THERAPY:
SHOULD IT BE GIVEN THE GREEN THUMBS UP?

A Project
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June 1998

Approved by:
Rosemary McCaslin, Project Advisor, Social Work
Rosemary McCaslin, Chair of Research Sequence, Social Work
Jaime Todd, Administrator (MRC)
ABSTRACT

Becoming a resident in a nursing home is not always easy. The transition period may be more difficult for some residents, who may require additional assistance in accepting their placement. Plant therapy, the growing and caring for a plant, is a possible solution for residents who are having a difficult time adjusting. A single subject design was completed to test whether the intervention of plant therapy has merit. The research proved that although not applicable for all residents, plant therapy can be a useful tool in assisting some residents to adjust to nursing home life.
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INTRODUCTION

Problem Statement

Life offers many transitions. Some people are able to go through those transitions without any difficulties while others struggle through every moment of the transition. One of life's transitions that most people do not think of during the majority of their lifetime is moving into a nursing home.

Becoming a resident in a nursing home is not a pleasant thought. Those who are aware of their surroundings are forced to face the fact that they are no longer able to care for themselves and must depend on others for getting most, if not all of their needs met. Some residents with the help of their family and friends, make the decision over time, to move into a nursing home, and are more accepting of the concept as they have had time to prepare for the transition. They start settling their affairs and sorting through their possessions, deciding which ones are the most precious and will go along to the new residence. Although it is difficult to go through a lifetime of belongings and decide which ones will be kept, the resident is able to participate in the decision making.

Other residents come to the nursing home very unexpectedly. They may have been living alone with little or no family contact, and have suffered some type of disabling problem, such as a stroke, or a fall which breaks bones. These people are taken to the acute hospital first and then are sent to a nursing home for further recovery. At the acute
hospital it is often decided by staff, whether a person is able to return home after convalescing.

The nursing home can also have a part in that decision making. A resident will not be discharged from a nursing home if they can not demonstrate that they are able to care for themselves. The residents are not locked in the facility, they have the options of leaving Against Medical Advice (AMA). The nursing home staff will not generally assist a resident who wishes to leave, but is not even capable of making the necessary arrangements to leave the facility.

As for their belongings, if they have family, they will generally go through the resident's things and close up loose ends. If they do not have family they must rely on others for assistance. If a person has possessions and a large amount of assets, the county conservator's office will pick up the resident's case. The conservator will go through the resident's belongings and bring what they consider of importance, to the resident. Houses and cars will be sold and bank accounts will be consolidated into one account in which the conservator handles the resident's affairs.

If a resident is not eligible for county services, they have to rely on neighbors, apartment managers, or friends to close up their affairs. In some cases they have to just give up their homes and donated their belongings. Sometimes nursing home staff are able to go to the resident's previous residence and pick up a few belongings but not major items.

Not everyone who comes to a nursing home stays there permanently. Some come only to convalesce, and then will return to their home, family home, or board and care facility. Those residents
generally know that they will stay for a short time and usually cooperate with their therapy or medication regime in order to be discharged as soon as possible. They occasionally engage in the activities at the nursing home, but generally they stay to themselves and socialize with the staff. It is as though they believe that if they interact with others, they will become permanent residents, something they do not want. A resident may suffer some type of medical problem, end up in a nursing home and not be able to return home because they can no longer care for themselves. These people are forced to go through a major life change, without any input in the decisions.

Problem Focus

Some permanent residents adjust to their new home relatively well, whether or not they had a part in the decision. There is a small population of residents who do not accept the idea of being in a nursing home permanently. They continually request to go home and do not face the reality of their limitations. Even those who cannot get out of bed or do any of their own ADL (activities of daily living) care, demand to go home. They make themselves, staff and other residents upset with their constant demands.

It is understandable that they have a difficult time adjusting to being a resident in a facility. They have been forced to give up much when they come to a nursing home. They basically no longer have control over their lives. They are told when to get up, when to eat, what to eat, when to shower, when to take their medications or have
therapy, and how to manage other aspects of their daily routine that must occur on schedule. They no longer have their personal possessions or even their homes. About the only thing they may feel they have control over is the right to refuse to adhere to the routine.

