

**Grand Challenges Faculty Development Institute: Eradicate Social Isolation
CSWE, Dallas, TX, Oct. 19, 2017**

Case Studies

The following case studies were included to highlight different ways that social workers can assess and intervene with issues of social isolation. These cases are free to you to use, modify, and incorporate into your teaching.

They include:

- The case of George, which demonstrates the need to examine our cases with many lenses to get the whole story.
- The case of Miranda, which looks at the need for assessment of social isolation in parents
- The case of Mr. Smith, which shows the need to assess the social support network of caregivers.
- The case of Mary Adams and her family, which highlights the need to expand the social network to provide more support.
- The case of Karima, which examines how clients may need to balance managing existing supports while creating new ones.

These case studies were compiled for the *Grand Challenges Faculty Development Institute: Eradicate Social Isolation* presented at CSWE, Dallas, TX, Oct. 19, 2017, and are freely available for your use in teaching.

Presenters and collaborators: Suzanne Brown, MSW, PhD, LISW, Robert Cosby, Ph.D., Sandra Edmonds Crewe, Ph.D., MSW, ACSW, Meredith W. Francis, MSW, James Lubben, DSW/PhD, MPH, MSW, Michelle R. Munson, MSW, PhD, Elizabeth M. Tracy, MSW, PHD, LISW, Adeline Wyman-Battalen, MSSW, LICSW

George: Using many lenses to assess cases

George is brought to a community outpatient mental health clinic due to his parent's observation that he is "not acting like a normal 13-year-old." George's parents report that he is failing school, has no peer group, and he is often angry at home, "lashing out at this younger brother and sister."

They brought him to the clinic because they think he is suffering from the same mental illness his mother has, and the last straw was that he was found with marijuana in his bedroom. The family reports a long and detailed family history of substance abuse. And, they report that George's mother lives with debilitating symptoms of anxiety and intermittent depressive episodes.

When you talk to George, he reports "My parents are exaggerating. I have friends. And, my little brother and sister are annoying, and are always bothering me and stealing my stuff. Besides I prefer hanging out by myself."

Discussion:

What are some of the "lenses" that social workers can view this case?

- Medical (Mental Health and Substance-Use)
- Family context
- School context
- Structural context
- What about the social context?
 - Does that matter?
 - How

How might our treatment plans differ depending on which lens we use?

How might our interventions choices differ?

How can we maintain a focus on the social context when thinking about cases on all levels?

Miranda: Social isolation and parenting

Miranda is a 28 year old married, heterosexual woman, who comes to this family service agency seeking support following the recent death of her mother. Miranda complains of feeling sad every day, having difficulty sleeping and having difficulty parenting her three children, Marta age 8, Jose age 5, and Teresa age 3. Miranda and her family moved here from South America six years ago, as her husband found employment with a trucking company that paid significantly more money than he could earn in South America. Miranda's mother moved with them and was living with Miranda, her husband and children when she died. Miranda's mother was diagnosed with stage 4, metastasized lung cancer 8 months ago. Her death one month prior to Miranda's initial appointment was surprising to Miranda as she had hoped that the treatment would work and would result in remission.

Miranda reports with pride that her elder daughter Marta is doing well in second grade. She describes her as a "good girl" who helps around the house and helps Miranda care for the younger children. Jose is currently attending pre-school. Miranda reports some concerns about his behavior as preschool teachers have been expressing concern to her that he may have ADHD. He is often in trouble at school, has difficulty following directions and focusing on simple tasks such as drawing pictures and listening during story circle. She reports that her relationship with her husband is good and that he is a "good man", but that he is frequently away from home due to his job, which sometimes requires that he transport materials across the state. He is sometimes away from home for 2 or 3 nights in a row.

Miranda presents as very sad and tearful. She is seeking some relief from her sadness and some way to cope with the general stress of her current life circumstances.

Questions:

- Considering the context of Miranda's life, and recent stressors, what specific factors might place her at risk for social isolation?
- In what ways might Miranda's social isolation compromise her parenting?
- What questions might the social worker ask Miranda in order to fully assess the extent of her isolation? Consider the domains of parenting support that were discussed in the presentation.
- In what ways might the social worker intervene to help decrease Miranda's isolation?

Mr. Smith: Social support for caregivers

From: Lubben, J. E., & Gironde, M. W., (2000). Social support networks. In D. Osterweil, K. Brummel-Smith, & J. C. Beck (Eds.), *Comprehensive geriatric assessment* (pp. 121–137). New York: McGraw-Hill.

Case Vignette:

Mr. Smith, a retired federal employee, and his wife of more than forty years seemed to be coping well on his relatively generous retirement pay and extensive health insurance plan. For more than forty years, they lived together in a traditional blue-collar neighborhood in a house they had inherited from Mrs. Smith's parents. The Smith's two children both live more than 2000 miles away but regularly talk on the telephone. At least once a year, the children along with grandchildren visit the Smiths. From all external appearances, the Smiths are an octogenarian couple successfully aging. That misconception was shattered late one evening when Mrs. Smith tumbled down a flight of stairs breaking both wrists and cracking a vertebrae in her neck. The fall was partially caused because Mrs. Smith did not want to turn on a light while she went to the bathroom for fear that the light would awaken Mr. Smith. Given Mrs. Smith's extensive osteoporosis, her broken wrists required extensive reconstructive hand surgery and many weeks of hospitalization.

