Evaluation of a Theory-Based Intervention to Improve Satisfaction with Social Support

Brian W. Rooney
Loyola University Chicago

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LOYOLA UNIVERSITY CHICAGO

EVALUATION OF A THEORY-BASED INTERVENTION TO IMPROVE SATISFACTION WITH SOCIAL SUPPORT

A DISSERTATION SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL IN CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

BRIAN W. ROONEY

CHICAGO, ILLINOIS

JANUARY 1995
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CHAPTER I
INTRODUCTION

Social support is a psychological construct that has generated a great deal of interest in the behavioral science community over the last 25 years. The ability to form and maintain satisfying and supportive relationships is generally considered to be among the most important predictors of emotional well-being and life satisfaction (Deiner, 1984). Conversely, the absence of these types of relationships has been linked to a variety of personal problems and struggles. Weiss (1973) associated inadequate social support with an increased sense of emotional isolation, anxiety, loss and abandonment. An under-adaptive adjustment to health problems is more likely in those with unsatisfying support networks, compared to those with more satisfying networks (Wallston, Alagna, DeVellis & DeVellis, 1983). Gottlieb (1985) and Holohan & Moos (1987) describe links between the absence of sufficiently supportive relationships and increased risk of psychological difficulty. Fiore, Becker & Coppel (1983) found that degree of dissatisfaction with social support was the strongest and most salient predictor of depression in caregivers. In a follow-up study, Fiore, Coppel, Becker
Cox (1986) found that satisfaction with social support was the only significant support-related predictor of the presence or absence of depression. Rook and Dooley (1985) reported that variance in psychological functioning accounted for by social support ranged from 2% to 17% in studies they reviewed, with the higher figures being associated with persons' appraisals of their support. Therefore, subjective support satisfaction or support appraisals may be one of the most useful targets for intervention.

Vaux (1988) suggested that social support is a complex metaconstruct that encompasses three subconstructs—support network resources, supportive behaviors and subjective appraisals of support. Vaux described the support process as involving an active transaction between the individual and his/her social network. The person must develop and maintain a support network that is considered a resource. The network is mobilized when needed in order to receive appropriate assistance in the form of specific supportive behaviors. The information from network relationships and support incidents occurring over time are synthesized and given meaning, which results in personal appraisals of support.

This process is influenced by personal and contextual factors. Vaux and Athanassopulou (1987) found that support perceptions and support satisfaction were associated with a
variety of support resource variables. The most prominent of these were size of emotional and socializing networks, the reciprocity and complexity of network relationships, and the blend of close friends and family members in the network. Conner, Powers & Bultena (1979) and Lowenthal & Haven (1968) emphasize the importance of at least one confidant in the network of friends and family, and suggest that this aspect of the network outweighs network size and frequency of contacts in the relationship to overall psychological adjustment.

The importance of social support in the adolescent and college student population is highlighted in the literature that focuses on both general and special needs students. Levinson (1986) and Orzek (1984, 1986) found peer support groups to be a key component in programs to improve learning disabled students' academic skills and coping with stress. Mahoney (1982) described a program to assist diversely prepared college students that included peer counseling and peer support groups.

In two studies involving undergraduate students, Sandler & Barrera (1984) found a significant direct and stress-buffering effect for support satisfaction in reducing psychological symptomatology. They also found that a support network with a sizeable number of conflict laden relationships was positively related to symptomatology and increased the strength of the
relationship between stressors and symptomatology. Benson & Deeter (1992) studied stress-moderating factors in older adolescents and found that satisfaction with social support was a direct predictor of level of depression. In looking at the relationship between social support and strain in first year American medical students in Israel, Sykes & Eden (1985) found that unavailability of desired social support was related to strain, particularly depression. In a study of older adolescents, D'Attilio, Campbell, Lubold and Jacobson (1992) found that satisfaction with social support accounted for the greatest proportion of variance in suicide potential. In addition, decreased satisfaction with social support was strongly related to increased suicidal risk. Richter, Brown & Mott (1991) studied adolescent substance abuse treatment outcome and found that the quality of social support reported by the adolescents was related to the outcome of treatment, and that satisfaction with support was associated with fewer psychological problems during the year following treatment.

Students' satisfaction with college was found by Weir & Okun (1989) to be strongly influenced by an interaction of satisfaction with social support and involvement in positive college events. Nelson & Quick (1991) studied young adult newcomers in business organizations and found that the availability and use of social support and support activities related to the workplace were associated with
decreased psychological symptoms and positive adjustment to the work setting.

Efforts to create or improve social support have historically involved the natural development of support networks (e.g., families, tribes, communities), the establishment of structured social network settings (e.g., churches, workplaces, schools) and social/leisure structures (e.g., clubs, teams, organizations), and structured gatherings or interventions that target particular individual needs. Champagne (1987) suggested that effective social support structures or interventions should be grounded in knowledge and sensitivity of personal transitions and developmental issues.

Virtually all interventions aimed at addressing issues related to support have involved the formation of groups, organizations or clubs to address concerns or needs that are not being adequately taken care of in the natural environment. Generally, they involve persons who share some common difficulty or interest, and provide an opportunity for sharing of difficulties, concerns, caring, information and/or guidance (Levy, 1979). These support opportunities range from those that have a very formal organization, norms, structure and philosophy (e.g., Alcoholics Anonymous) to those that are more informally organized, operating with only a few basic norms and guidelines, and providing a relatively safe place for
people with similar concerns to gain information and/or interact with one another (e.g., peer support groups for depression, divorce issues, single parents, cancer patients). Many of these groups appear to form spontaneously (i.e., without professional help) and, for a variety of reasons, maintain a great deal of independence from the professional sector. However, the effectiveness of these groups in providing resources for and promoting carry-over into participants' lives and natural environments might be enhanced by some professional involvement. This would not mean that groups would be led by professionals, but that professionals might facilitate the groups to be a more supportive and resourceful system internally, and help the groups and members link to other support systems and resources (Vaux, 1988). Lee (1988) described a structured training program for facilitators of support groups that outlined one promising approach for developing and facilitating support groups.

In spite of the aims and good faith efforts of the above support related interventions, evaluations of the impact/effectiveness of such support groups have generally shown that participants report high levels of satisfaction with their group experience that are often not reflected in more objective outcome measures related to the group focus/purpose (McGuire & Gottlieb, 1979; Wandersman, Wandersman, & Kahn, 1980; Wandersman, 1982). For example,
none of the studies showed that participation in support groups is associated with improved satisfaction with social support in participants' natural environments.

In a study by Brown, Brady, Lent, Wolfert and Hall (1987), an intervention was developed that differed from prior support interventions in that its purpose was to help participants increase support satisfaction in their natural environments, rather than to serve primarily as a substitute vehicle for support. The investigators' intervention involved one-to-one (as opposed to group) sessions with the participants. The intervention model was developed from a person-environment (P-E) fit theory of satisfaction derived from the foundational theories of Lewin (1938) and Murray (1938, 1951). Further elaboration on "fit" came from studies on needs (Dawis & Lofquist, 1984), personality characteristics (Holland, 1985) and abilities (French, 1974), and the supplies required by and requirements of the environment. The model and actual intervention was guided by two basic assumptions: (a) that interpersonal dissatisfaction largely results from the failure of the person's social environment to satisfy his/her interpersonal needs; and (b) that the intervention should assist the person to diagnose major unmet interpersonal needs, develop and use strategies to increase need satisfaction, and develop ways to maintain this satisfaction. The intervention consisted of 90 minute one-
to-one sessions held weekly over eight weeks. The course of sessions included diagnostic, problem-solving and maintenance stages. Of the seven participants in the study, five showed significant gains in the appraisal of their needs fitting the available resources in the environment and in their satisfaction with support.

Although Brown, et al showed some results from the above-mentioned intervention that are very encouraging, there are apparent weaknesses in this study. Chief among these concerns seems to be that this intervention involved single case studies of seven individuals and did not adequately control for such potential variables as reactivity of testing and self-monitoring, history and regression to the mean.

The primary purpose of this study is to replicate the Brown, et al (1987) study with a more internally valid single subject research design. The main research question, as it was in the Brown, et al (1987) study, is whether an intensive, theory-derived one-to-one intervention is associated with changes in participants' satisfaction with support. Secondary questions to be investigated include whether the intervention is associated with changes in important characteristics of participants' relationships with members of their social support network(e.g., closeness of relationships, conflicts in relationships with network members and reciprocity in these
relationships), and whether the intervention is related to changes in adjustment measures that are key to the participants adequately meeting the demands of college life. Results of this study will be assessed from the viewpoint of the P-E fit theory of satisfaction with support, and implications related to theory, assessment and clinical interventions will be systematically discussed.
CHAPTER II
REVIEW OF THE LITERATURE

The fundamental idea of humans as creatures who can neither survive nor thrive without some type of relationship with others has been present as long as history has been recorded. Throughout the centuries biblical, philosophical, historical, anthropological, literary and psychological writings on the human condition have included and investigated the centrality of relationships. An individual operates in network of relationships, and Plath (1982) pointed out that the study of an individual is complete only when seen in relation to others. Virtually all personality theorists have accorded the presence and/or effects of relationships as paramount in personality development, and key in the development, exacerbation and resolution of psychopathology.

The term "social support" is the most common current way that the psychology literature labels the activity and dynamics of relationships. Vaux (1988) defined social support simply as the interaction between the person and the environment. However, Vaux elaborated and suggested
that the interaction of person and environment that is social support is a complex metaconstruct with three distinguishable subconstructs. The first is support network resources, which involve aspects of the network of family, friends and acquaintances to which a person can turn routinely for assistance. Supportive behaviors is the second subconstruct and consist of intentional contact with others, including efforts to help and to seek help. The third is support appraisals, subjective and evaluative assessments of the relationships and the supportive behaviors that occur within them. Caplan (1974) suggested social support systems consist of "continuing social aggregates that provide individuals with opportunities for feedback about themselves and for validations of their expectations of others" (p. 4). He suggested that support consists of both enduring and short-term relationships that involve at least one of three elements: helping the individual to mobilize psychological resources and manage emotional burdens; sharing in tasks; and providing extra supplies of money, materials, tools, skills, and/or guidance to improve the managing of particular situations. Weiss (1974) proposed that one way to think about the relationships in one's life is in terms of the "provisions" they offer, such as security, nurturance, sharing of concerns, guidance and so on. These relational provisions might be considered social support. Cobb (1976) defined
social support as "information leading the subject to believe that he is cared for and loved...esteemed and valued...(and) belongs to a network of communication and mutual obligation" (p. 300). Cobb also talked of three additional forms of "non-social" support: instrumental support (counseling), active support ("mothering"), and material support (goods and services). House (1981) suggested that social support is an interpersonal transaction involving emotional concern (liking, love, empathy), instrumental aid (goods and services), information about the particular environment, and/or appraisal (information relevant to self-evaluation).

The one commonality most apparent in the above definitions is that social support is frequently considered a multidimensional construct. The multidimensionality construct is derived from social exchange considerations and is similar to that of "multiplex relationships" as used by the anthropologist Kapferer (1969) in defining relationships that cut across such formal roles as friend, neighbor or kin. Some of the category labels which appear in a number of definitions and scales include emotional support, esteem support, belonging support, network support, appraisal support, tangible support, instrumental support, and informational support (Wilcox & Vernberg, 1985). Cutrona (1986) proposed six social support components—attachment, nurturance, guidance, reliable
alliance, social integration, and reassurance of worth. The multidimensional nature of social support is crucial in its contribution to satisfaction with one's network of support (Hirsch, 1979) and in its role in support functioning in a stressor-specific fashion (Wilcox, 1981; Cohen & McKay, 1985). In a study of psychological distress, satisfaction with support and intention to leave of young newcomers to job organizations, Nelson & Quick (1991) found that multiple sources of support (interpersonal, informational, environmental) were associated with decreased psychological symptoms and positive adjustment to the job.

In his study of college students, Hirsch found that the strongest predictors of individuals' satisfaction with their support network were the presence of and satisfaction with multidimensional relationships, and having fixed roles in relationships with social network members. Vaux and Athanassopoulou (1987) found that support perceptions and satisfaction with support were strongly associated with reciprocity and complexity of network relationships.

A sizeable number of studies in the social support literature address the relationship between support and stress/psychological distress. The historical roots of current social support research seem to converge on an interest in the help-providing functions of social support
Rook went on to say that a recurring theme in much of this work has been a concern with how help provided by one's social network ameliorates the effects of life stress. Hirsch (1980) suggested that coping with stress is one particular facet of our more general effort to develop satisfactory role involvements and a rewarding quality of life. Wilcox and Vernberg (1985) stated that a fuller appreciation of the role of social support will best be gained by viewing support within the context of the stress and coping process in its full breadth.

Considerable controversy has centered on the role of social support in the stress process. Some theorists (e.g., Cassel, 1976; Cobb, 1976; Kaplan, Cassel & Gore, 1977) have argued that support acts only as a resistance factor. They suggest that support reduces, or buffers, the adverse psychological impacts of exposure to negative life events and/or chronic difficulties, but that it has no direct effects upon psychological symptoms when stressful circumstances are absent. This buffering hypothesis has been supported in the work of Heller & Swindle (1983) and Cohen & McKay (1985). Others (Thoits, 1982, 1985) have argued that lack of social support and changes in support over time are stressors in themselves, and as such ought to have direct influences upon psychological symptomatology, whether or not other stressful circumstances occur. Andrews, Tennant, Hewson & Vaillant (1978); Aneshensel &
Frerichs (1982); Lin, Ensel, Simeone & Kuo (1979); Turner (1981) and Williams, Ware & Donald (1981) have conducted studies which support this main effect view of social support influences.

A number of other studies reported both types of effects—that support reduces symptoms directly and reduces the disturbing impacts of stressful circumstances (Dean & Ensel, 1982; Henderson, Byrne, Duncan-Jones, Scott & Adcock, 1980 and Husaini, Newbrough, Neff & Moore 1982). It is important to remember that studies supporting buffering effects or main effects or combined effects of social support on stress/strain/psychological symptoms have been fundamentally correlational in design. Hobfoll (1985) described how these studies on social support can begin to be misunderstood "if the trends of the correlations are accepted as indicative of phenomena which are causally related".

In addition to addressing potential effects of extreme cases and selection issues in social support and stress studies, Hobfoll emphasizes the "bi-directional or multi-directional" effects of the variables. For example, high levels of psychological strain may be strongly influenced by low levels of satisfactory social support, and low levels of satisfaction with social support may be influenced by the high-level strain individual driving away or draining the supportive resources in the network. In a
study supporting the latter relationship. Cole & Milstead (1989) suggested that social skills and social support satisfaction deficits are a consequence rather than a cause of depression in a sample of college students they examined.

