Making Sense of S.I.L.V.E.R. Research: "Can the Science of Wellbeing Enhance Aging for Older Adults with Serious Mental Health Conditions?" with Lydia Ogden, PhD.

This call is being recorded.

Jane Burke-Miller:

Um, let me first introduce our speaker, um, and welcome everyone. My name is Jane Burke Miller, and I'm a senior mental health training and implementation associate at the Center for Psychiatric Rehabilitation at Boston University. And I'll be the moderator for today's making sense of Silver Research Webinar. Silver stands for supporting individuals to live as Vibrant Elders in recovery and is the name of the rehabilitation research and training center. Hosting this webinar, which is funded by the National Institute on Disability Independent Living and Rehabilitation Research. The webinar content does not represent the views or policies of the funding agency, and you should not assume endorsement by the federal government. The territory on which Boston University stands is that of the Wampanoag and Massachusetts people, and we honor and respect the history and current efforts of native indigenous communities. This webinar is being recorded so that you can access it later and closed captioning has been turned on. And you can access this by clicking the button at the bottom of your screen. In case this is your first webinar with us, I'm going to introduce our speaker. They will share their research with you, and then we'll have a question-and-answer session at the end. If you have a question during the presentation, please post your questions in the q and a box, and I will pose them in order at the end of this, uh, presentation. If you have a technical question, please send a chat to me directly using the chat feature. Also, we'd really appreciate your feedback about this webinar, so we'll be posting a survey at the end of the session. Um, this morning, I would like to welcome Dr. Lydia Ogden, who's going to present her work. Can the Science of wellbeing enhance aging for older adults with serious mental health conditions? This presentation describes the development and delivery of a wellbeing course designed with certified older adult peer specialists and delivered to older adults in a psychosocial clubhouse. Findings around acceptability and feasibility in the clubhouse setting challenges for ongoing research and the wellbeing enhancing context of a clubhouse will be discussed. Dr. Ogden is an associate professor at Salem State University School of Social Work and a research affiliate at Simmons University School of Social Work. Her research focuses on understanding the lives and potential of older adults living with serious mental health conditions. To that end, she has collected and analyzed life history narratives from this population using findings to amplify their voices within scholarly literature and make recommendations for social work, practice, and policy grounded in lived experiences in collaboration with certified older adult peer specialists, she has developed a wellbeing course for older adults and has piloted it for feasibility and acceptability. Her current research project is an ethnography of a psychosocial clubhouse, where over a third of its active members are older adults. Through this project, she hopes to preserve the oral history of the clubhouse while developing understanding of how the community creates inclusion and belonging for its older members. Dr. Ogden, welcome. We are excited to hear from you.

Lydia Ogden:

Thank you so much for the introduction and thank you for having me here. It is such an honor to be speaking at this, at this center and for this, um, this older adult initiative that you have. So, thank you for including me. Um, I thought I would talk a little bit about my, a little bit about myself, uh, and the story of this research. I do a lot. I I'm often interested in qualitative research questions, and, and one way that you determine if qualitative research is, um, high quality is by understanding who the researcher was and understanding the biases and lenses that they come

