Evidence-based strategies for addressing social isolation and loneliness in people with psychosis spectrum disorders

MAPNET & MHTTC

December 2nd, 2022

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If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.

Acknowledgment

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

Strengths-based and hopeful

Inclusive and accepting of diverse cultures, genders, perspectives, and experiences

Healing-centered and trauma-responsive

Inviting to individuals participating in their own journeys

Person-first and free of labels

Non-judgmental and avoiding assumptions

Respectful, clear and understandable

Consistent with our actions, policies, and products

Evidence-based strategies for addressing social isolation and loneliness in people with psychosis spectrum disorders

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Group

- Understanding mechanisms of loneliness and social connection in mental health
- Assessing momentary experiences of social experiences in those with and without SMI
- Mobile-based interventions to address social motivation and social skills for people with schizophrenia
- Assessing efficacy of a small business dedicated to promoting social connection in the community

Fulford & Mueser, 2020, *Clin Psychol: Sci Pract*; Fulford et al., 2021, *JMIR: Mental Health*; Mote & Fulford, 2020, *Schiz Res*; Mote et al., 2019, *PLOS One;* Mote et al., 2021, *JMIR: Formative Res*

Social Difficulties in Psychosis

- Lack of interest in relationships
- Relationships with high amounts of conflict
- Social skills
- Occupational functioning
- Low motivation
- Stigma/Discrimination
- Isolation
- Loneliness

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Outline

- Loneliness in psychosis
- Assessments
- Interventions
- Case Studies

Loneliness vs. Isolation

- **Isolation:** the objective absence of social connections (e.g., small social network size)
- **Loneliness**: the subjective feeling of one's social needs not being met
- Modestly correlated, though independent processes

Isolation

- Improve <u>quantity</u> of social connections
- <u>Must</u> address changes to social behavior
- <u>May</u> address emotional difficulties

Loneliness

- Improve <u>perceived quality</u> of social connections
- <u>May</u> address changes to social behavior
- <u>Must</u> address emotional difficulties

Loneliness in Psychosis

- Estimated to be 2x as prevalent compared to general population
- In 2012 Australian National Survey, 80% of respondents with psychosis endorsed loneliness
  - 40% of them identifying this as their top priority in the next year
- Prevalent across the lifespan, including in young adults at risk & those experiencing their first episode

Badcock et al., 2020, *Clin Psychol Sci Pract*; Michael & Park 2016, *Schiz Res*; Stain et al., 2012, *Aust NZ J Psychiatry*; Sunderman et al., 2014, *Soc Psychiatry Psychiatr Epidemiol*

Loneliness in Psychosis:
Health Consequences

- Positively correlated with positive and mood symptoms
  - May play causal role in paranoia
- Related to functioning after controlling for depression and negative symptoms
- Significant predictor for early mortality, over and above smoking and other health conditions
  - Predictor for metabolic syndrome, even when controlling for confounding factors (including medication)
  - Associated with increases in inflammation

Badcock et al., 2019, *Schiz Res*; Badcock et al., 2020, *Clin Psychol Sci Pract;* Culbreth et al., 2021, *J Abnorm Psychol*

Loneliness in Psychosis: Treatment Need

- People with psychosis consistently cite improving relationships as a key treatment goal
- Misconceptions from providers may be barrier for getting these treatment needs met
  - Assumption that client is not interested in forming/maintaining relationships
  - Assumption that client is unable to form/maintain relationships
  - Assumption that because relationships are stressful, they are not enjoyable

Auslander et al., 2002, *Community Ment Health J*; Badcock et al., 2020, *Clin Psychol Sci Pract;* Stain et al., 2012, *Aust NZ J Psychiatry;* White et al., 2019, *J Mental Health*

A Social Dilemma

- Systematic review of 22 ecological momentary assessment studies of people with schizophrenia reporting on social experiences

- People with schizophrenia reported a preference to be alone when with others compared to people without schizophrenia

- People with schizophrenia reported more positive affect than with others than when alone

- Being with others might be stressful (or anticipated to be stressful), but it feels better than being alone

Temporal experience of social pleasure & motivation
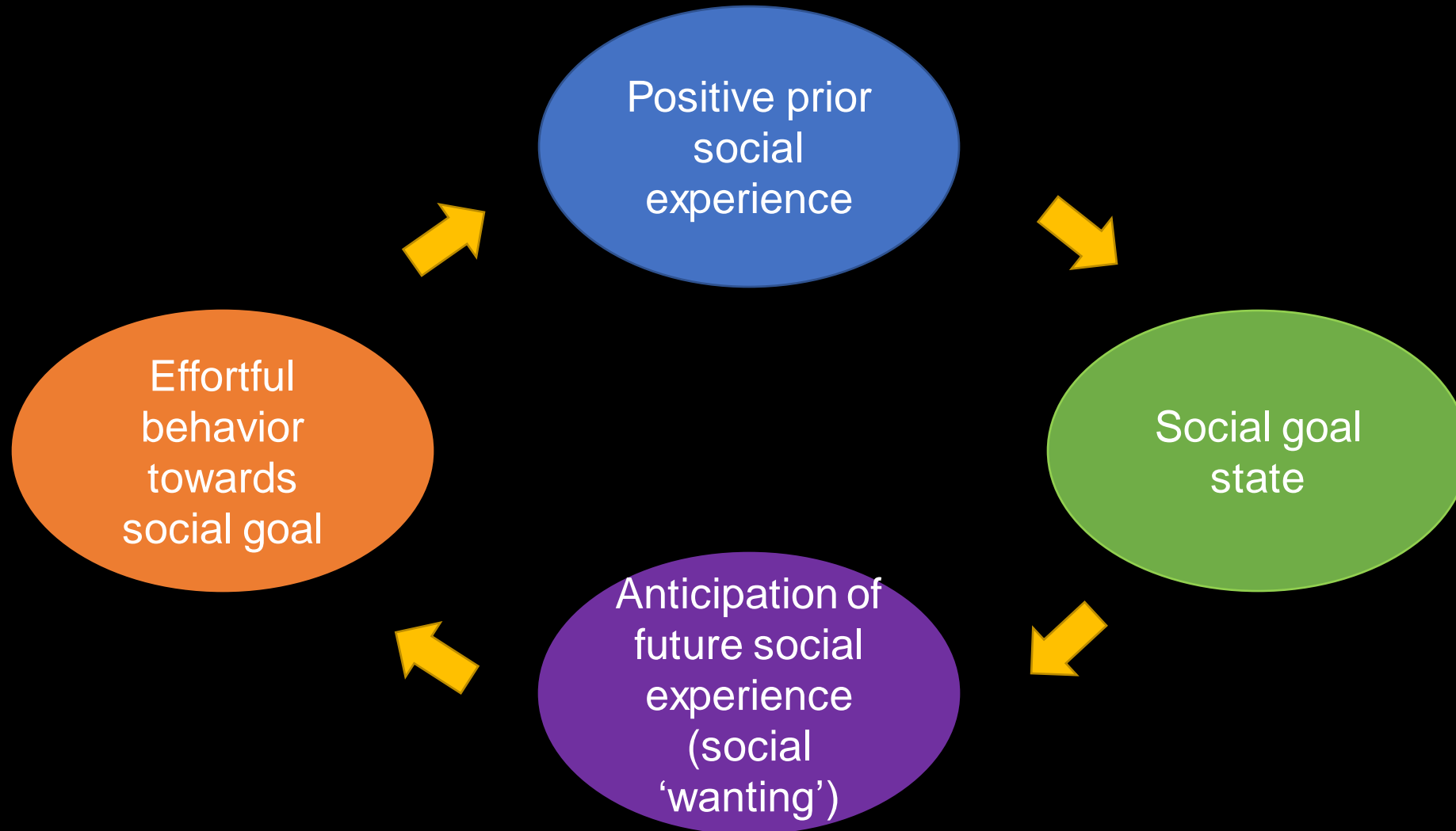
Barch & Dowd, 2010, *Schizophr Bull*; Granholm et al., 2013, *Schizophr Res;* Herbener, 2008, *Schizophr Bull*

