APPLICATION OF SOCIAL SKILLS TRAINING FOR DEMENTIA PATIENTS EXPERIENCING SOCIAL ISOLATION

Yanuar Fahrizal[1]*, Novy Helena Daulima[2], Mustikasari[2]
[1]School of Nursing, Faculty of Medicine and Health Science, Universitas Muhammadiyah Yogyakarta, Jl. Brawijaya, Geblagan, Tamantirto, Kasihan, Bantul, Yogyakarta 55183 Indonesia
[2]Faculty of Nursing, Universitas Indonesia, Jl. Prof. DR. Sudjono D. Pusponegoro, Pondok Cina, Beji, Depok, Jawa Barat 16424, Indonesia
*yanuarfahrizal@umy.ac.id

ABSTRACT

Alzheimer's disease is one type of degenerative brain disease, meaning it worsens over time and leads to dementia. The total number of new dementia cases occurs every four seconds. Indonesia is among the countries with a population structure trending towards aging. Dementia has negative economic impacts. Other potential impacts include behavioral and emotional changes. Behavioral and emotional changes in dementia patients can manifest as social inhibition and social-interpersonal alterations. Dementia patients tend to experience social isolation. Nursing intervention in the form of Social Skills Training is required to enhance socialization skills. The objective of this case study is to assess the impact of social skills training treatment on the manifestation of social isolation symptoms in individuals with dementia. This study was a case report with a descriptive observational design. The sample of the case report consisted of 2 dementia patients who met the inclusion criteria of experiencing difficulties in socialization and receiving social skills training therapy for five sessions. Changes occurred after receiving the nursing intervention of social skills training, namely a decrease in signs and symptoms of social isolation. Nursing intervention through social skills training can reduce signs and symptoms of social isolation in dementia patients.

Keywords: dementia; social isolation; social skills training

INTRODUCTION

Alzheimer's disease is the most common cause of dementia. Alzheimer's is a type of degenerative brain disease, meaning it worsens over time. Signs and symptoms can include impairments in thinking, learning, and memory. Changes occurring in the brains of Alzheimer's patients involve the accumulation of beta-amyloid protein fragments outside neurons and the accumulation of tau protein forms inside neurons. Beta-amyloid plaques may contribute to cell death by disrupting neuron-to-neuron communication at synapses, while tau tangles block the transport of nutrients and important molecules within neurons (Alzheimer Association, 2019).The number of dementia patients worldwide was estimated to reach 47.47 million in 2015, projected to reach 75.63 million in 2030, and 135.46 million in 2050. (World Health Organization, 2015). The total number of new dementia cases worldwide each year is nearly 7.7 million, indicating one new case every four seconds. The distribution of dementia worldwide varies significantly based on cultural and socioeconomic differences among countries (Rizzi, Rosset, & Roriz-Cruz, 2014).

Indonesia is a country with an aging population structure. This is because the percentage of elderly individuals in Indonesia reached 9.03% of the total population in 2017. Yogyakarta is the province with the largest percentage of elderly individuals in Indonesia, at 13.81% (Ministry of Health of the Republic of Indonesia, 2017). The prevalence of dementia in Yogyakarta is high, at 20.1%, with risk factors including advanced age, female gender, low education, history of stroke, and unemployment (Suriastini, Turana, Supraptilah, Wicaksono, & Mulyanto, 2020). Public knowledge regarding the early signs and symptoms of dementia in the elderly is also very low. Risk factors for Alzheimer's disease include low education, smoking behavior, and physical inactivity. This means that if these three risk factors can be reduced by 10 percent from their prevalence, then the impact of reducing the incidence of

Alzheimer's dementia could become the most significant (Rizzi et al., 2014; Turana et al., 2019). Dementia has negative economic impacts.

The total cost of dementia worldwide was approximately US $604 billion in 2010. In high-income countries, informal care (45%) and formal social care (40%) constitute the majority of the costs, while the proportional contribution of direct medical costs (15%) is much lower. In low- and middle-income countries, direct social care costs are minimal, and informal care costs (i.e., unpaid care provided by family members) dominate (World Health Organization, 2015a). Other potential impacts include behavioral and emotional changes. Behavioral and emotional changes in dementia patients can manifest as social inhibition and social-interpersonal alterations (National Institutes of Health, 2014). Social inhibition refers to acting impulsively without considering how others perceive such behavior. Social-interpersonal changes involve difficulty "reading" social cues, such as facial expressions, and understanding personal relationships. Individuals may lack empathy and the ability to understand others' feelings, making them appear indifferent, uncaring, or selfish.

