



RIGEC
Rhode Island Geriatric Education Center

Geriatric Education Series

Social Isolation and Loneliness in Older Adults

September 19, 2023

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Housekeeping

- Today's session will run for a total of 60 minutes.
- Participants should remain muted until the end of this webinar. We will open-up the lines during the Q&A portion of the session.
- If you have questions during the webinar, please type them into the chat.
- This session is being recorded and will be made available for future viewing via the RIGEC Website: web.uri.edu/rigec/programs/cpe/

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Relevant Disclosures and Affiliations

- All persons in a position to control the content of this educational activity have disclosed no relevant financial relationships or commercial affiliations.
- RIGEC is fully supported by the US Department of Health and Human Services, Health Resources and Services Administration through a Geriatrics Workforce Enhancement Program Grant.
- No commercial support has been sought or received for this educational activity.

Disclaimer: The content and conclusions of this activity are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government

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Accreditations/Designations:

Continuing education credits are available to individuals who complete the entire activity and submit the post training evaluation.

- **Mental Health Counseling:** This continuing education activity was approved by the Rhode Island Mental Health Counselors Association (RIMHCA) for 1.0 CEU. Valid through September 18, 2024.
- **Nursing:** This continuing education activity has been approved by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.0 Contact Hours. Valid through September 12, 2025.
- **Social Work:** This activity has been approved by the National Association of Social Work, RI Chapter, in accordance with the Regulations of the Rhode Island Social Work Board of Licensure for 1.0 Contact Hours. Valid through April 30, 2025.

For Questions:
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Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHHA).

Age-Friendly Care is evidence-based, causes no harm, and aligns with What Matters to older adults and their caregivers (IHI, 2016).

The RI-GWEP endorses and supports age-friendly care.

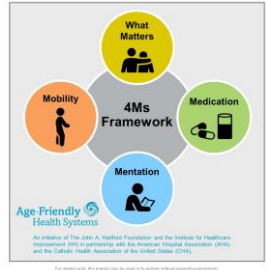
RI-GWEP programs are guided by the '4M Framework'.

<https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems>

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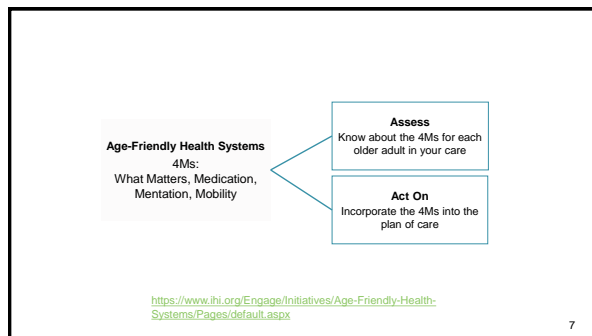
The 4M Framework

- Evidence-based and practice tested
- Aligns with What Matters to older adults
- Improves outcomes
- Used reliably across settings
- Able to be adapted locally
- RI-GWEP endorses and supports Age-Friendly care
- RI-GWEP programs are guided by the 4M Framework.



<https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems>

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Today's Speaker

Max Zubatsky, PhD, LMFT
Associate Professor & Program Director
Medical Family Therapy Program, St. Louis University

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Social Isolation and Loneliness in Older Adults

SAINT LOUIS UNIVERSITY
EST. 1818

AGING SUCCESSFULLY

Thank you to Kaisu Pitkälä and her colleagues in Helsinki, Finland for creating such a wonderful intervention and sharing it with us.

