

Socially ENGAGE: ***Pilot Trial to Demonstrate Feasibility of an Intervention to Increase Social Engagement***

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- Chip Reynolds
- Nancy Talbot
- Paul Duberstein
- Thomas Joiner
- Alisa O'Riley
- Phil Smith
- Tracy Witte

... and many more

Significance

- Older adults are the most rapidly growing segment of the population.
- Older adults have higher rates of suicide than other segments of the population.
- In successive cohorts the problem may be worse.
- Suicidal behavior is more lethal in later life than at other points in the life course.

LETHALITY OF LATE LIFE SUICIDE

- Older people are
 - more frail (more likely to die)
 - more isolated (less likely to be rescued)
 - more planful and determined
- **Implying**
 - **Interventions must be aggressive** (indicated)
 - **More distal prevention is key** (selective and universal)

PSYCHOPATHOLOGY

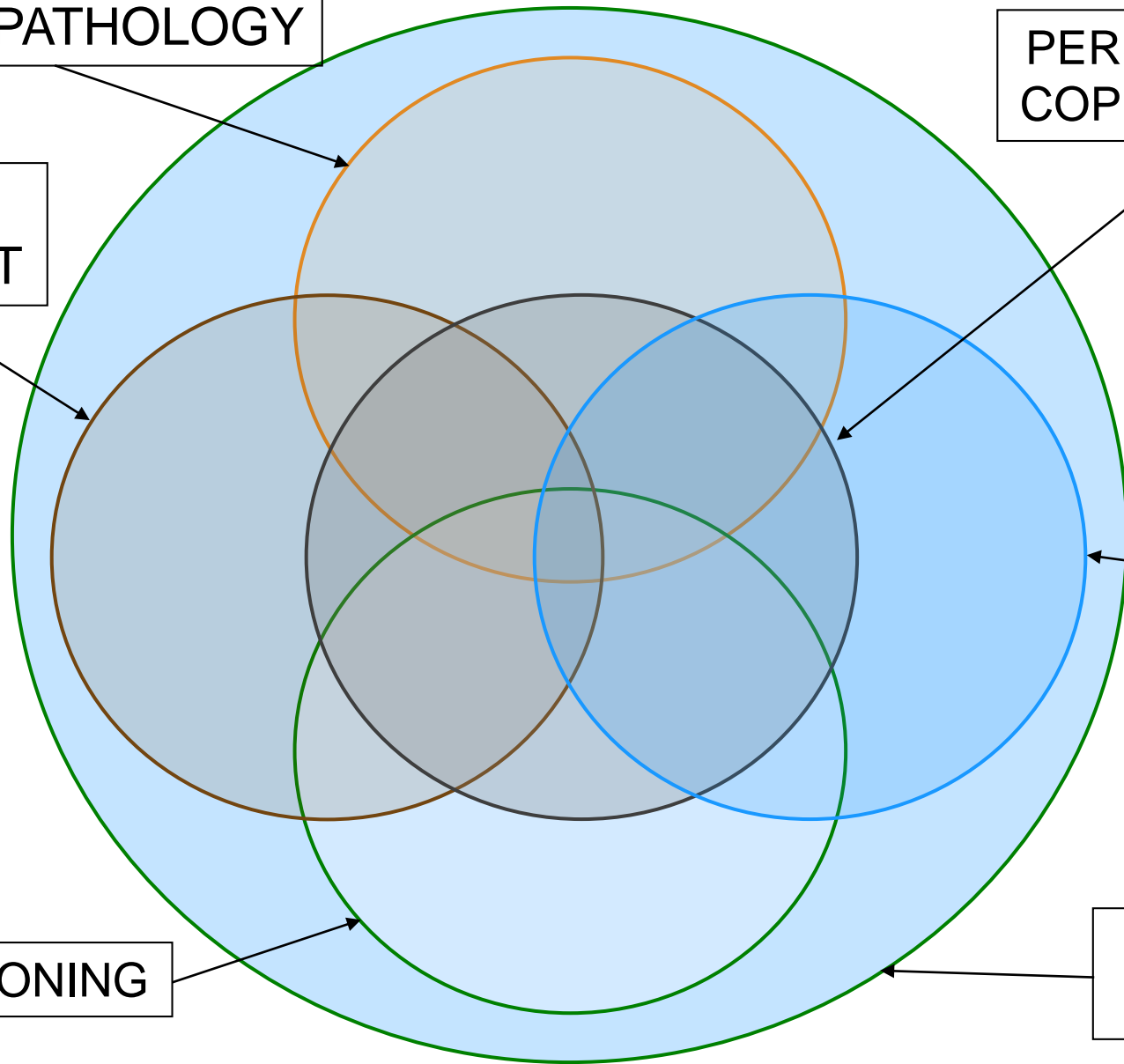
PERSONALITY,
COPING STYLE

SOCIAL
CONTEXT

PHYSICAL
HEALTH

FUNCTIONING

FIREARM
ACCESS



Institute of Medicine Terminology: “LEVELS” OF PREVENTIVE INTERVENTION

“**Indicated**” – symptomatic and ‘marked’ high risk individuals – interventions to prevent full-blown disorders or adverse outcomes.