Dementia patients tend to experience social isolation based on measurements using The Lubben Social Network Scale (Balouch, Rifaat, Lisa Chen, & Tabet Author Note, 2019). Changes in the socialization abilities of dementia patients can be influenced by language changes (Potkins et al., 2003). Language expression disorders are associated with delusions, depression, and aberrant motor behavior. Decreased participation in social activities correlates with expressive aspects. Patient needs in communication skills should be addressed early to help them maintain social interaction and reduce the impact on behavioral issues and patient quality of life. Nursing interventions for clients experiencing social isolation involve fostering trust, identifying the causes of social isolation, interacting with others through establishing rapport, making new acquaintances with positive body language, forming friendships, collaborating in groups, and confronting difficult situations. To achieve these goals, Social Skills Training is necessary. Social Skills Training is an exercise in interpersonal abilities that encompasses a combination of simple and complex behaviors. Simple behaviors include nonverbal responses such as facial expressions, eye contact, and voice modulation (Townsend, 2015).

Nurses, as the largest healthcare workforce in hospitals, are highly expected to provide comprehensive and holistic nursing care to clients with whom they interact extensively. The nursing process is carried out to establish nursing diagnoses and develop plans and interventions for clients, as well as to evaluate their progress. Psychiatric nurses are required to provide nursing care addressing psychosocial issues without neglecting the physical problems experienced by clients. Patients diagnosed with dementia are rarely encountered in psychiatric hospitals. Based on data from the psychiatric nursing residency at Marzoeki Mahdi Mental Hospital in Bogor during a 9-week practicum, only two patients were found to be hospitalized with a diagnosis of dementia. This prompted the author's interest in creating a case report on addressing social isolation in dementia patients through social skills training nursing interventions at Marzoeki Mahdi Mental Hospital in Bogor. The author aims to describe changes in signs and symptoms of social isolation after receiving social skills training nursing interventions.

METHOD
This study was a case report with a descriptive observational design. The sample of the case report consisted of 2 dementia patients meeting the inclusion criteria of experiencing difficulties in socialization and receiving social skills training therapy. The location of the

case report was the quiet ward/maintenance ward of Marzoeki Mahdi Mental Hospital in Bogor. Each client had been informed and provided written consent to participate in this study. This study also obtained permission from Marzoeki Mahdi Mental Hospital in Bogor. Data collection involves the use of a social isolation questionnaire that encompasses assessments of cognitive and behavioral capabilities (Renidayati, 2008). Patients received general nursing care and social skills training therapy for five sessions. Social skills training therapy includes exercises in the introduction, friendship-building/close relationship exercises, group cooperation exercises, coping with difficult situations exercises, and socialization ability evaluation (Stuart, 2013). The author conducted measurements of signs and symptoms of social isolation before and after receiving social skills training nursing interventions.

RESULT

The case description in this study can be observed in Table 1.

Table 1.
Case description of a patient with dementia experiencing social isolation

Patients	Cases
Mrs. D	A 53-year-old patient was diagnosed with vascular dementia. The patient has a history of stroke in 2010 and hypertension. Over the past month, the patient has experienced medication discontinuation. They have had an unpleasant experience, including divorce from their husband. The patient's personality type tends to be reserved with limited communication abilities. They have a history of authoritarian parenting style. The patient has been unemployed since 2008 and has been living with their child since the divorce. The patient reports hearing strange voices, feeling disturbed, often turning their face/gaze towards the direction of the voices, withdrawing, and being unable to interact spontaneously. The patient is receiving olanzapine 1x5mg, Donepezil 1x10mg, mini-aspirin 1x8mg, fluoxetine 1x10mg, and vitamin B complex therapy.
Mrs. R	A 65-year-old female patient was diagnosed with Behavioral and Psychological Symptoms of Dementia (BPSD) four years ago. She has a history of psychiatric problems within the family. For the past four months, she has not been taking medication. The patient has had an unpleasant experience, having lost her husband ten years ago due to his passing. She tends to be reserved. Her upbringing was characterized by authoritarian parenting. Economically, the patient is in poor condition, working as a homemaker, and her educational background is limited to primary school. Over the past year, the patient has felt fearful and disturbed, feeling as though she is being pursued by someone intending to harm her. She feels sad, believes her life has no meaning, has difficulty sleeping, exhibits a tense facial expression, talks to herself frequently, mutters, withdraws, shows indifference towards her surroundings, and struggles to initiate conversations. The patient is undergoing medical therapy consisting of trihexyphenidyl 1x2mg, antidepressants, haloperidol, and chlorpromazine 100mg.

