Section 15

Social Relationship CAP

Problem

Involvement in social relationships is a vital aspect of life, with most adults having meaningful relationships with family, friends, and neighbors. When these relationships are challenged, a sense of distress often clouds other aspects of life. Decreases in a person's social relationships may affect psychological well-being and have an impact on mood, behavior, and physical activity. Conversely, declines in physical functioning or cognition, or a new onset or worsening of pain or other health problems, may affect both social relationships and mood. This may also be the case when one moves or has experienced the death of a loved one.

Many persons who are lonely are also depressed, and it can be difficult to know which came first, but for this CAP, the crucial consideration is that both must be treated together. For example, depression can be associated with irritability and anger leading to conflict in interpersonal relationships. Good social relationships can play an important role in buffering the negative effects of stress.

The Social Relationship CAP identifies factors associated with reduced social relationships and addresses interventions to facilitate social engagement. The initial interventions for this CAP thus focus on social re-engagement, mood, and behavior manifestations. But, one must also consider other contributing factors, such as mental health problems and poor health.

<BOX BEGIN>

Overall Goals of Care

- Seek ways to engage the person with others (including caregivers).
- Identify and address any serious conflicts the person has with members of his or her support network.
- Identify underlying mental health problems that exacerbate interpersonal conflicts or contribute to the person's withdrawal from social activities.
- Identify methods of increasing a person's engagement in social activities, while keeping in mind the person's usual and preferred level of involvement.
- Treat underlying depression. [See Mood CAP.]

</BOX END>

Social Relationship CAP Trigger

TRIGGERED FOR CARE PLAN FOLLOW-UP IF ALL THREE OF THE FOLLOWING ARE PRESENT

- ☐ Feels lonely (or either fails to pursue involvement in life of the facility or is distressed by declining social activity and the person is alone for long periods of time)*

- Has a reasonable level of cognitive assets (as indicated by a Cognitive Performance Scale score of 3 or lower)
- Has at least some ability to understand others (as indicated by having an Ability to Understand Others score that is less that the most severe — not "Rarely/Never Understands")

This group includes about 35% of persons in long-term care facilities, 15% of persons receiving home care, and 15% of older adults living independently in the community.

NOT TRIGGERED — All other persons. This group includes about 65% of persons in long-term care facilities, 85% of persons receiving home care, and 85% of older adults living independently in the community.

Social Relationship CAP Guidelines

Overview of Approach to Thinking about Social Relationships

Determine lifetime relationship patterns.

- Assess whether the person is lonely.
- Assess if loneliness is of recent onset. For some persons, low involvement in social relationships is consistent with a lifelong pattern of social engagement. For others, recent declines in social involvement, and associated loneliness, can be a sign of acute health complications and depression.
- When the assessment instrument does not include these questions, assess the following:
  - Person says or indicates he or she feels lonely.
  - Person feels distressed because of decline in social activities.
  - Over the past few years, there has been an absence of daily exchanges with relatives and friends.

*This parenthetical criteria applies when the loneliness item is not available on the instrument.

Determine the nature of factors that may impinge on social exchanges.

- Health status factors:
  - ADL or IADL decline, especially in locomotion.
  - Health problem (for example, falls, pain, fatigue).
  - Mood and behavior problems. Some mental health problems may manifest themselves in various ways that have a direct impact on interpersonal relationships, or may arise because of the lack of contact with others. Withdrawal from activities of interest and reduced social interactions can be symptoms of mental health problems.
  - Changes in communication, vision, or cognition.
- Environmental factors:
  - Change in residence can lead to a loss of autonomy and reduced self-esteem.

- Recent change in family situation or social network (for example, death of a close family member or friend).
- No one in the person's living environment can be involved in daily informal exchanges with him or her.

- Medications may have side effects that can interfere with social interactions.

Supplemental Clinical Observations

Are changes in the person's patterns of social interaction only temporary fluctuations or are they more persistent in nature?

- Are the conflicts with others new or do they reflect persistent patterns?
- Does the person have a long-standing difficulty in adjusting to new situations?
- Does the person no longer take pleasure in activities that were previously important?
- How frequently did he or she participate in activities with others prior to the onset of a recent illness or functional decline?
- Does the person make statements indicating distress over how his or her life has changed?
- Do family or friends feel the person has changed in the way he or she relates to others?