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Objectives

- By the end of the session, participants will be able to:
 - Analyze the evidence for non-pharmacologic interventions for persons experiencing social isolation and loneliness.
 - Identify criteria for appropriateness to receive non-pharmacologic interventions for social engagement.
 - Integrate knowledge and skills gained to introduce Circle of Friends®, a group intervention to address social isolation, including:
 - promotion and recruitment strategies
 - establishing Group Ground Rules, including role of facilitator
 - Implementing three core components of Circle of Friends
 - transition to maintenance

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Risk Factors for Mental Illness in Older Adults

- Being female
- At least one chronic condition
- Disability
- Sleep problem
- Low educational level
- Being single
- Experiencing loneliness and/or social isolation**
- Limited social support
- History of personal and/or family depression
- Medication effects
- Substance use disorder
- Cognitive impairment
- Stressors, including loss, divorce, and/or caregiving responsibility

National Institute of Mental Health, 2014

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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 & Pitkälä, 2003)
- Social Isolation:**
 - actual number of engagement/social contacts (Routasalo & Pitkälä, 2003)

These terms are used synonymously, but they are, in fact, different. It's likely they can overlap, but it is the perceived expectations that an older adult has for the quality of social relationships. Not distinguishing them can impact assessment and intervention

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What Do We Know About Loneliness?

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

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
- CIGNA 2018 study of 20,000 U.S. adults
 - ~ 1/3 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 (16%)
 - 53% have meaningful daily in-person interactions
 - Co-residents 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

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Predictors of Loneliness

Living in residential care can make one at higher risk for loneliness
Beadie et al., 2022; Theurer et al., 2014

- Living in rural area—left behind when others migrate
- Poor functional status (i.e., IADLs and cognitive impairment)
- Unmarried/unpartnered—47% of those widowed in last 5 years are lonely
- 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.
- Stronger Predictors than health, functional status, or widowhood: Depression, Living alone, poorly understood by others, and being an LGBTQ+ older adult
 - experience higher rates of loneliness; more likely to be estranged from family
 - 2x more likely to live alone, be single, and have small networks
 - 4x more likely to have no children
 - 60% report lack of companionship
 - 53% feel isolated
 - 25% have no emergency contact
 - it is critical to assess social networks (Peterson et al., 2022)

AARP, 2012, 2018; Routledge et al., 2006; Saville et al., 2008; Cohen-Mansfield et al., 2016; Jakubsson & Hallberg, 2006; Beaudet-Nien, et al., 2022; Peterson et al., 2020; NASEM

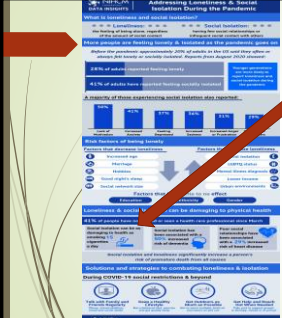
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Loneliness is a greater health danger than....

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

Virtual participants: Please enter your response in the chat box

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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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What Are We Learning From COVID-19?

Social Health

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

Physical Health

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

Needs

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

Choi et al., 2022; Fuller & Huseeth-Zosil, 2022; 2021; Ishikawa et al., 2022; Lee, 2022; McArthur et al., 2022; Peng & Rath, 2022

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4Ms Framework

Know and act on each older adult's specific health outcome goals and care preferences

What Matters

If medications are necessary, use age-friendly medications that do not interfere with what matters, mentation or mobility

Medication

Identify and manage depression, dementia and delirium across care settings

Mobility

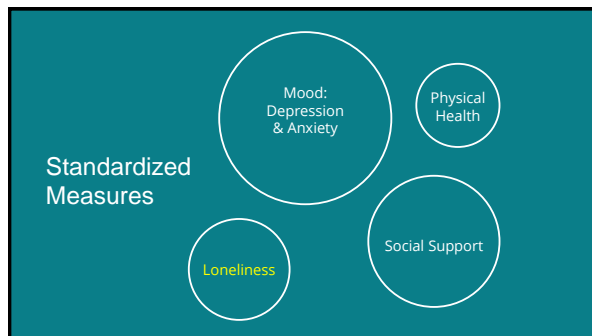
Older adults in every setting of care move safely in order to maintain function and to do what matters

Mentation

Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA)

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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% (Maulich 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; Theeke, 2005; Victor & Bowling, 2012)
- All age groups over-estimate prevalence of loneliness in older adults (except older adults) (Dykstra, 2009; Fokkens 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)**

