

Addressing Loneliness and Social Isolation Through a Circle of Friends©

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Disclosures

Marla Berg-Weger

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Objectives

After completing this session, participants will be able to:

- Describe concepts and prevalence of age-related loneliness and social isolation
- 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)

Age-Related Loneliness and Social Isolation: Prevalence

"An epidemic in plain sight...."

--Jain Sachin, SCAN Group Health Plan

What is loneliness? Social isolation?

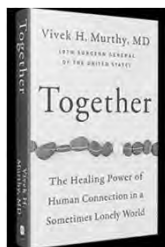
■ Loneliness:

- Discrepancy between actual and desired social relationships (Hawkey & 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)
- **Under-assessed** by healthcare providers
- 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

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)

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

Predictors of Loneliness

- 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

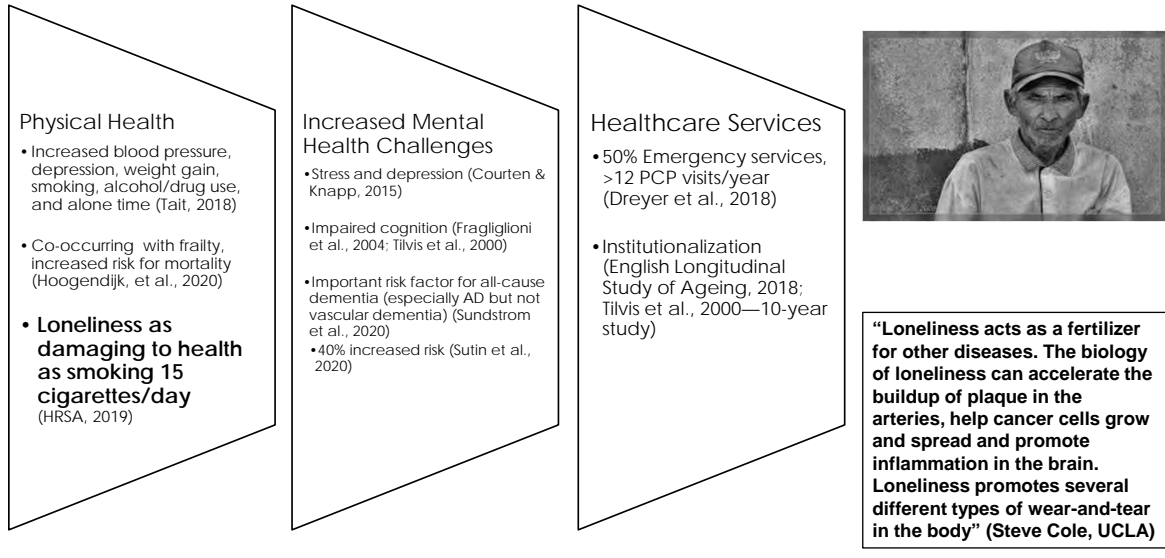
((AARP, 2012; 2018; Routasalo et al., 2006; Savikko et al., 2005); Cohen-Mansfield et al., 2016; Jakobsson & Hallberg, 2005)

Recent Updates on 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):
- Be aware of “**caution fatigue**”—a sense of weariness that comes from fear, anxiety, and taking safety precautions. No studies to date, but clinical wisdom tells us that people isolate themselves out of fear of contracting/spreading COVID-19.

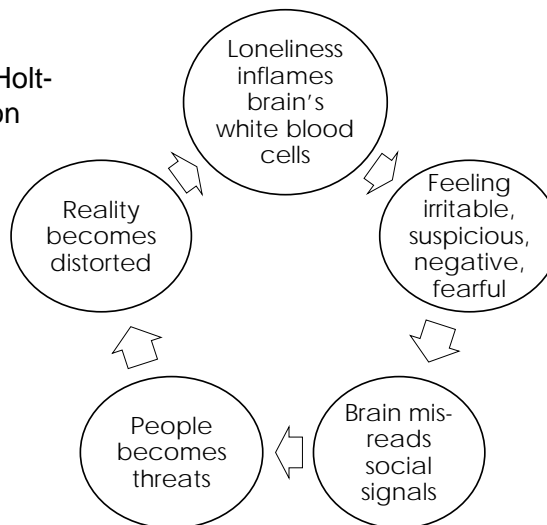
Loneliness impacts older adults in these ways:

