

CIRCLE OF FRIENDS[®]

FACILITATOR TRAINING GUIDE



INCLUDES STEP BY STEP
INSTRUCTIONS,
TIPS AND TEMPLATES



SAINT LOUIS
UNIVERSITY
— EST. 1818 —

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Figure 1. Quilting Activity at Les Chateaux. *Note.* From Creative Arts and Culture activity in St. Louis, MO [Photograph], by St. Louis Housing Authority, 2020.

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training guide.**





Figure 2. Circle of Friends® Outing. *Note.* From Health and Wellness outing in St. Louis, MO [Photograph], by St. Louis Housing Authority, 2019.

Impact of Loneliness and Social Isolation on Older Adults

As older adults (those 60 years old and above) continue to increase in numbers, the research and implementation of interventions for this population continue to rise. This is especially true for older adults who combat challenges of being lonely and isolated. In general, the size of social networks steadily declines with age due to both intentional actions, such as prioritizing most meaningful relationships, and unintentional reasons, such as death of friends and/or family members. Loneliness and social isolation are not derivatives of aging (Van Orden & Conwell, 2023, p. 204), but they are common challenges faced by older adults leading to greater rates for mortality and other health risks (Hawkley & Cacioppo, 2010; Holt-Lunstad, 2020; Van Orden & Conwell, 2023, p. 205).

The degree to which someone can meaningfully participate in activities, fulfill social roles, and engage with others is referred to as *social health*. Loneliness and social isolation are key factors influencing social health. Despite physical, cognitive, or sensory limitations older adults may face, their social health remains ever changing and influenced, just like younger populations. It has been found though that older adults place a greater priority on social relationships than younger adults and describe overall greater satisfaction and more frequent positive emotions from relationships (Van Orden & Conwell, 2023, pp. 203-204). Social health, more so social connection, is a factor in determining an older adult's quality of life (Holt-Lunstad et al., 2017).

Although the terms 'loneliness' and 'social isolation' are often used interchangeably, they are not synonymous. Loneliness refers to the subjective feelings of lack of, or deficiency in, satisfying human relationships (Routasalo & Pitkälä, 2003; Hawkley & Cacioppo, 2010; Huxhold et al., 2022). Social isolation refers to the actual number of social contacts or relationships one has (Pitkälä et al., 2004). Individuals who experience social isolation do not see themselves as part of society nor able to participate in societally valued activities. Whether a person experiences

loneliness depends on their own social standards. Some people can require a large social network to feel integrated, while others may only require a couple of relationships (Huxhold et al., 2022).

Loneliness has been on the rise across all age groups (CIGNA, 2018; Huxhold et al., 2022). Humans have an innate “need to belong” and when one feels they are lacking relationships, their innate needs are not being met and loneliness emerges (Van Orden & Conwell, 2023, p. 204). Specifically for older adults, research has found that loneliness can be in part due to objective circumstances (e.g., increased frailty, disability), subjective perceptions (e.g., social anxiety, low self-esteem), and ineffective emotion regulation strategies when responding to this negative feeling (Van Orden & Conwell, 2023, p. 204). A few common factors found in those with high measurements of loneliness were having poorer physical health, a health problem or disability limiting daily activities, not working/employed, being a woman, and living alone (Malani et al., 2023).

Social isolation was found to be the highest for people age 65 years and above in comparison to all other age groups (Kanaan, 2023). In a systematic review and meta-analysis on factors associated with social isolation in older adults (Wen et al., 2023), research most often recognizes the associated factors of having poor health status, being male, not having a spouse, having cognitive decline, being older than 80 years old, having no social participation, having activities of daily living (ADL) impairment, and having depression to social isolation.

Experiencing loneliness and social isolation can, in turn, lead to negative physical (Hoogendijk et al., 2020) and mental health outcomes (Courtin & Knapp, 2017), and consequentially increased utilization of healthcare services (Dreyer et al., 2018). The risk of premature death due to loneliness is comparable to the risk of alcohol misuse and smoking (Van Orden & Conwell, 2023, p. 205). Loneliness and social isolation are even said to be as damaging as smoking fifteen cigarettes per day (Holt-Lunstad, 2015).

Impact of COVID-19 Pandemic

Addressing loneliness and social isolation was a priority prior to the COVID-19 pandemic and social engagement measures were declining even before the pandemic started (Kannan, 2023). With that, the COVID-19 pandemic undoubtedly created increased challenges for older adults who are isolated due to physical and social distancing guidelines (Cawthon et al., 2020). Prior to the COVID-19 pandemic, there was no evidence of added benefits of video calls in reducing social isolation and loneliness in older adults (Noone et al., 2020). In a large study of the effects of the COVID-19 pandemic in Italy and the Netherlands, there was an increase in the use and satisfaction from video-calling for older adults experiencing loneliness (Bastoni et al., 2021). This newfound data illuminates the potential of long-term benefits of using video-calling as an intervention to combat social isolation and loneliness (Bell & Lawlor, 2023, p. 237).

Social isolation and loneliness may be affected for years due to the COVID-19 pandemic, but since the trends of social connectedness were already declining prior, it should be recognized

that getting back to trends prior to the pandemic should not be a sufficient goal (Kannan, 2023). In a report from the University of Michigan measuring loneliness and social isolation over time, there was a decline in feelings of isolation from 2020 (56% of older adults) to 2023 (34% of older adults). Unfortunately, this decreased percentage, now at 34%, is still considered a substantial number of people reporting they feel socially isolated and is still higher than levels found in 2018 (Malani et al., 2023).

In response to the challenges through the COVID-19 pandemic, healthcare professionals are looking for meaningful activities to help address older adults who are lonely and homebound. Although providers can provide recommendations to strive to improve the health and well-being of this population, they lack sufficient resources and connections to help combat chronic feelings of loneliness. One intervention that has been shown to be effective in connecting older adults in communities across the world is Circle of Friends."

The significant danger and uncertainty of the long-term consequences of contracting COVID-19 calls for professionals working with the older adult population to become more aware and take more precautions. Caregivers and loved ones worry about the increased risks of depression, falls, and changed lifestyle habits because of continued isolation from the public.

Background & Evidence on Circle of Friends®

Older adults often experience several life transitions and personal losses as they age. As a result, many people over 70 years old are at risk for increased rates of loneliness. In response to this growing trend, researchers in Finland wanted to develop an intervention to help older adults find new friends and reduce isolation from others during later life years. They also recognized the utility of having a group format that sustains over time to strengthen these relational bonds.

Developed by scholars and practitioners at the Central Union for the Welfare of the Aged at Helsinki University in the early 2000s (Pitkälä et al., 2011; Jansson et al., 2017), Circle of Friends® (CoF) was developed and tested. The intervention is a group rehabilitation model for older people, who experience loneliness from time to time or perhaps every day. Participants not only connect on certain topic areas but share personal stories of how they are working on reducing their feelings of loneliness. As facilitators continued to recruit more older adults to connect through these groups, the facilitators and researchers started to notice the added social and mental health benefits. The intervention has been systemically and widely implemented in Finland for fourteen years. Over 1,000 facilitators have been trained worldwide to deliver the intervention and more than 10,000 individuals have participated in Circle of Friends® groups.

Research has shown the positive effects of Circle of Friends® on older adults who are lonely and isolated in their communities. Participants from Circle of Friends® groups experienced increased subjective health and decreased health care costs and hospitalizations. In developing support for this evidence-based intervention, Pitkälä and colleagues (2009; 2011) conducted a randomized control trial of 235 older adults, 75+ years of age. At two years, post-intervention, there was a

97% survival rate for participants, compared to 90% in an Adult Day Services control group. The participants experienced increased subjective health and decreased health care costs and hospitalizations. The treatment group had only a 2.5% drop-out rate, and six of the original fifteen groups continued meeting after the conclusion of the group. Of note, the participants experienced an increase in cognition (Pitkälä et al., 2009; 2011).

In a ten year follow up study, Janson, Savikko & Pitkälä (2017), found that 67% of groups continued to meet past their initial facilitator-led groups (compared to 40% in their initial group ten years ago). Eighty-seven percent of participants reported no longer feeling lonely, and 70% reported finding new friends. The longevity of these groups has alleviated older people's experiences of loneliness and activated more interest in activities within their social circle and community.

The Circle of Friends® intervention has been adapted in the U.S. to work with older adults to curb the loneliness epidemic. The group meets twelve times over a 3-month period doing activities within the session themes of exercise and wellness, creative arts and culture, and therapeutic writing and reflection. Clinics, organizations, and other residential settings are seeing the utility of this intervention of connecting those who are homebound and isolated from one another.