“**Selective**” – high-risk groups, though not all members bear risks – prevention through reducing risks.

“**Universal**” – focused on the entire population as the target – prevention through reducing risk and enhancing health.

OPTIMAL SUICIDE PREVENTION =

Indicated

+

Selective

+

Universal

*“MULTI-LAYERED SUICIDE
PREVENTION”*

OPTIMAL SUICIDE PREVENTION =

Indicated – *detect and treat depression*

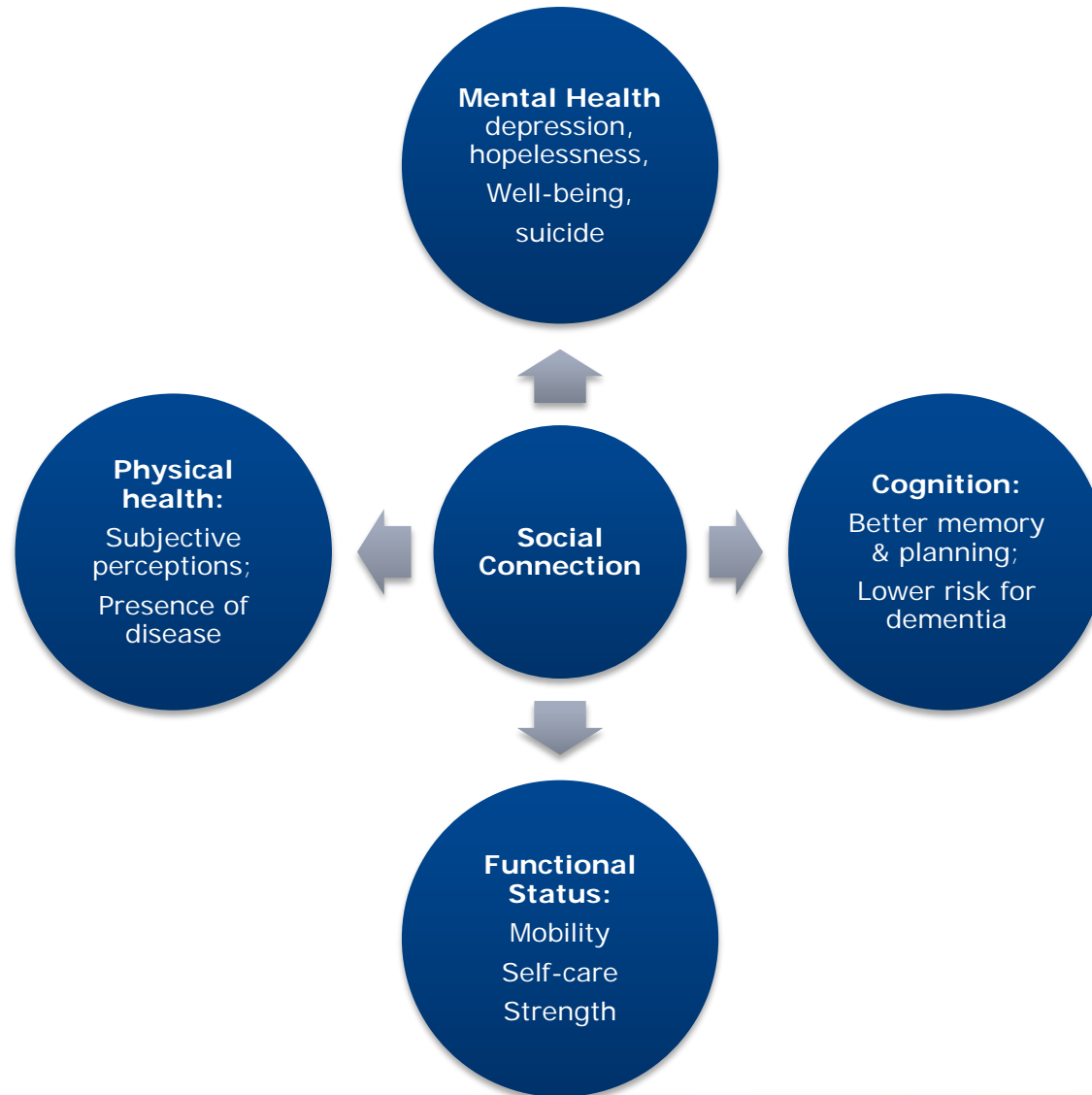
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Selective – *optimize independent functioning, increase social connectedness*

+

Universal – *education to reduce ageism, promote gun safety*

Importance of Social Connectedness in Later Life



Review of Social Factors in Late Life Suicide

Table 2. Box score summary of review findings.

