

Lonely?

Group Cognitive-Behavioral Therapy Might Help

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Disclosure

Dr. Bruce S. Liese has co-authored multiple books, including the recent *Cognitive-Behavioral Therapy of Addictive Disorders* (Liese & Beck, 2022; Guilford Press).

He receives royalties for sales of this text.

Loneliness

- What it is
- Loneliness across the lifespan
- Impact on physical health
- Impact on mental health
- Psychological dynamics
- Help for those who are lonely
- Group process: Therapeutic factors
- Nuts and bolts of group CBT

Loneliness: What it is

- Painful emotional state resulting from a discrepancy between real and ideal social relationships
- Today we are focused primarily on *chronic loneliness*
- Measured with items such as: “I feel isolated,” “There are people I can talk to,” and “I feel part of a group of friends.” (UCLA scale)
- Associated with depression (correlated .38 - .71), but not same
- Feeling alone or lonely, but not necessarily being alone (positive feelings when alone are also possible: solitude)
- The presence of others is not enough; loneliness occurs when we don't feel connected to others (trust plays a major role)

Cacioppo et al. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science*, 10(2), 238-149.

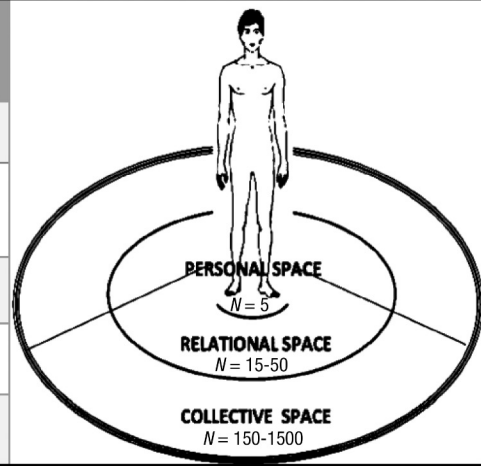
Hawkley & Cacioppo (2010)...

Loneliness is the social equivalent of physical pain, hunger, and thirst. The pain of social disconnection, and the hunger and thirst for social connection, motivate the...social connections necessary for the survival of our genes.

Hawkley & Cacioppo (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2).

The three dimensions of loneliness and compartments of space

	Different Compartments of Space			
	Social Spaces		Attentional Spaces	
The Three Dimensions of Loneliness	Weiss, 1973	Dunbar, 2014	Hall, 1966	Ortigue et al., 2006
Intimate	Emotional	Inner Core	Intimate	Personal
Relational	Social	Sympathy group	Social	Near Extrapersonal
Collective	-	Active Network	Public	Far Extrapersonal



Cacioppo et al. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science*, 10(2), 238-149.

Loneliness doesn't discriminate

- Adults at greatest risk are isolated, separated, socially alienated:
 - Older people who live alone
 - People with mental health problems
 - Those with long-term physical health problems
- Children also feel lonely:
 - Children whose parents emotionally or physically neglect or abuse them
 - Children who are bullied
 - Children who are made to feel different
 - Children who isolated, separated, or are alienated (e.g., by the Internet or social media)

Cacioppo et al. (2015). Loneliness: Clinical import and interventions. Perspectives on Psychological Science, 10(2), 238-149.

Robin Williams...

I used to think the worst thing in life was to end up all alone. It's not. The worst thing in life is to end up with people who make you feel all alone.

Cacioppo et al. (2015). Loneliness: Clinical import and interventions. Perspectives on Psychological Science, 10(2), 238-149.

Loneliness across the lifespan

Stage of development	Age range	Prevalence of loneliness	Belonging needs	Source of loneliness
Young childhood	5-7		Shared fun activities	Lack of play partners; victimization
Mid-late childhood	7-12	20%	Allies, confidants, close friends	Lack of close friends; victimization; or rejection by peer group
Early adolescence	12-15	11-20%	Peer acceptance	Lack of close friends; victimization; or rejection by peer group
Late adolescence – Young adulthood	15-21	20-71%	Validation & understanding by close friends; romantic relationships; successful flirtation	Lack of close friends; romantic relationships; partner rejection
Early – midlife adulthood	21-50	11-30%	Quality of primary relationship; intimacy	Lack of intimate relationships (includes friendships)
Mature adulthood – Old age	50+	40-50%	Primary relationship; life partner	Loss or lack of partner; reduced social activities

Adapted from Qualter et al. (2015). Loneliness across the lifespan. *Perspectives on Psychological Science*, 10(2), 250-264.