Temporal experience of social pleasure & motivation

In-the-moment emotional experiences

Positive prior social experience

Social goal state

Anticipation of future social experience (social 'wanting')

Effortful behavior towards social goal

Barch & Dowd, 2010, *Schizophr Bull*; Granholm et al., 2013, *Schizophr Res;* Herbener, 2008, *Schizophr Bull*

Temporal experience of social pleasure & motivation

Barch & Dowd, 2010, *Schizophr Bull*; Granholm et al., 2013, *Schizophr Res;* Herbener, 2008, *Schizophr Bull*
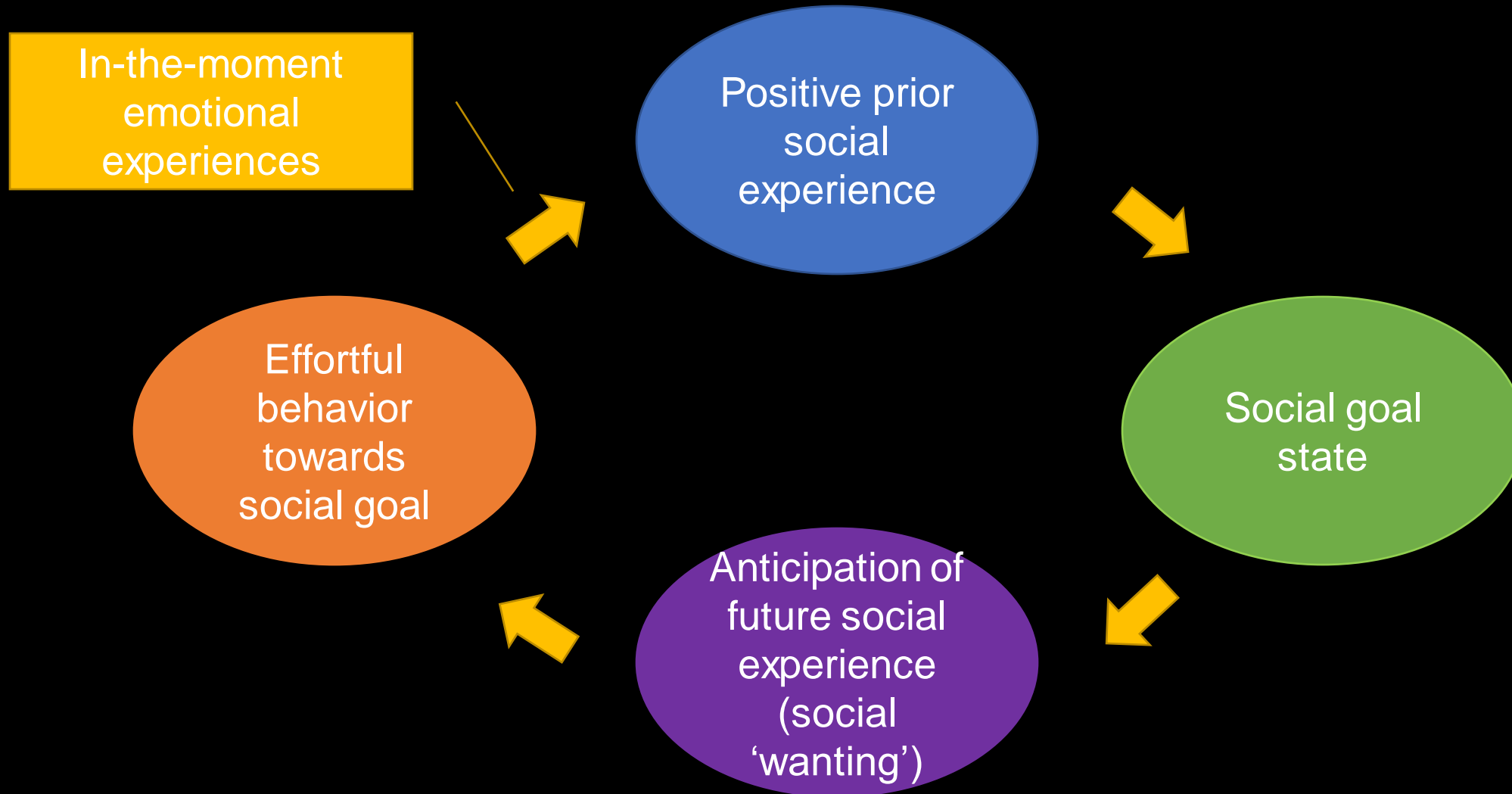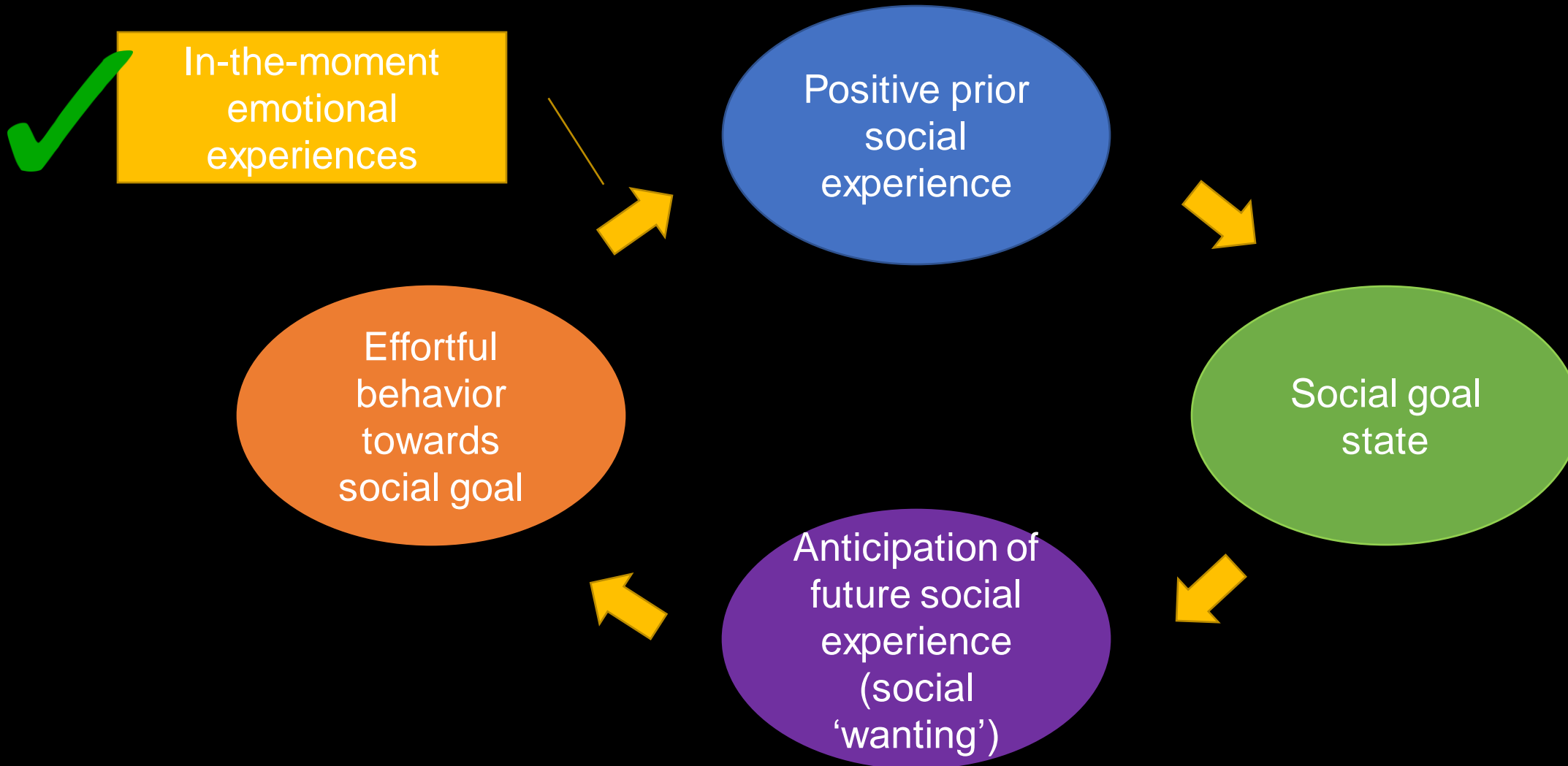
Temporal experience of social pleasure & motivation
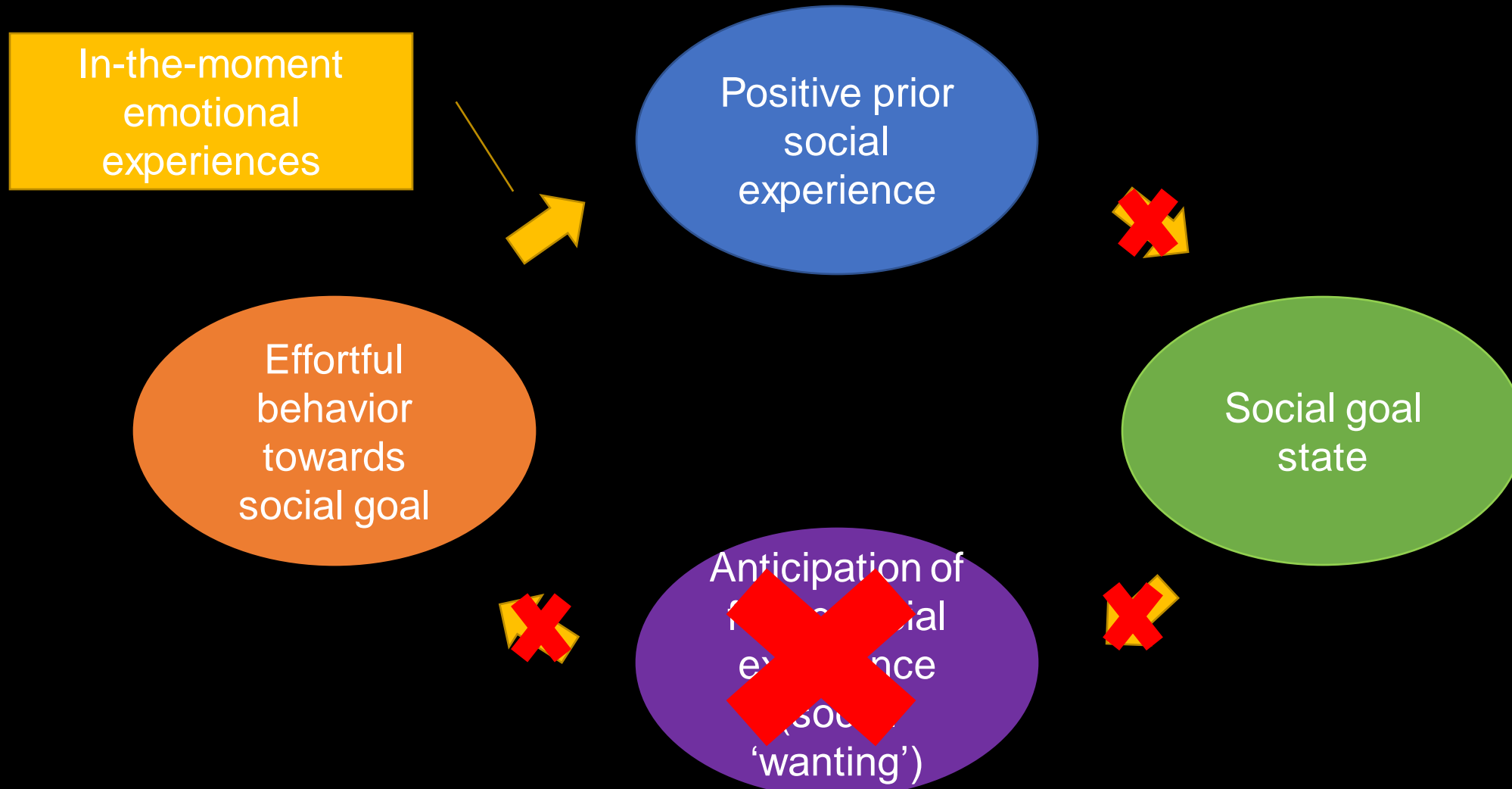
Barch & Dowd, 2010, *Schizophr Bull*; Beck et al., 2018, *Psychol Med*; Granholm et al., 2013, *Schizophr Res;* Herbener, 2008, *Schizophr Bull;* Mote et al., 2019, *Psychiatr Serv*
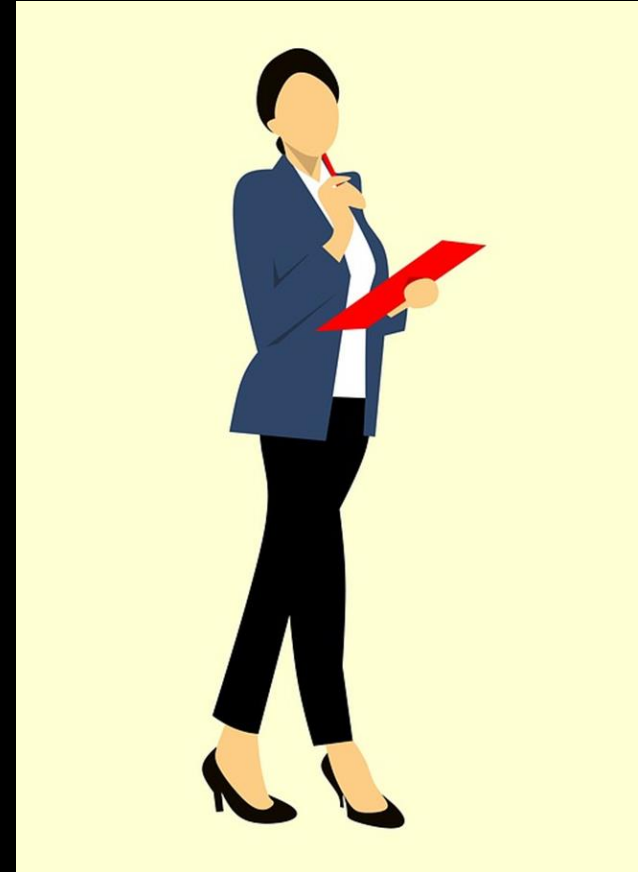
Negative Feedback Loop of Self-Stigma, Loneliness, & Psychosis

