

## **STAY CONNECTED: AN INTERVENTION TO PROMOTE MENTAL HEALTH AMONG ISOLATED OLDER ADULTS**

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## **DISCLOSURES**

**No competing interests to declare.**

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## LEARNING OBJECTIVES

- Describe how to conduct successful Stay Connected outreach efforts for older adults from diverse communities
- Describe “Stay Connected” strategies to teach clients how to reduce depressive symptoms and improve quality of life
- Describe “Stay Connected” strategies to teach clients how to cope with stress and anxiety

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## BACKGROUND

- Physical distancing is necessary to protecting one’s health during the COVID-19 pandemic
- Physical distancing creates social isolation and loneliness
  - often deadly to “at risk” populations
- Challenge
  - How do we support physical distancing practices while promoting social connections and addressing mental health needs of clients?

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## DEVELOPMENT OF “STAY CONNECTED”

- **Archstone-funded partnerships between primary care clinics and community-based organizations serving older adults**
- **Partnership with King County Aging and Disability Services**
- **NIMH-supported pilot in Seattle-area senior centers and public housing facilities during COVID**

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## BACKGROUND: MENTAL HEALTH NEED

- **Elevated need since COVID: Seattle surveys**
  - **20% major depression or anxiety disorder**
  - **31% “in distress” (e.g., loneliness, subthreshold symptoms)**
  - **83% negative consequence COVID (obtaining food, medical care)**

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## MENTAL HEALTH TREATMENT GAP

- **Mental health poorly addressed**
  - **< 20% older adults receive minimally adequate treatment**
  - **Profound gaps in access to care, especially for racial and ethnic minority older adults**
- **Some proposed solutions**
  - **Integrated MH care**
  - **Use of lay health providers**



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## PROVIDER “TASK SHARING”

- **Training *non-specialist providers* – individuals with no formal background or training in mental health care – to deliver brief, low-intensity psychological treatments.**



*Singla, Raviola, Patel. World Psychiatry. 2018 Dec; 17(2): 226-7.*

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## PROVIDER “TASK SHARING”

- **Originally popularized in global HIV/AIDS work**
- **Extended to mental health care in LMIC**
- **Some application in rural and low-resourced settings in US and other high-income countries**
  - **Community health workers**
  - **Promotoras**
  - **Behavioral health aids**

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## SENIOR LIVING COMMUNITIES

- **Senior centers**
  - Clients: mid to low income
  - Services: nutritional, recreational, social, case assistance, health promotional
- **Senior public housing**
  - Residents: subsidized rental housing and rental assistance to individuals with low incomes
  - Services: health promotion, job training and placement, computer access, and activities
- **Routine remote wellness calls since COVID**

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## OVERVIEW OF “STAY CONNECTED”

- **Provide support and evidence-based strategies to clients experiencing greater isolation due to COVID-19**
  - Eligibility: community dwelling older adults who report anxiety, depression or loneliness related to COVID-19
- **Stay Connected strategies includes:**
  - Client engagement and needs assessment
  - Addressing urgent needs
  - Stress and anxiety management
  - Behavioral Activation strategies to reduce depression and improve quality of life

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## REMOTE-DELIVERY CONSIDERATIONS

- **Privacy more challenging for clients when you can't see their rooms**
- **Be more organized ahead of time, set an agenda**
- **Mail/email relevant educational materials**
- **Use of fillable pdfs for video conferencing**

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## INITIAL CALL: BRIEF CHECKLIST

- Introduction and Engagement
- Review and address urgent problems and concerns
- Assess depression, anxiety, and loneliness
- Provide Resource Sheet and customize to client needs
- Teach self-management strategies as needed
  - Stress and anxiety management strategies
  - Behavioral Activation strategies
- Set up next contact if needed

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## INTRODUCTION AND ENGAGEMENT

- **For known or new clients:**
  - Introduce yourself and your role
  - Let clients know that you are calling to do a “wellness check” to see how they are doing.
  - Ask them about any struggles related to the COVID-19 outbreak
- **Listen for:**
  - Concerns about finances, housing, food, medication, supplies
  - Increased isolation and loneliness
  - Emotional distress, depression, anxiety

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## REVIEW AND ADDRESS URGENT NEEDS

- **If client reports any level of distress, low mood, anxiety, or reductions in social contact**
  - “We have some resources to help in this time. Can we spend some time talking about what might be helpful for [mention their concerns here]?”
- **If they do not:**
  - “Can I ask what about this doesn’t interest you? Could I reach back out to you in a couple of weeks to check on you?”
- **Address urgent client concerns**