One interesting view of how social support may work in relation to buffering and/or directly affecting stress and coping can be seen in the stress and coping model proposed by Lazarus & Folkman (1984). They suggest that upon encountering an event/stimulus, the individual engages in primary appraisal, an evaluation of the event as benign, irrelevant or stressful. Social support may protect the person by preventing the occurrence of stressors. Supportive acts may alter how a person appraises an event. An appraisal of the event as stressful is associated with the experience of emotion. Secondary appraisal is the individual's evaluation of personal resources and options to deal with the event, stress and emotion. Supportive advice and guidance may lead to a more elaborate and realistic evaluation of coping resources and options, and generate or increase self-efficacy beliefs. It may also help the person reappraise the stressor, thinking about it in a more realistic and less threatening manner. The intensity and nature of the stress response is determined jointly by primary and secondary appraisals, i.e., the perceptions of what is at stake and the ability to manage
relevant demands. Coping is defined as the individual's cognitive and behavioral efforts to manage the external and/or internal demands, and is influenced by secondary appraisals. Coping efforts may be problem-focused or emotion-focused. A variety of supportive influences or resources can be mobilized to address the stress experience, including palliative emotional support that can play a containment role by helping the person manage negative emotion.

A psychological construct strongly associated with the experience of stress, psychological distress, depression and the need for more satisfying social support is loneliness. Bragg (1979) and Seligson (1982) argued that while loneliness can be a symptom of depression, it is also a unique construct that shares the same causal origins. Bragg suggested that depression is related to anger and nonsocial aspects of life, while loneliness is related to low initiation of contact with others. Harry Stack Sullivan (1953) gave loneliness a place of prominence in his theory of personality development and defined it as "...the exceedingly unpleasant and driving experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy" (p.290). Weiss (1973) offered an interactionist view of loneliness as stemming both from personal vulnerabilities and from situational constraints on relationships. The postulated personal vulnerabilities
include shyness, social anxiety and self-absorbed focus. Situational constraints included expected and unexpected disruptions such as moving, divorce, role changes, and transitions such as those experienced by adolescents and young adults in the transitions to and from college (Shaver & Burhmester, 1983). Weiss distinguished emotional loneliness from social loneliness. He suggested that emotional loneliness is based on the absence of an intimate attachment figure, such as a parent or spouse. Social loneliness occurs when a person lacks a sense of social connectedness or community that might be provided by having a network of friends and associates.

Until 1982 there were no published systematic approaches to the treatment of loneliness. Jones, Cavert, Snider & Bruce (1985) and Peplau (1985) suggested that loneliness can be considered synonymous with dissatisfaction with one's relationship status and network of social support. In her definition of loneliness Rook (1984) supported this view by stating that "loneliness is... an enduring condition of emotional distress that arises when a person feels estranged from, misunderstood, or rejected by others, and/or lacks appropriate social partners for desired activities, particularly activities that provide a sense of social integration and opportunities for emotional intimacy" (p.1391). Rook emphasized that the use of support networks in efforts to
aid lonely persons must not be overlooked. She described how social support can be enhanced both by restructuring existing social opportunities and by increasing social opportunities through network building. Stokes (1983) argued that individuals who have a dense network of support (i.e., networks in which people are interconnected and are important to each other) tend to be less lonely. Rook & Peplau (1982) endorsed social skills training and increased social support through self-help groups as legitimate and effective interventions to reduce loneliness and, conversely, increase satisfaction with social support.

The phrase "satisfaction with social support" implies that a subjective, individual perception process is fundamental to the presence and activity of social support. Turner (1981) stated that social support can be regarded as a personal experience rather than as a set of objective circumstances or a set of interactional processes. This subjective experience view is a reflection of the constructionist view of Kelly (1955) which emphasizes that "humans actively create and construe their personal realities...which actively creates and constrains new experience and thus determines what the individual will perceive as 'reality'" (Mahoney & Lyddon, 1988, p. 200). Others have placed more weight on the actual nature of interpersonal transactions which reduce stress and enhance coping. Gottlieb (1981) has referred to social support as
"the help that helpers extend" (p. 209), even though he appeared to view support in both objective and subjective terms (Gottlieb, 1983). Henderson, Byrne & Duncan-Jones (1981) have argued that researchers should attend to actual deficits in social relationships rather than deficits as perceived by the person.

Wilcox and Vernberg (1985) argued that a fundamental problem with trying to examine the social support issue is the difficulty of determining whether a particular behavior or interaction is supportive without observing the consequences of the interaction. Mechanic (1962) studied students' efforts to cope with Ph.D. comprehensive exams and found that some attempts by spouses to provide support actually resulted in increased pressure on the students. Wortman & Dunkel-Schetter (1979) found that individuals' support efforts toward cancer victims, though seemingly positively supportive, often communicated the negative affect felt toward the cancer sufferer as well. Actions which, on the surface, appear to be helpful may actually promote dependence, increase pressure and stress, and dilute self-responsibility and perceived self-efficacy (Fisher, DePaulo & Nadler, 1981). Wortman & Conway (1985) pointed out that seeking help and/or receiving support, for some individuals, may highlight one's relative inferiority, failure, and dependency, and threaten self esteem. In addition, Wilcox and Vernberg pointed out the inaccuracy
often involved in attempting to recall past events that may have included some supportive interactions, specifically noting that distortions in recall of supportive behaviors are systematically related to the psychological status (depressed vs. non-depressed) of the respondent.

A synthesis of subjective/perceived support and quantifiable/objective elements of support might be found by looking at support phenomena from a person-environment (P-E) fit perspective. The foundational theories of Lewin (1938) included how "force" or need is aimed at effecting change in the psychological environment. Whether the need is filled or not filled is at least partly dependent on the external environment, and that the "need leads to a change of the environment either by a cognitive restructuring or by a change of structure through locomotion" (p. 109). Murray (1951) spoke of the goal of all needs being less dissatisfaction and more satisfaction, and that needs are "potential dispositions, the activation and establishment of which depends on a variety of external (social, cultural) determinants" (p.455). The fundamental tenet of most P-E fit models is that satisfaction, defined as a pleasant affective state, is produced by the degree of fit between a person's needs (Dawis & Lofquist, 1984), personality characteristics (Holland, 1985), or abilities (French, 1974) and the resources available in, and the demands of, the environment.
Brown, Brady, Lent, Wolfert & Hall (1987), in a study developing the Social Support Inventory (SSI), defined satisfaction with social support as "a positive affective state resulting from one's appraisal of his or her social environment in terms of its success in meeting his or her interpersonal needs" (p. 338). They define dissatisfaction as "an unpleasant affective state resulting from a perception that the interpersonal environment is failing to satisfy important interpersonal needs" (p. 338). The SSI, derived from these definitions, measures perceived P-E fit by asking individuals to rate the amount of specific outcomes needed, wanted or expected (need strength) and the amount received (perceived supply). SSI-PF (perceived fit) scores, calculated by subtracting perceived supply from need strength ratings, correlated significantly with measures of emotional, physiological, and behavioral strain (p. 341). Hobfoll (1985) used the term "ecological congruence" in talking about P-E fit, and argued for the importance of assessing and valuing individual needs before assuming what environmental/social support resources might best be accessed. Blau (1981) and Evans (1969) found P-E fit measures to correlate significantly with job satisfaction. Similar P-E fit correlations have been found in the study of college satisfaction (Williams, 1984), life stress (Stokols, 1979) and life satisfaction as a component of subjective well-being (Diener, 1984).
In service of Hobfoll's urging to assess and value individual needs and characteristics, a look at some personal factors that influence P-E fit and support satisfaction is important. Negative affectivity is a stable, dispositional dimension of mood that reflects a tendency to experience negative, distressing emotions (Costa & McCrae, 1987; Watson & Clark, 1984). It is considered an essentially normal and pervasive personality dimension that is manifest even in the absence of overt stress, though high negative affectivity does not preclude joy or satisfying experiences. The interesting facet of negative affectivity relative to social support is that "displays of negative affect can disrupt the flow of ordinary interaction and can elicit sanctions" (Thoits, 1986). In addition, Watson and Pennebaker (1989) found that negative affectivity was consistently and significantly related to health complaints. They concluded that subjective stress and health measures reflect a significant negative affectivity component. It may be that the relationships between self-reported mental and physical health outcomes and perceived support are partially accounted for by individual differences in levels of negative affectivity.

A number of other dispositional characteristics have been found to be correlates of social support. Sarason, Sarason, Hacker and Basham (1985) showed links between
Correlations between self-esteem and support satisfaction were shown by Dunkel-Schetter, Folkman and Lazarus (1987), and Hobfoll and Freedy (1990). Although satisfaction with support and self-esteem seem related, need for support when experiencing high self-esteem is relatively low, since the internal resource of self-esteem is relied upon more heavily (Perlman & Peplau, 1981). Hobfoll and Freedy (1990) also correlated social support satisfaction with self-mastery. Locus of control, the set of beliefs about how one's experiences have come about, was studied in relation to social support first by Sandler and Lakey (1982). They found that the impact of negative life events or anxiety and depression was moderated by social support for those with internal locus of control, but not for those with external locus of control. Lefcourt (1985) found essentially the same relationship as Sandler and Lakey. Cummins (1989) found that support from a variety of sources was work stress buffering and related to job satisfaction for "internals", while only supervisory support was related to job satisfaction for "externals".

Sarason, Sarason and Shearin (1986) noted that levels of support satisfaction remained consistent for up to three years, even more so than levels of anxiety, depression, and hostility. This led them, as well as Lakey and Cassady (1990), to conclude that social support has traitlike
properties and that perceived social support is perhaps better considered a cognitive personality construct than a social resource.

A personal characteristic that appears to have an impact on types and strengths of support needs expressed, and on support resources accessed in the environment, is gender. Research has generally found that women have larger and more satisfying friendship networks than men, and that men's friendships tend to grow out of similar activities and interests while women's friendships are based on deeper sharing and mutual support (Wrightsman, 1988). In a study of married adults with at least one child, Antonucci and Akiyama (1987) found that women had larger networks and received support from multiple sources, while men relied on their spouses. Antonucci and House (1983), in a study examining the relationship between social support and health, found that women were consistently more positively influenced by social support than men and consistently reported receiving more support from others than men. In their study of self-care among adults suffering from diabetes, Heitzmann and Kaplan (1984) found that women were in better control of their diabetes if they had high levels of satisfaction with support, while men were in poorer control if they had high social support satisfaction. In addition, they found that women tended to
be more satisfied if their support networks were large, while men were more satisfied if their networks were small.

Lefcourt (1985) studied locus of control and social support as moderators of stress, and included in his findings were some related to gender. He found that social support interacted with life events only within the female group in the sample, reflecting that among females the higher the social support satisfaction, the less impact negative life events had on mood disturbance. For males, social support seemed to have very little impact on the relationship of negative life events and mood. A study of men and women in work settings (Defares, Brandjes, Nass & van der Ploeg, 1985) showed that, in terms of interpersonal values, women showed a strong belief in the importance of social support in their lives while men more strongly valued leadership in interpersonal relations. In addition, there was evidence that coping strategy preferences differed according to gender, with men resorting to a far greater extent than women to cognitive-active coping and women resorting to a far greater extent than men to social support in seeking solutions to their problems. Wolgemuth and Betz (1991) found that stress, social support and their interaction accounted for 18% to 29% of the variance in physical symptomatology in women, but accounted for non-significant amounts of the variance in men. That women seem to rely more on and be more the prime beneficiaries of
social support than men is congruent with the literature concerned with sex differences pertaining to sociability (Maccoby, 1966).

Though it seems inconceivable that social support plays such an apparently small role in the well-being of males, it would seem that, at least in comparison to females, social support satisfaction plays a minimal role in offering protection from stress. In one study with a largely male sample (Kobasa, 1982) social support was even found to contribute to distress rather than being a stress buffer.

Some characteristics of the social support network, or characteristics of the interaction between the person and the network, that appear to play a role in satisfaction with support include the presence/availability of intimacy, reciprocity and conflict. Having close friends may be more predictive of general life satisfaction than are family associations (Aizenberg & Treas, 1985; Wood & Robertson, 1978; Arling, 1976), and is associated with coping with life transitions and well-being in adults (Stevens-Long, 1988). Rook (1987) found that companionship had a main effect on psychological well-being and a buffering effect on minor life stresses. She also found that companionship was the strongest predictor of social satisfaction. Stokes (1983), in studying network predictors of satisfaction with support, found that the only component to have both a
linear and curvilinear relationship with satisfaction was number of confidants in the network.

Reciprocity is the perceived exchange of support or resources between/among network members (Antonucci, 1985). Engaging in a variety of activities with social network members, including being the recipient as well as the provider of support, is a significant predictor of social network satisfaction (Hirsch, 1979). A distinctive feature of the social network is that it is characterized by "communal" norms rather than the "exchange" norms that govern non-intimate relationships, and that instead of immediate reciprocity, one should reciprocate when the network member who has provided support needs it in return (Clark, 1983). Antonucci (1985) indicated that people who report that their relationships are non-reciprocal are most likely to perceive that they provide more support than they receive. Reciprocity with friends is associated with higher levels of life satisfaction (Antonucci, Fuhrer & Jackson, 1990; Kahn & Antonucci, 1984).

The impact of conflict on social support satisfaction was examined in a study by Sandler and Barrera (1984). They found that the amount of the social support network that was a source of upsetting interactions, i.e., conflicted, was positively related to symptomatology and increased the relationship between stress and symptomatology. Lehman (1983) separated negative social
interactions into social obstacles and conflicts, and found that social obstacles directly affected well-being and strain, while conflicts were influential in the presence and perceived strength of stress experienced by study participants.

Social skills are a crucial component of the tools needed for gaining satisfaction with social support. Sarason and Sarason (1985) concluded that individuals high and low in social support differ in their social skills no matter how these are measured. They made no causal inferences, stating that those who have many supportive relationships may have had more opportunities to develop better skills, as well as those having better skills may have been able to build more satisfying networks. Gottlieb (1987) included social skills training as an essential element in improving satisfaction with social support, and thereby better averting and resisting stress that can contribute to health and morale problems. Elliott and Gramling (1990) found that the social skill of assertiveness significantly augmented specific types of social relationships that predicted level of psychological symptoms under stressful conditions. Shaver, Fuhrman and Buhrmester (1985) found that for college students at the height of transitional disruption, social skills were important correlates of support satisfaction. They also hypothesized that social skills related to loneliness via
attributing the reasons for not having a more satisfying social support experience to personal failure, i.e. "poor skills".

