Chapter 11

Developing Social Supports for People who have a Dual Diagnosis

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Learning Objectives

Readers will be able to:

1. Define social supports
2. Describe why social supports are important in the lives of persons with a dual diagnosis
3. Identify how to effectively develop social supports for persons with a dual diagnosis

Introduction

Think about the last time that you had a problem or weren't feeling well. Chances are that the other people in your life helped you out in many ways, increased your ability to cope, and got you "back on track". Thus, the situation was far less serious for you than it could have been. The same is true for people with a dual diagnosis. Social supports, having others there that care, can prevent problems from occurring, and can also help these individuals to rebound more quickly from the problems that do occur.

In this book, we have adopted the biopsychosocial approach to understanding and working with people. Note that in this approach, the "social" element is given the same importance as the biological and psychological elements. This implies that social issues, including social supports, should be included in any efforts to support people with a dual diagnosis. In fact, they have the same priority as the other two types of factors!

Social support is a topic on which professionals from both developmental services and mental health services agree. Developmental services acknowledge that integration, in particular relationships, leads to both personal happiness and learning of skills. Mental health services recognize that social networks significantly contribute to mental health. Therefore, social supports have the potential to play a vital role in the lives of persons with vulnerabilities, including those with a dual diagnosis (Nugent & Spindel, 2000). Promoting the development and maintenance of social supports should be a *major focus* of our work with these individuals, included in all our planning and service delivery.

What is Social Support?

After more than ten years of research on social support, researchers are still having a difficult time agreeing on exactly what social support means. Ben Gottlieb noted that with each new study, a new definition of social support surfaces (Gottlieb, 1983). Perhaps the easiest way to think about social support is that it is the positive or helpful interpersonal transaction or exchange that occurs between people. Another way to think about social support is that it is the sense of belonging a person has, or the belief that others would be there when needed. This means that social support is both something that occurs “out there”, and also is something within the individual- a sense or interpretation.

The research literature on social support and developmental disabilities offers some suggestions regarding what aspects of social support should be considered. First of all, it is important to have a sense of the individual’s support structure and what purposes the support serves. It is also important to understand how that individual perceives his or her relationships, especially when these perceptions differ from the perceptions of others. Finally, negative or stressful relationships that the individual encounters are as important to consider as positive ones.

Social Support Structure

When we talk about support structure, we want to know WHO is giving support, and WHO is getting it. Questions one might ask include: How many people are there in the network? How well do they know each other? Sometimes it is helpful when they all know each other well, but at other times, it can be nice to receive support from separate groups of people with different expectations. The positions that these individuals hold in the person’s life, and also how well the individual in question provides support to his or her network are also important questions to ask. (Please refer to Guideline 9 on Reciprocal Relationships for more information on this issue.)

Many individuals with developmental disabilities report loneliness and a lack of intimate friendships with others (Chadsey-Rusch, DeStefano, O’Reilly, & Collet-Klingenberg, 1992). Often, they have no friends who are accessible to them on a regular basis. For example, they may see individuals at work, but not know how to arrange to see them outside of work.

They may also lack romantic support (Koller, Richardson, & Katz, 1988), a fundamental support source for many adults. Some individuals with dual diagnoses find not having a partner to be especially distressing on both a physical/sexual level and an emotional one.

Perceived Social Support

A second area to consider is the perceptions of social support that the individual with the dual diagnosis has, especially when these perceptions do not match the perceptions of others. Some researchers have studied social support from the point of view of caregivers, not realizing that how caregivers see the relationships could be very different from how the person with the disability sees them. Research with persons without disabilities has shown us that what really matters for our mental and physical health is not just what support is out there but what support *we think* is out there (Baldwin, 1992; Lakey, Tardiff, & Drew, 1994). Lunsky and Benson reported, as did Clegg and Standen, that compared to individuals without disabilities, adults with mild developmental disabilities may sometimes overestimate their social support (Lunsky & Benson, in press; Clegg & Standen, 1991). This is relevant to dual diagnosis, in that when they discover that the person whom they like does not care for them in the same way as they thought, a crisis can result. Biased perceptions can lead to other troubles as well. Aggressive individuals with developmental disabilities may perceive anger in interactions with others when the anger is not there, inviting further aggression. It is also possible that interpreting relationships accurately can have harmful consequences. If a poorly supported individual with a developmental disability accurately perceives his/her social situation, it could lead to a subsequent depression. Thus, it is most important to find out from the individual with a dual diagnosis, or one who is at risk for dual diagnosis, how he/she understands his or her relationships. Asking staff or family members alone is not enough.