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## ASSESS DEPRESSION, ANXIETY, AND LONELINESS

- **Consider use of standardized measures based on program protocols**
  - PHQ-9 for depression
  - GAD-7 for anxiety
  - UCLA Loneliness Scale (3 items)
- **Scores will guide selection of most relevant Stay Connected strategies for each client**

High scores indicate need for more intensive MH treatment

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# ASSESSING DEPRESSION: THE PHQ-9

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 in some way	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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# HOW TO SCORE THE PHQ-9

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 in some way	0	1	2	3

For office coding: 0 + 2 + 8 + 6 = Total Score: 16

Adapted from Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16:606-13, 2001. © 2017 University of Washington. All rights reserved. UNIVERSITY of WASHINGTON

## SCORING THE PHQ-9

Score (0 – 27)	Provisional Diagnosis/Severity
<b>0 – 4</b>	<b><i>No Depression</i></b>
<b>5 – 9</b>	<b><i>Mild Depression</i></b>
<b>10 – 14</b>	<b><i>Moderate Depression</i></b>
<b>15 – 19</b>	<b><i>Moderately Severe Depression</i></b>
<b>&gt; 20</b>	<b><i>Severe Depression</i></b>

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## FOLLOW-UP QUESTIONS FOR PATIENTS SCORING 1-3 ON QUESTION #9

- 1. Do you feel like life isn't worth living?**
  - Yes = Go to Follow-up Question #2
  - No = Write down what patient was thinking when they answered Question #9
- 2. Do you have thoughts about harming yourself?**
  - Yes = Go to Follow-up Question #3
  - No = Write patient's comments
- 3. Do you have plans for how you would harm yourself?**
  - Yes = Go to Follow-up Questions 4 and 5
- 4. Do you plan to act on this soon?**
- 5. Do you have the means to harm yourself?**

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## SUICIDE RISK PROTOCOL

- **Follow organization’s suicide risk protocol for any older adult who endorses suicidal ideation (eg, item 9 on PHQ-9: thoughts you would be better off dead or of hurting yourself)**
- **Suggested protocol:**
  - Contact site clinician immediately to conduct risk assessment
  - Clinician may alert client’s PCP and establish a safety plan with client (provide crisis line and instruct to call 911 if emergency)
  - Clinician will arrange emergency services (911) immediately if imminent risk for suicide .

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## ASSESSING ANXIETY: THE GAD-7

### Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half 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
<i>Add the score for each column</i>	+	+	+	
<b>Total Score (add your column scores) =</b>				

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## SCORING THE GAD-7

Score (0 – 21)	Severity of Anxiety
<b>0 – 4</b>	<b>No Anxiety</b>
<b>5 – 9</b>	<b>Mild Anxiety</b>
<b>10 – 14</b>	<b>Moderate Anxiety</b>
<b>15 – 21</b>	<b>Severe Anxiety</b>

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## UCLA LONELINESS SCALE

1. How often do you feel you lack companionship? [Hardly ever (1), some of the time (2), or often (3)]
2. How often do you feel left out? [Hardly ever (1), some of the time (2), or often (3)]
3. How often do you feel isolated from others? [Hardly ever (1), some of the time (2), or often (3)]

**\*\* Score = sum of all items. Totals  $\geq 6$  indicate loneliness.**

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## WHY TRACK DEPRESSION, ANXIETY, AND LONELINESS OVER TIME?

- Can guide decision-making about which Stay Connected strategies to use
- An objective way to track response to the Stay Connected program
- Can enhance client self-management

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## PROVIDE RESOURCES & CUSTOMIZE TO CLIENT

- **Tips for Managing Stress Associated with COVID-19**
  - <https://ahcpsychologists.org/wp-content/uploads/2020/03/COVID19ManagingStress032020.pdf>
  - <https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf>
- **VA-designed mobile called Mindfulness Coach**
  - <https://www.mobile.va.gov/app/mindfulness-coach>
- **Other Tips for Well-Being**
  - <https://gerocentral.org/clinical-toolbox/covid-19-resources/>
- **Friendship Line**
  - Call 1-800-971-0016
  - <https://www.ioaging.org/services/all-inclusive-health-care/friendship-line>
- **Pen Pal Project**
  - <https://www.phinneycenter.org/pen-pal/>
- **National Suicide Prevention Lifeline**
  - Call 1-800-273-8255
  - <https://suicidepreventionlifeline.org/chat/>

