STRENGTHENING SOCIAL SUPPORT:

RESEARCH IMPLICATIONS FOR INTERVENTIONS IN CHILDREN'S MENTAL HEALTH

A large body of research evidence demonstrates that people who are involved in supportive social relationships experience benefits in terms of their health, morale, and coping. Conversely, low levels of social support have been repeatedly linked to poor physical and mental health outcomes. Recognition of the benefits of social support has fueled the development of a wide variety of interventions designed to improve the quantity or quality of the support that people receive. Unfortunately, evaluation of these interventions has so far not yielded clear information about what sorts of intervention are most likely to be successful. Indeed, it is not even clear that social support interventions—as they are currently implemented—are actually successful at increasing social support for people who lack it (Cohen, Underwood, & Gottlieb, 2000;

Hogan, Linden, & Najarian, 2002).

The lack of knowledge about whether and how social support interventions work is an important issue within children's mental health. There is a growing consensus in the field that strengthening interpersonal and community ties is a promising resilience- and development-promoting strategy for all children and families who are affected by mental health difficulties. For children and youth with the highest levels of need, the field is increasingly embracing the idea of community-based care as an alternative to out-of-home placements. A common element of models for community-based care—including wraparound, multisystemic therapy, and intensive family preservation services, among others—is the emphasis on strengthening family ties to supportive people within the family's social environ-

ment. Yet, as is the case with research on social support interventions more generally, evaluations of these models of community-based care have not so far demonstrated success from efforts to increase social support (Cox, 2005).

When thinking about the implications of this research, it is obviously important to maintain a sense of realism and to acknowledge that the field does not at this point have a wide repertoire of proven and potent strategies for strengthening social support for children and youth with mental health difficulties and their families. What we do have are a few strategies that appear promising and a few that have been modestly successful. Most of these strategies focus on providing support to caregivers. With the exception of mentoring programs, strategies for increasing social support for ado-

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FOCAL POiNT Research, Policy, and Practice in Children's Mental Health

FOCAL POiNT 3

lescents or children have not been well studied. On the other hand, this does not mean that other strategies that are currently in use have been disproven, nor does it mean that we cannot build on what we are learning in order to improve existing strategies and create new ones.

This issue of *Focal Point* explores some of what we do and don't know about strengthening social support. This introduction outlines some of the major concepts and themes in research on social support, and some implications of this research for interventions in children's mental health. This sets the stage for the rest of the issue, which presents information and examples that can be helpful in future efforts to design and implement social support strategies and interventions for children and families.

Types of Support

The literature offers many definitions of social support; however, most definitions refer to the exchange of one or more of three main types of support—emotional, informational, and instrumental—that people provide to friends and family members in times of need. *Emotional support* involves the expression of empathy, reassurance, and positive regard, and is believed to enhance well-being by promoting self-esteem, reducing distress, and providing an emotional context for positive coping efforts. *Informational support* involves the provision of guidance, advice, or other information that can reduce confusion, increase perceptions of self-efficacy, and form the basis for positive coping strategies. *Instrumental support* refers to the provision of money, goods, and services that can be used in coping and problem solving efforts.

Additionally, some theories of social support also highlight the impor-

tance of *social integration*—a sense of belonging—and the role of *companionship*—participation in social and leisure activities. Many social support interventions are aimed at fostering *peer support*—emotional support from people who share key experiences with the recipient. In the case of children's mental health, peer support to caregivers is seen as helping to reduce feelings of social isolation and reduce feelings of shame and self-blame.

Families can access social support through both natural and more formal support systems. *Natural support*, also often called *informal support*, is most typically provided in relationships with friends and family, while *formal*

support is provided by professionals. Many sources of support, however, do not fall neatly within one or the other category; support offered through community or peer-run organizations, for example, may mix the two. Within children's mental health, a key distinction is whether or not the support is from sources that are likely to endure in the family's life. It is thought that families who receive consistent support from these enduring sources will not only achieve higher levels of community integration and well-being, but will also become less entangled with (and dependent upon) formal services. Efforts to intervene thus typically focus on strengthening a family's connections to natural support systems and to community organizations such

as clubs, religious organizations, and peer-run support organizations.

Lessons from Research

The research on social support interventions comes from many different fields and encompasses many different intervention strategies. Consequently, results may or may not be relevant for interventions in the field of children's mental health. What is more, methodological, analytical, and conceptual difficulties make it difficult to draw firm conclusions from the existing literature. In reviewing existing research, it is thus important to avoid jumping to premature conclusions: There is much we don't know at this point about the specifics of whether and how social support interventions "work." Despite these shortcomings, the literature does point to some particular challenges that should be acknowledged—and some promising strategies that can be incorporated—in the design, implementation, and evaluation of future social support interventions in children's mental health.

In the field of children's mental health, efforts to increase social support for caregivers typically use one of two basic types of interventions: those that aim to mobilize peer support and those that strive to increase support available from naturally occurring social networks.

