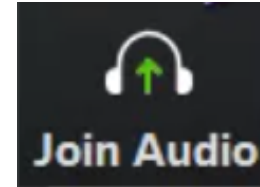


Social Engagement And Mental Health: Successful Programs And Interventions

Webinar Instructions

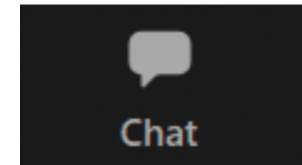
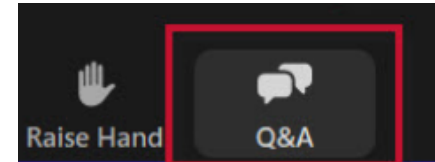
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USAging

- USAging represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.
- <https://www.usaging.org/>

Overview of engAGED

- National effort to increase social engagement among older adults, people with disabilities and their caregivers
- Administered by USAging
- Funded by the U.S. Administration on Aging, which is part of the Administration for Community Living
- Broad-based Project Advisory Committee
- www.engagingolderadults.org

Presenters



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Constance Wilkerson

Senior and Disability Services Director, Rogue Valley Council of Governments AAA



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Kim Van Orden, PhD

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Social Engagement and Mental Health: Successful Programs and Interventions

National Resource Center for Engaging Older Adults

November 18, 2022

Presentation by Mike O'Donnell

Illinois Coalition on Mental Health & Aging

Coming back...

After two years of coping with the COVID-19 pandemic, we are reconnecting with family, friends, and community life.

We never really left.

We learned how to adapt.

We connected with others virtually.

Now we can meet again face to face.

How did we manage to stay together while staying apart?

How has this experience affected our social engagement and our mental health?

Where do we go from here?



Framing the issue

- Defining our terms.
- What is the link between social engagement and mental health?
- What does the research tell us?
- Common mental health concerns affecting older adults
- What programs and interventions have helped us promote social engagement and mental health?
- How can we apply what we have learned for the future?
- What collaborations and coalitions are making a difference.

Defining our terms

- **Loneliness:** perception of social isolation or the subjective feeling of being lonely
- **Social isolation:** objective lack of (or limited) social contact with others
- **Social connection:** structural, functional, and quality aspects of how individuals connect to each other
- **Social support:** actual or perceived availability of information and emotional support
- **Mediators:** factors that help explain how social isolation or loneliness affects health outcomes.
- **Moderators:** factors that affect the size or direction of the effect of social isolation or loneliness on health

Source: CDC <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

- **Social engagement:** interacting with others, feeling connected to other people, doing purposeful activities with others and/or maintaining meaningful social relationships.

Source: <https://www.aarp.org/health/brain-health/global-council-on-brain-health/social-engagement-and-brain-health/>

Mediators

- Loneliness, social isolation, and social support are linked to changes in **cardiovascular, neuroendocrine, and immune function as well as to the physiological stress response.**
- A **lack of social connections** is linked to **higher levels of inflammation**, a biological cause for the association of social isolation and loneliness with a variety of negative health outcomes.
- Social isolation and loneliness are linked to **decreased quality of sleep** which affects physical health conditions, including cardiovascular disease, weight gain and obesity, diabetes, metabolic syndrome, and increased risk for mortality.

Source: CDC <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Moderators

- **Demographic factors** moderate the influence of social connection and health.
- Social isolation and loneliness may carry a **higher risk among those under 65.**
- **Higher quality and more numerous relationships** can protect our health.
- **Poorer quality and fewer relationships** may have harmful effects on health.
- Pay attention to the **quality of relationships** when doing assessments.

Source: CDC <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Psychological, Psychiatric, and Cognitive Factors

- Psychiatric disorders have been shown to **increase the risk of developing loneliness**.
- Social isolation and loneliness are **more common in older adults with depression and anxiety**.
- Depression and loneliness are **bi-directional**, and are closely associated.
- Impairments related to **dementia predispose an individual to feelings of loneliness**, and
- **Caregivers** are also at risk for loneliness.

Source: CDC <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Older Adult Mental Health Concerns

- 20% of people age 55+ experience some type of mental health concern.
- Conditions may include depression, anxiety, and cognitive impairment.
- Mental health issues implicated as a factor in cases of suicide.
- Older men have the highest suicide rate of any age group.
- Source: <https://www.cdc.gov/aging/publications/mental-health.html>

Depression

- The most prevalent mental health problem among older adults.
- Feelings of sadness, anxiety, and/or apathy lasting for at least two weeks and impacts a person's ability to function normally.
- Can impair physical, mental, and social functioning.
- Adversely affects the course and complicates the treatment of other chronic diseases.

