CHAPTER 3: SOCIAL SUPPORT INTERVENTION

3. SOCIAL SUPPORT INTERVENTION

3.1 RATIONALE FOR TREATMENT

More than 20 years of research have demonstrated the importance of social support in buffering the negative health effects of stressful life experiences. Associated research on health outcomes for people who lack such support, or who feel isolated or estranged from others, has focused on interventions, including network restructuring for individuals with untapped relationship resources, development or "grafting" of new ties for those with accessible supportive relationships, and the use of support groups for emotional and instrumental assistance to those suffering similar illnesses. Behaviorally-based interventions, such as supportive instructions during problem solving situations, teaching supportive communication techniques to spouses, and cognitive restructuring of attitudes about social interaction also have been utilized. In post-MI populations, individual and group interventions with the cardiac patient, his/her spouse, or both, have been shown to increase quality of life and physical health outcomes. Most of these interventions have involved support to the study participant(s) provided by a nurse or other healthcare professional. These efforts have met with various degrees of success, suggesting that conditions of low social support are amenable to intervention.

The social environment is an essential component in the social support equation: one must have access to people who can be mobilized in time of need. In addition, one's perceptions, attitudes and expectations about support are critical: whether one believes they need it, who they believe should provide it, what they see as the cost to accept it (emotional involvement, reciprocity), whether they believe they "deserve" it, and whether they feel it will be enough for them (satisfaction). Deficits in social and communication skills limit the quality of interpersonal interactions and ability to foster supportive relationships. Gender and ethnic variations in attitudes and expectations about social support are among the important individual differences that are evident in the use, desirability and utility of such support.

With these issues in mind, a social cognitive behavioral framework was selected to guide the design of the Social Support Intervention (SSI). Within this framework, behavioral, cognitive and affective factors, and environmental events, are seen as interacting determinants in one's perception of emotional support and connectedness, and ability to benefit from it. To improve perceived emotional support of ENRICHED participants, the SSI utilizes behavioral, cognitive behavioral, and network intervention methods. Treatment is matched to the deficits of the particular participant. Deficits are conceptualized to exist in attitudes and beliefs about the benefits of support, competence in social and communication skills, and/or the social context in which support potentially exists.
The individual counseling initiates a process of change, which is expanded upon and continued in group counseling. In the delivery of the counseling, the MI serves as the context for an examination and alteration of social interchange. Specific foci of the SSI are on behavioral repertoire, cognitive schema and, where indicated or feasible, marital, family, and network interactions. The point of intervention is modifiable attributes deemed to be most responsible for the participant's subjective sense of low perceived emotional support. Since counseling can have a network focus, members of the social network who are identified as likely potential sources of satisfying support can be involved. In the delivery of counseling, the counselor relies upon proven treatment techniques, including modeling, prompting and shaping, and cognitive behavioral methods.

3.1.1 Assessment

The SSI is informed by an ongoing multi-modal assessment, initiated at the first treatment contact and continued throughout counseling. It is aimed at determining: 1) the social/environmental, behavioral and cognitive factors that contribute to the subjective sense of low emotional support; and 2) the potential natural sources of support that exist in the larger community. Assessment conducted during the initial session(s) also serve(s) as an induction into the SSI, a basis for beginning the establishment of rapport between the counselor and participant, and a vehicle for instilling confidence about the likely benefits of participation in ENRICHD.

3.1.2 Goals of the Social Support Intervention (SSI)

The primary goal of the SSI is to alleviate the participant's subjective sense of having inadequate emotional support. There are two key elements to the accomplishment of this goal.

The first element is the immediate establishment of a supportive alliance between counselor and participant. This supportive alliance serves as an initial source of emotional support that immediately alleviates the participant's perception of having inadequate low emotional support. This alliance is fostered using a variety of empathic techniques, including provision of unconditional positive regard, reflection of feeling and content, and minimal encourages to talk.

With the formation of this alliance, and the perception of the participant that he/she is supported, the focus shifts to the second goal which is the development of emotionally supportive ties with others through:

1. the identification and mobilization of available social resources
2. the modification of cognitive impediments to feeling supported
3. the enhancement of communication skills repertoires necessary for the development and maintenance of satisfying and supportive relationships.
3.1.3 Participant Role

The establishment of new social ties and the development of new skills and ways of thinking require the active participation by ENRICHD participants and the assumption of responsibility for examination, inquiry, learning and practice. Participants are therefore expected to attend treatment sessions regularly, involve other members of the social network as agreed upon, and complete homework assigned during the course of treatment.

3.1.4 Counselor Role

One of the most important tasks of the counselor is the establishment of rapport and a therapeutic alliance. In this way, the participant begins to experience a strong sense of emotional support and social connection. The counselor must be able to utilize supportive and empathic counseling techniques, and be able to transition smoothly to an active teacher and role model in a directive approach that serves to support the development of new behavioral and cognitive skill repertoires.

The counselor must be well-versed in the treatment protocol, and deliver it in a conscientious manner. Review of session materials and notes taken during past sessions is essential to ensure that the main points of each session are covered in a manner that personalizes the treatment for each participant. The use of chalk boards and flip charts is highly recommended as a means of highlighting and paraphrasing main treatment points.

The counselor must administer the treatment protocol in a manner that is sensitive to the needs of the post-MI patient. This population is distinct from the traditional mental health population in that a profound physical insult is a large part of their clinical presentation. The problems that participants may encounter as part of their daily experience include chest pain, especially on exertion, loss of usual roles and level of functioning, threat and unpredictability of pain and death, fear of and longing for sexual intimacy, and reluctant adjustment to lifestyle changes. Problems of this kind should serve as an initial focus of each session, with the counselor taking on a supportive, yet problem-solving orientation. In this way, the treatment "makes sense" in the context of an acute MI and is seen by the participant as a way of alleviating the likelihood of subsequent cardiac problems.

3.1.5 Structure of Sessions

Each session begins with an initial supportive focus that reinforces a sense of alliance between the counselor and participant. The structured portion of the session follows the same outline as that presented in the depression intervention (See Sections 1.6; 2.8.1). The work of the past session is reviewed, along with the associated homework assignments, including a discussion of supportive and unsupportive experiences. The counselor reinforces positive efforts and successes, and probes to examine the actions, attitudes and beliefs associated with failed attempts, problematic interactions, or continued isolation. The counselor engages the participant
in a problem-solving process designed to identify other actions or attitudes that could have produced more desirable results. After this part of the work is completed, the counselor introduces the new material of the session, including a rationale, the relationship of this new material to past material, and the relevance of this material to successful living after an MI. The presentation of this material includes a solicitation of input and reactions from the participant. Modeling, role playing, and shaping of skills are utilized as appropriate.

The individual phase of treatment should typically be scheduled on a weekly basis, though more frequent meetings are encouraged where indicated. The exact number of sessions is determined by the participant's meeting the performance criteria and/or their involvement in group counseling. Sessions can take place in the participant's home and/or in the counselor’s office and can include the presence of a potentially supportive other person during all or part of the sessions.

3.1.6 Involvement of Others (Network Members)

One of the criteria of successful treatment in the social support intervention is involvement in at least one supportive relationship. Toward that end, involvement of members of the participant's social network in the counseling may be a key component of treatment. This includes individuals who are identified as potential sources of social support but are currently unengaged and/or unconnected. In determining the appropriateness or advisability of involving another person in the treatment, the counselor should work closely with the participant to identify potentially supportive others and to engage these others in the treatment process.

The involvement of others should not alter the focus or process of treatment. Indeed, the counselor should be careful when involving an individual with whom the participant has a conflictual relationship that more complex marital or family issues of long standing nature don't distract from the task at hand. For example, a spouse estranged because of an extramarital affair may not constitute a relationship that can become supportive. Rather, the sessions should maintain a focus on post MI adjustment and the establishment of supportive social ties through the use of behavioral, cognitive behavioral and network interventions.

3.1.7 Homework

Homework is a key component of the SSI. Participants should be oriented to complete these treatment-related assignments during the first session. In making assignments, the counselor first provides a rationale, ensures that the participant understands and agrees with the assignment, starts the assignment in the session, and problem-solves any obstacles. Encouragement and negotiation to arrive at tasks that are perceived as “doable” is part of this process.
3.1.8 Criteria for Progressing to Group Counseling

The individually focused counseling initiates a process of change and group counseling then serves to reinforce and expand upon it. Transition from individual to group counseling can be accomplished in a gradual manner with the participant in both group and individual treatment concurrently. Transition to group is based upon: a) having a group to enter, b) the judgment of the counselor that the participant is ready and, c) the absence of any contraindications to group counseling. Contraindications include character pathology that will cause disruption in a group setting or significant levels of social phobia or severe shyness. Since the group can be a powerful instrument by which to improve perceived emotional support, the onus is to refer to group as quickly as possible.

3.1.9 Criteria for Successful Counseling

Successful treatment for low perceived social support is defined by the following criteria:

1. Completion of at least 6 sessions of either individual or group counseling

2. Involvement in at least one satisfying and supportive social relationship, operationalized as a score of at least 2 on the Social Relationship Criterion Scale;

3. Ability to do "self-therapy" regarding perceived low social support. This is operationalized as a score of 12 on the CBT Performance Criterion Scale and can include:

   a. ability to identify sources (situations, relationships, cognitions, emotions) of low social support and develop a plan to remedy this.

   b. ability to use new sources, either formal or informal, of emotional, informational, and instrumental support, when applicable.

   c. ability to apply communication and other social skills to modify or extricate themselves from conflictual or demanding relationships.

   d. the ability to identify and then modify cognitive distortions and unworkable attributions and rules that contribute to low perceived social support.
4. Improvement in perceived emotional support, operationalized as a score of $\geq 4$ on at least 2 items of the Modified Duke.

3.2 THE SOCIAL SUPPORT INTERVENTION

3.2.1 Conceptualizing the Problem(s)

A conceptualization and formulation of the participant's unique reason(s) for feeling low emotional support determine the individualized course of treatment. The initial assessment using the Social Networks in Adult Life (SNAL) questionnaire helps to formulate the participant's problem (see Appendix A, Section 3.4.1). The counseling is matched to the specific problem creating the perception of low emotional support. Conceptualizing the participant's problem in social-cognitive-behavioral terms is crucial in determining the most effective course of treatment and in establishing empathic understanding with the participant.