Life transitions are a worthy focus for examining the needs, dynamics and environmental factors that come into play in social support. Gibson and Brown (1992) defined life transitions in terms of four distinctions—that changes called for in the transition are in response to an external event, and that these changes call for a new level of adaptation; that life transitions are not necessarily synonymous with stages/events of adult development; that life transitions are not necessarily crisis triggered, though if crises result in change they can be considered life transitions; and the life transition is perceived as a time of change from the individual's point of view. Schlossberg (1984) posits that transitions can include change in routines, relationships and roles. It often happens that individuals' sense of identity changes as they integrate turning points/transitions into their life story. Life transitions can be planned or tied to unfolding life development (Brim & Ryff, 1980), examples including leaving home after high school, marriage, job entry, having children, retirement, etc. Other life transitions are unscheduled (Pearlin, 1985), such as major illness, unexpected loss, unexpected gain, etc.

The change inherent in transitions calls for
adaptation and coping. White (1985) clarified these terms by describing adaptation as a broad, ongoing, interactive process of compromise and coming to terms with the environmental change, while coping is a strategy of adaptation under relatively trying circumstances. Resources needed for adaptation and coping have been categorized into three types by Pearlin and Schooler (1978)—coping responses, social resources and psychological resources. Our interest is in looking more closely at social resources (i.e., use of social support) in adapting and coping with transitions.

A significant transition for many individuals and something of a bridge between childhood and adulthood is the move into and out of college. Entering college is not only a major step forward in the educational system, it is, for many, the first significant move from the family home (Feldman & Newcombe, 1969). They note that the individual going to college will be exposed to a whole new world of personal relationships, organizational commitments, values, social attitudes, and academic and vocational choices. The friendships, commitments and value changes established in college can last a lifetime. As described earlier, the changes, stresses and strain inherent in the college/life transition experience calls for adaptation and coping in which social support can play both a direct and buffering role.
Academic performance appears to be influenced by life stress, with Harris (1973) and later Garrity and Ries (1985) having showed that students with lower GPA's experienced significantly more life stress in the previous year than those with higher GPA's. Jemmott and Magliore (1988) studied the effects of academic stress and social support on antibody production in college students, and found that students who reported more satisfaction with social support produced higher levels of antibodies than those who reported less satisfaction. Academic performance and physical and psychological symptomatology are strongly associated with stress, and a combination of mastery beliefs and satisfaction with social support reduced symptomatology and improved academic performance (Felsten & Wilcox, 1992). A study by Biermann and Dornfeld-Platt (1992) showed that an intervention that increased involvement and satisfaction with multiple types of support significantly reduced the dropout rate at a community college. Robbins (1993) found a significant relationship between college students' goal directedness and perceived social support. Structural social support (contact with faculty, family, clubs/organizations, etc.), positive college events and perceived support that enhanced self-esteem appear to interact to boost college satisfaction in community college students (Weir & Okun, 1989). Okun, Sandler and Baumann (1988) found that positive school
events, supported by faculty and family, improved the quality of the students' academic lives, while social support provided by teachers and family buffered the life stress-academic quality relationship. In addition, students who experienced negative life events and were unsupported perceived the quality of their academic life to be lower than those who were supported. Lopez (1989) developed a model of vocational identity development and found that insufficient support from family was a significant contributor to academic difficulties that lead to vocational identity development problems.

The direct and buffering effects of social support/perceived social support on stress and psychological strain that have been described in the adult population seem to generally hold true for college students as well. D'Attilio, Campbell, Lubold and Jacobson (1992) found that satisfaction with social support accounted for the greatest proportion of the variance of interpersonal factors in suicide risk among older adolescents. Benson and Deeter (1992) found that social support satisfaction, impact of negative life events and locus of control directly predicted level of depression in older adolescents. Transitional strain was examined by Sykes and Eden (1985) in looking at the experience of first-year American students studying medicine in Israel, and they found a strong inverse relationship between satisfaction
with support and strain. Sandler and Barrera (1984) found a significant direct and stress-buffering effect for support satisfaction in reducing psychological symptomatology. Hardiness and satisfaction with social support were negatively correlated with psychological distress among college students who were adult children of alcoholics (Kashubek & Christensen, 1992). Cutrona (1982) reported that, among college students, degree of satisfaction with one's network of relationships was a better predictor of loneliness than were variables such as distance from home and frequency of contact with others. Hammerlie (1987) found, not too surprisingly, that college students who score high on measures of social anxiety have lower satisfaction with support and greater perceived network deficits than those who are low in social anxiety. Mallinkrodt (1989) found that significant improvement in symptoms among college students in six group therapy sessions was most strongly related to social support satisfaction outside the therapy group.

The sources of support that college students access play an important role in their support satisfaction and ability to adapt and cope effectively. In addition to the previously mentioned support from formal structures (faculty, clubs/organizations, etc.), the two primary sources of support are family and friends. Arling (1976) and Wood and Robertson (1978) reported that support from
friends is a better predictor of well-being than support from family. Antonucci (1985) hypothesized that friends and family are judged by different standards—family is "supposed to" provide support, and if they don't it is interpreted in a very negative way; friends have no such obligations to "be there" and not receiving support from them would be a less negative experience. Burgio and Tryanski (1988) compared older and younger adults and found that young adults' support friends were just as important as support family relative to life satisfaction. In looking at the relationships among social network structure, types of social support and determinants of support satisfaction in college undergraduates, Bogat, Caldwell, Rogosch, and Kriegler (1985) found that satisfaction with support was positively related to the proportion of the network occupied by the nuclear family and negatively related to the proportion of friends. This finding is very interesting in light of Lapsley, Rice and Shadid (1989) finding that college freshman reported more functional and attitudinal dependencies on parents, while upperclassmen showed less dependence/reliance on parents, and higher levels of independence were associated with personal-emotional adjustment. It is possible that the Bogat, et al. study used primarily underclassmen in its sample, with the parental support link with satisfaction then being consistent with Lapsey, et al. Barber and
Thomas (1986) found that the type of supportive contact with parents that correlates with well-being and self-esteem varied by gender. Female students' well-being was best predicted by mother's general support and father's physical affection, while male students' well-being was predicted by mother's companionship and father's sustained contact.

Intervention efforts for improving individuals' satisfaction with social support have largely operated on an either implicit or explicit P-E fit approach, attempting in some degree to address personal needs and style, as well as resources within the support network. Levy (1979) noted that outside resources can facilitate the modeling of new coping strategies, provide support for changing old behaviors and instituting new ones, and constitute a safe environment for reworking social interactions. Taylor, Falke, Shoptaw and Lichtman (1986) found that peer support group joiners were more likely than non-joiners to have employed peer support groups previously for other problems and to have used various types of social support in their lives, including mental health professionals.

Many college based intervention resources for social support are in place as courses, mini-courses or counseling center offerings (Miranda & Santa-Rita, 1989; Wilcoxon, 1989; Grottkau & Davis, 1987; Cooper & Robinson, 1987; Karr-Kidwell, 1984). Champagne (1987) argued for
interventions to be grounded in knowledge and sensitivity to adult transitions and developmental issues. The above mentioned resources or interventions are group based, and focus primarily on group support and the development of more effective academic and social skills. The support program for women re-entry students described by Karr-Kidwell (1984) includes multidimensional support elements and the option for individual counseling sessions. An intervention aimed at helping lesbian college students restructure their social support networks and improve satisfaction (Hollander, 1989) included teaching participants how to analyze their support networks and develop personal plans to modify that structure to enhance the availability of social support. The support groups that developed served in part as a support substitute for what was missing in these lesbian students' natural environments. Jason (1984) described a cognitive-behavioral group approach to teach social support concepts which included self- and network assessments and targeted specific changes students wanted to make. He found little structural change in network composition, but overall greater satisfaction ratings on a number of support dimensions.

Vaux (1988) suggested that interventions focusing on how participants might develop more satisfying and realistic appraisals of support could prove to be a useful
Brown, Brady, Lent, Wolfert and Hall (1987) developed and used a one-to-one intervention designed to improve the perceived support of lonely and dissatisfied college students. The two assumptions guiding the intervention were as follows: First, that:

...interpersonal dissatisfaction...largely results from the failure of the individual's social environment to satisfy his or her interpersonal needs; and second, that interventions designed to facilitate interpersonal need satisfaction should assist the individual to diagnose...unmet interpersonal needs, generate and implement strategies to attain greater need satisfaction, and develop ways to maintain satisfaction in the future (p. 348).

Although this intervention was used primarily as a vehicle to further assess the utility of the Social Support Inventory (SSI) and was lacking in the controls needed to reliably and validly assess its effectiveness, it presents an intervention model based on P-E fit theory that addresses support satisfaction in a brief one-to-one format. In addition to the theory-driven background of the Brown, et al intervention, it also differs from other support interventions in one fundamental way. Whereas virtually all other support interventions (with the possible exception of the above mentioned intervention described by Jason) serve as a substitute for support missing in participants' lives, the Brown et al intervention model aims exclusively at aiding participants in improving their satisfaction with support in their natural environments.
In summary, the literature seems to suggest that social support plays a highly influential role in an individual's psychological and physical health status, as well as in a variety of "quality of life" components. Both personal and environmental elements appear necessary, but not independently sufficient, to account for the role and impact that social support plays in well-being. Gender, self-esteem, locus of control, social skills and negative affect are some commonly identified personal elements impacting the social support experience. Size of the network of social support, presence and number of confidants, density, relative presence of friends and family, and strain/conflict in the network appear to be commonly identified environmental influences on social support. Support satisfaction appears related to the interaction and "fit" of these person and environment elements. As people encounter life transitions, adequate adaptation and coping efforts appear key in managing the transition effects, and social support appears to play an important role in that process. The transition from home and high school to college is a transitional period that involves personal, environmental and developmental changes, and seems to be both buffered and directly influenced by the presence and nature of social support. Interventions to bolster satisfaction with social support during college life seem to have an implied person-environment fit
foundation, but have often been a group based substitute for what is missing in the student's natural environment. One exception is the Brown, et al (1987) study that aimed at improving students' satisfaction with support in their natural environment.

The primary purpose of this study is to replicate the Brown, et al (1987) study with a more internally valid, single subject research design. The main question is whether an intensive, theory-derived one-to-one intervention is associated with changes in measures of participants' satisfaction with social support. Secondary questions include whether the intervention is associated with changes in participants' perceived closeness, conflict and reciprocity in their relationship with support network members; and whether the intervention is related to changes in adjustment measures that reflect key elements of the participants adequately meeting the demands of college life.
CHAPTER III

METHODS

Subjects Selection

The subjects/participants in the study were selected from the population of all undergraduate and graduate students enrolled at Northern Illinois University during the Spring 1992 semester. Written notices (see Appendix A) describing the study and soliciting volunteers were posted in campus residence halls, classroom buildings, the library, student center, and women's resource center. Notices and verbal announcements were given in several graduate classes and organizations, and in several student organizations (e.g., African-American students, Latino students, non-traditional students, gay/lesbian students).

Seven students attended an introductory meeting with the chief investigator at which the purposes of the study and the expectations of the participants were reviewed. One student indicated that he would not be able to fulfill the expectation for weekly sessions due to a student teaching assignment. The six remaining participant candidates met individually for 15-20 minutes with the
investigator during the next week for brief screening and introduction to the questionnaires to be completed initially and weekly. Two of the students were eliminated as candidates due to admitted current psychological difficulties and involvement in rather intensive psychotherapy at the NIU Counseling and Student Development Center. The potential for participation in the intervention complicating their therapy, as well as their therapy being a possible alternative explanation for any changes seen in support satisfaction during and after the intervention, were the chief considerations for their exclusion. The remaining four students were given written consent forms (see Appendix B), background questionnaires (see Appendix C) and the first set of weekly questionnaires (see Appendices D, E and F), and schedules were set up with each participant for weekly completion of the questionnaires and for beginning the one-to-one intervention sessions. After one week, one of the participants dropped out, citing too heavy of a time demand from the sport she was playing to commit herself to the intervention. This left three participants, all of whom fully complied with the expectations and guidelines for participation in the intervention. They completed all questionnaire materials, including those administered at one year follow-up, and attended all scheduled sessions of the intervention.
Subjects

The following section provides brief background information on the three participants, including demographic, personal and support-related information about each. More detailed data about baseline (pre-intervention) support-related information will be provided in the next (Results) chapter.

Subject 1. Subject 1 was a 33 year old, white, married female who was a full-time undergraduate student of senior status. She was married with no children, and was not working either full-or part-time outside her home. Her yearly household income was between $30,000 and $40,000.

Subject 2. Subject 2 was a 21 year old, single female who was a native of Sri Lanka. She was a full-time student of junior status, and was not employed. She was living with her parents and younger brother (also a NIU student), and was not involved in a romantic relationship, nor was she dating at the beginning of the study. Her yearly family income was reported as between $30,000 and $40,000.

Subject 3. Subject 3 was a 38 year old, white, single female who was a part-time graduate student. She was working full-time while taking classes, and her yearly income is reported between $10,000 and $20,000. She was not involved in a romantic relationship, nor was she dating at the beginning of the study.

Measures
The participants in the study were given questionnaires to complete each week during their participation and again one year later. These questionnaires consisted of four measures. The Background Questionnaire was administered only in the first week of the study and at the one year follow-up. The other three questionnaire measures were completed by the participants during each week of the study and at the one year follow-up.

**Background Questionnaire.** The first part of the questionnaire solicited demographic information (age, gender, ethnicity, relationship status, employment status, income and student status). The remainder of this questionnaire assessed participant support attitudes, self-esteem (Rosenberg, 1965), interpersonal dependency (Hirschfield, et al, 1977), affectivity (Watson, Clark & Tellegen, 1988) and efficacy of help seeking (Eckenrode, 1983).

**Student Transition Questionnaire (STQ).** This measure, developed by Brown, Gibson, Brennan and Multon (1989), is a 90-item multidimensional survey of college adjustment for use primarily with non-traditional student populations. The dimensions include psychological distress, social integration, academic adjustment, family support, friend support, goal commitment and institutional commitment. The first five of these dimensions were considered most
relevant to social support and were used in examining results of the study. Reliability estimates showed internal consistency ranging from .75 to .95 on these dimensions. Validity data provided by Brown, et al (1989) showed theory-consistent patterns on correlates of the seven dimensions reflected in the questionnaire. Psychological distress correlated with state levels of negative affectivity \( (r = -0.68, p < .001) \). Social integration correlated with two "number of campus friends" questions reflecting intimate encounters \( (r = 0.34 \) and \( .31, \) respectively, \( p < .05) \). Academic adjustment correlated with GPA \( (r = 0.49, p < .05) \). Independent measures of friend and family support correlated significantly higher \( (p < .05) \) with their corresponding STQ scales than they did with the other STQ scales.