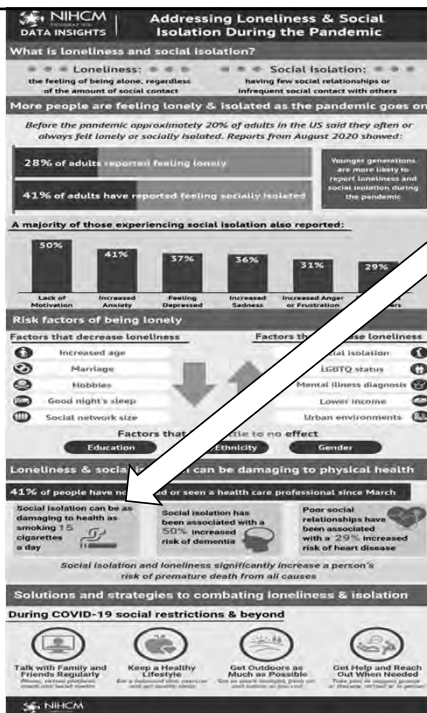


“Is it loneliness specifically, or is it people becoming more socially disconnected?” (Holt-Lunstad)

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

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

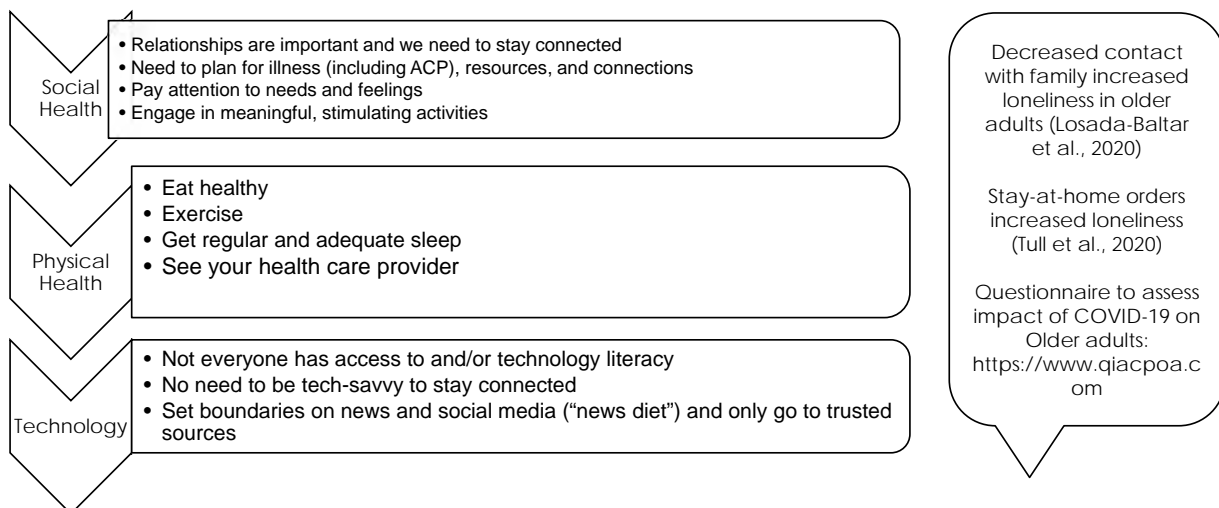
<https://nihcm.org/publications/addressing-loneliness-social-isolation-during-the-pandemic>

Lessons from COVID-19

"It's bigger than the physician."

Tim Carpenter, EngAGE

What have we learned from COVID-19?



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

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.*

<div data-bbox="212 275 561 428"> <p>Just ask the older adult: What do you want? What do you need? What are you ready for?</p> </div> <div data-bbox="175 562 289 621"> </div> <div data-bbox="305 562 433 609"> <p>And...</p> </div>	<ul style="list-style-type: none"> ■ 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: <ul style="list-style-type: none"> ■ 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 <ul style="list-style-type: none"> ■ 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 <p>Coyle, 2020; Taylor, 2020</p>
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<div data-bbox="175 1478 289 1537"> </div> <div data-bbox="289 1289 534 1524"> <p>And...recognize that the fear and anxiety about the coming months and re-entry are real for many older adults</p> </div> <div data-bbox="289 1554 508 1688"> <p>Strategies for a post-pandemic world can include:</p> </div> <div data-bbox="289 1715 399 1740"> <p>O'Neill, 2020</p> </div>	<p>Be patient</p> <ul style="list-style-type: none"> • 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) <p>Acknowledge that anxiety is a normal reaction to the situation</p> <ul style="list-style-type: none"> • Consider graduated re-entry (outdoor mall vs. indoor mall) • Establish boundaries for re-entry <p>Assess comfort level and stress by asking:</p> <ul style="list-style-type: none"> • 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? <p>Revisit your re-entry plans regularly and frequently by:</p> <ul style="list-style-type: none"> • Practicing cleanliness routine • Gauge social comfort level • Check in with yourself
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Strategies for Age-Friendly Primary Care Health System Integration

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

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

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, 2006; 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)

“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** (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.