Source: <https://www.ncoa.org/article/how-common-is-depression-in-older-adults>

Treatment for Depression

- Depression is highly treatable.
- Report depressive symptoms to your PCP.
- Rule out causes, such as medications and other health conditions.
- Request a referral to a mental health professional.
- Treatment approaches may include:
 - Antidepressant medications,
 - Counseling, talk therapy, behavior modification, psycho-therapy, or
 - Electro-convulsive therapy for persons with severe symptoms

Source: <https://www.ncoa.org/article/how-common-is-depression-in-older-adults>

Evidence-based programs for older adults with depression

- **PEARLS (Program to Encourage Active, Rewarding Lives)** educates older adults about what depression is and helps them develop skills for self-sufficiency and active living.
- Delivered by trained counselors and takes place in six to eight sessions over four to five months in an older adult's home or a community-based setting.
- For information, go to: <https://depts.washington.edu/hprc/programs-tools/pearls/>
- **Healthy IDEAS - Identifying Depression & Empowering Activities for Seniors** integrates depression awareness and management into existing case management services provided to older adults.
- For information, go to: <https://healthyideasprograms.org/>

Anxiety

- Generalized Anxiety Disorder (GAD) is the most common anxiety disorder.
- People with GAD may fear the worst in every situation.
- Feel on edge and in a high state of alert.
- Feel a lack of control over their emotions.
- More common among older women compared to older men, particularly in the event of divorce, separation, or the loss of a spouse or partner.
- Other types include: social anxiety disorder, phobia, and obsessive-compulsive disorder.
- Source: <https://www.ncoa.org/article/anxiety-and-older-adults-a-guide-to-getting-the-relief-you-need>

Treatment for Anxiety

- Can't be willed away.
- Chronic health condition that requires treatment.
- Talk with your PCP; seek a referral to a mental health professional.
- Ask about talk therapy, medication, or a combination of both
- Exposure therapy - tackling fears head-on to become more comfortable with those activities or objects.
- Cognitive behavioral therapy (CBT) helps identify harmful, anxiety-provoking thought patterns and work on changing them.
- Source: <https://www.ncoa.org/article/anxiety-and-older-adults-a-guide-to-getting-the-relief-you-need>

COVID-19 and Older Adult Mental Health

- Rates of anxiety and depression increased among older adults.
- Younger generations reported higher rates of anxiety and depression.
- Risk factors include sex, age group, location, living situation, socioeconomic status, and medical and psychiatric comorbidities.
- Strategies and interventions for older adults, caregivers, and health-care providers mitigated the effects of social isolation on the older adult population.
- Wisdom may be an age-dependent source of resilience during this pandemic.
- Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8646312/>

Social Engagement and Healthy Aging

- Healthy aging is **the process of developing and maintaining the functional ability** that enables wellbeing in older age (Source: WHO).
- An important component is to **build and maintain relationships**.
- Social engagement provides **a sense of belonging, social identity, and fulfillment**.
- **Socially meaningful relations** are linked to **mental well-being** and quality of life.
- Social engagement is linked to **lower risk of heart disease, cancers and mortality**.

Source: <https://bmcpublihealth.biomedcentral.com/>

Social Engagement and Cognitive Health

- Social engagement maintains thinking skills and slows cognitive decline.
- Socially engaged persons have a lower risk of cognitive decline and dementia.
- However, there is not yet sufficient scientific evidence to conclude that social engagement can reduce the risk of brain diseases that cause dementia.

Source: <https://www.aarp.org/health/brain-health/global-council-on-brain-health/social-engagement-and-brain-health/>

Ways to optimize social engagement

- Focus on relationships and activities you enjoy the most.
- Turn to those who can help you engage socially.
- Keep a circle of family, friends and neighbors.
- Make new connections; pursue new activities.
- Overcome barriers such as transportation, neighborhood safety, etc.
- Communicate in person, by telephone, email, social media, etc.
- Maintain social connections with people of different ages.
- Volunteer to serve others in your community.

Source: <https://www.aarp.org/health/brain-health/global-council-on-brain-health/social-engagement-and-brain-health/>

Health Benefits of Volunteering

- **Reduces stress** and increases positive, relaxed feelings.
- **Sense of meaning** and appreciation = stress-reducing effect.
- **Sense of purpose** in doing something meaningful.
- Greater increases in **life satisfaction and self-esteem**.
- Increases **social interaction**, and
- Builds a **support system** based on common interests.

Source: <https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/3-health-benefits-of-volunteering>

Programs and Interventions to Promote Social Engagement – the Illinois Experience

- Statewide initiative to reduce social isolation and loneliness.
- State of Illinois appropriated \$1 million for this initiative.
- The Illinois Department on Aging funded Area Agencies on Aging to administer demonstration projects in thirteen areas.
- With funding from the Retirement Research Foundation on Aging, Illinois Aging Services (IAS) contracted with NORC at the University of Chicago and CJE SeniorLife (CJE) to conduct a process program evaluation.
- Five AAAs serving older adults and care givers in urban, suburban and rural communities, participated in the program evaluation.

