Social Call Programs for People at Risk for or with Memory Impairment Living alone or with others: Program Start-up Guide

DEFINING SOCIAL CALL PROGRAMS

What is a social call program for individuals at risk for or with memory impairment?

A social call program is a low-cost, high-impact method for engaging older adults who are, or are at risk of becoming, socially isolated and/or lonely. Dementia trained volunteers are assigned individuals to call by telephone at regularly scheduled times to provide an opportunity for engagement through conversation.

Who is eligible to receive social calls?

Any older adult at risk for or with memory impairment living alone, with another person, or in a facility is eligible for the program. The program is meant to specifically target individuals who are socially isolated and/or lonely, such as those individuals who often spend hours alone daily.

What do social calls address?

Many older adults receive few or no phone calls other than telemarketers. Organized social calls address the need many older adults have to engage with other humans, to use their voice, or just listen to another caring individual. These conversations can cover a multitude of topics. Ongoing social calls can provide opportunities to reminisce, share stories, talk to a caring individual, and feel supported. Volunteer callers are trained to ask questions that spur memories, such as "*Where did you grow up? What was it like living and driving in the snow? What was your first job or what is your favorite memory about where you grew up?*" Often participants talk about their children or grandchildren, their parents, and their hometowns, but volunteers can engage with participants on specific topics of interest of the participant or common points of interest. They can talk about sports, the weather, travel, or any topic that organically presents. Volunteers are trained to build on their conversations across calls or just listen to the same stories if the participant wants to tell them again. Volunteer callers are also trained to seek creative ways to help individuals talk freely about life in general or reminisce about the past. But most importantly, these calls address the human need to engage with others in a meaningful way.

How do social call programs benefit older adults at risk for or with memory impairment?

Many older adults are not connected through other modern communication technologies (i.e., FaceTime, Zoom) or may have memory loss that limits their ability to connect. Telephone social calls remove technology barriers especially for individuals with memory loss who live alone and provide a simple and easy way to engage with caring individuals. Calls can also connect participants to other forms of assistance, including information and referrals to trusted local partners (i.e., home delivered meals; housing insecurity; transportation; mental health services; personal care; legal assistance).

Are there special considerations for *individuals living alone* with or at risk for memory loss?

When working with individuals living alone with memory concerns, special considerations may need to be made such as:

- Individuals living alone may be less likely to answer the phone from phone numbers they do not recognize or remember to answer and need additional assurances when called by a volunteer. This does not mean they cannot or do not enjoy the social conversations, but it may require a couple of extra steps to reach the individual.
- The referring organization may need to communicate with the call recipient to remind them a friendly volunteer will be calling or contact a family member (if there is one) so they too will know the calls are coming from a safe and friendly resource. This may have to happen a few times until they have engaged successfully with the volunteer who can usually take it from there.
- Calling once and leaving a message telling the call recipient who is calling and from what organization and letting them know you will be calling back shortly–and then calling back within the half hour—often increases the frequency of answered calls and improves engagement.
- If the call recipient does not at first remember the volunteer when being called, the volunteer should remain calm, remind them that they are calling from the referring agency for a social call, and share a few specifics from their last conversation to possibly spark their memory of the conversation. Often this reminder eases the anxiety of the call recipient and sets the stage for a nice conversation.
- If they do have a paid caregiver, it is important to recognize that turnover may occur, and new caregivers may need to be told about the program to help the individual get connected. The referring organization may need to step in to help the volunteer reconnect when a new caregiver is employed.
- A hospitalization, or a move into a facility may occur to someone living alone with dementia. Family members dealing with logistics may move their loved one without notifying the agency running the social call program, leaving a volunteer trying endlessly to reach the call recipient. Therefore, it is recommended to request a contact number of someone who could be reached should any changes in living situation take place. When that is not possible, the referring agency should support the volunteer who cannot reach their call recipient.

SETTING UP A SOCIAL CALL PROGRAM

How do we start a program?

The first step to a successful call program is to identify an individual in your organization who will be responsible for the management and growth of the program. This person then needs to:

- Set up organization-based policies and procedures for the call program, especially how to handle confidentiality and privacy.
- Set up a system to identify staff and volunteers interested in becoming social callers.
- Provide volunteer training and ongoing support to staff and volunteers involved.
- Establish an intake process and eligibility criteria for participants and recruit program participants.
- Explore methods to promote the social call program to potential volunteers and call recipients.
- Create a system for matching and tracking volunteer callers with those in need of a call (e.g., Excel).
- Set up procedures and expectations for discharging recipients from the program (i.e., person becomes too cognitively advanced to benefit).
- Determine a method to measure impact.

How do we train volunteers?

