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)
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*

+ 

Selective – *optimize independent functioning, increase social connectedness*

+ 

Universal – *education to reduce ageism, promote gun safety*
Importance of Social Connectedness in Later Life

- **Mental Health**: depression, hopelessness, well-being, suicide
- **Cognition**: better memory & planning; lower risk for dementia
- **Physical Health**: subjective perceptions; presence of disease
- **Functional Status**: mobility, self-care, strength
### Table 2. Box score summary of review findings.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of studies</th>
<th>Some evidence of association with outcome</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Marital status</td>
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<td>4</td>
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<tr>
<td>Living arrangement</td>
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<td>3</td>
</tr>
<tr>
<td>Religion</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Frequency of social contact</td>
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<td>1</td>
</tr>
<tr>
<td>Low social integration</td>
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<td>4</td>
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<td>Social support</td>
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<tr>
<td>Loneliness</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Relationship discord</td>
<td>3</td>
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</tr>
</tbody>
</table>

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

INTERPERSONAL THEORY OF SUICIDE

Suicide

Thwarted Belongingness

Perceived Burden

Capability

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

1. Social engagement
2. Positive connections & contributions
3. Loneliness and burdensomeness
4. Suicide risk
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”

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 at local farmers' market
   c. Sunday evening Christ Church Songs

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: inertia → look at action plan

5. Steps (What will you do? When? Who is involved? Where will it happen? What do you need?):
   √ Thurs or 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"
“Working Out”

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?
Demographics

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

**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%)

**Living alone**
- 70% living alone
- 34% with 1 other

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

**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%)

condXtime: F(3,154)=28.43, p=.002

QIDS total score

cau
eng
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.”
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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