When they refuse to do things on schedule, they are seen as resistive by the staff. Another thing they can do to demonstrate control over their own lives is to complain or make unreasonable demands on staff. Certain residents become fixated on certain subjects and will demand service or answers over and over. Residents who live near these unhappy residents are forced to listen to the constant complaints, angry outbursts, and general negative attitudes. It is unpleasant for the other residents and staff when they are subjected to these residents.

Staff attempt to assist these residents in their adjustment period. Some use reality orientation and give the residents the facts of why they are not able to return home, and encourage them to start participating in the nursing home activities since it is now their home. Other staff will offer false hope. They will suggest that the resident can return home if they just work hard enough. They often bribe the residents with cigarettes, candy, soda, or special treats if they do things on their own.

If the resident is very resistive, they will receive a psychological consultation. In keeping with state regulations, when psychotropic medications are used, the resident must be receiving the lowest possible dose. Antidepressants and antianxiety medications are utilized with some residents. Some will receive individual therapy with a Licensed Clinical Social Worker (LCSW).
Not only do the staff and other residents have a desire for these residents to accept their placement, it would be beneficial for the residents themselves to settle in and start to enjoy the rest of their lives, no matter where they are residing. Perhaps they believe that if they are not complaining or causing problems, then they will be forgotten; this may be the only way they know to get attention. They might think that if they are positive and cooperative, then they may be viewed as one of many rather than the individual that they are. Throughout their lives, they may have only gained recognition through negativity and this is just part of their personality. Something needs to be done in order to make all residents and staff content.

Plant therapy could be an option. Growing and caring for a plant could give the resident a sense of accomplishment, and a sense of responsibility. Most residents have had some purpose throughout their lives. Caring for a plant could bring back a purpose for them.

Therefore, this study examined the following research question: Will the introduction of plant therapy decrease the occurrences of negative attitude and behaviors for residents who are having difficulty adjusting to placement in a nursing home?

Literature Review

In reviewing the literature it was discovered that helping residents adjust to nursing home life has several advantages. One of the benefits that is not usually considered, is staff satisfaction. The staff are the ones who have to intervene when these unhappy residents are making nursing home life unpleasant. Studies have shown
that staff brace themselves for contact with difficult residents, avoid unnecessary contact with the difficult resident, and limit their care giving to those residents (Block, 1987). In essence these difficult residents may be receiving a lower quality of care because of their attitude and behavior. Often the complaints are of poor care, and the resident himself could be one cause of the poor care.

Most of the staff do not realize what individual residents have had to give up when they became a resident in the nursing home. "Life in an institution demands that an individual develops ways of coping with losses, which far out numbers those experienced by most older people living in their own homes" (Saul, 1988). Most residents not only gave up their homes and possessions, they also gave up part of their personalities. They no longer have control over major aspects of their lives. Loss of identity and self esteem which is derived from the identity, goes hand in hand with sadness, depression and frustration (Saul, 1988).

Self esteem is generally lower for institutionalized elders than it is for those living independently or with family. General morale is decreased due to lack of outside contact (visits with family and friends) and large amounts of unattended hours. Most nursing homes have some type of activity program, however, it is rare that there are acceptable activities for all the residents (Arthur, 1973).

There is a fear that when residents in nursing homes have continual decreased self esteem, depressive episodes increase. Staff are alert to increased depression which could result in suicide attempts. Research indicates that suicide rates are higher for the elderly than for other age groups. Teenagers attempt suicide more
often, but elderly people commit suicide in higher numbers. There is a growing need for further research on passive suicide among the elderly. Passive suicide is when a person stops eating, taking medications and following medical advise; they give up. Often passive suicide is viewed as a decline in the general health of a person (Saul, 1988).

Difficult residents tend to alienate other residents and staff and isolate themselves. These residents should be monitored closely for signs of depression. Irritability and isolating are indicators of depression (Allen, 1994). Adjustment to nursing home life needs to occur before depression sets in.

In studies involving the presentation of information to older adults, it has been noted that elderly people prefer reality based information (Shulman, 1985). Candy-coating information in order for it to placate an individual, does not work, because in the end the resident will receive the true information and may resent being coddled.