Circle of Friends® in St. Louis, Missouri

The first Circle of Friends® groups were offered in United States in 2019 via the St. Louis Housing Authority and the Association for Aging with Developmental Disabilities. The St. Louis Housing Authority is federally funded public housing for low-income individuals, families, older adults, and persons with disabilities located in the city of St. Louis. As the Elderly and Disabled Service Coordinator, Marvin Bostic initiated efforts to bring the Circle of Friends® framework to the United States and was awarded a grant from the St. Louis City Senior Fund. After Bostic successfully gained funding, a partnership between the St. Louis Housing Authority, Saint Louis University (SLU), and CHIPS was formed to provide support in delivering the Circle of Friends® intervention and manage the grant requirements. The Association for Aging with Developmental Disabilities (AADD) is a non-profit organization that bring together the aging and developmental disability fields together to create and provide best practices for people aging with developmental disabilities (autism spectrum disorder, cerebral palsy, down syndrome, learning disabilities, epilepsy, and intellectual disability). AADD also received grant from the St. Louis Senior Fund to launch their first Circle of Friends® groups. Under the leadership of Executive Director, Pam Merkle, Assistant Director, Kathy Farache, and Michelle Darden, Circle of Friends® groups began in five local Area on Aging senior centers.

The first SLHA Circle of Friends® group met weekly at the Cambridge Heights building and was led by Edith Guthrie. Five years later, the original Circle of Friends® group continues to meet weekly and has been very successful. Five additional groups developed within the St.

Louis Housing Authority leadership and meet weekly at the following participating facilities: Kingsbury Terrace, Les Chateaux, Parkview Apartments, Renaissance Place, and West Pine. AADD groups continue to thrive as well and both organizations pivoted to virtual delivery during the COVID-19 pandemic. Saint Louis University is honored to have had the opportunity to collaborate with such pioneering organizations in addressing loneliness and social isolation.

From this initiative, a team based out of SLU has adapted and delivered this group intervention through coordinated referrals from both the geriatric and primary care clinics across the mid-west region. The team offers training and workshops to other universities, clinics, and agencies to help implement Circle of Friends® as a service for older adults in their communities.



Figure 3. CHIPS Circle of Friends® Holiday Party. *Note.* Members went to Schreiners and saw the Shrine of Our Lady of the Shows in St. Louis, MO [Photograph], by St. Louis Housing Authority, 2019.

Goals of Circle of Friends®

The overall goal of the Circle of Friends® intervention is to alleviate and prevent loneliness for older adults. Circle of Friends® allows members to meet new people, engage in meaningful activities and discussions, and share feelings of loneliness. This group based, goal-oriented intervention encourages group members to share input with facilitators and influence the content of meetings. The aim is that members will build strong relationships with one another and continue to meet independently once the formal group has concluded.

Circle of Friends® Principles

The Circle of Friends® framework calls for groups to meet once a week over the course of 12 weeks. Each group should have two facilitators and no more than eight participants. Early adopters of the intervention facilitators recommend group size to be no fewer than three people/ but groups as large as eleven have been successful as well. Key to the group's success is the facilitator(s) knowing the interests and capacities of the group members.

The group should be a *closed group*, meaning all group members begin the group at the same time and new members are not added until the start of a new group or new 12-week session. A closed group format allows members to connect in the beginning sessions and strengthen closer bonds from week-to-week. Members should be able and encouraged to provide feedback throughout the course of the three-month intervention. Facilitators should maintain notes or a journal throughout the group process to help track the group dynamics and overall impressions of the activities.

A crucial aspect of the Circle of Friends® framework is the role of the facilitator(s). In other support and psychotherapy groups, the leadership is viewed as directing group sessions, Circle of Friends® is highly participant-driven. Facilitators serve as a guide through these sessions yet allow the connections of group members to occur naturally. Principles of Circle of Friends® can

be maintained across a variety of settings and group sub activity. These principles are maintained through the common training of facilitators, instructing them to work to achieve and maintain three key principles.

Key principles of Circle of Friends® include:

- group psychosocial rehabilitation which promotes enhancing security as well as equal and lively communication between participants
- group dynamics
- group maturation

Facilitators aim to enhance security—trust and comfortability for each participant—and promote communication so that it is mutually engaging and lively between participants. Over the course of the 12 weeks, participants experience the early stages of new friendships and build their own group cohesion and culture. This evolution, defined as “group maturation,” leads to group participants having strong relationships and success in working together. As the group matures, group dynamics develop. Relationships strengthen and participant’s comfort to be critical of one another and the facilitator grows. Great group maturation leads to successfully solving group problems and a mutual responsibility for the group. Facilitators use group maturation and dynamics to actively enhance peer support, promote friendships, and support participants’ empowerment (Pitkäla et al., 2011).

Themes

CoF Sessions center around consistent and recurring themes or components to promote quality-of-life and connectedness. These components include:

- Exercise and Wellness
- Arts and Culture
- Writing and Reflection

The goal of **Exercise and Wellness** sessions is for group members to move and combat the negative health impacts of loneliness and social isolation. Exercise has many benefits for older adults, some being promoting and maintaining physical and mental health. Exercise allows older adults to socialize and converse about a mutually shared physical activity (Sebastião & Mirda, 2021). Loneliness significantly dropped for participants of interventions involving aerobic exercise (Cohen-Mansfield & Perach, 2015).

Arts and Culture themed sessions can consist of activities involving or creating group member’s personal works of art, culture, and life history. These sessions can also involve famous and historic pieces of art and cultural references that are not products of group members. Activities involving visual art discussions have helped reduce feelings of loneliness in group members (Cohen-Mansfield & Perach, 2015).

Writing and Reflection themed sessions allow for group members to write about their past, their loneliness, and their feelings about the group meetings. Group members share their writing and experiences with the group and engage in discussion about the past (Pitkäla et al., 2011, p. 657). In addition to the social engagement and relationship building with these discussions, therapeutic writing activities have shown to significantly improve cognition (Pitkäla et al., 2011, p. 660).

The three themes or components are intentionally broad, where facilitators should be creative when co-planning session activities with group members. Specific interests of participants should be included in the initial interviews conducted prior to the first session. The interview consists of certain assessments and surveys that are all detailed later in the Pre-Group Planning. Participants' interests should be surveyed to better tailor discussions and activities to fit the group. A facilitator's role is not to entertain group members, but to engage them. Content should expand on common interests and shared experiences. See Appendix A for a detailed list of example activities within each of the three themes.





Figure 4. Les Chateaux Senior Building Circle of Friends®. *Note.* Participants and the group facilitator (pictured standing, second from the left) at a weekly meeting in St. Louis, MO [Photograph], by St. Louis Housing Authority, 2019.

Launching any initiative requires planning activities to determine need, eligibility, and recruitment strategies. The following will detail the CoF planning process and the recommended materials to use in group sessions. All sets of questions and assessments are available in a format with ample space to write out all prompted information. Visit the Gateway Geriatric Education Center website (<https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/circle-of-friends.php>) to download a printable and fillable PDF version to complete for your own needs.

Needs Assessment & Action Plan

Before deciding to start a Circle of Friends® group, conduct a needs assessment to ensure implementing a Circle of Friends® intervention will be suitable and welcomed. Consider using the provided information (Figures 5 and 6) and/or other pertinent questions to approach the planning process with an established need, target population, desired group style, and availability of resources and barriers.

Figure 5

Needs Assessment

- Determine the need in your community. Who is most in need of this intervention? What is your capacity to meet that need?
- Groups are most effective if members are homogeneous (e.g., community-dwelling, assisted living, etc.). If group members have little in common, it is more difficult to facilitate shared activities.
- Identify a target group. Then, ensure support of the target group, family members, and organizations.
- Develop a plan for promoting the group within the target community—what has worked for your organization in the past? Will you take referrals only, advertise directly to that target group, or both?

Note. This Needs Assessment was created for the purposes of this manual (2020).

Action Plan

These are some helpful questions to consider before starting your own group. Every Circle of Friends® group will be unique based on the participant group, location, size, capacity of facilitators, etc. Use these questions according to your site’s specific needs. Facilitators and other support staff may benefit by reviewing these needs together prior to the recruitment of participants. Visit the Gateway Geriatric Education Center Circle of Friends® page (<https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/circle-of-friends.php>) to download a printable and fillable pdf of the Action Plan.

Figure 6

Circle of Friends® Action Plan

What are our goals for offering Circle of Friends®?

What promotional or recruitment strategies will we use?

Whose support do I need to launch the group?

Where will the group take place? If virtual, will the group be on a telephone, video conference call, or both? Which platform?

When will the group meet?

Who will be the facilitators?

Who will be the participants?

What supplies or plans do I need before the first meeting? If virtual, what technology does the target group have access to? Landline, smartphone, tablet, computer, internet access?

What challenges may I come across? If virtual, how will technological difficulties be addressed?

What resources are available to support the group?

Note. This Action Plan was created for the purposes of this manual. (2020).