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?

Rapid Cognitive Screen (RCS)

Scoring:

- 8-10: Normal cognition
- 6-7: Mild Cognitive Impairment
- 0-5: Dementia

Figure 1. Rapid Cognitive Screen (RCS). Page 1.

Name _____ Age _____

Is the patient alert? _____ Level of education _____

1. Please remember these five objects. I will ask you what they are later.
[Read each object to patient using approximately 1 second intervals.]

Apple Pen Tie House Car

Please repeat the objects for me. [If patient does not repeat all 5 objects correctly, repeat until all objects are recalled correctly or up to a maximum of 2 times.]

2. [Give patient pencil and the blank sheet with clock face.]
This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

_____/2 (points) Hour markers okay
_____/2 (points) Time correct

[When scoring, give full credit for all 12 numbers. If the patient puts only ticks on the circle, prompt them once to put numbers next to those ticks for full credit. Do not repeat the time. When scoring the correct time, make sure that the minute hand points at the 10 and the hour hand points at the 11.]

3. What were the five objects I asked you to remember?

_____/1 (point) Apple
_____/1 (point) Pen
_____/1 (point) Tie
_____/1 (point) House
_____/1 (point) Car

4. I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.

Bill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

What state did she live in?

_____/1 (point) Illinois

[Do not repeat the story but do make sure the patient is paying attention the first time you read it to them. Do not prompt or give hints. The answer of "Chicago" as the state she lives in gets no credit but you may prompt them once by repeating the question when "Chicago" is given as the answer.]

Total Score [0-10 points]

SCORING	
8-10	Normal
6-7	Mild Cognitive Impairment
0-5	Dementia

CLINICIAN'S SIGNATURE _____ DATE _____ TIME _____

PHQ-2

Scoring:

- > 2 Depression*
- *Consider completing the PHQ-9

NIDA Clinical Trials Network Patient Health Questionnaire-2 (PHQ-2) Developed by Drs. R.L. Spitzer, J.B. Williams, K. Kroenke and colleagues with an educational grant from Pfizer, Inc. No permission required to reproduce, translate, display or distribute.

Instructions: Please respond to each question.

Over the last 2 weeks, how often have you been bothered by any of the following problems? Give answers as 0 to 3, using this scale:

0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day

1. Little interest or pleasure in doing things

____ 0 ____ 1 ____ 2 ____ 3

2. Feeling down, depressed, or hopeless

____ 0 ____ 1 ____ 2 ____ 3

Instructions

Clinic personnel will follow standard scoring to calculate score based on responses.

Total score: __

PHQ-9

Scoring:

- 1-4 Minimal Depression
- 5-9 Mild Depression
- 10-14 Moderate Depression
- 15-19 Moderately Severe Depression
- 20-27 Severe Depression

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself...or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns: _____ + _____ + _____ = _____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card)

TOTAL: _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	_____
Somewhat difficult	_____
Very difficult	_____
Extremely difficult	_____

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Generalized Anxiety Scale

Scoring:

- 5-9: Mild

(Monitor)

- 10-14: Moderate

(Possible clinically significant condition)

- >15: Severe

(Active treatment warranted)

Over the last 2 weeks, how often have you been bothered by:

Not at all sure /Several days /Over ½ the days/Nearly every day

- | | | | | |
|--|---|---|---|---|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it's hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

Add the score for each column + + +

Total Score (add your column scores) =

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

Lubben Social Support Scale

LUBBEN SOCIAL NETWORK SCALE—6-Item Version.

LSNS-6

Scoring:

The LSNS-6 total score is an equally weighted sum of these six items. Each LSNS-6 question is scored from 0 to 5 and the total score ranges from 0 to 30.

The answers are scored:

- none = 0
- one = 1
- two = 2
- three or four = 3
- five thru eight = 4
- nine or more = 5

A score of 12 and lower delineates “at-risk” for social isolation.