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Comprehensive Assessment

- Cognition**
 - Rapid Cognitive Screen (Malmstrom et al., 2015)
- Depression/Anxiety**
 - PHQ-2 (Kroenke et al., Pfizer, Inc. No permission required to reproduce, translate, display or distribute). If positive for depression, consider completing the PHQ-9
 - PHQ-9 (Spitzer et al., 1999. Reproduced with permission. PRIME-MD© is a trademark of Pfizer Inc)
 - Generalized Anxiety Scale (Spitzer et al., 2006)
- Social Support**
 - Lubben Social Network Scale (Lubben et al., 2006).
- Loneliness and Social Connectedness**
 - Revised UCLA Loneliness Scale (Russell et al., 1978; 1980)
 - Social Connectedness Scale—Revised (Lee et al., 2001)
- Mobility—SARC-F** (Malmstrom Morley, 2013)

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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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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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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 new neural pathways (Park et al., 2007)
- Member involvement in planning promotes emotional engagement through (Pikala et al., 2011):
 - Empowered to improve self-efficacy & self-care
 - Mentally stimulating activities to enable members to see life and self differently
 - Being an active participant; not a bystander
- Low drop-out rate is due to:
 - Facilitator mentoring
 - Member engagement



CHIPS/St. Louis Housing Authority

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Long Term Evidence

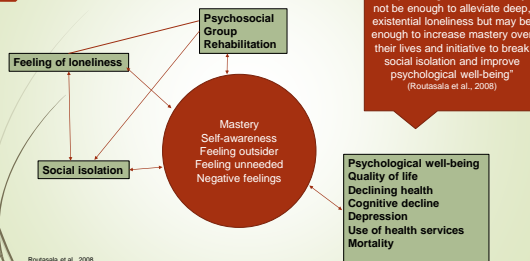
- Jansson, Savikko, & Pitkälä (2017) conducted 10-year follow-up study and learned that compared to 2009 study (Pikala et al., 2009):
 - 67% of groups continue to meet following initial facilitator-led groups (compared to 40%)
 - 87% reported no longer feeling lonely (compared to 98%)
 - 70% reported 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 Volume 44, 2018 Issue 1-2

Training professionals to implement a group model for alleviating loneliness amongst older people – 10-year follow-up study
Anu H. Jansson, Nina M. Savikko, and Kaisu H. Pitkälä

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Mechanisms for Positive Change



Routasala et al., 2008

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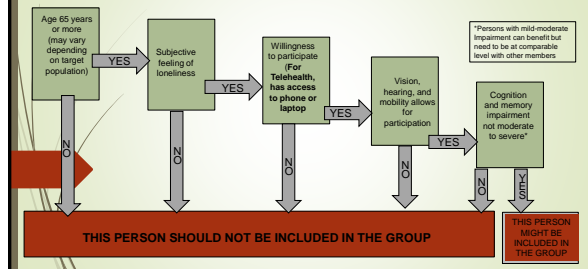
Strategies to Consider for Group Interventions

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

Jansson et al., 2019

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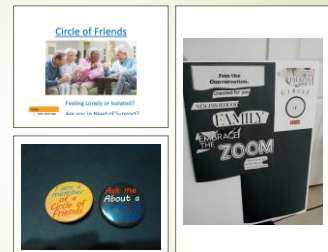
Who is Appropriate for Circle of Friends®?



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Recruitment

- Determine need
- Groups are most effective if members are homogeneous (e.g., community-dwelling, assisted living, etc.)
- Identify target group
- Ensure support of target group, family members, and organization
- Develop plan for promoting group within target community—what has worked for your organization in the past?