Negative Support

So far, we have not really considered how difficult relationships rather than supportive ones might influence people with development disabilities. We know that they are at greater risk for mental health problems than the general population, and we also know that they often lack social resources and have interpersonal difficulties. It makes sense, therefore, that they are as vulnerable as anyone else when a relationship goes sour. Karen Rook reported that the stressful support provided to widows was more predictive of subsequent depression than was the absence of support to the same individuals (Rook, 1984). Similar findings have recently been reported for people with developmental disabilities (Lunsky, 1999; Lunsky & Havercamp, 1999; Nezu, Nezu, Rothenberg, DelliCarpini, & Groag, 1995).

There is some suggestion that the presence of stressful or negative relationships in the life of a person with a developmental disability causes more distress than the absence of good relationships. So, when we talk about social support, we have to think not only about what positive relationships are there for our clients, but also how many difficult interactions they have to endure each day.

Often, individuals with dual diagnoses find themselves faced with negative social interactions that they cannot escape. They may not be able to escape due to limited options in terms of vocational and residential settings. Persons with a dual diagnosis may also lack opportunities because of the difficulties that they have participating in the community. The lack of skills necessary to avoid or escape negative social interactions is a second reason why individuals with dual diagnoses may be more vulnerable; they do not always know how to get out of situations they do not enjoy. One individual confronted with a negative or stressful relationship may choose to appear vegetative or depressed as a form of learned helplessness. Another individual may choose to respond aggressively because s/he does not know how else to escape the negative social situation.

Why Social Supports Are Important

There are three main reasons why social supports are important for persons with a dual diagnosis.

Reason 1: Individuals with a Dual Diagnosis want social supports in their lives

Whether you talk to people with a developmental disability, people with a mental health problem, or people with a dual diagnosis, you will find that majority of them will tell you that their most important goal is to have social supports. Of course, they don't use our jargon. They talk about having friends, being loved, and having people they can count on who will be there over the long run. They may express themselves through their behaviour, rather than words. However, the meaning is the same. This is a very valid quality of life issue, and for this reason alone, we should include social supports in all our work.

Reason 2: Promotion of health

The presence of social supports promotes both physical and mental health. "There is a strong relationship between individual physical-social-psychological health and social supports, and between social isolation and breakdown in these areas of functioning" (Meyer, 1985). Relationships can minimise the impact of problems, acting as the "first line of coping defence" for people labelled as clients (Gottlieb, 1985). Therefore, social supports are a key factor in the *prevention* of mental and physical illnesses.

What is it about social supports that gives them such prevention power? There are both ***practical*** and ***emotional*** factors. On the ***practical*** side, social supports can provide a considerable number of concrete items such as money, housing, jobs, food, child care, clothing, nursing care, fun, guidance, transportation, protection, connections, and opportunities to develop skills. These tangible ingredients are linked to physical and mental health because they help in coping with life and meeting our needs. Never underestimate the impact on mental health of losing your income, housing, or independence.

On the ***emotional*** side, the presence of social supports can boost self esteem, lower levels of anxiety, minimize stress, offer love, increase the sense of security, build strengths, empower the individual, instill a more positive view of life, and create hope. We can all understand the importance of these emotional factors on mental health. One woman diagnosed as a "chronic schizophrenic" who has lived successfully in the community without relapse for many years, sums it up: "What made the difference? The difference was people. That's what kept me going" (Neugeboren, 1999).

Reason 3: Resilience and recovery

Resilience and recovery are terms used in the mental health field which have considerable significance for dual diagnosis as well. Resilience and recovery describe how, *after* problems occur, people can successfully deal with what has happened to them and still have a good life. Therefore, resilience and recovery refer to what professionals would call the intervention/ treatment phase of supporting people.

First, we will define these two terms, and then discuss their relationship to social supports.

A particularly expressive definition of resilience describes it as “the self righting tendencies” of the person, “both the capacity to be bent without breaking and the capacity, once bent, to spring back” (Vaillant, 1993). In other words, problems may arise, but resilience is the ability to survive with minimal damage and then to rebound. This is an inspiring concept that captures the potential of the human spirit.