Has the person demonstrated strengths in psychosocial functioning?

- Are there activities in which the person appears especially at ease in interacting with others?
- Are there other individuals who seem to bring out a more positive, optimistic side of the person?
- What positive traits distinguished the person as an individual prior to his or her illness?
- What gave the person a sense of satisfaction earlier in his or her life?

Does the person have a mental health or psychiatric condition that could affect social exchanges?

- Does the person have a diagnosis of depression, bipolar disorder, anxiety disorder, schizophrenia, or a personality disorder?
- Calculate the MDS Depression Rating Scale (DRS). A score of 3 or more indicates potential depression. [See Mood CAP.]
- Does the person use antipsychotic or antidepressant medications?
- Does the person feel stigmatized by taking psychiatric medications or having a mental health diagnosis?
- Do medication side effects impede social interactions?
- Does the person have increasing frequency of disturbing behaviors? [See Behavior CAP.]

- Is the person preoccupied with the past in a way that makes him or her unwilling or unable to respond to present social needs?
- Has there been a decline in cognitive functioning over the last 90 to 180 days? Use the MDS Cognitive Performance Scale (CPS) to evaluate the severity of the person's cognitive impairment, if any.

Are there situational factors that may impede the ability to interact with others?

- Have key social relationships been altered or terminated (for example, loss of family member, friend, or staff)?
- Have changes in the person's environment altered access to others or to routine activities (for example, change in apartment, change in room assignment, or change in whom he or she eats with)?
- Have there been changes in the person's access to activity programs (for example, a new problem in locomotion keeps him or her from joining in with others)?
- Have visiting patterns by family, friends, other acquaintances, or volunteers changed?

Treatment and Monitoring

Treatment and monitoring — a multi-aspect approach to care.

- Ensure the person is involved in age-appropriate activities that stimulate and add meaning to life. [See Activities CAP for additional discussion.]
- Treat mood disturbances, psychiatric symptoms, and behavior problems. Focus especially on reducing symptoms of depression.
- If the person has a DRS score of 3 or more, bring him or her to the attention of a physician or mental health professional. This may be an indication of the presence of depression requiring appropriate intervention. [See Mood CAP.]
- Help the person see beyond his or her illness to experience daily life more fully.
- Build upon strengths — extend pleasurable activities, initiate new activities that follow common patterns, increase the presence of those with whom the person feels comfortable.

Facilitate positive social interactions when the person has limited interaction with family and friends.

- Encourage family and friends to be more involved in the person's life.
- Encourage support and care staff to enter into personal exchanges with the person.
- Engage volunteers who are comfortable with the person and who make him or her feel comfortable.
- Find meaningful positive activities for family members and friends to participate in with the person.
- Consult directly with the person to determine what types of social activities he or she likes to engage in as well as those he or she dislikes.

- Encourage others to speak with the person about his or her life. Reminiscing allows the person to reconstruct his or her identity for him- or herself and for others.

Additional Resources

Morris JN, Gwyther L, Gerstein C, Murphy K, Levine D. 1997. Psychosocial well-being. In Morris JN, Lipsitz LA, Murphy KM, and Belleville-Taylor P, eds. *Quality care in the nursing home*. St. Louis, MO: Mosby. **Note:** This chapter provides information on how to conduct an in-depth evaluation of a person's psychosocial well-being as well as strategies for creating opportunities for relationships and activities, interventions to enrich family visits, and approaches to care at the end of life.

Stones MJ, Rattenbury C, Kozma A. 1995. Empirical findings on reminiscence. In Haight BK, Webster J, eds. The art and science of reminiscing: Theory, research, methods, and applications. Washington, DC: Taylor & Francis. Note: This book provides a scientifically based approach to the use of reminiscence.

<BOX BEGIN>

Authors

John P. Hirdes, PhD
Michael J. Stones, PhD
Jean-Claude Henrard, MD
John N. Morris, PhD, MSW

</BOX END>