FAMILY: Considering the people to whom you are related either by birth or marriage ...

1. How many relatives do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

2. How many relatives do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

3. How many relatives do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood

4. How many of your friends do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

5. How many friends do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

6. How many friends do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

LSNS-6 total score is an equally weighted sum of these six items. Scores range from 0 to 30.

UCLA Loneliness Scale (Revised)

Scoring:

Items 1,5,6,9,10, 15,16,19, & 20 are to be reversed scored (1=4; 2=3, 3=2, 4=1)

Total Scores

Higher scores indicate loneliness

Validated on younger and older adults

Directions: Indicate how often you feel the way described in each of the following statements. Circle one number for each. Never Rarely Sometimes Often

1. I feel in tune with the people around me.	1	2	3	4
2. I lack companionship.	1	2	3	4
3. There is no one I can turn to.	1	2	3	4
4. I do not feel alone.	1	2	3	4
5. I feel part of a group of friends.	1	2	3	4
6. I have a lot in common with the people around me.	1	2	3	4
7. I am no longer close to anyone.	1	2	3	4
8. My interests and ideas are not shared by those around me.	1	2	3	4
9. I am an outgoing person.	1	2	3	4
10. There are people I feel close to.	1	2	3	4
11. I feel left out.	1	2	3	4
12. My social relationships are superficial.	1	2	3	4
13. No one really knows me well.	1	2	3	4
14. I feel isolated from others.	1	2	3	4
15. I can find companionship when I want it.	1	2	3	4
16. There are people who really understand me.	1	2	3	4
17. I am unhappy being so withdrawn.	1	2	3	4
18. People are around me but not with me.	1	2	3	4
19. There are people I can talk to.	1	2	3	4
20. There are people I can turn to.	1	2	3	4

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 **Attractive** 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 Connectedness Scale (Revised)

Directions:

Rate the degree to which you agree or disagree with each statement using the following scale (1 = Strongly Disagree; 6 = Strongly Agree). There is no right or wrong answer. Do not spend too much time with any one statement and do not leave any unanswered

Scoring:

Negative worded items are reverse scored and summed together with the positive worded items for a score 20-120. Higher scores show stronger sense of social connectedness.

Lee et al., 2001

Strongly Disagree	Disagree	Mildly Agree	Mildly Disagree	Agree	Strongly Agree
1	2	3	4	5	6
1. I feel comfortable in the presence of strangers					1 2 3 4 5 6
2. I am in tune with the world					1 2 3 4 5 6
3. * Even among my friends, there is no sense of brother/sisterhood					1 2 3 4 5 6
4. I fit in well in new situations					1 2 3 4 5 6
5. I feel close to people					1 2 3 4 5 6
6. I feel disconnected from the world around me					1 2 3 4 5 6
7. Even around people I know, I don't feel that I really belong					1 2 3 4 5 6
8. I see people as friendly and approachable					1 2 3 4 5 6
9. I feel like an outsider					1 2 3 4 5 6
10. I feel understood by the people I know					1 2 3 4 5 6
11. I feel distant from people					1 2 3 4 5 6
12. I am able to relate to my peers					1 2 3 4 5 6
13. I have little sense of togetherness with peers					1 2 3 4 5 6
14. I find myself actively involved in people's lives					1 2 3 4 5 6
15. I catch myself losing a sense of connectedness with society					1 2 3 4 5 6
16. I am able to connect with other people					1 2 3 4 5 6
17. I see myself as a loner					1 2 3 4 5 6
18. I don't feel related to most people					1 2 3 4 5 6
19. My friends feel like family					1 2 3 4 5 6
20. I don't feel I participate with anyone or any group					1 2 3 4 5 6

SARC-F (muscle weakness) SARC-F Screen for Sarcopenia (Loss of Muscle)

■ Scoring:

- Score of 4 indicates sarcopenia

Component	Question
Strength	How much difficulty do you have in lifting and carrying 10 pounds?
Scoring: None = 0	Some = 1 A lot or unable = 2
Assistance in	How much difficulty do you have Walking walking across a room?
Scoring: None = 0	Some = 1 A lot, use aids or unable = 2
Rise from a	How much difficulty do you have Chair transferring from a chair or bed?
Scoring: None = 0	Some = 1 A lot or unable without help = 2
Climb stairs	How much difficulty do you have climbing a flight of ten stairs?
Scoring: None = 0	Some = 1 A lot or unable = 2
Falls	How many times have you fallen in the last year?
Scoring: None = 0	1-3 Falls = 1 4 or more falls = 2

Total score of 4 or more indicates Sarcopenia

From Malmstrom TK, Morley JE. J Frailty and Aging 2013;2:55-6.

