

Minimizing the Impact of Loneliness & Social Isolation on Aging



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Objectives

- By the end of the session, participants will be able to:
- 1) Articulate increased awareness for understanding with older adults experiencing loneliness and/or social isolation
- 2) Analyze the evidence for understanding assessment and intervention with older adults experiencing loneliness and/or social isolation
- 3) Identify criteria for appropriateness to receive non-pharmacologic interventions for social engagement, including Circle of Friends®, a group intervention to address social isolation



Loneliness and Social Isolation in Older Adults: Prevalence

“An epidemic in plain sight....”

--Jain Sachen, SCAN Group Health Plan

What is loneliness? Social isolation?

► Loneliness:

- Discrepancy between actual and desired social relationships (Hawkley & Cacioppo, 2010)--differs from living alone, solitude, and social isolation but are inter-related
- Subjective feelings of a lack of satisfying human relationships (Routasalo & Pitkälä, 2003)

► Social Isolation:

- actual number of engagement/social contacts (Routasalo & Pitkälä, 2004)



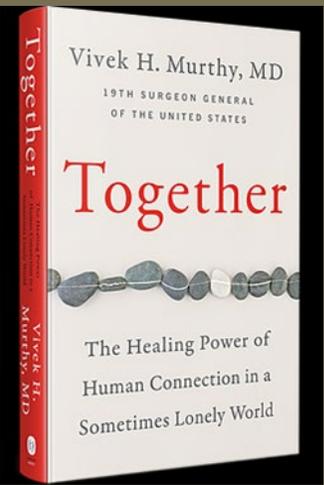
These terms are used synonymously, but they are, in fact, different. It's likely they can overlap, but it is the perceived expectations that an older adult has for the quality of social relationships. Loneliness and social isolation can occur when expectations are not fulfilled.

Vivek
Murthy, 2020

What do we know about loneliness?

First mentioned in the 1960s (Lowy, 1962), **loneliness and social isolation** are:

- **A “global health epidemic”** (Vivek Murthy, former US Surgeon General, 2017)
- **Major “public health concern”** (NASEM, 2020)
- **More prevalent than ever among all age groups**
 - (average network size decreased from 2.94 to 2.08 persons/individual (Brashears, 2006).
- **CIGNA 2018 study of 20,000 U.S. adults**
 - ~ 1/2 sometimes/always feel lonely (46%), left out (47%), or relationships are not meaningful/isolated (43%)
 - 27% rarely/never feel people understand them or feel close to people (20%), or have people to talk to (18%)
 - 53% have meaningful daily in-person interactions
 - Co-residers feel less lonely, while single parents feel more lonely
 - Gen Z (18-22 years old) and heavy social media users are the loneliest and least healthy



“You can feel lonely
even surrounded by
people
(Andersson, 1998)

What do we know about loneliness in older adults?

You can be lonely
with people
but not lonely
if you're alone

- *Estimates suggest that **up to 60% of older adults are lonely** (Ong et al., 2016) with recent prevalence suggesting:
 - 28% of older adults in the U.S report being significantly lonely (NIH, 2019), 43% lonely on a regular basis (HRSA, 2019)
 - 57% experience moderate to severe loneliness (Taylor, 2020)
 - 26% likelihood of earlier mortality due to loneliness over 65 years old (AoA)
- Increase in social isolation **links to increased loneliness** (Taylor, 2020)
- Adverse impact of loneliness increases with age (Phillips et al., 2022)
- Poor social relationships are linked to declines in cognitive function (Pilatto et al., 2022)
- **Risk factors** include (Taylor, 2020):
 - Isolated from family and friends; no/few social activities
 - Lives alone
 - Unmarried/unpartnered

*71% experienced loneliness earlier in life; 3+ experiences of loneliness increase risk for current loneliness (Victor et al., 2022)



What do we know about social isolation in older adults?

- ▶ **Linked to increased risk for cognitive impairment and/or dementia** (Crooks et al., 2008; Fratiglioni et al., 2000; Joyce et al., 2021; Saczynski et al., 2006; Shibata et al., 2021; Stoykova et al., 2011)
- ▶ Socially isolated older adults more likely to experience **daily stress** and have a **lack of social resources** to use (Boss et al., 2015) and **impaired sleep**.
- ▶ 24% of 65+-year-olds report being socially isolated, while 4% experience extreme social isolation **Risk factors** (Cudjoe et al., 2019):
 - ▶ Being unmarried/unpartnered and male
 - ▶ Low education
 - ▶ Low income
- ▶ Costs **~\$6.5 billion/year** (Medicare) due to increased hospital stays because community support at home is lacking (AARP Public Policy Institute, 2018)

Living in residential care can make one at high/higher risk for loneliness

Beadle et al., 2022;
Theurer et al., 2014

Predictors of Loneliness

- ▶ Living in rural area—being left behind when others migrate
- ▶ Poor functional status, particularly in IADLs and cognitive impairment
- ▶ Being unmarried/unpartnered (e.g., single, widowed) (47% of those widowed in last 5 years are lonely)
- ▶ Being female—may be due to increased expressiveness and value on relationships
- ▶ Lower income and education—those at higher levels may have more resources/networks
- ▶ Subjective causes—illness, deaths, lack of friends, losses, etc.
- ▶ ***Depression**
- ▶ ***Living alone**
- ▶ ***Poorly understood by others**
- ▶ **LGBTQ+ older adults** (experience higher rates of loneliness; more likely to be estranged from family; 2x more likely to live alone, be single, and have small networks; 4x more likely to have no children; 60% report lack of companionship; 53% feel isolated; and 25% have no emergency contact (Buczak-Stec, et al., 2022; Peterson et al., 2020; SAGE))

***Stronger predictors than health, functional status or widowhood**

((AARP, 2012; 2018; Routasalo et al., 2006; Savikko et al., 2005); Cohen-Mansfield et al., 2016; Jakobsson & Hallberg, 2005)



Loneliness is a greater health danger than....

- a) Cancer
- b) Cardiac disease
- c) Obesity
- d) Substance Abuse



Enter your response in the chat box

Loneliness impacts older adults in these ways:

Physical Health

- Increased blood pressure, depression, weight gain, smoking, alcohol/drug use, and alone time (Tait, 2018)
- Co-occurring with frailty, increased risk for mortality (Hoogendijk, et al., 2020)

• Loneliness is more dangerous than obesity and as damaging to health as smoking 15 cigarettes/day (HRSA, 2019)

Increased Mental Health Challenges

- Stress and depression (Courten & Knapp, 2015)
- Impaired cognition (Fraglioni et al., 2004; Tilvis et al., 2000)
- Important risk factor for all-cause dementia (especially AD but not vascular dementia) (Sundstrom et al., 2020)
- 40% increased risk (Sutin et al., 2020)

Healthcare Services

- 50% Emergency services, >12 PCP visits/year (Dreyer et al., 2018)
- Institutionalization (English Longitudinal Study of Ageing, 2018; Tilvis et al., 2000—10-year study)



“Loneliness acts as a fertilizer for other diseases. The biology of loneliness can accelerate the buildup of plaque in the arteries, help cancer cells grow and spread and promote inflammation in the brain. Loneliness promotes several different types of wear-and-tear in the body” (Steve Cole, UCLA)

What is loneliness and social isolation?

