

VA Connection Plans: An Introduction and Clinical Training on a Social Connection Intervention

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Disclosures

- No disclosures to report
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Outline



Social Isolation and Health

Impacts of COVID-19

VA Connection Plans: An Overview

Tips from the Field

Other Resources

Poll Question 1

Is loneliness something that you discuss and/or assess with the Veterans you work with?

- a. Yes, all the time!
- b. Sometimes, if indicated.
- c. No, it doesn't come up.

Objective and Subjective Social Isolation

Objective social isolation

- “Having little social contact with other people, can be objectively measured by social network size and frequency of contacts with others”

Subjective social isolation

- Loneliness - “distress related to a discrepancy between desired and perceived availability/quality of social interactions”
- Perceived social support - “Self-rated adequacy of available social resources”

Both have negative impacts on health and well-being

Social Isolation and Health

Social isolation is associated with a range of poor outcomes



Poor mental health



Unhealthy behaviors



Poor physical health



Mortality
(both suicide and all-cause)

Social Isolation and Mental Illness

- Objective social isolation is more common among people with mental health conditions
- People with severe mental illness (SMI) have smaller and less satisfactory social networks, more likely to include family members and professional care providers
- The odds of being lonely are eight times higher among people with mental health conditions
- Half of people with SMI are lonely, compared to one third of the general population

Factors Contributing to Social Isolation for People with SMI

- Skills deficits
- Symptoms
- Constricted social networks
- Lack of friendships
- Stigma
- Poor community integration – e.g., housing, employment
- Poverty
 - Grooming/ clothing
 - Lack of money for social activities

Social Isolation and Older Adults

- 24% of community-dwelling adults age 65+ are socially isolated
- 35% of adults age 45+ and 43% of adults age 60+ report feeling lonely
- Those who are most at-risk for social isolation are difficult to reach
- Health care system has been identified as a key partner in addressing social isolation

Factors Contributing to Social Isolation for Older Adults

- Chronic illness
- Living alone
- Loss of friends and family
- Hearing/vision loss
- Transportation
- Retirement
- Caregiving

Interventions for Social Isolation

- Can target subjective and/or objective social isolation
- In general, research evidence is not strong enough to support concrete recommendations
- Interventions that are educational and/or that have an active role for the person whose social isolation is being targeted may be most effective

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Impacts of COVID-19

- Older adults and people with SMI are at disproportionate risk for negative impacts of COVID-19 pandemic
- Two-pronged risk
 1. Social, economic, and behavioral factors may make them more likely to be exposed to COVID-19
 2. Pre-existing health conditions increase risk of negative outcomes if they acquire COVID-19

Impacts of COVID-19

- Read more about people with SMI:

Druss, B. G. (2020). Addressing the COVID-19 pandemic in populations with serious mental illness. *JAMA Psychiatry*, 77(9), 891-892.

<https://doi.org/10.1001/jamapsychiatry.2020.0894>

Kozloff, N., Mulsant, B. H., Stergiopoulos, V., & Voineskos, A. N. (2020). The COVID-19 global pandemic: implications for people with schizophrenia and related disorders. *Schizophrenia Bulletin*, 46(4), 752-757.

<https://doi.org/10.1093/schbul/sbaa051>

- Read more about older adults:

Sepúlveda-Loyola, W., Rodríguez-Sánchez, I., Pérez-Rodríguez, P. et al. (2020). Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations. *Journal of Nutrition, Health & Aging*. <https://doi.org/10.1007/s12603-020-1469-2>

Tyrrell, C. J., & Williams, K. N. (2020). The paradox of social distancing: Implications for older adults in the context of COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S214-S216.

