Training professionals to implement a group model for alleviating loneliness among older people – 10-year follow-up study

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Abstract

Background and objectives: Although randomized controlled trials (RCT) have been performed to alleviate loneliness among older people, little is known about how they have been implemented, or whether they are effective in real life. Our RCT-based model, 'Circle of Friends' (CoF) proved to be effective in improving the wellbeing, health and cognition of lonely older people. Over 10 years we have systematically trained 752 professional facilitators of lonely older people's CoF groups. This study aims to explain how this training has succeeded in practice and to describe the outcomes of CoF implementation. *Research Design and Methods:* Survey data were gathered in 2006–2016 from trained facilitators (n = 319) and CoF participants (n = 1041). *Results*: The CoF has been disseminated in 80 municipalities in Finland. The trained CoF facilitators have maintained the original key elements and structure of the model fairly well in its implementation and dissemination processes. The main objectives of CoF – the alleviation of loneliness, making new friends, and members continuing meetings on their own – have remained the facilitators' priority. The CoF socially activates older participants, as 67% organized group meetings after the facilitated process. However, the CoF has become diluted in some aspects during its dissemination, as a small proportion of trained facilitators have implemented the model in their own way. *Discussion and Implications:* The CoF may be an encouraging example of how an original RCT model with a rigorous training programme can be implemented and disseminated in real-life settings over ten years.

Keywords: group facilitator training, activating learning methods, older people, loneliness, implementation, dissemination

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Background and Objectives

About one in three older people suffer from loneliness (Savikko, Routasalo, Tilvis, Strandberg & Pitkälä 2005; Jansson, Muurinen, Savikko, Soini, Suominen, Kautiainen & Pitkälä 2017), which can have negative outcomes such as disability (Ekwall, Sivberg & Hallberg 2005), impaired health (Mistry, Rosansky, McGuire, McDermott & Jarvik 2001; Molloy, McGee, O'Neill & Conroy 2010) and quality of life (Jakobsson & Hallberg 2005), cognitive decline (Tilvis, Pitkälä, Jolkkonen & Strandberg 2000; Wilson, Krueger, Arnold, Schneider, Kelly, Barnes, Tang & Bennett 2007), and increased mortality (Tilvis, Routasalo, Karppinen, Strandberg & Pitkälä 2012).

Interventions have been developed to alleviate loneliness among older people. Those offering social activity in a group format in which older people are active participants, as well as interventions with psychosocial and training elements and a theoretical basis have shown efficacy (Dickens, Richards, Greaves & Campbell 2011; Cohen-Mansfield & Perach 2015). However, less is known about how interventions have been implemented in practice and whether their implementation processes have shown similar effective outcomes to those of the original trial (Hodgson & Gitlin 2016). The training of professionals has been emphasized as a key element of successful interventions (Findlay 2003). One promising intervention for alleviating loneliness is a group and training model known as the Circle of Friends (CoF). A randomized, controlled trial (RCT) originally showed that it improved lonely older people's well-being, health and

cognition (Pitkälä, Routasalo, Kautiainen & Tilvis 2009; Routasalo, Kautiainen, Tilvis & Pitkälä 2009; Pitkälä, Routasalo, Kautiainen, Sintonen & Tilvis 2011). It also decreased the use of health care services and reduced mortality among older people suffering from loneliness (Pitkälä et al. 2009). The CoF is based on rigorous training of professionals and activating learning methods. This CoF training and its intervention among lonely older people has been systematically and widely implemented and disseminated in Finland for 10 years.

The main idea of the CoF group model is to enhance interaction among its group members, i.e. lonely older people. It encourages them to share their feelings, alleviates loneliness, and supports them in continuing their group meetings and interaction within the group without group facilitators (Pitkala, Blomquist, Routasalo, Saarenheimo, Karvinen, Oikarinen & Mantyranta 2004). Since 2006, the CoF has been actively disseminated in Finnish municipalities by an organized CoF training program. Altogether 752 group facilitators have been trained so far, and over 8000 older people have participated in CoF groups in 80 municipalities around Finland.

This study aims to explore: 1) How the group facilitators have learned, adopted and translated the CoF model and its essential elements into practical work over 10 years, and 2) the effects of CoF in practice on the basis of the feedback of older participants and from the perspective of the group facilitators, over a 10-year follow-up.