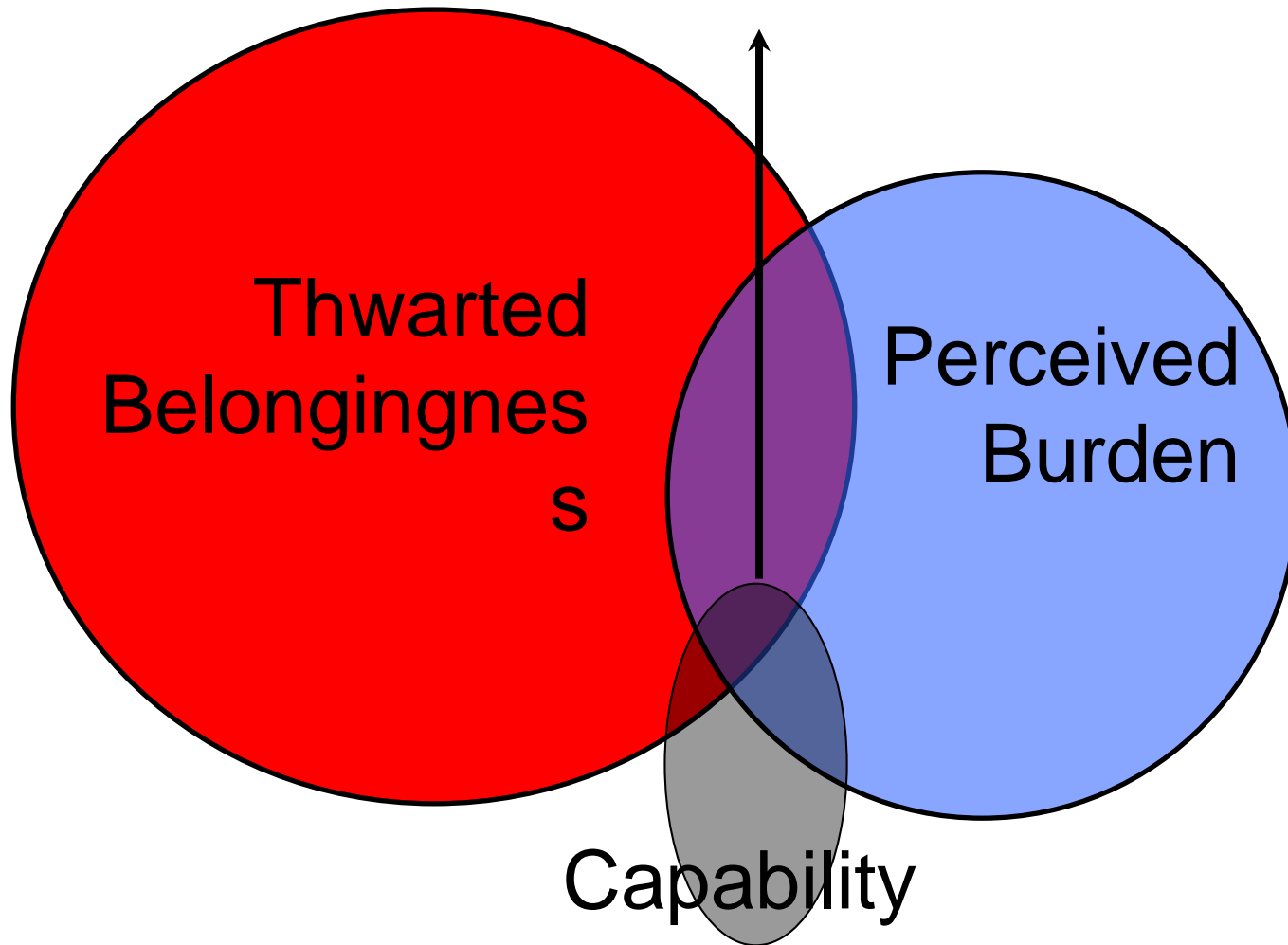
| Variable | Number of studies | Some evidence of association with outcome | | |
|-----------------------------|-------------------|---|-------|----|
| | | Yes | Mixed | No |
| Marital status | 11 | 4 | | 7 |
| Living arrangement | 11 | 3 | 1 | 7 |
| Religion | 4 | 3 | | 1 |
| Frequency of social contact | 3 | 1 | 2 | |
| Low social integration | 5 | 4 | | 1 |
| Social support | 2 | 1 | 1 | |
| Loneliness | 2 | 2 | | |
| Relationship discord | 3 | 3 ^A | | |

^A One study found that *absence* of relationship discord was associated with suicidal ideation [33].