<http://dx.doi.org/10.1037/tra0000845>

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Input from Stakeholders

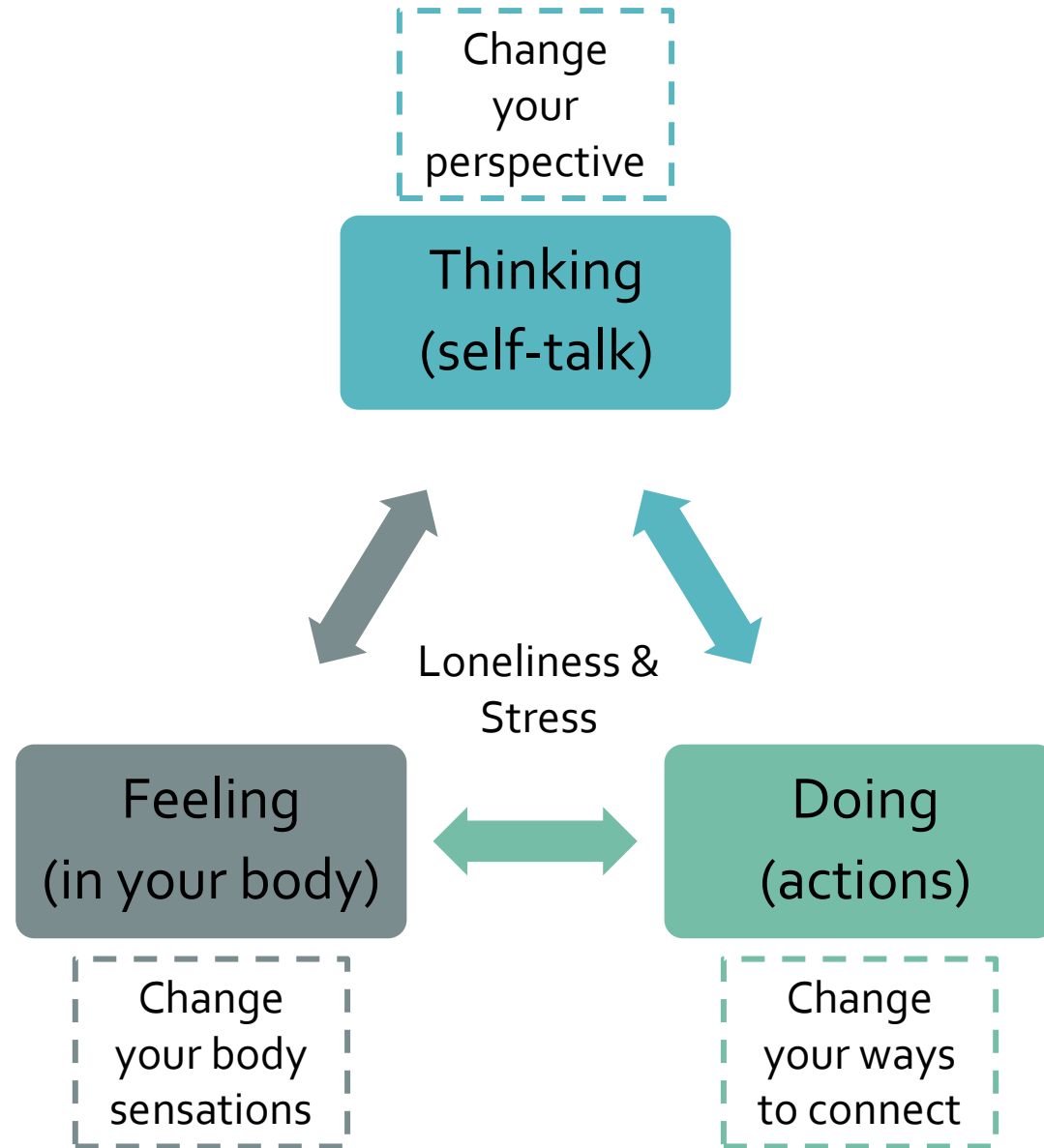
VA Maryland Health Care System Geriatric and Extended Care