Securing Funding & Resources

After acknowledging resources that are available to support the group, it might become apparent that additional funding and resources are needed to successfully deliver the group. There are many ways to minimize costs and successfully deliver Circle of Friends® free to the participants. There are many activities that can be done without cost (see Appendix A) and facilitators can be volunteers, but you should not expect the group to be able to successfully occur at no cost. If starting a group as a program or service offered within an established agency or non-profit organization, things such as a venue for the group to meet, staff to serve as facilitators, or activity materials could already be available within that established organization. If this is not the case, there are various ways to approach gaining funding and resources for a successful Circle of Friends® group. Creating a budget is advisable at this phase to establish what further resources you need and for what reasons.

Finding ways to diversify your funding sources can be beneficial in accruing small amounts of resources from individuals, foundations, or corporate businesses to meet your goal. Advisable strategies may be crowdfunding—usually done through an online platform where you can share your campaign and people can donate directly—grant seeking, and membership/participant fees (Forbes Nonprofit Council, 2023; Center for Community Health and Development, n.d.). You can also seek non-monetary donations, including supplies for activities, volunteer to provide transportation to activities, admission tickets to local attractions, and meeting spaces. Check your local state and county service and program offering sites as they sometimes have free activity supplies that you can use with your groups.

Applying for a Grant

Existing groups in St. Louis and across the state of Missouri had early success in starting and continuing their groups through securing grant funding. Grant funding refers to dollar awards to your group or organization to deliver a project or program that you have proposed (Center for Community Health and Development, n.d.). Seeking grant funding is relatively inexpensive in comparison to other revenue-generating strategies and tends to result in large award amounts. (O’Neal-McElrath et al., 2019). Grants are not always easy to get and securing them requires time and effort. With that, grant writing is a learnable skill and can be the answer to gaining the funds your group needs.

Grants are generally obtained through three sources: government (federal, state, or local), private businesses, and foundations (Center for Community Health and Development, n.d.). Finding grant opportunities to apply for can be done through a general internet search; various free sites will populate and opportunities from all three sources will appear. Asking local libraries for information on local foundations is also an idea for starting this search. Finding the right grant source that matches with your organization, location, amount of funds needed, amount of personnel involved, timeline, and compatibility to the Circle of Friends® framework is key to being successful. National foundations typically grant most of their funds to large organizations like national nonprofits and hospitals. For a smaller project like Circle of Friends® and if in a smaller organization, there are thousands of smaller to mid-sized foundations focused on giving to their local communities. For overall success, here are a few key principles to follow (O’Neal-McElrath et al., 2019):

- A documented unmet need that the grant seeker (you/your organization) are able to address.
- A developed clear plan for the program.
- Researching funders thoroughly.
- Building strong relationships with funders.
- Writing a concise proposal.

When applying for a grant opportunity, one creates a *grant proposal*. When preparing the grant proposal, consider these key principles (O’Neal-McElrath et al., 2019):

- Follow the grant guidelines.
- Present timely and accurate factual information—have up-to-date and relevant data that supports the program. The most important data are the facts and figures specific to the geographical area served, target audience, and other key elements.
- Do not make your proposal so bleak that the funder sees no point in trying to address the problem—you should include some emotional appeal while being realistic and factual.
- Be aware that many grant makers read the proposal summary first, followed by the proposal budget.

- Keep it sweet and simple—use language understandable to those who are not experts on the topic.
- Get some honest feedback on the proposal before submitting it to a funder—asking people within and outside your organization to review it carefully.
- Remember that one size does not fit all—review the guidelines of each prospective funder and add or take out material that fits best.
- Plan ahead—the grant seeking process is usually three to six months long and funders have specific deadlines.

Adaptations for Virtual and Telephone Delivery

Prior to the COVID-19 pandemic, Circle of Friends® was recognized as a possible intervention that could work efficiently on a telehealth format. After the COVID-19 pandemic emerged, completing the telehealth format for Circle of Friends® was prioritized and groups were adapted to meet virtually. Groups meet virtually using scheduled videoconferencing meetings where participants can participate by dialing in using a phone or joining the meeting as a video-call. The developers recognize the importance of the possible need to have caregiver involvement in helping their loved ones use technology and allowing this intervention to be impactful from the safety and comfort of one’s own home (Zubatsky et al., 2020).

Based on adaptations required during the COVID-19 pandemic, this training guide updates include virtual adaptations for session activities, but in general the guide is framed for in-person settings. This section was added to attend to specific steps that would be helpful for a facilitator to keep in mind when beginning or transitioning a group to occur in a telehealth format. See Appendix B for a suggested checklist to complete for virtual meetings. These tips and suggestions were curated by facilitators who use Zoom as their communication platform:

- Identify the communication platform that each member will be using to participate, including type of device (e.g., computer, cell phone (clarify if the phone is a smart phone), or landline phone) and the individual’s familiarity with that device. If the group members will be using different devices,
- For the assessment interview, schedule a test call using the virtual platform you choose so that you can troubleshoot any technology issues before the first group session.
- Ask the participant about their level of comfort with the platform before scheduling the call and suggest a friend or family member assist with setting up the first session if they are unfamiliar with the platform.
- Practice any activities that require technology with a co-facilitator before sharing with the group.
- Consider adding additional group ground rules for virtual delivery, such as “Join the session from a private area in your home to protect the privacy of other group members.”
- Tips for videoconferencing use:
 - Establish a recurring link so that participants can save it for each week

- Simplify the standard videoconference link/invitation to only include the necessary information (e.g., link to join and call-in number and passcode)
- Allow participants to *join before the host* because many participants prefer to test out the link ahead of time
- Share screen to show images, agenda, etc.
- Share computer audio only (in “Advanced Sharing Settings”) to share music
- For video clips, be sure to check the box “optimize screen share for video clip” before sharing screen
- Suggest participants to toggle to “Gallery View” to see all participants at the same time
- If one or more participants are calling via landline into a videoconference call, limit activities that require visuals and/or include verbal descriptions of content

Determining Eligibility for Circle of Friends®

Bringing together members who can most benefit from Circle of Friends® is key to the ability of the intervention to be effective in meeting the goals of addressing loneliness and social isolation. The Circle of Friends® framework calls for participants to meet the following eligibility requirements.

- 60+ years old (may vary depending on target population)
- Willing to participate in the preferred format for groups (in-person or telehealth) and has access to technology if participating in a virtual group
- Person reports subjective feelings of loneliness
- Vision, hearing, and mobility allows for participation
- There is no significant impairment reported regarding cognition or memory impairment

In the end, participant eligibility requirements should be determined by the facilitator so that the appropriate target population is able to participate, and resources (financial and personnel) will not be over expended and run out before the completion of the 12-week course.

Promotion and Recruitment Strategies

Promoting the Circle of Friends® initiative may require recruiting through the residential community, social service and health care organizations, or organizations whose members are older adults. Common places recruitment flyers and information previous facilitators interact with are senior centers, geriatric physician offices, Veteran Affairs Hospitals and community centers, Young Men's Christian Association (YMCA), public libraries, public housing communities, retirement communities, and long-term care facilities. Connecting with administrative staff in these types of organization can be very useful in spreading group information. Activity directors, social media managers, and outreach coordinators would be good

to connect with as organizations often have virtual newsletters, social media, and announcement boards that they could include a recruitment flyer or brief informational about Circle of Friends® in to help recruit participants.

A recruitment flyer template (Figure 8) has been created as a guide for new groups. This flyer may be adapted to include your own details, or you may create your own. To use this flyer, visit the Gateway Geriatric Education Center website at <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/circle-of-friends.php> and download a copy. Open the image file in Microsoft Paint or Microsoft Word and create a text box on the image to add in your own specific group details.



Figure 7
Circle of Friends® Recruitment Flyer



**Looking to socialize more? Open to making new friends?
Come join Circle of Friends®!**

Criteria:
60 years old+
Experiencing loneliness or lack of social support
Physically able to attend group meetings
Open to make new friends and participating in engaging activities

Circle of Friends® is a group created for seniors (age 60+) in need of more social support and connection in their community.

The group will be initially structured on a 12-week, once a week basis, facilitated by a healthcare professional. The group consists of around 8 members who will work with the facilitators to decide which topics and activities are of most interest to them! Each week's activity will fall within the session themes of Exercise and Wellness, Creative Arts and Culture, and Therapeutic Writing and Reflection.

Contact Us!

If you are feeling lonely, isolated, or just in need of more support, Circle of Friends® could be a great fit for you!

Note. This flyer was created for the purposes of this manual. (2023).

Group Assessments

Upon the completion of a needs assessment (Figures 5 and 6) and recruitment activities, the final pre-group activity is to conduct pre-group interviews, connecting individually with potential group members to complete assessment of appropriateness and need.