The staff may feel that they are being nice and not upsetting the residents but in fact they are treating them like children. As people grow from childhood to adulthood, most take pride in learning new tasks and becoming more independent. Most residents in nursing homes realize that they are requiring more and more care but they also have difficulty accepting that concept. Being independent is part of being an adult. Having to depend on someone else for basic needs, means they have to give up some of their adult qualities.

Staff should remember to keep information in the "here and now;" based in reality. False hope should not be given. Residents should also be encouraged to focus on current issues rather than becoming
fixated on past issues. Reminiscing works well when attempting to
remind the resident of their abilities but it should not be the entire
focus. Reminiscing is for positive reminders. The resident needs to
take encouragement from past accomplishments and incorporate it into
their current situation.

Other literature suggests that residents of nursing facilities
prefer behavior modification techniques with staff interactions, over
pharmacotherapy. Residents need to be encouraged to become focused on
some type of activity or hobby. Those who have little or no control
over their lives take longer to adjust. Being able to make decisions
helps them to not become stagnant (Burgio, 1995).

Making friends also helps in the adjustment period. Friends
develop more due to room location than similar interests. Elders
generally do not make friends based on ethnicity, economic status or
similar interests, as they may have when they were younger. They tend
to socialize with others who have rooms close to the resident. They
tend to see each other more often and bonds form. Although true
friendships are rare, companionships are formed. Two residents may
enjoy eating, watching television, talking or doing hobbies together
(Retsinas, 1985).

A way a bond could form is if residents could work on a project
together. Studies show that if people are given the opportunity to
garden, they will (Powell, 1979). As seen through previous research,
working with plants could provide the incentive needed to get residents
focused on an activity rather than their situation.

Plants have been utilized in other studies involving the elderly.
In one particular study, plants were given to residents to help
increase responsibility. It is believed that the greater the feeling of responsibility, the more involved a resident would be in maintaining control of their lives and making decisions for themselves. This study also utilized other tasks, but plants were used because they do not require much care, but someone must take the responsibility for their care (Rodin, 1977).

Even though gardening projects do not require previous gardening experience, they do require commitment (Kaplan, 1973). Gardening requires continuing contact and commitment. Cognitive focus is not required as much as the ability to become physically involved in caring for the plant.

By working with plants a resident has to take some responsibility to maintain care for the plant. The plant cannot survive without the resident's care. The resident will be responsible for the changes that occur in the plant as it grows. As the plant grows, and benefits are produced (green leaves or flowers) the resident will see that although the plant has changed, positive changes are what occurred. This will demonstrate to the resident that all changes are not negative. Becoming a resident in a nursing home does not have to be a negative transition (Sarver, 1985).

A benefit of working with plants is that they do not talk back. A resident can express thoughts and feelings and the plant will not criticize or pass judgement. They can grow their plant, relieve their frustrations, and still produce a positive result. Their frustrations and failures will give way to a growing plant.

Staff can offer positive feedback in regards to the growing plants. They can comment on the care the resident is providing.
Certificates and ribbons can be offered to the residents for the growing of their plants. Not only will the resident have a plant that they helped grow, and which provided them with a sense of responsibility, they will have a plant to help brighten their room (Lee, 1994).

It is important to find a solution in dealing with residents who are not adjusting well to their new environment. They make themselves miserable which could have negative effects on their physical or medical condition. Other residents are affected too. The facility serves as a home for all the residents and it is unfair that they are subjected to unpleasant people in their home. The staff are also subjected to criticism and are the ones that must deal with these unpleasant residents. Staff become stressed when they are constantly dealing with unpleasant residents and then because of their stress, the care they provide to other residents is not as beneficial as it could be. In order for the facility to provide the best possible care for all of the residents, staff need to be content.

The facility social worker is often called upon to intervene in cases of residents who are complaining or causing problems. Due to the large population and there being only one social worker, it is sometimes difficult to focus on just one resident. If a technique could be used to assist the social worker in working with these residents, the residents could be appeased and start accepting their placement which would make a more peaceful environment for all.
METHODS

Study Design

A single subject design was utilized in determining if the introduction of plant therapy produces the desired results of a decrease in negative attitude and behavior, as well as an increase in positive attitude and behavior. Single subject designs have history in private practice. They are often used in evaluation of an intervention. Single subject design focuses on a single subject, in this case a single resident. Since the focus is on a single resident, the results cannot be generalized to other residents or to other settings; single subject designs are very specific in nature.

