Addressing Loneliness and Social Isolation Through a Circle of Friends©

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AGING SUCCESSFULLY

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Disclosures

Marla Berg-Weger
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- Regional Health Commission

After completing this session, participants will be able to:

- Describe concepts and prevalence of age-related loneliness and social isolation, particularly related to cognitive impairment

- Discuss lessons learned from COVID-19 pandemic

- Implement strategies for Age-Friendly Primary Care Health System integration, to include:
  - Assessment of loneliness and social isolation
  - Intervention strategies (case study)

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Age-Related Loneliness and Social Isolation: Prevalence

"An epidemic in plain sight...."

--Jain Sachen, SCAN Group Health Plan

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What is loneliness? Social isolation?
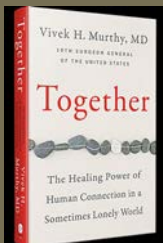
- **Loneliness:**
  - Discrepancy between actual and desired social relationships (Hawkley & Cacioppo, 2010)--differs from living alone, solitude, and social isolation but are inter-related
  - Subjective feelings of a lack of satisfying human relationships (Routasalo & Pitkala, 2003)

- **Social Isolation:**
  - actual number of engagement/social contacts (Routasalo & Pitkala, 2004)

Loneliness and social isolation can overlap, but it is the perceived expectations that an older adult has for the quality of social relationships.

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**
  - ~ ½ 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 be lonely with people but not lonely if you're alone...

What do we know about loneliness in older adults?

- 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)

- **Risk factors** include (Taylor, 2020):
  - Isolated from family and friends; no/few social activities
  - Lives alone
  - Unmarried

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What do we know about social isolation in older adults?

- **Linked to increased risk for dementia** (Crooks et al., 2008; Fratiglioni et al., 2000; Saczynski et al., 2006; 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 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)

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Persistent loneliness is an independent risk factor for increased dementia risk (Framingham study):

Intervention CAN create resilience to dementia risk (Akhter-Khan et al., 2021)
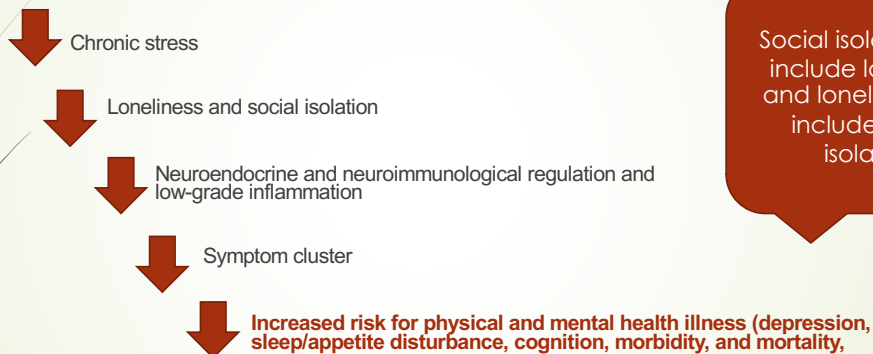
What do we know about loneliness, social isolation, and dementia in older adults?

- Loneliness is associated with:
  - cognitive decline (Boss et al., 2015)
  - acceleration of AD neuropathology (Biddle et al., 2019; d'Oleire et al., 2018; Donovan et al., 2016)
- Increased risk for dementia (Crooks et al., 2008; Fratiglioni et al., 2000; Kuiper et al., 2015; Lara et al., 2019; Saczynski et al., 2006; Stoykova et al., 2011; Wilson et al., 2007)
  - 1.64 times more likely to develop dementia (but not social isolation) (Holwerda et al., 2014)
- Persons with dementia living in the community and LTC facilities are at increased risk for loneliness, social isolation, and physical inactivity (Curelau et al., 2021)

- Higher overall social loneliness (controlling for physical health, social contact, and depression) but not cognitive status, suggesting that social integration should be maintained (Lee et al., 2021)
- Personal contact interventions address loneliness but can be challenging and do not ensure connections—must fit the individual (O'Rourke et al., 2020)

A Word on Loneliness, Social Isolation, and Caregiving for Persons with Dementia

Caregiving-related stress leads to:

Chronic stress

Loneliness and social isolation

Neuroendocrine and neuroimmunological regulation and low-grade inflammation

Symptom cluster

Increased risk for physical and mental health illness (depression, sleep/appetite disturbance, cognition, morbidity, and mortality,

Kovaleva et al., 2020

Social isolation can include loneliness and loneliness can include social isolation

Recent Updates on Loneliness

"During my years caring for patients, the most common pathology I saw was not heart disease or diabetes; it was loneliness."