Fassberg MM, van Orden KA, Duberstein P, Erlangsen A, Lapierre S, Bodner E, et al. A systematic review of social factors and suicidal behavior in older adulthood. *Int J Environ Res Public Health* 2012;9(3):722-45..

INTERPERSONAL THEORY OF SUICIDE

Suicide



Joiner (2005); Van Orden et al. (2010)

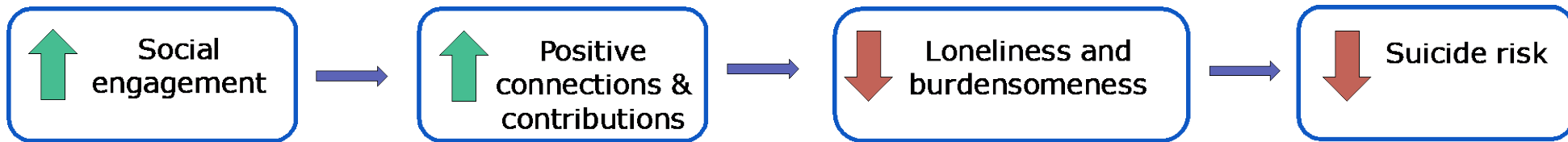


Socially ENGAGE

K23MH096936; K. Van Orden, PI

- **OBJECTIVE:** To examine whether ENGAGE psychotherapy (that targets social engagement) is effective in reducing risk for suicide.
 - Randomized trial: ENGAGE vs. CAU
 - Inclusion: Endorse loneliness/perceived burden
 - Hypotheses: (1) Targeting social engagement will indirectly reduce suicide risk by increasing belonging and reducing perceived burden, (2) Changes in belonging & burden will temporally precede (pilot) or mediate (full study) changes in suicide risk.

Model of Intervention Effects Grounded in The Interpersonal Theory of Suicide





ENGAGE

- 10 psychotherapy sessions offered in the home.
- Developed from Problem Solving Treatment
 - Designed to be easier to implement & in line with RDoC domains
 - For PST info: <https://aims.uw.edu/resource-library/problem-solving-treatment-pst>
- “Action Plans” – the tool used to teach the skill of increasing social engagement—the focus for this study.
 - Note: as originally developed, ENGAGE also targets increasing pleasant and physical activities



“Baby Steps”

ENGAGE Action Planner

1. My goal is: get out + be around people

2. Ideas for meeting my goal:

a. library - read by fireplace

b. go window shopping or shopping, Fil. Mowatts, Shors

c. Sunday evening @ Christ Church songs

3. Which of the above is:

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

4. Barrier Strategy is: inertia → look at action plan

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

Thurs on Friday

30 mins reading at library

bring blank notebook

6. How did you do?

☹ ☹ ☹

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



“Conflict”

ENGAGE Action Planner

1. My goal is: be pleasant with sister at garage sale

2. Ideas for meeting my goal:

- a. Rubber band reminder when notice negative thoughts
- b. telling my mind to "drop the thoughts"
- c. ask sister about her life
- d. ask for her help/assistance 2. sister

3. Which of the above is:

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

4. Barrier Strategy is: na

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

- find bracelet
- _____
- _____
- _____

6. How did you do?

☹️ ☹️ ☺️

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



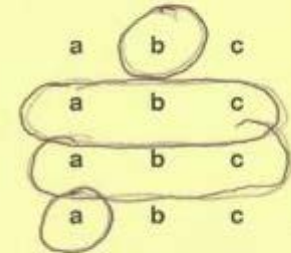
1. My goal is: attend the fitness class

2. Ideas for meeting my goal:

- a. if had someone to go with - ask someone
- b. introduce myself to someone, chat with them
- c. put it on calendar

3. Which of the above is:

- a. Something you could see yourself doing?
- b. Will not cost you anything (time and money)?
- c. Will not cause another problem?
- d. Most likely to help you do what you want to do?