Loneliness: the feeling of being alone, regardless of the amount of social contact

Social Isolation: having few social relationships or infrequent social contact with others

More people are feeling lonely & isolated as the pandemic goes on

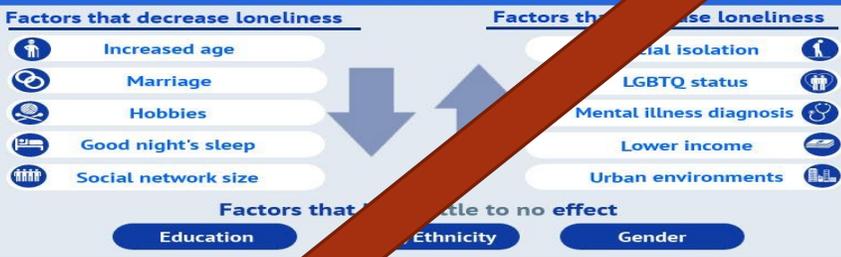
Before the pandemic approximately 20% of adults in the US said they often or always felt lonely or socially isolated. Reports from August 2020 showed:



A majority of those experiencing social isolation also reported:



Risk factors of being lonely



Loneliness & social isolation can be damaging to physical health

41% of people have not visited or seen a health care professional since March

- Social isolation can be as damaging to health as smoking 15 cigarettes a day
- Social isolation has been associated with a 50% increased risk of dementia
- Poor social relationships have been associated with a 29% increased risk of heart disease

Social isolation and loneliness significantly increase a person's risk of premature death from all causes

Solutions and strategies to combating loneliness & isolation

During COVID-19 social restrictions & beyond

- Talk with Family and Friends Regularly**
Phone, virtual platform, email and social media
- Keep a Healthy Lifestyle**
Eat a balanced diet, exercise and get quality sleep
- Get Outdoors as Much as Possible**
Get as much sunlight, fresh air and nature as you can
- Get Help and Reach Out When Needed**
Take part in support groups or therapy, virtual or in person

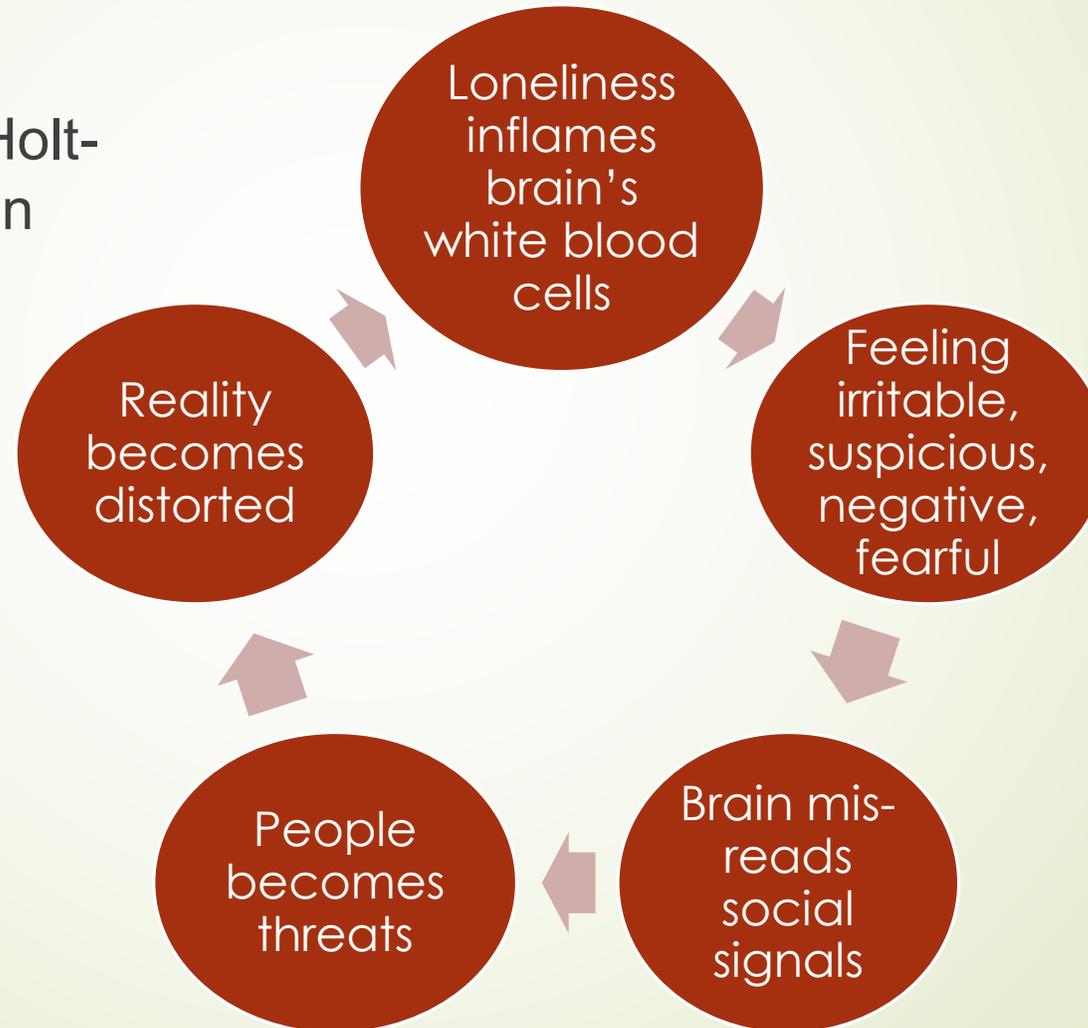
The physical impact of social isolation is equivalent to smoking 15 cigarettes/day

National Institute for Health Care Management (2020). Infographic available at: <https://nihcm.org/publications/addressing-loneliness-social-isolation-during-the-pandemic>

“Is it loneliness specifically, or is it people becoming more socially disconnected?” (Holt-Lunstad)

Findings from landmark study (Holt-Lunstad et al, 2015) of 3.4 million persons over 7 years who self-reported being lonely, socially isolated, or lived alone indicate increased risk for death:

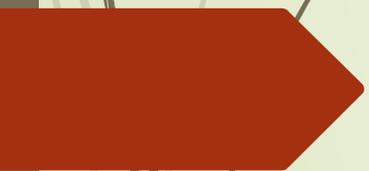
- 32% for those living alone
- 29% for those socially isolated
- 26% for those feeling lonely





The idea of people wanting to 'age in place' sometimes ends up with them 'aging in isolation.' We must look for ways in which we can help people age in a more connected fashion, and that unfortunately requires more commitment from us as a society.