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# STRESS AND ANXIETY MANAGEMENT

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## PRACTICAL WAYS TO COPE AND RELAX

- **Take care of yourself**
  - Eat healthy, drink fluids, exercise, keep your medicines up to date
- **Limit news**
- **Use a stress management technique: pray, meditate, deep breathe, realistic thoughts**
  - Ask client what they have done in the past to help their stress or offer ideas and ask what they would like to try
- **Plan your day, including a pleasant activity**
- **Get outside for a walk or run**

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## DIAPHRAGMATIC BREATHING

### Target Symptoms

- Increased heart rate
- Rapid or shallow breathing
- Lightheadedness/dizziness
- “Butterflies” in the stomach

### How to Practice

- Take slow, controlled breaths into the diaphragm
- Inhale and exhale about the same length (3 sec)
- Can take a lot of practice to feel natural
- Practice when not stressed first!

<https://youtu.be/kgTL5G1ibIo?t=7s>

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## BEHAVIORAL ACTIVATION STRATEGIES FOR DEPRESSIVE SYMPTOMS AND LONELINESS

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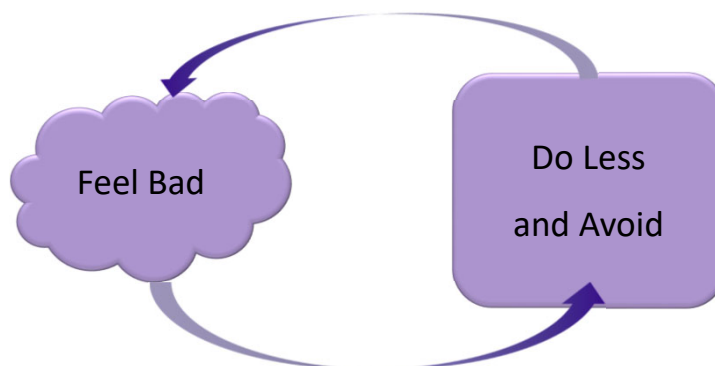
## Behavioral Activation strategies

- Evidence-based, best practice strategies for reducing depressive symptoms
- Targets patterns of avoidance, withdrawal, and inactivity
- Is structured - a weekly plan is created
- Is brief and easy to use
- Helps depressed people improve their mood by engaging in rewarding activities

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## HOW DEPRESSIVE SYMPTOMS ARISE



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# HOW ACTIVATION STRATEGIES HELP



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# VICIOUS CYCLE, ACTIVITY LIST, ACTION PLAN FORMS

### Why is it Important to do More Pleasurable and Rewarding Activities?

When people feel stressed or down, or are unable to see family members and friends in person, they may not feel up to doing the kinds of things they typically enjoy. By doing fewer enjoyable and rewarding things, they begin to feel worse. As they feel worse, they do even less and get caught up in a vicious cycle.

As part of our calls, we will help you set a goal of doing at least one pleasurable or rewarding activity each day. These goals can include physical activity, socialization, or other recreational activities or hobbies that have value and meaning to you. Engaging in pleasurable activities like these will help break the vicious cycle of negative emotions and improve your mood, interest level, and energy.

### List of Pleasant and Rewarding Activities

Instructions: List desired activities and rate the difficulty of each

ACTIVITY	DIFFICULTY: E = Easy M = Medium

### Scheduling Activities Pleasant – Social – Physical

Plan at least one activity each day. It is an important way to deal with stress and depression. Schedule out a week's worth of daily activities.

Each day should contain at least one activity. These can be pleasant, social, or physical activities. For example, a pleasant activity might be reading a book or doing a hobby; a social activity might be calling or video-chatting with a friend; and a physical activity might be going for a walk.

Rate how satisfied you felt after doing the activity.

Daily Activities			How satisfied did you feel? Rate from 0 to 10: 0 = Not Satisfied at All 10 = Extremely Satisfied	Completed ✓
Day	Date	Activity (What? Where? With Whom?)		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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## NEED FOR FOLLOW-UP CALLS?