The focus for training all social call volunteers is on building connections, providing quality support to isolated or lonely individuals in their later years, and providing guidance on setting boundaries and expectations for the calls. They are also trained in how to responsibly respond to issues that arise. Basic training includes (90-minute training):

- *Introduction and volunteering*—What to expect as a volunteer, the qualifications and commitment
- *The conversation*—How to talk effectively with a participant, including listening skills, how to draw out a reluctant participant, topics that open-up conversations, how to be creative and look for points of interest, how to pivot
- *Direction on how to make the first call*—Know your participant and how to connect (i.e., leave a message, call back, use a program designated 1-888 number)
- *Responding to memory loss*—Understand the basics of Mild Cognitive Impairment, Dementia and Alzheimer's Disease and how to speak compassionately and demonstrate patience and awareness for burdens on caregivers, i.e., how not to speak in a patronizing manner, how to be patient and supportive when the recipient is repeating topics, how to avoid confusing or vague statements, how to offer comfort without crossing boundaries, how to listen for clues that there may be elder abuse or additional needs of the call recipient
- *Supporting call recipients living alone*—Know how to listen for other needs beyond social support and know when to refer participants back to the organization's social services staff
- *Volunteer self-care*—How to manage time boundaries, personal topic boundaries (i.e., politics, medical issues), what to do when a call recipient is ill or dying, how to listen to show caring, how to ask for help and remind volunteers that they are not therapists or tasked with being a problem solver for the individual
- *Incidents and concerns*—When and how to alert the program manager of a concern (e.g., abuse as well as, food insecurity, falls, hospitalizations, loss of loved ones or pets, evictions, or major medical diagnoses). For suspected abuse, the state of California follows a mandated reporter policy and volunteers should be trained to follow required legal protocols (i.e., what is elder abuse including physical abuse, neglect, financial exploitation, psychological abuse; the benefits of reporting abuse; how to identify it and who to contact – Adult Protective Services)

How do we train dementia aware *super* volunteers?

Beyond basic overall training, special training may be provided to volunteers to specialize in calling recipients with memory concerns. By providing a more in-depth training to volunteers, volunteers can be more confidently paired with individuals experiencing memory loss. Super volunteer training includes videos and discussion around (2-hour training):

- Differences between normal aging and Alzheimer's Disease
- Symptoms of memory impairment
- How Alzheimer's changes the brain
- 10 Warning Signs of Alzheimer's Disease
- Dealing with confusion
- How to address call recipients with mild cognitive impairment, dementia, or Alzheimer's disease
- Compassionate communication
- Conversation tips
- See it from their side –Managing challenging behavior video –Teepa Snow
- Caregiver depression
- Self-care tips for caregivers
- When to refer back to the program manager (concerns, additional resource needs)
- Additional resources

See the supplemental table for a list of links and resources shared with super volunteers.

What are volunteers saying?

"I made connections I will treasure the rest of my life. I was able to identify a need resulting in a solution for moving a call recipient into more appropriate accommodations. I felt privileged to be able to be with people their last days of life. I also used what I learned from the social call/dementia training when my own mother subsequently became memory impaired. I was also able to share with my father ways to be with my mother." – Social call super volunteer

How to a promote the program

Once a program has been established, it is critical to set up various methods for promoting the program to both call recipients and potential volunteers. Marketing may occur through your organization's website communication or newsletters, or at in-person events. It may be helpful to coordinate with other referring service programs within your organization or with community partner organizations. For example, referrals may come through an established case management program for individuals at risk for or with memory loss. It is important to meet with agencies or individuals interested in making referrals prior to establishing a referral process to explain the purpose of the program and to establish an ongoing method of communication. Sharing your agency program at live events such as health fairs or community events are also great ways to spread the word.

How to recruit, support, and acknowledge dementia trained volunteers

Recruiting volunteers may occur through your organization's website communication or newsletters, at in-person events, or through university programs. It is highly recommended all volunteers go through an organized training process to prepare them to make calls to older adults living with memory impairment. The key to retaining volunteers beyond the sheer satisfaction they receive from making the calls, is to provide ongoing support and remind them that they are providing quality social experiences to people who are often isolated for various reasons, and often in the last years of their lives. Though the call recipient may be winding down in many ways, the quality of these conversations can change their outlook for a day, a week or more. Reminding the volunteers of the importance of their contribution is essential to the success of the program and to the well-being of the volunteer. People volunteer for many reasons. Some volunteers may be experiencing loneliness themselves and giving back to their community is a positive way to address loneliness. It is important to acknowledge volunteers for their dedication and service. This can be done on a regular basis at in person events yearly, quarterly meetings or during the holiday season.

What to do when there is participant and volunteer turnover?

A social call program can be a very gratifying way for younger and older volunteers to contribute to their community, however, at times there will be turnover. A goal of the program is to maintain consistency in the recipient and volunteer caller connection for as long as possible. However, given the nature of age and health of the call recipients and some volunteers, it is possible that call recipients will pass away or lose their ability/interest in the calls as time passes, or that volunteers will lose interest or ability to follow through with calls. With clear procedures and expectations for discharging recipients from the program, both the program leader and the volunteers can feel comfortable with how to handle changing circumstances (e.g., person becomes too cognitively advanced to benefit from a call). These decisions can be made after talking to a call recipient or a family member, if there is one involved in care.