– Dr. Vivek Murthy
Surgeon General of the United States, 2014-2017

hbr.org/loneliness

- **Loneliness during COVID-19: Preliminary data on 1,000 US adults (Killgore et al., 2020):**
  - 65% of those living with restrictions (e.g., stay-at-home etc) report high levels of loneliness compared to 48% not living with restrictions
  - No differences based on age, gender, or employment status
  - Correlations to depression and suicidal ideation
  - Researchers continuing to collect data on a monthly basis
- **Loneliness during Lockdowns (Bu et al., 2021):**
  - No difference in pre-COVID risk factors (i.e., being a young adult, female, low income, unemployed, live alone, and urban)
  - Take-away: target interventions at those already at high risk
- **COVID increased Loneliness**
  - Safety precautions heightened loneliness (Heidinger & Richter, 2020):

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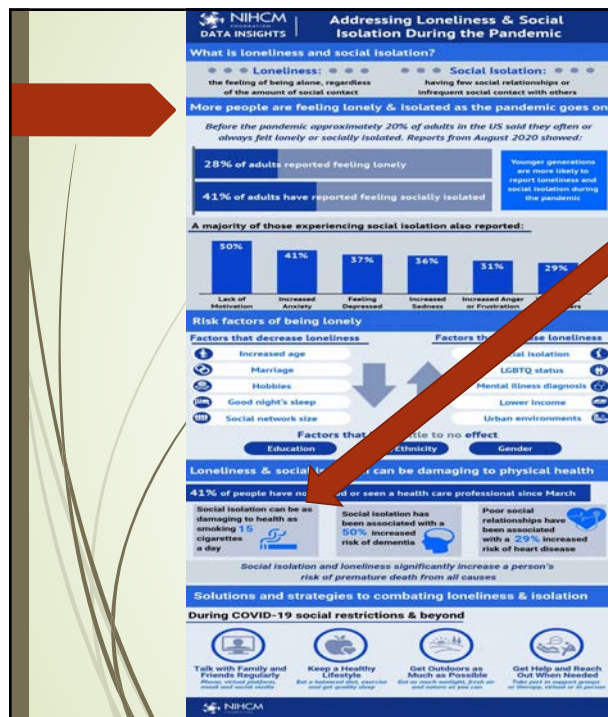
The physical impact of social isolation is equivalent to smoking 15 cigarettes/day

National Institute for Health Care Management (2020). Infographic available at:

https://nihcm.org/publications/addressing-loneliness-social-isolation-during-the-pandemic

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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 to health than obesity** (HRSA, 2019)

Increased Mental Health Challenges
- Stress and depression (Courten & Knapp, 2015)
- Impaired cognition (Fragliglioni 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)

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"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

Loneliness inflames brain's white blood cells

Feeling irritable, suspicious, negative, fearful

Brain mis-reads social signals

People becomes threats

Reality becomes distorted

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Lessons from COVID-19

"It's bigger than the physician."
Tim Carpenter, EngAGE

Predictors of Loneliness

Living in residential care can make one at high risk for loneliness
(Theurer et al., 2014)

- Predictive factors:
    - Living in rural area—being left behind when others migrate
    - Poor functional status, particularly in IADLs and cognitive impairment
    - Being unmarried (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**

*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)

What have we learned from COVID-19?

Social Health
- Relationships are important and we need to stay connected
- Need to plan for illness (including ACP), resources, and connections
- Pay attention to needs and feelings
- Engage in meaningful, stimulating activities

Physical Health
- Eat healthy
- Exercise
- Get regular and adequate sleep
- See your health care provider

Technology
- Not everyone has access to and/or technology literacy
- No need to be tech-savvy to stay connected
- Set boundaries on news and social media ("news diet") and only go to trusted sources

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

2020: AARP; Logan & Wexler; Rodriguez-Manas et al., Van Orden, WHO & World Economic Forum

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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

Primary care 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.