Research design and methods

This study is descriptive, and explores the dissemination and implementation process of the CoF in Finland, after an RCT trial over a 10-year follow-up.

CoF group and training model

The results of the original RCT showed that each CoF group should have two professional group facilitators who work as pairs and who should undergo a thorough CoF training program so that they share the same goals and methods. The training of the facilitators has been emphasized as one of the most important characteristics of successful interventions (Findlay 2003). The effectiveness and beneficial outcomes of the CoF group meetings are based on elements such as the facilitators' knowledge and enhancement of favorable group dynamics, empowering the participants, objective-oriented and client-centered group meetings, and supporting interaction among older group members. In order to achieve effectiveness, the group facilitators need to learn and implement these essential elements and the structure of the original CoF group model in the training (Savikko, Routasalo, Tilvis & Pitkälä 2010; Pitkälä, Routasalo, Savikko 2014). By profession, the facilitators are, for example, occupational therapists, nurses or social workers, who are motivated to facilitate a group of older people in, for example, a service center or assisted living facilities for older people.

In CoF training, the facilitators take part in five one-day workshops over a five-month period. The training covers themes such as *What is the CoF group model*?, *Loneliness among older people and its alleviation*, *Group process and dynamics of CoF*, *Planning the CoF group* and *How to recruit and interview group participants*. Each of the themes is based on the reflective and activating learning

cycle (Kolb 1984), which starts with a vignette presentation and continues with a thematic learning café group discussion about the facilitators' own experiences of the topic. After this, the trainer gives encouraging feedback to the trainees and integrates the group discussion with theoretical knowledge of the subject. Finally, the trainees form their own integrated knowledge of the theme based on the theoretical perspectives, their own experiences and active reflection (Pitkala, Blomquist, Routasalo, Saarenheimo, Karvinen, Oikarinen & Mantyranta 2004). Thus, learning is based on adult learning (Knowles 1990) and constructive learning theory (De Corte & Weinert, 1996).

After the third one-day workshop the trainees – group facilitators – start to organize and facilitate their first CoF group (Pitkälä et al. 2004). After each group meeting, they write their own reflective learning diary of their experiences and evaluate the goals of the group meeting with their facilitator partner. They email the learning diary to their trainers, who give feedback on the diary, also by email. Reflection, evaluation and feedback promotes growth in the group facilitator's role, which is not easy to achieve. Facilitating a group of lonely, older people is a very demanding learning process, and the trainees should adopt the role of an empowering facilitator rather than that of a leader (Savikko 2008). The training process also includes work counseling, during which the CoF trainer monitors the group process in the third or fourth, and seventh or eighth group meeting. After monitoring, the trainer and trainees (group facilitators) discuss the progress of the CoF group process. The trainer gives supportive and constructive feedback on the facilitation so that the group process continues in line with the objectives of the method.

We aimed to maintain the following features and structure of the CoF group model, which are essential for its original efficacy. First, we defined the facilitated CoF as a closed group which should always consist of six to eight older adults suffering from loneliness, who meet with their peers 12 times, once a week for three months. Second, before the CoF group starts its meetings, the facilitators should explore the participants' own wishes and needs by interviewing them (Savikko, Routasalo, Tilvis & Pitkälä 2010; Pitkälä, Routasalo & Savikko 2014). This was to ensure that the contents and program of the group were in line with the participants' wishes.

A properly facilitated group process (Figure 1) forms a pathway to the objectives of the group of older people: Alleviation of the participants' loneliness and the promotion of well-being. The main content of the older people's CoF group sessions is discussions on topics such as loneliness and its alleviation, peer support, resources, the life course, and plans for the future. Shared positive experiences are important in the older people's group process: In accordance with group participants' interests they may visit art exhibitions or make excursions to nature parks, for example. These outings promote cooperation and social roles among the group participants. Social activation and the alleviation of loneliness occur both among the group and within individual members as they discuss and experience things together and move towards a common goal. Step by step during the group process, the professional group facilitators empower the group participants, and shift the responsibility for the group meetings over to them. Reflections in work counseling as well as in the fourth and fifth one-day training workshops help the professional trainees adopt their roles as empowering facilitators. Finally, the trainees help the older CoF group members continue the meetings on their own and to contact each

other after the facilitated group meetings end (Savikko et al. 2010). Throughout the meetings and their training, trainees gain CoF competence and are able to start new CoF groups for older people. Work counseling is available for them if needed when they start a new CoF group.