Impact of loneliness on physical health

Loneliness:

- Increases morbidity and mortality
- Risk accrues over time to accelerate physiologic aging
- Increases cardiovascular risk in young adulthood (dose response)
- According to the World Health Association, loneliness and social isolation are responsible for up to:
 - 50% increased risk of dementia
 - 25% increased risk of early death
 - 30% increase risk of stroke and cardiovascular death

Hawkey & Cacioppo (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2).
<https://www.who.int/multi-media/details/loneliness-and-social-isolation-are-health-risks>

Impact of loneliness on mental health and cognitive functioning

- Personality disorders and psychoses
- Suicide
- Impaired cognitive performance and cognitive decline over time
- Alzheimer's Disease
- Diminished executive control
- Depressive symptoms

Hawkley & Cacioppo (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2),.

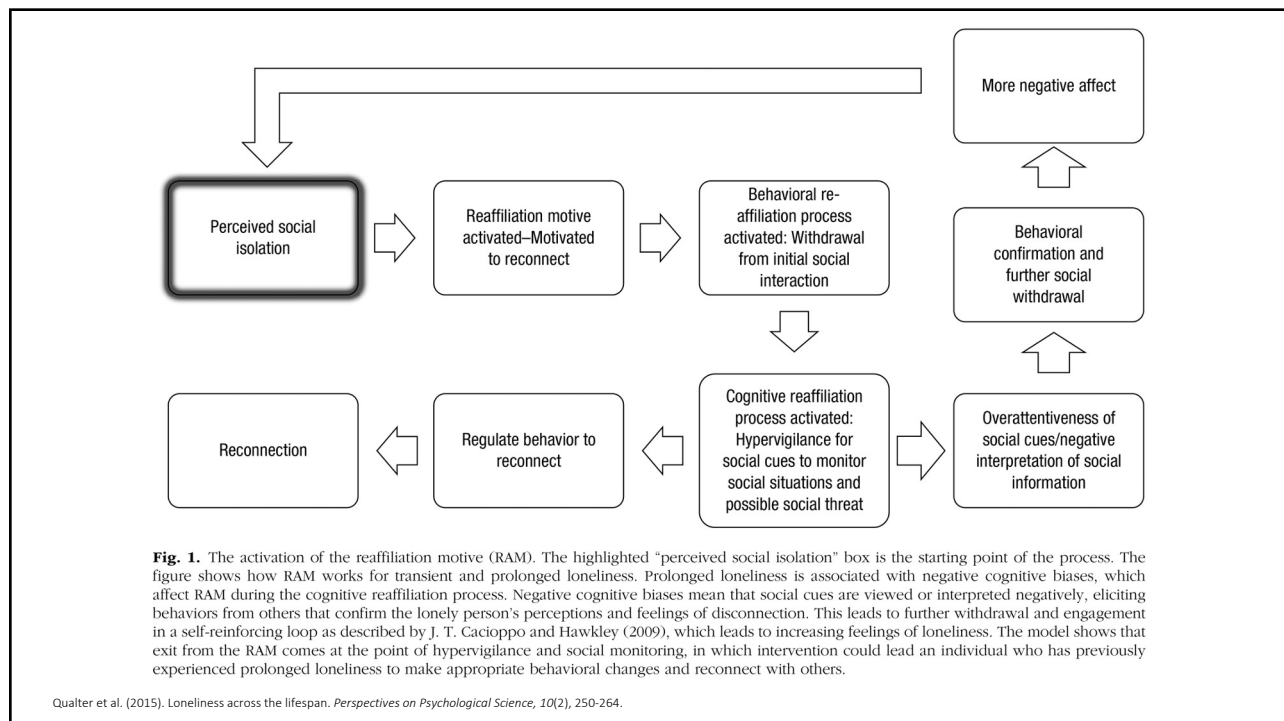
Impact of loneliness on physical health

Social connectedness serves as scaffolding for the self. Damage the scaffolding and the rest of the self begins to crumble.

Hawkley & Cacioppo (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2),.
<https://www.who.int/multi-media/details/loneliness-and-social-isolation-are-health-risks>

Loneliness: Psychological dynamics

- Immediate context/environmental factors (e.g., lack or loss of close relationships, living alone or being left alone)
- Social/cultural factors (e.g., systemic racism, marginalization, social class, etc.)
- Early life experiences (e.g., abuse, neglect, modeling, etc.)
- Attachment style (e.g., secure vs. insecure anxious/avoidant)
- Emotion regulation skills deficits (e.g., related to mental healthy issues, bias, etc.)
- Executive function (e.g., working memory, cognitive flexibility, inhibitory control)



Help for those who are lonely

- Hickin et al. (2021) conducted a review and meta-analysis of loneliness interventions
- 31 studies (N – 3039); diverse range of cultures, age groups, populations; most common intervention was CBT
- Psychological interventions (compared to control groups) significantly reduced loneliness – they are effective
- Type of intervention was a moderator; CBT and social skills are effective
- Social contact alone does not necessarily address negative interpersonal thoughts or emotions

Hickin et al. 2021. The effectiveness of psychological interventions for loneliness: A systematic review and meta-analysis. *Clinical Psychology Review*, 88.