with. So, um, one lens is that of a social worker, um, and now a professor of social work. And I, over time became a Dr. Seligman super fan. Um, but I'll, I'll tell you a little bit more about that story in order. So, in 2003, um, when I was graduating from my MSW program, I thought I really want to work with people with serious, um, serious mental health conditions, uh, because it seemed like there was so much evidence and if working with this population, you'd feel like you were really effective because you'd know that you were using these evidence-informed practices. Um, that was a little bit naive. There were some good evidence-informed practices, they were not being widely used in the field. And, um, I happened to end up working with older adults, um, with, uh, serious mental health conditions across a variety of settings. And, um, there was nothing specifically tailored to them. And I could see just through my practice experience over the course of several years that they had different needs than there, their younger counterparts. So, I decided to go back to school to get my doctorate and, um, and try to see if I could maybe contribute to improving things. And the first thing that I did was collect and analyze, um, life history narratives to try to infuse the scientific literature with the voices of members of this population and speaking to their needs and wants. Um, and then I was sort of wondering what to do and watching a lot of TED talks, I think as one does on a rainy Sunday, and I came across this TED Talk, uh, where we have this grainy screen grab with Dr. Seligman, who's, um, talking about positive psychology. Um, and it really inspired me. Now, his TED talk was talking about how he looked at super achievers to understand, um, what had gone right in their lives that allowed them to, um, achieve and to thrive. But I thought that was an important question. And he outlined what goes right in people's lives that allows them to thrive. And he outlined this wellbeing theory that I thought, well, what if we applied that to, um, the lives of people win aging with serious mental health conditions? Could this, could, could this theory? Could the interventions that come out of it, um, make a difference? And so, I set out on this, um, on this course of research, um, I'm not going to go too into the existing research in the area. My overall summary of it is that it's slim and grim. So, when I started, and this is 20 years ago, so there's more now, but when I started, um, doing research and looking at what was available for older adults with serious mental health conditions, and I was particularly focused on scherzo schizophrenia spectrum disorders, only 1% of all the research focused on older adults specifically. And over 90, I want to say maybe even, it was like 95% specifically excluded older adults from the research. And some of that's important, like not having older adults and medication trials would be I important and ethical. Um, but it seemed like there just wasn't that much research. And, you know, as you can see from the boxes on this slide, like it's the, the research that was there really painted this picture of difficulty in later life. Um, and, you know, it's, it's, it's what also what I observed as a social worker in the field. Um, but it's also what I wanted to change. Um, so this is sort of the background and context in which, um, this, this research is, is coming out of. Um, another important piece of bag of background is I should tell you a little bit about that TED talk that I thought and what it, that I saw and what, um, I'm talking about when I'm talking about wellbeing theory. Sometimes it's called PERMA theory because that's the acronym for it. Um, but basically this theory says that wellbeing comes from these five central tenets that to have a sense of subjective wellbeing, you need to have some degree of each of these, although you could probably skip a couple if your ha is strong enough in some areas. So, for example, positive emotion. Um, it turns out a large percent of the population does not sort of have resting positive affect, um, and in fact that a sense of wellbeing doesn't rely on feeling positive. Um, it instead, uh, is more connected to some of the other tenets. So, um, having a sense of being fully engaged in life's activities or having activities with, with which you want to fully engage and that, um, that are interesting to you is an important part of a sense of wellbeing. Healthy positive relationships are essential to wellbeing. And the, I think the, the research says that, um, it's the, it's the most important part of wellbeing is a sense that relationships are, um, are healthy and positive, um, having a sense of meaning and purpose, also important. And then interestingly, having a sense of achievement, even just for the sake of achievement. And this can be big picture,

a achievements like completing a degree or small, small, a achievements like, you know, uh, baking something you've never tried baking before. Um, that's the wellbeing theory that I have been working with, they have added to it. And I'll just tell you the rest of it. So, for the sake of being comprehensive, um, although I was just looking at these five originals, um, concepts of wellbeing, um, when I did the studies that I'm going to talk about today. So, the plus four is having a subjective sense of physical health. It doesn't mean that you can't have a disability, but it means that like within the, um, context of your life, you feel that you are able to do things to manage your health, um, that you have a, a mindset and specifically a growth mindset. So, it's not the power of positive thinking. Um, I kind of hate the power of positive thinking as a concept. I want to be as negative as I want to be, but having a growth mindset is important. And then of course, things like having a, um, healthy physical environment around you, having access to nature is considered, uh, an important part of subjective wellbeing. And then sub, uh, economic security. So, the plus four really addresses some of the criticisms of the wellbeing theory. That said, it focused too much on what's within the individual and less about what's outside the individual and affects our, uh, wellbeing. Okay? So that's the theoretical context for the research that I'm going to be talking about today. The other term that you should know is positive psychology interventions also called PPIs for short. Um, these are interventions framed by wellbeing, and they tend to be the, these micro interventions. So, um, an example of that that I'll talk about is something called what Went Well, which is an intervention, um, where, uh, every night before bed, you can try this at home, uh, you write down three things that went well over the course of the day. And, um, it turns out that doing this for, um, for weeks and months will improve your subjective sense of wellbeing. And that's because if you know that you must write about what went well during the day, you will be scanning your daily life for things that go well. And it does change your mind set a little bit. Um, so, uh, that's an example of A PPI. So, these are interventions that focus on building strength and resilience and strength and resilience. Uh, personal, like character strengths and resilience are crucial for building for people with serious mental health conditions. And there's good evidence that there are several PPIs that can effectively enhance mood and character strengths and wellbeing, and address symptoms of depression and anxiety. So, PPIs overall are considered suitable psychiatric rehabilitation strategies for people living with serious mental health conditions based on the, the current evidence. Okay, so shifting a little bit. So that's positive psychology and positive psychology interventions. I want to talk about another context of the work I do, which is the Disability rights movement. And, um, I hesitate to call it a slogan, but one of the slogans of this movement was, uh, nothing about sorry, let me, let me go back before I say that. The reason why, uh, I think the disability rights movement is important here is because closely connected to the disability rights movement is the, um, psychiatric survivor slash psychiatric consumer movement. Um, so that's part of the overarching disability rights movement of the seventies and eighties, um, that really, um, works to give voice to people with disabilities, um, within a, a human rights and civil rights context. And so going back this, um, nothing about us without us was sort of like a slogan of the movement, like one of like the, the marching slogans. But it's also an important principle, I think maybe even a rule that, um, when we are doing research about people with disabilities, um, people with serious mental health conditions, that we are including them within the research process. And that's important for several reasons. But one is because there's this horrible history of ethical violations in research with people with disabilities in general, and with people with, um, serious mental health conditions specifically. And the second part of it is just kind of practical, that if you do, if you begin your research in collaboration with the people who it would affect, you're more likely to have relevant and acceptable research. Um, and so that's another important context of the work I do and the lens that I bring to this research. Um, final term, I think it's the final one is <laugh> that I want you to know about, and which many of you probably already do know about, is, uh, copes or certified older adult peer specialists. So, copes are, um, older adults, so they're over the age of 50.