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Slide 19

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

Slide 20

And…recognize that the fear and anxiety about the coming months and re-entry are real for many older adults

Strategies for a post-pandemic world can include:

O'Neill, 2020

Be patient

- We are learning new ways to function
- "By re-setting what we value, we find a new appreciation for what we no longer need and what helps us cope" (C. Mulder, Menninger Clinic)

Acknowledge that anxiety is a normal reaction to the situation

- Consider graduated re-entry (outdoor mall vs. indoor mall)
- Establish boundaries for re-entry

Assess comfort level and stress by asking:

- What from isolation do I want to continue?
- How do I balance home and social time?
- What can I do to balance my calendar to prevent anxiety?
- What am I going to do to take care of myself?

Revisit your re-entry plans regularly and frequently by:

- Practicing cleanliness routine
- Gauge social comfort level
- Check in with yourself

Strategies for Age-Friendly Primary Care Health System Integration

- **Assessment of loneliness and social isolation**
- **Intervention strategies**
- **Case study**

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Assessment of Loneliness and Social Isolation in an Age-Friendly Primary Care Setting

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

--Loneliness in the Modern Age…Stephanie Cacioppo, PhD

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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, 200 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)

We know that loneliness & social isolation are underassessed

"4M" Strategies to Assess Loneliness and Social Isolation

Assessment Tools
- 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

4M Addressed
- Standardized measures:
  - Mentation
  - What Matters
  - What Matters
  - Mobility and Medications
- Qualitative and Open-ended questions:
  - Mentation
  - What Matters

Comprehensive Assessment

- **Cognition**
  - **Rapid Cognitive Screen** (MalmstromTK, 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 Inern 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.

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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?"
"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?

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"Social isolation is a micro-level consequence of macro-level social forces"
Sandra Edmonds Crewe, 2020

Loneliness and Social Isolation: Age-Friendly Interventions

One size does not fit all….

Interventions to Address to Loneliness & Social Isolation
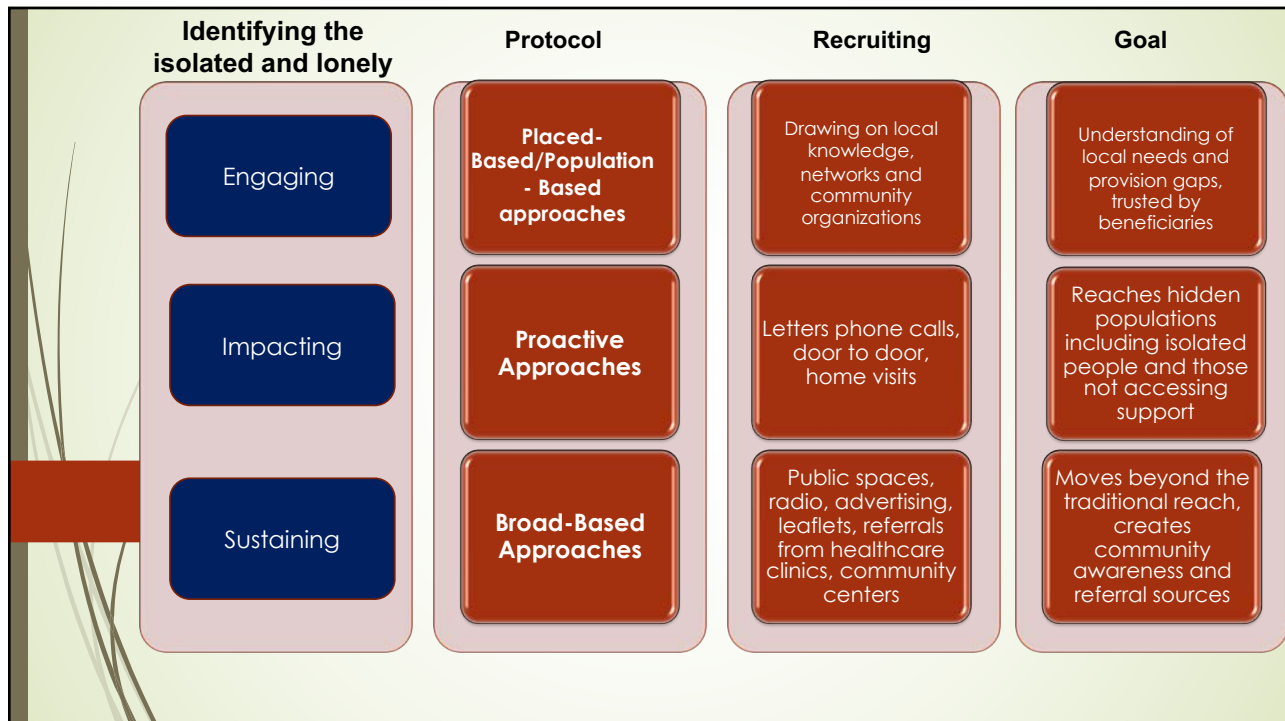