The SSI is based upon the assumption that low perceived emotional support stems from any or all of three major deficits: structural, behavioral, or perceptual. Structural aspects include lack of family and friends and may be a "practical" problem rather than a psychological one. In this scenario the participant requires help identifying and mobilizing naturally existing relationships that can provide support: how, when, and where to meet new people or re-establish old ties. An alternative scenario may be the need to work in the behavioral realm to learn a broad range of "social skills" that facilitate the establishment of supportive social relations.

Perceptual aspects of low emotional support are the thoughts and feelings of unsupportedness and alienation. That is, the participant has people in the network but is unable or unwilling to access their support because of dysfunctional rules, attitudes or expectations, and/or conflict and dissatisfaction in the relationship. This psychological problem requires the counselor to assist the participant to discover the "why" about interactions with others rather than the “how, when and where” focus noted above. Intervention is aimed at cognitive restructuring following the standard CBT protocol as outlined in the Depression intervention in Chapter 2.

Examples of social support problems and accompanying intervention approaches follow:

Example 1. The participant has a spouse/partner, family, and/or friends who are supportive and available but distorted cognitions or unworkable attitudes, rules, or beliefs prevent him/her from using the supportive network.

Intervention. Cognitive restructuring and/or education about distorted or unworkable attitudes, expectations and perceptions about support.
Example 2. The participant has no perceptual or communication skill problems. While previously involved in a supportive social network, deaths and relocation now leave him/her socially isolated. The participant is willing to rebuild a network but needs help and encouragement in how to do this.

Intervention: Take a problem-solving approach. Support actions and activities revolving around social outreach or network building. Identify and mobilize naturally existing relationships that can provide support.

Example 3. The participant has a partner and/or family members with whom he/she has conflictual or unsupportive interactions.

Intervention: Determine with participant the wisdom of involving these individuals in counseling. If involvement is chosen, work to foster supportive interactions, using the MI as the focus of these efforts. Supportive communication skills training provides a natural focus. Should involvement of these others not be chosen, work with participant to gradually place limits on their involvement while also prompting and supporting actions and activities revolving around social outreach or network building.

Example 4. The participant exhibits a combination of 1, 2, or 3.

Intervention: Combine the appropriate treatments listed above.

### 3.2.2 Session 0

#### 3.2.2.1 Goals

a. Establish rapport and supportive therapeutic alliance

b. Socialize the participant about the SSI

1. Discuss participant's expectations about the SSI and recovery from MI

2. Normalize the participant's difficulties and instill hope

c. Assess low perceived emotional support - the SNAL

d. Homework

1. Initiate a contact with an indented person in the network.

2. Activity Chart and Functions of Social Network.

3. Continuation of assessment as needed.
3.2.2.2 Setting the Agenda

At every meeting with the participant, it is important to let him/her know what to expect. For session 0, the agenda revolves largely around getting to know the participant in their social context, and developing an appreciation of how the MI has had an impact on him/her. An example of this follows.

"I've had a chance to learn a little about you from the information that was collected in the hospital. What I'd like to do today is get to know more about you and understand how your heart attack has affected you. I'd also like to get to know a little about the people in your life and how they might be able to help you through this period in your life. By the end of our meeting today, I'd like to also begin to develop some ideas about what we might do in our work together. How does that sound?"

This is accomplished with a full appreciation of the steps for session 0 that unfold below.

3.2.2.3 Establishing Rapport and Supportive Therapeutic Alliance

The establishment of rapport and the fostering of feelings of being supported emotionally is a critical first task of the counselor. Through these efforts, the participant begins immediately to experience a sense of connection to someone else (in this case, the counselor) who he/she can count on to maintain the support throughout the program. Toward this end, the counselor gets to know the participant in a warm, empathic, and professional manner. Since a major concern for the participant is his/her recent MI, a natural focus for this support is the events surrounding the hospitalization and discharge. The skills that the counselor uses to establish this type of relationship are non-directive, empathic skills (See Section 3.3.4.8). The beneficial feelings associated with the experience of being supported may provide the motivation on the part of the participant to learn more about how to continue to have these feelings once the counseling, and the relationship with the counselor, is over.

It is important to note that many participants will not be fully committed to the goals of ENRICHD during the early phases of counseling. As such, the counselor must use judgment to extend the period of establishing the therapeutic alliance as long as is necessary. Beginning of active therapy with participants who are not fully committed to the goals of ENRICHD treatment runs the risk of early drop-out.

3.2.2.4 Socialization into the SSI

The counselor should begin by introducing him/herself and explaining who he/she is. Where possible, the initial meeting should occur in the hospital, shortly after randomization. Explain the purpose of this first meeting: to get to know the participant, to get an idea of the participant's social setting and his/her view of how he/she fits into this setting, and to discuss the rationale for the SSI and what to expect. The counselor should talk about ENRICHD as a program designed
to help the participant with his/her post MI adjustment and potentially to reduce the likelihood of further cardiac problems.

During this initial discussion, the counselor refers to information from the screening and baseline assessment that preceded the meeting, "checking in with them" about how things have been for his/her with regard to social issues (e.g., "Let me see if I understand"). The counselor should also use the SNAL to elicit network and support information needed for the formulation of treatment. It will be VERY useful to talk with the participant about the how things went in hospital (e.g., visitors, reaction to specific visitors, surprises about who did/did not visit), and how things have been since discharge (e.g., what the participant has done and thought about, what their social interactions have been like, the nature of the support received, surprises about who has/has not been supportive). The tone of this discussion should be very supportive, non-directive, acknowledging and affirming, using traditional therapeutic techniques to provide the participant with the sense that this is a safe setting.

Start to discuss the role that supportive social ties play in successful recovery after an MI and the impact that the lack of such ties may have on well-being and the future course of their disease. Use lay language and the same descriptors and words that the participant uses during the discussion. Frequently probe for understanding or resistance.

An example of a presentation to the participant is:

"Help from family and friends in the form of caring and listening is important to everyone, especially when they are getting well. This helps people to cope better with the stress of being sick. Not having this help can lead some people to feel unloved, isolated, or discouraged. Getting more help from people, and feeling that they care, can be important in getting better after a heart attack. What do you think about that?"

"What we will be doing during the time we work together is finding out what kinds of situations are leading to thoughts and feelings about not getting the love, help, or attention you may need. Once we know about the situations that make you feel unsupported, we can figure out different ways to change or fix these situations so you don't feel nervous, mad, lonely, or uncared about. This may involve learning new things to do and how to do them. How does that sound?"

The natural progression of this discussion leads to a description of the logistical aspects of the SSI. This includes describing the assessment and the potential involvement of significant others and/or network members in the assessment and subsequent treatment. IT IS IMPORTANT to let the participant know that s/he will make the decision to include these other people. In addition, it will be important for the counselor to use his/her own judgment about the inclusion of these others at different points in the initial and subsequent sessions. Issues to consider include the
participant's feelings and sensibilities, the presence of a significant other at the initial sessions (e.g., provides ride), and the need to conduct the assessment and treatment with minimal interference from other people. This may require the inclusion of a "troublesome significant other" in a peripheral way and for only a portion of the session so that the significant other feels included and doesn't sabotage the intervention.

Including (a) significant other(s) in part or all of a session can be very useful, especially during the assessment phase. Involvement of a significant other makes it possible for the counselor to observe interactional patterns directly and identify any communication skills deficits that the participant may have. Moreover, the significant other can provide information about current relationships, usual and special activities, failed attempts at reconciliation, distortions about social support that the participant may be reluctant to mention, and possible social sources of dissatisfaction, burden and emotional distress. Enlisting a significant other as an ally can undercut sabotage and reinforce participant's efforts at problem-solving and successful outcomes. Involvement of others at this point also establishes a precedent for their involvement during later sessions.

The time frame, structure, and progression of treatment, including the progression to group-based treatment is elaborated, and an assessment is made of any barriers to involvement in the group that the participant perceives. This discussion also serves as the basis for a description of the "ground rules" of participation (e.g., length of sessions, issues of attendance, promptness, notification of anticipated absence/need for rescheduling, scheduling of sessions, and homework) and the development of an explicit counseling contract.

Formation of a counseling contract with the participant (and network members, as indicated) occurs at this point, regarding the nature of the counseling, the foci of the counseling, and the responsibilities of all parties over the course of counseling.

3.2.2.5 Assessment

Assessment features both qualitative and quantitative strategies, using a semi-structured interview format and the associated Social Networks in Adult Life concentric circle (Appendix A, Section 3.4.1). This helps the counselor and participant become aware of the social network (i.e., size, structure, and composition). In addition, each participant is asked to identify the kinds of support available, whether or not this is satisfactory, and what kinds of support he/she would like to have but is not getting. From this assessment, the counselor and participant can identify areas that need improvement and places where needs are not being met.

The counselor begins by interviewing the participant, using the structure provided by the SNAL. A "Network Map" is developed using the concentric circle diagram. The participant is prompted to indicate where in the concentric circles the people in his/her network "belong". If the participant is unable to identify people to place on the network map (e.g., he/she lives in a
"structurally isolated" manner, having little or no substantive contact with people), he/she are prompted to think about people with whom he/she has regular face-to-face contact in daily activities (e.g., service people, neighbors, co-workers, etc.), and place them on the map.

3.2.2.6 Homework - Initiating Social Contact

It is important that the counselor begin the work of having the participant make an initial contact. Remember, the participant has screened into ENRICHD because of low perceived emotional support; beginning to alleviate this perception becomes a paramount focus. For example, a particular friend hasn't been notified that the participant has had a heart attack, yet the participant would really like to talk to this person about the experience. Identifying problems during the initial session can motivate the participant’s involvement in treatment by presenting it as something that will address his/her particular needs.

3.2.2.7 Homework - Activity Chart, Functions of Network, Continuing Assessment

The session ends with the assignment of an initial homework task. The counselor sends the participant home with the Activity Chart (see Appendix E, Section 3.4.5) and the Some Functions of a Social Network list (see Appendix B, Section 3.4.2), gives instructions for their use, and requests that the participant take time each day before the next session to complete the former and read/think about the latter. The counselor may also give the participant the Network Map and People In My Life List (see Appendix A, Section 3.4.1) to complete at home.