Interpersonal Satisfaction Inventory (ISI). The ISI is the Subjective Satisfaction scale of the Social Support Inventory (SSI), a theory-derived measure of perceived support developed by Brown, et al (1987). The theoretical model underlying the inventory is a person-environment fit model of satisfaction derived from the theories of Lewin (1938) and Murray (1938, 1951), as well as from the work of Dawis and Lofquist (1984) on job satisfaction. Split-half and coefficient alpha reliability estimates were .94 and .96 respectively. Validity data showed significant correlations \( -0.77 \) to .77, with all except one \( p < .01 \) in
TABLE 1

SUMMARY NORMATIVE INFORMATION ON STQ AND ISI

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STQ (N = 506)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>59.60</td>
<td>8.74</td>
</tr>
<tr>
<td>Social Integration</td>
<td>51.85</td>
<td>9.16</td>
</tr>
<tr>
<td>Academic Adjustment</td>
<td>44.52</td>
<td>7.92</td>
</tr>
<tr>
<td>Family Support</td>
<td>33.60</td>
<td>6.55</td>
</tr>
<tr>
<td>Friend Support</td>
<td>26.65</td>
<td>4.44</td>
</tr>
<tr>
<td><strong>ISI (N = 99)</strong></td>
<td>184.29</td>
<td>52.61</td>
</tr>
</tbody>
</table>

Note. STQ = Student Transition Questionnaire, ISI = Interpersonal Satisfaction Inventory.
the theoretically predicted direction with nine criterion measures (need strength, perceived supply, perceived fit, general satisfaction, relationship quality, depression, anxiety, psychosomatic symptoms and health risk behaviors).

Support System Self-Assessment (SSSA). The SSSA was developed to assess the status of, and changes in, participants' naturally occurring social support networks. It included the participants' listing of people in their networks, their relationship with those individuals, and ratings of the degree of closeness, conflict, and reciprocity in each of those relationships.

Design

The study was carried out using a multiple baseline (across subjects) design (Baer, Wolf & Risley, 1968). It has also been called a time-lagged control design (Gottman, 1973). The design involves a particular treatment--the one-to-one intervention aimed at improving satisfaction with social support--applied in sequence across subjects presumably exposed to "identical" environmental conditions. As the treatment is applied to succeeding subjects, the baseline for each subject increases in length. The participants in this study all began completing the questionnaires the same week. Each labelled her questionnaires with her own private code, in order to ensure investigator "blindness" during scoring. The first subject began the intervention after a two week baseline,
the second after a four week baseline, the third after a six week baseline. Once each participant began the intervention, she completed that week's questionnaires two to four days after an intervention session. This design offered individual baseline measures for contrast against the measures during the intervention, after its completion and at one year follow-up. It also controlled for potential time-related and assessment-related confounding effects.

The scores of the ISI and STQ (five of the seven scales) were converted to Z-scores before being plotted in the multiple baseline format. This was done so that the participants' scores could be referenced with the normative samples for the STQ dimensions/subscales (Gibson, Brennan, Brown & Mutan, 1989) and the ISI (Brown, et al., 1987). The means and standard deviations of these normative samples can be seen in Table 1. Reliability of change scores (Jacobsen, 1984) were calculated for each subject on each of the ISI and STQ measures. This was done in order to calculate the minimum amount of change necessary on each measure to rule out measurement error as a plausible explanation for change in participants' scores.

Intervention

The intervention was designed to help participants improve support in their natural environments, rather than serve as a substitute for support that is lacking. It is
largely a replication of the intervention outlined in Brown, et al (1987). It was developed from a person-environment (P-E) fit theory of satisfaction, as discussed in Chapter II, and was guided by two basic assumptions: (a) that interpersonal dissatisfaction largely results from the failure of the person's social environment to satisfy his/her interpersonal needs; and (b) that the intervention should assist the person in diagnosing major unmet interpersonal needs, develop and use strategies to increase need satisfaction, and develop ways to maintain this satisfaction. Thus, the intervention involved three major stages: diagnosis, problem solving and maintenance. These stages unfolded in the seven sessions (six weekly, plus one follow-up two weeks after the sixth session) of the intervention. (See Appendix G for a detailed outline of each session).

Diagnostic stage. In this stage, the participants were assisted in diagnosing their major unmet interpersonal needs, understanding reasons why these needs were not being satisfied, and setting goals for how they might specifically increase their support satisfaction. This stage took three to four sessions.

The first session involved a discussion of the intervention and the beginning of a rather detailed exploration of the participant's experience of support. General goals, stages and ground rules of the intervention
were described, and information/discussion of the functions and importance of social support took place. A discussion of the participant's interpersonal history, perceptions of current support status and concerns, and an initial summary of potential sources of dissatisfaction occurred. The participant was given the Social Support Inventory (SSI; see Appendix H) to complete, but not score, before the second session.

The second session was devoted to scoring and discussing the SSI, and doing a diagnostic card sort based on the SSI results. The purpose of this was to begin to more clearly identify need themes and major sources of dissatisfaction with support. Once the card sort was completed, the discussion involved looking at the emerging themes of support need and at why the theme-related needs were not being satisfied.

The third session involved two main areas of focus—a review and further discussion of theme-related needs and sources of dissatisfaction, and an analysis of the participant's current support network. The review and discussion included looking at the participant's conceptualization and prioritizing of need themes and sources of dissatisfaction. In addition, some common sources of dissatisfaction found in the literature (e.g., lack of knowledge of needs, lack of social skills, inhibition, inadequate network, misappraisals, conflict
with or in the network, negative support) were listed and discussed. The network analysis consisted of a sociogram-like exercise (see Appendix I) to look at the structure, characteristics and function of the participants current support network.

In the fourth session, the network exercise was further reviewed and discussed, the major sources of dissatisfaction were listed and reviewed and the beginning of the plan/strategy development was addressed. The network exercise was discussed with particular attention to number of confidants relative to family and acquaintances, reciprocity in the participant's relationships, conflictual relationships, network stress and unconnectedness in the network. Discussion reviewing and synthesizing the personal and network sources of dissatisfaction took place, and goals for each major theme and a decision on which goal to pursue initially were set. The participant was asked to complete a network analysis scoring guide and a diagnostic form (see Appendix I) aimed at increasing the clarity and integration of personal and network sources of dissatisfaction with support, and at leading into the formation of strategies to meet her goals.

**Strategy planning and implementation stage.** In this stage the participant developed strategies for pursuing the targeted goal, discussed and rehearsed ways to implement the strategies, and began to implement the strategies.
This stage began in the fourth session and continued as a major component of the next three sessions.

In the fifth session the diagnostic form was used as a tool to begin brainstorming ideas/possibilities for action. The feasibility, potential effectiveness and way of implementing of each potential strategy was discussed. The participant took the information from this discussion and refined and finalized strategies before the sixth session, using the Action Plan form (see Appendix K) that integrated the sources of dissatisfaction, the plan of action, and the potential difficulties that might be encountered in implementing the strategies.

In the sixth session, any initial use of the plan since the last session was discussed and the plan was finalized. Successes or obstacles in initial implementation of the plan were discussed, and a focus on both further implementing the plan and maintaining follow through and success with the plan was taken.

Maintenance stage. The final stage of the intervention involved the participant generating possible difficulties they may encounter in both implementing the strategies she developed and in interpersonal need satisfaction in the future. Once these were identified, discussion of potential strategies to solve them took place.
The seventh session occurred two weeks after the sixth, and involved reviewing the participant's strategies and degree of goal attainment, reviewing ways to increase success and maintain gains, and looking at other interpersonal needs and sources of dissatisfaction for future action and growth. Feedback, role play and discussion of anticipated life transitions took place. The changes and growth seen in the participant's approach to improving her support satisfaction were highlighted, and the Action Plan was refined.
CHAPTER IV

RESULTS

This chapter contains the results relative to the primary and secondary research questions in the study. These pre-intervention and intervention/one year follow-up results are discussed in terms of participant characteristics, overall pattern of results and analysis of each participant's results.

At the beginning of the study, and at a one year follow-up reassessment, each participant completed the Background Questionnaire. Included in this questionnaire were questions about support attitudes (Brown, et al, 1987), self-esteem (Rosenberg, 1965), interpersonal dependency (Hirschfield, Klerman, Gough, Barrett, Korchim, & Chodoff, 1977), positive and negative affectivity (Watson, Clark & Tellegen, 1988), and efficacy of help seeking (Eckenrode, 1983). Additionally, all three subjects updated measures of social support satisfaction (ISI), adjustment to college (STQ) and support network characteristics (SSSA) on a weekly basis.

The three participants' scores on the Background Questionnaire measures are listed in Table 2. Scores and
information on the results of the weekly support-related measures can be seen in Tables 3 and 4, and in Figures 1 through 9.

**Pre-Intervention Results.**

**Support attitudes.** Scores on the support attitude measure range from 1 through 7, with higher scores on "likelihood to ask for support", "satisfaction with current support" and "control over improving support" reflecting more desirable attitudes, and lower scores on "lack of support a current problem" and "help wanted to improve support" being more desirable.

Subjects 1 and 3 indicated rather high levels of satisfaction with support at the beginning of the study (scores = 6 and 5, respectively), yet considered lack of supportive relationships a problem (again, respective scores of 6 and 5). Subject 2 was only moderately satisfied with support received (score = 4), yet indicated that lack of supportive relationships was a relatively minor problem (score = 3) and that she felt a good deal of control over improving support (score = 6). She listed herself as moderately likely to ask for support (score = 4). Subject 1 felt moderate control of improving her support (score = 4), while Subject 3 felt little control over support improvement (score = 2). Subjects 1 and 3 were likely to ask for supportive help (scores = 6 and 7, respectively). Subject 1 indicated an initial moderate
TABLE 2
BACKGROUND QUESTIONNAIRE MEASURES

<table>
<thead>
<tr>
<th>Measures</th>
<th>S1</th>
<th>S2</th>
<th>S3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support Attitudes (Scale 1-7):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likelihood to ask for support</td>
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<td></td>
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<td>Control over improving support</td>
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<td>Help wanted to improve support</td>
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<td>Self-Esteem (a)</td>
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<td><strong>PANAS (1-5 scale, low-high)</strong></td>
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<td>Negative Affectivity</td>
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<td><strong>Efficacy of Help Seeking (4 pt. scale)</strong></td>
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<td>21</td>
<td>17</td>
<td>13</td>
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</table>

(table continues)
TABLE 2 (continued)

Note. (a) 4-point scale, with ranges of low = 10-23, medium = 24-30, high = 31-40. (b) Mean = 39.7, Standard deviation = 7.7. (c) Mean = 29.7, Standard deviation = 6.7. (d) Mean = 29.4, Standard deviation = 5.7.
desire for help in improving supportive relationships (score = 4), while Subjects 2 and 3 were relatively strong in their desire for help in improving support initially (scores = 6 and 7, respectively).

**Self-esteem.** Rosenberg (1965) suggested that on his 10 question measure (scale range of 1 to 4, reflecting low to high) scores of 10-23, 24-30 and 31-40 reflect low, medium, and high self-esteem. Subject 3 scored high (score = 35) on the self-esteem continuum, Subject 1 scored in the medium range (score = 29) and Subject 2 scored in the low-medium range (score = 25) initially.

**Interpersonal dependency.** As can be seen in Table 2, this inventory has three subscales. Responses to items range from 1 to 4 ("not characteristic of me" to "very characteristic of me"). The Emotional Reliance on Another Person subscale (mean = 39.7, s.d. = 7.7) reflects the wish for contact with and emotional support from specific other persons, as well as expressing a dread of loss of that person. Higher scores reflect greater emotional reliance on others. In the pre-intervention measures, Subjects 1 and 2 scored 53 and 59, respectively, indicating a very strong initial need for emotional support and fear of losing person(s) supplying that support. Subject 3 initially scored 45, indicating moderately strong need for support and fear of loss.
The Lack of Social Self-Confidence subscale (mean = 29.7, s.d. = 6.7) reflects wishes for help in decision making, in social situations and in taking initiative. Higher scores reflect more of a lack of social self-confidence. The pre-intervention scores of Subjects 1 and 3 were 27 and 30, respectively, reflecting an average level of social self-confidence. Subject 2 scored 35, suggesting she feels a moderately strong level of uncertainty and need for help or support in social situations.

The Assertion of Autonomy subscale (mean = 29.4, s.d = 5.7) reflects preferences for being alone and for independent behavior, as well as the belief that one's self-esteem does not depend on the approval of others. Higher scores reflect greater assertion of autonomy. At the beginning of the study, Subjects 2 and 3 scored 29 and 30, respectively, reflecting average autonomy assertion. Subject 1 scored 24, suggesting some neediness for companionship and dependency on others' approval.

Affectivity. The PANAS is a measure of affectivity, a construct that reflects an apparent trait-like orientation of mood, perception and emotional disposition. The positive and negative affectivity dimensions are orthogonal (i.e., these affectivity dimensions are not opposite poles of the same continuum). Negative affectivity correlates with self-reports of distress, health concerns and daily hassles. Scores can range from 10 to 50, reflecting
lowest to highest levels of each type of affectivity. All three subjects showed moderate to moderately high positive affectivity scores, with Subjects 2 and 3 (scores = 36 and 37, respectively) slightly higher than Subject 1 (score = 31), at pre-intervention. There was a wide range of scores on negative affectivity, with Subject 2's score (44) reflecting a high level of negative affectivity, Subject 3 (score = 13) a very low level of negative affectivity and Subject 1 (score = 23) indicating a low to moderate level.

Efficacy of help seeking. This 6-item, 4-point scale measures beliefs in the benefits versus costs of seeking and accepting help from others. Scores can range from 6 to 24. All three subjects showed a moderately positive belief in the efficacy of help seeking/receiving initially, scoring 16, 16 and 17 respectively.

In summary, Subject 1 displayed high likelihood to ask for support, moderate control of improving support and moderate desire to improve support. She indicated strong satisfaction with support, yet in seeming contradiction, strongly endorsed lack of support as a current problem. She showed adequate self-esteem, rather high levels of interpersonal dependency, moderate levels of both positive and negative affectivity, and rather positive attitudes about the benefits of help seeking. Subject 2 indicated she was moderately likely to ask for support, felt a high level of control over improving support, and had a strong
desire to improve support. She was only moderately satisfied with current support, yet did not indicate that lack of support was a significant problem. She showed a low to moderate level of self-esteem, rather high levels of interpersonal dependency, high levels of both positive and negative affectivity and rather positive belief about the efficacy of seeking help. Subject 3 was highly likely to ask for support, felt little control over improving support, and strongly desired help in improving support. She was rather satisfied with current support, yet saw lack of current support as a moderate to high level concern. She showed a high level of self-esteem, generally average levels of interpersonal dependency, high positive affectivity and low negative affectivity, and rather strong positive beliefs in the efficacy of help seeking.

**Individual Participant Results**

The three subjects' scores on Background Questionnaire measures at one year follow-up, individual scores on measures of support satisfaction (ISI), college adjustment (STQ) and support network characteristics (SSSA), score patterns and Reliability of Change Index (RCI) scores can be seen in Figures 1 through 9 and in Tables 2, 3 and 4.