After receiving five sessions of social skills training, there was a change observed, namely a decrease in signs and symptoms of social isolation. This is evident in Table 2.

Table 2.
Changes in signs and symptoms of social isolation in dementia patients

Patients	Signs and symptoms before being given SST	Signs and symptoms after being given SST
Mrs. D	13 signs and symptoms of social isolation (Feeling different, lack of clear goals, feeling rejected, feeling sad, feeling ashamed, feeling tired/fatigued, lack of eye contact, negativism, excessive daydreaming/self-absorption, repetitive self-thoughts, non-communicative, unable to participate in social activities, indifference towards surroundings.)	9 signs and symptoms of social isolation (Wanting to be alone, feeling different from others, feeling sad, feeling lonely, sad affect, gloomy face, negativism, feeling unsafe in public places, suspicious of others.)
Mrs. R	9 signs and symptoms of social isolation	3 signs and symptoms of social isolation

(Wanting to be alone, feeling different from others, feeling sad, feeling lonely, sad affect, gloomy face, negativism, feeling unsafe in public places, suspicious of others.)	(Wanting to be alone, feeling different from others, suspicious of others.)

DISCUSSION

Mental disorders in the elderly that are almost similar are depression and dementia because they share common characteristics such as decreased concentration, bad mood, and social isolation (Evans, Nizette, & O'Brien, 2017). The inability of dementia patients to participate in meaningful conversations or social events severely limits relationships and leads to social isolation (Videbeck, 2011). Social isolation is a condition where an individual experiences a decrease or even complete inability to interact with others around them. Clients often feel rejected, unaccepted, lonely, and unable to establish relationships with others (Keliat, Akemat, Daulima, & Nurhaeni, 2011). The prevalence of social isolation tends to increase with advancing age, particularly among those facing poorer socio-economic challenges (Röhr et al., 2022). The nursing diagnosis of social isolation is the second most common diagnosis found during practice in psychogeriatric inpatient wards.

In this case report, the author conducted Social Skills Training to address the issue of social isolation. Social Skills Training is one intervention using behavior modification techniques based on the principles of role-playing, practice, and feedback to enhance clients' abilities in problem-solving for depressed clients, those with schizophrenia, clients with behavioral interaction difficulties, experiencing social phobia, and clients experiencing anxiety (Halter & Varcarolis, 2018; Ren Kneisl & Trigoboff, 2013; Stuart, 2013). The goals of social skills training are: 1) Enhancing individuals' ability to express their needs and desires; 2) Being able to refuse and address issues; 3) responding to social interactions; 4) Initiating interactions; 5) Maintaining established interactions. The establishment of a relationship based on mutual trust is significantly impacted by the aptitude for employing therapeutic techniques and the therapeutic use of oneself (Pardede et al., 2020).

The implementation of social skills training is carried out through four stages, namely: 1) Modelling, where the therapist demonstrates actions related to the skills to be performed; 2) Role-playing, where clients have the opportunity to enact the skills learned, often based on scenarios portrayed by the therapist/model; 3) Performance feedback, where feedback is provided immediately after the client attempts to perform the exercises; 4) Transfer training, which involves transferring the skills acquired by clients into daily practice (Chen, 2006; Kingsep & Nathan, 2020; Stuart, 2013). It is now possible to conduct social skills training therapy via virtual reality technology as well (Ose et al., 2023). The provision of Social Skills Training therapy significantly improves socialization skills (Pinilih, 2012). Socially isolated patients show improved socialization skills in their environment after receiving Cognitive Behavioral Social Skills Training (Jumaini, 2010). Skill training in adolescents with anxiety disorders is effective in reducing anxiety disorders (Hapsari & Hasanat, 2010).