Data collection

The data were gathered in 2006–2016 from both trained group facilitators and older CoF group participants.

In 2016, the data were collected via an electronic survey from all group facilitators (N = 752) trained during 2006–2016 in Finland. The response rate was 42.4% (n = 319). In this electronic survey, we elicited the demographic variables (age, sex) and characteristics of the participants in all the CoF groups they had facilitated so far (community-dwelling/living in assisted living facilities/groups of widowed older people/groups of cognitively impaired older people). As regards the structure of the CoF, we inquired whether their groups had been closed (once the group was formed, no new member could join even if someone dropped out) or open (the group was able to take on new members during the group process). We asked whether they had facilitated their group with a partner (always with a partner/mostly with a partner/both with a partner and alone/mostly alone/group had three or more facilitators). In addition, we asked if they had interviewed the group participants before the group started (yes, always/yes, mostly/occasionally/no), and if they had discussed loneliness in their CoF groups (yes, always/yes, mostly/occasionally/no).

The general objectives and targets of their group meetings were elicited: alleviation of loneliness, creating new friendships, supporting interaction among participants, empowering participants, peer support, supporting self-

organized group meetings after the official CoF is over (each yes/no). Finally, we asked what challenging features they had encountered in their CoF groups. The response options for each of the following items were yes/no: Challenging group participants, heterogeneity of participants, difficulties in recruiting participants, participants' difficulty adhering to the group process, participants' reluctance to deal with loneliness.

The data on the older CoF group participants were gathered via a postal questionnaire between April 2006 and May 2016 during the training of the professional facilitators' first CoF group. Thus, we only have participant feedback on the first group of each facilitator. In 2014–2016, the questionnaires included additional items that explored the participants' demographics and experiences in more detail. The participants of the CoF groups were community-dwelling older people and those living in assisted living facilities. The postal questionnaire was sent to 1693 individuals who had participated in the trainees' groups. They received the questionnaire as soon as the facilitated three-month CoF group process ended, and voluntarily returned the questionnaire in a prepaid envelope by mail in their own time, on average within one month of the last facilitated group meeting. The response rate was 61.5% (n = 1041).

The postal questionnaires for older people had already been used and piloted in the original RCT (Routasalo et al. 2009). The items were considered easy for older people to understand and respond to. We inquired about demographic variables (age, sex). In the 2014–2016 questionnaire, we further inquired about marital status, education, living alone (yes/no), daily physical functioning (1. very good 2. good 3. moderate 4. poor 5. very poor/1 and 2 = Good daily functioning), and self-rated health (1. healthy 2. quite healthy 3. quite unhealthy 4. unhealthy/1

and 2 = good self-rated health). Information regarding participation in the CoF was elicited by asking how many times they participated (12 times/10–11/5–9/< 5). We also inquired whether the participant's own wishes had been taken into account in the contents of the CoF (yes/no). Participants' satisfaction with the group facilitators' expertise was elicited by asking if their group supervisors were competent as group leaders (yes/no). Alleviation of loneliness was addressed by asking if their feelings of loneliness were alleviated when they participated in the group activities (yes/no) and if their feelings of loneliness were acknowledged by their group (yes/no). We also inquired whether participants had found new friends in the group (yes/no), had continued meetings after the facilitated group was over (yes/no), and they would recommend the CoF to others (yes/no). In 2014–2016, we further asked whether participants had received peer support (yes/no).

Statistical methods

For the continuous variable (age), descriptive values were expressed by means with standard deviations (SDs). The categorical variables are described as percentages. We compared the 2006–2013 responses with those of 2014–2016. Differences between these groups were tested using the X^2 test for the categorical variables and the T test for the continuous variables. P values of < 0.05 were considered significant.