It appears that Subject 3, who was initially the least distressed and generally more dissatisfied with support than the other subjects, had the most positive outcomes
TABLE 3
RELIABILITY OF CHANGE INDEX SCORES

<table>
<thead>
<tr>
<th>Measures</th>
<th>S1</th>
<th>S2</th>
<th>S3</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Through intervention</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>STQ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psych. Distress</td>
<td>-0.66</td>
<td>3.87*</td>
<td>7.17*</td>
</tr>
<tr>
<td>Acad. Adjustment</td>
<td>-4.61*</td>
<td>4.93*</td>
<td>10.47*</td>
</tr>
<tr>
<td>Social Integration</td>
<td>1.00</td>
<td>3.26*</td>
<td>16.59*</td>
</tr>
<tr>
<td>Friend Support</td>
<td>-1.00</td>
<td>-0.33</td>
<td>0.62</td>
</tr>
<tr>
<td>Family Support</td>
<td>6.02*</td>
<td>-3.26*</td>
<td>5.81*</td>
</tr>
<tr>
<td>ISI</td>
<td>0.03</td>
<td>-0.55</td>
<td>5.27*</td>
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<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>One year follow-up</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>STQ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psych. Distress</td>
<td>5.00*</td>
<td>5.38*</td>
<td>22.63*</td>
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<tr>
<td>Acad. Adjustment</td>
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<td>21.35*</td>
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<td>5.83*</td>
<td>46.58*</td>
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<tr>
<td>Friend Support</td>
<td>0.00</td>
<td>15.52*</td>
<td>22.21*</td>
</tr>
<tr>
<td>Family Support</td>
<td>* 4.00</td>
<td>0.00</td>
<td>29.07*</td>
</tr>
<tr>
<td>ISI</td>
<td>8.03*</td>
<td>0.71</td>
<td>11.68*</td>
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*Note.*  STQ = Student Transition Questionnaire.  ISI = Interpersonal Satisfaction Inventory.

* p< .05.
TABLE 4
NETWORK COMPOSITION CHARACTERISTICS

<table>
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<tr>
<th>Characteristic</th>
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<th>S2</th>
<th>S3</th>
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</thead>
<tbody>
<tr>
<td>Change in no. of support network</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>members, start to 1 yr. follow-up</td>
<td>-5</td>
<td>+6</td>
<td>-2</td>
</tr>
<tr>
<td>Proportion of family members to friends in network</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pre-intervention</td>
<td>7:25</td>
<td>4:9</td>
<td>3:19</td>
</tr>
<tr>
<td>End of intervention</td>
<td>7:27</td>
<td>5:11</td>
<td>3:19</td>
</tr>
<tr>
<td>One year follow-up</td>
<td>7:20</td>
<td>5:14</td>
<td>3:17</td>
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<tr>
<td>Closeness (scale 1-5, distant-close)</td>
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<td></td>
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<tr>
<td>Pre-intervention mean</td>
<td>3.28</td>
<td>2.53</td>
<td>3.14</td>
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<tr>
<td>During intervention mean</td>
<td>2.97</td>
<td>2.17</td>
<td>3.21</td>
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<td>One year follow-up</td>
<td>2.81</td>
<td>2.95</td>
<td>3.80</td>
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<tr>
<td>RC through intervention</td>
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<td>-.86</td>
<td>.19</td>
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<tr>
<td>RC at one year follow-up</td>
<td>-1.54</td>
<td>3.00*</td>
<td>6.00*</td>
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<td>Conflict (scale 1-5, less-more)</td>
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<td>Pre-intervention mean</td>
<td>1.72</td>
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<td>-3.44*</td>
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* denotes significance at the .05 level.
TABLE 4 (continued)

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<td>Reciprocity (% of reciprocal rels.)</td>
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<td>Pre-intervention mean %</td>
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<td>78.75</td>
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<tr>
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<tr>
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<td>80.00</td>
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<tr>
<td>RC through intervention</td>
<td>-.52</td>
<td>.52</td>
<td>.28</td>
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<tr>
<td>RC at one year follow-up</td>
<td>23.67*</td>
<td>.67</td>
<td>3.60*</td>
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</table>

Note. RC = Reliability of Change Index.

* p< .05.
across time and at one year follow-up, while Subjects 1 and 2's outcomes were much more variable.

Subject 3. Subject 3's outcomes at the end of the intervention on the ISI and the five relevant STQ subscales were all in a positive direction, with five of the six outcome scores (all except Friend Support) having a statistically significant Reliability of Change Index score. Her Network Composition outcomes in Closeness, Conflict and Reciprocity were in the expected direction at the end of the intervention, but chance changes in these measures could not be ruled out given the non-significant RCI results. All of her one year follow-up outcomes on the ISI, STQ and Network Composition categories were significant and in a positive or expected direction. Her results on the Background Questionnaire measures at one year follow-up were exceptionally positive and in the expected direction in all areas except efficacy of help seeking. Thus it appears that by the end of the intervention, and even more dramatically at the one year follow-up, Subject 3 showed gains in almost all support related measures.

Subject 1. Subject 1 had generally higher overall pre-intervention scores on the ISI, STQ subscales and SSSA than the other two participants. However, she showed a steady or positive/expected direction of scores on virtually all the measures once the intervention began, but
the only statistically significant change was on the Family Support subscale of the STQ. At one year follow-up she showed significant change in a positive direction on the ISI and all the STQ subscale measures except Friend Support. On the Network Composition categories she showed significant change in Reciprocity, non-significant change in the expected direction in Conflict and non-significant change in a negative direction on Closeness. On Background Questionnaire measures at one year follow-up, Subject 1's scores either remained at high/positive pre-intervention levels or moved in a positive/expected direction on most of the scales. Support attitudes appeared very positive, with positive gains noted in control of improving support (from 4 to 6), lack of support a problem (from 6 to 2), and help wanted to improve support (from 4 to 2). Self-esteem dropped slightly (29 to 25), though remained in the medium range. Interpersonal dependency scores moved in a positive/expected direction, with a large drop (53 to 36) in emotional reliance on others. Her affectivity remained the same, and sense of efficacy in help seeking improved (from 16 to 21) more than the other participants. Thus, Subject 1 showed overall changes in a positive direction by the end of the intervention, though it cannot be ruled out that these changes (with the exception of the significant change in Family Support on the STQ) may be due to chance. At one year follow-up, positive significant changes were
seen on the ISI and almost all STQ subscales, network characteristic measures showed mixed results.

**Subject 2.** Subject 2 clearly had the lowest baseline/pre-intervention scores of the three subjects. Additionally, as described earlier in the assessment of the Background Questionnaire measures, she was more dissatisfied with support and more distressed than the other subjects at the beginning of the study. She remained so at one year follow-up. She generally showed more variability and negative direction in her scores on the ISI, STQ and SSSA measures. She showed significant change in a negative direction on the Family Support subscale of the STQ, and non-significant change in a negative direction on the ISI and the STQ Friend Support subscale by the end of the intervention. She showed small but statistically significant positive changes on the STQ sub-scales of Psychological Distress, Academic Adjustment and Social Integration by the end of the intervention. On the Network Composition categories, she showed non-significant changes in the expected direction on Conflict and Reciprocity, though she did indicate that 100% of her relationships felt reciprocal after the last two session of the intervention. She showed non-significant negative change on Closeness. At one year follow-up significant positive changes were seen in all STQ subscales except Family Support and in the Network Composition category of Closeness. Non-significant
Figure 1. ISI results, converted to Z-Scores, across weeks.
Figure 2. STQ Friend Support, converted to Z-Scores, across weeks.
Figure 3. STQ Family Support, converted to Z-Scores, across weeks.
Figure 4. STQ Social Integration, converted to Z-Scores, across weeks.
Figure 5. SSSA Closeness, across weeks.
Figure 6. SSSA Conflict, across weeks.
Figure 7. SSSA Reciprocity, across weeks.
Figure 8. STQ Psych. Distress, converted to Z-Scores, across weeks.
Figure 9. STQ Acad. Adjustment, converted to Z-Scores, across weeks.
positive changes occurred on the ISI and on Network Composition categories of Conflict and Reciprocity. On Background Questionnaire measures at one year follow-up, Subject 2 showed results essentially the same as at pre-intervention assessment, except for small changes in a positive/expected direction on interpersonal dependency elements and on negative affectivity. Thus, Subject 2 showed the fewest positive changes on support related measures through the intervention and at one year follow-up. She did show large gains in STQ Academic Adjustment and Friend Support, as well as significant positive change in SSSA Closeness and non-significant positive change in Conflict and Reciprocity at one year follow-up. She remained more distressed and more dissatisfied than the other subjects, as seen in Background Questionnaire one year follow-up support attitudes, self-esteem, interpersonal dependency, and negative affectivity results.

Pattern Of Results.

In summary, it appears that the intervention was not associated with a clear pattern of results across subjects. There were few consistent trends in scores on the measures across subjects across measurement phases. On only one of the measures, STQ subscale of Social Integration, did all three subjects show positive changes across pre-intervention and intervention phases, though only Subjects 2 and 3's outcomes on this subscale showed statistically
significant Reliability of Change Index scores (Table 3). At the one year follow-up, however, the three subjects showed steady or increased scores on all but one measure (SSSA Reciprocity measure for Subject 2), and the Reliability of Change Index scores were statistically significant on 83% of the scores on the ISI and the STQ subscale measures across subjects at one year follow-up (Table 3).

The other discernable trend across subjects involved an apparent covarying of scores on the ISI and the Psychological Distress factor on the STQ (Figures 1 and 8). It appears that the score configurations across subjects over time for these two measures are virtually identical, suggesting a possible relationship between subjective satisfaction with support and report of psychological status.
CHAPTER V
DISCUSSION

The primary interest in this study was to assess whether the structured, theory-based intervention used was associated with changes in participants' satisfaction with social support. When looking at the measures that are most directly support related (ISI; STQ-Family Support, Friend Support and Social Integration subscales; and SSSA scales of Closeness, Conflict and Reciprocity), the end of intervention results are certainly equivocal. In terms of statistical significance as reflected by Reliability of Change Index, none of these measures showed gains in support satisfaction across all three subjects, and in a few instances negative results occurred. However, at least two of the three subjects showed gains, significant and non-significant, on five of the seven support related measures.

The one year follow-up results are both positive and encouraging. Though arguments can be made for the one year follow-up gains being related to factors or circumstances other than the intervention, their magnitude and breadth of the gains are difficult to ignore. Reported changes in
demographics/circumstances of the participants included Subjects 1 and 3 finishing school, Subject 1 now working full-time, and Subject 2 now dating (a seemingly positive support-related change). The number of reported members in the support networks of Subjects 1 and 3 decreased slightly, as did their friends to family in the support network ratio. Subject 2 had slight increases in both these categories. Nothing in the background questionnaire asked about participation in psychotherapy or workshops, personal growth reading or impactful religious experiences since the end of the intervention, so there is a chance that the subjects had personally transforming experiences that affected their approach and satisfaction with social support. However, it is possible that in spite of the focus, encouragement, feedback and expectations for work on improving support satisfaction during the intervention, the larger and more important gains took time to develop in the subjects' attitudes, perceptions and relationships. The impact of the Action Plans, and emphasis on ways of maintaining gains that were major components of the sixth and seventh sessions of the intervention, may have borne fruit in the subsequent months.

A characteristic of the subjects that may have played a large role in how much improvement in support satisfaction was spawned by the intervention is psychological status/affectivity. As mentioned in the
previous chapter, ISI scores (reflecting support satisfaction) seemed to covary with STQ-Psychological Distress scores. In addition, there appears to be a strong relationship between negative affectivity scores and overall gains on support-related measures. Strickland, Hale and Anderson (1975) suggested that cognitive mediation of mood (positive and negative) led positive mood subjects toward more social activity, while negative mood subjects gravitated toward solitude/withdrawal. Isen, Shalker, Clark and Karp (1975) found evidence that mood state serves as a cue by which cognitions are accessed and that these play a role in influencing the person's decision-making and behavior. Pietromonaco, Rook and Lewis (1992) found that "dysphorics" consistently underestimated "non-dysphorics'" support and sympathy for them. Clark and Watson (1988) found that while positive affectivity was associated with social interactions and activity, comments about relationships (reflecting perceptions of social support?) were associated with elevations in negative affectivity. Without changes in negative affectivity, support appraisals may be rather intractable to modification, as should experiences of distress and felt need for support. If negative affectivity accounts for a sizable portion of how much participants might gain from this intervention, then attempts to assess and modify affectivity should be
effected before more focused efforts are directed toward improvement in support satisfaction.

In addition to the possible impact of psychological distress/negative affectivity on how and how much the participants may have benefitted from the intervention, it is also worth considering the role cultural issues played in Subject 2's results. As a native of Sri Lanka who had come to the United States 10 years earlier, and had made extended visits to her home country almost every year since, she may still struggle with feelings of alienation and difficulties adjusting to aspects of American college life. Her psychological distress may be heightened by this sense of alienation and loss of her familiar life in Sri Lanka. In addition, in spite of efforts by the chief examiner to be culturally sensitive, the intervention may have inadvertently ignored or conflicted with her culturally based needs, customs and expectations for relationships.

The delivery of the intervention was carried out by the chief investigator of the study, which certainly compromises external validity. In spite of the highly structured nature of the intervention, it is possible that the process, relationship with the subjects, and their responses on the measures could have been influenced by even an unconscious desire of the investigator for them to "do well".
The intervention was carried out on a one to one basis, which both added and precluded elements of the process that could potentially benefit the participants' efforts to improve support satisfaction. The one to one format offered an opportunity for extended personalized discussion, a close or more "customized" look at personal and support network characteristics and development of a "therapeutic" relationship with the facilitator. It could not offer the variety of support, feedback, vicarious learning and practice/role play opportunities that a group intervention might offer.

One fundamental future research question is whether this theory-based social support intervention is associated with "better" outcomes than alternatives such as social skills training, support groups, readings on improving support, no treatment, etc. Another question is whether the intervention is associated with more improvement in support satisfaction than an intervention aimed at reducing negative affectivity. The intervention itself might be more effective by not only addressing mood/negative affectivity more vigorously early in the intervention (a more aggressive and idiographic use of the diagnostic phase), but by giving increased attention to specific expectations of support from particular people in the participant's support network, as suggested by Pierce, Sarason and Sarason (1992). These specific support
expectations may play a major role in satisfaction since general expectations for support are not adequate to address the likelihood that a substantial proportion of support received comes from a rather small number of specific individuals in the network.