3.2.2.8 Feedback

The counselor can try to boost motivation by expressing confidence in the participant's ability to do well in treatment. Ask for feedback about the first session: "How much do you believe now that it's important to connect with someone this week?" If the reply is “Very much”, ask "What could you do this week to make that happen?”.

If the reply is “Not very much”, ask “Why”? Ask about feeling hopeless about the heart attack and about relationships in his/her life or lack of them. Inquire about the participant's natural fear of changing anything about his/her life. These are cognitions such as: "I could make it even worse than it is" or "I'm more of a burden now so I should just not rock the boat or ask for anything more".

3.2.2.9 Reticence About ENRICHD and the SSI

IT IS IMPORTANT TO NOTE that at this initial session the participant may express reticence regarding his/her agreement to participate in ENRICHD. Whether this happens at the first session or in subsequent sessions, there are two approaches that may help. One approach is to affirm the participant's reluctance. Then, review the events that lead to his/her enrollment in ENRICHD, encourage the participant to express any doubts about the treatment and/or his/her
ability to perform the homework (self-efficacy), and reaffirm the possibilities that can be gained through involvement with ENRICHD. An alternative approach is to assume that the reluctance is associated with an inadequate establishment of trust in the therapeutic relationship. In this case, the counselor should back off from his/her own agenda, and instead engage in supportive, non-directive interactions with the participant. With time, cultivation of trust in the counselor, and a realization of the benefits of being in a supportive encounter, the participant may convert and become more fully committed to the ENRICHD counseling goals. (see chapter 7 for a full discussion of ways to approach reluctant participants).

3.2.3 Sessions 1 and 2

3.2.3.1 Goals For The Sessions

a. Checking In
   1. Inquire about the response to, and effects of, the first session
   2. Discuss cardiac and support problems since last session
   3. Review Homework
      i) Social contact
      ii) Activity Chart and Functions of Social Network
      iii) Continued assessment

b. Continue the assessment using the SNAL and associated forms.

c. Prepare agenda and decide on problem to be discussed from continuing assessment.

d. Homework.

3.2.3.2 Checking In - Review of Response to Session 0 and to the Week

As with all subsequent sessions, sessions 1 and 2 are initiated with a review of the participant's reaction to the last session, a brief discussion of events since the last session, and an examination and brief discussion of the homework. Encouragement is provided as indicated, maintaining the sense of support, connection, and alliance. As needed, problems that have arisen during the past week are described and approached using problem-solving techniques. Focus on answering the question, "How do problems encountered during the week relate to low social support?" For instance, a common complaint from the participant will be, "I don't understand what the
In the session, then, the counselor asks, "Who could go with you to the doctor's office or who could help you write out questions to ask the doctor?" This introduces topics for discussion and continued assessment: the nature of the participant's social relationships and communication skills.

### 3.2.3.3 Checking In - Review of Homework

Efforts made by the participant to complete the various homework assignments are an important focus. They represent the commitment of the participant to the trial and the major part of the work that comprises the SSI. It is of the utmost importance that the counselor review this work and reinforce the participant's efforts.

Discuss the “Some Functions of a Social Network” list with the participant. Help him/her to identify specific functions that are important. Also, reinforce any additional work performed on the SNAL. Review the Activity Scheduling form. Identify specific activities that were satisfying and summarize the overall "feeling" of the week.

### 3.2.3.4 Continued Assessment

The counselor returns to the SNAL and Network Map and works to complete it. Engage the participant in a discussion about moving people around on the map, with a particular focus on moving people closer to, or further from the participant. A useful method to employ may be acting out the concept with the participant. In this technique, the interventionist represents specific "other people" and starts to move closer from across the room, asking the participant to tell his/her when to stop coming closer.

During this part of the exercise, look for automatic thoughts about other people, about involving others, about reciprocity and propriety concerns, and about expectations of others and self. Ask for feedback about understanding. Role play interactions with selected members of the network.

Some examples of questions aimed at engaging the participant and aspects of assessment addressed by these questions include:

"What would happen if you moved this person in? Do you think that this is a good idea? If not, why not? What if they moved in this far? This far? How would you feel about it? What would you think about it? What would happen if you didn't move them closer? Would they move in anyway? How would you feel about that?".

These questions serve a number of useful purposes. They help to identify some of the participant's wishes, desires, and concerns regarding closeness in general and closeness with specific people in particular. These questions provide the counselor with information about the participant's cognitive framework and beliefs, and cognitive distortions as regards social support,
while also revealing the presence of social anxiety or chronic shyness. In addition, by asking what would happen by moving specific people closer in or further away, potential systems issues can be identified (e.g., if Aunt May moves in, what does Uncle Harry do?).

Questions aimed at identifying cognitive distortions, social anxiety, or chronic shyness include:

"Have you tried to get specific people to move closer? Who are they? If not, why not? What happened? How have you tried to get people to move closer/further away? How have you/would you try to do that? What happened? What did you do then?"

Questions aimed at providing information regarding the participant's social, communication, assertiveness, and social outreach skills, as well as cognitive distortions, social anxiety, and chronic shyness include:

"Why haven't you tried to move these people in/out?"

As the counselor prompts and reinforces the efforts of the participant during the concentric circle exercise, he/she also must be listening for the social situations that serve as "hooks and triggers" of negative emotions in general and the perception or experience of having little or no social support. Specific attributes to look for include feelings of sadness, isolation, being uncared for, excluded from, or not a part of the larger social milieu; conditions that provoke the participant to stop engaging in social outreach efforts; intentions and efforts to outreach that typically "fall flat" (e.g., call to child, friend, etc.); the circumstances associated with these efforts "going flat"; and, interactions with network members such as spouse that lead to 'negative interactions' and hence, feelings of being unsupported.

Where potentially fruitful, the counselor should discuss with the participant the idea of bringing a significant other or network member to the next session and how the presence of this person could serve to further the assessment and subsequent treatment efforts. This discussion can be introduced at any time during the assessment, with the counselor letting the nature of the ongoing discussion govern the introduction of this new aspect. Concerns about involving others should be discussed so that the participant guides the introduction of others, but uses the counselor as a (social) resource for helping with this decision. As needed, the counselor should engage the participant in a role play around inviting an identified other person to the session. This interaction can then be practiced, so that the participant reaches a sufficient level of comfort with the task. Another way to handle participant anxiety about asking someone to accompany him/her is to have the participant call the person while they're still in the office or at home if you're visiting there.

Should the joint decision be made to bring in other people during the assessment phase (and potentially, the treatment phase), the interventionist should use his/her clinical judgment as to the
degree to which these others should be involved. Hence, the counselor could choose to have them be present through the whole session, to have them be present during only part of the session, or to meet with the participant and these other people individually during the course of a session. IT IS IMPORTANT TO REMEMBER that the intention is not to engage these members of the social system (e.g., family, marital or couples setting) in more complex marital, family, or systems therapy. Rather, the involvement of network members facilitates the establishment and development of supportive social ties that will ENHANCE MAXIMAL POST-MI RECOVERY for the participant. Hence, the focus of all discussions should be the MI, the usual course of MI recovery, the needs of the post MI patient, and in particular, the importance of supportive social relationships for good recovery, for reducing the risk of poor outcomes, and for enhancing overall well being.

When a significant other or other network member is brought to session, the counselor should spend a part of the session making the(se) individual(s) feel comfortable. The counselor should introduce his/herself and briefly describe the ENRICHD study. Inquire into the member(s’) understanding of why he/she has been invited. Answer questions as they arise. Briefly describe the rationale for having others attend, and then begin the task of assessing the nature of interactions that occur between the participant and network member(s). If the network member(s) have been invited because of the potential role he/she might play in becoming a new source of supportive social ties, the discussion should focus to a greater degree on the role the(se) individual(s) might play and his/her willingness to do so. The participant should take part in these discussions. If the network member(s) have been invited because he/she is the source of conflictual, unsatisfying, burdensome or unsupportive social interactions, the discussion should focus on the needs of the post MI patient, how these needs might be met more successfully, and again, the willingness of the(se) individual(s) to play a part in meeting them. Probing efforts at prompting, modeling and shaping supportive communication should be utilized as indicated. The goal during this assessment is a determination of whether the relationship between the participant and the network member(s) is amenable to the scope of the SSI. If this is the case, the(se) individual(s) becomes a participant in the SSI and may be invited back to subsequent sessions.

3.2.3.5 Preparation of Treatment Agenda

As the exercise(s) draw(s) toward completion, or as the time allowed for the session draws to an end, the counselor should leave a few minutes to review the exercise(s) with the participant(s) and summarize the important findings that are associated with a sense of having low support. The counselor should praise the participant(s) for his/her hard work and perseverance with the task(s). If further assessment work is needed, the interventionist should indicate that in the next session s/he will pick up where s/he left off.
When the assessment work is largely completed, the counselor should draw attention to the findings and elaborate what attributes of the social environment (e.g., the structure, the specific social interchanges between specific individuals, the participant's identified skill deficits and/or cognitive framework regarding social interactions) appear to contribute to the participant's sense of low support. The counselor should speak about these "causes" in a manner that articulates potential targets for subsequent work with the participant (and network members as indicated), and the course that this work could take (e.g., the particular targets and treatment approaches, as described below). Particular emphasis should be drawn to the notion of "upsetting situations" that serve as "triggers and hooks" for feelings of low support, and the importance of support for good post MI recovery. The counselor should then begin to articulate strategies that can be useful in altering these outcomes. The participant (and network members) should be left with a concrete idea about the sessions to follow. The counselor goes through the decision process in a manner that is understandable and makes sense to the participant, eliciting expectations and concerns about both the intervention and the participant's belief about being able to accomplish these goals. It will also be desirable to involve the participant (and network members) to a significant degree, so that they have a sense of choosing what the focus of the work will be.

ATTENTION ALSO MUST BE GIVEN to differences in the foci of treatment due to gender and cultural differences in the perception, use, and maintenance of social relationships. For instance, in relationship building, men may need more help with beliefs about the need for and expectations about friendship, nonverbal communication skills, and friendship maintenance skills. In contrast, women may need more help with assertiveness, and beliefs about reciprocity in relationships. African-Americans may rely more on family members, especially children, for decisions about treatment, outside activities, etc.