4. Barrier Strategy is: _____

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

- Call someone - friend, when she moves in, about LIFE Fitness
- try chair fitness tomorrow
- introduce myself to someone in class
- _____

6. How did you do?



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

“Working Out”

Demographics

Sex

- Randomized n=62 (32% male)
 - N=30 CAU (33% male)
 - N=32 ENG (31% male)

Living alone

- 70% living alone
- 34% with 1 other

Education

- At least some college: 70%
- Range: less than HS to grad

Age

- Mean age = 72.14, sd=9.07
- Age range: 60.55 – 92.75

Marital status

- Married: n=14 (23%)
- Divorced n=19 (31%)
- Widowed n=19 (31%)

Race

- 6% non white

Attrition & Compliance

- N=57 completed final assessment (92%)
- Mean number of completed sessions: 8.5
 - Range: 1-10
 - 66% completed all 10 sessions
 - 88% completed 6 or more sessions

Participants appreciated ENGAGE

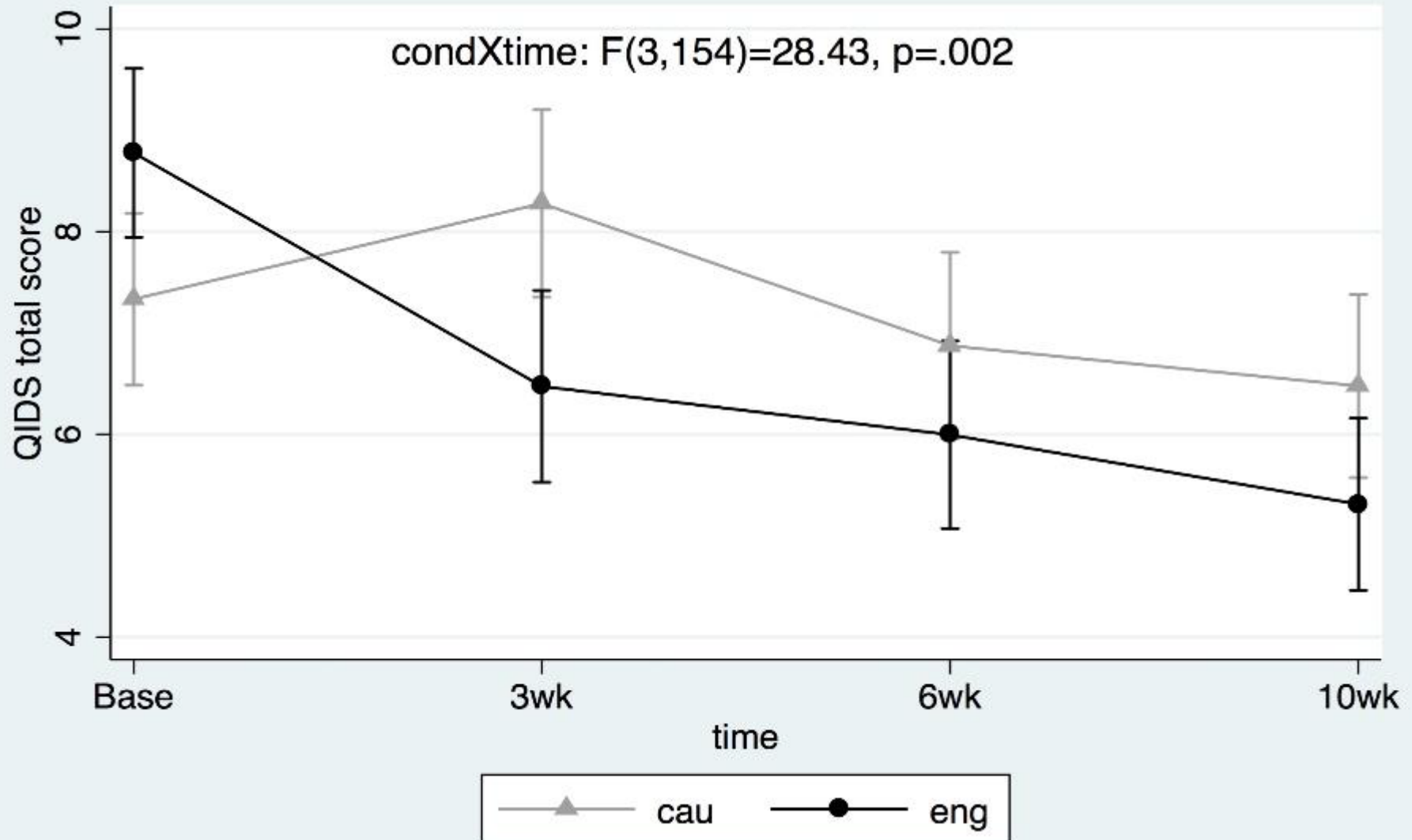
- "It makes you ENGAGE with others but also with yourself...I wish Strong had a program like this all the time."
- "Engage came for me just at the right time - I am so happy I was in this group."
- "This kind of coaching is really helpful for me (the discussion, feedback, insights, problem solving, planning)."