- **Consider follow up calls for clients reporting elevated:**
  - Stress
  - Anxiety
  - Loneliness
  - Depression
- **“I’d like to set up a follow up call with you on \_\_\_\_\_. We can discuss how you are doing and go over how your action plans are helping.”**

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## FOLLOW-UP CALLS

- **Greeting and Agenda Setting (3 minutes)**
- **Consider this script:**
  - “Let’s start today’s call by setting a plan. We can start by checking in on any urgent concerns you have. Then let’s check in on your mood and anxiety level to see if there are any changes in how you’ve been feeling. Next we can review any progress with goals or plans you had for yourself from last time. And lastly we can discuss any new goals and plans for this week. Is there anything you’d like to add to our agenda to make sure we cover today?”

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## FOLLOW-UP CALLS: BRIEF CHECKLIST

- Address urgent concerns**
- Assess stress, anxiety, depression, and loneliness**
- Discuss Resource Sheet as needed and customize to patient needs**
- Teach self-management strategies as needed**
  - Stress and anxiety management strategies
  - Behavioral Activation strategies
- Set up next contact**

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## LET'S PRACTICE

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## **CASE STUDIES: WHICH “STAY CONNECTED” STRATEGIES MAY BE HELPFUL?**

- **70 y/o woman living with husband in public housing. Feeling upset and lonely: group activities no longer available; no visitors allowed**

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## **CASE STUDIES: WHICH “STAY CONNECTED” STRATEGIES MAY BE HELPFUL?**

- **64 y/o man working in service industry; currently out of work due to COVID-19. Reports high anxiety about finances and future employment; periods of being “overwhelmed and shut down”**

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## CASE STUDIES: WHICH “STAY CONNECTED” STRATEGIES MAY BE HELPFUL?

- **68 y/o woman, sole caretaker of 2 grandchildren. Reports lack of motivation to take care of children and household tasks; lack of energy; significantly reduced physical activity**

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## Discussion and Questions so far



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## PILOT STUDY AIMS

- **The aim of this pilot RCT was to determine whether “Stay Connected” as delivered by staff of senior living communities (n=2), in comparison to Usual Care+ sites (n=3):**
  - could be feasibly delivered remotely to eligible clients; and
  - led to greater increases in activity level (Behavioral Activation Scale) and emotional support (PROMIS), and decreases in depression (PHQ-9) and anxiety (GAD-7)

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## METHODS: PARTICIPANTS

- **Staff participants (N=5)**
- **Client participants (N=40)**
  - attends or resides in one of 5 Seattle senior centers or public housing facilities
  - age  $\geq 60$
  - positive for either: loneliness (UCLA  $\geq 6$ ), depressive symptoms (PHQ-9  $\geq 5$ ), or anxiety symptoms (GAD-7  $\geq 5$ )
  - exclusions: history of mania or psychosis; current alcohol/substance abuse; active SI; TICS-M  $< 21$

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## METHODS: STAFF TRAINING AND SUPERVISION

- **Structure:** Four 2-hour group trainings
- **Content:** didactic, manual review, role play
- **Supervision:** weekly

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## METHODS: CLIENT MEASURES

- **Client measures**
  - Activity level: *Behavioral Activation Scale (BADs)*
  - Perceived emotional support: *PROMIS*
  - Depression severity: *PHQ-9*
  - Anxiety severity: *GAD-7*
- **Assessment schedule**
  - Baseline, week 4, week 9

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## CLIENT CHARACTERISTICS

	Clients (n=40)
Age, mean (SD)	75.2 (6.0)
Race, n (%)	
White	33 (82%)
Asian	3 (8%)
Other	3 (8%)
Unknown	1 (3%)
Hispanic/Latinx, n (%)	5 (13%)
Female, n (%)	34 (85%)

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## FEASIBILITY AND ACCEPTABILITY

- **Session and assessment completion**
  - 36 clients (90%) completed 9 sessions and 9-week follow up assessments
  - 3 clients lost to follow up
  - 1 client dropped out

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## CLIENT OUTCOMES

Variable	Stay Connected			Usual Care		
	Baseline	4 week	9 week	Baseline	4 week	9 week
BADS	88.5	98.2	101.3	98.1	101.4	97.9
PROMIS	11.8	10.2	10.1	9.8	9.1	9.2
PHQ-9	8.5	6.9*	5.9**	8.5	6.1*	9.8
GAD-7	5.8	4.4	4.6	4.8	4.4	5.7

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## CHALLENGES AND SOLUTIONS

- “I think the most challenging part was the lack of education about anxiety and depression, and the clients even accepting that feeling lonely and anxiety are issues to talk about and believing that there may be strategies which can help deal with these issues.
- The other challenge was to get them to talk about the loneliness and anxiety that they were feeling, especially for the senior clients living with their children/grandchildren. They feel that feeling lonely while living with their family members would be interpreted that they are blaming their family members for their loneliness.
- Another challenge was clients being distrustful of us due to the virtual format and them being worried of the fact whether their information will be protected.
- We addressed these challenges by constantly reassuring and normalizing these issues, being very patient listeners, and trying to make them comfortable sharing their emotions with us.”