Participating AAAs

AgeGuide – PSA 2

ECIAAA – PSA 5

AgeLinc – PSA 7

AgeSmart – PSA 8

AgeOptions – PSA 13

Illinois



About the Process Evaluation

- The project assessed changes from before to during the pandemic.
- Assessments showed the flexibility of the AAAs in adjusting programs.
- Findings will inform IDoA and AAAs about targeting resources in the future.
- The project used a novel text-message-based data collection strategy,
- To monitor loneliness levels within individuals over time.
- Experience will guide modifying and testing this approach in the future.

Variety of Programs Evaluated

- Congregate meal sites, home delivered meal programs,
- *Top Box* food box delivery to culturally diverse older adults,
- *Mather Lifeway Memory Cafes* at senior nutrition sites,
- Friendly phone visits,
- *Thrive with Pride Cafes* – safe gathering spaces for LGBT+ older adults,
- Libraries hosted on-line educational programs, and discussion groups,
- Education and support for older adults with dementia and caregivers,
- Assisted transportation for medical appointments and food shopping,

Variety of Programs Evaluated

- Tablets and smart speakers with training and technical assistance,
- *Uniper* on-line educational programming,
- Web-based support programs for caregivers,
- *Caring Together Living Better* a coalition of community organizations and faith-based organizations reaching older Black and Latinx persons,
- *Sing-Along Café* Sessions with the *Sounds Good Choir* provided 15 sing-along café sessions with caregivers and adults with dementia, and
- Daily well-being checks and wellness visits.

Interviews with Older Adults

- 102 older adults selected for interviews from programs
- Interviews completed with 60 program users including 12 caregivers.
- How did the pandemic change their daily routines and social contacts?
- Benefits and impacts of programs included:
 - Social interaction and conversations;
 - Social contact or meeting people;
 - Feeling a sense of community, comradery, commonality, and coming together;
 - Acceptance, openness, and mutual respect among participants;
 - Learning what is happening in the community;
 - Meeting people they knew from the past provided a sense of history; and
 - Opportunities to develop relationships and sharing things in common.

Pandemic impact on mental wellbeing

- 68% discussed either positive or negative aspects of their mental well-being.
- 40% of interviewees experienced loneliness, isolation, depression, or anxiety.
- They missed their prior routines or social connections.
- Some experienced multiple deaths of friends or family.
- Hearing too much “bad news” about the pandemic and racial violence, not wanting to watch TV anymore, and needing other activities to distract themselves from negative thoughts.
- Some experienced anxiety or depression during the pandemic.
- These feelings were exacerbated by not being able to get out and see people.
- Other interviewees stated that the pandemic did not affect their mental well-being.
- Some were comfortable alone and did not experience a change in their routines or found ways to adapt.

Impact of programs on mental wellbeing

- Helped to reduce feelings of isolation or loneliness or deal with negative feelings.
- Gave them a more positive outlook or cheered them up.
- Helped them cope or manage negative feelings such as sadness, fear, anxiety, grief, or stress.
- Learned how to care for themselves using mind/body exercises, physical exercises, or stress management.
- Exercise programs provided opportunities to socialize.
- Opportunities to focus on spirituality or mindfulness.
- Gained or practiced social skills.
- Making more efforts to socialize and meet people than they had in the past.

Collaborators and Coalition Partners

- State Agencies serving older adults and persons with disabilities
- Area Agencies on Aging
- Community-Based Programs serving older adults and caregivers, such as:
 - Senior Centers, Nutrition Programs, Transportation Programs
 - Centers for Independent Living
 - Behavioral Health Service Providers
 - Public Libraries
 - Faith-Based Organizations
 - Organizations serving culturally diverse populations
 - Universities and Community Colleges
 - Foundations supporting research and community services
 - State and Local Coalitions on Mental Health and Aging

Resources and Contact Information

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

National Council on Aging

<https://www.ncoa.org/older-adults/health/behavioral-health>

National Coalition on Mental Health and Aging

<https://www.ncmha.org/>

Illinois Aging Services, Inc.

<http://illinoisagingservices.org/>

Illinois Coalition on Mental Health & Aging

<https://www.icmha.org/>

Contact: Mike O'Donnell, Member, ICMHA Board, mjodonnell66@gmail.com

Rogue Valley Council of Governments Options for People to Address Loneliness



*Developed by Senior & Disability Services
Behavioral Health Team July - October 2020
Lead Designer: Susan Jay Rounds*



November engAGED Social Engagement and Mental Health:
Successful Programs and Interventions Webinar, November 18, 2022

Presenters: *OPAL Counselor, Behavioral Health Specialist, Susan Jay Rounds, MSW,
CSWA
Senior & Disability Services Director, Constance Wilkerson, MS, MDiv*

Rogue Valley Council of Governments



An Area Agency on Aging serving Jackson and Josephine Counties in Southern Oregon

- Jackson Co: Population of 223,734 – urban and rural
- Josephine Co: Population of 88,346 – predominately rural

A Council of Governments with 24 members

- 15 local governments
- 9 other entities – special districts and higher education institutions

Loneliness

“Loneliness acts as a fertilizer for other diseases,” said Dr. Steven Cole, UCLA, national researcher on the physiological pathways of loneliness.