Badcock et al., 2020, *Clin Psychol Sci Pract*
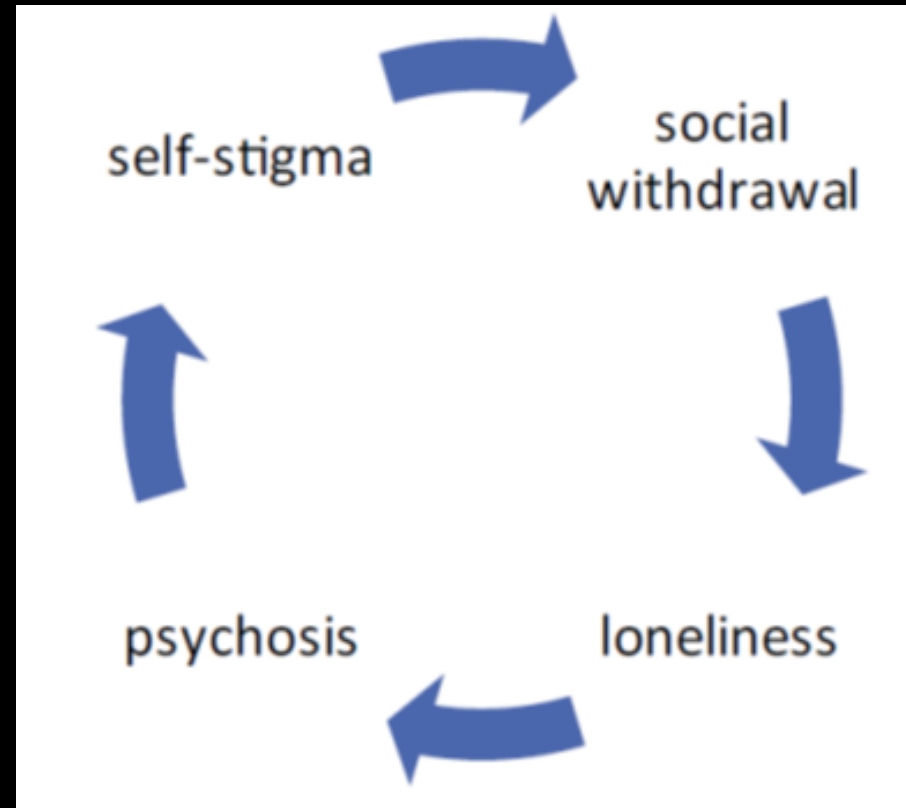
Where to start?

- Social skills
- Social pleasure
- Motivation
- Confidence
- Self-Stigma
- Goals

Social Goals

GOAL	% (N = 31)
Make a New Friend	26%
Improve Relationship With An Existing Friend	26%
Maintain/Improve Relationship with a Family Member	35%
Develop Romantic/Intimate Relationship	16%

Fulford et al., 2021, *JMIR Mental Health*

Social Goals

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Make a New Friend	26%
Improve Relationship With An Existing Friend	26%
Maintain/Improve Relationship with a Family Member	35%
Develop Romantic/Intimate Relationship	16%

Goal: To feel less lonely?