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## CONCLUSIONS

- **Data provide support for the feasibility and impact of remotely-delivered Stay Connected.**
- **Clients showed improvements in activity level, emotional support and mental health symptoms**
  - Improvements in depressive symptoms were greater than in Usual Care.
- **Stay Connected has potential to reduce loneliness and prevent development of more severe mental health conditions among community-dwelling older adults.**

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## LIMITATIONS

- **Small pilot study with limited sites, staff, and clients.**
- **While existing staff and volunteer infrastructure in aging care settings supports the implementation of Stay Connected, sustainability challenges remain in the absence of funding.**

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# Discussion and Questions



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## CONTACT INFORMATION AND RESOURCES

- [praue@uw.edu](mailto:praue@uw.edu)
- [Behavioral Interventions | University of Washington AIMS Center \(uw.edu\)](#)
- [Older Adults Track | Mental Health Institute for Washington State Providers | Mental Health Technology Transfer Center \(MHTTC\) Network \(mhttcnetwork.org\)](#)

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## Stay Connected – Care Coordination Guide

“Stay Connected” strategies involve support and evidence-based strategies for adult clients experiencing stress or greater isolation due to COVID-19. This guide is intended for social workers, case managers, trained volunteers, and other staff working on the front lines with clients experiencing elevated stress, isolation and depression. During the COVID-19 public health emergency often these encounters will take place by phone or videoconferencing. Below we outline steps to take when initiating contact and follow-up by phone or video during this time.

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## Initial Call: Brief Checklist

Use this checklist to guide you through an initial call and conduct a needs assessment with a client.

- \_\_\_\_\_ Introduction and engagement
  
- \_\_\_\_\_ Review and address urgent problems and concerns
  
- \_\_\_\_\_ Assess stress, anxiety, depression, and loneliness  
Use standardized measures (PHQ, GAD, etc.) based on program protocols
  
- \_\_\_\_\_ Provide resources and self-management strategies
  - \_\_\_\_\_ Stress and anxiety management strategies
  - \_\_\_\_\_ Client Activation strategies for depression
  
- \_\_\_\_\_ Set up next contact



## Initial Call: Client Engagement and Needs Assessment

### 1. Introduction and Engagement

For known or new clients:

- Introduce yourself and your role at the center.
- Let clients know you are calling to do a “wellness check” to see how they are doing.
- Ask them about any struggles related to the COVID-19 outbreak.

Listen for:

- Concerns about finances, family, housing, food, medication, supplies
- Increased isolation and loneliness
- Emotional distress, depression, anxiety

If client reports any level of distress, low mood, anxiety, or reductions in social contact:

- Ask “We have some resources to help in this time. Can we spend some time talking about what might be helpful for [mention their concerns here]?”

If the client does not have interest in discussing:

- Ask “Can I ask what about this doesn’t interest you? Could I reach back out to you in a couple of weeks to check on you?”

### 2. Review and Address Urgent Concerns

Assess urgent client concerns (e.g., finances, food, obtaining or taking medication, supplies, housing).

If urgent concerns:

- Ask “Is anybody working with you already to help out, such as your church, someone from the meals on wheels program, or local social services agency [name local agency]?”
- Attempt to address unmet client concerns, if any, by using local resource list.

Additional topics to address (if not brought up by client):

- Disruptions in needed medical care
- Concerns about COVID-19 (e.g. do I need to get tested?)
- Difficulty acquiring food or other essentials
- Concern over finances (i.e. bills, rent)
- Not attending “physically-distant” social events or group activities where you live (i.e. shared meals), if applicable
- Not going outside
- Not running usual errands
- Haven’t seen family
- Not getting physical exercise
- Limited access to transportation
- Disruptions in caregiving – providing care or receiving care
- Discrimination
- Limited phone or internet access

### 3. Assess Stress, Anxiety, Depression, and Loneliness

Normalize, validate & identify behavioral health symptoms

- Say & Ask “The current situation with COVID-19 has been stressful for most people, and it’s common to experience more distress and worry than usual. How has your mood been? Have you been experiencing any stress or anxiety? Have you been missing contact with others, or feeling lonely?”
- Ask clients to describe their experience. Clients’ behavioral health symptoms can guide selection of most relevant Stay Connected strategies.