"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....

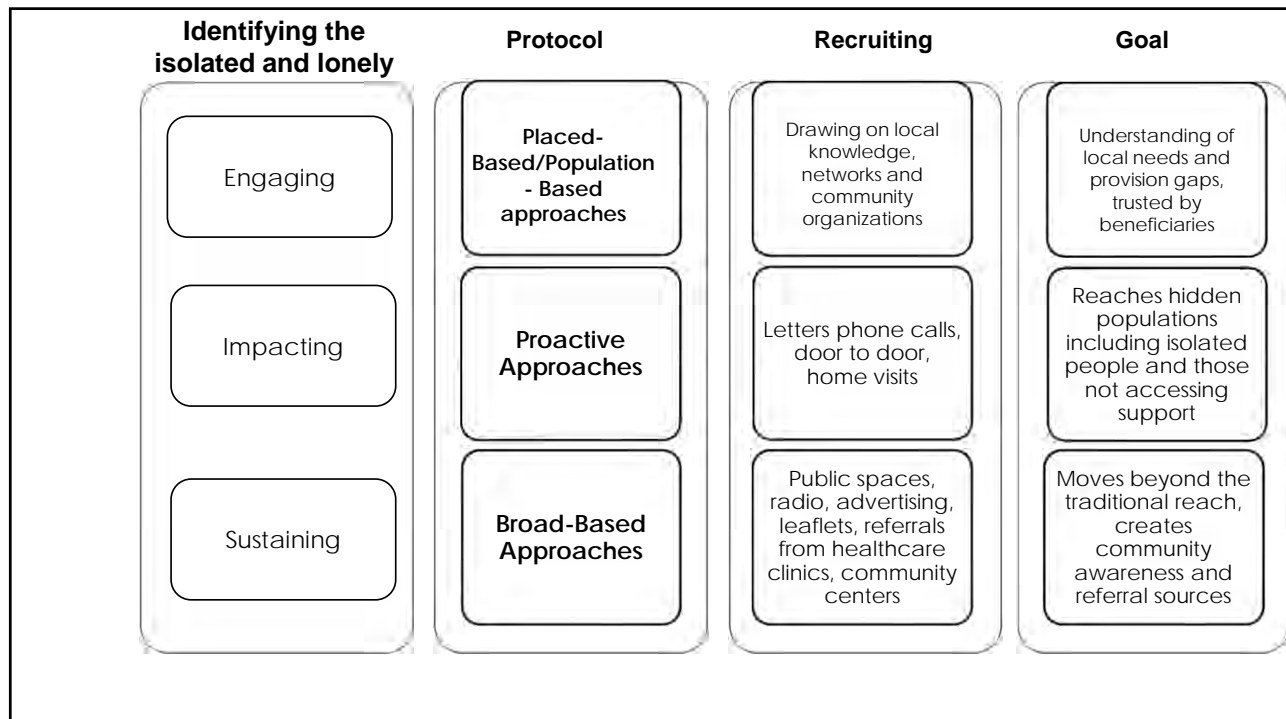
Interventions to Address to Loneliness & Social Isolation

- 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)



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)

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



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=XWBUf-eTZc>

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

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.



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 Rowntree 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

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



Co-Housing Approaches

Check out book on co-housing Cummings & Kropf: A New Way Forward for Active Older Adult, 2019, (Springer Publishing)

- 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



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®:

- 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®



- 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

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

EDUCATIONAL GERONTOLOGY
https://doi.org/10.1080/03601277.2017.1308885

Routledge
Taylor & Francis Group

Check for updates

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

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^aDepartment of General Practice and Helsinki University Hospital, University of Helsinki, Unit of Primary Health Care, Helsinki, Finland; ^bYITL - The Finnish Association for the Welfare of Older People, Helsinki, Finland