### 3.2.3.6 Homework

a. Continue working on the network map, thinking about the movements of people that could enhance feelings of support, reduce feelings of isolation or social burden or lead to satisfying social relationships.

b. Have participant continue with social outreach as initiated earlier (have these efforts monitored on the Activity Chart)

c. Introduce the Network Improvement Form. In assigning this form, the interventionist should explain its use and ascertain the participant's understanding of how to complete it, problems s/he foresees in filling it out, how useful s/he thinks it will be, etc. (see Appendix D).

d. Invite other network members to the next session, as agreed upon.
If a network member has participated in an assessment session, s/he too is given a homework assignment, consistent with the role s/he is likely to play in the intervention. For example, if it is a partner who needs to be supportive, the homework assignment would be a prompt to provide that support, providing feedback to the counselor at the next session about "how it went". Similarly, if the partner is likely to be involved in the intervention as a way of establishing supportive communication, then the homework should be to engage in some initial attempt at such communication, with the Homework Reporting Form again providing feedback to the interventionist at the next session.

3.2.3.7 Remaining Sessions

At this point, the formal assessment has been completed, although it will continue less formally throughout counseling. The problems to be addressed have been identified, the supportive alliance between participant and counselor is functioning, the participant and counselor have set specific goals, and the participant has begun to experience some relief of feelings of low support.

Based upon the initial assessment, the counselor chooses one or more modules for further counseling.

Module 1 - Social Outreach and Network Development, used when the participant experiences true social isolation.

Module 2 - Cognitive Therapy, used when the participant has automatic thoughts that preclude formation of supportive relationships.

Module 3 - Social, Communication and Assertiveness Skills, used when the participant has real behavioral deficits in skills at effective communication.

3.3 SOCIAL SUPPORT INTERVENTION MODULES

3.3.1 Introduction

A modular approach has been taken for the subsequent sections of the SSI Manual of Operations. Three Modules are included which focus on three different deficits that could be the cause of low perceived emotional support--environmental, cognitive, and behavioral.

One deficit could be environmental. This is the case when there is true social isolation. Such environmental deficits could involve:

-- real physical isolation from others, due to environmental circumstances (e.g., living alone, living in a rural setting);
-- under utilization of networks that have been there all along (e.g., emotional disconnection from spouse);

-- recent loss of significant other.

Another deficit could be cognitive. This is the case when automatic thoughts limit one’s interest and/or willingness to engage in supportive relationships. Cognitive deficits could include such thoughts as:

-- “I don’t want to risk getting hurt by others”

-- “Others don’t understand me, are too naive, etc.”

-- “I take pride in my self-reliance. I like to keep problems to myself”

-- “I don’t want to burden my family/friends”

A third deficit could be behavioral. This is the case where poor or inadequate communication skills limit one’s ability to carry on conversation or engage in supportive interactions. Such behavioral underpinnings could include skill deficits like:

-- Conditioned obsolescence: the spouse made all the social contacts and, now that the spouse is gone, the participant doesn’t know how to do this;

-- Never having learned how to express feelings, listen, pass the time of day;

-- Communication, assertion, problem solving and overall social skills deficits that “interfere” with the use of an already existing network of people (e.g., spouse, family, neighbors).


Although the modules are presented as separate entities, in most cases, low perceived emotional support will not stem for only one deficit. It will not be due to JUST a behavioral skills deficit, OR some cognitive distortions, OR physical isolation/network problems. It is more likely to become apparent that the perceived sense of low emotional support will be found to be a combination of the three and a number of potential targets for successful intervention will be revealed. The modules are provided as individual components to promote simplicity in presentation of treatment recommendations. Counselors are encouraged to combine them, as needed, based upon the participant’s unique presentation. An examination of the three modules will quickly reveal that they have a great deal in common: the use of standard behavioral, cognitive behavioral, and social mobilization techniques to accomplish their various goals.
A final note concerns the absence of a session-by-session script for the modules. This was done intentionally. The purpose of the modules is to provide a guide for the counselor about the key points, issues, and treatment elements. The session-by-session delivery of these elements will be guided by the eventual "make up" of each participant's treatment. Each session will follow the general flow of sessions, as outlined in Section 2.8.1.

3.3.2 Module 1: Social Outreach And Network Development

3.3.2.1 Goal
The goal of Module 1 is to describe procedures aimed at facilitating the development of at least one satisfying and supportive social relationship for the participant with low perceived emotional support. A relationship that is emotionally satisfying and supportive is defined as having someone to speak to or confide in about problems. Meeting this criterion can involve the establishment/re-establishment of more than one relationship. It is important to think about this effort within the context of the participant’s larger social network. Hence, the outreach efforts of Module 1 should leave the participant with a set of skills that facilitate the continued development of a satisfying and supportive network, long after their participation in the SSI has been completed. In this way, the participant will also learn “self therapy”, thereby “inoculating” him/herself against further social isolation.

3.3.2.2 Rationale
Module 1 focuses on outreach efforts by the participant aimed at re-establishing previously supportive relationships, or establishing new ones. Social interchange forms the basis for emotional support. It includes having someone to talk to about problems and difficulties, having someone with whom to express emotional experiences, and/or having someone who understands you. A network of supportive relationships provides outlets for activities that bring joy and deep satisfaction. For a variety of reasons, social interchange can become constrained and "drop away" as a person progresses through their life course. Moreover, while people going about their daily routine come face-to-face with an extraordinary number of people, they do not necessarily experience any inherent connection to these people or think of them as potential sources of satisfying support.

In accomplishing this effort, remember to stay within the participant's frame of reference and not force or pressure her/him into trying to get close to people that s/he wouldn't normally consider relating to in this way. Respect the participant's preferences and idiosyncrasies.

3.3.2.3 Treatment
A. Why reach out?

While enrollment in ENRICHD for the participant with LPSS requires a subjective sense of having insufficient or unsatisfactory support, it may nonetheless be important to spend some
time talking about the importance of social support. The need for this will be apparent from the initial contact(s) with the participant and his/her response to your efforts at getting to know him/her and the people in their his/her life (through the use of the SNAL). Appendix B (Some Functions of a Social Network) can be helpful with the reticent participant. Appendix C (Network Improvement Form) can be useful in helping the participant to identify specific support deficits and targets.

B. Who to reach out to?

1. Networks That Are Already There.

The SNAL and the associated “People In My Life” form provide a focus for a discussion of people with whom to begin the outreach effort. These forms will already have been used as a way of getting to know the participant and the network of people in his/her life. They will be useful in learning about the history of specific relationships and changes that might have occurred over some time span. As such, they will help the counselor and participant to identify previously supportive relationships, the things that happened to reduce their supportiveness, and potential targets for outreach efforts that might be fruitful. These can include:

-- people moving away;

-- decreased frequency of contact associated with care of a sick spouse;

-- decreased frequency of contact associated with perceived slights;

-- changes in daily routines.

A typical homework assignment after completion of the SNAL might be to have the participant “choose” 1 or 2 people from their SNAL to communicate with during the upcoming week. The session could be used to work on specific plans to accomplish this, such as scheduling a joint activity. During the subsequent sessions, the participant can report back regarding the outcomes, and regarding the pros and cons of reaching out to people in general. If these individuals don’t work out, 2 new people can be selected, and so on.

Homework assignments can also be useful in re-establishing contacts with groups and organizations with whom the participant formerly associated. These can include churches, synagogues, civic organizations, volunteer groups, reading groups, hobby-based groups, senior centers, etc.

2. The Community.

The SNAL can be used to expand the participant’s ideas about his/her network and it’s members. Most people, when queried about the people in their lives, will mention those who fall within “standard” relationships, such as spouse, children, extended family, friends, and neighbors.
They will not include the wide range of other people with whom they have some kind of regular contact: people at stores and markets, service people, and/or people who they regularly pass by and “nod” to as they go about their daily routine. This larger group of people with whom the participant has some degree of regular (once every 1-2 weeks) contact is the participant’s community. The SNAL can be used to expand the idea of “network” by having the participant include these previously unthought of others. (See Appendix F: Community.)

Once community members begin to be listed on the SNAL, the participant can be engaged in discussions and role plays about how they might get to know something about these people. The counselor may wish to shift the focus of the discussion from the idea of outreach for support to the idea of finding out something they didn’t know about these other people in the community. Two such people could be chosen each week with subsequent sessions being used to discuss what was learned about these 2 people, identify what did/did not work, and chart a course of action for getting to know other community people.

For some participants, the SNAL may be truly sparse, with few or no people listed. This may be the case for elderly participants who have experienced many losses and life changes. The success of outreach efforts for these participants will rely heavily on:

1. The counselor’s ability to get to know and understand the participant (e.g., their desires, interests, areas of needed support, interactional style, preferred activities);

2. The counselor’s working knowledge of the availability of specific organizations and activities that could be of potential interest to the participant. Local newspapers highlight activities that may be of interest to the participant. Communication with local social workers and/or service organizations could help to identify programs and services, such as a van service to a Senior Center, lunch programs, opportunities to teach children at local churches, etc.

When discussing and role playing outreach efforts involving attendance at meetings or social centers, the counselor may find the participant to be particularly reluctant. In such circumstances it could be important for the counselor to consider accompanying the participant and doing some in-vivo modeling. For example, the counselor could accompany the participant to a Senior Center for the first few times to help “break the ice”. This can not only be a powerful experience for the participant but also a unique opportunity to observe the participant “in action”.

3. Family and Significant Others.

Among those who might be identified for outreach efforts are family members (e.g., children, siblings, spouse) or significant others. The counselor should make an effort to involve these individuals in the counseling sessions. This involvement permits the counselor to:

--- determine if problems are solvable within the ENRICHD framework or may require outside marital/family counseling;
--determine if the spouse or significant other may be relied upon as a potential support-giver;

--observe dysfunctional interactional patterns and work with them (see Module 3).

It is important to involve the participant in all decisions regarding who to bring in and when. These efforts can have a significant and lasting effect on the alliance established between the participant and counselor and no actions should be taken that would adversely affect it.