During Mrs. Smith's extensive hospitalization, Mr. Smith's own health problems became more evident. His wife had concealed his increasing frailty including the fact that he had incurred a number of falls around the house. These falls may have been associated with a drinking problem that Mr. Smith had developed. He drank partially to escape the loneliness brought on by his no longer being able to see friends from his former place of employment. He was never an out-going person and seemed less so after his retirement. Thus, he never developed new friends to compensate for those he once had at work. When he retired from his job, he essentially retired also from his friendship network and, overtime, developed a severe case of depression. His increasing problem with drinking alcohol was most likely a case of self-medication.

With the deception uncovered, the Smith's two children became more involved in monitoring their parent's situation. They also secured formal case management and home health care services to facilitate Mrs. Smith's recovery. The children also provided extensive periods of social support to both infirm parents during Mrs. Smith's rehabilitation. Once she regained much of her strength, the children backed off allowing Mrs. Smith to again resume much of the responsibility for caring for her husband. However, children also empowered close friends and neighbors to regularly check on the older Smith couple and to call either of the children at first sign of any difficulties.

Discussion

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The case of Mr. and Mrs. Smith illustrates why geriatricians, nurses, social workers and other health care professionals all need to pay more heed to evaluating social support networks in community health settings. Mr. Smith's symptoms of depression and corresponding drinking problem could have probably been detected years before Mrs. Smith's tragic fall down the stairs. Indeed, had Mr. Smith's problems been detected earlier, many of the ensuing events may never have happened. Mrs. Smith would not have become so burdened with caring for her husband and covering his drinking problem. The final results demonstrated that both family and neighbor social support networks were willing to rally around the Smiths. However, for far too long, no one wanted to "interfere" with an elderly couple who perpetuated a myth of successful aging when in fact they were an unnecessary accident waiting to happen.

Mary Adams and her family: Expanding the social support network

The Adams family consists of Frank and Mary (the parents) and two teenaged children, Julie and Bill. The family was referred by CPS when Julie ran away from home following an argument with her mother over chores which resulted in a beating from her father. Confrontations over non-compliance with house rules and non-participation in church activity have escalated over the past year. Frank and Mary are heavily involved in their church, which has rules about how members should dress. They attend church meetings four days a week. Julie and her parents have major conflicts over these rules.

While assessing the family's social support network, you discover it consists almost exclusively of church contacts. Mary's network consists of five people, including Frank, Julie, Bill, her pastor, and her pastor's wife. The family has just moved to an apartment. They know no one in the building. Mary agrees to work with you on expanding her social support network.

Discussion:

- Brainstorm ways in which you might help Mary expand her social support network.
- What skills might you teach her to enable her to expand her network?
- What might be an appropriate homework assignment?
- What might be a reasonable goal?

Karima: Creating new supports and managing existing ones

Karima is the mother of a 4-year-old boy, Jamal, who is enrolled in Head Start. Karima, 27 years old, is a single parent, living with her mother and brother. She attends a community college part-time, where she is studying early childhood education. Her network consists of:

- Karima's mother, who helps with child care and housework, but is sometimes critical of Karima's ability to be a parent to Jamal.
- Jamal, her son, who is an active child, but also lots of fun.
- Karima's brother, who helps with transportation from time to time.
- Jamal's father, who is only seen infrequently, but who provides child support. Sometimes Karima and Jamal's father argue over how to handle Jamal.
- Head Start personnel (mainly the teacher and parent advisor), who have helped Karima deal with Jamal's behavior and helped her learn about community resources.
- Karima's teachers and classmates at the community college, who are helpful, but not very close.
- Imams and members of Karima's mosque.

Karima has clearly defined the following two goals for her support network:

1. She would like to get to know some of her classmates better at school. That way, if she had to miss class, she would have people to rely upon for notes. She doesn't have a lot of time to socialize when she gets to school, though.
2. She would also like to handle her mother's criticisms of her in a better way. She gets angry when her mother criticizes her, but she knows she needs to rely on her mother's help with Jamal.

Discussion

- What skills might Karima need to learn to reach her goals?
- What is a reasonable first step for Karima to take to reach each goal?
- Draw a simple ecomap, indicating the strength or weakness of relationships, direction of support, and relationships with tension or conflict.

While Karima has already formulated her goals, ecomaps can be an effective, collaborative tool for clients to identify strengths and weaknesses in their network. What strengths and weaknesses do you see in Karima's ecomap?