In, um, in this, the world of this research 50 plus is considered older adults, and that's because of the, um, increased physical health conditions or called early morbid or early morbidity and, um, and increased morbidity and, uh, unfortunately a decreased lifespan, um, or early mortality for this population. So, we, we start to think of people with serious mental health conditions as starting at the age of 50. Um, the certified older peer, older adult peer specialists are those who have lived experience and are considered role models of recovery. They've completed certified peer specialist training in Massachusetts where I live. That's 21 hours of training. Um, they work wherever behavioral health services are offered, and they are committed to leveraging the challenges they face to help others. Um, so they're important and they have been, um, collaborators with me in this research that I'm talking about today. Um, so we're now going to talk about the first part of the, these, this group of research that I've been working on, this group of research projects. Um, and so the first question I had was, how can positive psychology improve aging for older adults with serious mental illnesses? And so, I thought the best way to answer this question would be to ask, um, would be to ask Copes. So, I, um, recruited from a department of mental health list of, um, certified older adult peer specialists by just two emails. I got six copes, that's exactly the number I wanted. I wanted between four and eight. They were, um, age range 53 to 73, 2 were male, four were female, they were all white, which, um, I asked the, uh, my contact at Department of Mental Health and he said, that is a problem or was a problem with the pool at that time. That was in 2019. It lacked some racial and ethnic diversity. Um, so that's a, a limitation. Um, but they disclosed that they had diagnoses of bi bipolar disorder, depression, substance use disorder, and schizoaffective disorder. So diverse, uh, in terms of mental health conditions. And together we, um, we had 2 5 2-hour focus groups with this group of six copes. And then I did additional, uh, individual follow-up meetings with each of them. Um, there were two who couldn't have scheduling issues, and this was the day, the days before ubiquitous zoom. So, we, I only did four of the six follow-up meetings. Participants got $25 Visa gift card per focus group and interview parking and public transportation reimbursed and snacks. Um, oh, you may wonder why I have the images that I do. Some of them have relevance to what I'm talking about, and some of them are, um, from this body of literature in connected to positive psychology called, um, called micro interventions. So doing like tiny things to just give you a little boost of serotonin throughout the day. One of them it turns out, is looking at pictures of animals doing funny things. So here is a, a micro, uh, positive psychology intervention for you. Uh, it makes me laugh every time I see it, so I hope it does for you too. The cat was, of course, completely able to get up and down and off that screen, and it was not in any danger, just enjoying life. Um, okay, so moving along. Um, so in this project, I, um, in the focus groups, I presented something I had created, which was basically a, um, manual where I had combined positive psychology interventions, and I presented it to the copes. Um, so all the positive psych, I didn't inter invent any positive psychology interventions, but I looked at ones that had evidence for older adults, and then I looked at ones that had evidence for different mental health conditions, uh, including depression, psychosis, anxiety, and I merged them together. I'll talk a little bit more about my thinking as I merge them together later when I talk about the content that I included. Um, and the certified older adult peer specialist developed consensus on really every aspect of the manual and the project so that the intervention should be called a class and not an intervention, which was really important that, um, what content would be useful to the population, what needed to be adapted or eliminated, what the best setting would be for the course, the structure of each class, the measures of effectiveness. All of that was, um, was agreed upon by the certified older adult peer specialists. I did some, the individual interviews I did as a follow-up to reduce social desirability bias to make sure people weren't just agreeing for the sake of agreeing. And I auto audio recorded all the groups and individual, um, interviews, and then I transcribed them, and then I checked the transcripts, um, just to ensure that there was quality in the group discussion. Nobody was dominating, people weren't sort of just going along with whatever people had had said for the sake of it. And looked also for variations