- Early interventions showed some promising results reported, but drop out rates were high (Andersson, 1985)
  - Often, the focus did not include health, health care utilization, or mortality (Wikstrom, 2002)
- Effective interventions include:
  - Physical activity/exercise
  - Cognitive stimulation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

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)

Identifying the isolated and lonely	Protocol	Recruiting	Goal
Engaging	Placed-Based/Population - Based approaches	Drawing on local knowledge, networks and community organizations	Understanding of local needs and provision gaps, trusted by beneficiaries
Impacting	Proactive Approaches	Letters phone calls, door to door, home visits	Reaches hidden populations including isolated people and those not accessing support
Sustaining	Broad-Based Approaches	Public spaces, radio, advertising, leaflets, referrals from healthcare clinics, community centers	Moves beyond the traditional reach, creates community awareness and referral sources

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Strategies to Consider for Group Interventions

- Interview participants before the group to assess and 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)

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Friendship Benches

Alternative to traditional clinician-provided therapy:

- Bench is placed outside PCP clinics
- Staffed by lay-trained health workers ("grandmother health providers")
- Staff complete structured psychosocial assessments
- Six, 30-45 minute sessions use a problem-solving approach focus:
  - Problem identification and exploration
  - Development of action plan
  - Implementation of action plan, and follow-up (referrals, etc)
- Results:
  - Decreased depression scores
  - Accessibility, patient-focused flexible approach
  - Support structure
  - Immediate service for low-income persons—40,000 treated annually
  - Low-cost intervention

Abas et al., 2016; Chibanda et al., 2015; Website and manual: https://www.friendshipbenchzimbabwe.org/

Check out Dixon Chibanda's talks at:
https://www.youtube.com/watch?v=Cprp_EjVtwA&t=4s
(Ted Talk)
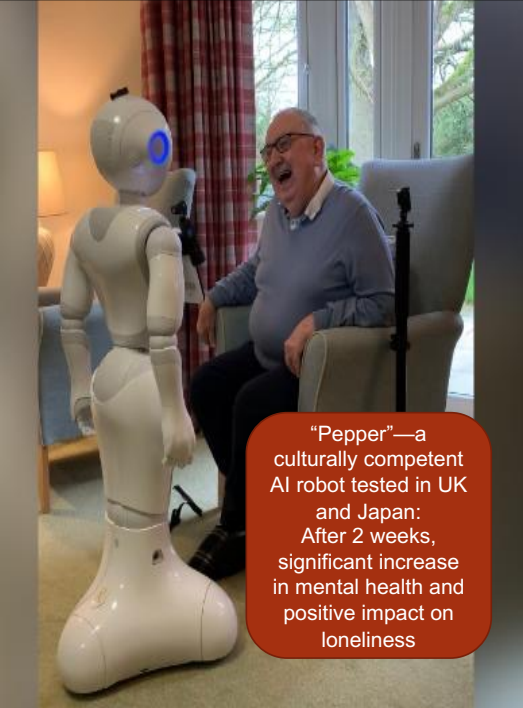https://www.youtube.com/watch?v=XWBuPf-eTZc

Chat Benches (UK)

- UK created a Ministry of Loneliness to explore business-government partnerships to decrease loneliness (Myers & Palmarini, 2017)
- In recognition of the UN World Elder Abuse Awareness Day 2019, UK police departments launched the "Chat Bench" program in city parks
  - (17% of older adults speak with family, friends, and/or neighbors <once/week, placing
  - them at risk for crimes, fraud, and on-line scams)

- Residents are invited to visit the benches and engage with others.