Perry Point VAMC Psychosocial Recovery and Rehabilitation Center

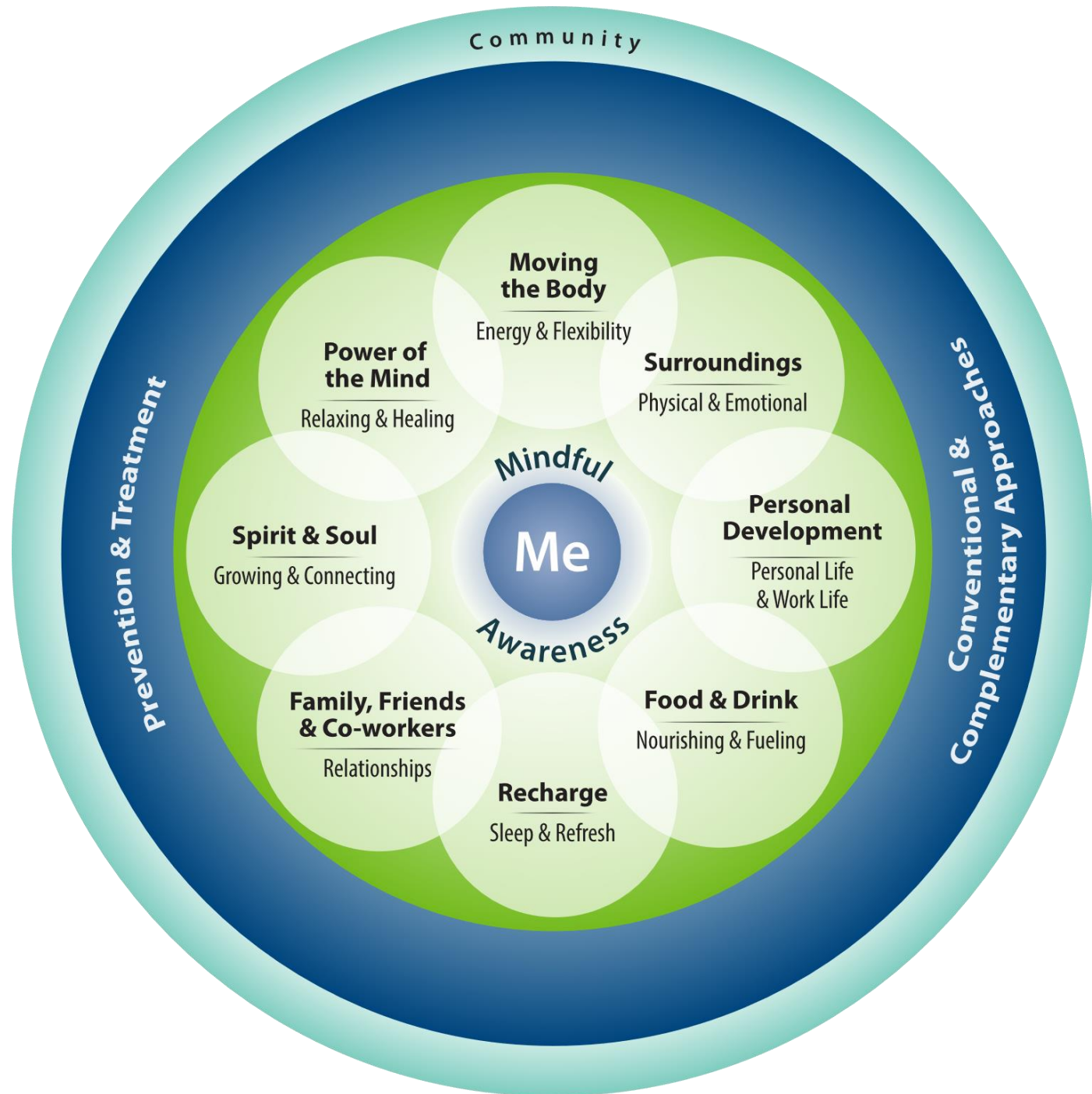
Baltimore VAMC Psychosocial Recovery and Rehabilitation Center

Veterans of the VISN 5 MIRECC Veteran Stakeholder Forum

CBT Model of Social Isolation



Whole Health





Active Listening

Full attention

Eye contact, nodding, affirmative noises



Open Ended Questions

Can not be answered with yes or no



Reflections

Mirror back what you think you heard

Key Clinical Skills



Cognitive Restructuring

Techniques which help people notice their inaccurate or negative thoughts and change them



SMART Goals

Specific, Measurable, Achievable, Relevant, and Time-bound



Mind-Body Connection

Interconnection between our thoughts, feelings, behaviors, and physical sensations