“The biology of loneliness can accelerate the buildup of plaque in the arteries, help cancer cells grow and spread, and promote inflammation in the brain leading to Alzheimer’s disease. Loneliness promotes several different types of wear and tear on the body.”



Do you ever feel lonely or disconnected from others?

Would you like to explore options to reduce that sense of loneliness or isolation?

OPAL is a free program that helps individuals who experience feelings of loneliness and isolation.

OPAL
Options for People to
Address Loneliness

- **OPAL** is for seniors age 60 and older, and adults with disabilities.
- **OPAL** is offered over 6 sessions.
- **OPAL** counselors assist participants in finding ways to feel less lonely and isolated while offering encouragement, support, and hope.



ADRC
Aging and Disability
Resource Connection
of OREGON



Contact the Aging and Disability
Resource Connection (ADRC) at
541.618.7572

OPAL SESSIONS – Home Visits, Telehealth, Phone

- One-hour sessions.
- Creating a weekly schedule of enjoyable, physical, and social activities.
- Connecting to relevant resources.
- Action Planning.



DEVELOPING OPAL – Timeline



August 2020: State funding for the Program to Encourage Active and Rewarding Lives (PEARLS) was canceled by legislature.

September 2020: State of Oregon requests grant proposals to address loneliness and isolation among older adults during COVID.

AAA leadership asks BH team to create a brief pilot program blending current interventions, including evidence-based and evidence-informed content.

DEVELOPING OPAL - Process



BH Team designed new program based on key concepts and practices from PEARLS, Options Counseling, professional consultations with University of Washington Health Promotions Research Center and clinical psychologist and researcher, plus a review of research literature.

Goals: Brief duration. Client-centered. Decrease levels of loneliness, isolation, and minor depression through session interventions including behavior activation, action planning and connecting consumers to needed resources for safety and connection.

Creative process – Selecting a blend of strategies from PEARLS, Options Counseling and chronic disease self management programs; research and selection of session screenings; design of individual sessions; creating participant handouts and client documentation.

DEVELOPING OPAL – Key Components



BEHAVIOR ACTIVATION – Encouraging change through weekly engagement in enjoyable, physical and social activities. Change happens from the doing, from the outside in. “Research proven and best non-medical anti-depressant,” Professor Patrick Raue, UW.

OPTIONS COUNSELING – Client-centered approach where counselor offers resource options, educates on the pros and cons for specific resources, and provides assistance and support.

ACTION PLANNING – Focused, thoughtful, brief process for achieving short term goals. “This week I will ...do what, how much, when, and how often.”

DEVELOPING OPAL - Session Flow – Engage, Encourage, Hope



A. Screening – PHQ9 for *Depression*; GAD-7 for *Anxiety*; Exclusionary Conditions – unmanaged bi-polar and schizophrenia, and alcohol abuse.

B. Intake – UCLA Three Item Loneliness Scale; Lubben Social Network Scale; Explore participants feelings of loneliness and isolation and causes. Participant demographic Information.

C. Session 1 – Participant creates a list of favorite activities, and a schedule of enjoyable, physical and social activities for the week, based on their activity list. Discuss with participant resources wanted for urgent problems such as financial assistance, transportation, and housing or for social connection such as clubs or hobby groups.

D. Sessions 2 – 6. Review successes and challenges regarding past week's activities. Create next week's activity schedule. Create an action plan if participant has a goal. Ongoing check in regarding identified resources and follow up.