Philip A. Rozario, PhD, MSW, FGSA (2020)



Lessons from COVID-19

"It's bigger than the physician."

Tim Carpenter, EngAGE

Recent Updates on Loneliness

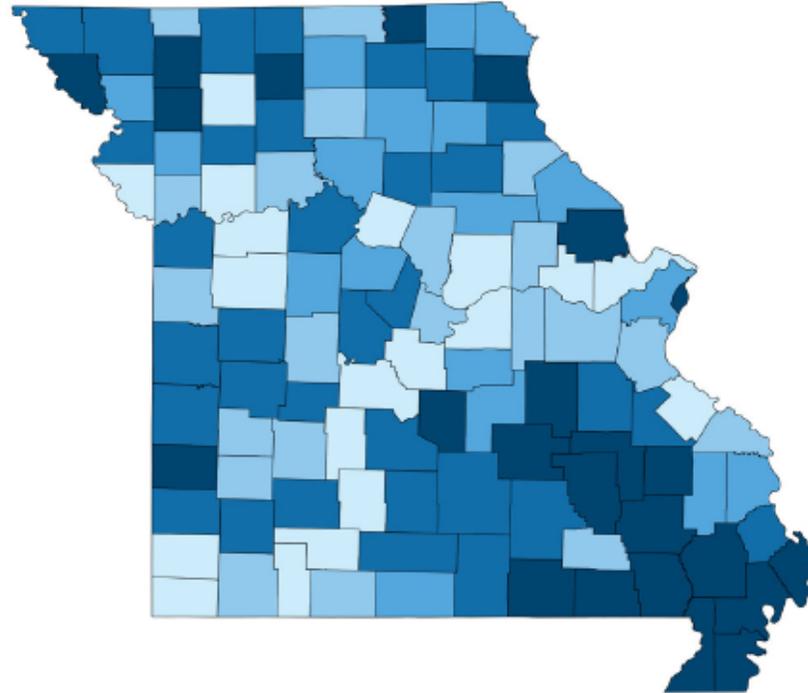


- **Persistent loneliness increases dementia risk**
 - Persistent loneliness is an independent risk factor for dementia; intervention can result in resilience to dementia risk (Framingham study (n=2880) (Akhter-Khan et al., 2021)
 - In an 11-year study of loneliness/social isolation, those older adults socially isolated at baseline had 1.26-fold increased risk for dementia (independent of loneliness) (Rukovets et al., 2022)
- **Experience during pandemic—3 themes** (Brooks et al., 2022)
 - Struggling ‘You realize how much you lost’ (freedoms, social connections and activities)
 - Adapting ‘whatever happens, happens, I’ll do my best’ (maintain well-being, participation and connection)
 - Appreciating ‘enjoy what you have’ (pleasure and contentment)
- **Loneliness during Lockdowns:**
 - No difference in pre-COVID risk factors (i.e., being a young adult, female, low income, unemployed, live alone, and urban) (Bu et al., 2021)
 - 65% of those living with restrictions report high levels of loneliness compared to 48% not living with restrictions; No differences based on age, gender, or employment status; linked to depression and suicidal ideation (Killgore et al., 2020)
 - Longterm impact of COVID-19 isolation associated with health anxiety, fewer activities and connections quality, and poor motivation (Patulny et al., 2022)
- **COVID-19 and mental health :**
 - Safety precautions heightened loneliness (Heidinger & Richter, 2020)
 - ~70% experienced anxiety/depression at levels higher than pre-pandemic (Jemal et al., 2021)

Missouri

Risk of Social Isolation by County

Missouri ranks 32nd for risk of social isolation



Full report and state summaries:
<https://www.americashealthrankings.org/explore/senior>

Index of social isolation risk factors: poverty; living alone; divorced, separated or widowed; never married; disability; and independent living difficulty among adults ages 65 and older, relative to all U.S. counties; normalized values are 1 to 100, with a higher value indicating greater risk.

■ <= 39 ■ 40 to 44 ■ 45 to 49 ■ 50 to 56 ■ >= 57

Source: U.S. Census Bureau, American Community Survey, 2016-2020

What are we learning from COVID-19?

Social Health

- Loneliness overall increased but with variability from loss and/or lack of control to adaptability in social connections due to experience feeling isolated*
- Cancelling events led to less contact which increased loneliness for males, non-Hispanic white older adults, those with higher education and wealth
- Rural older adults experienced less increases in loneliness

Physical Health

- Increased social disconnectedness/isolation led to increased MCI across all groups
- Persons with dementia experienced less distressing social decline but those living alone, were frail, had depression, or congestive heart failure more distressed
- Loneliness decreased on average by 2 points for those who were vaccinated

Needs

- Interventions must be tailored to meet the specific needs and situations of the older adult
- Technology made a difference for many older adults, particularly those with disabilities and the LGBTQ community

Decreased contact with family increased loneliness in older adults (Losada-Baltar et al., 2020)

Stay-at-home orders increased loneliness (Tull et al., 2020)

Questionnaire to assess impact of COVID-19 on Older adults:
<https://www.qiacpoa.com>

Loneliness in primary care

(Mullen et al., 2019):

- 20% prevalence
- Higher for patients who are unmarried, unemployed, low income, and in poorer health
- Higher # of PCP & ED visits and hospitalizations

Providers can...

- Adequately treat health issues that limit independence (e.g., chronic pain, sensory impairment, incontinence, foot health, malnutrition, and oral health)
- Identify depression and cognition deficits
- Integrate such strategies as:
 - Comprehensive geriatric assessment which can increase by 25% the likelihood that older adult will still be living at home six months after assessment)
 - Regularly monitoring patient's needs
 - Promote clear and open communication with older adult and caregiver
 - Recognize and incorporate caregiver into the treatment process
 - Engage in "social prescribing" (i.e., making appropriate community referrals) and facilitate a warm-handoff to referral resources

*British Geriatrics Society and Royal College of Psychiatrists (2019).
Position statement on loneliness and social isolation.*

Just ask the older adult:
What do you want?
What do you need?
What are you ready for?

And...

- Assess for frequency and severity of both loneliness and social isolation and process origins and manifestations in the older adult
- Promote a community role to address socially isolating practices
- Recognize:
 - Stigma may exist
 - Older adults have a right to self-determination
 - A need for “best practices” that creatively promote different interventions for loneliness and social isolation, including
 - group intervention for social isolation
 - one-on-one interventions for loneliness (e.g., cognitive behavior therapy)
 - Most importantly, intervention plans should be individualized to the person and/or the group

Coyle, 2020; Taylor, 2020

While it's important to know
the risks, avoid judgments
based solely on risk factors
Yoshida et al., 2022

Loneliness and Social Isolation in Older Adults: Assessment

“Loneliness automatically triggers a set of related behavioral and biological processes that contribute to the association between loneliness and premature death in people of all ages.”