between what people had said in individual interviews and in the large groups. And then I also used some constant comparison analysis to identify salient subthemes. So, um, here are the results. Um, I got a good list of things not to do and to do instead. So, as I mentioned, they did not want an intervention. They instead wanted a class or a course. They, there was a strong sense that achievement is more important than treatment. So, they were tired of treatment. They had their plans, they had therapists. They, they had medications that they took or that they didn't take or whatever, but they, it had had enough of that for a lifetime. And it wasn't interesting to them <laugh>, but they were interested in the material, and they thought it would, it was an interesting class and that it could be useful material. So, it became a course. Um, they also said not to follow like a rigid timeline. So, they had, some of them had been part of clinical trials where like they had to go through a manual in a certain timeframe, and they really hated that. They wanted, um, a group to, uh, the, the class to the group members of the class to really follow its own pace. Um, another thing that I'll come back to is they didn't want there to be insistence on only positive emotions. So, they wanted people to be able, they, they said like, give yourself a break. Like, you can show up to a positive psychology class in a terrible mood with nothing going well. They felt all emotions are important, have value your day could be a worthwhile day, even if you feel terrible the whole day. Um, so that was an important less, um, lesson. Uh, this one's important and I'll come back to it. They said, do not use standardized measures. So, like psychometric, um, tests that would, I presented some that exist herma profile or for one, and, and, and they felt they were overwhelming, and it made it feel like they were, again, in some sort of treatment or clinical trial, and they really hated it. Um, they said instead they liked what I presented as these sorts of psychosocial measures. So, um, that, that could really be subjectively defined. So, by that I mean, like people said, well, like, I know I've had a good week if I, um, talked to, um, my sister and at least one other friend, or I know I've had a good week if I've been able to get out on a walk most days. So, they, they wanted measures like that. And they also like the idea of subjective personalized measures. Like, like, I know I'm feeling better when on a scale from zero to 10, I feel, um, motivated to leave the house on like an eight or higher things like that. Um, and then that could be measured throughout the course as a pre and posttest. So, they liked that, not the psychometrics. Um, they didn't like it as a program to be followed. So again, that idea of like going through a manual and you must do this, this, and this to get the benefit from it, they liked it as instead as a, a set of tools to be used. Um, they didn't want, this was interesting. They didn't want, um, an emphasis on instrumental needs. So, like they didn't want a section on like, or like any sort of interruption of the material with like, what to do if you're in trouble with housing or here's how to manage food stamps or, um, here, here's how to deal with insurance issues. They didn't want any of that stuff. Um, they just wanted to have maybe a staff person on hand with resources if needed to be able to, to know where to go to deal with those things. Um, and I thought that was interesting. One person who had been homeless gave the example of like, while they were unhoused, they were also really working on their relationship with their children. And, um, they could work at both things at once. They could work on getting housing and they could work on this wellbeing task of improving their relationships. I thought it was interesting, the research on this bears it out, but I just thought it was interesting that they had like the lived experience to, um, to know that and to, to see how this course could, could work for people in all kinds of circumstances. Um, all right, so they gave all kinds of feedback for the setting and structure of the classes. I'm going to highlight just a few things because this is a big, um, a big slide with a lot of language on it. Um, they thought the best setting for a wellbeing class would be a psychosocial clubhouse, and they thought that it was important that a certified older adult peer specialists or a staff with lived experience would co-facilitate the class with whoever was doing it, probably me. Um, and they, um, uh, thought it would be important to invite the clubhouse members to co-facilitate at least after the first few weeks. And that's really in line with a clubhouse model where, um, members and staff work side by side, um, and members are part of every aspect of a