Recovery is a related term. It is somewhat imprecise, but can be thought of as coming to terms with who you are and living a satisfying life, even within your limitations. Note that recovery *does not mean cure*. Instead, it refers to gaining a sense of control over life and getting on with goals, coping with the reality of who one is: In other words, the person goes on playing the game of life with different rules.

Social supports contribute to both resilience and recovery. A significant amount of research regarding resilience (including one study over a 37 year period!) indicates that the presence of caring people in their lives, helps children to survive considerable hardships, and to end up living ordinary adult lives (Rapp, 1998). Similarly, extensive research confirms that social supports are an important component of recovery. (Sullivan, 1994). Many people say that social supports make them feel less frightened and better able to deal with whatever happens to them.

Therefore, social supports are extremely important. They help prevent problems, lessen the impact of problems, and facilitate recovery. In other words, they are a part of treatment, just like medication or therapy.

Social supports and crisis planning

Unfortunately, people with a dual diagnosis often experience frequent “crises” of various kinds related to their behaviours. We tend to think that only professionals can be useful during a crisis. Yet, social supports can be extremely helpful during a crisis. As a matter of fact, social supports can minimize or even prevent crises.

Every “client” who experiences crises on a relatively frequent basis should have a crisis plan. The crisis plan contains three stages. Social supports should be included at each stage.

Stage One: Prevention**:** Through careful observation and collection of information, it is possible to determine when crisis is likely to occur for this individual. We should find out what events or situations tend to provoke crisis. Then, every effort should be made to eliminate crisis by dealing with these factors. Crisis could be brought on by changes, ill-health, or lack of emotional support. By brainstorming these issues, it is often possible to develop very effective ways of assisting the individual to cope. Social supports should be included as part of the resources that could be used at this stage.

For example, one young woman with a dual diagnosis frequently had a crisis of a suicidal nature on weekends. Since she was living in an independent situation, she only received eight hours a week of residential staff support, always between Monday and Friday. There were no crises at these times. The woman then became involved with a Friday night camera club and a Saturday square dance club. These two clubs provided her with friendship and activity during her most vulnerable time periods, and the crises virtually disappeared.

Stage Two, Early Intervention: If a particular crisis can not be prevented, it is important to step in early and minimize the negative impact of the crisis. We hope to be able to help the person before his/her behaviour is dangerous, to keep him/her in the community, to maintain his/her dignity, and to build supports for next time. Once again, social supports can be of great assistance.

Another example is a situation in which a young man with a dual diagnosis experienced periods of deep depression that resulted in self-injurious behaviour. Changes in staff were a particular trigger for his depression. Once this was determined, it was decided to form a team of unpaid people who would be in his life on a regular basis. Whenever there was a staff change, this team immediately increased their contact with him to provide him with stability and caring. While he still experienced some problems with depression, his self-injury was less destructive, and the bouts of depression were much briefer in nature.

Stage Three: Recovery after Crisis**:** Sometimes crisis does occur, and we must act to protect the “client” or others from serious harm. This usually entails considerable involvement with professionals, and intrusive actions such as high doses of medication, restraints, or hospitalization. At this point, though it may seem that social supports have very little role, they can still have a positive effect on recovery. Contact with the people who are social supports can help the person to stabilize and get “back on track” more quickly. Some crisis plans actually utilize with positive results the resources of the social supports during crisis rather than simply hospital staff (Carling, 1998).

Social supports have a flexibility that formalised staffing systems often don’t. They can be available at any hour of any day and at any location, without the restrictions of administrative structures such as work shifts. They tend to be more permanent than staffing systems. Plus, people who are in the social support network often have a better sense of the “client’s” history, and what works best for him/her.

Social Support Assessment

There are three primary ways to assess social support. We recommend that whenever possible all three methods be considered. The most common form of social support assessment is that of informant ratings. One way to do this is to engage an informant such as a staff or family member in a structured interview (Kraus, Seltzer, & Goodman, 1992). Such a detailed procedure can be very informative, but also very time-consuming. An alternative would be a brief, structured interview such as that developed by Meins (1993). Written rating scales have also been developed that can be completed by informants. One such measure is the Social Circles Questionnaire developed by Lunsky and Benson (1999). This measure takes approximately twenty minutes to complete. It assesses support provided by family, staff, friends, and romantic partner. In addition to looking at the quality of social support, it also allows for ratings of stressful relationships and reciprocity.