Key Therapeutic Modality Skills

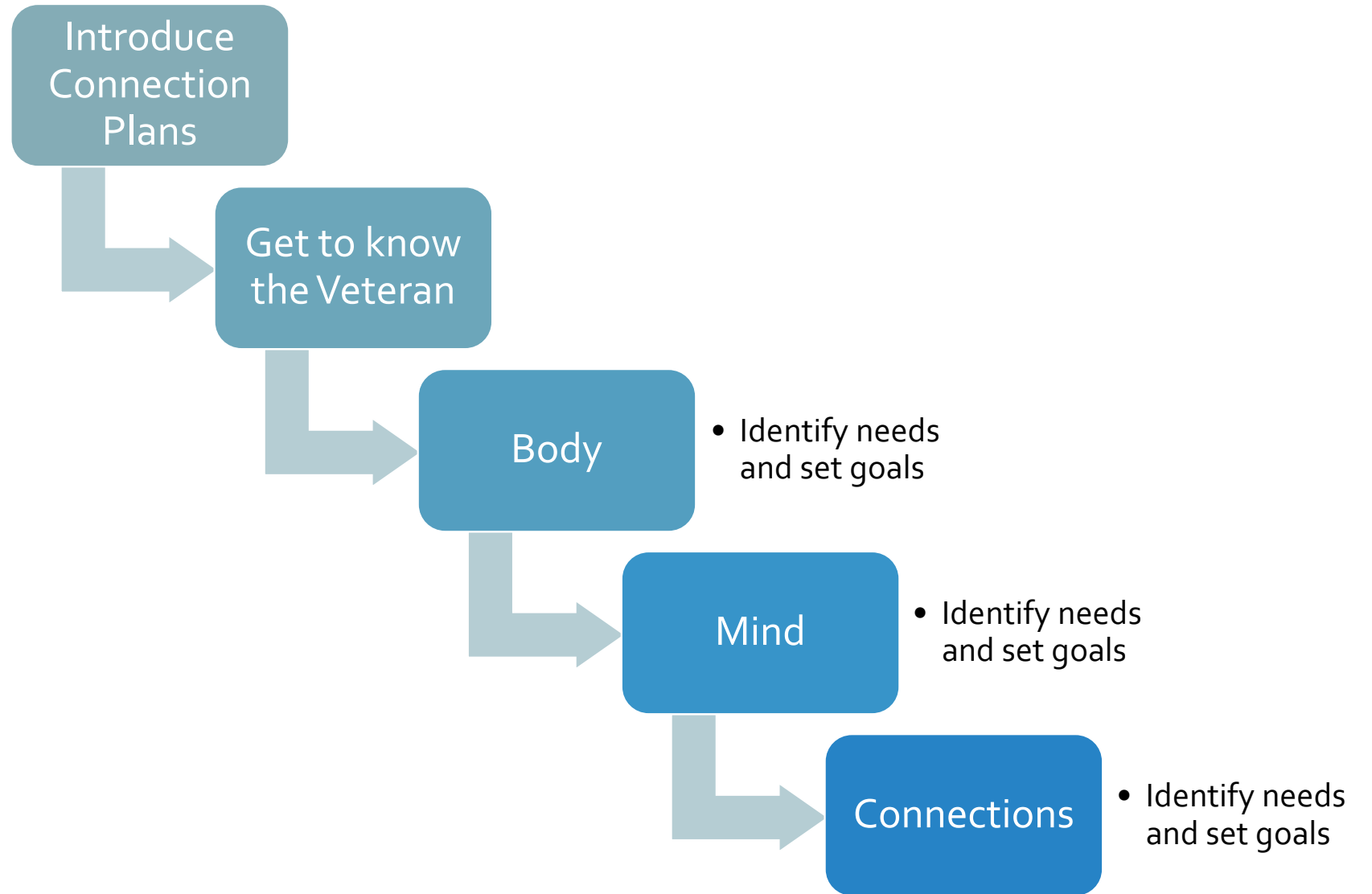
Session 1

Check-in

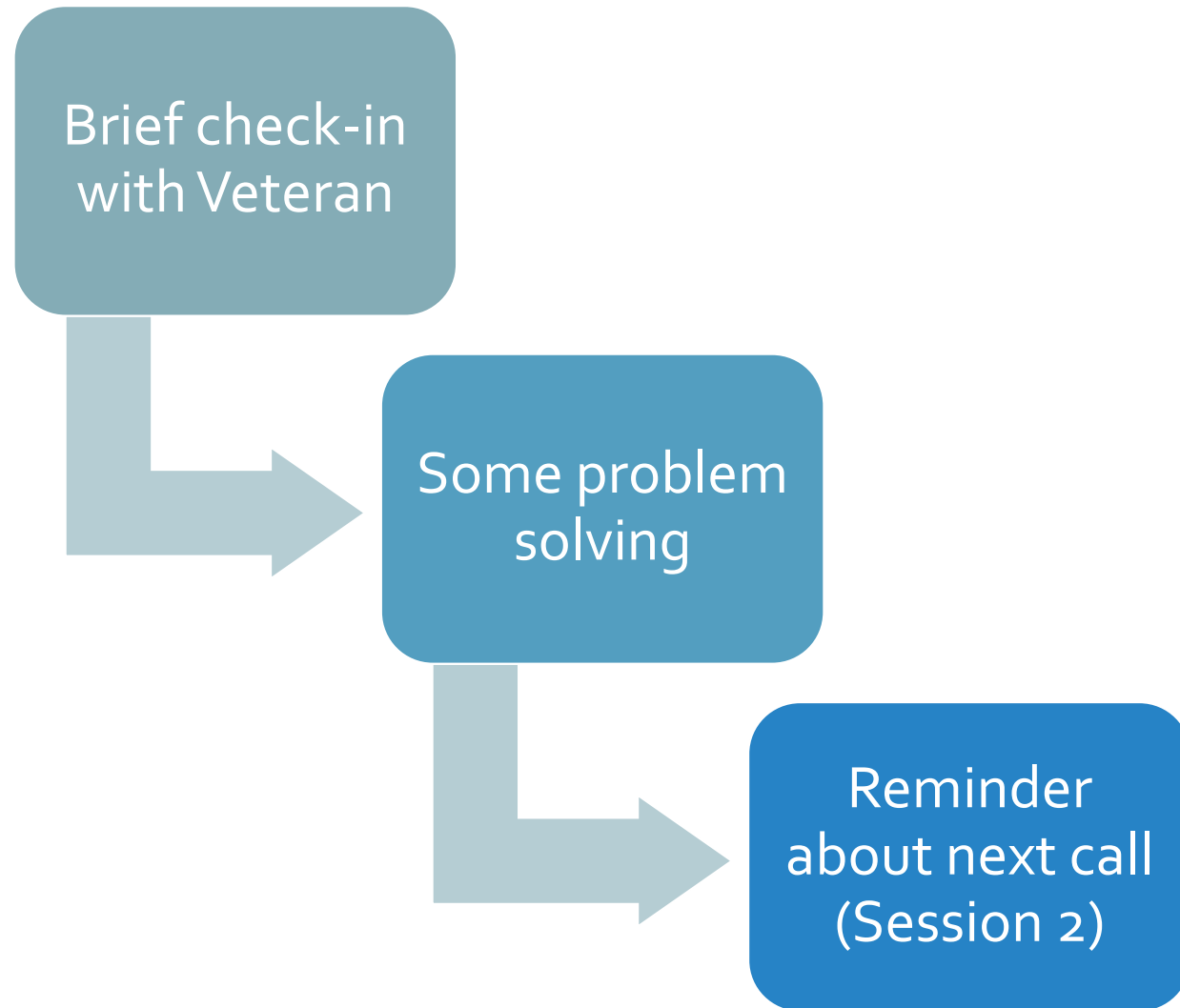
Session 2

VA Connection Plans

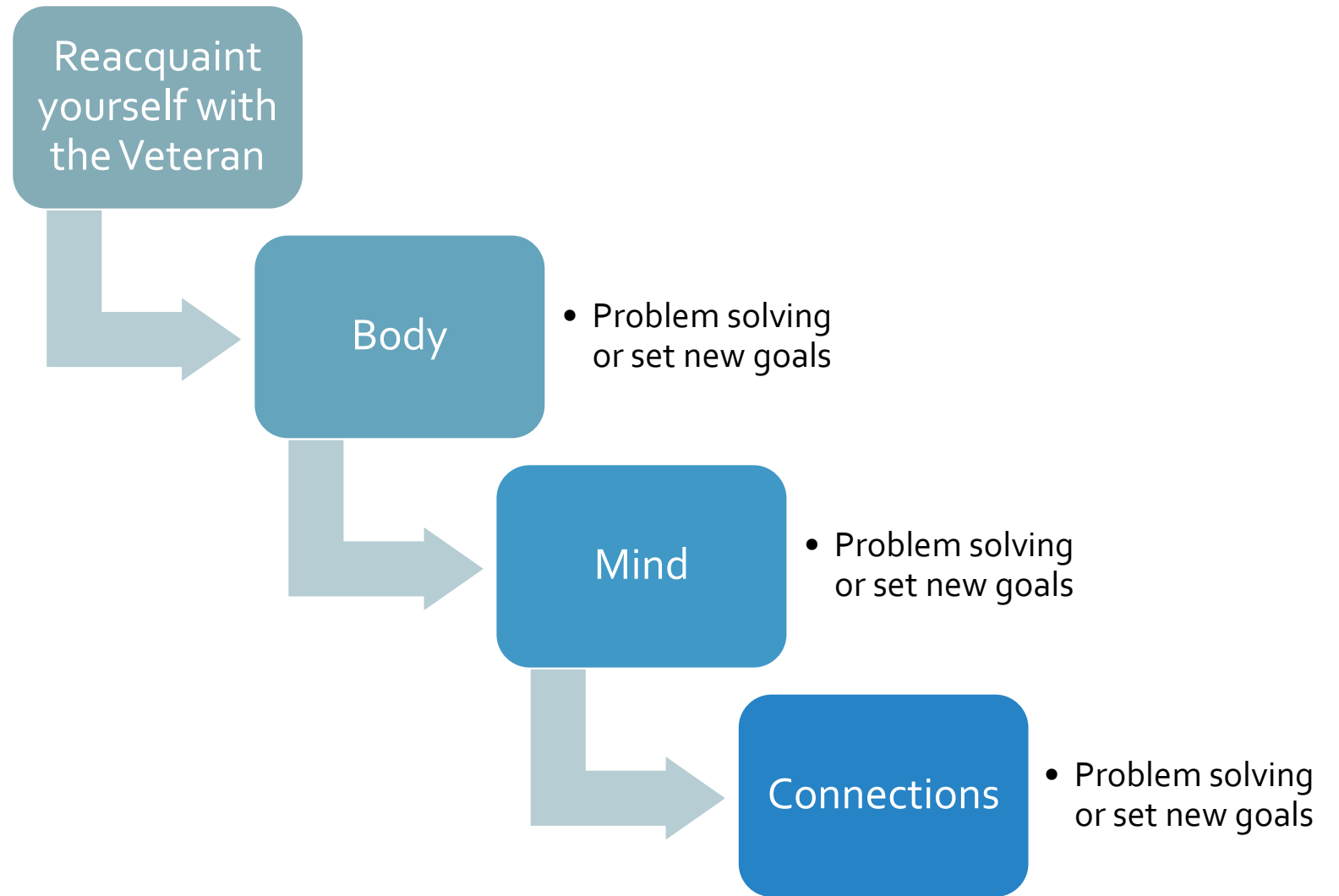
Session 1



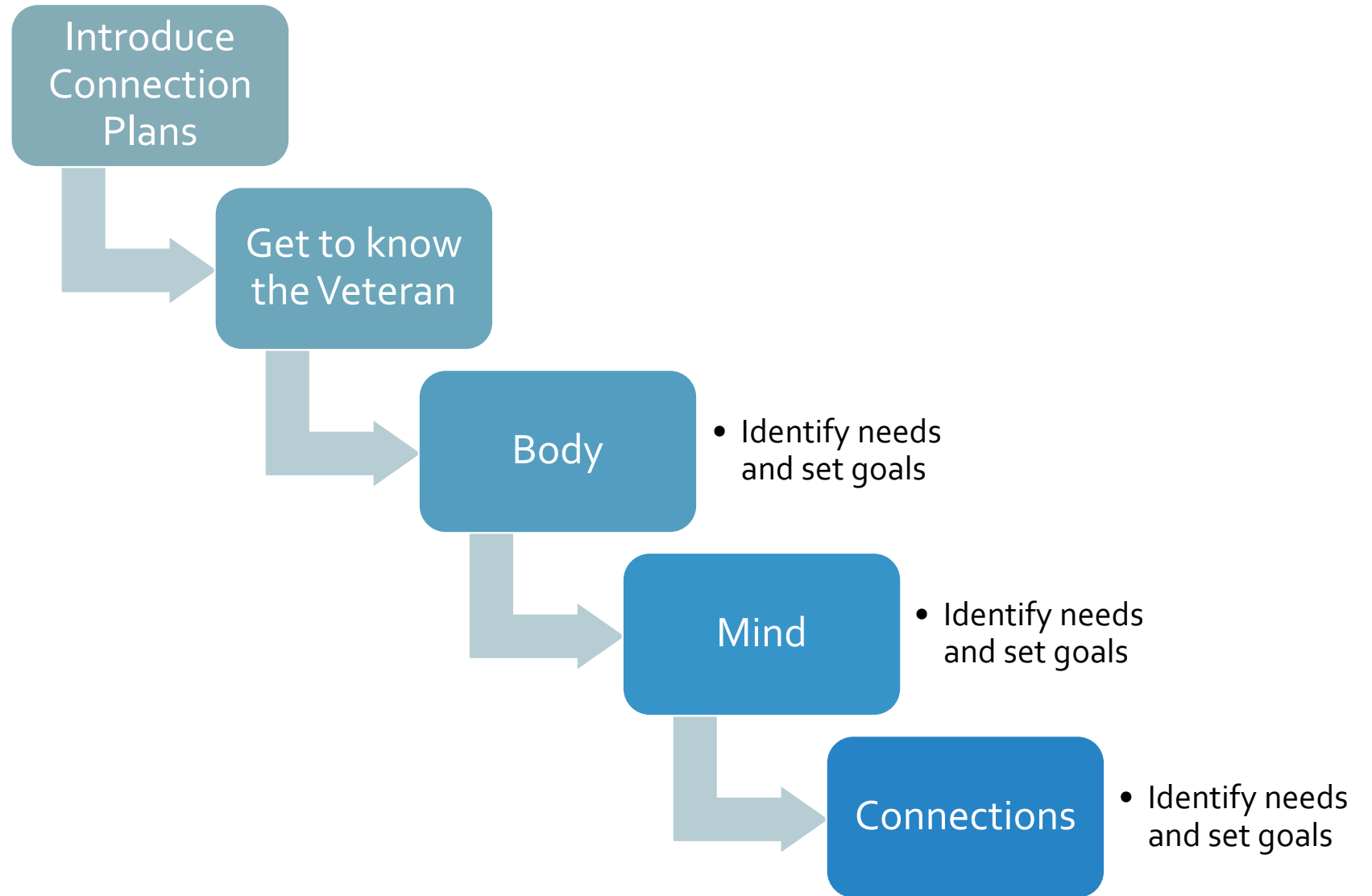
Midpoint Check-in



Session 2



Session 1



Getting to Know the Veteran

Assessment goals are to determine:

- What is causing feelings of loneliness and isolation
- What the individual values socially
- What barriers exist that make it difficult to find new ways to connect



Measuring objective social isolation is NOT a goal

- Even people with few contacts can make a Connection Plan
- Part of the Connection Plan is to find NEW ways to connect



Measurement Based Care

- **Brief Resilient Coping Scale** (4 items)
- **Perceived Stress Scale** (4 items)