--*Loneliness in the Modern Age...Stephanie Cacioppo, PhD*

We know that loneliness
& social isolation are
underassessed

Assessment issues

- ▶ Two types of measurement tools*:
 - ▶ multi-item scales that do not ask about loneliness
 - ▶ 3 to 6-item measures prevalence: 24% - 55% (Musich et al., 2015; Nicolaisen & Thorsen, 2014; Simon et al., 2014)
 - ▶ single-item questions that directly ask about loneliness
 - ▶ Single-item measures prevalence: 10% - 39% (Beutel et al., 2017; Nicolaisen & Thorsen, 2014; Theike, 2009; Victor & Bowling, 2012)
- ▶ All age groups over-estimate prevalence of loneliness in older adults (except older adults) (Abramson & Silverstein, 2006; Dykstra, 2009; Fokkema et al., 2012)

***Women more likely to report feeling lonely when asked directly, while men will respond they are lonely on scaled questions** (Nicolaisen & Thorsen, 2014)



Strategies to Assess Loneliness and Social Isolation

➤ Standardized measures:

- Mood—depression and anxiety
- Social Support
- Loneliness
- Physical health

➤ Qualitative and Open-ended questions:

- Self-perception of loneliness
- Contacts within a specified amount of time (e.g., day or week), including in-person, phone, on-line

What additional questions would you ask?
Share your thoughts in the chatbox.

Sample Assessment Questions

“Tell me about your daily life and routines”

“Tell me about your life overall (i.e., life course).”

“What do you think about loneliness?”

“Are you lonely?” (Alternatively, do you experience boredom?)”

“Tell me about your interests (e.g., culture, nature, music, hobbies, etc).”

If you have good news or exciting news, who do you call first?

How often do you see your family?

Tell me about the relationships you have with family? friends?

Comprehensive Assessment

➤ Cognition

- **Rapid Cognitive Screen** (Malmstrom TK, Voss VB, Cruz-Oliver DM et al J Nutr Health Aging 2015;19:741-744)

➤ Depression/Anxiety

- **PHQ-2** (Developed by Drs. R.L. Spitzer, J.B.W. Williams, K. Kroenke and colleagues, with an educational grant from Pfizer, Inc. No permission required to reproduce, translate, display or distribute). If positive for depression, consider completing the PHQ-9
- **PhQ-9** (© 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD© is a trademark of Pfizer Inc)
- **Generalized Anxiety Scale** (Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Intern Med. 2006;166:1092-1097)

➤ Social Support

- **Lubben Social Network Scale** (Lubben et al.(2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. The Gerontologist, 46(4), 503-513)

➤ Loneliness and Social Connectedness

- **Revised UCLA Loneliness Scale** (Russell et al., 1980)
- **Social Connectedness Scale—Revised** (Lee et al., 2001)

- **Mobility—SARC-F** (Malmstrom TK, Morley JE. J Frailty and Aging 2013;2:55-6.

ALONE Scale—new tool for assessment of loneliness

To assess an individual's perception of being lonely, ask each of the items below using the following rating scale:

Yes Sometimes No

- A** Are you emotionally **Appealing** to others as a friend? Yes _____ Sometimes _____ No _____
- L** Are you **Lonely**? Yes _____ Sometimes _____ No _____
- O** Are you **Outgoing/friendly**? Yes _____ Sometimes _____ No _____
- N** Do you feel you have **No friends**? Yes _____ Sometimes _____ No _____
- E** Are you **Emotionally upset** (sad)? Yes _____ Sometimes _____ No _____

“Social isolation is a micro-level
consequence of macro-level
social forces”

Sandra Edmonds Crewe, 2020

Age-Related Loneliness and Social Isolation: Intervention

One size does not fit all....

How can we address social isolation at the community level?



Increase education for professionals regarding:

Impact of social isolation, particularly related to marginalized populations need for sensitivity and assessment



Develop interprofessional, multi-system, approaches at all family, community, and societal levels; interventions for loneliness & social isolation may need to be different (Capcioppo et al., 2015)

Address the structural factors that impact loneliness/social isolation (e.g., crime, environmental factors, available and accessible services, etc. (Portocolone, 2018)



Evidence for:

- Service utilization
- Accurate measurement of social isolation
- Evaluation of interventions
- Respect for self-determination
- Role of technology (e.g., smartphone apps, etc.)

Lee et al., 2019; Lubben et al., 2015

How can we address loneliness & social isolation at the individual level?



Interventions

Tailored, non-stigmatizing, and meaningful

Different for loneliness than social isolation (Victor et al., 2018)

et



Emphasize interventions that provide support, lifestyle adaptation, physical activity, nutrition, balanced social media, health education, treatment, and accurate information (Rodriguez-Mañás et al., 2020)

Ask older adult to assess the risk to their physical/mental health



Social connections planning

-Identify wanted and needed connections and obstacles

-Focus on changing perspective (thoughts)

-Focus on changing physical sensations (relax, imagine, soothe)

Address behaviors (take action) (Van Orden, 2020)

Interventions to Address to Loneliness & Social Isolation

- ▶ Early interventions showed some promising results reported, but drop out rates were high (Andersson, 1985)
 - ▶ Often, the focus did not include health, health care utilization, or mortality (Wikstrom, 2002)
- ▶ Effective interventions include:
 - ▶ Physical activity/exercise
 - ▶ Cognitive stimulation
 - ▶ Facilitators trained in:
 - ▶ Group dynamics
 - ▶ Empowerment
 - ▶ Client-centered interventions
 - ▶ Promoting interactions



Social engagement—particularly in group interventions—is linked to decreased depressive symptoms, more so even than informal social engagement

(Son & Sung, 2021)



Circle of Friends®

It's not the activities or the leader. It's peer support, group dynamics, & cohesion.

--Pitkäla et al., 2009

Circle of Friends® is:

- Developed by scholars/practitioners at the Central Union for the Welfare of the Aged at Helsinki University in the early 2000s, C of F is a group rehabilitation model for older people, who experience loneliness from time to time or perhaps every day.
- The aim is to alleviate and prevent loneliness.
- The group of 8 meets 12 times in 3 months.
- The purpose of the group is for the participants to:
 - make new friends
 - feel less lonely
 - share the feelings of loneliness
 - do and experience meaningful things together with other group members
 - help the groups to become self-supportive and encourage them to continue meeting on their own.
- A group-based, goal-oriented intervention in which participants are allowed to influence the content of

“Enhance interactions among group of older adults experiencing loneliness by sharing feelings”
(Jansson et al., 2017)

Evidence for Circle of Friends®

- ▶ Outcomes from multiple studies on Circle of Friends®:
- ▶ Randomized control trial of 235 older adults 75+ years at 2 years post-intervention (Pitkälä et al., 2009; 2011):
 - ▶ **97% survival** (90% for Adult Day Services control group) Increased subjective health, decreased health care costs and hospitalizations
 - ▶ **2.5% drop-out rate**
 - ▶ 6 of 15 original groups continued meeting
 - ▶ Improved cognition
- ▶ 117 community-dwelling persons 75+ (Routasalo et al., 2008; 2009; Savikko et al., 2009):
 - ▶ **95% reported no more loneliness**
 - ▶ **45% - 85% made new friends**
 - ▶ **40% continued meeting**
 - ▶ Increased feelings of being needed (meaningful activities and meaning to life) and psychological well-being
 - ▶ Improved cognition (even at 1-year post-intervention)—comparable to anticholinergic inhibitor