As discussed previously, how one perceives his or her relationships is very important information. Therefore, it is best to measure social support whenever possible via self-report. There many ways this can be done depending on the severity of that individual's mental illness or cognitive disability. The simplest way to assess perceived support would be to ask the individual to list or point out who s/he likes. Toni Antonucci developed a Concentric Circles Technique which considers both who is perceived as supportive and the level of closeness perceived (Antonucci, 1986). The Social Support Self-Report is a more elaborate perceived support measure that begins as a structured interview whereby the person identifies important support people in his/her life (Lunsky & Benson, 1997; Reiss & Benson, 1985). Next, the person rates his/her perceptions of support provided by the four categories of individuals listed: family, staff, friends, and partner. A useful perceived strain measure is the 40-item Instrument of Negative Social Interactions developed by Lakey, Tardiff, and Drew (1994).

The final way to assess social support is to observe that individual's interactions. There are several ways this can be done objectively. Newton, Olsen and Horner (1995) have emphasized in-depth behaviour observations of social interactions of individuals with severe disabilities. A less rigid approach to this would be naturalistic observation to see who an individual interacts with and how they respond during interactions.

Phone logs and activity schedules can also be helpful sources of information.

Guidelines for the Development and Use of Social Supports

Social supports are of great benefit to persons with a dual diagnosis. Not only can social supports improve the person’s quality of life, they can lessen, or even eliminate, the need for costly and restrictive professional services. As professionals we should be ensuring that social supports are a component of any work we do.

Many of you may feel discouraged about this. You may have tried to develop social supports and found it to be a difficult and ultimately unsuccessful process. Perhaps you have so many other duties that working on social supports is near the bottom of your “to do” list. In this section, we will offer some suggestions that may assist you.

Guideline 1: Make Social Supports a priority

It is clear that social supports should be a ***primar****y* focus of our work with people who have a dual diagnosis, not just an afterthought or a nice “extra”. Make every effort you can to ensure that social supports are a priority in your work. Include them in your own approach. Educate other people about how important social supports are as a mechanism for prevention, resilience, and recovery (this Chapter and its references can help). Encourage the organization you work for to recognize social supports as a priority.

Guideline 2: Include Social Supports in all planning

One concrete way of ensuring that social supports are a priority is to include them in *all* your planning processes. At each planning meeting, support the "client" to express his/her goals regarding social supports, and to make certain that his/her wishes are included in any documentation. Insert social supports as a category on any planning forms, and put it at the top of the list. Before making referrals to professional services, explore whether social supports could accomplish the same goal. If referrals are made to professionals, don't forget to include social supports that could increase the effectiveness of professional services. ***Every*** plan for ***every*** person should include at least some goals related to social supports.

Guideline 3: Devote resources to developing Social Supports

It is important to "put your money where your mouth is". While including social supports in planning is a significant step, it is just as important to have someone on the team specifically dedicate part of his/her time to develop social supports. This may seem naive to you. How can a staff member focus on social supports while there are so many other critical jobs to be done, and so many problems to deal with? The reality is that developing social supports will only be accomplished if someone is responsible for that job! Keep in mind that, over the long run, social supports can save resources because they foster prevention, resilience, and recovery. This makes it an excellent investment of your time **now** to work on social supports for significant future benefit.

Guideline 4: Build Social Supports based on mutual interests

This a basic rule of thumb for success with social supports. Look for people who share something with the “client” -- topics they are interested in, people they know, places they go, activities they like, their history, or talents. This could encompass family, friends, community members, and staff. Far too often, we try to force the development of social relationships between the “client” and persons with whom s/he has nothing in common. This happens sometimes with volunteers who are recruited to be friends. There is absolutely nothing wrong with volunteers! However, it is far more effective to seek out volunteers from the people who already know the “client” in some capacity, or who have mutual interests that could be expanded upon. This is a more typical and natural process, the way that we all build relationships. It is also much more likely to result in social supports that will last over time, and contribute to the “client’s” well being.

To be successful with social supports, it is useful to:

- know the “client” well as a person, his/her interests, skills, lifestyle.
- observe the “client” carefully as s/he goes about the regular routines of life, looking for any potential social supports that could be enhanced.
- become familiar with the community to have a pool of potential social supports in mind.

Guideline 5: Develop a wide range of Social Supports

There are two reasons why it is helpful for the person to have a wide range of social supports. First, it increases the opportunities and benefits that the social supports can provide. Second, it avoids “burn out” of the people who are social supports. This latter point is particularly important. It can be very fatiguing to be one of the few (or the only) supports that someone has. This is especially true if someone has a dual diagnosis, since this may result in that person having many needs, constant crises, and some unpleasant behaviours.