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

J. of Holistic Int. at 23:55 11 January 2018

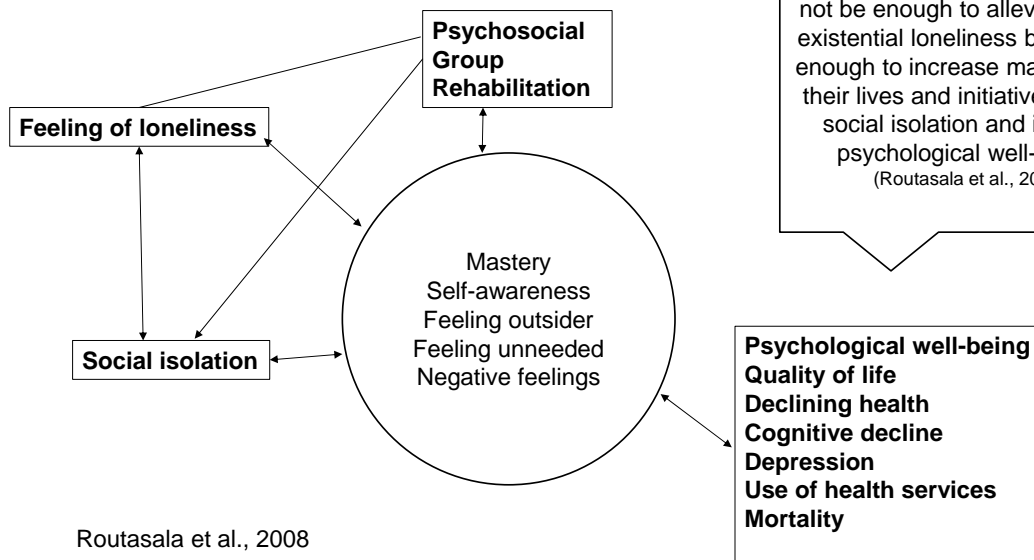
Why does Circle of Friends Work?

- 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 & Hawkey, 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

Mechanisms for Positive Change



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



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

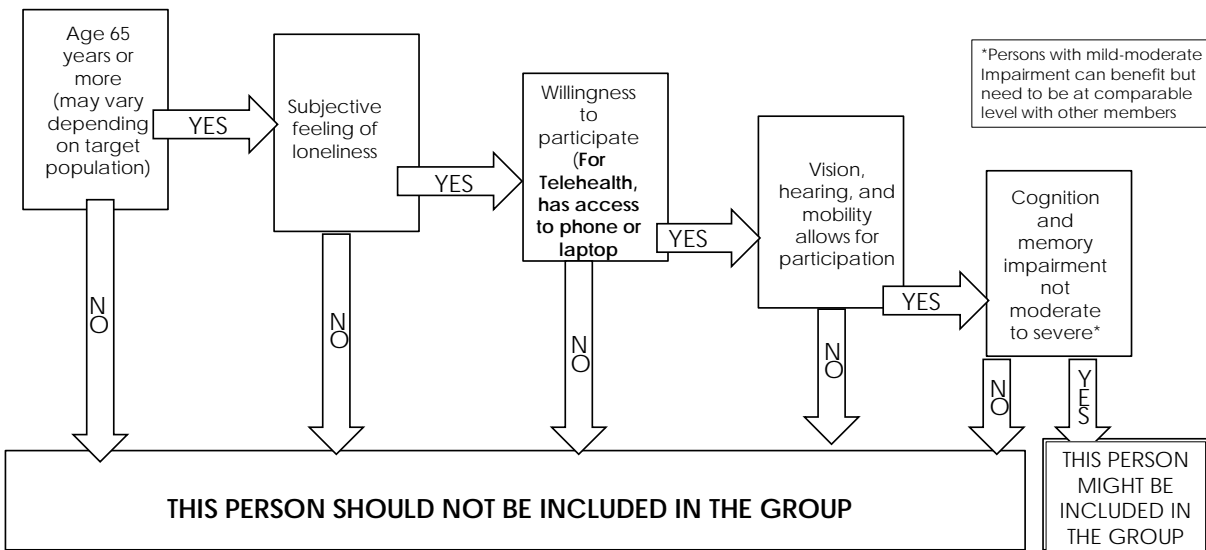


Therapeutic Writing with Sharing/Reflecting

- 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.



Who is appropriate for Circle of Friends®?



**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?

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

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!!

Managing Groups via Telehealth

Examples for discussion of 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?

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 hep 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?