Results

The trained facilitators' mean age was 56, and almost all were women. The older people in the facilitators' groups were community-dwellers (66%), residents in assisted living facilities (43%), cognitively impaired older people (22%) and widows/widowers (27%). Of the facilitators, 85% had interviewed their group

participants before the CoF group started. According to the facilitators' feedback, four out of five had facilitated their group with a partner, and nine out of ten had organized a closed group process. Nine out of ten facilitators said that their CoF group participants had dealt with loneliness. Alleviation of loneliness was the most frequently mentioned objective of the group meetings (91%). Creating new friendships (71%) and supporting interaction among participants (65%) were also frequent aims. Supporting self-organized group meetings was the objective of 45% of the facilitators. Forty-six percent had challenging group participants. In addition, 37% of the facilitators mentioned participants' heterogeneity as a challenge in their groups. Thirty-three percent had difficulties gathering group participants. (See Table 1)

The mean age of the CoF participants was 79 years in 2006–2013, and 80 years in 2014–2016. At both time points, 85% were women. In 2014–2016, over half of the participants were widowed, four out of five lived alone, and 52% had an education of < 8 years. Only one out of four rated their daily functioning as good or very good, and three out of four rated themselves as healthy or quite healthy (See Table 2).

In 2006–2013, 87% had participated in the CoF at least 10 times, whereas in 2014–2016 the respective figure was 88%. In 2006–2013, most of the participants (96%) felt that their wishes had been taken into account when planning the CoF meetings, whereas in 2014–2016, the respective proportion was significantly lower (88%) ($p < 0.001$). According to participants' feedback, 97% were satisfied with their group facilitator's expertise at both time periods. In 2006–2013, 91% and in 2014–2016, 87% of the participants felt that their loneliness had been alleviated during the CoF ($p = 0.021$). Of the 2006–2013 participants, 91%

stated that their feelings of loneliness had been acknowledged in the CoF, whereas the respective figure in 2014–2016 was 85% ($p = 0.005$). In 2006–2013, 70% of participants had found new friends in the CoF, whereas the respective figure in 2014–2016 was 60% ($p = 0.002$). In 2006–2013, 60% had continued meetings after the facilitated the CoF, whereas in 2014–2016, this proportion was 67% ($p = 0.061$). Almost all participants would have recommended the CoF to other older people at both time periods. In 2014–2016, we also inquired about peer support, which eight out of ten felt they had received (See Table 2).

Discussion

This study describes how training professional facilitators of older people's CoF groups has been translated into practical work over ten years and how the essential elements of the original CoF model have been implemented. CoF facilitators have maintained the key elements and structure of the original model of the RCT fairly well during the 10 years of its translation, dissemination and implementation process. The training has been essential to achieving this. The outcomes of the CoF group as regards its main aims, such as the alleviation of loneliness, making new friends and participants continuing meetings on their own have remained a priority of the facilitators' work. It seems that the CoF model truly empowers older participants, as 67% continued group meetings on their own after the official group process was over. However, years of dissemination had caused some of the effects to fade to some extent.

Our study has several strengths. To our knowledge, it is one of the first to explore the large-scale training effects of group facilitators and the long-term implementation and dissemination process of a psychosocial intervention for loneliness originally tested and found effective in an RCT. Secondly, the training is

based on an effective pedagogical frame, namely adult learning theory and reflection. The third strength of this study is that our follow-up time was long enough to describe the consistent effects of the thorough training of the facilitators. Fourthly, the response rates are quite satisfactory considering the study period of 10 years, and provide a comprehensive picture of the facilitators' views and the participants' feedback. The limitations of our study include the fact that as it is only descriptive, it has no comparison group and its effects cannot be interpreted in line with RCTs. However, our findings describe the real-life situation of a training model for professionals, and of a group model with a diverse range of participants, whose exclusion criteria were kept very low. The change in the characteristics of the enrolled group participants (e.g. cognitively impaired) presents a new challenge for comparing the results of the original RCT and those of the present study. Another limitation is that we do not know how the CoF model could be adopted and disseminated in other countries and cultural contexts.