Fulford et al., 2021, *JMIR Mental Health*

Assessments

UCLA Loneliness Scale

- Original 20-item version
  - Rate items 1 = never through 4 = often
  - High reliability and validity, simple language, gold-standard psychometrics
  - Includes both positive & negatively valenced phrases to address demand characteristics
- 8-item version has been evaluated in both adolescents and adults

Hawkley et al., 2005, *Psychol Sci;* Russell, 1996, *J Personality Assess*

UCLA Loneliness Scale – 8 Items

- *I lack companionship*
- *There is no one I can turn to*
- *I am an outgoing person**
- *I feel left out*
- *I feel isolation from others*
- *I can find companionship when I want it**
- *I am unhappy being so withdrawn*
- *People are around me but not with me*

Loneliness – 4-item Momentary Version

- Right now, do you feel that you are "in tune" with others?
- Right now, do you feel that no one really knows you well?
- Right now, do you feel you can find companionship when you want it?*
- Right now, do you feel that people in your life are around you but not with you?

Internalized Stigma of Mental Illness Inventory (ISMI)

- 29 items, 1 = Strongly Disagree to 4 = Strongly Agree
- Five subscales
  - Alienation
    - "I feel out of place in the world because I have a mental illness"
  - Stereotype endorsement
    - "Stereotypes about people with mental illness apply to me"
  - Perceived discrimination
    - "Nobody would be interested in getting close to me because I have a mental illness"
  - Social withdrawal
    - "I avoid getting close to people who don't have mental illness to avoid rejection"
  - Stigma resistance
    - "I can have a good, fulfilling life, despite having mental illness"

Ritsher (Boyd) et al., 2003, *Psychiatry Res*

Other Assessments

- Social Anhedonia
  - Social Anhedonia Scale Brief (SAS-Brief; Reise et al., 2011, *J Personality Assess*)
  - Anticipatory and Consummatory Interpersonal Pleasure Scale (ACIPS; Gooding & Pflum, 2014, *Psychiatry Res*)
- Social Effort
  - Social Effort and Conscientiousness Scale (SEACS; Abplanalp et al., 2022, *J Mental Health*)
- Discrimination Experiences
  - Everyday Discrimination Scale (EDS; Williams et al., 1997, *J Health Psychol*)

Assessing Discrimination Experiences

- *During recent interactions, to what degree do you believe you were you treated with less courtesy or respect from others due to your:*
  - *race/ethnicity?*
  - *gender identity and/or sexual orientation?*
  - *physical health condition or disability?*
  - *mental health condition or disability?*

Interventions

Negative Feedback Loop of Self-Stigma, Loneliness, & Psychosis
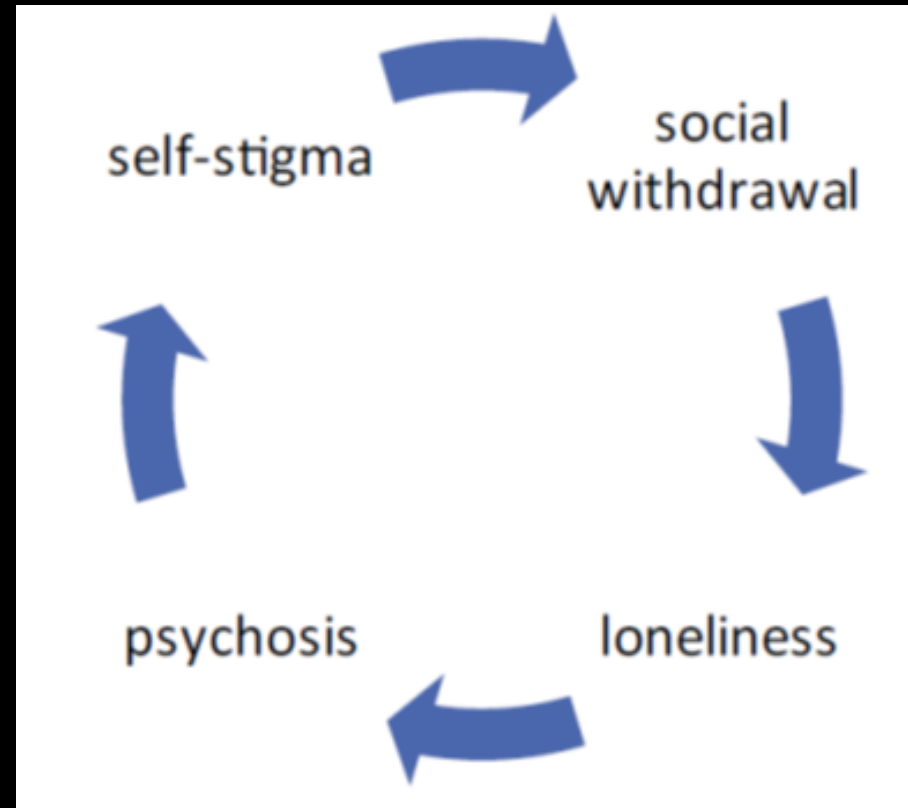
Increasing social activity