AADD

Activities, sharing pasts and feelings about loneliness, peer support, and solidarity diminishes loneliness

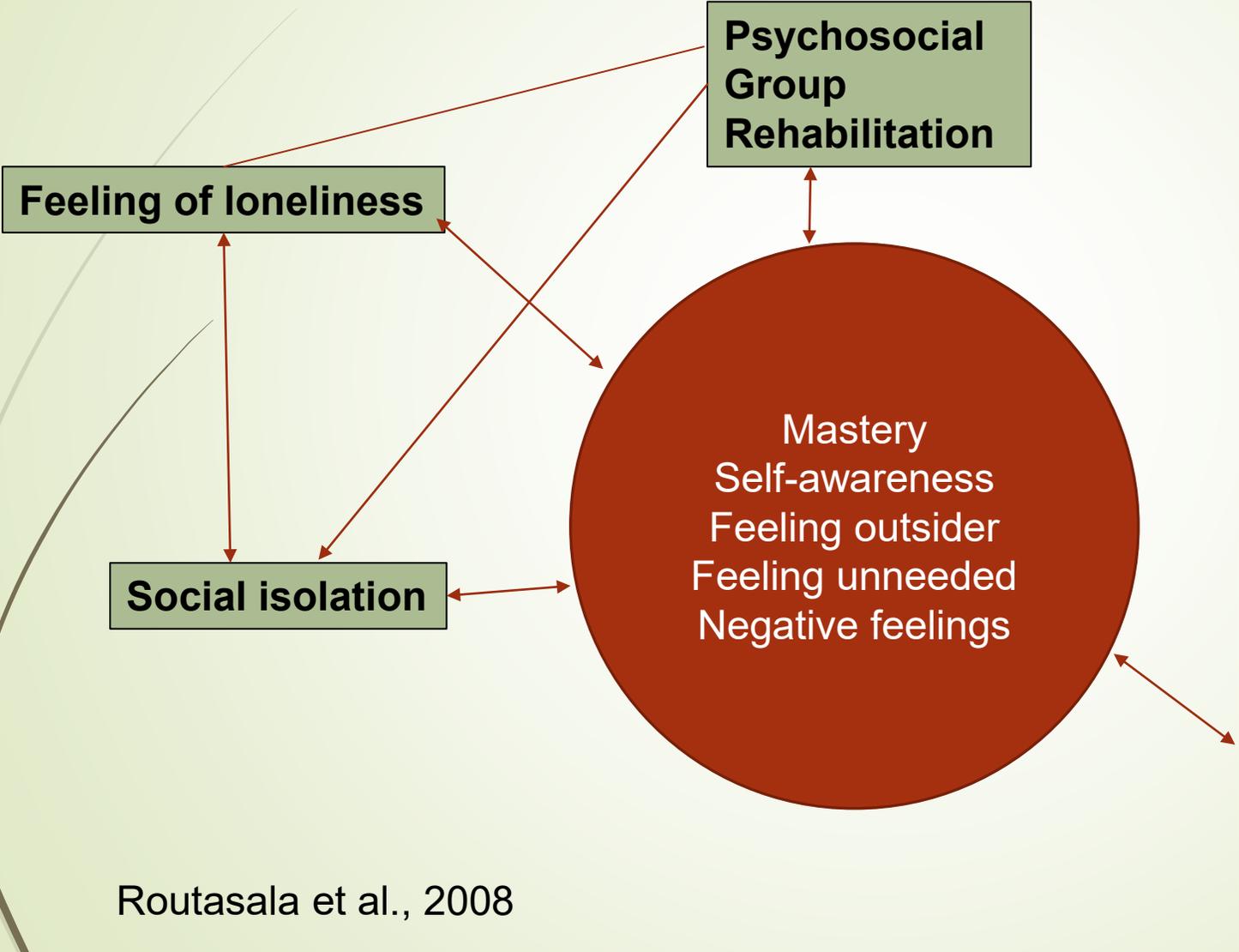
Why does Circle of Friends® Work?

- Positive group-based input (Cattan et al., 2005)
- Process evaluation—observation, reading, written feedback & interviews
- Social support impacts neuroendocrine systems (i.e., immune system and blood pressure) (Cacioppo & Hawkley, 2003; Fratiglioni et al., 2004)
- Stimulation creates to new neural pathways (Park et al., 2007)
- Member involvement in planning promotes emotional engagement through (Pikala et al., 2011):
 - Empowered to improve self-efficacy & self-care
 - Mentally stimulating activities to enable members to see life and self differently
 - Being an active participant; not a bystander
- Low drop-out rate is due to:
 - Facilitator mentoring
 - Member engagement



CHIPS/St. Louis Housing Authority

Mechanisms for Positive Change



“Empowering older adults may not be enough to alleviate deep, existential loneliness but may be enough to increase mastery over their lives and initiative to break social isolation and improve psychological well-being”
(Routasala et al., 2008)

- Psychological well-being
- Quality of life
- Declining health
- Cognitive decline
- Depression
- Use of health services
- Mortality

Long Term Evidence

- Jansson, Savikko, & Pitkälä (2017) conducted 10-year follow-up study and learned that compared to 2009 study (Pitkälä et al., 2009):
 - 67% of groups continue to meet following initial facilitator-led groups (compared to 40%)
 - 87% reported no longer feeling lonely (compared to 95%)
 - 70% reported finding new friends (compared with 45%)
 - Conclusions:
 - Circle of Friends® intervention is an effective long-term option for older adults experiencing loneliness and social isolation
 - As the groups continued to meet, the original protocol may have become diluted but remain effective

Training professionals to implement a group model for alleviating loneliness among older people – 10-year follow-up study

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ABSTRACT

Background and objectives: Although randomized controlled trials (RCTs) have been performed to alleviate loneliness among older people, little is known about how they have been implemented, or whether they are effective in real life. Our RCT-based model, "Circle of Friends" (CoF) proved to be effective in improving the wellbeing, health and cognition of lonely older people. Over 10 years we have systematically trained 752 professional facilitators of lonely older people's CoF groups. This study aims to explain how this training has succeeded in practice and to describe the outcomes of CoF implementation. *Research Design and Methods:* Survey data were gathered in 2006–2016 from trained facilitators ($n = 319$) and CoF participants ($n = 1041$). *Results:* The CoF has been disseminated in 80 municipalities in Finland. The trained CoF facilitators have maintained the original key elements and structure of the model fairly well in its implementation and dissemination processes. The main objectives of CoF – the alleviation of loneliness, making new friends, and members continuing meetings on their own – have remained the facilitators' priority. The CoF socially activates older participants, as 67% organized group meetings after the facilitated process. However, the CoF has become diluted in some aspects during its