Implementation



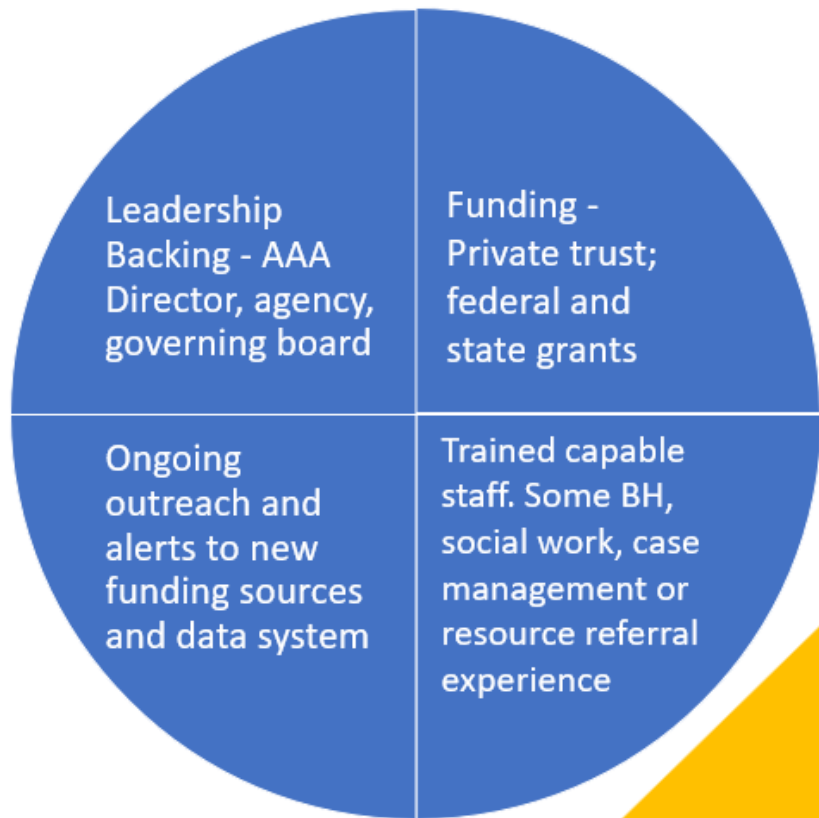
- Awarded state grant funding. Began OPAL in October 2020.
- Soft outreach – Email blasts to partners and staff.
- CARES Emergency supplies; client phone check ins; asked if they felt a sense of loneliness and isolation; referred to OPAL program.
- Jan. 2021 ran a month-long series of public service announcements on local Public Radio channel.
- Community presentations.

Implementation



- COVID required sessions be provided by phone.
- Continued learning on flow of sessions.
- Realized needed to refer to warm lines and buddy programs early on - intake and 1st sessions - and begin behavior activation as early as intake session.
- Data base development throughout the program- OPAL specific.

Sustainability



Lessons Learned - Intensive Resources

COVID's toll on
access to
dwindling
resources.



Critical need
to connect to
local
resources.



Helps embed
participants
into local
community.



Lays
foundation for
continued
safety net and
reduced
isolation.



Wide Variety of Resources



Urgent needs, housing,
transportation, food.

Healthcare, health insurance,
coordinated care.

Community clubs, volunteering,
events, outdoor recreation.

Tips for Replication



OPAL coach's personal sense of loneliness and isolation, and individual practice with Behavioral Activation.



Think outside the box with the types of resources a participant could benefit from and how to connect to resources.



Leadership support, varied levels of funding, capable staff, data system (slide 11)



Initial Outcomes



Loneliness - 30 participants; 67% felt less lonely; average change = 12%

Isolation - 29 participants; 76% saw decrease in isolation; average change 73.5%

Depression - 16 participants; 75% saw decrease in depressive symptoms. Average decrease = 76%

Anxiety - 14 participants; 36% experienced decrease in anxiety; Average decrease = 35%

Client Responses

- ❑ At this strange time in history, I believe isolated seniors are in deep need of connection. Speaking for myself, OPAL was like “being seen.”
- ❑ If this program works for me, it surely will work for others. My depression is lifted with the anticipation of her visits. Thank God that the program exists.
- ❑ I very much look forward to the sessions because she helped me to focus and get “unstuck.”
- ❑ My mentor was very encouraging during the process and helped me see and apply selfcare to make a change.

Questions?



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Social Engage Coaching

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Co-Director, Center for Study & Prevention of Suicide

Director, HOPE (Helping Older People Engage) Lab

engAGED Webinar on Social Engagement and Mental Health



The Roc STAR Center



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- Collaborators: Dr. Kathi Heffner, Dr. Yeates Conwell, Dr. Caroline Silva, Dr. Sally Norton, Dr. Pat Areán, members of the HOPE Lab & Roc STAR Center.



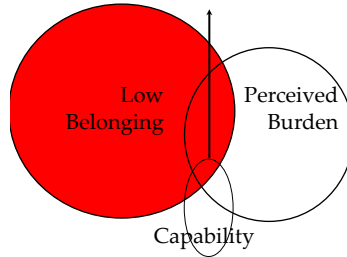
Problem we aim to address:

social disconnection & late life suicide



Intervention principle

- Social engagement (behavior)
- Positive connections & contributions



Target mechanisms

Belonging and perceived burden (cognition/emotions)



Clinical outcomes

Suicide risk indicators: suicide ideation, depressive symptoms, quality of life



Engage psychotherapy

- Brief behavioral psychotherapy for late-life depression that targets “reward exposure” – exposure to meaningful and rewarding activities.¹
 - Effective for treating depression in later life²⁻³
 - Behavioral activation as a key mechanism⁴
 - Key components: pleasant activity scheduling and problem-solving tailored to late-life depression.