4. Other Counseling Group Members.

The counseling group provides an ideal opportunity for participants to develop new social ties. The group provides, in a sense, an artificially generated community in which social outreach can be practiced. This outreach could ultimately be transformed into the establishment of new, enduring relationships. Among the advantages of the group for cultivating social connections are the following:

--it provides a good medium with which to test beliefs about people;

--it provides the opportunity to form new friendship(s) that could be maintained outside of the group;

--it provides the opportunity to practice social/communication skills;

--when a participant is seen both in individual and group counseling, it provides the opportunity for him/her to participate in group interactions and then discuss experiences and feelings with the counselor during individual sessions. (When so doing, it will be important to “bring the individual discussions” back to the group, making sure to do this in a way that supports the participant, maintains confidentiality, and “moves” the agenda forward.)

### 3.3.2.4 In-Session Exercises

A. Social Support: Uses and Preferences

Discuss some common functions of social ties, using Appendix B (Functions of a Social Network) as an aid. Work with the participant to select those functions that:

--they already have in their social ties;

--they once had but no longer have;

--who they might have this with and how they might establish it.

The baseline assessment can be used to prompt the participant about what has lead to this subjective sense of low support (e.g., What is missing? What could they gain? What would
support them?), and the potential people who could provide this (Who might make up a satisfying network?). Referring to the Network Map/List completed during the SNAL and Appendix C (The Network Improvement Form) will be particularly helpful. Pay particular attention to family members and those in close geographical proximity to the participant.

Some additional questions to use as prompts for discussion include:

--What would support be for you?

--What kinds of things do people do for you? What things would you like people to do for you that they don’t currently do?

--What would you like your network to “look like” realistically, not ideally? What kinds of people would you like to have in your network? What are the qualities you would like the people in your network to have? What qualities do you bring to your network?

--What kinds of activities bring enjoyment to your life? How often do you get to do these things? Who does them with you? What activities that you once did brought you enjoyment or pleasure? Do you think they would bring you enjoyment again if you were to do them? Who did you do them with? Why did it stop? Who else might you do them with? How might you find out?

--What kinds of activities do you think would bring enjoyment to your life (Things you never did but often think about doing)? Where might you find other people already engaging in these activities, or who might be interested in doing them with you? How might you find out?

--How could you approach “strangers” in a way that creates opportunities for being related? How could you approach people in the outer edges of your network map (completed as part of the SNAL) to create the same opportunities?

--Looking over the Network Improvement Form: Where could your network be improved? How might you begin to do this? (Use a problem-solving methodology). What qualities of people, and what types of activities, would improve your network in the way that you desire?

B. Problem Solving

For participants who have a hard time engaging in outreach assignments and connecting to others, it will be important for the counselor to help the participant to identify and understand barriers to social outreach. In addition, it will be important to help the participant understand how these barriers contribute to staying “isolated”. Barriers are diverse and may include cognitions (see Appendix D: Belief Barriers to Social Support and Module 2: Cognitive Management) and/or behaviors such as nonverbal communication style, verbal communication style, lack of interest in the attempts of others to reach out to the participant, and personal
benefits of staying unconnected (See Module 3: Communication and Assertiveness Skills Training).

### 3.3.3 Module 2: Cognitive Management

#### 3.3.3.1 Goal

The goal of this module is to identify and modify underlying cognitive distortions, unworkable rules and attributions, and or social anxiety/chronic shyness that interfere with the development and maintenance of a satisfying and supportive social network.

#### 3.3.3.2 Rationale

The participant’s distorted perceptions of such things as their place in the larger social framework, the likelihood that others would be interested in playing a supportive role for them, or the possible cost of asking for, or accepting, such support may play a paramount role in their feeling unsupported. In cases of social anxiety or chronic shyness, perception serves as the key isolating element. Cognitive factors in each of these cases serve as a stimulus for the subsequent behaviors leading to real or perceived isolation, or that precludes development and maintenance of social ties. Hence, the cognitive domain is an essential focus of the SSI, and cognitive behavior therapy serves as the modality of treatment.

#### 3.3.3.3 Skill Guidelines, In-Session Exercises and Homework

A detailed description of the guidelines for the conduct of cognitive behavior therapy is presented in Chapter 2 within the context of the treatment of depression. The principles, methods, skills guidelines, in-session exercises, and homework are the same as those relevant for this Module. The themes of the cognitive distortions (e.g., all or nothing thinking, overgeneralization, mental filter, magnification, emotional reasoning) will be similar. What is distinct, is the nature of the cognitive distortions that serve as the focus of intervention.

Provided below is a sampling of cognitive distortions that participants who have low perceived emotional support are likely to have and that serve to focus the associated cognitive intervention(s). In addition, the counselor is encouraged to use the "Belief Barriers To Social Support” exercise (see Appendix E) as a way of getting the participant to further articulate cognitive distortions, unworkable rules, and unworkable attributions that interfere with the formation and maintenance of supportive and satisfying social relations.

#### 3.3.3.4 Cognitive Distortions Associated with Low Perceived Emotional Support in Post MI Patients

"My family (daughter, son, etc.) has done enough. I don't want to bother them. I don’t want to burden them."
"My children are too busy for an old woman / man."

"I don't want them (neighbor, mail carrier, etc.) to know my business. All they want is to know your business so they can gossip about you."

"Ladies don't do those sorts of things (initiate conversations, invitations)."

"Men don't do those sorts of things (ask for support)"

"She doesn't talk about anything but herself - I can't get a word in edgewise."

"They all sit around talking about their illnesses and disabilities - it's boring."

"No one listens to me. They interrupt me, don't stop what they're doing, and walk away while I'm still talking."

"He can't do those kinds of things (washing, cleaning, cooking). He's never done them before/all our marriage."

"That's my job, not hers/his."

"I like being alone."

"What would I talk about with them/him/her?"

"I'm too old to learn new ways."

"I'm too old to make new friends. They'll just die anyway."

"No one cares about me / wants me."

"I'm too old / too ugly / no one would care about another old lady."

"They're (family member) supposed to call me. I'm the parent, they're the children."

"I've always relied on my wife to arrange friends and activities."

"If I told someone how I feel or what I want, they'd be scared away."
“I don’t want to connect with anyone because I risk getting hurt again, like I have in the past.”

“Other people can’t help me. They don’t understand; are too naive; too stupid; too _____”

“I don’t want to feel obligated to other people.”

“I take pride in my self-reliance. I like to keep problems to myself”
3.3.4 Module 3: Social, Communication and Assertiveness Skills Training

3.3.4.1 Skill Set 1 - Nonverbal Communication

Rationale
Nonverbal communication, sometimes called "body language" plays a big part in the messages we convey to other people. When we talk to others, we not only use actual words but we use a certain way of talking as well. This way of talking is nonverbal communication. For example, (for men) in a job interview, one person might look down at the floor or off in the distance, while a different person might look directly at the person doing the interviewing. What very different messages might the nonverbal communication of these two job applicants convey to the interviewer? For example (for women), during a visit with a friend, one person might look out the window or watch TV while the other person is talking, whereas a different person might look directly at the person talking. What very different messages might the nonverbal communication of these two people convey to the other friend?

Nonverbal behavior can help or hinder communication. The same words can be interpreted very differently, depending on how those words are delivered. For example, if you fidget, rock back and forth, and/or speak in a whisper when you ask someone for the money he/she owes you, how likely is it that your words will be taken seriously? Sometimes people say one thing with their words and something very different with their actions; that is, their nonverbal actions contradict their words. For example, you are in your doctor's office waiting to be seen. A nurse comes into the room to take you blood pressure and asks "How are you doing?". She looks past you or down at the floor while she's pumping up the cuff, never acknowledging that she's heard your answer. A different nurse might ask the same question while looking directly into your eyes and waiting for you to answer before pumping up the blood pressure cuff. Which nurse's response feels the best to you?

Developing effective nonverbal behavior can make a world of difference in your interactions with others. It will increase the chances that others will react positively to you. It also will increase the likelihood of more satisfying communication with them and will help you to feel better about yourself.

People are often unaware of the nonverbal message they send. They act in automatic or habitual ways and may not be aware of the impact they are having on the other person. In this session, we will discuss several different components of nonverbal behavior and help you pinpoint those that can help you become a more effective communicator.
Skill Guidelines

Posture
A relaxed posture makes you look natural to others and feels natural to you. Try to find a comfortable position in which your back is resting against the chair and your arms are either on the arm rests or folded across your body. Think about being relaxed and how good your body feels when you are relaxed. Other people will also recognize when you are relaxed and not feel that you are afraid to talk with them. Some other messages which you may communicate to your listener through your posture are shyness or insecurity. To avoid that, stand or sit directly facing the person you are speaking with or at no more than a slight angle.

Personal Space
When talking with someone, it's important to maintain a comfortable distance between you and them - not too close and not too far. Each person has what's called personal space. This is the amount of space they like to keep between themselves and others. If this space becomes too small, the other person may begin to feel uncomfortable and stop listening to what you are saying. In the future, they may also try to avoid you. To keep this from happening, remember to keep about a two foot distance from others when you are talking to or listening to them.

Eye Contact
Initiating and keeping eye contact with others when you are talking with them is a way of showing interest and keeping their attention. Not looking at others when they speak tells them that you are afraid or you are not really interested. Eye contact shows the person that you are following what they are saying and that you are interested in hearing more. It's also important to understand that you can "overuse" eye contact such that the other person thinks you are staring; this will make them feel uncomfortable. Try to strike a happy medium with frequent eye contact (a little more than half the time).

Head Nods
A head nod that conveys interest and understanding is an easy way of letting the other person know that you are listening to, and interested in, what they are saying and who they are. It also lets them know that you are following the conversation.

Facial Expression
As with all other aspects of body language, facial expression is very important. It is one of the most effective ways that we communicate with others. A pleasant facial expression can put others at ease and let them know that you are enjoying speaking with them. It can also leave them feeling like they'd like to know you better. A scowl or frown can push people away by making them feel that you don't like them or what they are saying. Being able to laugh and smile when you converse sends the message that you are a pleasant person to be around.
Nervous Movements and Hand Gestures
These kinds of body movements can be distracting to others and tell them that you are nervous or uncomfortable. It leaves them feeling the same way. It can be useful to begin to notice if you do these kinds of things when you're talking to others. When you notice something, try and see what happens when you purposefully relax yourself. Notice how your nervous movements start to disappear. Also, notice if there are any other ways to relax yourself--like placing your arms on a chair's arm rests, or sitting with your feet on the floor. If you send the message that you are comfortable (even if you are not), then others will be too.