Facilitators can opt to use pre- and post- group assessments to help determine pre-intervention status and track the data of their groups. With the goal of alleviating and preventing loneliness and social isolation, the use of the suggested assessments can help illustrate changes in the group members in quantifiable ways. This data can be beneficial in situations requiring intervention outcomes such as program evaluations or applying for grant funding.

The suggested areas of pre- and post-intervention assessment are loneliness, social support, and cognition. The following psychometrically validated measurement tools are suggested (Figures 8-11): The Rapid Cognitive Screen (Malmstrom, et al., 2015), Lubben Social Network Scale (Lubben et al., 2006), R-UCLA Loneliness Scale (Russell et al., 1980), and ALONE Scale (Deol et al., 2022).

The informal pre-group interview can occur in-person, over the phone or by video conferencing. If determined that consent forms are needed for participation in Circle of Friends® for virtual delivery and/or recording of images, these should be completed at this stage as well. The purpose of this stage is to gather background information about the participant's life to provide facilitators with information to help engage the person in the group sessions and to determine outcomes related to participation in a Circle of Friends® group. There is an additional tool provided that can help this less quantifiable data and record each participant's interests (Figure 12).

These assessment tools are each described below and with a blank version of the assessment content. A printable and digital fillable version of each individual assessment tool can be accessed at the Gateway Geriatric Education Center at <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/circle-of-friends.php>

Rapid Cognitive Status (RCS)

The Rapid Cognitive Screen (Malmstrom, et al., 2015) is a psychometrically validated shortened version of the Saint Louis University Mental Status Exam (Tariq et al., 2006) that evaluates memory and thinking for cognitive impairment or dementia. If the older adult's score is within the normal range let them know their score was normal. If they mention concerns about their memory, encourage them to discuss these with their doctor or health care provider. If the older adult has a low cognitive score, tell them their score was below the normal threshold and this is something they should discuss with their healthcare provider. If the older adult with a positive test asks if they have Alzheimer's disease or dementia, tell them you cannot tell from this brief test. They had some difficulty but would need an evaluation by their health care provider to have enough information to draw this conclusion. However, identifying these problems as soon as possible is important as some causes are reversible.

Figure 8

Rapid Cognitive Screen (RCS)

RAPID COGNITIVE SCREEN (RCS)

Instructions to the older adult:

“I am going to ask you some questions to look at your memory. Some are easy and some are hard, so do your best.”

1. “Please remember these five objects. I will ask you what they are later. I will read them to you, and you repeat them back to me.” (Read each object to the older adult at approximately one second intervals. If an older adult does not recall all five words on first attempt, you may repeat the list up to and no more than two additional times.)

“Apple Pen Tie House Car”

2. Give the older adult a pencil and paper with a clock face drawn on it (or draw it for them). The clock face circle should be about five inches across.

“This is a clock. Please put in the hour markers and the time at ten minutes to eleven o’clock.”
Score two points for correctly placing the hour markers (or 0 if not all correct); 2 points for correctly setting the time (or 0 for not both correct). Possible scores are 0, 2 or 4.
You can repeat the time to put on the clock if asked.

Score _____

3. What are the five objects I asked you to remember? (Check each correct answer)

_____Apple _____Pen _____Tie _____House _____Car

Score 1 point for each correct object. _____

4. “I am going to tell you a story. Please listen carefully because afterwards, I am going to ask you about it.”

“Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.”

“What state did she live in?” _____

Score one point for correct answer _____

Total Score: _____

Scoring: Scores range from 0 to 10, with a higher score indicating better cognitive function. 8-10 = normal; 6-7 = Mild Cognitive Impairment; 0-5 = Dementia

Note. Malmstrom, T.K., Voss, V.B., Cruz-Oliver, D.M., et al., (2015). *Journal of Nutrition, Health & Aging*, 19, 741-744.

Lubben Social Network Scale

The Lubben Social Network Scale (Lubben et al., 2006) is a brief assessment designed to gauge isolation in older adults and assess the number of social contacts the person has in their life.

Circle of Friends® can help foster connections with others as well as motivate group members to connect with family and friends more often.

Figure 9

Lubben Social Network Scale, printed with permission of author.

LUBBEN SOCIAL NETWORK SCALE

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc.

1. How many relatives do you see or hear from at least once a month?

none one two three or four five thru eight nine or more

2. How many relatives do you feel at ease with that you can talk about private matters?

none one two three or four five thru eight nine or more

3. How many relatives do you feel close to such that you could call on them for help?

none one two three or four five thru eight nine or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood

4. How many of your friends do you see or hear from at least once a month?

none one two three or four five thru eight nine or more

5. How many friends do you feel at ease with that you can talk about private matters?

none one two three or four five thru eight nine or more

6. How many friends do you feel close to such that you could call on them for help?

none one two three or four five thru eight nine or more

Scoring: The questions are equally weighted, and range from 0-5 per answer, with a total possible score of 30. Scores of twelve or lower show the risk of social isolation. None = 0, one = 1, two = 2, three or four = 3, five through eight = 4, nine or more = 5.

Note. Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., Von Kruse, W.R., Beck, J.C. & Stuck, A.E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *Gerontologist*, 46(4). 503-513. <https://doi.org/10.1093/geront/46.4.503>

Loneliness Assessments

We provide two options here to assess loneliness: 1) The R-UCLA Loneliness Scale (Russell et al., 1980) is a psychometrically validated version of the UCLA Loneliness Scale aimed at measuring levels of loneliness in older adults and 2) ALONE Scale (Deol et al., 2022).

Figure 10
R-UCLA Loneliness Scale

R-UCLA LONELINESS SCALE

Statement: Never | Rarely | Sometimes | Often

1. I feel in tune with the people around me.	1	2	3	4
2. I lack companionship.	1	2	3	4
3. There is no one I can turn to.	1	2	3	4
4. I do not feel alone.	1	2	3	4
5. I feel part of a group of friends.	1	2	3	4
6. I have a lot in common with the people around me.	1	2	3	4
7. I am no longer close to anyone.	1	2	3	4
8. My interests and ideas are not shared by those around me.	1	2	3	4
9. I am an outgoing person.	1	2	3	4
10. There are people I feel close to.	1	2	3	4
11. I feel left out.	1	2	3	4
12. My social relationships are superficial.	1	2	3	4
13. No one really knows me well.	1	2	3	4
14. I feel isolated from others.	1	2	3	4
15. I can find companionship when I want it.	1	2	3	4
16. There are people who really understand me.	1	2	3	4
17. I am unhappy being so withdrawn.	1	2	3	4
18. People are around me but not with me.	1	2	3	4

19. There are people I can talk to. 1 2 3 4
20. There are people I can turn to. 1 2 3 4

Scoring: Never = 1; Rarely = 2; Sometimes = 3; Often = 4. Reverse score questions 1, 4, 5, 6, 9, 10, 15, 16, 19, & 20.

Note. Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The Revised UCLA Loneliness Scale: Concurrent and discriminate validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.

Figure 11
Alone Scale

ALONE SCALE

To assess an individual’s perception of being lonely, ask each of the items below using the following rating scale: Yes Sometimes No

- A** Are you Attractive to others as a friend? Yes _____ Sometimes _____ No _____
- L** Are you Lonely? Yes _____ Sometimes _____ No _____
- O** Are you Outgoing/friendly? Yes _____ Sometimes _____ No _____
- N** Do you feel you have No friends? Yes _____ Sometimes _____ No _____
- E** Are you Emotionally upset (sad)? Yes _____ Sometimes _____ No _____

Scoring: As this tool is not yet validated, there are no standardized scoring guidelines. Clinically, if the older adult responds positively to at least three items, they are likely to be experiencing loneliness.

Note. Deol, E. S., Yamashita, K., Elliott, S., Malmstorm, T. K., & Morley, J. E. (2022). Validation of the ALONE Scale: A Clinical Measure of Loneliness. *The journal of nutrition, health & aging*, 26(5), 421–424.
<https://doi.org/10.1007/s12603-022-1794-8>

Participant Interests

As discussion topics and activities are largely determined by the group participants, it is important to assess potential group members’ interests. The following Circle of Friends® Information Sheet may be a useful tool.

Figure 12

Interest Survey

Interest Survey

Participant ID: _____ Date: _____

RCS Pre-test score: _____ Lubben pre-test score: _____ Loneliness pre-test score: _____

What are your interests or hobbies? What do you enjoy doing in your free time?

Our sessions will cover three topics: wellness, arts and culture, and writing. What are some activities related to wellness you would like to see our group participate in together?

What are some activities related to arts and culture you would like to see our group participate in together?

What are some activities related to writing that you would like to see our group participate in together?

Do you have any special skills, personal or professional experience related to these topics that you would like to share with the group?

What are your hopes or goals for this group? How will you know if we have achieved these goals?