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*

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

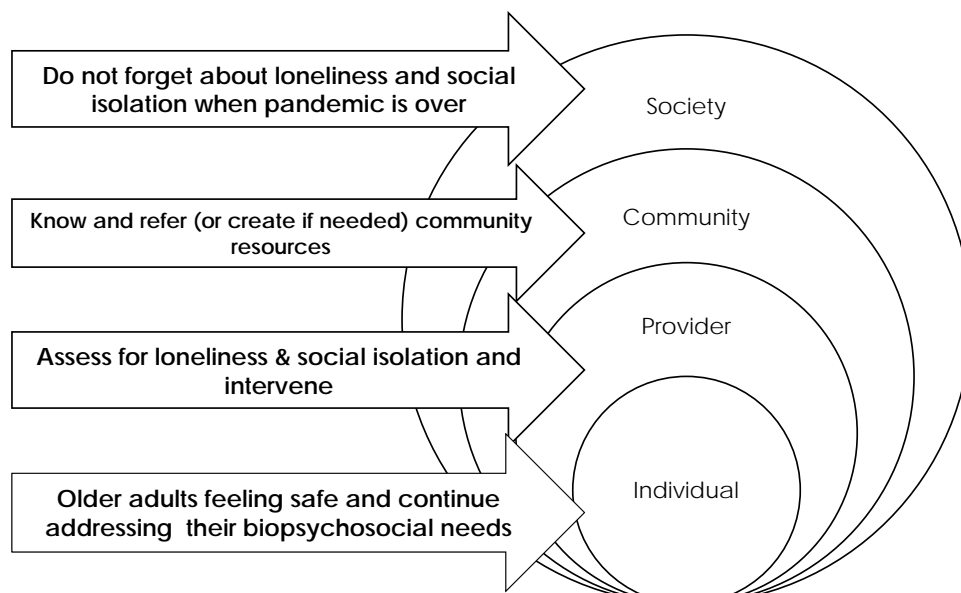
Emphasize interventions that provide support, lifestyle adaptation, physical activity, nutrition, balanced social media, health education, treatment, and accurate information (Rodríguez-Mañas et al., 2020)

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*)

Takeaways



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/>

<div>  *References— Group Facilitation </div> <div> *Full reference list available upon request </div>	<ul style="list-style-type: none"> ■ Lactone, M., Kautiainen, H., Holtta, E., Savikko, N., Tilvis, R.S., Strandberg, T.E., & Pitkala, K.H. (2016). Effects of Self-Management Groups for People with Dementia and Their Spouses—Randomized Controlled Trial. <i>Journal of American Geriatrics Society</i>, 64, 752-760. ■ Pitkala, K.H., Routasalo, P. Kautiainen, H., & Tilvis, R.S. (2009). Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: A randomized controlled trial. <i>Journal of Gerontology</i>, 64A(7), 792-800. ■ Pitkala, K.H., Routasalo, P., Kautiainen, H., et al. (2011). Effects of socially stimulating group intervention on lonely, older people's cognition: A randomized, controlled trial. <i>American Journal of Geriatric Psychiatry</i>, 19, 654-663. ■ Routasalo, P.E., Savikko, N., Tilvis, R.S., & Strandberg, T.E. (2006). Social contacts and their relationship to loneliness among aged people—a population-based study. <i>Gerontology</i>, 52, 181-187. ■ Routasalo, P.E. Tilvis, R.S. Kautiainen, H., & Pitkala, K.H. (2008). Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: Randomized controlled trial. <i>Journal of Advanced Nursing</i>, 65(2), 297-305. ■ Savikko, N., Routasalo, P., Tilvis, R., & Pitkala, K. (2009). Psychosocial group rehabilitation for lonely older people: Favourable processes and mediating factors of the intervention leading to alleviated loneliness. <i>International Journal of Older People Nursing</i>, 5, 16-24. ■ Savikko, N., Routasalo, P., Tilvis, R., Strandberg, T.E., & Pitkala, K. (2005). Predictors and subjective causes of loneliness in an aged population. <i>Archives of Gerontology & Geriatrics</i>, 41, 223-233.
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Gateway Geriatric Education Center Professional Development

- **Cognitive Stimulation Therapy Facilitator Training**—6/2/21 & 6/9/21
- **32nd Saint Louis University Annual Summer Geriatric Institute: A Virtual Event**—Thursday 6/3/21 and Friday, 6/4/21 (CEUs offered) (includes Circle of Friends Training)
- **2nd Annual Dementia Webinar—Wednesday, 6/15/21** in collaboration with University of Wyoming and University of South Dakota GWEPS



For more information and registration,
visit: aging.slu.edu



Thank You!



For more information:
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