clubhouse. So that really made sense for the setting as well. Um, some of these, uh, bullet points are really about sort of the, the structure and flexibility. Um, one thing they talked about was like, it's if you assign homework, review the homework and really provide praise and validation for homework. Um, another thing that I thought that was novel was they talked about how important it was to get the, the students of the class to be actively engaged. They liked icebreakers every week, and they saw that as an area where, um, me member co-facilitators could, could really contribute with, with icebreakers. Um, a final thing, uh, one thing where they saw a lot of value was in opportunities connect with others, and that connecting with each other would enhance engagement. Um, relatedly they thought it would be important for the people who were, um, running the class as well as member co-facilitators to really use personal examples that would help make the material relatable. Um, and finally, they thought it was important to provide certificates of achievement. And I'll just say as a little preview, um, because I'm going to talk about, um, doing the accessibility and feasibility pilot, but I, I learned later that, um, I did provide the certificates and I learned later that some of the, uh, people who received them ended up laminating them and hanging them up in their homes. So that was a particularly valuable part of the, um, the achievement side of, of the setting and structure. Okay. Now, you probably can't read this, uh, but this is from the article, and this is just a list of the topics across the weeks. There were 10 weeks. I couldn't get them all into one slide. So <laugh>, there's nine on this slide and one on the other. I'm not going to go through all of this, but, um, if you are interested in the article, please email me, um, l ogden@salemstate.edu and I will send it to you. Um, and, uh, basically it says the content and the sources on one side and the sort of the core topic of the week on the other side. One thing I want to point out is, um, well, I guess a couple things I want to point out. One is I mentioned the what went well, uh, positive psychology intervention and, um, as, as an example of a positive psychology intervention that has good evidence, the copes who I developed the class with liked it, but didn't love it because it spoke to that feeling of like, do I have to be in a good mood to go to this class? Do things have to be going well to go to this class? And they suggested instead this Rosebud Thorn exercise, they all knew it, it was new to me. Um, I wrote about it in another article, that's why I ended up just citing myself for it. But basically, it was, um, identify something that's gone well. So that's the rose, something that they're looking forward to that they think is going to go well in the future. That's the bud and then a thorn. So, something that hasn't gone well. Um, and you need to pick at least two so you can do the thorn, um, but you need to at least have a bud in there, uh, for, for this exercise. Um, and so that, that was a, a way to allow for more, um, nuance of emotions and it, and took it away from the power of positive thinking, um, and sort of glossing over the reality of, of people's lives. Um, the other thing I want to just say is that, um, when I was thinking about what would be different for older adults than for a gen for, for any age of person with psychiatric, um, disabilities or serious mental health conditions, um, I thought about something called narrative theory. So, in, in, or narrative gerontology specifically. Um, and in narrative gerontology, one of the core ideas is that, um, its later life is a time for reflecting on your life story and stories and who you've been in these she in these stories, how you've shown up. And, um, and, and taking time to think about that. And, and then the second part of that is not just thinking about your own story, but also sharing your stories with others. And so, um, for, um, for the really, like the second half of the class, the first half I really chose to sort of set up, we did the introductions that we talked about, the concept of character strengths, um, and how we all have them and how we can, uh, build our own. We talked about what positive psychology is and wellbeing theory, and we talked about measurements. We did some savoring, which is fun. Um, but then we really started talking about stories. And that was, um, again, a little preview when I ended up doing the feasibility and acceptability trial, that ended up being an important part of what people responded to this, this crafting our stories or create telling our stories and sharing them and being heard. Um, so that's probably part of a class that I would end up expanding where I had to do a longer than 10 week sec section. And it's also the part of the class that really speaks

to the older adults and aging, um, part of the part of the class. Um, and then as I mentioned, we had a final class, we had a debrief, um, and we had a celebration of the achievement, and everybody got, um, got certificates. Um, so then I, so, or, or that was, that was the plan. Uh, and so then I highlighted the class. Um, so does the wellbeing class work the way we planned it? You've heard me talking about it, and certainly some things did work the way we planned it. Um, so my two main questions for piloting this as a feasibility and acceptability trial was, could the wellbeing course be delivered as designed within a psychosocial clubhouse setting? And would participants find the course acceptable, valuable, and engage, um, and engage with and see value in the material? Now, I'm going to say here that, um, one of the regrets I have about both studies is when I worked with IRB, they wanted me to keep the participants, uh, the focus group participants anonymous, and they wanted me to keep the clubhouse anonymous. And I didn't know until, like a few months ago, shame on me that I could have like, pushed back on that and said like, we could name the clubhouse, um, under certain circumstances. Um, because, um, I really think that both the certified older adult peer specialists and the clubhouse deserves some, some accolades, um, for, for participating in this work. Certainly, I could not have developed this class and made anything that was worthwhile or effective without the certified older adult peer specialists. And I'm incredibly grateful to this clubhouse for letting this class run. Um, so anyway, so I'm just going to be calling it the clubhouse. Um, and that is why I'm not naming a specific clubhouse. Now. I did, I do have one person who I can name. So, I, for some reason, I didn't write it into the notes, but I wrote with Department of Mental Health. So, I worked with Rob Walker, who was part of, I think he's retired now. But he was an important part of both studies helping me, um, identify the certified older adult peer specialist's pool. And, um, he's, in addition to working for the Department of Mental Health, he is a, um, certified older adult peer specialist. And he, um, helped me run the class. So, um, that is all the accolades and credit that I, I want to make sure that I give here. Um, I decided to do this, to do this pilot in a natural setting. So natural setting is different from a clinical setting. A clinical setting is like where, like you would try to control for, let's say, making, making sure that the, the group has some homogeneity, some, um, some things in common. So, like everybody's stably housed, everybody's, uh, has the same diagnoses or sort of group of diagnoses. Uh, people, there's some sort of indication that people are taking medication as prescribed, things like that. Um, the problem there, it, there's some important things about doing studies that way. However, the problem is that, you know, for example, if you say only, one diagnoses or group of diagnoses, well, realistically, um, people often have multiple diagnoses. They have co-occurring substance use or, um, or experiences with trauma or in traumatizing institutions. Um, and so, you know, real life is a little bit messier than a clinical trial. So, that's why I made the choice to just go ahead. The clubhouse had been identified as the ideal setting. So, Rob Walker helped me identify a clubhouse with over one third older adult members. The course was approved by the clubhouse older adult council, which means the members approved it, as did the, um, staff and leadership. We had IRBA approval, approval. The staff did some recruiting of older adult members through informal conversations, although, of course, older adult's members were part of who had approved it. So, they sort of recruited themselves and, uh, as well. Um, so there wasn't like a formal re recruitment process necessarily. Um, inclusion criteria were just clubhouse membership, age 50 plus capacity to provide informed consent and to not be under legal guardianship. I led the class with Rob Walker and one to two clubhouse staff attended each meeting. And then over time, we did invite the members to co-facilitate with us. Um, and that worked well. An important thing to note was the timeframe, which was, um, April to June of, uh, 2021. So, it's still the tail end of the pandemic. They're still at the clubhouse. We're using a hybrid format, uh, meaning some people were attending by, uh, coming only online. Some people were coming in person, they'd reduced the capacity for the conference room. Um, and so I think like I went for the first and last of the class sessions. Um, Rob Walker was always attending by Zoom staff, I think we're always there in person. And then the, uh, the students were there, um, uh,