Opportunities for self-efficacy

Addressing stigma

Cognitive reappraisal

Promoting positive affect

self-stigma → social withdrawal → loneliness → psychosis → self-stigma

Badcock et al., 2020, *Clin Psychol Sci Pract*

Temporal experience of social pleasure & motivation

Barch & Dowd, 2010, *Schizophr Bull*; Granholm et al., 2013, *Schizophr Res;* Herbener, 2008, *Schizophr Bull*
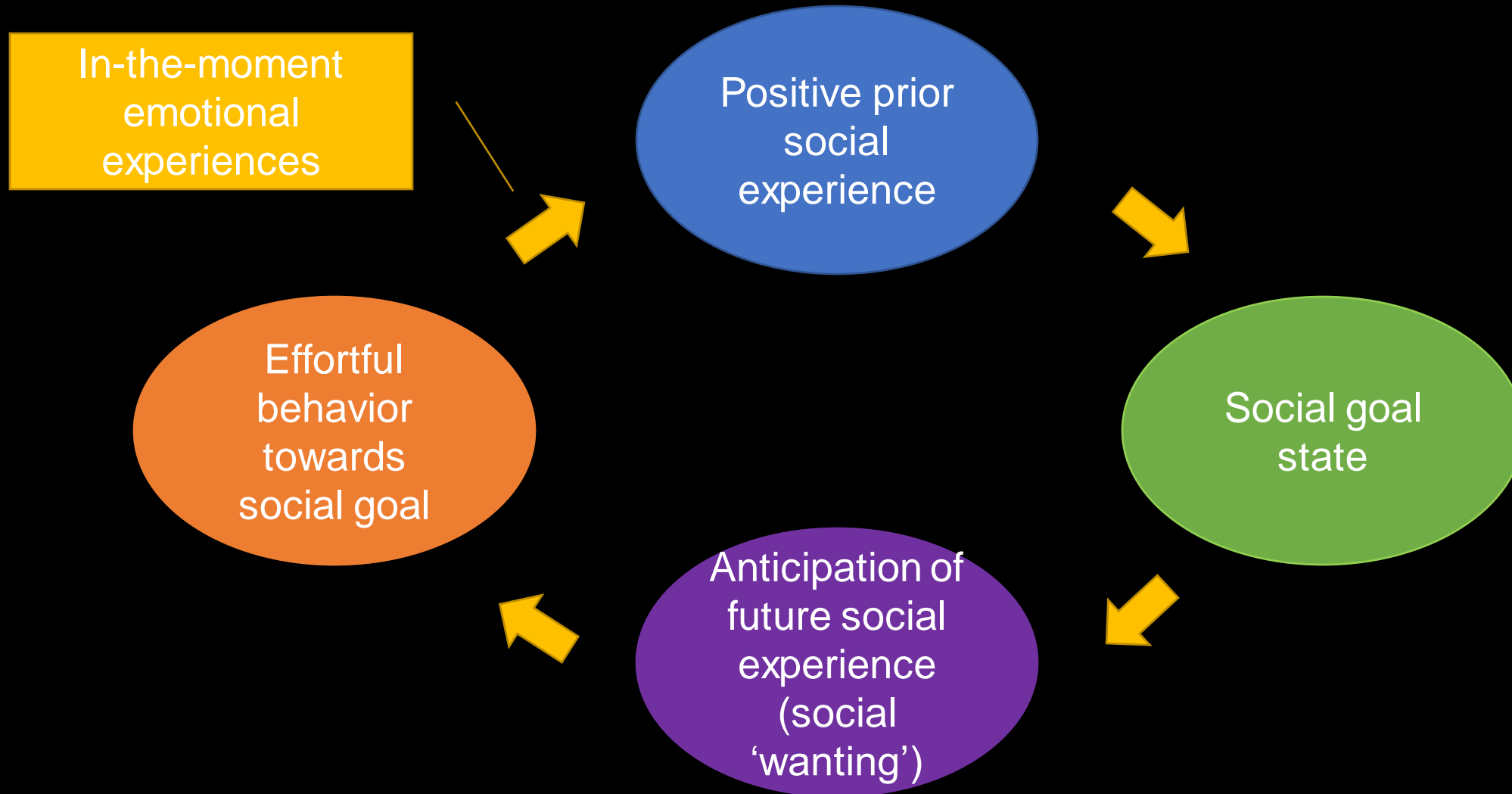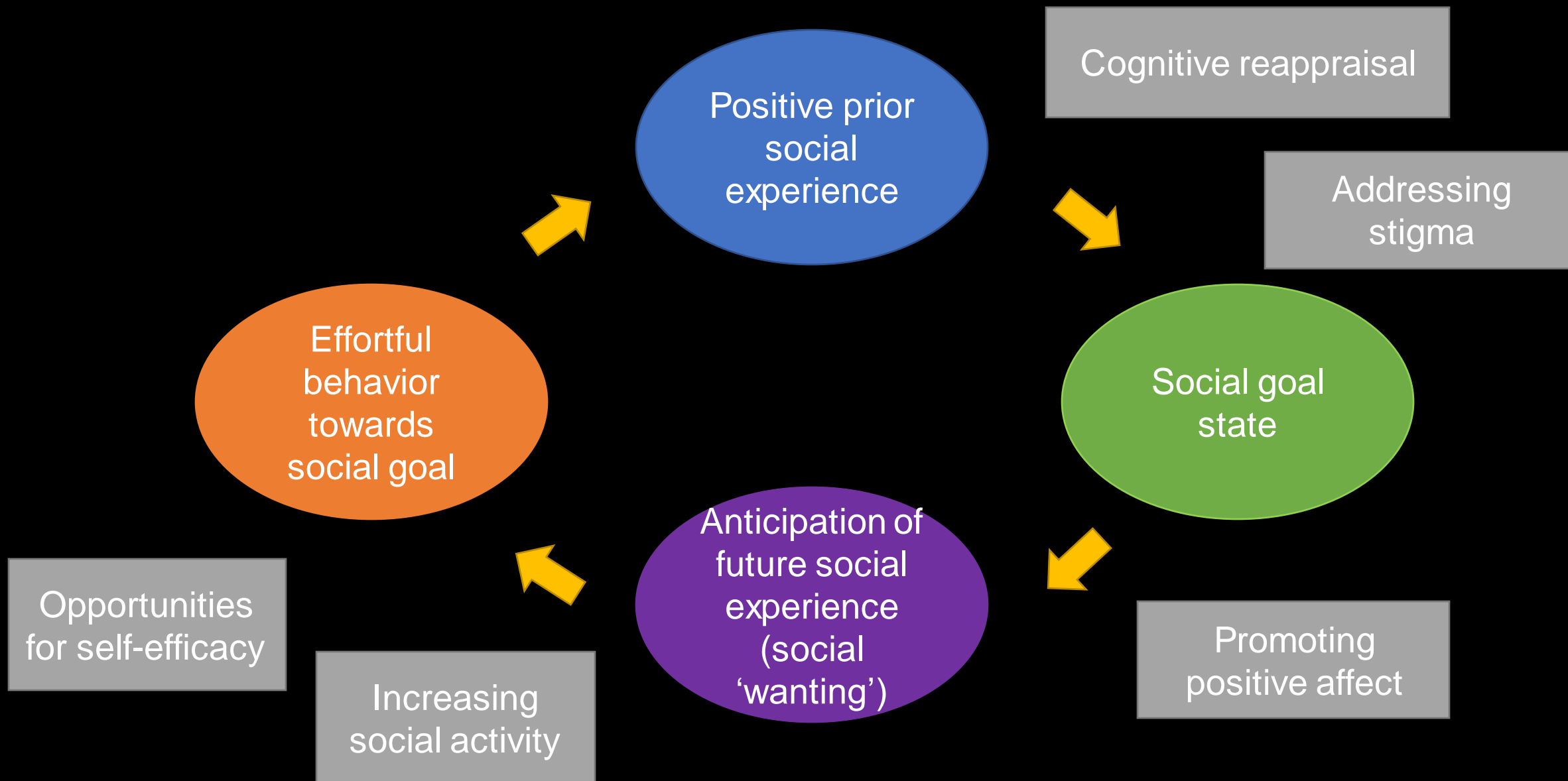
Positive Psychology Interventions
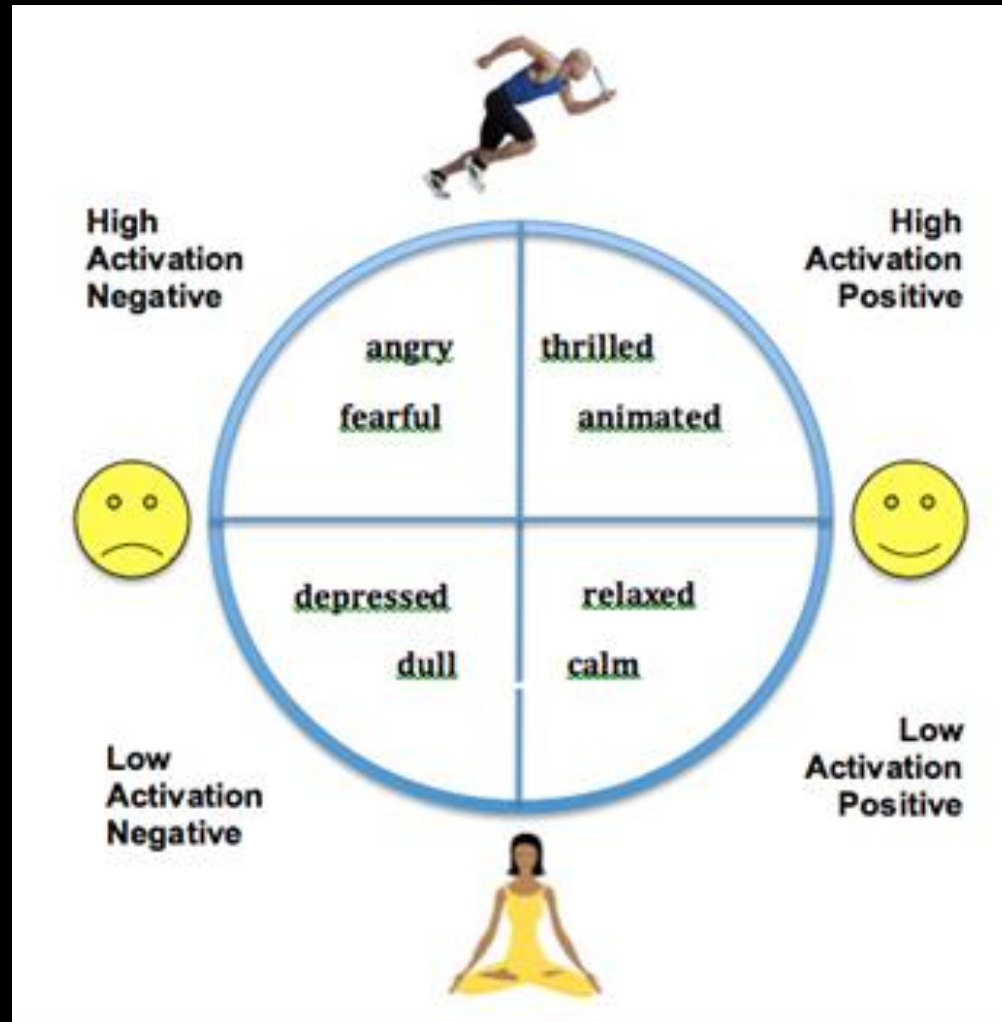
Positive Psychology Interventions