- **PROMIS Social Isolation** (4, 6, or 8 items)
- **PROMIS Self-Efficacy for Managing Social Interactions** (4 or 8 items)
- **UCLA Loneliness Scale** (3 items)

Connection Plan Worksheet

My Connection Plan

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Body

Ways I can change how my body feels:



Mind

Ways I can change my perspective:



Connection

Ways I can connect:

Body:

Strategies to change your body sensations



Soothe all five senses

- Listen to music, smell fresh baked cookies, pet your dog/cat, look at artwork, taste your favorite food, step outside



Engage in mind-body practices or physical activity

- Mindful breathing, muscle relaxation, imagery
- Going for a walk or gentle stretching
- Tai chi or yoga



Change your temperature

- Warm up by taking a bath or sipping warm tea
- Cool down by splashing cool water on our face or holding an ice cube

Mind:

Strategies to change your perspective

Examine

- “How can I view the situation from another perspective?”
- “How would someone I think highly of view this situation?”
- Write down your thought and list evidence that supports and contradicts that thought

Shift

- What is something encouraging you say to yourself when times are hard?
- Are there prayers, mottos, slogans, sayings, poems, or song lyrics that speak to you and help you feel more hopeful?

Practice

- What coping skills can you use to take your mind off your negative thoughts?
- Engage in a mindfulness activity or prayer to connect with a sense of our shared humanity and that we’re all in this together

Connections: Strategies to change your ways to connect



Focus on helping others

Volunteer remotely

Take care of a neighbor's
pet or plants



Connect with others in safe ways

Call loved ones

Look at photographs

Call friendly support lines



Remind yourself of our shared humanity

Connect with nature

Make art

Listen to music

Example: Ms. K who lives with her husband

- Ms. K is a 76-year-old woman who lives at home with her husband who has dementia
 - Ms. K is her husband's primary caregiver
- **Body**
 - When feeling overwhelmed she listens to their favorite music with her husband.
- **Mind**
 - "We are a burden." → "Our daughter wants to take care of us because she loves and needs us."
- **Connections**
 - Sets up a weekly video call with the grandkids.
 - Looks through old family photo albums to reminisce with her husband.