Therapy Content and Process

Content – **What** is to be changed

Examples of content areas (ie. specific skill deficits)

- Loneliness/isolation
- Self-compassion
- Interpersonal skills
- Communication skills
- Improved judgement
- Emotion regulation
- Decision-making
- Problem-solving

Therapy Content and Process

Process: **How** change is facilitated in session

Five essential components of all psychological treatment

- Structure
- Collaboration/alliance
- Case conceptualization
- Psychoeducation
- Standardized techniques

Liese, B. S. & Beck, A. T. (2022). *Cognitive-Behavioral Therapy of Addictive Disorders*. New York: Guilford Press.

Group CBT Structure

- 90-minute sessions (more time if necessary)
- The number of group members can vary greatly, depending on demand, skills, etc.
- Open, rolling enrollment
- Compatible with other approaches (eg. mutual help groups, individual psychotherapy)
- Member goals are variable (e.g., behavior change, improved relationships, alleviation of psychological suffering, etc.), and largely dependent on problems and readiness to change

Liese, B. S. & Beck, A. T. (2022). *Cognitive-Behavioral Therapy of Addictive Disorders*. New York: Guilford Press.

Group CBT Sessions

- Facilitator introductions (including rules, basic features of group)
- Member introductions – primary problem, status of problem, goals, secondary problems
- Cognitive & behavioral strategies – based on needs of group members
- Homework – review old and assign new
- Closure

Liese, B. S. & Beck, A. T. (2022). *Cognitive-Behavioral Therapy of Addictive Disorders*. New York: Guilford Press.

Group CBT Members

- Inclusion criteria
 - Openness to being open
 - Desire to share and learn in a group setting
 - Willingness to take some responsibility for problems
 - At least contemplating change
 - Willingness to follow group rules
- Exclusion criterion: Disruptive or distracting to the group

Liese, B. S. & Beck, A. T. (2022). *Cognitive-Behavioral Therapy of Addictive Disorders*. New York: Guilford Press.

Group CBT Basic Rules

- Strict confidentiality
- Personalize (vs. philosophize): “I” statements rather than “You” or “People...”
- No advice
- Engage with others
- No defensiveness

Liese, B. S. & Beck, A. T. (2022). *Cognitive-Behavioral Therapy of Addictive Disorders*. New York: Guilford Press.

Group Members’ Goals

- Change habits/behaviors
- Feel better
- Improve social/interpersonal/relationships
- Improve coping skills
- Gain insight or increase psychological mindedness
- Receive support from therapist and/or group

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Group Process *Therapeutic Factors*

1. Instillation of hope
2. Universality
3. Imparting information
4. Altruism
5. Corrective recapitulation of family of origin issues
6. Developing social skills
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors

Case Conceptualization

- People are complex! The case conceptualization can help.
- The Case Conceptualization involves the collection and integration of clinically relevant information *as an iterative process*
- Identification of problems and change targets
- Ongoing and ever-evolving hypothesis formulation and testing
- Influenced by theoretical model, professional and personal life experiences
- Vital to therapy; everything else depends on it
- Requires substantial effort

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Case Conceptualization

1. Primary problems: Patterns of thinking, action, emotion
2. Social/environmental/cultural context: Current living situation; close relationships; sociocultural factors; economic circumstances; legal or safety concerns; SDoH; community norms and expectations
3. Distal antecedents: Neurobiological, genetic, cultural, family, community, environmental influences
4. Proximal antecedents: Current internal and external cues, triggers, high-risk situations (circumstances, situations, physical conditions)
5. Cognitive processes: Schemas, beliefs, thoughts, values, principles

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Case Conceptualization

6. Affective processes: Emotions, feelings, moods, physiologic sensations
7. Behavioral patterns: Adaptive vs maladaptive behaviors; coping vs compensatory strategies
8. Readiness to change and associated goals: Precontemplation, contemplation, preparation, action maintenance
9. Integration of the data: Salient processes and patterns; causal relationships between context, thoughts, feelings, behaviors
10. Implications for treatment: Strategies and techniques based on data and hypotheses

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Some concluding thoughts

- Lonely people aren't all the same
- Screen group members carefully
- Do your best to understand the unique causes of loneliness for each group member (conceptualize group members)
- Be attentive to group content and processes
- Keep the group focused, but stay flexible
- Observe group dynamics and share what you see
- Help group members to help each other (teach interpersonal skills)
- Never forget that your #1 priority is group safety