some online and some in person. Um, so, uh, now here, here's the mistake I made. I knew that this was really a feasibility and acceptability test, but I thought, well, I could just do a pre and posttest and I could just ignore some of the feedback from the copes, and I could like just do a, a little psychometric testing. I could do the Perma Profiler and the Flourish index and just, you know, maybe that, that would be fine. Well, no, it wasn't fine. They, the, the class members as predicted by the certified older adult peer specialist, did not like these tests. They found them overwhelming, and they didn't complete them. So, I got back demographic surveys from everybody, but I did not get back then, um, the psychometric test. So, when you do collaborative research with a population, you really must listen to everything they say, not just pick and choose. And this is my lesson learned. Um, so I don't have any sort of effectiveness data. Um, I'll just reiterate that again. I was using positive psychology interventions that had, uh, except for Rosebud Thorn all had some evidence and been developed by other researchers. I had just put them together in a new way that tried to account for, um, later life, um, concerns and needs. Um, I used instead, so for measures instead, I used attendance. So, um, I used this as a probability for acceptability, and I analyzed it for trends and averages. I did collect qualitative data. So, I took notes, um, during the classes on how people were responding. Um, I tried to write down to the best of my ability, significant statements that people had made, um, as well as processes that happened. Um, after every class session, I wrote sort of my, like a play by play of what had happened. Um, and then I also did what's called the researcher reflexivity memo, which is just sort of like how I think, uh, how, how being in the class is affecting me and how I think I'm affecting the class. Um, so it was about 30 pages, single spaced of notes. Um, and then I analyze them, um, using thematic analysis, um, which is basically a type of constant comparison to get some themes, uh, to see what themes emerge. Oops, hang on. I've lost my spot. Um, and then I finally, uh, I did, um, to enhance credibility of the findings. Obviously, there's a lot of Lydia bias here. I helped design this course. I'm deeply invested in it. I want to see that it works. Um, so I asked for the course staff and for Rob Walker, the certified older peer specialist co-facilitator, to see if the, um, my conclusions matched their experience and impressions, uh, which they said that it did for, for the most part. Um, and I made changes where they saw some differences. Um, so for participants in the class, there were 11 clubhouses, 50 plus six female, five male, all participants were white. I asked, again, asked the clubhouse about this, and they said, you know, it, the older adults in the clubhouse are a whiter group. It's not entirely white. Um, but that the, there's a few things that influence it. There's a long history in Massachusetts of housing segregation. There are ongoing issues with transportation to the clubhouse. So, it ends up being in the, the, that the older adults, for whatever reason are, are a major. There's a large majority of white. Um, but anyway, so a probably a downside of this was that there weren't any, um, there wasn't any racial or ethnic diversity. There was, again, diagnostic diversity, people disclosed on the demographic forms, PTSD, bipolar disorder, major depressive disorder, and schizophrenia spectrum illnesses. That wasn't necessarily exhaustive, but those are some of the diagnoses that they disclosed. Okay, so in terms of results, I'm just going to check the time I'm doing okay. Um, so you'll remember, I wanted to know, could the wellbeing course be delivered as designed within a psychosocial clubhouse setting? Um, and with attendance as a measure, acceptability, eight of 11 attended most sessions. One missed many sessions due to a medical, due to medical issues. Two others had a lot of unexplained absences. Um, but the majority came to most. Um, they also at the course conclusion invited me to offer another session, which I thought was a good indicator of acceptability within the clubhouse setting. And, um, there was a return rate of seven of eight attendees from the first to the next session of the class, um, indicating, again, strong acceptability for feasibility. Uh, so the question of does the club, does the class work in the clubhouse setting, there were some positive indicators that it was approved at all. Um, was an important fe <laugh> feasibility, uh, indicator. It could be incorporated into the clubhouse work order, day schedule and programming. It could be held in person and online, and the older adults voluntarily signed up and came again, sort of, that's