For telehealth: Tell me about your comfort level with the technology. Have you used Zoom or other video conferencing applications before?

Do you have any individual needs we should be aware of?

What do you see as your strengths as a friend or group member?

Summary/notes:

Note. Created for the purposes of this manual. (2022).



Figure 13. Christmas Party with Cambridge and West Pine. *Note.* Circle of Friends® groups met up at the Our Lady of Snow tour in St. Louis, MO [Photograph], by St. Louis Housing Authority, 2019.

After your group has been established and all pre-intervention assessments have been completed, it is time to prepare for your first group session. The following sections offer guidance on the initial stages of facilitating in-person and virtual Circle of Friends® groups and ideas for group facilitation activities that have been found successful by previous Circle of Friends® facilitators.

Establishing Group Ground Rules

Before the first session, the facilitator should prepare a set of ground rules for the group. Share the group ground rules with participants before the group begins, discuss them in detail at the first session, and reference them if any issues or conflicts arise in the group. To involve participants in their own group process, encourage them to add any ground rules that they would like. If you send weekly reminder emails, you can attach the ground rules each week with instructions to review the ground rules before attending the session. The list below contains ground rules used by experienced Circle of Friends® facilitators with additional notes and explanation of each ground rule. Feel free to use this list, add your own rules, or edit them. A downloadable version of these rules can be found at the Gateway Geriatric Education Center website at <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/circle-of-friends.php>. Possible group rules include:

- Arrive on time.
 - It is important that the facilitators can go over the agenda of the group with everyone, activities and discussions are not interrupted, and everyone's time is respected.
- If you must miss the meeting, let the facilitator know.
 - For safety reasons, please let _____ know by calling _____ or emailing _____ if you will not be at a meeting. If you do not let the facilitator know, they will reach out and make sure you are okay. If

you do not answer, they will reach out to your emergency contact to check-in.

- If you are late, taking a call during group time, or any other event that will affect the flow of the group, please notify the facilitator. These things happen and are okay, but they must be communicated!
- What happens in the group stays in the group.
 - Please make sure to always respect the confidentiality of the group. Do not talk about what happens or what people share in the group with others outside of the group.
- It is okay to disagree, but not to be disagreeable (criticize the issue, not the person).
 - It is important that group members always respect the thoughts and opinions of other group members. Do not argue with each other.
- Share the “mic:
 - Participants should be given equal time to share how they are doing and what they think about different topics.
- Leave outside discussions outside the group.
 - The group activities and topics are selected together by the group and then prepared and led by the facilitator. No one can “high jack” the meeting and bring up topics that are not specific to the purpose of that meeting.
 - Issues and concerns that you share or have with other members of the group (e.g., issues brought up in resident/housing meeting, previous personal arguments, questions about other activities in the building) should not be brought up during the group meeting time.
- Give input and engage in activity planning.
 - The group has control over what activities are done and it is not the facilitator’s job to decide. The facilitator’s job is to organize the meetings, prepare for the decided upon activities, and engage the participants.
- Be willing to participate.
 - Try not to have expectations of what activities will be like, especially if you have heard what people in different groups have done before and like/dislike. Having an open mind when it comes to activities means being willing to try both new and old activities.
- If you need to follow-up about an issue that is too sensitive for the group, you can always email _____ to set up a time to talk.
- Most importantly, enjoy this time!

Group Management Skills

As a facilitator, understanding your purpose and role in the group is important before even the first group session. You should be able to clearly explain your role to all group members. In the first session, it is important to share this explanation of your role as the facilitator, your

experience with Circle of Friends®, and your own personal goals for the group. As a facilitator, you will use a diverse array of skills when working with groups of any type. Some of these skills are (Greif et al., 2017):

1. Understand your relationship to your agency and the way in which you and your agency fit within the context of the larger community.
2. Understand the flow of group work from beginning to end, including the ongoing assessment of and attention to the group's level of cohesion.
3. Conduct group interactions with multicultural awareness and sensitivity.
4. Advocate for individual clients, the group, and your agency.
5. Practice within the ethical guidelines of the profession.
6. Help the group establish adaptive norms.
7. Ensure that self-disclosure is consistent with agency policy and meets the needs of the group (as opposed to your personal needs). Use of self (incorporating your own experiences) can help reflection and role modeling for the group but should be limited.
8. Engage group members in setting individual goals for themselves that are consistent with the group's purpose.
9. Seek feedback from the group.
10. Demonstrate sensitivity to members' perspectives on change.
11. Provide information to members that promotes growth and healing.
12. Admit a lack of knowledge or confusion about an issue.
13. Use activity to promote the group's work and members' goals.
14. Encourage discussion of feelings and experiences.
15. Show positive regard for the expression of feelings and thoughts.
16. Normalize members' feelings.
17. Reach for members' feelings.
18. Partialize presenting problems (i.e., examine and prioritize problems one at a time).
19. Demand work of the group.
20. Use programming effectively and in a timely and appropriate manner.
21. Focus on the here and now.
22. Assist members to resolve conflicts that emerge in the group.
23. Teach the importance of "I" messages.
24. Use national events to teach about human nature and social justice.
25. Monitor any changes in members.
26. Build and reinforce self-esteem and competence.
27. Remain comfortable with ambivalence and ambiguity.

Even though an eligibility requirement for group participants requires they be willing to participate and open to activities, there will be times when participants will not be readily engaged and eager to participate. The goal of having session activities and themes be tailored to the participants' interests is to help avoid issues like this. Experienced facilitators shared that all sessions will not be happy and feel gratifying, but you should not get discouraged. Even challenging behaviors can be reframed and used for positive individual and group outcomes

(Berg-Weger et al., 2020). Facilitators need to continually work on finding activities and language to encourage positivity and engagement of participants.

Experienced facilitators from the original Circle of Friends® groups in St. Louis, Missouri shared ideas for activities (Appendix A) and the following tips on group management:

- Learn the lingo that group members use. If they all live in the same area or are involved in similar activities, ask questions, and learn what they are talking about.
- Be attentive to conversations participants have amongst each other and note topics they talk about, any gossip or negative talk about others, and facets of personalities that you have yet to learn.
- If there are participants dominating the group and speaking the most, you need to allow them to do so during the first couple of sessions. You need to build trust first, have them learn you respect them and their ideas, learn the best approach/method with their personality to discourage them from dominating the group time.
- Know that it is the facilitator's job to re-direct conversations so that the group stays on task, and someone does not hi-jack the group.
- Share the agenda at the beginning of each session and explain how if conversations get off topic, you might have to re-direct or stop them so the group can finish everything planned for that session.
- Invite quieter people to speak but never force them to share, especially in the beginning.
- Have activities and rituals that require everyone to share something at the beginning of the group, so that way each person has their voice is heard at some point in the session.
- Confront problem people by doing an activity to positively adjust their problem behavior. For example, do a session on self-reflection and acceptance of others. Another session could be on stress management strategies.
- If needed, speak with group members individually and explain that someone who is not liked because of certain behaviors is someone "that needs us [Circle of Friends®]" more. If someone displays resistant or disruptive behavior, they may lack trust or feel insecure.
- Some people are just unhappy, but that does not mean they cannot be part of the group. It also does not mean that the group will always have to deal with negativity.
- For craft making activities, pair a more skilled person with someone who is less skilled so that you can help all members of the group and continually facilitate. Some people only want help from the facilitator, but they need to try and expand their comfort levels and relationships with the other members.
- Plan sessions ahead so that serious topics are spread out and there is a variety of activities week to week.
- Welcome feedback after activities and reflect on ways to continually improve as a facilitator to engage even the most difficult to engage.

As the facilitator, you can use the following to redirect a group session in which one member appears to be leading the group away from its goal. When redirection is needed during a session, consider the following (Berg-Weger et al., 2020):

If a member asks if visitors can attend a group meeting. Because the group has not addressed the issue before, you submit the question to the full membership:

“How do others see this question?” or “How do you as a group want to handle this?”

A second scenario involves one member of the group complaining about another member. In this scenario, you may simply say:

“Why don’t you tell Bernice that?” or “I don’t think you need my help talking to Kate about that.”

If you encounter a group member who seems resistant to engaging in the group process, consider the following questions (Berg-Weger et al., 2017):

1. What is the nature (e.g., behavior and attitudes) of the resistance?
2. Are the members’ behaviors disrupting group function and process?
3. Are there other areas of the member’s life where resistance occurs?
4. How do other group members respond to the member displaying resistance?
5. How are you responding to the member displaying resistance?

After reflecting on these questions, share your observations with the group and collectively brainstorm possible causes and responses, being careful not to allow this discussion to dominate the group’s work (Berg-Weger et al., 2020, p. 431).