In order to alleviate loneliness through a specific group format such as the CoF, a rigorous training program for group facilitators is essential. Thorough training has been emphasized as a key element in the success of interventions (Findlay 2003). The CoF training process is based on the constructive learning theory (De Corte & Weinert, 1996). It relies on adult learners and their extensive experience (Knowles 1990), and uses reflection and constructive feedback to facilitate trainees' learning (Kolb 1984). In addition to the five one-day workshops, the facilitators receive supportive feedback and work counseling from their trainers, who promoted self-reflection in the facilitating process of the older people's CoF group. The facilitators reported challenging group members, for example, through their work counseling and learning diaries (Pitkälä et al. 2004). Activating learning

methods and learning cycles are used to help trainees construct their own integrated knowledge of the CoF group model (Pitkala et al. 2004).

In the original RCT, 95% of the participants felt that their loneliness was alleviated during the group process (Pitkälä et al. 2009), whereas the respective figures were 91% in 2006–2013 and 87% in 2014–2016 in the present study. In the RCT study, 45% of lonely older people had found new friends from the group. The respective figures in the present study were 70% in 2006–2013 and 60% in 2014–2016. In addition, in the RCT study, 40% of the intervention participants continued meetings on their own one year after the facilitated group (Pitkälä et al. 2009; Savikko et al. 2010). In the present study, two out of three of the CoF participants reported that their group were continuing meetings on their own. It seems that even though loneliness was not alleviated to the same extent as in the original RCT, gaining new friends and continuing to meet after the facilitated CoF group meetings improved over the years.

Very few RCTs of nonpharmacological interventions have been implemented in practical settings using large-scale rigorous training. It has been argued that up to 40% of participants do not receive an intervention that is in accordance with the original scientific evidence (Hodgson & Gitlin 2016). Evaluation of the implementation process of the RCT intervention in community contexts may inform future social and health care workers of the key issues of intervention development work (Gitlin & Leff 2016). The researchers of the original RCT study (2002–2005) had a clear vision of how the CoF elements should be taught to the professionals to ensure that the intervention remained effective in the future (Pitkälä et al. 2009; Savikko et al. 2010).

The results show that the effects of the CoF model have become somewhat diluted over the years. The training period of professional facilitators is shorter than that of the original RCT (Pitkala et al. 2004). In addition, the dilution effect may also be due to the new target groups: Cognitively impaired older people and those living in assisted living facilities. However, our previous study suggested that training professionals have already successfully implemented the CoF model among cognitively impaired and spousal caregivers (Laakkonen et al. 2016). The model may also have changed over time. Although they are provided with supplementary training annually by the CoF organizers, some facilitators may implement groups in their own way after their CoF training. CoF training, work counseling, learning diary feedback, recruiting group participants, supplementary training, and communication have to be organized appropriately to achieve good quality results. Considering the time scale and extent of dissemination, the results are surprisingly satisfactory.

Implications

Via meticulous training of professionals, the CoF model has succeeded in 10 years of implementation and wide dissemination after the original RCT model. Through CoF training, the facilitators have organized group meetings, which have alleviated older people's experiences of loneliness and activated them. The trained facilitators have retained the key elements and structure of the CoF fairly well. This may be an encouraging example of how the model of an original trial can be implemented and disseminated in practical settings for up to even ten years, with decent results. Therefore, the implementation process should be more widely elaborated and explored, paying attention to the issues in the present study that had become diluted, and the rigorous training and work counseling of the facilitators.

Conflict of interest: None.

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Table 1. Facilitators' feedback from CoF groups

	Facilitators N = 319
Demographics	
Age, mean (SD)	56.3 (12.0)
Female, %	96.5
Participants of their groups, %	
Community-dwelling	66.1
Residents in assisted living facilities	43.2
Cognitively impaired	21.6
Widowed	26.9
CoF structure %	
Closed CoF groups	87.9
Facilitated group with partner always or most of the time	80.2
Group members interviewed before sessions began always or most of the time	84.9
Participants dealt with loneliness in CoF group discussions	89.0
Objective of group, %	
Alleviation of loneliness	90.9
Creating new friendships	70.5
Supporting interaction among participants	65.2
Participants' empowerment	54.5
Peer support	52.9
Supporting self-organized group meetings after official CoF is over	44.8
Challenging situations in CoF, %	
Challenging group participants	46.4
Heterogeneity of group participants	37.3
Difficulty in recruiting group participants	32.6
Difficulty in participants' adherence to group process	19.7
Group participants' reluctance to deal with loneliness	15.4

Table 2. Older group participants' characteristics and experiences of their CoF groups.