1. Alexopoulos GS, Arean P: A model for streamlining psychotherapy in the RDoC era: the example of “Engage.” *Mol Psychiatry* 2014;19(1):14–19
2. Alexopoulos GS, Raue PJ, Gunning F, et al: “Engage” therapy: behavioral activation and improvement of late-life major depression. *Am J Geriatr Psychiatry* 2016;24(4):320–326
3. Alexopoulos GS, Raue PJ, Kiesses DN, et al: Comparing Engage with PST in late-life major depression: a preliminary report. *Am J Geriatr Psychiatry* 2015;23(5):506–513
4. Alexopoulos GS, O’Neil R, Banerjee S, et al: “Engage” therapy: prediction of change of late-life major depression. *J Affect Disord* 2017; 221:192–197

Steps in Conducting Engage Psychotherapy :

1. Select meaningful activity

2. Brainstorm ideas on how to pursue the activity

3. Select most feasible and beneficial activity

4. Develop concrete steps to overcome barriers to implementing the plan



Social Engage Coaching

- An adaptation of Engage psychotherapy focused on *social* engagement in order to reduce loneliness
 - Coaches help clients select activities that are social in nature to target social disconnectedness specifically.

ENGAGE Action Planner

1. My goal is: _____

2. Ideas for meeting my goal:

Idea 1: _____

Idea 2: _____

Idea 3: _____

3. Choose best idea (most feasible and most rewarding):

4. List steps (What will you do? When? For how long? Who is involved? Where will it happen? What do you need?):

Please complete the questions below *after* you have engaged in your activity.

5. How did you do in achieving your goal?

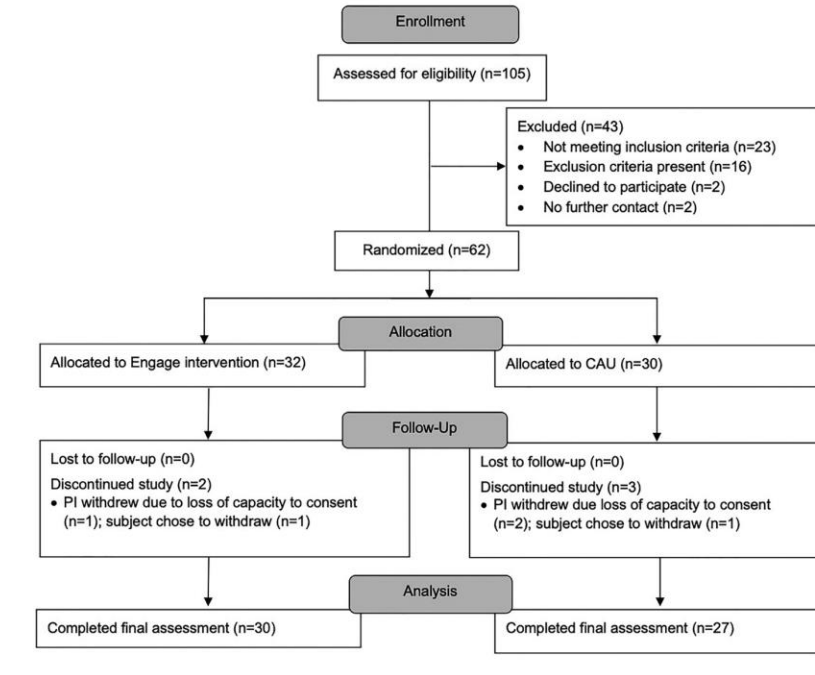


6. If you couldn't do your plan, what got in the way? _____



Study Design

- Does Social Engage Coaching increase social engagement and reduce suicide risk among older adults who report social disconnection?
 - Randomized controlled trial (RCT): Engage Coaching (10 weekly in-home session) vs. CAU
 - Sample: n=62 primary care patients age 60 and older
 - Inclusion: Endorse loneliness/perceived burden
 - Exclusion: MoCA score less than 20; current alcohol abuse; psychosis in past month; residence in long-term care



Details about Social Engage Coaching

- Engage Coaching helps clients increase their *awareness* of the importance of social connection, teaches *problem solving* skills to address barriers to social engagement (e.g., ‘negativity bias,’ apathy, anxiety; mobility, sensory impairment, caregiving roles, re-location), and provides *behavioral practice* with social engagement.
 - Up to 10 weekly individual coaching sessions
 - Manual will be available soon on the Roc STAR website
 - Coaches: geriatric care manager, social worker, & clinical psychologist



Study findings

- Participants appreciated coaching!
 - Mean number of completed sessions: 8.5 out of 10
 - 88% completed 6 or more sessions
- Participants benefited from coaching:
 - Social Engage Coaching improved **depression & quality of life** more than care-as-usual
- Unclear about effects on loneliness & belonging:
 - Both groups improved in (no specific effect of coaching): Belonging, perceived burden, loneliness, suicide ideation



How did coaching help?