Agenda for Sessions

Creating an agenda for each session is crucial. Establishing a routine for each session can be helpful for participants to know expectations and feel comfortable. For the first sessions, use information from the interest surveys to plan activities. Implementing periodic planning and brainstorming sessions could be helpful to keep participants engaged. The following are suggested outlines to use when preparing for sessions and can be downloaded at Gateway Geriatric Education Center website at <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/circle-of-friends.php>

First Session Agenda Outline

- Welcome to Circle of Friends®
 - Introduce facilitators
 - Group guidelines
 - Confidentiality/privacy

- Respecting others
 - Pass the “mic”
 - Add your own?
- Group Introductions
 - Name
 - Where are you from?
 - Anything else you would like the group to know about you?
- Group Purpose/expectations
 - Purpose of the group: connecting with others during this time of isolation with the goal of building friendships that can continue past the end of our group
 - What would you like to gain from the group?
- Overview of topics
 - Next three weeks—For examples: Wellness—may include discussion or activities surrounding sleep, exercise, mental health, self-care, and healthy living.
 - Anything you would like to add? What are your interests? What stands out as interesting?
- Feedback
 - What did you think about today?
 - What worked well? What might you like to see us do differently in the future?

Any Session Agenda Outline #1

1. Facilitator arrives early to set up the space before start time
2. Welcome (some groups may choose to open with a prayer)
3. Take attendance
 - a. Send a message to anyone who did not show up without letting the facilitator know
4. Wellness check—How is everyone feeling?
 - a. Go around one-by-one and check in
5. Warm up exercises
 - a. Ask for a volunteer to lead stretches
 - b. Focus on one part of the body—neck and shoulders
6. Activity: Family Feud
7. Ending (prayer)
 - a. Thank everyone for coming
 - b. Preface next weeks session—come prepared with a photo of you as a teenager
8. Take down space together

Any Session Agenda Outline #2

1. Facilitator arrives early to set up the space before start time
2. Grab a snack and find a seat; chat to catch up until everyone gets settled
 - a. Each group member brings in \$5 periodically and the facilitator buys snacks in bulk for the group
3. Welcome—Read weekly intention to become centered.

4. Take attendance
 - a. Send a message to anyone who did not show up without letting the facilitator know
5. Walk and talk—in pairs, walk the length of the halls twice and discuss last week’s activity
6. Activity: watch Ted Talk “Empowering Seniors to Step from the Shadows” and discuss
7. Ending—read second intentional on gratitude
 - a. Thank everyone for coming
 - b. Get feedback on the past 3 weeks activities
8. Take down space together





Figure 14. Enjoying the Sunshine at Kingsbury. *Note.* At a weekly group meeting, members of the Kingsbury group went outside to pose for a picture in their matching t-shirts in St. Louis, MO [Photograph], by St. Louis Housing Authority, 2020.

At the end of the 12-week sessions, you must determine if the group wants and/or can continue as a self-sustaining group. The way the group operates will come to an end after the 12-week sessions, but it does not mean the group has to end or current roles must change. This is the time when changes to group membership and roles can change. The group can transition to maintenance, or the group can be terminated. With the start of a new 12-week session, enrollment should open to gain new participants and existing participants can choose to leave. This is also an opportunity to see if there are enough participants to create an additional group altogether.

Determining the future of the group is dependent on numerous factors, some within the group itself and some external to the group. Funding and resources should be monitored by the facilitator over the span of the sessions. If there are not resources to have the group continue in any capacity, this should be determined as early as possible so that participants can be informed.

Group Termination

As the group reaches the final two-three sessions, facilitators should begin to discuss the possibility of the group continuing after the final facilitator-led session. Clarifying the time and duration of future group sessions, as well as reminding members that they are able and encouraged to continue meeting after the formal group ends, will help to establish clear expectations. Regardless of the reason for the group's termination, endings evoke a range of feelings and responses. The facilitator may notice members experience regression, withdrawal, conflicted feelings, sadness, anxiety, denial, and/or avoidance. Responses usually depend on how long the group has been together; groups meeting for only three months will have less group members invested than one meeting for two years (Berg-Weger et al., 2020).

Some of the last sessions should be focused on the successes of the group and future resources and activities participants can do to combat social isolation and loneliness. See Appendix A for

Group Termination session activity ideas. Participants should feel empowered by their experience with Circle of Friends®. The group should create goals for after the end of the group and be encouraged to continue growing their relationships with one another. Even if not transitioning to a maintenance group, you should have the group reflect on the questions: What are we transitioning to? What will our new routines look like in all aspects of life? In this discussion, you as the facilitator should take note of worries or common struggles the group might face. Provide the group with specific resources to attest to those issues. Have them reflect on what social outlets they will have moving forward—Who they are going to build relationships with? Who are they going to talk to? And what would they like to talk with others about? In the final session, explain your role moving forward and how you can serve as a resource to each group member. Suggesting participants share their personal contact information could be a great way to keep them connected and encourage socialization outside the group.

Transition to Maintenance

If participants express an interest in the last sessions to continue meeting, facilitators can discuss with the group the way in which members want to continue to meet on their own. Successful maintenance groups of Circle of Friends® have usually involved “champions” in the group to help coordinate activities and meetings without the facilitator. Facilitators can touch base with these point people outside of the group to offer suggestions on how to sustain activities or engage the group for future meetings. A facilitator determines this “champion” by seeking someone who talks to anyone and everyone in the group, has management experience, and is a great listener.

Previous groups have found their new facilitator, or “champion,” after going through a co-facilitation phase. The original facilitator offered the experience to everyone in the group, asking that those interested take a turn to join in on all planning and group management tasks for a session. After these trial sessions, the facilitator would speak one-on-one with the co-facilitator and reflect on the experience. The final decision of who will be the new leader of the group will not be the same for every group. The current facilitator could decide, or the group could discuss and choose.

Previous “champions” who have become facilitators of their group and/or new groups felt this new role was not challenging to take on. Because the group is participant idea-driven, the new facilitator should have already been involved in planning session activities. There is not too much additional work, and the facilitator is now just experiencing the group in a new way.

Documentation and Evaluations

The ending of a group is both philosophical and technical. It requires you to reflect on your feelings. When there is an overall sense that the group went well, you may feel elated by a sense of accomplishment, having overcome an obstacle, or of entering the realm of the skilled. On a practical side, you must complete evaluation processes, close out records, and fulfill any follow-up commitments (Berg-Weger et al., 2020).

Documentation of the process and group experience is a challenging but necessary task. The facilitator should record (1) the group process, including interaction and dynamics; (2) assessments and evaluation of the individual and group change and outcomes; (3) group leadership skills; (4) referrals; and (5) accountability for payment and the sponsoring organization (Berg-Weger et al., 2020).

Participant Post-Assessment

After a group ends its 12-week session, participant post-assessments should be completed. To determine the impact and effectiveness of the Circle of Friends® intervention, each of the measures that were administered in the pre-assessment phase should be repeated within one-two weeks following the completion of the twelve sessions. Participants should be made aware of this, and a plan or schedule should be in place before the final session ends. Gaining data from these post-assessments and evaluation is helpful for fulfilling grant requirements and can be useful when applying to future grant opportunities.

Program Evaluation

In addition to assessing individual outcomes, it is important to request feedback from participants regarding their experiences in the group. Below is an example of a brief survey that you can administer to participants after the completion of the twelve sessions. This feedback helps facilitators find areas of the group that were effective in helping group participants connect with those in the group and reduce loneliness over time. Group leaders should also explore whether the group chooses to continue the Circle of Friends® group past the twelve facilitated sessions.

Figure 16
Participant Feedback Questionnaire

Participant Feedback Questionnaire

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
CIRCLE OF FRIENDS® group met my needs					
I feel more connected because of CIRCLE OF FRIENDS®					
CIRCLE OF FRIENDS® content was interesting and engaging					

I feel less lonely due to CIRCLE OF FRIENDS®					
CIRCLE OF FRIENDS® group meetings were accessible and convenient (day/time/virtual delivery)					
I made a friend from CIRCLE OF FRIENDS®					
CIRCLE OF FRIENDS® facilitators were respectful and helpful to the group process					
I have interest in continuing the CIRCLE OF FRIENDS® group after the 12th and final session					

Additional Comments _____

For facilitators: This participant joined _____ out of twelve sessions.

Facilitator Self-Evaluation

As a facilitator, there can be hardship with the group ending as well. Just as group members may feel, you may experience positive feelings (e.g., joy), negative feelings (e.g., sadness), or a combination of the two. Endings can be a time for reflection and celebration. Facilitators, especially those new to the role, should review the group process in how it has impacted their personal and professional growth (Berg-Weger et al., 2020).

For facilitators to grow and learn from their experiences facilitating a Circle of Friends® group, encourage each facilitator to reflect on their experience by completing this Group Facilitator Self-Evaluation (Berg et al., 2017). This reflection may also be completed following each session. Upon finishing this reflection, consider ways in which you may strengthen your group skills.