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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
 - Reminiscence about the past, discuss loneliness, and feelings about the group

Photos from AADD and CHPS/St. Louis Public Housing Co-op



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Health-related Discussions and Activities

- Survey participants for most relevant health topics
- Can be guest presenter/discussion leader or peer-led discussion
- Leave plenty of time for conversation on the topic

Make sure help familiarize the guest speaker with the virtual platform used if necessary



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Arts & Craft Projects

- Photo collage
- Holiday theme: e.g., mandarin orange jack-o-lanterns
- Making cards
- Drawing or painting
- Creating a Vision board
- Origami
- Crochet


Virtual adaptation:
 *Each person chooses a project on their own interests/supplies and shares progress each week with the group
 *Supplies are mailed/delivered



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Creative Writing Activities

- Writing letters to family members or friends
- Creating a 'Life Story' book
- Starting a blog on topic of interest
- Writing poetry or a short story



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Facilitator Reflective Learning

- Reflective learning cycles include:
 - Experiencing—participate in the group
 - Feedback is a tool to assess group process. Give and receive feedback from members, co-facilitator, and mentor
 - Reflection—verbally and in writing, reflect on your experience
 - Concepts (testing)—use insights to determine how the group process can be furthered and to track your growth as a facilitator
- Reflective learning includes journaling throughout the life of the group
 - Journal after each session and process with others on a regular basis—group reflection and feedback can be particularly helpful
 - Strive to write 2-5 pages/week about the group, your feelings, reactions, plans, etc.
- Invite observation at week 3 or 4 and 7 or 8, followed by de-briefing and self-analysis of your thoughts and feelings

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Social Prescribing

- A non-pharmacological treatment intervention that is designed to help socialize older adults and motivate physical wellness. It is a means of connecting patients to a range of non-clinical services in the community to improve their health and well-being.
- Utilizing social outdoor is a way to address:
 - Individual low mood and isolation
 - Community building through interaction
 - Non-clinic interventions to help alleviate isolation and loneliness



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The Kings Fund in the UK

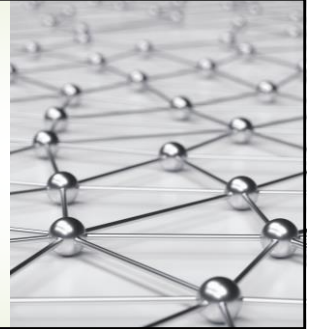
- Different models of social prescribing are being incorporated across parts of England.
- The University of Westminster developed an education and training protocol for ways that communities and providers can help encourage social activities for older adults.
- The NHS "Five Year Forward" vision helped gain momentum for organizations to recognize this trend in their older adult populations.
- The Primary Care Network (made up of several physicians) incorporated social isolation as one of the core priorities for reaching community patients



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Organizations That Are Advancing the Mission of Social Prescribing

- World Health Organization
- National Institutes of Health
- The Kings Fund (UK)
- AARP



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



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*References— Circle of Friends Group Facilitation

*Full reference list available upon request

- Lactone, M., Kautainen, H., Holta, E., Savikko, N., Tilvis, R.S., Strandberg, T.E., & Pitkälä, K.H. (2016). Effects of Self-Management Groups for People with Dementia and Their Spouses—Randomized Controlled Trial. *Journal of American Geriatrics Society*, 64, 752-760.
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Registration is Open! First SLU Loneliness and Social Isolation Summit

- Saint Louis University and leaders of the HRSA-funded Geriatric Workforce Enhancement Program, are hosting the first annual virtual SLU Loneliness and Social Isolation Summit on October 6th. This virtual event will highlight the impact that loneliness and isolation has had on the aging population in the U.S. We will look to draw attendees from healthcare settings, long-term care facilities, university researchers, community health workers, and professional caregivers of older adults. The morning session will bring in national speakers who will speak on clinical, community and policy issues related to this growing problem. In the afternoon session, attendees can sign up for additional training on the "Circle of Friends" intervention, with a pre-keynote address from the founders of the intervention from Finland.

October 6th from 9am-4:15pm central time on Zoom

- Link to Register:
<https://slu.cloud-cme.com/course/courseoverview?P=1&EID=13853>

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Questions

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Program Evaluation



- Follow Link:
<https://www.surveymonkey.com/r/SMM1-Loneli>
- Use your phone camera to scan the QR Code

REMINDER: A completed program evaluation is required in order to receive a CEU/Certificate of Completion. Certificates will be issued within one business day.