Tone of Voice
Imagine a situation where one person is trying to make a helpful suggestion to another person. By using a calm and caring voice, the speaker demonstrates concern, interest, and respect. Imagine if those same words are delivered in a cold, sarcastic tone of voice. The message would be totally different and likely result in an argument or resentment. Your tone of voice can aid in communication, particularly when it is firm, warm, and relaxed.

In-Session Exercises
The counselor can use modeling and role-playing to demonstrate the congruent and noncongruent nonverbal message and the power of nonverbal communication such as tone of voice, facial expression, and posture. For instance, the counselor could demonstrate his/her use of eye contact with the participant and what that communicates to the him/her. Then the counselor could ask the participant to use eye contact appropriately and inappropriately to check the learning that has occurred.

3.3.4.2 Skill Set 2 - Starting Conversations
Rationale
Conversation is an important first step in establishing relationships with others. Initial conversation can be the most important, for it is a beginning step and can provoke interest or avoidance in others. Beginning a conversation is a skill that everyone can learn.

Skill Guidelines
Consider places that you could meet people. What are some of those places (generate a list). How might you start conversations with people there?

How do you feel about starting a conversation with someone you don't know? What are some of the reactions you have had in the past when you've tried to do so? (Probe responses and do some initial problem solving)? There are a number of common misconceptions that people have about starting conversations. Some of them are:

1. You should only talk about important things or weighty matters.
2. You are responsible for keeping the conversation going. If it 'peters out' it's your fault.

3. You should never talk about yourself.

Actually, in starting new conversations, it is important that they be fun, a way of sharing ideas with others, and a way of getting to know each other in a casual and comfortable way. Small talk is OK. A conversation is a two-way street, with each person contributing something to the mix. That's why it's OK and useful to share something about yourself when you are talking with others, while also asking them questions about themselves. This way, real sharing takes place.

Other suggestions for beginning conversations include:

1. Listen for clues about what might be good topics for discussion. Use their body language or pieces of their conversations with others. Choose the right moment to initiate. Pick a moment when there is a pause in another conversation, or when the person is not otherwise engaged.

2. Speak up and let the other person know you're interested in talking. Use eye contact and say something first. Remember the value of small talk.

3. Use open ended questions, a technique that is easy to use and effective in keeping a conversation going. This approach naturally encourages discussion.

4. Check the reception to your approach by checking body language and the responses to your questions. Is there interest? Is it increasing or decreasing? Conversations can be brief or long. They can lead to lasting relationships or just be brief episodes throughout the day. It’s OK to change the topic of conversation if the interest is not there. It is also OK to end a conversation gracefully when the interest is waning.

5. Gracefully ending a conversation leaves the listener with the feeling that you enjoyed sharing conversation and that your feeling is sincere. People enjoy the sharing that comes from pleasant conversation and an assertive comment communicates this. It also increases the likelihood that the other person will want to talk with you again.

In-Session Exercises
Practice starting and ending conversations. Have particular people in mind that you might do this with. Examples include an interaction with a "stranger on a bus" who you often see on rides to/from work.

**Homework**

Practice starting and ending conversations. Have particular people in mind that you might do this with. Examples include an interaction with a "stranger on a bus" who you often see on rides to/from work.

Homework

Practice listening skills and asking open-ended questions at least once a day. Keep a self-monitoring log of how you did. What were your thoughts before and after practicing the skill? What was the other person's response to you? What did you do well? What do you need more practice at?

Be aware of times when other people aren't listening to you. How does that feel? Notice when you don't listen to another. What is distracting you?

Start a conversation with someone you don't know. What did you talk about? How did they respond? What did you think and feel? What worked? What didn't?

### 3.3.4.3 Skill Set 3 - Giving and Receiving Compliments

**Rationale**

The satisfaction people get from relationships with others depends, in part, on sharing positive things with them. It is therefore important to be able to tell them positive things. It is equally important to be able to hear them when they make positive comments to us. This is something that most people find at least a little uncomfortable. In addition, it is often something that "drops out" of longer lasting relationships. We stop giving compliments and start to take others for granted. We assume they know how we feel. Compliments and expressions of positive feelings about others is what keeps relationships alive. It is therefore important to be able to give and receive compliments.

**Skill Guidelines**

1. Whenever possible, state your compliments in terms of your own feelings, rather than as absolute. This tells the other person that the subject of your compliment is something you personally feel good about (e.g., "I really like that outfit" vs. "That's a nice outfit").

2. In giving compliments, be specific. Pick out specific things, attributes or actions for the compliment.

3. Accept compliments that are given to you. Don’t negate them, turn them down, or turn them around. A good idea is to take a stance with hands slightly away from your side and palms facing forward while you say, "Thank you".

4. Even if you disagree with the content of the compliment (e.g., you don’t like the outfit you just got complimented on), indicate that you appreciate the positive feedback.

**In Session Exercises**

Practice sincere and insincere compliments. Role-play compliments to particular people.
**Homework**

Practice giving and receiving compliments with particular people from your network map.

**3.3.4.4 Skill Set 4 - Giving Criticism**

**Rationale**

At times we all come into contact with things people do that we find objectionable or disagreeable. It is important to be able to let people know how we feel while also making requests for change, and to do this in a way that does not hurt their feelings or push them away. This is often difficult. Some people don't give criticism because they feel it is not nice and they don't want to hurt anybody. Some don't give criticism because they don't want to start a fight. It's possible to learn to give criticism in a way that allows a relationship to continue without doing damage or being hurtful.

**Skill Guidelines**

1. Calm down first before speaking.

2. State the criticism in terms of your own feelings, wants, or desires not in terms of absolutes (give examples).

3. Give the criticism in a clear and firm voice. Avoid anger in your tone. If angry, calm down first.

4. Direct your criticism at the behavior that bothers you--the person's behavior, not the person. Listen for feedback to make sure the other person understands the source of your criticism. Try again until you are certain they understand.

5. Request a specific behavior change from the other person. Negotiate counter offers, and be willing to work out a compromise.

6. Start and finish the conversation on a positive note.

**In-Session Exercises**

Demonstrate examples of destructive/aggressive criticism and constructive/assertive criticism. Ask the participant for examples of undesirable actions on the part of others. Prompt, model, and role play effective giving of criticism. This is most effective when it is done within the context of a problem that the participant is having at that particular time.

**Homework**

Follow through *in vivo* with the role-played situation. Monitor thoughts, feelings and emotions.
3.3.4.5 Skill Set 5 - Receiving Criticism

Rationale
Making mistakes is a part of the human condition. Thus, criticism of our mistakes will be encountered in our daily routine. One of the most difficult things is being able to receive criticism gracefully. Criticism, when given and received well, provides an opportunity to learn about ourselves and how we affect others. It allows us to grow as individuals. Being able to receive criticism gracefully is also an important way of avoiding arguments and fights, while letting others know we are receptive to and respect their feelings and point of view.

There are two types of criticism that we are exposed to regularly, neither of which requires an emotional or hostile response. They are constructive criticism (described and illustrated in the previous skill set), and destructive or aggressive criticism. This latter criticism is often based on an emotional reaction, and is directed at the person, rather than their behavior or actions. Neither constructive nor aggressive criticism is worth fighting over.

Skill Guidelines
The main goal in receiving criticism is to learn from it and avoid defensiveness. Remember, even destructive criticism may contain useful information.

1. Don't get defensive, get into a debate, or counterattack. Nothing productive will come of this.

2. Sincerely clarify the criticism so that you are clear about its content and purpose.

3. Find something in the criticism that you can agree with and restate it in a more direct fashion (e.g., you're right, I have been leaving you alone on weekends).

4. Propose a workable compromise. Negotiate a mutually acceptable response.

5. Reject unwarranted criticism assertively.

In Session Exercises
Discuss with the participant examples of constructive and destructive criticism they have often faced. Have them practice turning destructive criticism into constructive criticism. Prompt, model and role play. Have them identify particular people from whom they have difficulty receiving criticism.

Homework
Practice receiving criticism effectively. Monitor thoughts, feelings and emotions.
3.3.4.6 Skill Set 6 - Assertiveness Skills and Refusing Requests

Rationale
Assertiveness means recognizing your rights in your interactions with others, rather than acceding to what someone else expects or demands, solely because they want you to. Among the rights you have are the right to:

1. Express your opinion;
2. Express your feeling in a thoughtful way;
3. Request others to make changes in their behaviors that affect you;
4. Accept or reject anything others say or ask of you.

There are four basic interpersonal styles: passive, aggressive, passive-aggressive, and assertive. Passive people tend to give up their rights if there appears to be a conflict between what they want and what others want. They don't communicate their wants, needs, thoughts, or feelings. Sometimes this leads them to feel depressed or isolated from others. People have no way of knowing what the passive person wants, so they cannot possibly respond to their needs. Others can come to resent the passive person for not communicating.

Aggressive people act to protect their own rights, but do this by violating the rights of others. This may help them achieve their goals, wants, and desires, but it generates ill will from others later on.

Passive-aggressive people are indirect, often hinting at what they think, feel, need, or want. They may make sarcastic comments or speak softly and indirectly, without stating what's on their mind. They may also "act out" or give people the "silent treatment" as a way of letting their wishes be known. As often as not, those around them don't get the message of what is needed, wanted, or felt. The result is the resentment and ill will of others, while the passive aggressive person feels frustrated and victimized.

Assertive people decide what they want, plan an appropriate way to involve others, and act on the plan. This most often includes making clear statements of wants, needs, thoughts, and feelings. In addition, it includes making direct requests of others, without threats, demands or other negative statements. Assertive people may decide that a passive or aggressive mode is appropriate under a given situation. What is unique, however, is that this comes from a thoughtful approach to the situation and is situation specific, rather than a general mode of action. Assertive responses lead to a sense of self satisfaction and high regard from others. Assertiveness is the best way people have of letting others know how they feel and what they want or need. It can lead to a greater sense of control in life.
As noted above, one particular situation that provides an opportunity for assertiveness is when others make requests or demands of us. When people do this, an assertive response is one in which the request is considered thoughtfully and a choice is made to accept or decline the request. Some of the issues to consider have to do with whether honoring the request will interfere with previous plans, with other desires, or with previous commitments. It is also important to consider whether you really WANT to fulfill the request. You have the right to refuse requests without having to feel guilty or selfish. All it takes is the word, "NO". You also have the right to negotiate requests made of you, by making a "counter offer".