- "Broaden-and-Build" Theory
- Addresses social anhedonia or dampening
- Prioritizing low activation positive emotions & other-oriented emotions
  - Emotion Psychoeducation
  - Gratitude
  - Small Acts of Kindness
  - Self-Compassion
  - Reappraisal Strategies

Fredrickson, 2004, *Phil Trans R Soc Lond B*

Mindfulness Based Stress Reduction

- Benefits across mental health conditions
- Reduces inflammation
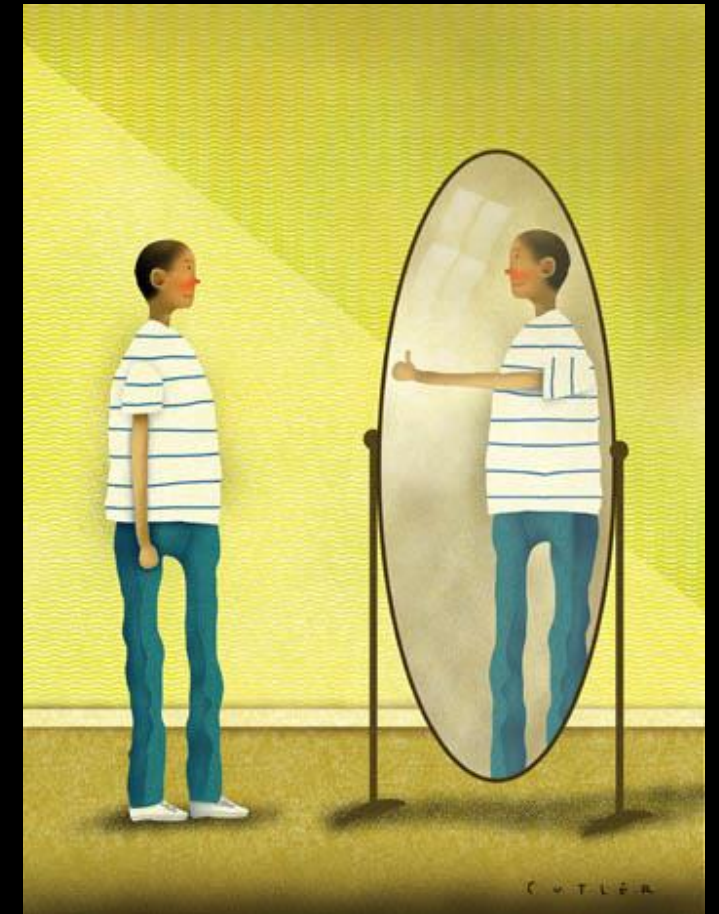- May be particularly beneficial for those when behavior change is not necessary for addressing loneliness
- Loving Kindness Meditation decreases anhedonia and asociality, improves self-acceptance and life satisfaction in people with schizophrenia

