

Workshop: Appreciative Living Learning Circles and Social Networking: Sustainable Antidotes for Loneliness (Helen T. Buckland, "Trez" trezbuck@uw.edu)

Purposes/Aims: This study this workshop is based upon had two aims:

- 1) adapting Appreciative Living Learning Circles (ALLCs) to needs of young adults (21-35) with schizophrenia or schizoaffective disorder (SCZ)
- 2) testing feasibility of ALLCs and social networking groups (SNGs) to increase hope/relational happiness and decrease social fear/isolation

Rationale/Conceptual Basis/Background

Young adults with SCZ experience social fear and isolation leading to diminished opportunities for relationships with peers, identified by them as critical to building happiness. Building upon Positive Psychology and Appreciative Inquiry (AI), ALLCs assist individuals with positive thinking and actions to get more of what they want in life. With SNGs, ALLCs provide opportunities for socialization with peers in a safe environment with fun, free activities (Dinner, 3-step Model and Games).

Appreciative Living Learning Circle 3-Step Model: (Kelm, 2008)

1. Appreciate What Is: Participants and facilitators created collages of things they appreciated about themselves as an introductory activity; identification of gratitude and sharing strengths opened up each session.
2. Imagine the Ideal: Guided imagery engaged participants as they imagined a safe place for feeling at home. Visions came alive through art.
3. Act in Alignment: Identify what has worked; make public commitment to the group by describing next steps. Examples: Get out of the house each week; use a gratitude journal, make plans to get together to eat, do laughter exercises at home, keep in contact with each other via phone and Facebook.

Method

Convenience samples from suburban mental health centers made up focus groups of 6 young adults with SCZ (age 21-35; 1 African American, 1 Asian, 4 Caucasian), 6 family members (1 African American, 2 Asian, 3 Caucasian) and 4 mental health professionals (4 Caucasian) to adapt the ALLC design. A two group experimental design (wait-list control; treatment group) was conducted to compare treatment impact. The 8 week treatment group was co-facilitated by mental health professionals in an urban mental health agency setting. Twelve treatment participants from Seattle and six controls from Seattle and suburban areas were recruited; there was no attrition.

Table 1: Descriptive Statistics

	CONTROL (n=6)	TREATED (n=12)
AGE	26.7 (4.8)	27.6 (2.8)
MALE	67%	83%
DIAGNOSIS Schizophrenia	50%	67%
EDUCATION 1 2 3	17% 50% 33%	17% 67% 17%
HOUSING 1 2 3	83% 0% 17%	75% 8% 17%

Age – mean (SD)

Schizophrenia vs. Schizoaffective Disorder

Education – 1=High School Diploma 2=Some college3=College Degree

Housing – 1=With Family 2=Supported Housing 3=Independent

RESULTS:

Aim 1: Focus groups identified need for: 1. small numbers in the intervention (4-10) 2. easy accessibility 3. no mandated work (want choices), activities to build trust over time 4. incentives for coming: good food, fun activities, gift cards, personal attention, reinforcement for value young adults bring to the study and 5. quiet, inviting, comfortable and safe location (mental health center, community center), with accessible smoking area.

Aim 2: Results of hope, happiness, loneliness and social fear measures pre/post intervention.

TABLE 2 Average Pre and Post –test Scales

Average Pre and Post-test Scales *, ***				
	Control (6)		Treatment (12)	
Hope (1,2,4)	17.5	17.8	17.4	17.2
Loneliness (7)	14.2	12.0	13.8	14.8
Social Fear (6)	18.4	16.4	16.1	18.1
Happiness (5)	15.5	17.0	14.1	14.8
Overall Score ** (WELL BEING)	65.7	64.9	59.6	64.9

*all individual scales range 0-25

**overall score ranges 0-100

***higher score always corresponds to more positive outcome=more hope, less loneliness, less fear, more happiness.

Implications:

Aim 1: Focus groups provide a useful way to engage young adults with SCZ, their family members and providers in the design of an intervention. Opportunities for collaborations when designing interventions could increase an intervention's success.

Aim 2: Results inform further use of treatment with these and other populations with chronic health conditions. Trends indicate less loneliness, less social fear and greater well-being. Larger samples, balanced Dx in treatment and control, longer treatment, may show significance.

Post Research Follow-Up:

Groups are now in their seventh year (meeting every Friday from September-June, from 5:30-8 PM, and supported by at least 4 young adults without schizophrenia/schizoaffective disorder who are in school/interested in behavioral health and willing to commit to attending the group every Friday for one quarter). Participation has increased to include up to 25 at each session. Because this is no longer a funded research study, attendance at every session is not required; no pre-post tests are given. The participants come for the number of sessions that meet their needs. Participants have changed over the course of the past 6 years with some original participants still in attendance. Over 100 participants over time have participated, 34 young adults have supported the group through quarterly participation or longer, and a parent group formed during the sixth year, currently entering its 2nd year. Friendships have formed and been maintained outside of the group among young adults, families and friends.

References:

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