People often feel very uncomfortable in saying no. Even with practice, this discomfort can remain. This is natural. It is, however, important to put this word in your vocabulary and use it in an assertive way. This will provide a greater sense of well being and more satisfying and mutually respectful social relationships.

**Skill Guidelines**

Think before you speak. Be aware of your reactions. What are you reacting to? Don't make assumptions. Ask for clarification. Plan your response. Be direct and specific. Stay focused on the issue at hand. Don't bring in history. Pay attention to body language. Make sure your voice and your body communicate the same message. If you don't believe you've been heard, don't be afraid to restate your request, feelings, or thoughts. Be willing to compromise and negotiate. It's possible for everyone to get what they want and need.

**In-Session Exercises**

Have the participant generate examples of interactions with others (or desired interactions). Role play these in the various interpersonal styles. Have the participant project likely outcomes of the various approaches. Pay particular attention to requests, and the declining and/or renegotiation of requests.

**Homework**

Have the participant practice assertiveness, declining requests, and negotiation with specific people on their network map. Use role plays to select the particular people.
3.3.4.7 Skill Set 7 - Problem Solving

Rationale
A great deal of communication between people is devoted to the mutual and satisfying management of problems that arise during social interchange. Problem situations are routinely encountered by individuals who are engaged in a deliberate process of change, such as that associated with participation in ENRICHD. The ability to methodically and thoughtfully address problems that arise can lead to greater success, whether in the domain of social interchange or in the larger domain of network engagement and shaping.

Skill Guidelines
The thoughtful and deliberate act of problem-solving has been broken into four logical steps:

1. Clearly and specifically state what the problem is. This includes phrasing the problem in terms of behaviors that are currently occurring or not occurring, and breaking large or complex problems down into several smaller problems that can be dealt with one at a time. If others are involved in the problem-solving process, it is essential to make certain that all parties agree on the nature of the problem and are willing to discuss and solve it.

2. Brainstorm possible solutions. In doing this it is important to think broadly, while also staying solution-oriented. The goal is not to defend oneself, decide on who is right or wrong, or to establish any "truth" regarding what happened in the past. Rather, the goal is to generate a whole host of possible alternate solutions, each of which will be examined in the next step.

3. Review each of the "brainstormed" solutions for the likelihood of success and its desirability. Select one solution that has a high likelihood of success (and, where others are involved, is agreeable to all parties). State the selected solution clearly, and specifically, so that no questions remains as to what is involved. Do not select a solution that you are not inclined to implement. Also, do not select a solution that is likely to provoke emotional upset, feelings of resentment or anger, or feelings of discouragement. In working with others, if you cannot find a solution that pleases all parties, suggest a compromise solution.

4. Select a fair trial period for implementing the solution. Give it a chance to work. Review the solution at the end of the trial period. If it doesn't work after this period of time brainstorm other alternatives, or select one of the other alternatives that were originally brainstormed.

In-Session Exercises
Review with the participant some current problems. Select several straightforward problems for closer examination. Walk the participant through the problem-solving framework described above with 1 or 2 selected problems. Prompt, model, and shape appropriate responses within the problem-solving framework.

Homework
Have participant complete the Problem Solving Homework Form (See Appendix).
3.3.4.8 Skill Set 8: SUPPORTIVE COMMUNICATION

Rationale
Communicating in a supportive way will promote similar kinds of communication from others to you. Moreover, it will reduce the likelihood that bad feelings and resentment build up and affect other areas of your life together. Getting better after a heart attack is more likely to happen when you both have a better way of reacting to and dealing with difficulties in a relationship.

Skill Guidelines
1. Use active listening. Empathic communication is a way to let someone else know that you are interested in what the he/she is saying and feeling and that you understand and are supportive. Good communication also helps you to get a better understanding of what someone else means and is feeling. Paraphrasing and reflecting feeling are ways to be an active listener

   a. Reflecting Feeling. There are many situations in life in which one individual simply wants to talk and be listened to. Reflecting fleeing means that you listen for how a person feels about something and reflect that feeling back to him or her, rather than advice-giving and listening in silence. It feels very good to have another person's undivided attention and get the feedback that your feelings are understood.

      Example: Reflection of Feeling

      Wife: I feel fine. I don't understand why the doctor says I should take it easy. How will anything get done?

      Husband: You feel like your old self and you're worried that we won't need you anymore.

   b. Paraphrasing or Reflecting Content. This is the other type of active listening that simply requires that you summarize what the other has said. This insures that you have understood what the other person is trying to say. It also lets them know that they have been heard and understood. This can also be helpful to the other person, by helping them get a better understanding of what they want and need. Generally, paraphrasing or reflecting content will begin with a statement like, “what you’re saying is..... or “you think that......”

2. Don't let things build up. Frequent contact with someone almost insures that some of his/her behaviors will bother you. When a spouse is recovering from a major illness, we sometimes believe that we shouldn't upset his/her by complaining or giving negative feedback. Letting many "little things" that bother you build up or accumulate over time by not saying anything about them often leads to the "BIG BLOW-UP". What are the usual consequences of such a
blow-up? If you don't start a big blow-up then you may begin to withdraw from the other person for fear of blowing up at him/her. This leaves your spouse wondering what's the matter and feeling sad, mad, and lonely. How might speaking up earlier have prevented these scenes and bad feelings?

3. Use your skills in receiving criticism. Being able to hear your spouse or significant other when he/she is upset about something you've done or not done can stop fights before they happen and lead to acceptable solutions to problems.

4. Express your positive feelings. We sometimes forget when dealing with people who are very close to us that we can have, at different times, different reactions to a loved one's behavior. Sometimes we have a positive, loving reaction and at other times a negative, angry reaction to the other's actions. However, it is not inconsistent to express both of these reactions to our loved one. It is a problem if we think that it's only necessary to express bad feelings. When criticism occurs without any expression of positive feelings, good feelings get overlooked and the couple may begin to focus only on the bad. Another reason that couples forget to express positive feelings is that they believe that to do so would contradict the criticism they made. For example, a wife may refrain from saying that the dinner her spouse cooked was good because it was ready an hour late.

5. Sex role typecasting. As a result of the way we've been raised, many of us believe that being caring, supportive or nurturing to another person is a woman's role/job. This puts a big burden on women and leaves many men feeling helpless in the face of crisis, illness, or upset. Some men believe that "it's not in me" to be caring and supportive. Other men believe that the only type of support that they can give is financial or material help. Yet even then, the type of material help is limited to "manly" help like taking out the trash or moving things or providing transportation. This type of help is fine if that's what the spouse wants or finds this helpful. It isn't fine if your spouse needs help with house cleaning or dish washing or needs a hug or an expression of caring or listening. Providing support to your loved one isn't about being male or female. Providing support is listening to the other person and giving his/her what she needs in the best way you know how. A person doesn't lose masculinity or femininity by giving support that is desired.

6. Support is support is support. The belief that there's only one or two kinds of support that work in all situations is very prevalent. Often people believe that being supportive means being loving, caring, listening or doing for the other person. This is only half right. There are about three kinds of support and each kind is important and has its time and place in the recovery period of an illness or crisis. Emotional support is loving, caring and respecting another and acknowledging, validating and affirming their thoughts and feelings. Tangible or material aid is a second type of support that can be just as important for some stages of recovery from illness as emotional support. For instance, sometimes it's more important to make a meal, grocery shop, or baby-sit a child for someone than to say that you love him/her and walk away. The third type of support is information support. This is providing a loved
one with new information how to handle a problem or a different type of health care. Some kinds of support can be overdone. Sometimes what people believe is supportive sounds hollow or superficial because we're thinking about ourselves instead of the person needing support. Sometimes we offer a kind of support that is different than the kind of support that is needed.

In-Session Exercises
Role play various scenarios that the participant (and their partner) as examples of conflict situations. Problem solve these, using the skill repertoire that has been learned during the previous skill based sessions. Prompt, model and shape effective and supportive communication that is consistent with close and intimate relationships.

Homework
3.4 APPENDICES

3.4.1 SOCIAL NETWORKS IN ADULT LIFE (SNAL) (Modified)

Part I: Use of the Network Map

EXAMPLE: "As a way of getting to know you and how your MI has affected you, I want to ask you about the people in your life right now." Proceed to inquire about family members, spouse/significant other, children, siblings, friends, neighbors, etc. Then say, "To help me keep this straight, I'm going to use this map that I have found to be very useful. It also helps me understand how everyone is related and how close you feel to them". Take out the Network Map and say, "If we put you in the middle (show blank Map to participant), where would we put in the other people that you've mentioned? This first circle would be for those people that you feel the closest to. Who would those people be?" Work with the participant to fill this out. Then ask, "Do you feel so close to any of these people that it's hard to imagine life without them?" Make note of who these people are. Then say, "Now, in the next circle, let's place the people that you don't feel quite that close to, but who are still important to you. Who would they be?" Again, work with the participant to fill this out. Then say, “Okay, the people who you feel less close to, but who are still important to you would go in the third circle. Who would those people be?" Again, work with the participant to fill this circle out.

REMEMBER - Throughout this process, circles can be empty, full, or anywhere in between. The Network Map can also be started in one session and completed in another, or even given as a take home assignment.

REMEMBER - The placement of people on the Network Map can also be done in a way that represents their relationship/closeness to each other, by where there names are written in within the same circle (e.g., close together, 180° apart).

In addition to asking the participant about people who are close to them, you will also need to ask them about conflictual relations. You can do this by saying, "Now that I'm getting a good picture of the people who are close to you, what about the people who you see on a regular basis who you DON'T feel close to; maybe even people who you have unpleasant disagreements with, or who upset you, or make you feel angry or hurt? For instance, an in-law, a boss, co-worker, neighbor, or someone like that. Who would that be in your life?" Put the names of these people somewhere on the outside of the circles, such as the corner of the paper. If they are people whom the participant also feels close to, you might keep their name in the circle, but write it in RED.