Benefits of social engagement

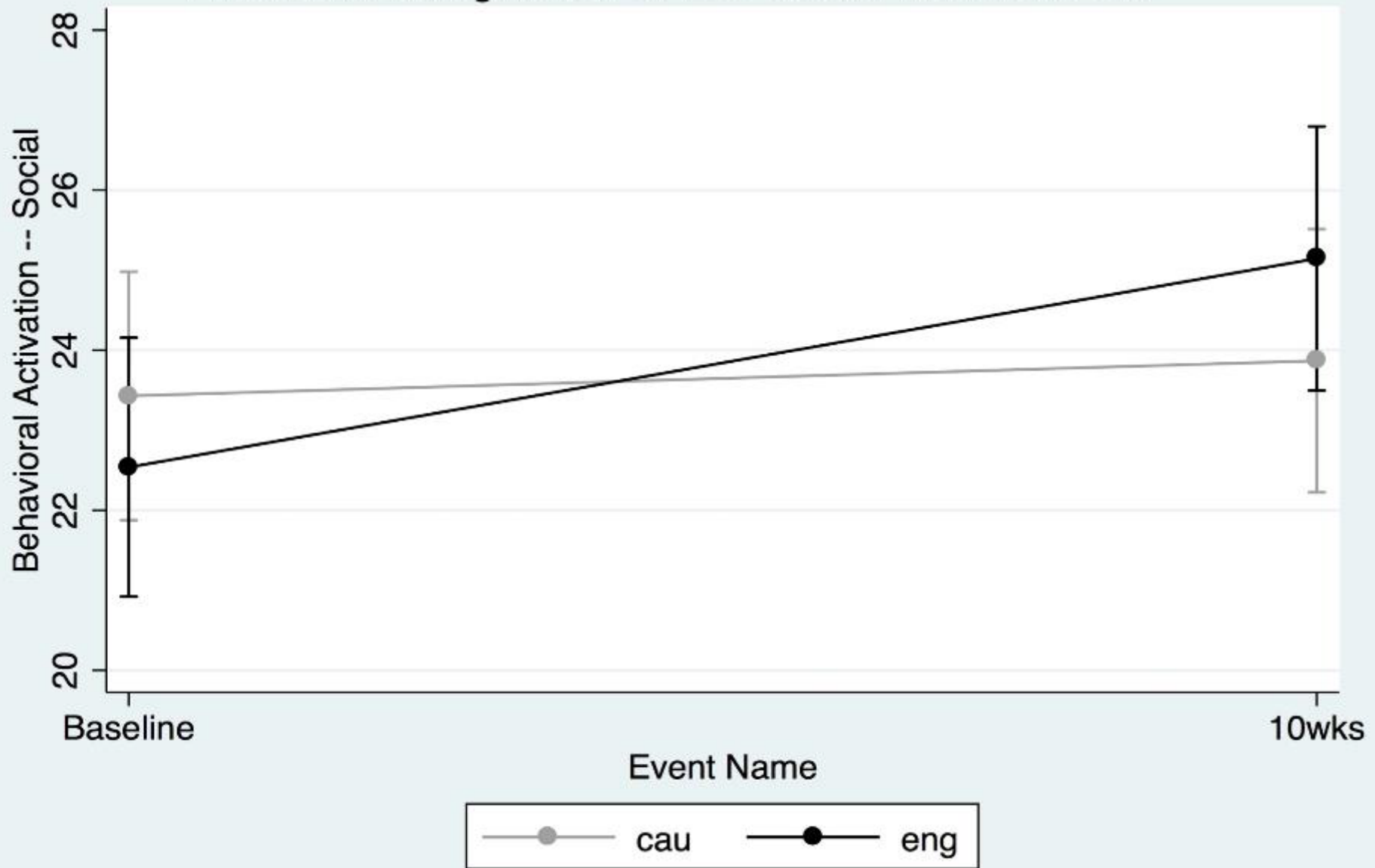
- “Staying involved in activities will stave away depression.”
- “Reaching out to people helps me feel useful.”
- “Do things with family to make me feel less lonely.”