Peer Support

As is true with the research on social support intervention more generally, conclusions from research on peer support can only be tentatively drawn; however, in general, it appears that providing support through peers is a promising approach. Peer-to-peer support interventions generally fall

into two basic types: peer support groups, and peer support at the individual level.

In peer support groups, participants can both offer and receive aid, usually emotional support, but sometimes also informational and instrumental support. In addition, peer support groups offer an opportunity for members to add new relationships to their social networks. Despite the popularity of such groups, there are relatively few studies that evaluate their outcomes. While some of these studies show benefits from participation, others do not (Hogan et al., 2002). Research has typically documented participants' satisfaction with groups (Helgeson & Gottlieb, 2000), but a small number of studies have shown other benefits, including improved social support and general well-being. There may be many reasons for these inconsistent findings, but researchers caution that in loosely structured support groups, the quality of support may be quite variable. Group members may interact in ways that actually increase stress, undermine self-confidence, and promote the use of ineffective problem solving strategies. Thus, structured groups that are led by well-trained facilitators, and that offer an educational or informational component may be most helpful (Helgeson & Gottlieb, 2000).

Individual-level peer-support interventions typically pair program participants with support providers who share salient experiences or conditions. Such interventions usually aim to increase emotional support, but also often include an explicit focus on informational support; they may also target instrumental support by teaching advocacy skills and/or by having the peer interveners help participants access community resources. Hogan (2002) finds the research on these types of interventions "encouraging," particularly when peer supporters are trained to interact with program participants in ways that maximize emotional supportiveness and offer problem solving

strategies and information. However, since the number of research studies is small, and since the interventions differ substantially one from another, existing research does not provide firm guidance about which intervention components or strategies might be most effective, or under what circumstances.

The articles on Parent Connections (pages 10-14 in this issue) and Keys for Networking (pages 15-18) describe peer support programs that are consistent with main themes from existing research. Both rely on well-trained peers who provide a combination of emotional and informational support. Peer supporters in both programs also model and teach advocacy skills, which are a route to increasing the instrumental support available to families. Importantly, both programs also offer opportunities for participants to give and receive support. Newer commentaries on social support intervention often highlight the idea that support is most beneficial when the support relationships are reciprocal. Offering support increases feelings of self-efficacy and competence, and builds a sense of belonging to and being valued by a social group. It is possible that this is particularly important for people at times when self-worth is challenged by stressful events and stig-

ma. Finally, both programs also have the backing of a larger peer-run organization, though this is more central to the intervention in the Keys model. Connecting caregivers with the larger organization provides access to a variety of different people, activities, and groups, and a wide variety of potentially supportive relationships. An

organization also has the potential to provide a stable source of support over time. This can help guard against 'burning out' individual support givers, or over-reliance on a particular relationship, since support can come from multiple sources. This may be particularly important when support is being provided by caregivers who may experience periodic crises arising from their own children's difficulties. Having access to a variety of supportive relationships and activities is also in line with recent interpretations of research that suggest that support will be more effective when it is matched with recipients' needs (Gottlieb, 2000). A larger organization offers choices so that people can access the kinds of support that they find most comfortable and helpful.

Intervening in Natural Networks

The most compelling rationale for intervening to increase support in natural networks is that there is a long-term commitment from friends and family members that is not typically available from paid relationships. The support of friends and family is particularly predictive of positive health and mental health outcomes (Cutrona & Cole, 2000; Werner, 1995). What is more, support offered through the

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natural network is more likely to be culturally appropriate, and may be easier to accept than professional help. Natural network interventions vary along a number of dimensions, and the number of research studies is small; however, once again, research indicates that this approach can be beneficial (Cutrona & Cole, 2000; Ho-

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FOCAL POiNT Research, Policy, and Practice in Children's Mental Health

FOCAL POiNT 5

gan et al., 2002).

The most-researched approach to intervening in natural networks involves the use of interventions that are intended to improve the quality of relationships within an existing network. These interventions are motivated by some studies showing that "negative support" (behavior that is perceived as harmful, critical, or hostile, or that contributes to stress or anxiety) has a stronger link to outcomes than positive support (Hogan et al., 2002). Even among well-intentioned friends and family, interactions intended to be supportive may have the opposite effect. This can happen, for example, when supporters minimize a problem by implying that it is not serious, or when sympathetic supporters go too far in the other direction by catastrophizing the problem.