Beyond addressing the above empirical and conceptual concerns, it is hoped that the intervention may serve as useful counseling tool or model for other interventions to improve social support satisfaction. It would seem that its use in a university counseling center setting, which serves a population in developmental and situational transition and might be able to draw enough interested participants for a group intervention, would be a beneficial addition to its available services.
APPENDIX A

WRITTEN NOTICE DESCRIBING THE STUDY
A research project is being conducted by Brian Rooney, a doctoral intern with the Counseling and Student Development Center, on improving satisfaction with one's network of family and friends. The research will assess the effectiveness of a focused, one-to-one, 7 session intervention on participants' self-reports about their satisfaction with social support, i.e., their network of family and friends.

Participation in the project involves attending all of the 7 sessions, as well as spending approximately 20 minutes per week filling out a questionnaire. The sessions will last 50 minutes.

Any undergraduate or graduate student is eligible for participation in the project. Any interest in increasing satisfaction (or reducing dissatisfaction) with one's network of family and friends is sufficient for participation in the project. Students who may be rather isolated, shy, lacking in effective social skills, in a transition period, lacking confidants or having other concerns/circumstances affecting their satisfaction with their social support network would likely find the intervention informative and, hopefully, beneficial.

If you or any students you know are interested in participating, or at least knowing more about this project, please contact Brian Rooney at the Counseling and Student Development Center, 753-1206.

The planned start of the project is before the middle of February, 1992.

Thank you for your interest and assistance.
APPENDIX B

WRITTEN CONSENT FORM
WRITTEN CONSENT FORM

TITLE: An Evaluation of a Social Support Intervention

I, ________________________________, state that I am over 18 years of age and that I wish to participate in a research project being conducted by Brian Rooney.

This project intends to assess the effectiveness of an intervention that facilitates the participant in assessing and beginning to change sources of dissatisfaction with his/her social support network. It involves exploring both one's social support network and one's own personal style, values and needs. There can be some potential risks in this process—possible emotional discomfort in exploration of one's personal style, value and needs; and possible conflict with members of the social support network if one begins to change one's approach or relationship to the network. The potential benefits include increased satisfaction with one's social support network, increased self-awareness and increased creativity in addressing future areas of dissatisfaction with one's social support network. The intervention involves 6 sessions plus one follow-up session, each session lasting 60 minutes. Self-report questionnaires will be completed before starting the intervention and every week thereafter. All participant information (both from questionnaires and sessions) will be confidential.

I am aware that I may withdraw from participation at any time without prejudice; that any inquiries which I may make concerning the procedures to be followed will be answered; and that I will be given a copy of this consent form.

In the event of any desire or need for psychotherapeutic services that arises from participating in this project, the NIU Counseling and Student Development Center is available for assistance.

In the event that I believe that I have suffered any harm or violation of my rights as the result of participation in this project, I may contact the Chairperson of the Institutional Review Board at NIU or at Loyola University of Chicago.

I freely and voluntarily consent to my participation in the research project.

Investigator_________________________ Subject_________________________

Date_________________________ Date_________________________
APPENDIX C

BACKGROUND QUESTIONNAIRES
BACKGROUND QUESTIONNAIRE

This questionnaire contains questions about you, your recent experiences, your relationships, your feelings, and your thoughts. Please answer all questions frankly and completely.

Turn the page and begin......
Demographic Information

1. Age____________________  2. Sex ___ Male ___ Female

3. Racial/Ethnic Background
   (Check One):
   ___ African-American
   ___ Asian/Pacific Islander
   ___ Caucasian
   ___ Hispanic
   ___ Native American (American Indian)
   ___ Other (Please Specify____________________)

4. Marital Status
   (Check one):
   ___ Married
   ___ Separated
   ___ Divorced
   ___ Widowed
   ___ Single (Never Married)

5. Dating Status in Past Month
   (Check one):
   ___ Not Dating
   ___ Dating, But No One Person
   ___ Dating, One Person Exclusively
   ___ Living Together
   ___ Married

6. Current Employment Status
   (Check one):
   ___ Not Working
   ___ Homemaker
   ___ Working Part-Time (Less Than 40 Hours Per Week)
   ___ Working Full-Time (40 or More Hours Per Week)

7. Student Status
   (Check one):
   ___ Not in School
   ___ Part-Time Student
   ___ Full-Time Student

8. Year in School
   (Check one):
   ___ Not in School
   ___ Freshman
   ___ Sophomore
   ___ Junior
   ___ Senior
   ___ Graduate or Professional School
   ___ Other (Please Specify____________________)

9. Total Yearly Household Income (If married, include
spouse's income; if financial support received from parents, grants, etc., include this income) (Check one):

- Less than $10,000
- $10,000 to $19,000
- $20,000 to $29,000
- $30,000 to $49,000
- $40,000 to $49,000
- More than $50,000

10. How likely are you to ask someone for help or support when you have a personal problem? (Circle one number):


11. How satisfied are you with the help or support you receive from others? (Circle one number):


12. How much control do you currently feel that you have over improving the help or support you receive from others?


13. How much of a problem do you consider a lack of supportive relationships to be for you today? (Circle one number):


14. How much do you want help to improve your supportive relationships? (Circle one number):


In this section of the questionnaire, circle the letters that tell how you feel (circle one letter for each statement).

**SA**= Strongly Agree  
**A**= Agree  
**D**= Disagree  
**SD**= Strongly Disagree

1. On the whole, I am satisfied with myself. SA A D SD
2. At times, I think I am no good at all. SA A D SD
3. I feel that I have a number of good qualities. SA A D SD
4. I am able to do things as well as most other people. SA A D SD
5. I feel I do not have much to be proud of. SA A D SD
6. I certainly feel useless at times. SA A D SD
7. I feel that I am a person of worth, at least on an equal plane with others. SA A D SD
8. I wish I could have more respect for myself. SA A D SD
9. All in all, I am inclined to feel that I am a failure. SA A D SD
10. I take a positive attitude toward SA A D SD
This section of the questionnaire contains 48 statements that may or may not be characteristic of you. Please read each statement carefully and then using the scale below, rate how characteristic the statement is of you today. Try to be frank and rate each statement in terms of how characteristic it is of you, not how you would like to be. Place your rating in the space provided next to the item.

1 = Not characteristic of me  
2 = Somewhat characteristic of me  
3 = Quite characteristic of me  
4 = Very characteristic of me

__1. I prefer to be by myself.

__2. When I have a decision to make, I always ask for advice.

__3. I do my best work when I know it will be appreciated.

__4. I can't stand being fussed over when I am sick.

__5. I would rather be a follower than a leader.

__6. I believe people could do a lot more for me if they wanted to.

__7. As a child, pleasing my parents was very important to me.

__8. I don’t need other people to make me feel good.

__9. Disapproval by someone I care about is very painful to me.

__10. I feel confident that my ability to deal with most of the personal problems I am likely to meet in life.

__11. I am the only person I want to please.

__12. The idea of losing a close friend is terrifying to me.

__13. I am quick to agree with the opinions expressed by others.

__14. I rely only on myself.
1 = Not characteristic of me
2 = Somewhat characteristic of me
3 = Quite characteristic of me
4 = Very characteristic of me

15. I would be completely lost if I didn't have someone special.

16. I get upset when someone discovers a mistake I've made.

17. It's hard for me to ask someone for a favor.

18. I hate it when people offer me sympathy.

19. I easily get discouraged when I don't get what I need from others.

20. In an argument, I give in easily.

21. I don't need much from people.

22. I must have one person who is very special to me.

23. When I go to a party, I expect that other people will like me.

24. I feel better when I know someone else is in command.

25. When I am sick, I prefer that my friends leave me alone.

26. I am never happier than when people say I've done a good job.

27. It is hard for me to make up my mind about a TV show or movie until I know what other people think.

28. I am willing to disregard other people's feelings in order to accomplish something that's important to me.

29. I need to have one person who puts me above all others.

30. In social situations, I tend to be very self-conscious.

31. I don't need anyone.
1 = Not characteristic of me
2 = Somewhat characteristic of me
3 = Quite characteristic of me
4 = Very characteristic of me

32. I have a lot of trouble making decisions for myself.
33. I tend to imagine the worst if a loved one doesn't arrive when expected.
34. When things go wrong, I can't get along without asking for help from my friends.
35. I tend to expect too much from others.
36. I don't like to buy clothes by myself.
37. I tend to be a loner.
38. I feel that I never really get all I need from people.
39. When I meet new people, I'm afraid I won't do the right thing.
40. Even if most people turned against me, I could still go on if someone I love stood by me.
41. I would rather stay from of involvements with others than to risk disappointments.
42. What people think of me doesn't affect how I feel.
43. I think that most people don't realize how easily they can hurt me.
44. I am very confident about my own judgement.
45. I have always had a terrible fear that I will lose the love and support of people I need.
46. I don't have what it takes to be a good leader.
47. I would feel helpless if deserted by someone I love.
48. What other people say doesn't bother me.
This section of the questionnaire consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you generally feel this way. Use the following scale to record your answers.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>very slightly</td>
<td>a</td>
<td>moderately</td>
<td>quite a</td>
<td>extremely</td>
</tr>
<tr>
<td>or not at all</td>
<td>little</td>
<td>bit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___ interested
___ distressed
___ excited
___ upset
___ strong
___ guilty
___ scared
___ hostile
___ enthusiastic
___ proud

___ irritable
___ alert
___ ashamed
___ inspired
___ nervous
___ determined
___ attentive
___ jittery
___ active
___ afraid
Support Systems, Stress and Primary Health Care Project

Efficacy of help-seeking scale

Each of the following questions was accompanied by the response categories: (1) agree strongly; (2) agree somewhat; (3) disagree somewhat; (4) disagree strongly.

1. It is better to take care of your own problems than rely on others.
2. Accepting help from other people makes you feel like you owe them something in return.
3. You shouldn't offer someone help unless they ask for it first.
4. *Just talking over your worries with someone can make you feel better.
5. Admitting hardships to others is a sign of weakness.
6. Opening up to others allows them to take advantage of you.

* reverse scale
APPENDIX D

STUDENT TRANSITION QUESTIONNAIRE (STQ)
STUDENT TRANSITION QUESTIONNAIRE

In responding to the following statements, think about the thoughts, feelings, and experiences you are having at this point in the semester. Then indicate the extent to which you agree or disagree that the statements describe thoughts, feelings, or experiences you are having currently (at this point in the semester). Do not be concerned if some items are about things that are not as important to you as are others. Just indicate your agreement or disagreement with the item regardless of how important it is to you.

Circle one of the following four choices for each item:

SD = strongly disagree
D = disagree
A = agree
SA = strongly agree

1. I am dissatisfied with the quality or the caliber of courses available at this institution. SD D A SA

2. I often feel like crying. SD D A SA

3. I don't think that I will be able to meet as many people as I want here. SD D A SA

4. I don't have any friends outside of this school who I can talk to if I am feeling down about or pressured by school. SD D A SA

5. My colleagues at work are supportive of my attending college. SD D A SA

6. I haven't been very efficient in my use of study time. SD D A SA

7. I haven't had many satisfying, informal contacts with other students at this school. SD D A SA

8. I have been feeling relaxed and calm. SD D A SA

9. I am pleased about my decision to attend this institution. SD D A SA

10. I can discuss problems at school with my family. SD D A SA
SD = Strongly Disagree  D = Disagree  A = Agree  SA = Strongly Agree

11. I have several close social ties at this college/university.  SD D A SA

12. I feel that I fit in well as a part of this college/university environment.  SD D A SA

13. I've put on (or lost) too much weight recently.  SD D A SA

14. I am satisfied with how my life is going.  SD D A SA

15. I am thinking about dropping out of college.  SD D A SA

16. My friends outside of this school don't understand when I am unable to spend time with them due to my school commitments.  SD D A SA

17. I feel that life is a wonderful adventure.  SD D A SA

18. I am satisfied with the extent to which I am participating in social activities at this college/university.  SD D A SA

19. I should be working harder in school.  SD D A SA

20. I expect to stay at this institution to complete a course of study (for example: degree or certificate).  SD D A SA

21. I am adjusting well to college.  SD D A SA

22. There is a member of my family I can talk to when I am feeling down or pressured about school.  SD D A SA

23. I wish I were at another college or university.  SD D A SA

24. I am satisfied with the level at which I am performing academically.  SD D A SA

25. My family isn't sensitive to my personal needs concerning school.  SD D A SA

26. Things rarely turn out the way I want them to.  SD D A SA
<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>27. I have been feeling in good health.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>28. I have been having a lot of headaches.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>29. My friends outside of this school give me the moral support I need for going to school.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>30. I have been getting angry too easily.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>31. My daily life is usually full of interesting things.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>32. I wish I felt closer to other students here.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>33. I haven't been mixing well with other people on campus.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>34. I feel comfortable socially in this college setting.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>36. I feel that I have nothing to look forward to in life.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>37. My appetite has been good.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>38. I am dissatisfied with the variety of courses available at this college/university.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>39. I have good relationships with other students on campus.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>40. My family encouraged me to attend college.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>41. My family gives me the moral support I need to continue in college.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>42. My friends outside of this school are proud of my school-related accomplishments.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>43. I feel that my future looks hopeful and promising.</td>
<td>SD</td>
<td>D</td>
<td>A</td>
<td>SA</td>
</tr>
</tbody>
</table>
44. My friends outside this school are not encouraging of my being in school.        SD  D  A  SA

45. I feel I am too different from other students at this institution.        SD  D  A  SA

46. When I talk to my family about school, I get the idea it makes them feel uncomfortable.        SD  D  A  SA

47. I am meeting as many people as I would like here.        SD  D  A  SA

48. There are other students I can call on for help when I am having difficulty with my coursework.        SD  D  A  SA

49. I am having difficulty feeling at ease with other people at this institution.        SD  D  A  SA

50. Getting a college degree is very important to me.        SD  D  A  SA

51. Sometimes my thinking gets muddled up too easily.        SD  D  A  SA

52. I have not been doing well on examinations.        SD  D  A  SA

53. I am motivated in my studies.        SD  D  A  SA

54. Most other students seem to get more encouragement from their families than I do.        SD  D  A  SA

55. I have confidence that I will perform well academically at this institution.        SD  D  A  SA

56. I am pleased about my decision to go to college.        SD  D  A  SA

57. I need to improve my study skills.        SD  D  A  SA

58. I have some good friends or acquaintances at this institution with whom I can talk about any problems I may have.        SD  D  A  SA
59. I have been keeping up to date on my academic work. SD D A SA
60. I usually can't rely on my family for emotional support. SD D A SA
61. I have been thinking about taking time off from college and finishing later. SD D A SA
62. My family is proud of me for going to school. SD D A SA
63. My supervisors at work don't seem to understand about the demands that school places on me. SD D A SA
64. I have been doing well on the papers I write for courses. SD D A SA
65. I've been giving a lot of thought to transferring to another college/university. SD D A SA
66. I am having trouble getting started on homework assignments. SD D A SA
67. I am not involved in social activities at this college/university. SD D A SA
68. My family enjoys hearing about my experiences at school. SD D A SA
69. I am confident that I have the study skills to do well in college. SD D A SA
70. My family doesn't seem to understand why attaining a college education is important to me. SD D A SA
71. I have been thinking about seeing someone for psychological counseling or therapy. SD D A SA
72. I haven't been able to control my emotions very well. SD D A SA
73. I have not been participating in class discussions as much as I would like. SD D A SA
SD = Strongly Disagree  D = Disagree  A = Agree  SA = Strongly Agree

74. I enjoy my life and things that I do.  SD  D  A  SA

75. I am satisfied with the professors I have in my courses.  SD  D  A  SA

76. My friends outside of this school don't seem to like hearing me talk about my school experiences.  SD  D  A  SA

77. I feel accepted by other students here.  SD  D  A  SA

78. I know why I'm in college and what I want out of it.  SD  D  A  SA

79. I am making as many friends as I would like at this college/university.  SD  D  A  SA

80. I have been feeling blue and moody.  SD  D  A  SA

81. I feel I have control over my life.  SD  D  A  SA

82. I am enjoying my academic work at college.  SD  D  A  SA

83. I usually feel happy.  SD  D  A  SA

84. I usually wake up feeling fresh and rested.  SD  D  A  SA

85. I have been feeling lonely at this college/university.  SD  D  A  SA

86. I haven't been sleeping very well.  SD  D  A  SA

87. I haven't had much motivation for studying lately.  SD  D  A  SA

88. My friends outside of this school help me solve problems I may be having at school.  SD  D  A  SA

89. I am satisfied with the number of courses available here.  SD  D  A  SA

90. I am dissatisfied with my social life here.  SD  D  A  SA
APPENDIX E

INTERPERSONAL SATISFACTION INVENTORY (ISI)
Interpersonal Satisfaction Inventory

The purpose of this questionnaire is to give you a chance to tell how you feel about the help or support you have received from others.