Importance of connection

“I learned that staying involved in social activities will stave away depression.”

“I learned that reaching out to people helps me feel useful.”

“I learned that doing things with family makes me feel less lonely.”

“I learned I’m not as much of a loner as I thought; I’m more influenced by people around me than I realized.”

“I learned I really do want and need communication with people.”

“I learned how I valued my sons’ and husband’s relationships.”

Being proactive

“I was dealing with inertia because of grief. . . it helped kick me in the ass a little bit.”

“Once you start doing it, it becomes habit - reaching out and being with people and engaging in activities.”

“Action plans helped with accountability.”

“I can become more proactive/active in seeking connections within the community and beyond.”

Addressing barriers

“Asking “how can I fit here” instead of thinking I don’t.”

“I’m worthy of interacting with other people.”

“I learned I can get out and be accepted by others.”

“Instead of collapsing into myself, I’m opening up. I used to withdraw; now I don’t. I’m more aware of myself than I *ever* have been in my life. I’m more accepting of things; I talk to myself when I feel depressed or unworthy.”



What we learned:

- Social Engage Coaching is feasible to deliver and acceptable
- It benefited older adults with loneliness:
 - Reduced depression
 - Increased quality of life
- Question raised: Why didn't belonging and burden change?
 - More time and practice needed? → Booster sessions
 - More tailored strategies?
- Next steps:
 - Engage Coaching for Caregivers
 - Study with more sensitive assessments of *behavior* & boosters



Caregiver adaptations

• Engage Coaching for

- Key activity in
- unchanged.
- Consider care
- Psychoeducat
- stress
- Assess barriers to connect
- caregivers: changes in relationships, responsibilities, and
- roles that accompany caregiving.

“I realized that I felt isolated before and I wanted others to reach out to me and when they didn’t I felt down and wanted to be more engaged. I realized that this was a chain reaction, that I’m the one that needs to reach out if I want to feel better.”

Barriers to Being Social for Caregivers

Caregiving leads to changes in a caregiver’s life that can be barriers to remaining engaged in social activities. Are any of these changes and barriers familiar to you? What changes and barriers have you noticed?

Changes in Relationships

Sue mourns the loss of the way her relationship with her husband used to

Her husband, Ed, has dementia and she now provides care for him.

She rarely sees her friends since she became a caregiver. She feels her

family now act differently toward her, and they do not seem comfortable

with her at her home because her husband behaves oddly at times.

She does not have many opportunities to meet new people

because her time is so limited.

Responsibilities/Day-to-Day Tasks

Jean is busy because of the responsibilities of caring for his

mother. He has little time for daily errands and even less time for

social activities. Although his sister’s doctor mentioned that there are helpful

resources available from Lifespan, he does not know where to find

them. He feels he might benefit from assistance, but does

not want to burden anybody else by asking for help; also, he does not

know how to he would ask for help if he did.

Changes in You

Since Jean started caring for her mother, she has noticed she gets much more tired by the end of each day and does not sleep well. She faces challenges in her own health, as she is managing diabetes and a recent injury to her shoulder. She also notices that she feels irritable with fatigue later in the day; she feels guilty about this because she feels as a loving daughter she should not complain about caring for her mother.

Engage Coaching for Caregivers Example

- Subject is a 66 y/o white female, married & living w spouse w frontotemporal dementia
- Contributors to loneliness (treatment targets):
 - Domains of social connection that are missing:
 1. Companionship. Loss of her partner (husband) as the dementia progresses, with grief & loneliness.
 2. Emotional support: not wanting to share deeply about caregiving stress (respect for husband's privacy, dignity; fears of burdening children).
 - Barriers to connecting:
 3. Emotional barriers to leaving husband alone (guilt).
 4. Practical barriers to leaving husband alone (safety).

ENGAGE Action Planner

1. My goal is: To be more open with my kids [about how I'm feeling emotionally about caregiving]

2. Ideas for meeting my goal:

- a. Share how I am really feeling when my kids call everyday [versus I'm fine!]
- b. Have a face-to-face discussion when my daughter comes home for Memorial Day
- c. Writing it down, letter.