For individuals with memory loss, it is important to note that just because a caller does not remember the calls or who is calling, this does not warrant discharge from the program. The call recipient may continue to benefit

from a positive conversation with the volunteer if they answer the phone and are open to the conversation. However, if a recipient continually presents as distressed or suspicious when a volunteer calls, this may be grounds for discontinuing the connection. Key indicators of withdrawal from the program for a participant include not recognizing the caller, moving into a facility and no longer having a personal phone, and/or confusion causing more stress than benefit from the calls. Family members may also alert the program leader or volunteer of changing circumstances that prevent receipt of calls (i.e., hospitalization, declining health).

For volunteers, turnover can be similar to that experienced by other non-profit organizations. Volunteers may move, get new jobs, have children, experience health issues themselves, graduate from college, or simply no longer be interested in making calls. Therefore, keeping a continuous pool of trained volunteers is imperative to the success of the program.

A CASE EXAMPLE: PROGRAM OUTCOMES

How was the program implemented at MPTF (Motion Picture & Television Fund)?

The Call Program, entitled the "Daily Call Sheet Program" at MPTF was created and implemented for 103 participants over 3 years. Clients were recruited through the MPTF community and through a partnership with UCLA Health who referred patients diagnosed with MCI or ADRD. The program used a Call Hub through partnership with Determined Health. The Call Hub provided a 1-888 number for volunteers to make calls through to protect their privacy. The centralized number also helped call recipients and family know that the incoming call was from MPTF. Volunteers were trained to make calls and 42 people became super volunteers, with additional expertise in calling individuals with memory concerns. Participants received calls weekly or more depending upon need.

What key outcomes were assessed, and what results were found?

Over half of the program participants lived alone. Initial findings suggest that the program is a promising strategy for supporting persons with memory concerns, particularly persons living alone.

Findings show:

- A significant increase in social contacts by phone during the initial three-months of participation. This increase was partly the result of the Social Connectivity program but may also reflect more social interactions with friends and families as well. This uptick was largely maintained at follow-up interviews (every 3 months).
- No changes in feelings of loneliness were found, though loneliness was not high to start with.
- Satisfaction with the program was high.

Comments from participants were also very positive. Participants remarked that they:

- Liked having someone to talk with
- Felt connected
- Experienced positive feelings
- Liked the intention of the call (i.e., someone checking up on them)
- Felt supported

What are challenges and pitfalls to avoid?

- Through implementation of the program, we recognized that it can be difficult to reach individuals living alone with memory impairment to promote the program; therefore, instituting a referral program with social workers or working with hospital programs is essential.
- Over the course of these phone calls, changes in behavior can occur. Volunteers should be trained to expect these changes and not personalize them.
- Individuals living alone often do not answer the phone. Providing them the number the social call will be coming from is helpful in getting them to answer. Having a system to remind the call recipient that a volunteer will be calling is also helpful. This may take more up-front time but will result in more engagement.

What are lessons learned?

Several key lessons were learned from implementation:

- People experiencing memory impairment can and do still enjoy socializing
- Social phone calls are an easy, low-cost way to engage an isolated individual—there are few technology barriers
- Social call programs can be beneficial to both recipients and volunteers
- Social call programs are an effective way to engage older volunteers who may not be able to volunteer in person due to mobility or transportation issues but still have the desire to contribute
- Reaching memory impaired individuals by phone can be challenging and requires extra steps
- Friendly social call programs can bolster agency efforts in keeping older adults engaged

MORE INFORMATION

Where can I learn more about program implementation?

For more information about Social Call programs and how to set up a program, contact MPTF at info@mptf.com.

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MPTF Fund is a non-profit organization located in Woodland Hills, California who specializes in providing care, support, and services to aging industry members in need. (https://mptf.com/)

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Supplemental Table 1. *Links and Resources shared with Super Volunteers*

Resource	Hyperlink
NIH Fact Sheet	https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet
How Alzheimer's Changes the Brain	https://youtu.be/0GXv3mHs9AU
7 Stages of Alzheimer's Disease	https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet
What is Dementia?	https://www.alzheimers.org.uk/about-dementia/types-dementia/what-dementia
Types of Dementia	https://www.news-medical.net/health/Types-of-Alzheimers-Disease.aspx
Alzheimer's Disease Overview	https://youtu.be/v5gdH_Hydes
Alzheimer's LA Caregiver Tip Videos	https://www.uclahealth.org/dementia/caregiver-education-videos
All 10 Caregiver Tips Videos	https://www.alzheimersla.org/videos/
Wandering	https://www.alzheimersla.org/caregiver-tips-video-02-wandering/
Alzheimer's LA Lost Memories videos	https://www.alzheimersla.org/videos/
From YouTube --Teepa Snow -How to change behavior	https://www.google.com/search?client=safari&rls=en&q=Teepa+snow+how+to+change+behavior&ie=UTF-8&oe=UTF-8#kpvalbx=_l-1NYv3qAaa-ggeLopnwCg25