Mercer (1997) stated that there are four groups of social skills taught for individuals experiencing obstacles in interpersonal relationships with others, namely: 1) Communication skills, including the ability to use appropriate body language, greet, introduce oneself, answer questions, interrupt questions politely, ask questions, and ask for clarification; 2) Friendship-building skills, including; making friends, expressing and accepting gratitude, giving and receiving compliments, 3) Engaging in activities together, initiating activities with others, asking for and providing assistance; 4) Coping skills for difficult situations, including; giving

and receiving criticism, accepting rejection, enduring group pressure, and apologizing. Signs of social isolation may decrease after undergoing social skills training therapy because this therapy is conducted gradually. It begins with patients being trained to introduce themselves as an initial step in socialization. Gradually, patients are trained to interact with others. Social Skills Training is implemented in group settings to ensure that patients do not experience feelings of isolation when they begin to engage with others (Oktaviana & Aprilliana, 2023). Loneliness arises not from alone, but rather from the unfulfilled need for meaningful and satisfying social interaction. The innate need for belonging is a significant motivator for individuals. Loneliness has played a crucial role in human development by motivating us to form social groups in order to enhance our chances of surviving. Although the need to defend oneself against invading sabre-toothed tigers is no longer relevant, loneliness serves as a reminder of the potential danger of being isolated from the social group (Spencer Health, 2023). It is important to note during the therapy that it should be brief but frequent to make the patients feel safe and comfortable with others. Nurses should also be able to meet the basic needs of socially isolated patients to enhance their trust in others. Social skills training has been shown to greatly enhance treatment compliance (Olivares-Olivares et al., 2019). Social skills training therapy is an effective method of behavior modification that may enhance social skills, even in the midst of a pandemic (Nurjanah et al., 2022).

CONCLUSION
The nursing intervention of social skills training can alleviate the signs and symptoms of social isolation in patients with dementia.

REFERENCES
Alzheimer Association. (2019). 2019 Alzheimer's Disease Facts and Figures. In Alzheimer's and Dementia. Retrieved from https://www.alz.org/alzheimers-dementia/10_signs

Balouch, S., Rifaat, E., Lisa Chen, H., & Tabet Author Note, N. (2019). Social networks and loneliness in people with Alzheimer's dementia. International Journal of Geriatric Psychiatry, 34(5), 666–673. Retrieved from http://sro.sussex.ac.uk

Chen, K. (2006). Social Skills Intervention for Students with Emotional/Behavioral Disorders: A Literature Review from the American Perspective. Educational Research and Reviews, 1(3), 143–149.

Evans, K., Nizette, D., & O'Brien, A. (2017). Psychiatric and Mental Health Nursing. In Elsevier (Fourth Edi). https://doi.org/10.1097/00000446-198181060-00059

Halter, M. J., & Varcarolis, E. M. (2018). VARCAROLIS' Foundations of Psychiatric Mental Health Nursing A Clinical Approach. In Elsevier. Elsevier Health Sciences.

Hapsari, M. I., & Hasanat, N. U. (2010). The effectiveness of social skills training in adolescents with social anxiety disorder. Psycho Idea, 8(1), 18–37.

Jumaini. (2010). The Effect of Cognitive Behavioral Social Skills Training (CBSSST) on Socialization Ability of Socially Isolated Clients at BLU Rs Dr. H. Marzoeki Mahdi Bogor. Universitas Indonesia.

Keliat, B. A., Akemat, S., Daulima, N. H. C., & Nurhaeni, H. (2011). Community mental health nursing: CMHN (Basic Course). Jakarta: EGC.

Kingsep, P., & Nathan, P. (2020). Social skills training for severe mental disorders: A therapist manual. Retrieved from https://www.cci.health.wa.gov.au/Resources/For-Clinicians/Therapist-Manuals

Ministry of Health RI. (2017). Analysis of the Elderly in Indonesia. In Center for Health Data and Information Ministry of Health RI. Retrieved from www.depkes.go.id/download.php?file=download/.../infodatin lansia 2016.pdf%0A

National Institutes of Health. (2014). Frontotemporal Disorders: Information for Patients, Families, and Caregivers. In National Institute on Aging National Institute of Neurological Disorders and Stroke.