Figure 16
Group Facilitator Self-Evaluation

Group Facilitator Self-Evaluation

1. How did the group experience me?

2. What feelings did I experience in this session? Did I express those feelings? Did I have some feelings with which I did not feel comfortable?

3. What were my reactions to various group members? Did I feel “turned off” by some members, or rejected? Do all members know I care about them? Do they feel that I accept them?

4. What general message did I communicate to each member? Did I say what I really wanted to say? Did I clearly state my message?

5. How much time did I spend focused on the content of the discussion rather than on the interaction taking place or the feelings and needs subtly expressed?

6. What do I wish I had said or done? What would I do differently next time?

7. Did I dominate? How willing was I to let someone else assume the leadership role?

Note. Created for the purposes of this manual (2023).

Resources

- Circle of Friends® (for English, click on translate button in top right-hand corner)
 - http://www.vtkl.fi/fin/toimimme/ystavapiiri_ja_omahoitovalmennus_toiminta/circle_of_friends_1/
 - Twitter: @JanssonAnu; Finnish Association for the Welfare of Older people @VTKL10
 - Circle of Friends is #Ystävapiiri, and we also use #loneliness and #lääkeyksinäisyteen.
- Gateway Geriatric Education Center
 - <http://aging.slu.edu>
- AARP: Connect2Affect Self-Assessment: <https://connect2affect.org/>
- SAGE: SAGEConnect, volunteers matched with LGBT older adult for weekly calls: <https://www.sageusa.org/sageconnect/>
- Social Networking sites: Stitch—social networking for people over 50: <https://connect2affect.org/>; Talk Space—mobile therapy: www.talkspace.com; Betterhelp—online therapy: www.betterhelp.com; Uniper—live, interactive, and recorded opportunities to engage: <https://www.unipercare.com/>
- Boston College Institute on Aging—On-line learning modules
 - <http://sloanresearchnetwork.bc.edu/>
- Grand Challenges for Social Work: Eradicating Social Isolation
 - <http://grandchallengesforsocialwork.org/grand-challenges-initiative/12-challenges/eradicate-social-isolation/>
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- National Academies of Science, Engineering, & Medicine: Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults
 - <https://www.nationalacademies.org/our-work/the-health-and-medical-dimensions-of-social-isolation-and-loneliness-in-older-adults>
- AARP Foundation—enter “social isolation” into search box to review multiple documents and postings that address social isolation
 - <https://www.aarp.org/aarp-foundation/>
- Commissioner for Senior Victorians. (2016). Ageing is everyone’s business. A report on isolation and loneliness among senior Victorians. Melbourne, Australia.
- Lifeline National Verifier--federal benefit that lowers the monthly cost of phone or internet service. The first step to is to apply through: <https://nationalverifier.servicenowservices.com/lifeline>
- National Council on Aging. Exercise & Fitness for Older Adults. A website with articles, infographics, and more regarding health and exercise: <https://www.ncoa.org/older-adults/health/exercise-fitness>.



Figure 17. West Pine Group Visits Nursing Home. Note. Members visited Bernard Nursing Home in St. Louis, MO [Photograph], St. Louis Housing Authority. (2019).

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APPENDIX A: Ideas for Session Activities

While the goal for Circle of Friends® is for the session activities to be determined by the members of the group, the following list provides suggestions developed through facilitators' experiences with in-person and virtual delivery:

1. Exercise and Wellness

In-person activities	Virtual adaptation
Chair Exercises (e.g., chair yoga, seated exercises)	Include clear verbal descriptions, screenshare if following videos https://youtu.be/-Ts01MC2mIo http://vitalityinmotion.com/ https://www.youtube.com/watch?v=OMTwZklkyVM https://www.youtube.com/watch?v=9-er7mpG7_Q
Team Lead Stretches: each group member will suggest one exercise or stretch, and the group will follow You can also have one volunteer lead all the stretches for that session. You can also focus on one part of the body per week. For example, focusing on the arms would have people only suggest arm stretches.	No adaptation needed
Walking: in or outside home	Discuss fitness levels and abilities/favorite locations to walk
Breathing Exercises: group members do breathing exercises together. The facilitator can lead, participants can take turns leading, or you can show a video to lead. To use in session or to learn from, search on YouTube “simple breathing exercises” and find one that fits your group best. Breathing exercises can be done with other activities as well. Examples: while at an outing, on a walk, talking about an emotional reminiscent topic	Include clear verbal descriptions and screenshare any video used.
Nutrition Discussion	No adaptation needed

Exercise Discussion	No adaptation needed
Chronic Diseases Discussion: focus on a chronic disease that group members are interested in and learn of ways to prevent it and maintain your health.	No adaptation needed
<p>Black History Month--Health Topics: honor Black History Month (February) and discuss a disease that African Americans are at higher risk for and different health disparities.</p> <p>This can also be done for other nationally celebrated or observed groups of people and/or diseases. For example, May is Women’s Health Awareness Month and November 11 is Veteran’s Day.</p>	No adaptation needed
Guest Speaker: Bring in guest speaker on a health topic of interest to participants, with time for discussion	Make sure help familiarize the guest speaker with the platform used if necessary
Walk and Talk: provide a prompt or topic to discuss and in pairs or small groups members will walk a designated distance (halls inside a building or to a certain land marker outdoors)	Unable to be adapted to virtual.
<p>Scavenger Hunt: members will start together and then be given a short amount of time (depending on space/area you are in) to go find a prompted object and bring it back to the group. To add more movement, you can instruct participants to do different aerobic movements when moving to get the item (skipping, lunging, hands above their heads, etc.). The type of items members go find should be prompted by the facilitator. Some prompts could be:</p> <ul style="list-style-type: none"> - each member is assigned a letter(s) and they will have to go find an item that starts with that letter - something that makes you smile - a mundane object – have them inspect that item for details that they’ve never noticed before or that make it unique after a closer examination 	<p>Members can leave their screen to go find items and bring them back to the group. The prompts for members can be the same as the in-person prompts, but also can be about more personal items if they are in their own homes. Prompts could be:</p> <ul style="list-style-type: none"> - Find something that you are proud of - Find something broken. - Find something that was gifted to you
Recipe Sharing: talk about healthy eating and	No adaptations needed

then have each person bring in a recipe to the next session that they enjoy and is a healthy food option. If they think it is not healthy, have them discuss ways to adapt the recipe to make it healthier.	
Group Termination—Age Well Planner: have each member go through the assessment found here: https://ncoa.org/age-well-planner	No adaptations needed

2. Creative Arts and Culture

In-person activities	Virtual adaptation
Photo collage: Create a photo collage project as a group. Have members bring in old magazines, newspapers, photos, and any other fun paper products that they will then cut up and glue together to make a collage together	Organize photo project with whatever supplies available in home and have each person do an individual collage.
Art Outings: Visit a museum or art gallery	Share stories of past visits to museums, etc. Do a virtual tour using screen sharing: The Louvre: https://www.louvre.fr/en/visites-en-ligne The British Museum: https://britishmuseum.withgoogle.com/ <i>Tip: practice with co-facilitator before trying with group</i>
Holiday Crafts: project based on interests of the group and relevant holidays (i.e., mandarian orange jack-o-lanterns or valentine’s day cards)	Each person chooses a project based on their own interests/supplies available and shares progress each week with the group
Music Listening Session: Listen to music together and discuss favorite artists, instruments, genres, etc.	Share audio only through Zoom and use an online music player to share clips of songs.
Live Music: attend a concert or other live artistic performance	Share video and audio through Zoom to watch a concert clip or music video. Invite a local artist to a meeting and share.
Favorites: Bring favorite books or movies to discuss, or favorite authors or genres	No adaptation needed
Discuss Local History	Share video of local historical event, (e.g., how the Arch was built, or the World’s Fair)