Consider use of standardized measures for clients based on your own program’s protocols. High measure scores will indicate a need for more intensive mental health treatment. Measures include:

- PHQ-9 for depression
- GAD-7 for anxiety
- English Longitudinal Study of Ageing Loneliness Scale (ELSA)

### 4. Provide Resources and Teach Self-Management Strategies

Choose from any of the below self-management strategies to help clients take care of themselves, find creative ways of staying connected to others, or to manage stress, anxiety, and depression:

- Telephone or online classes, support groups or social opportunities that your center or community organizations may offer. Add to client’s customized resource sheet.
- Review resource sheet and discuss anxiety and stress management strategies, as applicable.
  - Provide information and education about COVID-19
  - Discuss ways to increase sense of safety
  - Discuss helpful strategies to reduce physical anxiety (i.e. deep breathing techniques) and worry
- “Activation” strategies for depression
  - Describe how “Activation” strategies can help clients take care of themselves and find creative ways of staying connected to others (Vicious Cycle handout)
  - Help client brainstorm pleasant and rewarding activities (Activity worksheet)
  - Help client with how to structure their days, including scheduling pleasant and rewarding activities for the week (Action Plan worksheet)

### 5. Wrap Up

Set a specific time to follow up with the client.

- Say “I’d like to set up a follow up call with you on \_\_\_\_\_ (a few days to one week depending on client distress and/or desire). We can discuss how you are doing and go over how your action plans are helping.”



## **“Stay Connected” Follow-up Call: Brief Checklist**

Use this checklist to guide you through follow up call with a client.

- \_\_\_\_\_ Greeting and agenda setting
- \_\_\_\_\_ Address urgent concerns
- \_\_\_\_\_ Assess stress, anxiety, depression, and loneliness  
Use standardized measures (PHQ, GAD, etc.) based on program protocols
- \_\_\_\_\_ Check in on goals and teach additional self-management strategies as needed
- \_\_\_\_\_ Stress and anxiety management strategies
- \_\_\_\_\_ Client Activation strategies for depression
- \_\_\_\_\_ Make a plan for this week and set up next contact





## “Stay Connected” Follow-up Call

### 1. Greeting and Agenda Setting (3 minutes)

Consider this script for setting a follow-up call agenda with a client:

- “Let’s start today’s call by setting a plan. We could start by checking in on any urgent concerns you have. Then we can check in on your mood and anxiety level to see if there are any changes in how you’ve been feeling. Next, we can review any progress with goals or plans you had for yourself from last time. And lastly, we can discuss any new goals and plans for this week. Is there anything you’d like to add to our agenda to make sure we cover today?”

### 2. “Stay Connected” Strategies (20 minutes)

Address urgent client concerns, if any (e.g., finances, food, obtaining or taking medication, housing).

- Inquire about these concerns even if clients didn’t bring them up in prior call.
  - Consider: Do I need to check with the center team on any of this information, do I need to consult with anyone?

Assess stress, anxiety, depression, and loneliness, and discuss any changes.

- Ask open-ended question about changes in quality or quantity of social contact.
  - Consider: Is this a big change and do I need to consult or refer client for formal care?
  - Use standardized measures for anxiety and depression based on program protocols.

Check in on “Stay Connected” goals and teach anxiety management or Client Activation strategies as needed.

- Review action plans from previous call
- Discuss current progress on strategies
  - Relate these to client goals, reinforce small gains, problem-solve challenges, adjust strategies and goals (if applicable)

Plan for this week (Use resources sheet and Activity Scheduling worksheet)

- Anxiety management strategies (see resources sheet)
- Social connection goals
- Physical activity goals
- Other rewarding activities

### 3. Wrap Up

Consider additional follow up calls for clients reporting elevated stress, anxiety, loneliness or depression.

- Consider a regular call frequency based on the needs of the client.
- Say “I’d like to set up a follow up call with you on \_\_\_\_\_. We can discuss how you are doing and go over how your action plans are helping.”



## **Client Resources and Education Materials for “Stay Connected”**

The following pages include resources, education materials and worksheets to use with clients when supporting them to stay connected.