As you work on the Network Map with the participant, you will also want to call attention to any inconsistencies you notice. For example, if you know the participant is married but you notice that the spouse is not in any of the circles, you will want to say something like, "I notice your
husband (wife, son, daughter, etc.) isn't in any of the circles. How come?" The purpose of this query is to find out if any of these people represent conflictual relations. You will then want to follow up this occurrence by asking about any other relations that are similar - relations that are sources of conflict.

The identification of conflictual relations leads the counselor and the participant to work on how to: a) increase the level of support in the relationship, such as through communication work (see Module 3, Section 3.3.4), or b) reduce the level of involvement or contact with the conflictual person, such as through assertion and similar skills (see Module 3, Section 3.3.4), and/or through the development of alternative sources of support (see Module 1, Section 3.3.1).

In the subsequent session(s), you would work with the participant to transfer the names of the people on the Network Map to the People In My Life list. Using this form, you would then inquire of the participant their sense of satisfaction with each of these people and the frequency of contact with them. A further exercise is then to inquire about what they want of each of these people. This then serves as a point of treatment - having the participant begin to make the kind of contacts and requests of these people that will lead to increased levels of satisfying social support. Using The People In My Life list as homework will be useful in this exercise. These exercises also serve to reveal conflictual relations and underlying skill deficits, cognitive distortions and unworkable attributions and rules.

In the subsequent sessions during which you are working with the participant to develop a satisfying and supportive social network (Module 1, Section 3.3.1), you will use the Network Map to place the people whom the participant has regular contact but doesn't really know - THEIR COMMUNITY. These people would be placed in the outermost circle - circle 4. Part of the work associated with Module 1 is then to have the participant engage in actions to bring those people closer in to the middle. For instance, this would include discussion of who that person is and how they could go about: a) finding out if they want them closer, and b) if so, bringing them closer. This then would serve as the basis for any supportive work, such as problem solving, behavioral activation, and challenging of cognitive distortions and unworkable attributions and rules.
Part II: PEOPLE IN MY LIFE

After completion of the circle diagram / Network Map, transfer names to this list and answer associated questions. Use a second list, if necessary.

<table>
<thead>
<tr>
<th>Most Important (Inner Circles)</th>
<th>Name</th>
<th>Satisfied with Support</th>
<th>How often do you see/hear from this person?</th>
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<th>Least Important ( Outer Circle)</th>
<th>Name</th>
<th>Satisfied with Support</th>
<th>How often do you see/hear from this person?</th>
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<table>
<thead>
<tr>
<th>More People</th>
<th>First Name</th>
<th>What do you want from this person?</th>
<th>Have you contacted him/her this week?</th>
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</table>
Using "The People In My Life" List

After transferring names from the Network Map to "The People In My Life" list, work with the participant around the following questions. As with the Network Map, this may be given to the participant as a homework assignment. Also, the answering of these questions can be accomplished as an "evolutionary" task, accomplished over a period of the first few sessions, and thereby serving as a focus for beginning to develop a more satisfying and supportive social network.

Example: "Over the coming week, think about the following questions. As you think about these questions, keep in mind the people that we have listed on your People In My Life list".

1. Have you been getting the help you want and the support you need from each person you named? If not, why not? Have you contacted them this week?

2. If you were going to change your network, how would you want it to change?
   a. Would you want to have more people in it?
   b. Who would these people be?
   c. Have you contacted them this week? If you didn't, what got in the way of contacting them more?

3. Which of the following clubs and organizations do you belong to?
   ___ Church, synagogue or religious connected group
   ___ Labor union
   ___ Fraternal lodge or veterans' organization
   ___ Business, civic or professional group
   ___ Community or neighborhood organization
   ___ Social or card playing group
   ___ Sports team
   ___ Political organization or action oriented group
   ___ Charity, welfare or volunteer organization
   ___ Senior citizens group

4. What could you do this week to get more involved with one or more of these groups?
3.4.2 APPENDIX B. SOME FUNCTIONS OF A SOCIAL NETWORK

People in a social network can meet a variety of needs and provide different kinds of assistance. This can include:

1. Help when I am sick or tired.
2. Provide encouragement.
3. Listen to me and understand my feelings.
4. Do things with me (such as going out to eat, seeing a movie, going shopping).
5. Comfort me when I am sad.
6. Give me advice when I ask for it.
7. Talk to me about my work or daily activities.
8. Provide physical assistance (such as a ride to an appointment).
9. Introduce me to new people and activities.
10. Participate in an activity we both enjoy.
11. Offer encouragement and let me know I'm doing things well.
12. Let me know that I'm OK just the way I am.
13. Show comfort and caring through affection, touch and physical attention.
15. Express interest and concern about my well being.
16. Teach me new things.
17. Help me solve a problem.
18. Provide me with a safe place to talk about my thoughts and feelings.
19. Let me know that I make a difference.

It is helpful for people with an illness to have a lot of support. People who have a satisfying and supportive network are able to deal with stress more effectively. What kind of help are you getting, want or need? How can you get what you want or need?
### APPENDIX C. NETWORK IMPROVEMENT FORM

<table>
<thead>
<tr>
<th>Question</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>High Priority for Change</th>
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<tbody>
<tr>
<td>How much help are you getting with transportation?</td>
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<td>How much help are you getting taking care of home?</td>
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<td>How much help are you getting in making decisions or problem solving?</td>
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<td>Are you socializing enough?</td>
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<td>Are you getting enough companionship?</td>
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<td>Do you have someone to share personal thoughts and feelings with?</td>
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<td>Do you work with others on mutually satisfying tasks? (e.g., community group)?</td>
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<tr>
<td>Do you learn from and/or teach others?</td>
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<tr>
<td>Do you have someone who provides emotional support and encouragement?</td>
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<tr>
<td>Do you reach out to people who have expressed an interest in getting to know you better?</td>
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Having identified one or two priority areas, I will try the following during the next week:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
3.4.4 APPENDIX D. BELIEF BARRIERS TO SOCIAL SUPPORT

If I ask for support.

1. They might think that I cannot solve my own problems.

2. They might think that I want them to take care of me.

3. They might think that I want them to do my job for me.

4. They might make me feel like a helpless child.

5. They might use me for their own purposes.

6. They might try to control me.

7. I might become dependent on their help.

8. I might lose my self respect.

9._____________________________________________________________________

10._____________________________________________________________________

11._____________________________________________________________________

12._____________________________________________________________________

13._____________________________________________________________________

14._____________________________________________________________________
3.4.5 APPENDIX E  ACTIVITY CHART

Instructions for Use
The Activity Chart is simply a clinical tool for the participant and the interventionist to monitor the daily activities of the participant. In addition, the Activity Chart provides for the determination of ratio of socially based activities to more solitary activities. The Activity Chart can also be used to plan weekly activities, thereby serving to facilitate an increase in the level of satisfying and supportive socially based activities.

The inclusion of a rating scale for Satisfaction and Social Support provides an additional useful clinical tool by providing the interventionist and the participant with a "grounded" index of these more emotionally-based factors of social support. It can serve to provide the participant with new insight into conflictual relationships, uncover previously unrecognized satisfaction and support in already existing relationships, and help to check predictions, cognitive distortions and unworkable rules and attributions.

The counselor may first ask the participant to monitor activities, as a means of collecting important information about social interactions. Examples of how to do this should be provided in session, with problem solving serving to overcome any identified obstacles. The inclusion of the Satisfaction/Support component can then be initiated in the following session when the interventionist reviews the homework. This can be done by asking the participant about each of the reported activities and the feelings associated with them. The participant would then be asked to monitor the affective components as well as the Activity Schedule for each subsequent homework assignment.

The counselor is referred to pages 200-211 of "Cognitive Therapy: Basics and Beyond" for a further discussion and examples regarding the use of the Activity Chart.
### ACTIVITY CHART

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1</th>
<th>Day 2</th>
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<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
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### Activity Chart

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3.4.6 Appendix F: Community

Community is defined as a diverse “network” of people who have at least bi-weekly contact. The contact can be face-to-face, by phone, mail, etc. The key element is this frequency of contact. A community is distinct from a group in this way. While groups are defined by a common goal, mission or activity, a community is defined strictly by frequency of contact.

These contacts are, of course, initiated for specific purposes. These specific purposes, however, often hide the potential commonalties of interests and opportunities for support that exist among people in COMMUNITY. While membership in a group requires that “everyone be of the same purpose” (and, implicitly, constrain their own individuality), membership in a COMMUNITY is automatic. In groups, the completion of the purposes to a dissolution of the group. In addition, a shifting or waning of interest results in a “falling away” from the group. This is often the root cause of the LPSS that results in ENRICHD participation! With the automatic membership of COMMUNITY, each member is and remains a part by being exactly who they are, with their shifting interests, ideas and points of view. This kind of network brings with it a degree of diversity - diversity of interest, points of view, and action. Indeed, COMMUNITY needs that kind of diversity to thrive. What everyone is being who they are and expressing their true interests, then natural connections and affinities can form. COMMUNITY is, therefore, very stable (as distinct from groups), because in COMMUNITY, people are always related.

COMMUNITY, in its stability, also provides for a dynamic relatedness among its members. In COMMUNITY, as one’s interests and outlets for self-expression shift and evolve, there are always people “available” who one can “find”, with whom one can share those interests, and with whom it is possible to establish a natural affinity based on shared interests and outlets for self-expression. Hence COMMUNITY provides for the changes that occur throughout the life-span. In COMMUNITY there is always someone with whom to share, and from whom to gather support. They are out there and need only be found through simple human interchange.

COMMUNITY, therefore encompasses the natural, diverse, and dynamic ties that exist, and interactions that can occur, among people. It provides a view of human existence that offers the possibility that we are ALL, ALREADY RELATED, and that the nature of this relatedness can encompass an extraordinary diversity of interchange and “personality”. In this view, there is nothing to build, overcome, develop, break-down, form, or construct in order to be related. You are already related. Hence, there is no natural obstacle in social interchange, only the obstacles that are artificially put in place. In the view, RELATEDNESS, one is free to be related. The only questions revolve around the nature by which this natural tie, this relatedness is expressed.