The AB design was utilized for this study. A single baseline and a single intervention period were measured. During the baseline period, occurrences of negative attitude and behaviors were recorded; occurrences of positive attitude and behaviors were also recorded. The intervention, the introduction of plant therapy, occurred and recordings still continued.

Since single subject designs are so specific they can be set up for the individual. The concepts remain the same; what is measured is what can be changed for each individual. Single subject designs do not involve large groups of people; one resident is all that was needed for this study. In this study, financial costs were very low; the cost of the plants and supplies were inexpensive and all the materials were provided by the facility social worker.
Due to the nature of focusing on a single subject, information obtained from a single subject design cannot be generalized to others. What makes it unique is what also limits its utilization by a large population. Single subject designs are also open to threats to external and internal validity. Internal validity is threatened from several areas, the most important are: Extraneous events, maturation, selection bias and experimental mortality. The study was not isolated so outside factors could have affected the outcome rather than the intervention acting as the change agent. Although the study was relatively short in duration, people do mature over time. The subjects were elderly and have completed most of their maturing, but changes over time could have also affected the study. Selection bias did occur, as the participants were specifically selected due to their difficulty in adjusting to their new environment. A willingness to participate was also an issue. Not all those originally selected wanted to participate. Random sampling did not occur. Experimental mortality could have occurred in two areas. The participants could have chosen to end their participation in the study at any time. The participants all reside in a nursing home, and although all had stable medical conditions, death could have occurred at any time. For that reason, more than one resident was selected to participate in the study. They were studied as individuals, during the same time period and their individual results were compared.

Research Question: Will the introduction of plant therapy decrease the occurrences of negative attitude and behaviors for
residents who are experiencing difficulty in adjusting to placement in a nursing home?

Hypothesis 1: Plant therapy, the growing and maintaining of a plant, will produce a decrease in negative attitude and behaviors for residents who are experiencing difficulty in adjusting to nursing home life.

Hypothesis 2: The introduction of plant therapy will produce an increase in positive attitude and behaviors for residents who are experiencing difficulty in adjusting to nursing home placement.

Sampling

The participants for this study were selected from a local nursing home. The participants were selected based on their inability to adjust to their new environment of the nursing home. Staff submitted names of possible candidates to the facility social worker who made the final selection. Only one participant was needed but three were selected. Those selected were judged to be alert and oriented to person, place, and time. Periods of confusion and forgetfulness were allowed as long as the participants remained alert and oriented to person, place, and time.

The three participants were "Priscilla," "Christy," and "Ellen." All three were Caucasian women over the age of seventy. Priscilla was the oldest at ninety three, Christy was seventy six and Ellen was eighty four. None of the participants had active family involvement.
Priscilla was in a wheelchair but could ambulate when she was in the mood. Christy was obese and spent her time in bed. When she got out of bed she spent a few hours in a gerichair. The gerichair had to be propelled by someone else. Ellen was also able to ambulate, with assistance. She was either in a wheelchair or a gerichair when she was out of bed.

All three women had been evaluated by the facility psychiatrist. Christy and Ellen were on low doses of Paxil at the time of the study. Priscilla had been on Prozac in the past, however she had been receiving no antidepressant medication for four months prior to the study.

Data Collection

A decrease in negative attitude and behaviors and an increase in positive attitude and behaviors were desired. Examples of negativity would be: Refusing to get out of bed; refusing routine care; cursing; making excessive demands on staff (turning on the call light right after staff left the room); not participating in group activities; not engaging in individual activities; negative comments ("I hate it here; No one likes me; There is nothing to do; I don't belong here.") or being rude or obnoxious to the point of making it unpleasant for others; or criticizing others. Examples of positive attitude or behaviors would be: Asking to get up, dressed and out of bed; engaging in group activities; partaking in individual activities; initiating conversations with staff or peers; providing compliments; making comments about what they are able to do; or socializing with others.
The independent variable was the introduction of plant therapy to the participants. The dependent variables were the positive and negative behaviors and attitudes. It was expected that the independent variable would have an effect on the dependent variables.

Plant therapy was the planting, growing and maintaining plants. The facility social worker assisted the residents in working with their plans. Names were given to the plants by the participants.