Interventions thus focus on working to improve interactions within the support network by teaching a variety of relationship skills, including problem solving, communication skills, and/or assertiveness. One type of approach focuses on teaching friends and family how to improve the quality of the support they provide to people who experience chronic stress. This kind of approach is one of the components of family psychoeducation, a set of evidence-based practices used with adult mental health consumers and their families (McFarlane, 2003). Other interventions have focused on teaching relationship skills to people in need of support, and the results of these studies have been encouraging (Hogan et al., 2002). The best-evaluated interventions to improve relationship skills are those that have been created and led by professionals, and the distinction between this kind of intervention and various forms of psychotherapy is not always clear. On the other hand, this distinction may not be as important as other dimensions of the interven-

tion, such as whether it is delivered in a strengths-based or recovery-oriented manner. What is more, the same types of intervention can also be designed and delivered by peers. For example, family advocacy organizations have offered peer-led programs that include many of the same components as professionally-led family psychoeducation programs.

The articles on wraparound (pages 26-30) describe other strategies for intervening in natural networks: engaging network members in providing specific forms of support, coordinating support available from an existing network, and recruiting new members into the network. These strategies have intuitive appeal, and they are a core component of several varieties of person-centered planning. A number of studies of these kinds of interventions have been published, and positive outcomes have been documented; however, the evaluation strategies used were often weak. Thus these studies offer only limited insight into whether or when these strategies are helpful in producing long term increases in social support or other desired outcomes. Given the increasing popularity of wraparound and allied interventions within children's mental health, it is clearly important to build knowledge in this area.

Interventions for Youth

For younger children, the family is the most important source of support, and many therapeutic interventions have been developed to increase the supportiveness of family relationships. However, these are not usually considered social support interventions per se. Throughout later childhood and adolescence, young people develop wider social networks that include peers and others from the community. The research described in the article by Silverthorn and DuBois (page 23-25) supports the hypothesis that good outcomes for youth are promoted when young people receive social support that is balanced between peer and adult sources. The article also describes GirlPOWER!, a mentoring program designed to increase available social support. Mentoring is perhaps the best studied social support intervention for youth, and research has provided guidelines for developing effective programs (Herrera, Sipe, & McClanahan, 2000). In essence, mentoring programs like GirlPOW-ER! are designed to add new, competent adults to a young person's social network. Mentors are trained to offer emotional support, and often, as is the case with GirlPOWER!, programs also include informational support that focuses in part on how to build healthy—supportive—relationships with peers and to recruit additional support from adult sources. This type of intervention combines many of the components of interventions for adults described above, and often occurs in the context of a community or youth-serving organization that offers youth multiple routes to access social support through participation in a variety of activities and relationships.

Thus while the mentor him- or herself may not become an enduring part of the young person's social support network, the organization may continue to link the youth with support opportunities over time.

Other types of interventions designed to build or increase support from youths' natural networks are not well researched. In principle, wraparound aims to increase the social support available to youth as well as caregivers, but, as noted previously, the success of these efforts has not been well studied. At least one strategy for adding friends to the social networks of children with disabilities has been described (Cook, 2001), but not as yet formally evaluated.

Conclusions and Cautions

It bears repeating that we know relatively little about whether or how social support can be created or mobi-lized for children and youth affected by mental health difficulties and their families. The research reviews cited in this article include studies of a wide variety of support interventions that focus on providing support to diverse populations, from people with chronic medical conditions to impoverished single mothers to recovering addicts. This relatively small yet heterogeneous body of research may label certain types of interventions "encouraging" or "promising," but evidence of their effectiveness is by no means definitive. These studies can inform interventions developed for our own field, but more work will need to be done to design, implement, and evaluate programs suited specifically to our needs.

Several reviews of social support interventions conclude by suggesting that reciprocity may be an important element in successful interventions. Some research supports the idea that merely receiving support may not be as potent as mutual exchanges of support. It is worth considering how opportunities to give and receive support can be built into future interventions.

The same reviews also suggest that interventions would likely be more effective if greater attention were paid to matching a person's support needs with potential sources of support. Some people, particularly those who are highly introverted or independent, may not desire additional support, even if their networks are relatively small. In general, women are more likely than men to use social support as part of their efforts to cope with stress and adversity (Taylor, Dickerson, & Klein, 2002) and may thus benefit more from intervention to increase support. This implies that interventions should include an assessment of support needs and potential support resources. Armstrong (pages 19-22) describes some methods that

are currently used for assessing available and/or potentially available social support.

While there is little enough research on whether interventions can increase social support over the short run, there is even less information about whether such increases are sustained over time. In fact, there is some evidence that deterioration can follow when support is withdrawn (Rook & Underwood, 2000). People planning social support interventions should thus consider carefully how to maintain support once the intervention has ended. Linking people to supportive organizations is one strategy for addressing this concern.

Finally, it should be remembered that most of the research on social support focuses on mitigating stress and managing threats and crises. Relatively little attention is paid to the role social support may play in promoting thriving or positive development. Interpersonal relationships are a source of enjoyment as well as intellectual, artistic, and moral stimulation. Companionship is a form of support that may be particularly essential for promoting experiences that enhance well being. As we contemplate the design of interventions, it is essential not to overlook these important aspects of social support.

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FOCAL POiNT Research, Policy, and Practice in Children's Mental Health

FOCAL POiNT   9