## Resource Sheet

### Tips for Managing Stress Associated with COVID-19

These information sheets from federal healthcare agencies offer practical tips for managing the stress or anxiety associated with COVID-19. Click on the links below to view the informational handout.

- Managing Stress (National Center for PTSD)  
<https://ahcpsychologists.org/wp-content/uploads/2020/03/COVID19ManagingStress032020.pdf>
- Taking Care of your Behavioral Health (SAMHSA)  
<https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf>
- Mindfulness Coach mobile app (Veterans Association)  
<https://www.mobile.va.gov/app/mindfulness-coach>

“Mindfulness means noticing and paying attention to what is going on in the present moment, without passing judgment on it. Mindfulness has been shown to be effective for reducing stress, improving emotional balance, increasing self-awareness, helping with anxiety and depression, and coping more effectively with chronic pain.”

### Other Tips for Well-Being

This list includes links for virtual activities like museum tours, videos, and other information.

- Scroll down for the section on "Older adult and family resources": <https://gerocentral.org/clinical-toolbox/covid-19-resources/>

### Friendship Line

This 24-hour toll-free Friendship Line from the Institute on Aging offers both a crisis line and non-emergency emotional support calls for adults 60 years and older and adults living with disabilities.

- Visit <https://www.ioaging.org/services/all-inclusive-health-care/friendship-line>
- Call 1-800-971-0016 (toll-free)

### National Suicide Prevention Lifeline

If you're thinking about suicide or harming yourself, are worried about a friend or loved one, or would like emotional support, reach out! These services are available 24/7, free and confidential.

- Call: 1-800-273-8255
- Text: 'HOME' to 741741
- Web chat: <https://suicidepreventionlifeline.org/chat/>



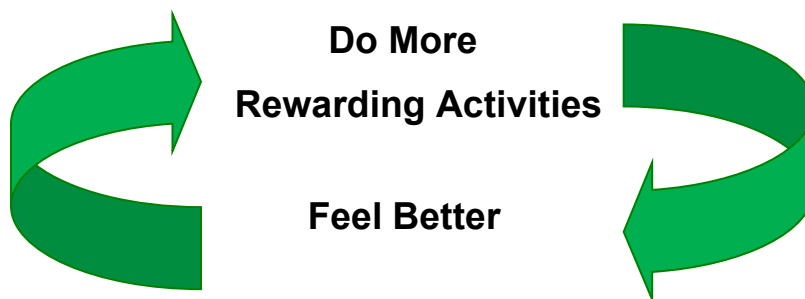
## A Vicious Cycle

### Why is it Important to Do More Pleasurable and Rewarding Activities?

When people feel stressed or down or are unable to see family members and friends in person, they may not feel up to doing the kinds of things they typically enjoy. By doing fewer enjoyable and rewarding things, they begin to feel worse. As they feel worse, they do even less and get caught up in a vicious cycle.



As part of our calls, we will help you set a goal of doing at least one pleasurable or rewarding activity each day. These goals can include physical activity, socialization, or other recreational activities or hobbies that have value and meaning to you. Engaging in pleasurable activities like these will help break the vicious cycle of negative emotions and improve your mood, interest level, and energy.



**List of Pleasant and Rewarding Activities****Instructions:** List desired activities and rate the difficulty of each.

	<b>ACTIVITY</b>	<b>DIFFICULTY:</b> E = Easy M = Medium H = Hard
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		
<b>7.</b>		
<b>8.</b>		
<b>9.</b>		
<b>10.</b>		
<b>11.</b>		
<b>12.</b>		
<b>13.</b>		
<b>14.</b>		
<b>15.</b>		




### Scheduling Activities: Pleasant – Social – Physical

Plan at least one activity each day. It is an important way to deal with stress and depression. Schedule out a week’s worth of daily activities.

Each day should contain at least one activity. These can be pleasant, social, or physical activities. For example, a pleasant activity might be reading a book or doing a hobby; a social activity might be calling or video-chatting with a friend; and a physical activity might be going for a walk.

Rate how satisfied you felt after doing the activity.

<b>Daily Activities</b>			<b>How satisfied did you feel?</b> Rate from 0 to 10: 0 = Not at All 10 = Extremely	<b>Completed?</b> 
<b>Day</b>	<b>Date</b>	<b>Activity (What? Where? With Whom?)</b>		
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				
<b>Sunday</b>				