Every Sunday the facility social worker met with the participants individually. Together they would water the plant and discuss the plant's growth. The resident had the responsibility to ensure the safety of the plant (not allowing other people to water or move the plant). The resident and the social worker would also discuss any positive occurrences the resident had during the past week. The social worker would sometimes stop in and visit with the resident and plant during the week but the official day was Sunday. When the study ended, the residents were told of the termination of the study. They were all praised for their participation. The residents were allowed to keep their plants as a reminder of the interaction they had with the social worker.

Procedure

Data was gathered primarily by the facility social worker. During the days the social worker was present in the facility, the number of positive and negative behaviors were recorded. Auxiliary staff would report to the social worker if they witnessed a positive or negative occurrence. It was at the social worker's discretion whether
an occurrence was accepted. Although the auxiliary staff helped monitor occurrences, and the social worker had the final say in the recording, the criteria that were assessed for monitoring were the same for all the participants.

Protection of Human Subjects

Confidentiality was upheld at all times. In order to protect the participants, they were identified by the name they gave their plant, rather than their own name. "Ellen" never gave a name to her plant, so for the purposes of this study, the name was assigned to represent the participant. No identifying information was utilized in writing this project.

The reason for the study was given to the participants as well as the reasons for their selection as participants. The participants signed informed consents forms (Appendix C) and they could have terminated their participation in the study at any time.

Consent from the nursing home was obtained from the facility's corporate office. Permission for this study was also granted by the California State University, San Bernardino Institutional Review Board. (Appendix C).
The data were collected by the facility social worker and recorded on a graph. (Appendix A and B). There were two sections to the graph, the first section represented the baseline period, and the second section represented the period after the intervention was introduced. Points on the graph indicated the number of occurrences for each week. Lines were drawn between the points and peaks and valleys were noted.

There are three types of analysis that can be utilized when evaluating a single subject design. The first type of evaluation is visual analysis. The graph is examined by the researcher and trends are noted. In the negative occurrences, a downward line or curve is desired. For positive occurrences, an upward line or curve is the desired trend.

The visual analyses for this study were as follows: Priscilla showed only a slight decline in her negative occurrences. For her positive occurrences there was also a slight increase. Ellen had an increase in negative occurrences and a decrease in positive occurrences which is the opposite of the desired outcome. Christy showed a significant decrease in the negative occurrences along with increased positive occurrences. Christy demonstrated the desired outcome when using visual analysis.

The second form of analysis in single subject design is statistical analysis. Data is calculated in one of two formulas. If a curve is noted on the graph, the celeration line formula is helpful. If the graph has peaks and valleys the two standard deviation formula
should be utilized. This form of analysis offers scientific stability to the results. Statistical analysis determines if the change that occurred is significant. In this study, both the celeration line and the two standard deviation formulas needed to be used.

Ellen's graph required the use of the celeration line formula. Both the negative and positive occurrences were judged not statistically significant. Priscilla and Christy's graphs called for the use of the two standard deviation formula. Neither of Priscilla's occurrences were deemed statistically significant. Both the negative and positive occurrences for Christy's graphs were judged to be statistically significant at the .05 level.

The third type of analysis is substantive analysis. This form of analysis determines if the change that occurred was relevant to the situation. The change may not be statistically significant but could be substantively significant. The goal of single subject design is to produce a change that benefits a particular situation. Substantive analysis is the most important form of analysis for this study. The goal is to help residents adjust to nursing home life. Even if the statistics do not indicate a change, that does not necessarily mean that the plant therapy did not help a particular resident adjust to her new life.

In this study only Christy's graph indicated a statistically significant change. She was also the only participant to demonstrate substantive analysis in favor of the intervention. Priscilla's graph did not demonstrate any substantive changes. The intervention did not appear to have either a positive or negative effect on her attitude or behavior. Ellen's graph showed the opposite of the desired outcome.
It could be said that Ellen showed substantive significance against plant therapy.