both feasibility and acceptability. But there were some challenges. There was the question of does wellbeing really fit with the work order day structure of the psychosocial clubhouse? Um, and I think, you know, it's an interesting question. I think it's a question that a lot of businesses have been asking since the pandemic is how does, how do we fit wellbeing into our lives and into our, our days that are focused on work? Um, so there may be some, some, uh, for like a long-term implementation, if you were going to have a sustainable wellbeing class, you would really have to think about, um, if you would want to have an older adult's unit. Or you might think about having, you know, if, if you want to stay with a business model, you might put a, um, like, uh, sometimes we'll have like wellbeing centers within hr. You might have a wellbeing center in one of the work units. I don't know. Uh, but you'd have to think about how to fit something like this into the work order day model of a clubhouse. Um, so that's sort of a feasibility challenge for sustainability. Um, okay. So, uh, uh, the second part of that question about feasibility was, is the class engaging and did participants find it valuable? So, attendance data suggested was, it was valuable. There was a high level of engagement within the classes with the exercises. Complaints arose, in fact, if participants felt overlooked. So, in the beginning, people were raising their hands, and I would just call on people who raised their hands, or the, the co-facilitator, Rob Walker, would just call on people who had raised their hands. But it turned out even people who hadn't raised their hands wanted to participate. So, we have this policy of every, for every icebreaker, every discussion prompt, we go around and ask everybody, and then they can pass. Um, and then i, i, the, according to, you know, my notes, my reflections and the, um, observations of the, my co-facilitator and the staff members, participants really did enthusiastically discuss the material. Sometimes they disputed the class content. I remember, um, for one example, there was a participant who disgustedly, but the first week or two of class was like, is this the, about the power of positive thinking? Um, and, but later, she, but she stuck with it. And later she reflected, uh, when we were doing this section called One Door Open, one door closes, another door opens, which is to sort of talk about how sometimes, um, good things can unexpectedly come from something bad happening. Or that one is more about, um, sometimes something ends and another something else begins. Um, so there's also silver linings, which is you, something good resulting from something bad. Anyway, she reflected that, um, something good can result from something bad happening. During C-O-V-I-D-I was worried about people dying. I went to a lot of funerals, but now I'm so grateful, I'm so happy to be here and alive. It's not so easy, although it sounds easy. So, like you like allowing, um, her, her worry to also include, um, some gratitude was one of her outcomes from engaging with the material. Um, and then in the final class debrief, I asked about sort of what was engaging and valuable, like what they thought. So, um, the first thing that everybody talked about was relationships. It brought us together. We got to be together regularly after a, a long time, people wanted more people in the class so they could connect with more people. Um, and they really appreciated that there was this togetherness and connection after the prolonged social distancing from COVID-19, which is of course one of the confounding factors. They appreciated that there were perspective shifts. I think throughout the clubhouse, there is a real emphasis on illnesses not defined who we are. Um, but the, the member, the class members really appreciated that this also, um, so maybe a shift isn't the, quite the right word, but it also underlined that experience that illness does not define who we are. It offered an opportunity for balanced reflection on life, which enhanced self in group perspective. One thing went wrong, which was during one session early on, one of the members was like, really feeling distressed. And, um, I am a clinical social worker. And so, I sort of stayed with the distress because I was concerned, and this is a, was like a big no. The group members felt like it had turned into therapy. They did not want group therapy. That was not what the clubhouse is about. So, lesson learned, um, stick with the material, the staff were there to provide support if needed. Um, and so we made sure to not do that again. Um, so overall, um, the clubhouse fit was pretty good. The clubhouse priorities emphasize employment, um, and clubhouses are organized according to a set