Principles of Circle of Friends®

- Group psychosocial rehabilitation promotes:
 - Enhanced security
 - Equal communication
 - Group dynamics
 - Group maturation
- Facilitation versus leadership
- As group matures:
 - Bonds are strengthened
 - Conflicts are resolved, further strengthening bonds



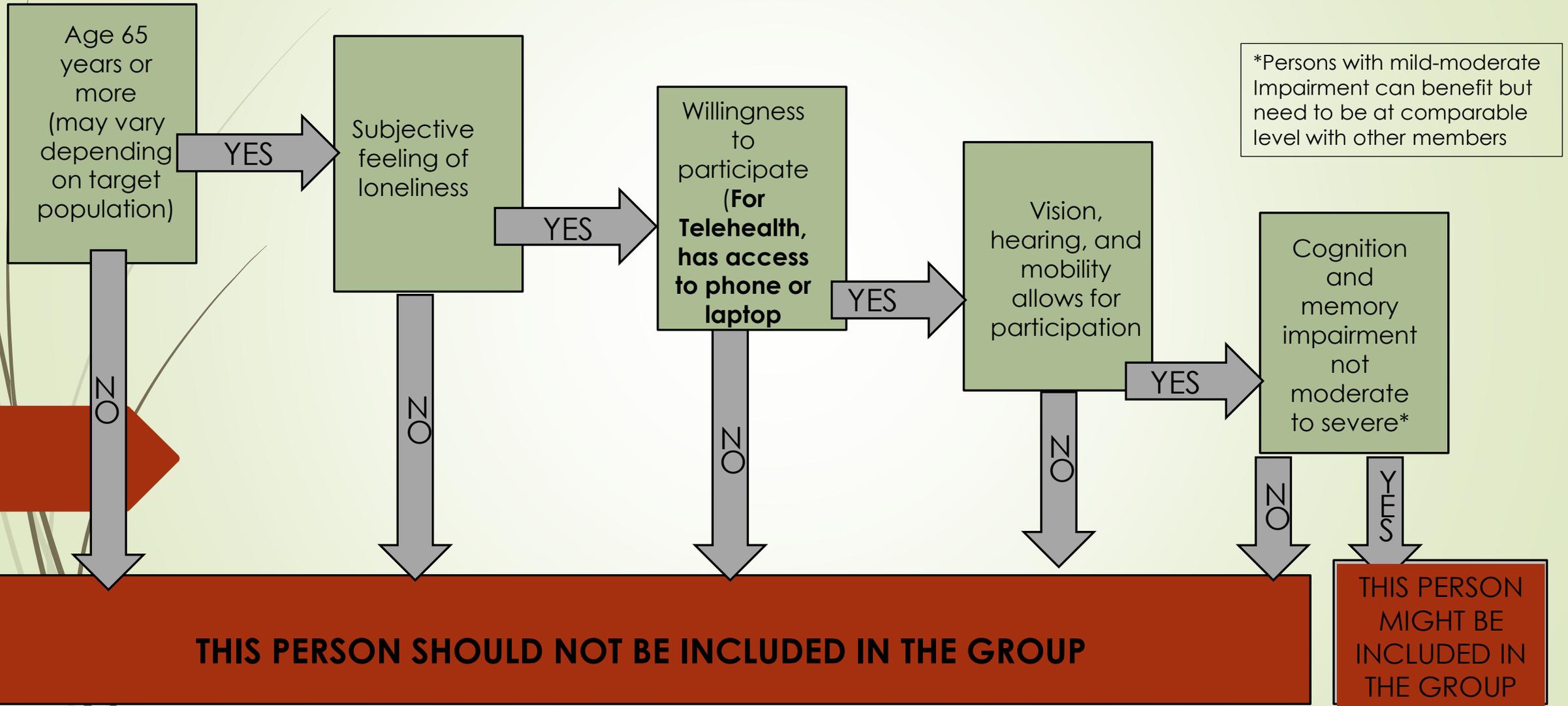
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Strategies to Consider for Group Interventions

- Interview participants before the group to determine fit
- Get participant input regarding their expectations and goals for a meaningful experience
- Provide ample time for connecting
- Address loneliness
- Empower participants to help themselves and others
- Facilitate meaningful activities
- Understand and monitor the group process and evolution
- Provide positive feedback
- Facilitator's goal is to transition out of their role

(Jansson et al., 2019)

Who is appropriate for Circle of Friends®?





Group Structure

- ▶ Potential members interviewed to determine appropriateness for the group and assess needs
- ▶ Pre-intervention assessments
- ▶ Closed group
 - ▶ In selecting group members, facilitators should strive for creating a group in which members have common interests, situations, etc.
- ▶ No more than 8 members
- ▶ 2 facilitators trained in group facilitation and geriatric psychosocial rehabilitation
- ▶ Weekly meetings for 3 months (12 sessions)
- ▶ Members provide input and feedback for each session
- ▶ Each meeting includes activities focused on the arts, exercise, and writing with reflection and discussion
- ▶ Facilitators maintain diaries throughout the intervention

Session Components

- **Art and Inspiring Activities with discussion**
 - Bring artists, attend cultural events, create art
- **Group Exercise and Health-themed Discussion**
 - Nature walks, strength training, swimming, dancing
- **Therapeutic Writing with Sharing/Reflecting**
 - Reminisce about the past, discuss loneliness, and feelings about the group



Art and Inspiring Activities with discussion

- ▶ Activities can include:
 - ▶ Visits from or to artists, musicians, poets, and actors
 - ▶ Cultural events—workshops, art exhibitions, Museums, theaters, festivals
 - ▶ Group activities—singing, acting, baking, games
 - ▶ Informational sessions with outside speakers
 - ▶ Discussions on loneliness, friendship, and topics suggested by group members
 - ▶ Create art



Group Exercise and Health-themed Discussion

- Activities can include:
 - Nature walks
 - Strength/balance training
 - Swimming/pool gymnastics
 - Picnics
 - Dancing
 - Yoga/Tai Chi
 - Discussions on nutrition, memory stimulation, safety, fall prevention
- Discussions on loneliness, friendships, and topics suggested by group members



Therapeutic Writing with Sharing/Reflecting

- Writing, sharing, and reflecting can take on many forms, including:
 - reminisce about the past, dreams, feelings, etc.
 - feelings about loneliness
 - feelings about the group
- Topics can be suggested or members can be encouraged to write on any topic of their choosing.
- Writings are shared with the group with common feelings and experiences discussed.
- Discussions on loneliness, friendships, and topics suggested by group members
- For groups for whom writing would be challenging/stressful, the activity can take on the form of a discussion, again around a specific topic for the day or on a topic of their choosing.