The questionnaire contains 39 items describing different types of help or support we often need from other people.

Read each item carefully. Then decide how SATISFIED you have been with what you have received from others in terms of this type of help or support in the PAST MONTH. Place your rating in the 'SATISFACTION' column, using the following scale:

1  2  3  4  5  6  7
Not at all  Moderately  Very
Satisfied    Satisfied

Give a rating to every item.

REMEMBER: You are rating your satisfaction over the PAST MONTH.

<table>
<thead>
<tr>
<th>SATISFACTION</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ask yourself: How satisfied have I been with how others have:</td>
</tr>
<tr>
<td>1.___________</td>
<td>Encouraged me to talk about my fears and insecurities.</td>
</tr>
<tr>
<td>2.___________</td>
<td>Given me information and guidance about how to change some of my self-defeating attitudes or behaviors.</td>
</tr>
<tr>
<td>3.___________</td>
<td>Assured me that I am accepted no matter what is happening in my life.</td>
</tr>
<tr>
<td>4.___________</td>
<td>Helped me feel optimistic about my future.</td>
</tr>
<tr>
<td>5.___________</td>
<td>Talked with me about the good feelings I have about myself.</td>
</tr>
<tr>
<td>6.___________</td>
<td>Encouraged me to talk about my future hopes and plans in a positive way.</td>
</tr>
<tr>
<td></td>
<td>Not at all Satisfied</td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
</tr>
<tr>
<td>7</td>
<td>___________</td>
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<tr>
<td></td>
<td>Given me information about how someone else handled situations similar to ones I am experiencing.</td>
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<tr>
<td>8</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Reassured me that my fears and anxieties about the future are quite normal.</td>
</tr>
<tr>
<td>9</td>
<td>___________</td>
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<tr>
<td></td>
<td>Assisted me in realizing when I act or think in self-defeating ways.</td>
</tr>
<tr>
<td>10</td>
<td>___________</td>
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<tr>
<td></td>
<td>Given me non-financial aid or services to reestablish or maintain an acceptable standard of living.</td>
</tr>
<tr>
<td>11</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Reassured me that it is quite normal to feel down and blue when thinking about what's going on in my life.</td>
</tr>
<tr>
<td>12</td>
<td>___________</td>
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<tr>
<td></td>
<td>Talked with me about my feelings of insecurity or fear.</td>
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<tr>
<td>13</td>
<td>___________</td>
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<tr>
<td></td>
<td>Talked with me when I have felt down and blue.</td>
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<tr>
<td>14</td>
<td>___________</td>
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<tr>
<td></td>
<td>Assured me that I belong to a group of caring people.</td>
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<tr>
<td>15</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Given me information on sources of financial assistance.</td>
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<tr>
<td>16</td>
<td>___________</td>
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<tr>
<td></td>
<td>Encouraged me to face reality, no matter how difficult.</td>
</tr>
<tr>
<td>17</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Given me financial support to deal with emergency situations.</td>
</tr>
<tr>
<td>18</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Reassured me that it is not unusual to feel hopeful about my future even when things are not going well.</td>
</tr>
<tr>
<td>19</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Assured me that I am respected and valued no matter what is happening in my life.</td>
</tr>
<tr>
<td>20</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Talked with me about my hopes and plans for the future.</td>
</tr>
<tr>
<td>21</td>
<td>___________</td>
</tr>
<tr>
<td></td>
<td>Assured me that I am needed.</td>
</tr>
<tr>
<td></td>
<td>Not at all Satisfied</td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
</tr>
<tr>
<td>22</td>
<td>Talked with me about the good things that are happening in my life.</td>
</tr>
<tr>
<td>23</td>
<td>Given me information and guidance about how to change negative feelings about myself.</td>
</tr>
<tr>
<td>24</td>
<td>Given me information about services that might be helpful to me.</td>
</tr>
<tr>
<td>25</td>
<td>Served as models or examples for me to follow.</td>
</tr>
<tr>
<td>26</td>
<td>Encouraged me to talk about my feelings when I am down and blue.</td>
</tr>
<tr>
<td>27</td>
<td>Assured me that I am loved and cared about.</td>
</tr>
<tr>
<td>28</td>
<td>Reassured me that it is okay to feel good about myself even when things are not going well.</td>
</tr>
<tr>
<td>29</td>
<td>Reassured me that it is quite normal to feel down at this time in my life.</td>
</tr>
<tr>
<td>30</td>
<td>Encouraged me to talk about good aspects of myself and my life.</td>
</tr>
<tr>
<td>31</td>
<td>Helped me to set realistic goals for myself.</td>
</tr>
<tr>
<td>32</td>
<td>Given me information about how others have handled situations similar to ones I am experiencing.</td>
</tr>
<tr>
<td>33</td>
<td>Given me information and guidance about how to cope with difficult situations.</td>
</tr>
<tr>
<td>34</td>
<td>Talked about anything with me.</td>
</tr>
<tr>
<td>35</td>
<td>Given me information about how others have felt when confronted by situations similar to ones I am experiencing.</td>
</tr>
</tbody>
</table>
36. ____________ Helped me in my efforts to change self-defeating attitudes or behaviors.

37. ____________ Helped me see positive things about my life no matter how bad things are going.

38. ____________ Given me financial assistance to reestablish or maintain an acceptable standard of living.

39. ____________ Given me non-financial aid or services to deal with emergency situations.
APPENDIX F

SUPPORT SYSTEM SELF-ASSESSMENT (SSSA)
SUPPORT SYSTEM SELF-ASSESSMENT

DIRECTIONS:

This questionnaire is designed to help you find out who makes up your social network, that is, all those people who are important to you in one way or another.

Each question on the following page will ask you for the names of certain people in your life. Write down the FIRST NAME AND LAST INITIAL of the people you are asked about. For example, if Joe Brown was a person asked for, you would put down Joe B.

Since these questions are designed to come up with one list of unduplicated names, please, do not put anyone's name down more than once. So, for example, if a person comes to mind in response to Question 5, but was already written down in response to Question 2, you should not write the name again. As long as the name is down one time, that is sufficient.

Please turn the page and read each question carefully. You may take as much time to complete this as you need.

REMEMBER:  A. First name and last initial  
           B. Each name one time only

1. List the names of ALL of the people, besides yourself who live in your household, including any roommates or boarders.

2. List the people you would ask to look after your home when everyone in your household was away (e.g., water the plants, pick up the mail, feed a pet or just check on things).

3a). List the people you would talk to, either on or off the job or campus, about work or school related issues. b). List the people who come to you about school or work related issues. Do not include people you are paid to supervise or help or your practicum clients.

4a). List the people who helped you with any tasks around the home, such as painting, moving furniture, cooking, cleaning, or major or minor repairs in the past month. b). List the people who you have assisted with tasks like these in the past month.

5. Over the PAST MONTH, list the people with whom you have done any of the following social activities.
   a) had lunch or dinner, at your house or theirs.
   b) visited, at your house or theirs.
   c) went out (for example, to a restaurant, bar, movie, party, etc.)
   d) engaged in any other social-recreational event.
   e) studied together.

6. List the people with whom you sometimes get together to share hobbies or spare-time interests.

7. List the person(s) with whom you have a special romantic relationship.

8a). List the people with whom you discuss personal matters or concerns. b) List the people who contact you to talk about their personal matters. Do not include people you are paid to supervise or help or your practicum clients.

9a). List the people whose opinions you seriously consider in making important decisions. b) List the people who seriously seek out and consider your opinion in making important decisions.
10a). List the people you could probably ask to lend you a large sum of money in case of an emergency. b) List the people who have asked you for a large sum of money in the LAST MONTH.

11. Finally, list any other people who are important to you that have not yet been listed.

12. After listing the names complete the requested ratings for each person on the following page.
APPENDIX G

DETAILED OUTLINE OF INTERVENTION
Social Support Intervention Outline

The following is an outline/summary of each of the sessions. Each session lasted 60 minutes and the plan and structure for each particular session was followed faithfully for each participant.

Session 1. The first session had three primary purposes--the facilitator and participant getting acquainted; the facilitator beginning to motivate the participant by clarifying expectations and demonstrating referent power; and introducing the theoretical rationale, goals, format and ground rules for the remainder of the sessions.

I. Introductory remarks.

A. Facilitator and participant re-introduce themselves, and discuss here-and-now feelings about starting the intervention sessions.

B. Goal statement--improve satisfaction with support in the participant's natural environment (not substitute for support that is lacking).

C. State/discuss why support is important--helps in managing transitions, aids in coping with stress and in buffering its effects, helps in academic adjustment, relates to physical health; others?
D. Format and ground rules—structured exercises, focused discussions, between session homework assignments, weekly completion of questionnaires; confidentiality, process to be followed if crisis/needs calling for therapy arises, opportunity and encouragement to talk in some depth about support-related issues.

II. Discussion—aimed at continuing to build rapport and facilitate inclusion, as well as beginning to gather information on participant's sources of dissatisfaction with support.

A. Participant expectations.
B. What is social support?
C. What makes you feel supported?
D. What situations have been helped by support?
E. What are your current support experiences and concerns that led you to get involved in this intervention?
F. Summarize discussion, particularly reflecting or synthesizing possible sources of dissatisfaction with support.

III. Review goals, focus, stages (diagnostic, problem solving, maintenance), process of sessions,
expectations/responsibilities (participation, homework, questionnaire completion).

IV. Homework--display and describe Social Support Inventory (SSI); participant to complete, but not score SSI by next session.

Session 2. The main purpose of this session was to help the participant identify her major unmet needs for support at this time in her life.

I. Review of Session 1 and Introduction to Session 2.
   A. Check/discuss how things have gone since last week's session.
   B. Recap last session's discussion on support.

II. Ideal support discussion--ask participant to discuss what she imagined herself and her support system to be like if she were perfectly satisfied with the support she was receiving, staying focused on the ideal as a contrast to the upcoming focus on sources of dissatisfaction.

III. Diagnostic Card Sort.
   A. Explain SSI--39 statements that represent different, though often overlapping, supportive behaviors that we often need from others; the two ratings given to each statement (Need and Receive) will help identify sources of dissatisfaction.
B. Score SSI--first place O in left margin next to all items in which Need and Receive ratings are identical; next, place 0 in left margin next to all items that have a smaller number for Need than for Receive; finally, for all the remaining items subtract the Received rating from the Need rating and place that result in the left margin next to the item.

C. Sort cards--give participant 39 cards, each with an SSI item on it; direct participant to pull the cards that have items for which they had a positive number listed (indicating dissatisfaction); participant looks through this "dissatisfied pile" and sorts the cards into sub-piles in terms of how they go together for her, and attempts to identify what each sub-pile has in common (i.e., what do they represent about what is currently dissatisfying in her support network).

D. Discussion of common support-related themes identified in the sub-piles.

IV. Summarize card-sort and discussion--reflect and synthesize support-related issues and themes.
V. Preview Session 3 and Assign Homework.

A. Session 3 will help participant begin to analyze her social network for further insights into sources of dissatisfaction.

B. Homework--think further about major support needs and have at least one major need theme identified.

Session 3. This was the second session devoted to helping participants identify their major sources of support dissatisfaction. There were two main purposes of this session. First, the participant was helped in clarifying her unmet support-related needs and generating some awareness about why these needs were not being met adequately. Second, the participant was led through an exercise to analyze the structure and function of their current support network as potential sources of support dissatisfaction.

I. Review of Session 2 and discussion of homework.

A. Check how things have gone since last session.

B. Review and discuss process of identifying some sources and types of dissatisfaction, and begin to categorize unmet/under-met support needs.
C. Review homework--discuss what participant came up with in terms of at least one support-related need or source of dissatisfaction; talk about and refer to some of the sources of dissatisfaction found in the social support literature (e.g., lack of knowledge of needs, lack of social skills, inhibition, inadequate network, misappraisals, conflict with or in the network, negative support).

II. Network exercise--explain purpose as a way to gain better knowledge and understanding about the composition and behavior of the participant's current social network.

A. Hand out materials--one blank network exercise sheet (see Appendix I), one blank sheet of paper and three pens or pencils, each of a different color.

B. Instructions.
   1. List the names of all family, friends and acquaintances that you feel make up your social network on the blank sheet. Use a different color for each of the three categories.
   2. On the network exercise sheet, using the
appropriate color, write the initials of your network members. They should be placed relative to the center circle according to how close the participant feels to them, and placed in near or far proximity to each other according to how well these network members know each other.

3. The degree of balance in each of the relationships is depicted by drawing an arrow between the participant (center) and the network member--arrow pointing to the center means the participant is getting more than she is giving in the relationship, arrow pointing to network member means she is giving more than she is getting, and arrow pointing both ways means she is getting as much as giving.

4. The initials of the network members with whom the participant has recently had conflict should be circled.

5. The initials of the network members who seem to be experiencing a good deal of stress or difficulty in their
lives are identified by placing a box around them.