Although two out of the three participants did not show the desired change, the study did not necessarily fail. Both of the hypotheses were supported with one participant. A single subject design is structured to evaluate a change in one subject. The desired changes occurred in Christy. The research supported the hypotheses.
CONCLUSION

When the research is viewed by the changes within Christy, the research is considered valid. When Ellen and Priscilla's data is added the research does not appear as successful. The reason the study was done, was to find a technique that could possibly be utilized in helping residents adjust to nursing home life. Plant therapy is not a guaranteed technique, however it has been proven effective and could be one of several techniques the facility social worker can utilize.

Results from single subject designs cannot be generalized to a population. As the research has indicated, plant therapy can be useful to some residents but not all. One resident was helped because of the intervention of plant therapy.

Social work is a global profession that focuses on the individual. Single subject designs are geared for the individual. As long as the desired change occurred for one individual, the intervention was successful.
Appendix A
"Priscilla"--Changes in Negative Occurrences

# Of Occurrences

![Graph showing changes in negative occurrences over time.](image)
"Ellen"--Changes in Negative Occurrences

# Of Occurrences

![Graph showing changes in negative occurrences over dates of study. The graph indicates a baseline and an intervention phase. The baseline phase shows a steady increase in occurrences, while the intervention phase shows a decrease followed by stabilization.]
"Christy"--Changes in Negative Occurrences

# Of Occurrences

![Graph showing changes in negative occurrences over dates of study. The graph illustrates a decrease in occurrences from baseline to intervention periods.]
Appendix B
"Priscilla"—Changes in Positive Occurrences

# Of Occurrences

[Graph showing changes in positive occurrences over time]

Dates of Study

Baseline vs Intervention
"Ellen"--Changes in Positive Occurrences

# Of Occurrences

![Graph showing changes in positive occurrences over dates of study. The graph compares baseline and intervention periods.](image)

*Baseline* *Intervention*
"Christy"—Changes in Positive Occurrences

# Of Occurrences

![Graph showing changes in positive occurrences over time.](image)
Appendix C

Plot Management Corporation
Suite 125
6500 Wilshire Boulevard
Los Angeles, California 90048
Telephone (213) 659-6960
Facsimile (213) 659-7122

September 23, 1997

VIA FIRST CLASS MAIL

Dr. Nancy Mary
Social Work Department
California State University, San Bernardino
5500 University Parkway
San Bernardino, CA 92407

Re: Masters Candidate Christy Mahoney

Dear Dr. Mary:

This letter is to inform you that Plot Management Corporation is aware and has approved the research project that Christy Mahoney will be conducting at Mt. Rubidoux Convalescent Hospital during the 97/98 school year.

It is understood that the research project will be for academic purposes only for the Dept. of Social Work, MSW program, at California State University, San Bernardino. Informed consent shall be obtained for all participants being involved in the project.

If you have any questions please feel free to contact the undersigned.

Sincerely,

[Signature]

Elizabeth Plot Tyler, Esquire
Vice-President of Operations

LIFT/tech

cc: Christy Mahoney - MRCH

27
July 15, 1997

Christy Mahoney
c/o Dr. Nancy Mary
California State University
5500 University Parkway
San Bernardino, California 92407

Dear Ms. Mahoney:

Your application to use human subjects in research, titled, "Plant Therapy: Should it be given the green thumbs up?," has been reviewed by the Institutional Review Board (IRB). Your application has been approved.

Your informed consent statement should contain a statement that reads, "This research has been reviewed and approved by the Institutional Review Board of California State University, San Bernardino."

Please notify the IRB if any substantive changes are made in your research prospectus and/or any unanticipated risks to subjects arise. If your project lasts longer than one year, you must reapply for approval at the end of each year. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Lynn Douglass, IRB Secretary. Ms. Douglass can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at ldouglass@wiley.csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

Joseph Lovern, Chair
Institutional Review Board

JL/Ld
cc: Nancy Mary, Social Work
Informed Consent

I understand that I will be a participant in a graduate research project. With the assistance of the facility social worker, I will be growing plants. This project will be utilized for university purposes only. I do have the right to revoke my consent at any time.

I have received a copy of this consent.

I understand that if I have any questions, I may contact Dr. Rosemary McCaslin at the Social Work Department at California State University, San Bernardino.

Dr. Rosemary McCaslin
Dept. of Social Work
5500 University Parkway
San Bernardino, CA 92407
909-880-5501

__________________________________________________________________________
Participant

Date

__________________________________________________________________________
Witness

Date
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