Depression Symptom Severity

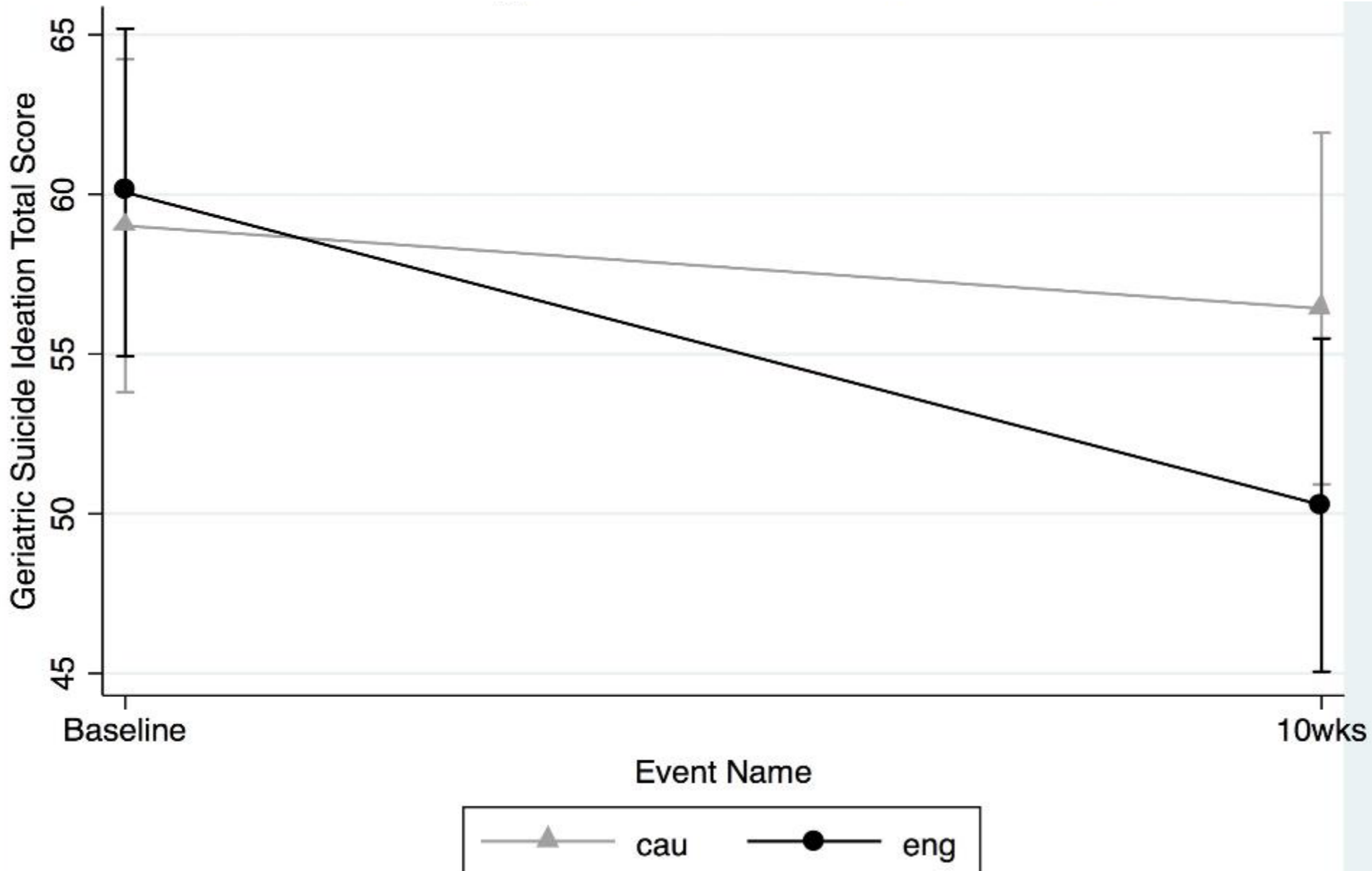
n=57 completed 10 week assessment (92%)