III. Preview Session 4 and assign homework.

A. Session 4 involves the participant analyzing and discussing the network exercise and beginning to integrate the diagnostic information generated in the first three sessions.

B. Homework--participant is to study the network exercise diagram she has created and develop thoughts/insights about the composition of her network, her relationships with network members, and the role these may play in her dissatisfaction--give participant Network Analysis Scoring Guide (see Appendix I) to complete as a tool for gaining insights about network.

Session 4. The chief purposes of this session were to review and discuss the network exercise, and integrate what was learned in the first three sessions in order to come up with a diagnosis of the major sources of the participant's dissatisfaction.

I. Review of Session 3 and homework.

A. Recap network exercise purpose and process.

B. General open-ended discussion about findings
and insights from doing and examining the network exercise--attend particularly to the number of close friends/confidants relative to family and acquaintances, reciprocity in the network, number of conflictual relationships, network stress and unconnectedness in the network.

C. Summary information about sources of dissatisfaction found in the network.
1. Network being deficient in confidants.
2. Being overburdened by network demands.
3. Receiving the wrong type of support.
4. Having needs for support that are too strong or extensive to be adequately met.
5. Having excessive conflict with network members.
6. Having a network that is under stress.

II. Major sources of support dissatisfaction--review that dissatisfaction primarily results from one's network not providing what one feels she needs, and that there are reasons why these needs are not being met.
A. Lacking the skills or knowledge to ask for what one needs.
B. Fear of asking for support--afraid one can't
reciprocate, believe one should be more self-reliant, perceive too many personal or emotional risks involved.

C. Need greater than the network can adequately provide.

D. Network is inadequate--lack confidants, lack the type of person who can provide what one needs, network is demanding more than it is giving, network under too much stress to provide support needed, network providing wrong kind of support.

E. One has too many other life demands to have reasonable or easy access to network support resources.

F. Important relationships with network members, or too many relationships, are conflictual.

III. Link sources of dissatisfaction with plan or strategy development.

A. Discuss sources of dissatisfaction, looking at possible relationships between and among the sources.

B. Point out emergence of ideas for strategies from discussion of relationships of sources of dissatisfaction to one another.

IV. Preview Session 5 and assign homework.

A. Purpose of next session is to help begin gen-
erating strategies and plans to improve one's satisfaction with support.

B. To aid in thinking further about sources of dissatisfaction, complete Diagnostic Form (see Appendix I).

Session 5. This session involved a relatively unstructured discussion, using the Diagnostic Form as a resource, aimed at generating possible strategies to improve satisfaction with support.

I. Review Session 4 and homework--summarize and refine insights about sources of dissatisfaction, referring to Diagnostic Form.

II. Generate and discuss potential support improvement strategies.

A. Brainstorm ideas/possibilities--write down all ideas (no censoring or prioritizing yet).

B. Discuss feasibility of each strategy, its potential effectiveness, and how it might be implemented.

III. Preview Session 6 and assign homework.

A. Next session will involve finalizing a plan of action for support satisfaction so it can be tried out between the 6th session and follow-up session.
B. Homework is to use and expand on the plans or strategies discussed in this session, and generate a tentative plan of action, using the Action Plan sheet (see Appendix J).

Session 6. The purposes of this session were to help the participant develop a specific "final plan" to modify their support satisfaction and to help her anticipate and plan for difficulties in implementing the plan.

I. Review Session 5 and homework.
   A. Check on how things have gone since the last session, particularly further refinement or expansion of potential plans or strategies to improve support satisfaction that were begun in the last session.
   B. Discuss Action Plan sheet, paying particular attention to feasibility and potential effectiveness of plan relative to the identified source(s) of dissatisfaction.

II. Discuss potential difficulties in implementing the plan and strategies for maintaining the planned action and gains.
   A. Potential difficulties--anticipating difficulties leads to less surprise, frustration and discouragement.
B. Maintaining gains--generate coping and preventive strategies relative to the identified potential difficulties.

III. Finalize Action Plan and commitment to implement plan over the next two weeks--this includes describing use of the "Goal Attainment Scale" part of the Action Plan.

IV. Preview Follow-up Session and assign homework.

A. The next session, in two weeks, will give the participant a chance to discuss and "fine tune" her plan of action and maintenance strategies.

B. Homework--implement plan and monitor progress on Goal Attainment Scale.

Session 7--Follow-up. This session involved reviewing and trouble-shooting the participant's efforts to implement her plan for improving satisfaction with support, with options to amend or add to the plan to increase feasibility and effectiveness.

I. Review participant's experience of implementing her plan--includes look at Goal Attainment Scale, roleplay, feedback and anything that fits participant needs for using plan well.

II. Summary of intervention and termination.
A. Review process of intervention and highlight changes and growth seen in participant's approach to improving support satisfaction.

B. Good-byes, appreciations, reminder of maintenance strategies, reminder of one year follow-up questionnaires needed from participants to complete the study.
APPENDIX H

SOCIAL SUPPORT INVENTORY
Social Support Inventory

This questionnaire contains 39 items describing types of help or support we often need or want from other people. For each item, please give two ratings:

1. **First:** How much of this type of help or support have you **wanted or needed** in the past month? Place your rating in the "Needed" column and use the following scale:

<table>
<thead>
<tr>
<th>Rating</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td></td>
<td></td>
<td></td>
<td>Very Much</td>
</tr>
</tbody>
</table>

2. **Second:** How much of this type of help or support have you **received** from others in the past month? Place your rating in the "Received" column and use the following scale:

<table>
<thead>
<tr>
<th>Rating</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Very Much</td>
</tr>
</tbody>
</table>

**Give Both ratings to every item**

**REMEMBER:** You are rating what you have needed and received over the PAST MONTH.

<table>
<thead>
<tr>
<th>Needed</th>
<th>Received</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. ___</td>
<td>____</td>
<td>Encouragement to face reality, no matter how difficult.</td>
</tr>
<tr>
<td>2. ___</td>
<td>____</td>
<td>Information about how others have handled situations similar to ones you may be experiencing.</td>
</tr>
<tr>
<td>3. ___</td>
<td>____</td>
<td>Information about how others have felt when confronted by situations similar to ones you may be experiencing.</td>
</tr>
<tr>
<td>4. ___</td>
<td>____</td>
<td>A model or example for you to follow.</td>
</tr>
<tr>
<td>5. ___</td>
<td>____</td>
<td>Knowledge that others are comfortable and willing to talk with you about the good feelings you have about yourself.</td>
</tr>
</tbody>
</table>

(Turn to the back of the page and continue)
<table>
<thead>
<tr>
<th>Item</th>
<th>Needed</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge that others are comfortable and willing to talk with you about your hopes and plans for the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial support to deal with emergency situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-financial aid or services to reestablish or maintain an acceptable standard of living.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassurance that it is quite normal to feel down at this time of your life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information and guidance about how to cope with difficult situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information and guidance about how to change negative feelings about yourself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassurance that it is okay to feel good about yourself even when things are not going well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-financial aid or service to deal with emergency situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assurance that you belong to a group of caring people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouragement to talk about your feelings when you are feeling down and blue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information and guidance about how to change self-defeating attitudes or behaviors.</td>
<td></td>
<td></td>
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<tr>
<td>Item</td>
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<tr>
<td>---------------------------------------------------------------------</td>
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</tr>
<tr>
<td>17. _____ _____ Assistance in realizing when you are thinking or acting in self-defeating ways.</td>
<td></td>
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</tr>
<tr>
<td>18. _____ _____ Assurance that you are loved and cared about.</td>
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<td></td>
</tr>
<tr>
<td>19. _____ _____ Encouragement to talk about your future hopes and plans in a positive way.</td>
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<td></td>
</tr>
<tr>
<td>20. _____ _____ Help to feel optimistic about your future.</td>
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<td></td>
</tr>
<tr>
<td>21. _____ _____ Information on sources of financial assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. _____ _____ Reassurance that your fears and anxieties about the future are quite normal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. _____ _____ Help in seeing positive things about your life no matter how bad things are going.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. _____ _____ Knowledge that others are comfortable and willing to talk with you about your feelings of insecurity or fear.</td>
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<td></td>
</tr>
<tr>
<td>25. _____ _____ Information about how someone else handled situations similar to ones you may be experiencing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. _____ _____ Assurance that you are respected and valued no matter what is happening in your life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. _____ _____ Reassurance that it is not unusual to feel hopeful about your future even when things are not going well.</td>
<td></td>
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<td>Item</td>
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<tr>
<td>----------------------------------------------------------------------</td>
<td></td>
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</tr>
<tr>
<td>28. _____ _____ Information about services that might be helpful to you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. _____ _____ Reassurance that it is quite normal to feel down and blue when thinking about what's going on in your life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. _____ _____ Encouragement to talk about the good aspects of yourself and your life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. _____ _____ Assurance that you are needed by others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. _____ _____ Financial assistance to reestablish or maintain an acceptable standard of living.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. _____ _____ Assurance that you are accepted no matter what is happening in your life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. _____ _____ Encouragement to talk about your fears and insecurities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. _____ _____ Knowledge that others are comfortable and willing to talk with you about the good things that are happening in your life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. _____ _____ Help and assistance in setting realistic goals for yourself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. _____ _____ Knowledge that others are comfortable and willing to talk about anything with you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. _____ _____ Help and assistance in your efforts to change self-defeating attitudes or behaviors.</td>
<td></td>
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</tr>
</tbody>
</table>
39. Knowledge that others are comfortable and willing to talk with you when you are feeling down and blue.

Finally, please list below any other needs or wants that you have had in the past month that have not been adequately met by others.
APPENDIX I

NETWORK ANALYSIS FORMS
SOCIAL NETWORK ANALYSIS

List below all the people (friends, family, acquaintances) who you consider to be part of your social network.
Now fill in the social network map (below) according to the instructions of your facilitator.
Network Analysis Scoring Guide

This scoring guide is designed to facilitate your use of the social network map, and facilitate your understanding of the structure and function of your social network. By completing this scoring guide, you should be able to gain some insights into the adequacy of your network.

1. First, count the number of family, friends and acquaintances in your social network and place your counts below:
   Number of Family
   Number of Friends
   Number of Acquaintances

2. Second, count the number of people in each category who you would consider as confidants (people you can share feelings with, count on, feel close to). Place your counts below:
   Number of Confidants who are Family
   Number of Confidants who are Friends
   Number of Confidants who are Acquaintances

3. One major source of support dissatisfaction can be that some individuals lack a sufficient number of confidants. How would you describe this aspect of your network?

(continued)
4. Now count the number of arrows flowing from and to you and place your counts below:

Number of Balanced Relationships (2-headed arrows)
Number of Relationships in which you give more than you get (arrows from you to others)
Number of Relationships in which you get more than you give (arrows from others to you)
Number of Relationships with no arrows

5. Now compare the numbers recorded in response to question 4. Another major source of dissatisfaction can be feeling overwhelmed by the demands of your network (where there are many more people to whom you are giving than people from whom you are getting). Look at the second number recorded for question 4 and compare it to the other three numbers. Is feeling overburdened a source of dissatisfaction?

6. Two other major sources of dissatisfaction can be identified by your responses to question 4. In cases where you are getting more from your network than you are giving, but still feeling dissatisfied, dissatisfaction could be due to: a) your needs for support right now are so great that your network is unable to provide enough; b) the support you are receiving is the wrong type of support (i.e., you are getting support you don't need and not getting what you need). Thus, look at the third number recorded in response to
question 4. Are either of the just mentioned sources of dissatisfaction possibilities for you? Explain

7. Now record the number of circled initials on your network diagram (representing people with whom you have conflict) and record the number here. Is network conflict a possible source of your dissatisfaction? Explain.

8. Finally, record the number of initials with boxes around them (representing people in your network who are under a good deal of stress) and record that number here.

9. A final source of possible dissatisfaction is that your network is so overburdened (stressed) that others do not have the time or energy to provide support to each other. To what degree might network stress be accounting for your dissatisfaction (i.e., be a cause of not getting the amount and/or type of support you need)? Explain.
DIAGNOSTIC FORM

This form is intended to help you become more aware of and clarify sources of dissatisfaction with social support. Think back over the previous sessions and use this form to help summarize your sources of dissatisfaction.

Sources of dissatisfaction

Individual-focused sources

__ Underdeveloped social skills
__ Inhibition/fear of asking others
__ Need more than is reasonably available in network
__ Too many other life demands to connect with others
__ Other

Network-focused sources

__ Too few members in the network
__ Lack a specific person to meet certain needs
__ Network is too demanding
__ Network members under too much stress
__ Wrong kind of support available
__ Other
__ Too much conflict with/within network

Rate the above sources on a 1 (low) to 5 (high) scale for how much each contributes to your dissatisfaction. Now think about how your dissatisfaction sources interact (e.g., network too demanding and you feel too shy to ask, so getting support is made more difficult).
APPENDIX J
ACTION PLAN
ACTION PLAN

Source of dissatisfaction:
________________________________________________________

Plan to improve satisfaction:
________________________________________________________

Potential difficulties in implementing plan:
________________________________________________________

Goal attainment scale:
-3   -2   -1   E   1   2   3
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VITA

Brian W. Rooney was born December 13, 1950 in Evanston, Illinois. He is the son of Mary (O'Hara) and the late William Rooney. He has one younger sister, Mary Janet. He is married to Bonnie (Powell) Rooney and has two daughters, Erin and Jacqueline.

He graduated from St. Viator High School in Arlington Heights, Illinois in 1968. His Bachelor of Science degree was conferred in August, 1972 by Illinois State University in Normal, Illinois. He had a major in Psychology and a minor in Physical Education. In January of 1974, he received a Master of Science degree in Counseling Psychology from Illinois State University.

Brian Rooney has been a member of the Psychology Department staff at Manteno Mental Health Center and, for most of the last 18 years, at Mercy Center for Health Care Services in Aurora, Illinois. His work has included individual, group and couples therapy; rehabilitation counseling and biofeedback; psychodiagnostics, training, consultation and community education.

Brian Rooney was accepted as a student in the Counseling Psychology doctoral program in 1986. His minor areas were group therapy and assessment. His clinical internship was completed at the Northern Illinois University Counseling and Student Development Center in DeKalb, Illinois.
DISSERTATION APPROVAL SHEET

The dissertation submitted by Brian W. Rooney has been read and approved by the following committee:

Steven Brown, Ph.D., Director
Professor, Counseling Psychology
Loyola University Chicago

Manuel Silverman, Ph.D.
Professor, Counseling Psychology
Loyola University Chicago

Scott Solberg, Ph.D.
Associate Professor, Counseling Psychology
Loyola University Chicago

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is, therefore, accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

12/5/97
Date

Director's Signature