3. Which of the above is:

- | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|
| a. Something you could see yourself <u>doing</u> ? | <input checked="" type="radio"/> a | <input type="radio"/> b | <input type="radio"/> c |
| b. Will not cost you anything (time and money)? | <input checked="" type="radio"/> a | <input checked="" type="radio"/> b | <input checked="" type="radio"/> c |
| c. Will not cause another problem? | <input checked="" type="radio"/> a | <input checked="" type="radio"/> b | <input type="radio"/> c |
| d. Most likely to help you do what you want to do? | <input checked="" type="radio"/> a | <input type="radio"/> b | <input type="radio"/> c |

[decided later in discussion that phone would be easier and more natural]

4. Barrier Strategy is: _____

5. Steps (What will you do? When? Who is involved? Where will it happen? What do you need?):

- When kids call next, answer honestly when they ask how I'm doing.
- "It's been a rough day today."
- Thank them for listening at the end of the conversation. [to reassure them]

6. How did you do?



7. If you couldn't do your plan, what got in the way? _____



Study findings

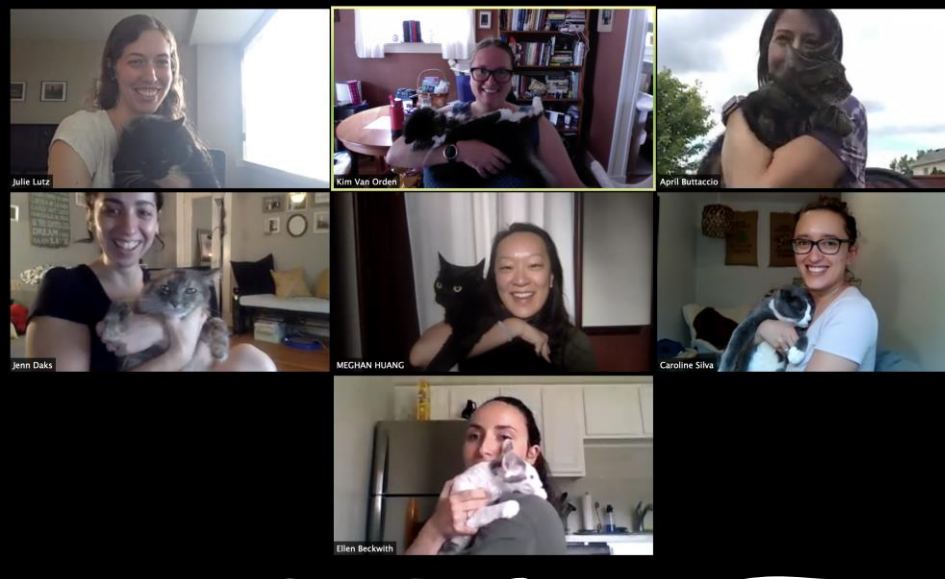
- Even busy caregivers appreciated coaching!
- Participants benefited from coaching:
 - Significant reductions in loneliness & isolation
 - Significant improvements in satisfaction with social activities
- Next steps:
 - Confirm effects with randomized controlled trial
 - Training program with our community collaborator



Summary

- Engage Coaching is appreciated by older adults who report significant loneliness
 - Improves depression & quality of life
 - Improves loneliness in dementia caregivers
- Designed to be easy to learn for coaches
 - Can be delivered via Zoom and/or phone (send Participant Manual via email or snail mail)
 - A manual for coaches and a participant workbook is available. A training program for care managers is under development.
 - Time commitment for coaches: typically two hours per consumer served (including documentation, scheduling, supervision and any necessary travel time).
 - Social Engage Coaching could be efficiently provided through existing infrastructure for programs such as the Program to Encourage Active, Rewarding Lives (PEARLS) for late-life depression.





Stay connected!

- Kim Van Orden: kimberly_vanorden@urmc.rochester.edu
- Twitter: @kimvanorden
- The HOPE Lab (Helping Older People Engage):
 - <https://www.urmc.rochester.edu/labs/van-orden/projects.aspx>
- The Rochester Roybal Center for Social Ties & Aging Research
 - <https://research.son.rochester.edu/rocstarcenter/active-studies.html>



engAGED Resources

- New! A new manual on Implementing and Expanding Virtual Programming for Older Adults
- Updated! A re-launched and updated Community Awareness Toolkit
- Other resources:
 - Social Engagement Innovations Hub
 - Tips for holding Virtual Events manual
 - Videos
 - Consumer brochures
- Monthly newsletter and blog
- www.engagingolderadults.org



Commit to Connect

- Fostering a nationwide network of champions who are committed to addressing social isolation and loneliness
 - Online discussions
 - Communities of Practice
 - Peer Networking opportunities
 - Newsletter and resources
- Funded by ACL
- USAging serves as the Coordinating Center



COMMIT TO
Connect

<https://committtoconnect.org/>

Questions and Discussion

Please submit your questions or comments
through the Q&A.

Thank You!

- Please complete the survey which will be displayed in your browser after Zoom closes. There is also a brief 3-month survey.
- The recording will be available on www.engagingolderadults.org.

Connect With Us!

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- Twitter: @engAGEDCenter
- info@engagingolderadults.org