<p>Show and Tell: Let participants know to bring something in to share ahead of time with a theme i.e., favorite childhood toys</p>	<p>No adaptation needed</p>
<p>Quilting</p>	<p>Use materials available or deliver materials ahead of time if possible</p>
<p>Family Feud: split up the group into 2 teams and play your own version of Family Feud. You can write your own questions or look up past questions used on the game show.</p>	<p>No adaptation needed</p>
<p>Vintage Food Sharing: purchase vintage/old school candy or food products to share and talk about memories associated with those items and compare the new labels to the old.</p>	<p>Present pictures of the items instead of eating them or you can deliver the items to each member.</p>
<p>What do you see?: have the group members look out a window or around the room you are in and go around one-by-one naming things they see. It might get more challenging as it keeps going but encourage members to be creative and notice things they never have before.</p>	<p>No adaptation needed</p>
<p>Topics of the World: places everyone has travelled to, dreamed of going, etc.</p> <p>You can theme following sessions about places people dreamed of going and talk about culture of that place and have them recreate art from that place.</p>	<p>No adaptation needed</p>
<p>Kentucky Derby Watch Party: leading up to the Kentucky Derby, talk about the history of the Kentucky Derby, how people place bets, the horses’ names, and their jockeys, what people where to the derby. You can prepare over the span of a few sessions to have a watch party with the group.</p> <p>Have each member choose a favorite horse or a favorite color and you assign them that horse. Have them bring out their favorite hat (not necessarily the style seen at the Derby) to show and tell about in a session and then wear that day. Purchase fly swatters for each participant to have and imitate a jockey.</p>	<p>No adaptation needed</p>
<p>Volunteer: in the local community, find a</p>	<p>Volunteer activities don’t have to be in</p>

place of common interest to the group and volunteer together	person. Creating cards or an art project and donating it to a cause works as well.
Scrapbooking	No adaptation needed
Card Making	No adaptation needed
Hope Rocks: paint rocks with inspirational words and then keep them or give them to others. You can spread them at cemeteries, gardens, outside or inside community spaces	No adaptation needed
Inter-Generational Gatherings: invite local girl scout troops (or similar groups of youth) to come and work together to do activities. Girl scouts can write down a story the participant tells, they can play BINGO as a team, pick a book, and read it together	No adaptation needed if the Girl Scout troop also meets virtually

3. Therapeutic Writing and Reflection

Writing activities can be done throughout the week and discussed in group, or brief writing activities can be done within the session.

In-person Activities	Virtual Adaptation
Daily Journal: Keep a daily journal of thoughts/feelings, write letters to family or friends, or develop areas of creative writing	Have participants bring writing samples, letters, or other connections to the group.
Blogging: Start a blog on a topic in the news or a personal hobby	Facilitators can share screen to show examples of places for blogs or online writing.
<p>Gratitude Journal: Write about something you are grateful for each time you feel down and share the list at the end of the week. This discussion can prompt questions like:</p> <ul style="list-style-type: none"> - What are three things that you are grateful for this week? - What is one good thing that happened this week? - Who are the important people in your life right now? <p>Gratitude journals can be distributed to participants as templates or writing prompts to keep positive thoughts in the forefront of their mind.</p>	Have members bring any statements of gratitude or inspirational quotes that are meaningful. Journals should be delivered to the participants.

<p>Creative Writing: Within-session 2-minute focused writing on a specific reflective topic</p>	<p>Offer group members to bring a pen and paper to the session in your reminder email/call.</p>
<p>Friendship Goals: discuss what it means to be a friend and come up with a group definition for the word “friend.” One-by-one, have members share traits they (1) seek in friends (2) value in others (3) what makes them a good friend/what they bring to a friendship.</p> <p>This activity could be good to do in the 2-3 session or when having issues with people being negative or cynical.</p>	<p>No adaptation needed</p>
<p>Notes of Affirmation: Write notes of affirmation to other members in the group.</p>	<p>Notes can either be collected by email and disseminated by facilitators or sent between participants.</p>
<p>Activity Planning: Plan a list of future activities to do with each other</p>	<p>Plan to stay connected through an email or other online message group</p>
<p>Vision or Interest Board: facilitator provides materials for group to create a collage of their hopes and dreams for the new year/future</p>	<p>Use materials available or deliver materials ahead of time if possible</p>
<p>Creating a ‘Lifebook’: members write about significant times in their lives (i.e., childhood, high school, their siblings, their first job, etc.). Provide time to work on and share writing project in weekly group</p>	<p>No adaptations needed</p>
<p>Self-Care Routines: Discussion about self-care routines gives insight on how each member takes care of themselves on a day-to-day basis. Areas for discussion include: physical (e.g., walking, Epsom salt bath, or skin care regimen), emotional (e.g., dancing to music in your home, watching favorite movie, doing a puzzle or craft), and spiritual (e.g., prayer, meditation, or gratitude journal) self-care and different activities that would fall into each category.</p>	<p>No adaptation needed</p>
<p>End of Life Planning: discuss the following activities with the group and decide what all should be done for end-of-life planning. Then you can spend time completing these activities together, reflect on experiences of doing some</p>	<p>No adaptation needed</p>

<p>of these activities outside of the group.</p> <ul style="list-style-type: none"> - Prepare documents (power of attorney, will, trust, etc.) - Cleaning your home and organizing your items—read or reference the book <i>The Gentle Art of Swedish Death Cleaning: How to Free Yourself and Your Family from a Lifetime of Clutter (The Swedish Art of Living & Dying Series)</i> - Passing down items—what items? To whom? Pass them down before you pass or after? 	
<p>5 Word Stories: at the end of a session, give five words that can be related or seemingly not and have participants write a story using those 5 words. The stories can be on certain topics (e.g., their childhood, their families, vacations, high school) or you can leave it up to the participants. The next group session will consist of reading these stories.</p>	<p>No adaptation needed</p>
<p>Remember When: provide prompts for group members to write or share about starting with “remember when...”</p>	<p>No adaptation needed</p>
<p>Pets Discussion</p>	<p>No adaptation needed</p>
<p>Veterans: share stories, experiences (self as a veteran or your experience as being a loved one of a veteran)</p>	<p>No adaptation needed</p>
<p>Ted Talks: to start a discussion on a new subject matter, find an informative and interesting Ted Talk that can help break the ice on the topic. Spend time after discussing and applying it to their lives. Example topic: mindfulness</p>	<p>No adaptation needed</p>
<p>Group Termination Reflection: in sessions before group termination, have participants reflect on their experience in the group, personal goals and accomplishments, and future plans. The following link has reflection questions that will be helpful. https://www.apadivisions.org/division-</p>	<p>No adaptation needed</p>

<u>49/publications/newsletter/group-psychologist/2011/04/termination-exercises</u>	
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APPENDIX B: Checklist for Virtual Programs in Missouri

PRE-PLANNING

- Participant Registration and Recruitment
- Set workshop dates and times
- Identify which co-facilitator will be responsible for handling participant and workshop paperwork required by license holder
- Identify participant registration platform and registration deadline to collect name, Email, and Phone number
- Identify marketing strategies
- Develop and distribute marketing materials to promote in various formats (e.g., flyers, existing virtual programs, etc.)
- Develop and distribute virtual flyers
- Social media ads for websites, Facebook, Twitter, news, and other social media platforms
- Standard marketing email to recruit participants of other programs

PRIOR TO SESSION ZERO

- Conduct initial phone call or virtual communication with participants individually to:
 - Provide Zoom tutorial document (or other tutorial) to participant prior to check in call
- Complete assessments via phone, electronic or mail
- Determine technological capacity:
 - What type of device will the participant use?
 - Do they have access to wifi?
 - Does the participant have a webcam, and does it work properly?
 - Will they have a quiet room to use during group?
 - Have they downloaded and tested the Zoom app?
 - Do they have questions related to the Zoom (or another platform) tutorial document?
- Remind participants to charge device prior to class start time

PRE-PLANNING BETWEEN CO-LEADERS

- Hold virtual planning meeting with co-facilitators. Virtual planning meeting must determine:
 - Group logistics, leader roles and responsibilities including:
 - How roles will rotate throughout the workshop.
 - Who will fulfill the IT support/Spotter role

- Who will handle materials (slideshow, sound, MP3, etc.)
- Which leader is responsible for participant communication including completing participant paperwork and supplying virtual workshop access link
- Who will conduct participant check ins between sessions
- Include practicing managing tech during the workshop (e.g., brainstorming, problem solving, screen sharing, audio sharing, etc.)
- Confirm all leaders have an appropriate device, reliable internet connection, and understand how to use the chosen virtual platform

PARTICIPANT MANAGEMENT

During Workshop Session:

- Send a reminder on the day of the workshop with the link to the virtual workshop.
- Log in early to connect with participants via casual discussion
- Call on participants to encourage participation and engagement, giving all participants the opportunity to speak
- Keep in mind that leaders' enthusiasm and engagement affects participants
- Utilize active listening skills when appropriate

Between sessions, conduct participant check ins after the first session to follow up

- Ask participants to email leaders with consent to share contact information with other participants. Encourage participant communication/buddy system between workshops.
- Send weekly reminders/emails to participants:
 - To charge devices prior to session
 - Have chargers on hand
 - Turn on their webcam
 - Date and time of upcoming session
 - Follow up with individual participants if too many technological issues arise

Adapted with permission from: Missouri Association of Area Agencies on Aging, Area Agencies on Aging (Aging Ahead, Aging Best, Aging Matters, Area Agency on Aging – Region X, Care Connection for Aging Services, Mid-America Regional Council, Senior Age, St. Louis Area Agency on Aging), Kansas City Regional Arthritis Center, Oasis, Liberty Parks and Recreation, and University of Missouri Extension

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