	CoF 2006–2013, N = 654	CoF 2014–2016 N = 387	P value[1]
Demographics			
Age, mean (SD)	78.6 (8.2)	79.9 (7.8)	0.021
Female, %	84.6	84.8	0.93
Widowed, %	-	54.5	
Education <8 years, %	-	52.4	
Living alone, %	-	78.4	
Good daily functioning, %	-	27.9	
Good self-rated health %	-	72.6	
Experiences of CoF groups, %			
Participated in CoF meetings ≥ 10 times,	86.6	88.1	0.27
Participant's own wishes had been taken into account in contents of CoF	96.0	88.2	<0.001
Satisfied with group facilitators' expertise	97.0	96.6	0.74
Received peer support in CoF	-	78.6	
Loneliness had been alleviated	91.4	86.6	0.021
Feelings of loneliness had been acknowledged in CoF,	91.0	84.8	0.0049
Found new friends in CoF	69.7	59.7	0.0025
CoF group has continued meetings on their own after facilitated group process	59.8	66.5	0.061
Would recommend CoF to other older people	97.5	97.8	0.85

[1] Differences between the groups were tested using the X^2 test for categorical variables and using T test for continuous variables.

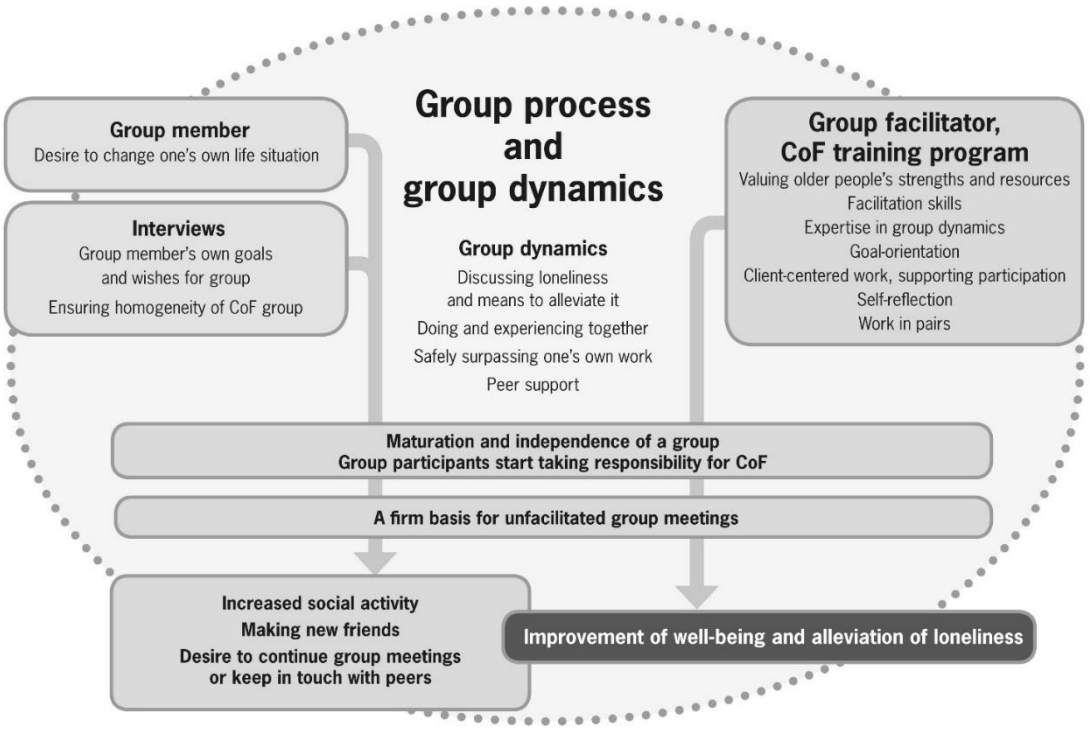

Figure 1. Circle of Friends (CoF) group process as a pathway to objectives of the group of lonely older people