Transitioning Activities to Virtual Delivery (Zubatsky et al.,

2020)

Creative Arts and Inspiring Activities

- Visits from or to artists, musicians or poets
- Attend cultural events or art exhibitions
- Groups activities such as singing, baking, dancing or games
- Create an art piece of collage

- Guest speakers via video, use chat box for group feedback.
- Record speakers for playback later.
- Show pictures of trips or unique places one has traveled to
- Create a simple at home project

Group Exercise and Health-Themed Discussion

- Nature Walks
- Strength/Balance Training
- Dancing
- Swimming/Pool Gymnastics
- Yoga/Tai Chi
- Light exercise/Stretching

- Develop an in-home routine of exercises (floor or chair), where facilitator can demonstrate these live
- Share PT/OT recommendations for exercise and strength building through video

Therapeutic Writing and Sharing/Reflecting

- Writing, sharing and reflecting on the past, dreams or other feelings of loneliness
- Bring in their diary or writings from the previous week
- Discussions of loneliness, friendship and other topics

- Create diaries between sessions either written or on computer
- Facilitator shows inspirations quotes or passages via video
- Participants encouraged to blog any experiences in their lives, make interactive use of writing with others.

Lessons from Transition to Virtual Delivery

TECHNOLOGY:

- 1) Review the Tips for Telehealth in the Circle of Friends Training Guide
- 2) Assessment of technology resources and literacy is essential
- 3) One-on-one technology checks and/or training must be completed prior to the first group. This can be combined with the pre-group assessment. Start with phone and transition to zoom during the assessment.
- 4) Online/phone-based groups must be shorter in length to avoid “zoom fatigue”
- 5) Encourage those without internet access to phone in to the groups.



ACTIVITIES: Based on group members' interests and technological situations, consider:

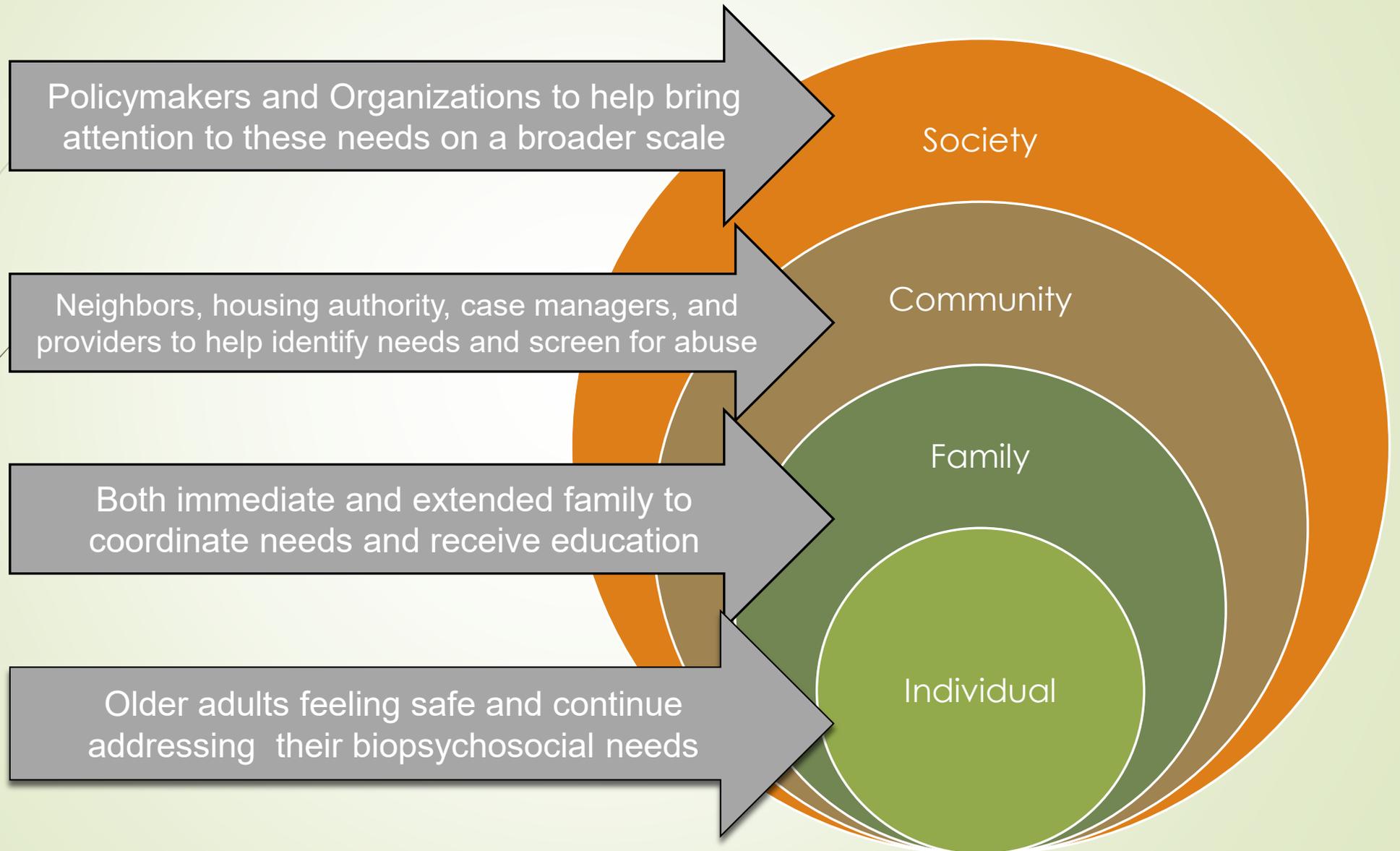
- 1) For online groups, optimize music and/or video resources
- 2) For phone-based groups, optimize audio only
- 3) For sessions that involve engaging in physical activities (making crafts, exercise, food, etc.), ensure that members have the materials and set-up to be able to participate

Case Vignette: The Case of Mrs. B.

- ▶ Mrs. B. is a 82-year-old woman, widowed 6 years earlier. She lives alone in the home she shared with her husband, located in a small town. 2 of her 3 children live out-of-state. Her oldest son lives 20 minutes from her. She has minimal contact with family and friends in recent months. She retired from her clerical job 12 years ago. Mrs. B has few interests that take her out of the house. She states that work and family kept her busy and now she believes she is too old to join clubs or take up hobbies.
- ▶ A recent bout of pneumonia resulted in hospitalization and home health follow-up. A social worker referred Mrs. B. to Circle of Friends® through telehealth. Reluctantly, she agreed but was nervous about how to use the technology. The home health professional only gave Mrs. B the referral number and a packet of information. The CoF team sent additional information to Mrs. B and her son.
- ▶ In preparing for the first session, the team set up a "session 0" with Mrs. B and her son on zoom. The team ensured Mrs. B. felt engaged as the pre-group assessments were completed. The pre-assessment data indicate a high level of loneliness and social isolation and a low-moderate level of depression but Mrs. B. had a passion for gardening.

What engagement strategies would you suggest?