of standards. You could think of them as like a set of policies or principles to, um, organ organized by. Um, and so there's a standard 38 that does talk about how a clubhouse supports activities for healthy lifestyles. So, there is a potential fit there. Um, there's also, social support is an important part of, um, of a clubhouse, um, and its values and its standards. It was really appreciated as part of this class. But like I said, the COVID-19 might have positively influenced those perceptions. Um, I also thought that one thing that I really learned was that I had included those, um, that material that really emphasized telling your story, having your story be heard, and, um, so there's like, meaning making, some people would call that spirituality, um, and real like intellectual or, and cognitive engagement. That's like week seven through nine especially. Um, and I think extending those, the work of those weeks, the, the narrative building work, uh, would probably even add value for, um, for the class and for in any, um, sort of wellbeing approach to working with this population. Um, and then I thought it was interesting. We did, we didn't include anything about symptom management, and nobody complained. Um, and then we talked a little bit about physical health, but it was like kind of not interesting. So, they were interested in other aspects of wellbeing, um, and not these two that are often emphasized for older adults in, in the world of psych rehab. Um, so there were a lot of methodological limitations here. The data was based on notes. There's def possible inaccuracies, there was bias from me being involved in every aspect of the study. I didn't get to use the standardized measures, so there's no, um, effectiveness. Um, but that was okay because I also feel like it was important to, um, be responsive to the preferences of the participants. And, um, I want to say also that, you know, I wanted to use that natural world setting, but, um, a clubhouse also just on its own has a wellbeing impact on its members. And that's something I became really interested in. And it's what my current research project ended up being was not about the effectiveness, but about understanding how a clubhouse draws in older adults, um, who are often, as we saw in the first slide, isolated feel lonely, um, clubhouse members. Um, I won't say they have none of that, but they have community. Um, and so I was really interested. Um, I, I, I, I became really interested in the, the wellbeing impact of clubhouse, but a limitation of this study is of course, how that is a confounding impact of the setting. Um, so, you know, for future research along this line, um, I'm of course deeply interested in clubhouses now, but I'm also, um, still interested in assessing whether this course could be effective in supporting psych rehab, improving subjective wellbeing for older adult members of clubhouses. So, we really need to answer the question of, does this work, does this enhance wellbeing? Um, so overall finding support courses, feasibility, engagement, acceptability, um, but, but more research is needed. Um, also probably need to figure out a tool that would measure wellbeing for this population that would not feel clinical, that would not feel like they're being part of, um, of an intervention or, or that would not feel overwhelming. Um, and so that's the end of my presentation. I feel really inspired by the existence of this grant, um, that I know that the center is running under to provide these trainings and to create more research for older adults with serious mental health conditions. I really feel like our work is moving towards recovery of hope, optimism, and possibility. And so, um, I thank the center for inviting me here to speak. And now I'd like to open the floor to questions.

Jane Burke-Miller:

Thank you, Lydia. That's so interesting. Um, I'm just looking to see any questions. I, I had a few, um, one was what you were just kind of talking about at the end, which is that it sounds like, uh, a byproduct or a great opportunity is to develop maybe some more meaningful measures or Mm-Hmm, <affirmative> newer measures, different measures. Um, and so I wonder if that would be some, a focus of some of your research going forward. Um, I also wondered if what you would think about other settings, um, like obviously the clubhouse was kind of in key to all of this, but I wonder, this course seems, um, great and how it could be adapted, um, or could it for,

Lydia Ogden:

I mean, it is a course, it's not, um, you know, the recommendations were for, um, for it to be in a clubhouse. But I think, uh, and as I have learned from the psychometrics, uh, going just as the focus group members had suggested that, you know, I believe them when they tell me that they think a, a psychosocial clubhouse would be the best setting, but that doesn't mean it's the only setting that it could work in. Um, and it could be useful. I could see it being useful in, in other settings as well. Mm-Hmm, <affirmative> for sure.

Jane Burke-Miller:

Peer, peer run, um, agencies or settings.

Lydia Ogden:

Yeah, yeah, definitely. Anything where there's, um, peer run and, uh, a, well, an openness to having a wellbeing focus, um, I think it was nice to have the members co-facilitate. So, if, um, I think that was part of what was effective about it, like if, if it was effective, um, or I should say that was engaging about it. Mm-hmm, <affirmative> was that the, that the members could really participate as experts, um, literally by, by teaching from their own experiences. So, and you know, if, if a, if, if other settings are open to that, then that would, um, that would work well.

Jane Burke-Miller:

So, we had some comments, um, and I know we've got to keep an eye on the time. Um, somebody had suggested looking at Council of Aging, um, senior centers, um, recruitment to expand diversity. What does that say? Um, partnering with social service agencies such as <inaudible>, bay Cove or community centers in urban areas. So

Lydia Ogden:

Yeah, great suggestions. Yeah, I think what we, we focused in on this clubhouse because it has this high percentage of older adults, but you're right, that we would want to in the future also make sure that we have a more diverse, um, a diverse sample for research. And I should say the second session of the class, which wasn't part of this study, but it did have, um, more racial and ethnic diversity in it.

Jane Burke-Miller:

Okay. Yeah. Um, so since we're kind of near the end, I'm going to wrap up, if anyone has more questions, feel free to, to put them in the chat or the q and a while I'm, while I'm wrapping up. Um, but I wanted to thank you, Dr. Ogden, for sharing your work with us. Um, I think, unless there are more questions, I want to thank everyone for taking time outtalk their day to participate. I especially want to thank Dr. Ogden for her work and presenting today. And the video of this presentation will be posted online at the Center for Psychiatric Rehabilitation in case you'd like to access it later. In the meantime, when you exit the webinar, you'll see a brief survey. If you could just take a moment to provide us with some feedback before moving on with your day, that would be much appreciated. And we will be scheduling another webinar in the series for the spring of 2025, so you can look for that in your email. Um, so I think if that's everything, uh, thank you again, that was interesting. And we'll look for more of your work in the future.

Lydia Ogden:

Thank you. Thank you everybody for coming, and thanks so much for having me here.

Jane Burke-Miller:

Take care. Bye.