If you think about your own social supports, you will find that you have a range of people in your life. Some people are very close, and you see them frequently. Others have a specific involvement in your life, such as someone on your sports team or your baby sitter. One person may be able to provide you emotional comfort, while someone else is a contact for jobs or a place to live.

Encourage a variety of people to become involved in the social supports of a person with a dual diagnosis with varied ages, personalities, lifestyles, and interests. This will result in different people providing different supports and options for the individual. Also, it will increase the probability that the full range of the “client’s” needs are being met – a person can have lots of people giving him/her only one kind of support (practical), and end up feeling relatively empty. The breadth of supports can increase prevention, resilience, and recovery.

Guideline 6: Focus on unpaid persons rather than staff as Social Supports

Staff fulfill many crucial functions in the lives of persons with a dual diagnosis. Frequently, this includes taking on the role of friend. However, we should consider the proportion of paid support providers in the individual’s social network. Several research studies have found that individuals with developmental disabilities receive a disproportionate amount of social support from paid support sources (Rosen & Burchard, 1990; Sands & Kozleski, 1994).

It is preferable to focus on developing social supports that consist mainly of unpaid people. This is not meant to be an insult to staff and their dedication to the people they support. However, the rationale for this guideline is quite simple: staff may come and go in "client's" lives. Staff turnover is a fact of life that makes it unwise to create a social support system that is mainly made up of staff. Unpaid people, particularly those who have a lifestyle element in common with the "client", will be there for a lot longer. As well, variety is more likely to be achieved through a network of unpaid people who would usually represent a greater range of ages, experiences, incomes, life experiences, and community connections than staff would. Certainly staff can be part of a social support system, but the effective system includes many unpaid people too.

Guideline 7: Don't Try to Make Social Supports Professional Services

If there are unpaid people who become involved in the life of a person with a dual diagnosis, it is wise to avoid the urge to make them into unpaid staff. We have seen many situations in which well meaning staff incorporated community people into the professional support system. The community people were expected to attend countless planning meetings, develop goals for their friendship with the "client", dedicate a certain number of hours per month to the "client", and even provide programmatic-like descriptions of how they spent their time together! Needless to say, this corrupted the relationship, resulting in frustration for the community people who ultimately opted out.

This process insults the “client”, since it implies that only staff would really want to be part of his/her life. It also insults the community person by implying that he/she would only be useful if he/she were organized and supervised like staff.

Staff members are paid professionals who provide specific services. Social supports are people who relate to the individual in an informal, natural, and sincere way. People will offer their time and concern as they can, and in the way that is their own style, and this should be accepted at face value.

Guideline 8: Look beyond middle class values for Social Supports

The group of people whom we call clients are a very wide-ranging group. They come from many different backgrounds, and have many different interests. Typically, service providers represent the middle class in terms of values, education, and income level. We tend to look for social supports that are compatible with our lifestyles. However, it is necessary to consider who the “client” is, and what types of social supports would offer him/her the most. This may mean that staff personnel have to shed their middle class values when developing social supports. The older lady who spends many hours a day in the donut shop, or the man who runs a tattoo parlour may be an excellent and highly compatible friend for a particular “client”. We must try to see these folks through the eyes of the “client”. Who will offer the practical and emotional resources that will have the most positive impact on this particular “client’s” mental health and overall quality of life? Who is a good “fit” or “match” for this person?

Of course, we are not saying that it is acceptable for us to encourage negative or abusive relationships. However, remember that social supports do not have to be people without flaws! Sometimes, staff has impossibly high standards for those who would willingly be involved in a "client's" life. Your friends and family probably aren't perfect. Yet they are a key part of your well being. The same should hold true for "clients" and their social supports. We should be careful that we do not become too demanding of the ordinary, somewhat flawed folks who have potential to make a difference in a "client's" life.

Guideline 9: Create opportunities rather than matches

The best way for a "client" to develop social supports is for that person to be out and about with other people. In that way, s/he will meet others with common interests. This is better than artificially matching people through getting them together in an awkward meeting that has been set up by staff (often called the blind date approach!).

Staff's job is to create opportunities for the "client" to be involved with others. Such opportunities should accurately reflect the "client's" preferences so that there will be real common interests with the others present. This kind of integration provides the potential for social supports to be fostered.