Badcock et al., 2020, *Clin Psychol Sci Pract;* Johnson et al., 2011, *Schizophr Res*

Shared Subjective Experiences

- Low-burden group activities that can promote group cohesion ("ice-breaker effect")

- Choral Singing Intervention
  - Social & nonsocial benefits
  - 17 people with SZ
  - Weekly, 1-hr choir group for 8 weeks
  - Reductions in loneliness, depression symptoms, & overall symptoms

Aldery & Park, 2021, *PsyCh J*; Badcock et al., 2020, *Clin Psychol Sci Pract*

Shared Subjective Experiences

- Skip the Small Talk
  - Boston-based small business
  - "36 questions that lead to love"

- Zoom version showed decrease in loneliness and negative affect in a community sample

- Similar activity showed improvements in positive emotion in people with schizophrenia (though to lesser degree compared to those without schizophrenia)

Martin et al., 2019, *PLOS One*; Mote et al., 2021, *JMIR: Formative Res*

Narrative Enhancement Cognitive Therapy (NECT)

- 12-week group therapy
- Three main components:
  - Psychoeducation about mental illness & stigma
  - Cognitive restructuring
  - Narrative enhancement
- Decreases in internalized stigma and increases in hope, self-esteem, and quality of life compared to TAU
- Did not assess loneliness

Yanos et al., 2010, *Int. J. Group Psychother;* Roe et al., 2013, *J Clin Psychol*

Narrative Enhancement Cognitive Therapy (NECT)

- Psychoeducation
  - Stigma vs. Self-Stigma
  - Myths about Mental Illness
  - Advantages vs. Disadvantages of Self-Disclosure
- Cognitive Restructuring
  - CBT Triangle
  - Stigma & Thinking & Feelings
  - Cognitive Distortions & Alternative Ways of Thinking

Yanos et al., 2010, *Int. J. Group Psychother;* Roe et al., 2013, *J Clin Psychol*

Narrative Enhancement Cognitive Therapy (NECT)

Exercise 2: Stories of Coping with Illness

Here are some more possible topics for telling a story about:

1) How you decided whether you have a mental illness or not and if so what is it.

2. A time when you changed your mind about what your mental illness is and what caused that and how things turned out.

3) Since your illness started, what about your life has changed and what has stayed the same.

4) How does your illness influence your life and how do you influence your illness.

5) How does your illness affect other people and how do other people affect your illness.

6) Something you used to do well before and now find it difficult to do.

7) Something you hope will happen in your life.

A note on social skills training

- Loneliness often not assessed
- When it is, improvements in social skills is unrelated to reduction in loneliness
- Difficult to practice these skills if opportunities are rare (e.g., small social network)
- May improve other aspects of functioning that may inadvertently address loneliness for some

Badcock et al., 2020, *Clin Psychol Sci Pract;* Masi et al., 2011, *Pers Soc Psychol Rev*

Case Studies

Case #1: Chris

- 23 years old, White male
- Schizophrenia dx
- English major, senior in college
- First hx after freshman year, transferred schools
- Significant negative symptoms
- "I want to be motivated to be motivated to be social"
- ~8 months weekly outpatient therapy

Case #2: Amanda

- 24 years old, Filipinx female
- Schizoaffective disorder, mania subtype
- Previous diagnoses: ASD, BPD
- College graduate, considering engineering grad school, first time in USA
- Experiencing first hx for psychosis, though unlikely first psychotic episode
- Significant experience of racial discrimination & trauma
- "I want to get past my traumas and catch up with my peers"
- ~3 months 2x/week outpatient therapy

Treatment goals related to social functioning/loneliness?

Chris	Amanda

Treatment goals related to social functioning/loneliness?

Chris	Amanda
Yes	No

Treatment goals related to social functioning/loneliness?

Would they say they feel lonely?

Chris	Amanda
Yes	No

Treatment goals related to social functioning/loneliness?

Would they say they feel lonely?

Chris	Amanda
Yes	No
Yes	No

Treatment goals related to social functioning/loneliness?

Would they say they feel lonely?

Can they find companionship when they want it?

Chris	Amanda
Yes	No
Yes	No

Chris	Amanda
Treatment goals related to social functioning/loneliness?	
Yes	No
Would they say they feel lonely?	
Yes	No
Can they find companionship when they want it?	
No	No

Treatment goals related to social functioning/loneliness?

Would they say they feel lonely?

Can they find companionship when they want it?

What are their main social difficulties?

Chris	Amanda
Yes	No
Yes	No
No	No

Treatment goals related to social functioning/loneliness?

Would they say they feel lonely?

Can they find companionship when they want it?

What are their main social difficulties?

Chris	Amanda
Yes	No
Yes	No
No	No
Low motivation; Below average skills	Distrustful based on past traumas & discrimination; Splitting

Treatment Plan & Progress: Chris

- Context-specific social skills practice
  - Ample opportunities
  - Improving self-efficacy
- Positive psychology interventions
  - Monitoring of pleasurable vs. nonpleasurable social interactions
  - Reappraisal strategies
- "Motivation is an action, not a feeling"

- Progress: engaged with roommates more, asked a classmate to a baseball game
- Termination: moved back home and working part-time
- Should Have's: exploration of sexual orientation

Treatment Plan & Progress: Amanda

- Acknowledge/Validate past racial discrimination
- Psychoeducation on psychosis
- Addressing stigma
- Mindfulness Based Stress Reduction
  - Difficulties with PMR
  - "Leaves on a stream"
- Self-Compassion skills

- Progress: symptom reduction, clarity on life values, acknowledging interpersonal difficulties
- Termination: entered DBT focused program, not staying in USA
- Should Have's: shared subjective experiences (musical theater)

Addressing Loneliness in Psychosis

1) There may be a benefit in using both direct & indirect measures for loneliness

2) Interventions may be more successful if they incorporate strategies to reduce stigma

3) Practitioners should regularly reflect on how their attitudes and behaviors may be influencing their practice

Current Research Studies

- Understanding how loneliness and social connection fluctuate in daily life
- The relationship between loneliness, immune function, brain activity, and physical health
- Understanding the relationship between loneliness and discrimination experiences
- Efficacy of brief mindfulness interventions to reduce loneliness
- Recruiting people with schizophrenia, schizoaffective disorder, or bipolar disorder

- https://www.mapnet.online/research
- amplab@bu.edu

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QUESTIONS?

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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