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How to Introduce Connection Plans

Words like loneliness and social isolation carry stigma

Be general in how you describe the intervention

Example:

- *"To help support older Veterans to create positive changes in their lives, we are offering an opportunity to create what is called a Connection Plan. The idea for Connection Plans came from research on how to help people feel more connected and less isolated. We got feedback from Veterans about it too."*
- See script in manual for more details.

Screening Participants

Veterans must have cognitive capacity to co-create a plan for their well-being

If your clinic routinely uses screening measures like the MMSE or MOCA you can employ these to screen participants

We are using a “low tech” screen, as follows

1. Explain the Connection Plans project
2. Ask, “Can you explain in your own words what I just told you about Connection Plans? What if you decided later that you didn’t want to participate anymore?”
3. Veteran must demonstrate understanding that (a) you and the Veteran will speak by phone to (b) create a plan to support their health/well-being, and that (c) participation is voluntary and they can stop anytime.
4. If the Veteran does not understand, explain the project again and ask question (2) again. If the Veteran still does not understand – this is a screen out – thank them for their time and politely end the call.

Involving Social Supports

Why Involve Social Supports?

Deciding to Involve a
Support Person

Centering the Veteran

Support for Caregivers
www.caregiver.va.gov

Can Support Persons Make
Their Own Connection Plan?



Tips for connecting by phone or video



Use open-ended questions, active listening, and reflections



Keep it strengths focused

Get to Know
the Veteran

General Tips

Meet Veterans where they are

The Connection Plan should be driven by their goals, preferences, and values!

How to help Veterans with SMART goals
–visualize it!

Writing up the Connection Plan

Tips for the Three Sections

Body

- Setting safe physical activity goals
- Keep goals fun!

Mind

- Be flexible- try cognitive restructuring, alternate positive coping statements, or coping skills in response to negative thoughts

Connections

- Meet Veterans where they are and be flexible about what constitutes connection
- Always take COVID-19 safety precautions into account – check current local and CDC guidelines
- Look into warmlines and other opportunities for social connection in your local area

Troubleshooting Challenges

Issues with concentration, comprehension, and memory

Time management

Getting buy-in

Overly ambitious goal-setting

Fidelity Form – CONTENT

- How well did the interventionist:
 - Introduce Connection Plans
 - Use open-ended questions, reflections, and affirmations to get to know the Veteran
 - Explain the mind-body connection
 - Discuss potential “Body” goals
 - Explain the connection between thoughts, behaviors, and feelings
 - Discuss potential “Mind” goals
 - Explain the importance of being socially connected
 - Discuss potential “Connection” goals
 - Discuss, as applicable, what precautions to take to socialize safely, minimizing risk for COVID-19 exposure per CDC guidelines
 - Include goals in the Connection Plan that are as specific as possible, e.g., meet the SMART criteria

Fidelity Form – PROCESS

- How well did the interventionist:
 - Demonstrate Veteran-centered communication through empathic active listening, open-ended questions, and reflections
 - Provide affirmations and positive feedback throughout the session
 - Adjust communication style to meet the needs of the Veteran (i.e., as needed depending on the Veteran: speaking slowly, loudly, clearly, in short sentences, and repeating information)
 - Manage time effectively – able to move through material so all content is covered while allowing for interactive conversation
 - Engage in collaborative goal-setting with the Veteran, with selected goals shaped by Veteran preferences and values

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Other Resources

- Download the manual!
 - https://www.mirecc.va.gov/visn5/training/connection_plans.asp
- Twice-monthly consultation office hours on Teams:
 - 3rd Mondays at 4:00pm (Eastern)
 - 3rd Thursdays at noon (Eastern)
 - To join the VA Connection Plans team:
 - Code: hofsg1m
 - Users can join by navigating to the "Teams" tab within Microsoft Teams and clicking at the bottom where it says "Join or create a team." Then enter the code on the "Join a team with a code" card.
- Share your thoughts in our survey:
 - <https://rs.igs.umaryland.edu/surveys/?s=HDHHE3R43R>

Many thanks to our colleagues

- VISN 5 MIRECC Connection Plans Team
 - Kinnera Atluri, MS
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 - Tracy Robertson, BS, CPRS
 - <https://www.mirecc.va.gov/visn5/>
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- Kim Van Orden and the HOPE Lab at the University of Rochester Medical Center
 - <https://www.urmc.rochester.edu/labs/van-orden.aspx>

Thank You!

Questions?

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