THE 'HAPPY TO CHAT' BENCH
SIT HERE IF YOU DON'T MIND SOMEONE STOPPING TO SAY HELLO

Befriending Services

- "A relationship between two or more individuals which is initiated, supported, and monitored by an agency that has defined one or more parties as likely to benefit" (Joseph Rowentree Foundation, 1998)
- Delivered in-person/phone, befriending:
  - decreases loneliness (Cattan et al., 2011; Gardiner & Barnes, 2016; Poscia et al., 2017)
  - Decreases social isolation by creating regular, reliable contact, shows that someone cares for them, brings news, and can evolve into reciprocal friendship
  - Benefits the volunteer (Wiles et al., 2019)
- **Using Technology** (Savage, 2020):
  - Voice-activated smart speakers give sense of control
  - Virtual care assistants
  - Interactive photo sharing
  - Websites that match older adults with others (e.g., runners, cooks)

"Pepper"—a culturally competent AI robot tested in UK and Japan:
After 2 weeks, significant increase in mental health and positive impact on loneliness

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Co-Living Arrangements

- Addresses loneliness, social isolation, and affordable access to housing
- Reasons cited for choosing co-housing
  - Cannot or choose not to live alone due to health and/or financial reasons
  - Fear of loneliness and lack of social engagement
  - Seeks intentional community, emotional and practical support, shared values and interests

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Co-Housing Approaches

- Intergenerational co-living with older adults and young adults (often college students)
- Groups of older adults living together
- Similarities—"village" environment, shared communal space, formal and informal activities, resident management, and time commitment
- Differences
  - Resident-owned—most require significant buy-in
  - Rental (e.g., Thistledown Co-Living (New Holland, PA)—older adults share kitchen, dining and living room and laundry areas; sliding scale—residents pay 30% of their income
- Benefits
  - Social interaction, friendship, support, growth and development
- Challenges/Barriers
  - Time commitment, expenses, self-governance, and conflict

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Circle of Friends©

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

--Pitkäla et al., 2009

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Circle of Friends®:

- 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)

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Evidence for Circle of Friends®

- Founders have trained 750+ facilitators and engaged 10,000+ older adults (Jansson et al., 2017). Outcomes from multiple studies show that Circle of Friends® participation includes:

- Randomized control trial of 235 older adults 75+ years at 2 years post-intervention (Pitkala 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

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

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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

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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 Public Housing CoF groups

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Mechanisms for Positive Change

Psychosocial Group Rehabilitation

Feeling of loneliness

"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)

Mastery
Self-awareness
Feeling outsider
Feeling unneeded
Negative feelings

Social isolation

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

Routasala et al., 2008

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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

Photos from AADD and CHIPS/St. Louis Public Housing CoF

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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

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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
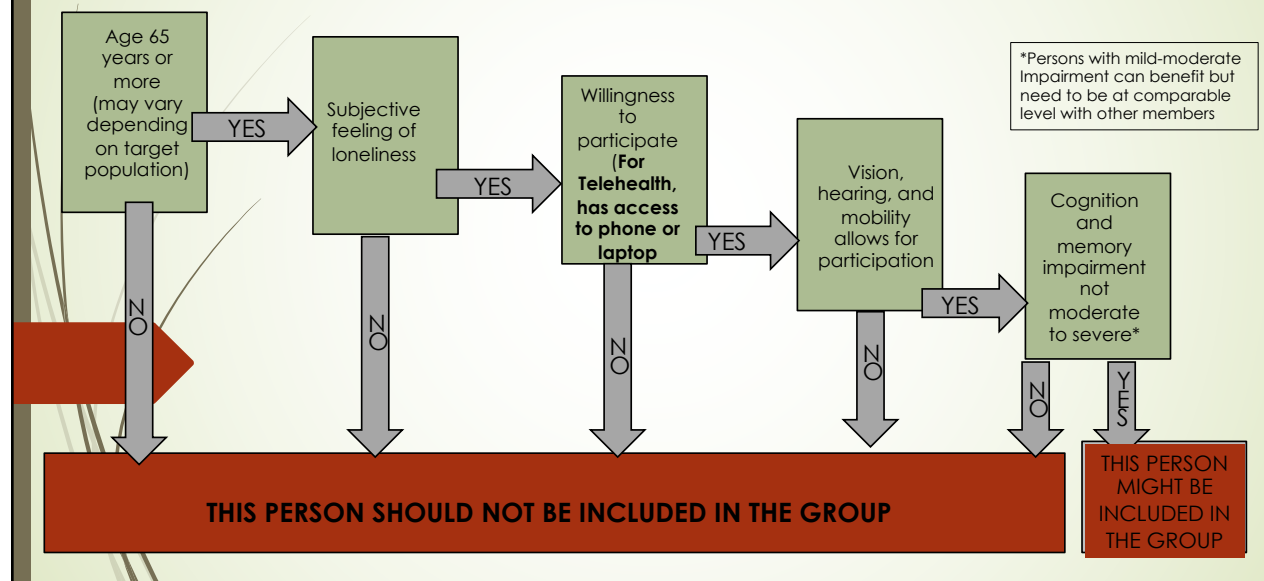

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Therapeutic Writing with Sharing/Reflecting

- Writing, sharing, and reflecting can take on my 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.