Guideline 10: Encourage reciprocal relationships

Reciprocal relationships are ones in which each person benefits from the situation or gets something out of it. It implies that there is a "give and take" to the relationship. In real life, practically all relationships are built on reciprocity. People would not stay in relationships if there was not some benefit to them. This is not a “bad” thing; it is just human. Of course, the definition of benefit is an individual one, and can include both practical and emotional elements.

Some researchers have argued that social support has its healing effects because of reciprocity (Horowitz, 1996). When reciprocity is lacking, therefore, social support may not really be all that helpful. This can be a problem with paid social support, for example, because by nature it is not reciprocal. That means that if an individual with a dual diagnosis receives most of his or her support from staff, s/he may not be able to return that level of support.

It can be difficult for persons with a dual diagnosis to develop ***long-term*** social supports since their relationships are quite often not reciprocal. In other words, staff typically examines any potential relationship in terms of how the “client” will benefit. We look for volunteers who will offer the “client” a social life or teach skills. Seldom do we think of helping the “client” to give back in any way. Over time, one way relationships tend to die off, and that is just what happens with many of the social supports that we try to establish for “clients”.

As staff members, we can help “clients” to think of ways that they can give back to their social supports and keep our eyes open for opportunities. Reciprocity does not mean that people have to be completely equal in their give and take. However, it does mean being considerate of the other. Therefore, a relatively inexpensive birthday card from a person on a limited fixed income expresses reciprocity just as much as an expensive birthday present from someone with no financial restrictions.

Guideline 11: Teach social skills

It is interesting to consider how important social skills are with respect to human relationships. The ability to behave within the boundaries of society's expectations is far more important to relationships than how smart, talented, or unique a person is. Nothing will ruin a budding friendship more quickly than a person who does not act "right" according to our social rules. This holds true whether we are talking about someone trying to make friends at a community job, to meet a girlfriend or boyfriend at a social event, or to have a close relationship with family members.

Social skills can be thought of as behaviours that pertain to getting along with other people. They include proper greetings, appropriate touching, honouring other people's personal space, eye contact, making conversation, using polite vocabulary, developing more intense relationships at a comfortable pace for the other person, suitable behaviour with the opposite sex, street safe behaviour, table manners, and consideration for others. This is but a partial list.

To increase the "client's" success in developing social supports, it is crucial to assist him/her to develop the best possible social skills. Many excellent materials are available for teaching social skills to persons with different levels of abilities (See the resource list at the end of this chapter). If you have limited time to devote to teaching skills, it will be the most effective if you concentrate on social skills. This will increase the probability that social supports will develop, and these social supports will open the door to many other possibilities in the world.

Guideline 12: Minimize the impact of "negative" behaviours that might impede the development of relationships

This guideline relates to the previous one. Along with improving or enhancing the individual's social skills, we must be very aware of any "negative" behaviours that might make it very difficult to create and maintain social supports. There are two options to working with these types of behaviours.

- Option 1 is to eliminate these behaviours. This is the obvious approach with serious situations such as aggression or self-injury, since these are harmful to the individual and others.

- Option 2 is to seek out situations in which the "negative" behaviours are not as likely to block the development of social supports. There may be people for whom these "negative" behaviours are not important, or places where these "negative" behaviours are acceptable. We are not talking about extreme behaviours, but foibles and idiosyncrasies that are not the norm. One example is that of a 47 year-old man who had an obsession with cars. He talked incessantly about them, in great detail, to the point where many people avoided him. Finding him a job as a helper at a large garage eliminated this issue, since his co-workers were as obsessed as he was! Creativity is the key. One astonishing miracle about human nature is that there are almost always compatible matches for each person, if we think about it.

Summary

This chapter has been developed to provide useful information about social supports for persons with a dual diagnosis on both a theoretical and practical level. We have included a definition of social supports, a review of types of social supports, and a discussion of how important the individual's perception of social supports can be. The *Guidelines for the Development and Use of Social Supports* cited above offer some concrete suggestions to use in real life with persons who have a dual diagnosis. They are based on the experiences of countless people who have demonstrated the validity of social supports as a facet of "treatment".

Do You Know?

1. Why are social supports so important to persons with a dual diagnosis?
2. What are some of the characteristics of effective social supports?
3. What role can staff play in the social supports of persons with a dual diagnosis?
4. What are some ways of measuring a person's social supports?
5. How can social supports be included in someone's crisis plan?

Resources

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