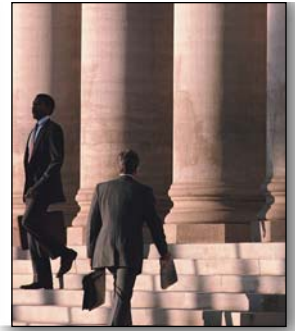


# PRACTITIONER FORUM

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## Social Support: An Undervalued and Underused Clinical Resource

When women veterans enter the sexual trauma program at the Bay Pines VA Medical Center in Bay Pines, FL, the first treatment experience they undergo, with the supervision of the recreational therapist, is a day on the ropes course. A decade ago, Hart and Silka established the value of women-centered ropes challenge courses such as this one for addressing deficits in social functioning<sup>1</sup>—a domain that invariably is problematic for women with a history of sexual trauma. Such patients typically have difficulty developing trust and establishing healthy relationships. Most, if not all, feel isolated and alone.

Ropes course activities help begin the process of breaking down this sense of isolation and establishing group cohesion and trust (which are essential to successful group therapy) by presenting the group with challenges that can be overcome only through cooperation and team problem solving.<sup>2</sup> During their time on the course, the group develops a unique identity

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that serves as the foundation for subsequent interventions and activities throughout the program.

A key component in the ropes course is its use of social support as a tool to promote healing. Social support has been given various definitions, but all of these tend to allude to human relationships that involve: guidance through the provision of advice and information; reassurance of an individual's sense of self-worth through recognition of his or her competence and conveyance of feelings of attachment, safety, and security; and a positive sense of social integration gained through access to a social network.<sup>3</sup> As a fundamental part of most groups, social support strengthens the unit and allows its members to set common goals and create social relationships that enable them to achieve better individual results. In clinical application, social support is by no means a passive mode of therapy. Indeed, it is an active tool that, when deliberately and skillfully employed, becomes an invaluable resource.

Unfortunately, we believe this resource currently is underused by VA clinicians and underestimated in terms of its value to group therapy. In this column, we attempt to

raise awareness of the benefits of social support by drawing on a wealth of scientific literature and on our own experience. In so doing, we hope to help clinicians reacquaint themselves with social support techniques and incorporate these techniques into their practice.

### WELL DOCUMENTED BENEFITS

A thorough search of medical, psychological, and nursing literature yields numerous studies confirming the positive role of social support in clinical practice. A few of these, however, stand out as particularly important and illustrative. To this day, the distinguished work of Cassell and Cobb in the 1970s serves as the model for verifying the value of social support in health care. Their work codified the notion that the quantity and quality of social relationships are related inversely to morbidity and mortality rates.<sup>4,5</sup> Despite the fact that this work has been validated by a number of authorities, some clinicians have yet to realize the full potential of integrating social support into their health care programs.

Many studies have demonstrated the positive impact of social support on patients' quality of life.

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Among these is Heckman's recent investigation involving a group of patients with HIV infection.<sup>6</sup> As the study proceeded, it became apparent that participation in social support activities boosted patients' self-esteem and increased the likelihood that patients would receive messages of empathy and encouragement from their peers. Heckman's analysis also indicates that social support activities can help people with HIV identify coping resources more readily. With such tools at their disposal, these patients tend to be more confident and more likely to engage in health promoting behaviors.

Other work has supported the physical benefits of social support. In 1996, Uchino and colleagues published a review of 81 studies on social support and physical illness, concluding that social support has positive effects on cardiovascular, endocrine, and immune system dysfunction.<sup>7</sup> They found evidence, for instance, that social support may reduce cardiovascular reactivity to psychosocial stressors. In addition, blood pressure appeared to be particularly amenable to the effects of social support. This review remains the most comprehensive and compelling analysis to date explaining the association of social support with improvement in physical ailments.

A recent study on the association between altruism and life satisfaction among hospital volunteers at a large VA medical center in the southeastern United States provides more evidence of the value of social support.<sup>8</sup> In this study, a total of 10 volunteers were assessed using the Mini-Mental State Examination and the Satisfaction With Life Scale,<sup>9,10</sup> with the hypothesis that self-esteem would be identi-

### *Social support may reduce cardiovascular reactivity to psychosocial stressors.*

fied as the mediator between participation in an altruistic activity and life satisfaction ratings. Instead, the analysis revealed that social support seemed to play a distinctly more important role in this association than self-esteem. All of the participants attributed their level of life satisfaction to the socially supportive milieu and the camaraderie experienced through the group of volunteers. Although it was a small study, the authors consider it germane to the understanding of the association between social support and life satisfaction and happiness.

#### **SOCIAL SUPPORT IN CLINICAL PRACTICE**

To illustrate one practical way to integrate social support into clinical practice, we return to the ropes course in use at the Bay Pines VA Medical Center as part of its sexual trauma program. This course combines both vertical and horizontal challenges constructed from wood and ropes installed above the ground and strung between trees. It provides the women in the program an opportunity to learn about risk taking, their own perceptions about their limitations, and how they give and receive support.

Many of the challenges demand extensive communication and physical contact. For example, in the "Spider's Web," the women confront a six-foot vertical rope web with the following instructions: get from one side to the other without

touching the web, don't use any particular hole more than once, and make sure every member of the team participates. The women must then work together to develop a strategy, which may involve some women crawling or climbing through the web and others being picked up and lifted through. It may take the group several attempts, but in the end, success brings the realization that with collaboration and support they can achieve what would be impossible alone.

In this way, the activities within the ropes course give participants a sense of empowerment and community and help them begin to build better coping skills. Our experience with this course has shown that, upon its completion, participants demonstrate improved self-esteem, self-confidence, and trust in others.

In addition to our positive observations from the program, others have recognized its value as well. In 2003, the VA's central office and the American Therapeutic Recreation Association singled out the Bay Pines VA recreation therapy department as a Best Practice Model for its innovative application of recreation therapy modalities in the treatment of women with sexual trauma. And the response from patients has been such that we now have participants traveling from across the country for treatment in the program.

Successful patient care depends upon the principles of social sup-

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port; to assume otherwise would be a terrible mistake. In recognition of the value of this readily available, inexpensive, and invaluable resource, the VA is transitioning rapidly to treatment programs that incorporate social support activities. In fact, the newly developed VA National Center for Health Promotion and Disease Prevention has acknowledged the importance of social support by including this tool in its programs.

Whether we follow this lead into a new era of health care, however, is up to each individual clinician. Unless we pursue its principles actively in our day-to-day practice, the potential benefits of social support—in the form of traditional therapy groups or groups that use teleconferencing, telephones, or

the internet to connect—may go unrealized. ●

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