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Who is appropriate for Circle of Friends®?

Age 65 years or more (may vary depending on target population) — YES → Subjective feeling of loneliness — YES → Willingness to participate (**For Telehealth, has access to phone or laptop**) — YES → Vision, hearing, and mobility allows for participation — YES → Cognition and memory impairment not moderate to severe*

*Persons with mild-moderate Impairment can benefit but need to be at comparable level with other members

NO (from each box) → **THIS PERSON SHOULD NOT BE INCLUDED IN THE GROUP**

Cognition and memory impairment not moderate to severe* — NO → THIS PERSON SHOULD NOT BE INCLUDED IN THE GROUP / YES → THIS PERSON MIGHT BE INCLUDED IN THE GROUP

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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

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!!

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

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Managing Groups via Telehealth

Common issues that occur

1. It is very difficult to get some members to come to sessions because of technology. But once they are in the group, they really seem to enjoy it. What could you do to encourage them to continue attending?

2. Often you will have one or two members who will take over and repeat the same lengthy stories repeatedly. Other members notice and are becoming bored. How can you manage this?

3. Members may be displaying symptoms of clinical depression and/or anxiety. What can you do to support them remotely?

4. How do you handle those who want to attend but may not have a camera on their phone or computer to watch live?

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Telehealth Case Vignette

- Mrs. B. is a 82-year-old woman who was widowed for 6 years earlier. She lives alone in the home she shared with her husband. 2 of her 3 children live out-of-state, where her oldest son lives 20 minutes from her. She has minimal contact with family and friends in recent months. She retired from her federal civil service job 12 years earlier. 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 home health social worker referred Mrs. B. to Circle of Friends® through telehealth. Reluctantly, she agreed but was very nervous about how to use the technology. The home health professional only gave Mrs. B the referral number and a packet of information.

- In preparing for the first session, Mrs. B was walked through the steps on her smart phone of how to bring up Zoom. She had some troubles logging on, in addition to her Wifi being down in her apartment. She had to downgrade last year to a lower-grade wifi connection. Her son came over to her place halfway through the CoF session to help her get onto the session on her phone. The son was frustrated, having to take time out of work to drive over to get her connected. He told the facilitators he won't be able to do this every time they have a session.

How would you continue to work and support Mrs. B through the telehealth CoF?

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How can we address loneliness and 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*

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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)

	Emphasize interventions that provide support, lifestyle adaptation, physical activity, nutrition, balanced social media, health education, treatment, and accurate information (Rodriguez-Mañas 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)*

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Takeaways

Do not forget about loneliness and social isolation when pandemic is over → Society

Know and refer (or create if needed) community resources → Community

Assess for loneliness & social isolation and intervene → Provider

Older adults feeling safe and continue addressing their biopsychosocial needs → Individual
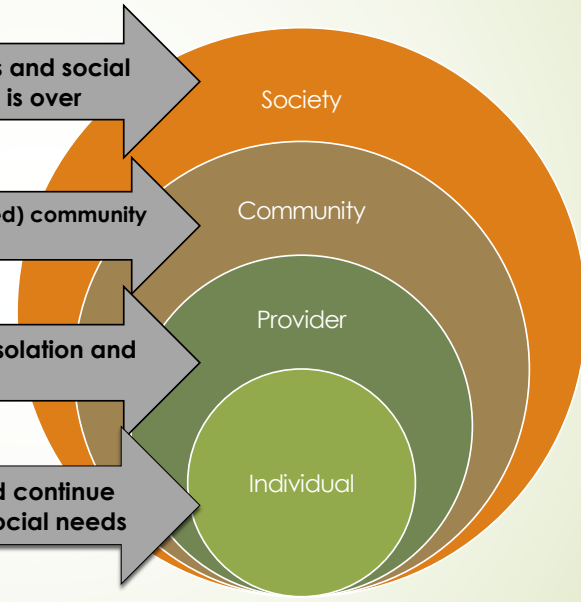
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Resources

- **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 #lääkeyksinäisyyteen.
- **Gateway Geriatric Education Center**
  - 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/

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*Full reference list available upon request

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Thank You!

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