Nurjanah, S., Machmudah, M., Zahroh, C., Ainiyah, N., Hasina, S. N., & Kamariyah, N. (2022). The Effect of Social Skill Training of Early Childhood Education During COVID-19 Pandemic. Open Access Macedonian Journal of Medical Sciences, 10(G), 607–612. https://doi.org/10.3889/OAMJMS.2022.9677

Oktaviana, W., & Aprilliana, A. (2023). Intervensi Social Skills Training (SST) pada Pasien Skizofrenia yang Mengalami Isolasi Sosial; A Systematic Review. Jurnal Keperawatan, 15(4), 243–250. https://doi.org/10.32583/KEPERAWATAN.V15I4.2007

Olivares-Olivares, P. J., Ortiz-González, P. F., & Olivares, J. (2019). Role of social skills training in adolescents with social anxiety disorder. International Journal of Clinical and Health Psychology, 19(1), 41–48. https://doi.org/10.1016/J.IJCHP.2018.11.002

Ose, S. O., Thaulow, K., Færevik, H., Hoffmann, P. L., Lestander, H., Stiles, T., & Lindgren, M. (2023). Development of a social skills training programme to target social isolation using virtual reality technology in primary mental health care. Journal of Rehabilitation and Assistive Technologies Engineering, 10. https://doi.org/10.1177/20556683231187545

Pardede, J. A., Hamid, A. Y. S., & Putri, Y. S. E. (2020). Application of Social Skill Training using Hildegard Peplau Theory Approach to Reducing Symptoms and the Capability of Social Isolation Patients. Jurnal Keperawatan, 12(3), 327–340. https://doi.org/10.32583/KEPERAWATAN.V12I3.782

Pinilih, S. S. (2012). The Effect of Social Skills Training (SST) on Socialization Skills and Social Anxiety in Deaf Adolescents at Special Schools (SLBs) in Wonosobo Regency. Universitas Indonesia.

Potkins, D., Myint, P., Bannister, C., Tadros, G., Chithramohan, R., Swann, A., … Margallo-Lana, M. (2003). Language impairment in dementia: Impact on symptoms and care needs in residential homes. International Journal of Geriatric Psychiatry, 18(11), 1002–1006. https://doi.org/10.1002/gps.1002

Ren Kneisl, C. ., & Trigoboff, E. (2013). Contemporary Psychiatric-Mental Health Nursing (Third Edit). Pearson Education, Inc.

Renidayati. (2008). Pengaruh Social Skills Training pada Klien Isolasi Sosial di Rumah Sakit Jiwa HN. Saanin Padang Sumatera Barat. Universitas Indonesia.

Rizzi, L., Rosset, I., & Roriz-Cruz, M. (2014). Global epidemiology of dementia: Alzheimer's and vascular types. BioMed Research International. https://doi.org/10.1155/2014/908915

Röhr, S., Wittmann, F., Engel, C., Enzenbach, C., Witte, A. V., Villringer, A., Löffler, M., & Riedel-Heller, S. G. (2022). Social factors and the prevalence of social isolation in a population-based adult cohort. Social Psychiatry and Psychiatric Epidemiology, 57(10), 1959. https://doi.org/10.1007/S00127-021-02174-X

Stuart, G. W. (2013). Principles and practices of psychiatric nursing (Tenth Edit). Elsevier Mosby.

Suriastini, N. W., Turana, Y., Supraptilah, B., Wicaksono, T. Y., & Mulyanto, E. D. (2020). Prevalence and risk factors of dementia and caregiver's knowledge of the early symptoms of Alzheimer's disease. Aging Medicine and Healthcare, 11(2), 60–66. https://doi.org/10.33879/AMH.2020.065-1811.032

Townsend, M. C. (2015). Psychiatric Mental Health Nursing Concepts of Care in Evidence-Based Practice. F. A. Davis Company.

Turana, Y., Tengkawan, J., Suswanti, I., Suharya, D., Riyadina, W., & Pradono, J. (2019). Primary Prevention of Alzheimer's Disease in Indonesia. International Journal of Aging Research, 2(40), 1–8. https://doi.org/10.28933/ijoar-2019-06-2506

Videbeck, S. L. (2011). Psychiatric-mental health nursing (Fifth edit). https://doi.org/10.1017/CBO9781107415324.004

World Health Organization. (2015a). Dementia a Public Health Priority. World Health Organization, 15(2). https://doi.org/10.3200/EXPL.67.1.43-45

World Health Organization. (2015b). The Epidemiology and Impact of Dementia Current State and Future Trends. World Health Organization, 3–6. Retrieved from http://www.who.int/mental_health/neurology/dementia/en/

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