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General Resources on Eradicating Social Isolation

Eradicate Social Isolation Grand Challenge website <http://aaswsw.org/grand-challenges-initiative/12-challenges/eradicate-social-isolation/>

Social Isolation: Effects and Solutions (AARP)
<https://connect2affect.org/>

Online learning module on Social Isolation
<http://www.bc.edu/centers/ioa/videos/social-isolation.html>

Eradicating Social Isolation in the Media

McGregor, J. (2017, October 4). This former surgeon general says there's a 'loneliness epidemic' and work is partly to blame. *The Washington Post*. Retrieved from https://www.washingtonpost.com/news/on-leadership/wp/2017/10/04/this-former-surgeon-general-says-theres-a-loneliness-epidemic-and-work-is-partly-to-blame/?utm_term=.17f47db47fa9

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Zaraska, M. (2016, September 4). Loneliness can be depressing, but it may have helped humans survive. *The Washington Post*. Retrieved from https://www.washingtonpost.com/national/health-science/loneliness-can-be-depressing-but-it-may-have-helped-humans-survive/2016/09/02/c01a15f4-38a0-11e6-8f7c-d4c723a2becb_story.html?utm_term=.f0234bd97e25

Hafner, K. (2016, Sept 5). Researchers confront an epidemic of loneliness. *The New York Times*. Retrieved from <https://www.nytimes.com/2016/09/06/health/loneliness-aging-health-effects.html?mcubz=0>

Resnick, B. (2017, January 30). Loneliness actually hurts us on a cellular level. *Vox*. <https://www.vox.com/science-and-health/2017/1/30/14219498/loneliness-hurts>

Assessment Tools

Lubben Social Network Scale (Lubben & Gironde, 2003; 2004)

http://www.bc.edu/schools/gssw/lubben/description_of_thelsns.html

There are three versions of the LSNS:

- LSNS-R (12 items; revised version of the original scale)
- LSNS-6 (brief, 6-item scale; best for clinical use)
- LSNS-18 (18 items; expanded version for research)

The three versions of the LSNS are freely available to use and available for download through the link above. If you are using the scale for research purposes, please complete the form available here:

http://www.bc.edu/schools/gssw/lubben/permission_to_usescales.html

Berkman-Syme Social Network Index

A self-report scale for adults designed to assess the type, size, closeness, and frequency of contacts in a respondent's current social network. More information regarding this scale is available here:

https://www.phenx.org/Portals/0/phenx-content/consensus/social_environments/18a_SocSupport-SNI.pdf

Parent's Assessment of Protective Factors Scale

This scale is designed to assess 5 protective factors for parents, including their social connectedness and social support. The instruction manual and scale are available here:

<https://www.cssp.org/reform/child-welfare/pregnant-and-parenting-youth/Parents-Assessment-of-Protective-Factors.pdf>

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1998)

A brief, 12-item measure, valid and reliable for youth. Available here:

<http://www.yorku.ca/rokada/psyctest/socsupp.pdf>

The UCLA Loneliness Scale (Revised) (Russell, 1996)

The full, 20-item measure, scoring instructions, and a brief overview of the measure are available here:

http://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Loneliness_and_Interpersonal_Problems_UCLA_LONELINESS_REVISED.pdf

Egonet computerized social network software

Free software that allows you to measure and visualize egocentric social networks.

<https://sourceforge.net/projects/egonet/files/>

Interventions

Mentoring for Youth with Mental Health Challenges

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A comprehensive review of the literature regarding this issue, including practical points for clinicians. Available here:

http://www.nationalmentoringresourcecenter.org/images/PDF/Mental_Health_Population_Review.pdf

Premature Baby Positive Parenting Program

The Premature Baby Positive Parenting Program (aka “Triple P”) is a program designed to support parents of premies, help them build relationship skills to maintain their relationships with their partners and child, and reduce the isolation that many new parents of premies feel. Without intervention, this social isolation and lack of support is related to long-term developmental and behavioral problems for the child. An overview of the program is available here:

<http://www.triplep.net/glo-en/find-out-about-triple-p/triple-p-in-a-nutshell/>

Strengthening Families Protective Factors (Center for the Study of Social Policy)

This is an agency-wide program designed to help families on multiple levels. Of particular interest to the Eradicate Social Isolation Grand Challenge, one of the protective factors is to improve the social connections for the family. Learn more about this program here:

<https://www.cssp.org/young-children-their-families/strengtheningfamilies>

Campaign to End Loneliness - Connections in Older Age

A network established in the United Kingdom of national, regional and local organizations and people working together through community action, good practice, research and policy to ensure that loneliness is acted upon in the UK as a public health priority at national and local levels.

<https://www.campaigntoendloneliness.org/>

Buddy Benches

Nearly 2,000 “buddy benches” have popped up at schools around the US as a place where kids can go when they're feeling lonely and need a friend. This simple, school-wide intervention helps school age children deal with isolation on the playground.

<https://www.youtube.com/watch?v=iVWp4j3f2UY>

<https://www.youtube.com/watch?v=Ob2OsHYQ7PM>

Empathy Cake

A Danish tradition in primary schools is to have time set aside each week to share a treat and build relationship and empathy skills. This intervention emphasizes that empathy and the ability to form and maintain relationships are learned skills, not innate traits.

<http://www.salon.com/2016/08/09/teaching-kids-empathy-in-danish-schools-its-well-its-a-piece-of-cake/>

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