Behavioral Activation Scale: Social



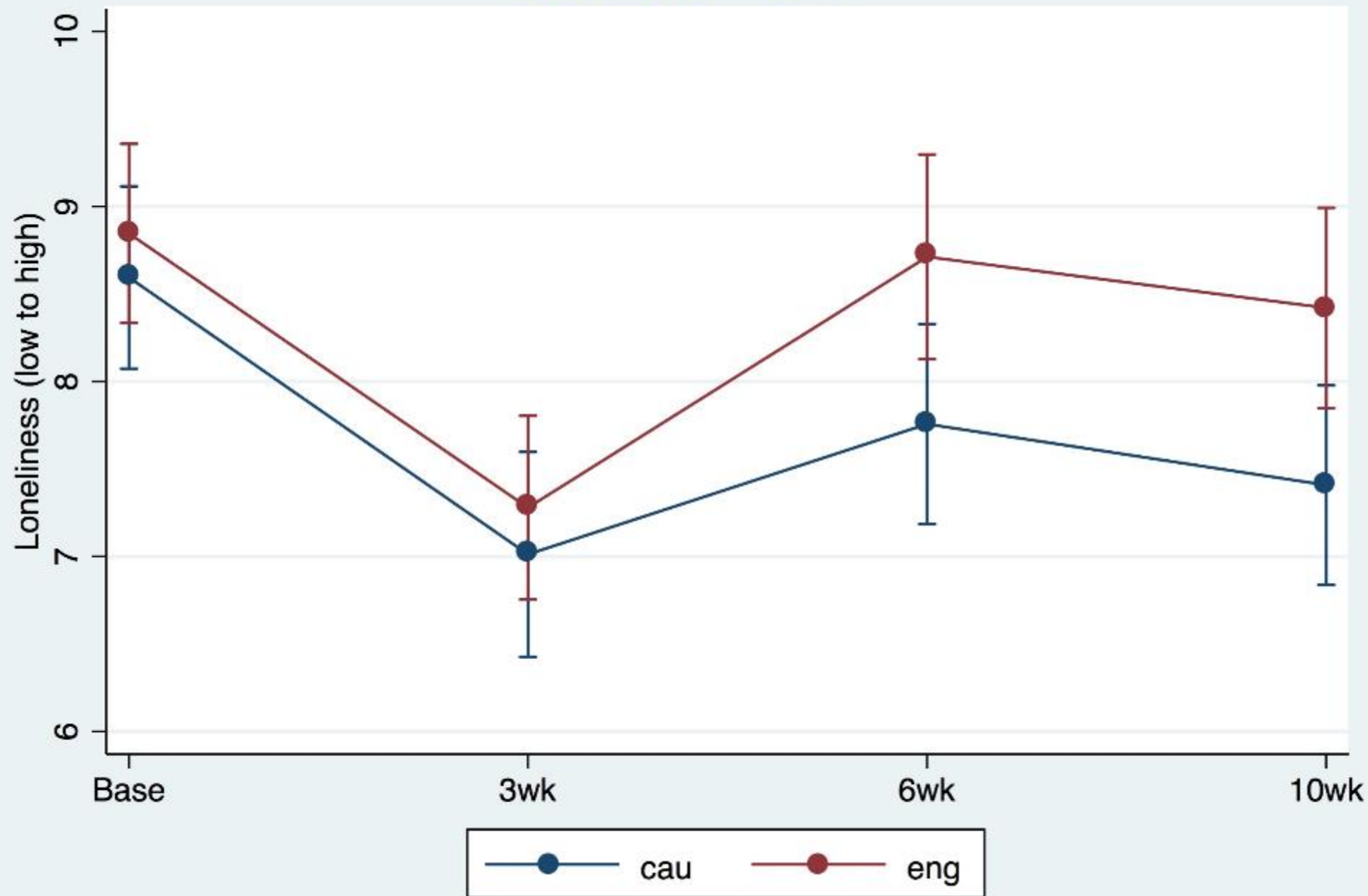
Geriatric Suicide Ideation Scale



Possible mechanism for reducing suicidal thinking

“1x (in past 3 weeks) the thought arose "better off if gone," but I stopped the thought, and I attribute it to this program (ENG) that 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.”

UCLA Short Form



Self-awareness/Insight about their social world

- “I really do want & need communication with people.”
- “I want just a few deep relationships”
- “Asking "how can I fit here" instead of thinking I don't.”
- “Learning how I valued my sons & husband's relationship.”
- “I can become more proactive/active in seeking connections within the community and beyond.”
- “I learned I can get out and be accepted by others.”
- “I'm worthy of interacting with other people.”
- “I'm not as much of a loner as I thought; more influenced by people around me than I realized”

Actions Plans are Helpful

- “Once you start doing it, it becomes habit - reaching out and being with people and engaging in activities.”
- “Action plan - if isolating or feeling overwhelmed.”
- “Action plans helped with accountability (got me out to different programs - osher maplewood) rec centers.”
- “Try to make an action plan each week.”
- “I was dealing with inertia because of grief...Now on my own & retired - need to make a plan: it helped kick me in the ass a little bit.”

Some who reported no benefit

- "I feel self-critical; I feel bad about not feeling better through Behavioral Activation Group at Older Adults or ENGAGE"
- Said she is engaged and can't get more involved & feelings of loneliness with family "can't be touched by this study."

Discussion

- It is feasible to focus solely on social engagement goals with the ENGAGE treatment
- ENGAGE was appreciated by most participants
- Even in our small sample, decreases in depression severity were evidenced
- Loneliness did not decrease, but a signal that social engagement behavior did increase
 - More aware of loneliness?
 - It takes time to change perceptions, form new relationships, and repair current relationships?
 - Loneliness has a trait and state component?

Thank you

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MEDICINE *of* THE HIGHEST ORDER