Final Takeaway: We Need an Ecological Approach to Address Loneliness and Isolation



Circle of Friends in Missouri



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ST. LOUIS
HOUSING
AUTHORITY



Saint Louis University

- ▶ Developed virtual CoF groups to help address underserved and isolated populations during the pandemic
- ▶ Resilience Program- Created out of a SLU grant under Dr. Selena Washington that helps address health and social connections for underserved individuals in St. Louis



Memory Assessment,
Cognitive Stimulation
Therapy, Caregiver
Support/Education, &
Circle of Friends® at Saint
Louis University
For More Information:

314-977-9759 or
memoryclinic@health.slu.edu

Details!!

Circle of Friends



Criteria

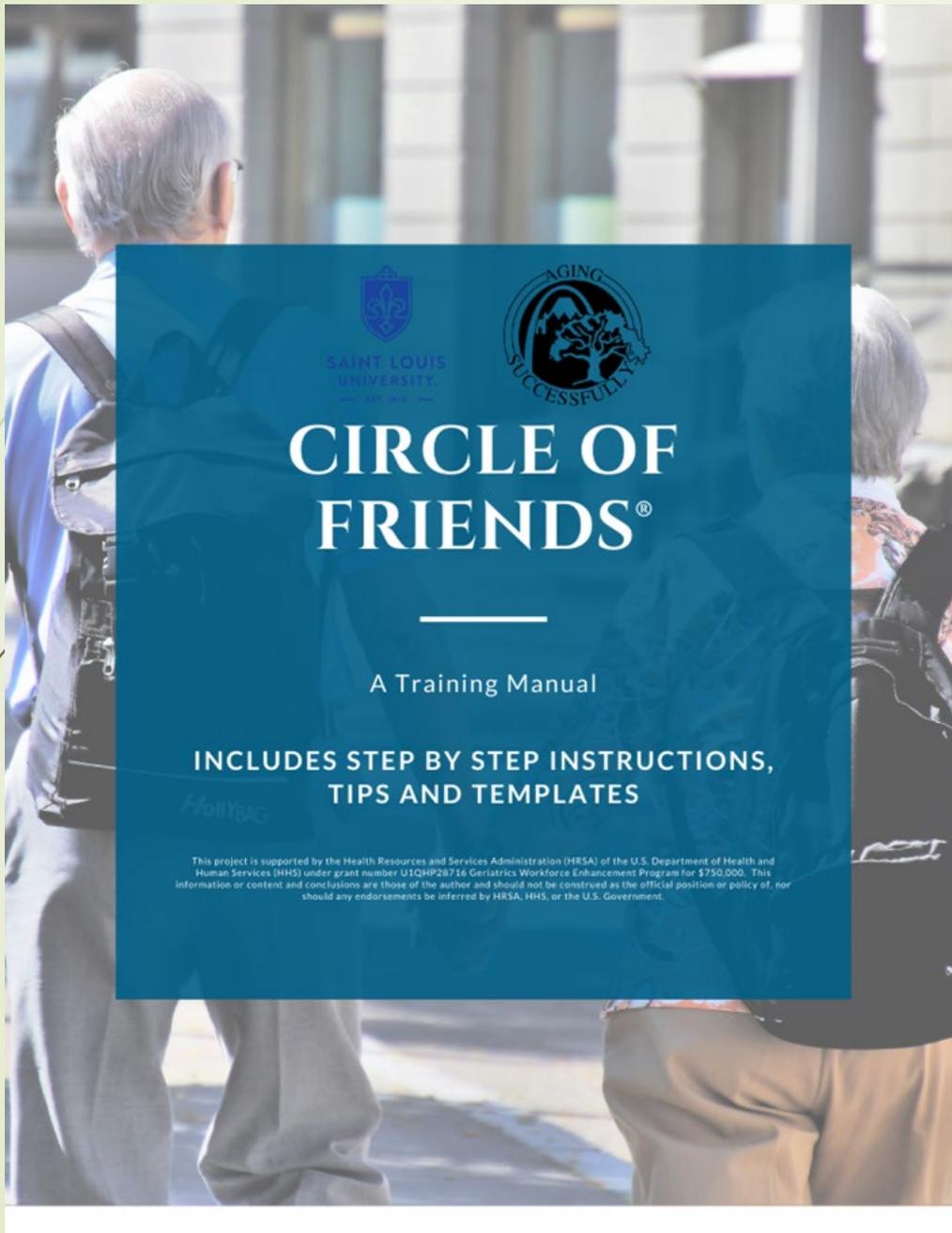
- Older Adults (Age 65 +)
- Experiencing Loneliness/Lack of Social Support
- Has video capability on their phone or computer
- Physically Able to do some light chair exercises

Feeling Lonely or Isolated?

Are you in Need of Support?

Saint Louis University's Center for Counseling and Family Therapy (CCFT) is starting a new group geared towards seniors (Age 65+) in need of more social support and connection in their community. The group will be initially structured on a 12-week, once a week basis, facilitated online with two facilitators. After 12 weeks, the group members will have the option to continue meeting online or have facilitated sessions. Group members are welcome to invite other individuals who may benefit from the group. Call us at 314-977-9759 or email memoryclinic@health.slu.edu for any questions you have.

THESE SESSIONS WILL BE BY VIDEO. THE FACILITATORS WILL PROVIDE YOU WITH INSTRUCTIONS ON HOW TO LOG-ON USING A COMPUTER OR PHONE. WE ARE STILL TAKING GROUP MEMBERS FOR THE 1-2 PM GROUP EVERY MONDAY!!



To receive a copy, email:

marla.bergweger@slu.edu

Received Missouri approval
for Older Americans Act
Title III-D funding for
evidenced-based
programs
July, 2022

Circle of Friends has been selected
by n4A engAGED: The National
Resource Center for Engaging
Older Adults for the

engAGED Social
Engagement
Innovations Hub

(a searchable online database to
facilitate the sharing and
replication of best and promising
social engagement practices)

Resources



- ▶ **Circle of Friends®** (for English, click on translate button in top right hand corner)
 - ▶ http://www.vtkl.fi/fin/toimimme/ystavapiiri_ja_omahoitovalmennus_toiminta/circle_of_friends_1/
 - ▶ Twitter: @JanssonAnu; Finnish Association for the Welfare of Older people @VTKL10
 - ▶ Circle of Friends® is #Ystäväpiiri, and we also use #loneliness and #lääkeyksinäisyteen.
- ▶ **Gateway Geriatric Education Center**
 - ▶ <http://aging.slu.edu>
- ▶ **AARP**: Connect2Affect Self-Assessment: <https://connect2affect.org/>
- ▶ **SAGE**: SAGEConnect, volunteers matched with LGBT older adult for weekly calls: <https://www.sageusa.org/sageconnect/>
- ▶ **Social Networking sites: Stitch**—social networking for people over 50: <https://connect2affect.org/>; **Talk Space**—mobile therapy: www.talkspace.com; **Betterhelp**—online therapy: www.betterhelp.com; **Uniper**—live, interactive, and recorded opportunities to engage: <https://www.unipercare.com/>





Thank You!

For more information:
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