

Episode 35 - Dr. Elizabeth Tracy: Social Networks, Trauma, Substance Abuse, and Dual Disorders Among Women

[00:00:08] Welcome to LIVING PROOF A podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcasts you can now rate and write a review of each episode of Living Proof rate or write a review of a podcast. Just go to our website at www.socialwork.buffalo.edu/podcast forward slash podcast and click on the create your own review button. We look forward to hearing from you. Dr. Elizabeth Tracy is the grace Longwell Cole Professor of Social Work and chair of the Ph.D. program at the Mandil School of Applied Social Sciences at Case Western Reserve University. Dr. Tracy is a licensed independent social worker and a member of the Academy of certified social workers. Her research focuses on the development and evaluation of social work practice models and methods that support families make use of natural helping networks and incorporate environmental helping strategies. The body of her work on social networks and social support has been applied by other researchers to family preservation programs residential settings for youth early intervention and community mental health.

[00:01:52] Case management programs her many scholarly works include authorship of Social Work practice with children and families a family centered practice text and coauthor ship of person environment practice the social ecology of interpersonal helping a social work practice text. She currently is principal investigator of a study funded by the National Institute on Drug Abuse examining the role of social networks and post treatment functioning. In today's podcast Dr. Tracy discusses the significance of social networks and social work practice and her research on social networks and the role of trauma and violence among women presenting with substance abuse or dual disorders. Charles Syms clinical associate professor at the University at Buffalo School of Social Work is our interviewer. Hello this is Charles Syms and I'm speaking with Dr Elizabeth Tracy. Today we're talking about social networks and social work practice. Dr. Tracy Good morning. Good morning. I was wondering if you could tell me a little bit more about your interests and networks and how did you get interested in what has that led you think I first got interested in social networks or my social work practice with children and families. I had worked primarily with families with children with developmental disabilities and then later with families at risk of having a child place I worked in home based Family Preservation Program. Both of those setting I saw the role that informal helping networks could play with family families and had a strong network have more emotional and material support for parenting. They have role models for how to deal with difficult child behavior and they have networks that can link them with outside sources and help or advise them when parents didn't have that.

[00:03:46] It was harder for them to parent so it was true that I became interested in how we as social workers can work with and not against informal or natural helping networks and the focus of my work has always been on social support and social networks within a variety of contexts leading up to my current work which is on women with substance use disorders and their social network. It's provided a framework for me to look at the social environment of the clients that I'm working with or the client populations that I'm doing research with. I wonder if you could expand a little bit and tell me a little bit more about what is this social network intervention in social work. When I talk about social network I'm referring to a set of individuals and the ties among them typically in social network you represent these graphically by visually describing the network social networks

really had two fields. One is the study of whole networks and that would be for example studying all the people in a community or all the client a treatment program. The approach that I take is the second kind of subfield of social networks and that studying personal social network. So that's looking at the relationships around an individual person. And what's interesting is that social support and social networks don't always go hand in hand because you could have a large social network but not sufficient social support for the tasks you have facing you in daily life because social support is the helping behavior that by guiding emotional support encouragement and a kind of a tangible help that people in your network provide. So when you talk about a social support network you're talking about a particular kind of network that reinforces your efforts to cope with life on a daily basis.

[00:05:32] There are a number of sort of general types of social network interventions that I think are very helpful for social workers. First though I always start with doing a social network assessment. When you're looking at a client in their social network you can think about changing the network either you know increasing or decreasing the size of a network. You can think about changing your clients ability to deal with the network and deal with people in their network and kind of become better at mobilizing support for themselves. Are you going to do a combination of both. And so kind of four general types of network interventions and social work is really use all of. One type is natural helper intervention and natural helpers are people who you turn to naturally for advice or support. There are often people who have been there. NEARY Richmond actually talked about natural helpers has this wonderful quote where she talks about when life became more complicated. People must've realized that there were natural straighteners people that you could turn to for help. Richmond straighteners are the natural helpers of today and so natural helper interventions you as a social worker develop a consultive relationship with key helpers or gatekeepers in a community and that would be for the purpose of extending the services of formal agencies and reaching out to hard to reach clients. And so one example would be the kind of help that many community workers play for keeping elderly people in a community safely. So some communities have trained meter readers and postal workers to recognize signs that an elderly person might need help and then to be able to give that person information on where to get help.

[00:07:13] A simple example for me is that I remember being in a bank one day behind an elderly gentleman doing a series of small transactions when it was my turn to get to the teller. The teller said to me you know he comes in here several times a week but if I don't see him I worry about him. Well you know that's a natural helper. These interventions have been used in child abuse prevention. Finding you know key people in the community. These interventions have been used in public health. I once worked on a Native American reservation where a key natural helper was a woman in a community who had had some nursing training and people relied on her more than the Public Health Service hospital for medical advice for their children. So when it was time for example to have kids screened for vision or hearing for school Eleanor kind of spread the word rather than the hospital putting posters up or approaching people formally so it's that way of connecting with people. There's a couple more. There's a whole other kind of network intervention which I call you know network facilitation where you're actually actively working with the client to mobilize or create a social network. The resource and support. And this is either done for an individual a client or it could be for a family. It's based on an assessment of who is in their network and what types of help to people provide.

[00:08:37] And then working with the client you come up with the plan for what would be a more helpful network and network meetings are a key to this kind of intervention in a network meetings you convene all the people who are relevant. It could be can it could be non can or can like people and you sit down and talk about the situation and figure out ways that everyone can play a role. A network meetings typically on one project that I worked on it was to develop what we called an extended foster family to create an extended family support system for foster family. And so some

of the home visits I made there would be 13 people in that room all of whom knew each other but didn't really know me and it could be the high school babysitter someone from mom's work. Someone from the church as well as a number of neighbors and relatives. That was a you know a true family meeting but in Social Work Family Group Conferencing or family group decision making would be an example of this kind of network facilitation. I'm sitting here wondering if that would be difficult to manage groups that size or difficult to come up with a plan that would encompass everyone. But in the same vein make sure that everybody had a viable important role and one of the keys to that is figuring out who can do what because not everybody can do can provide all types of support but for example or some of the children that I work with has had really severe disability. Some were terminally ill or some people in the network they weren't a moat they weren't able to provide emotional support. It was too heart wrenching for them but they could provide a ride to a physical therapy appointment.

[00:10:22] So kind of matching what is the type of support that the person feels comfortable and is capable of providing and the other kind of intervention that it's helpful with network facilitation is a third grouping of social network interventions and that social networks skills training where you really use cognitive behavioral interventions and you use models of social skills training to teach people ways of establishing and maintaining supportive interaction. So in those meetings I wasn't the only one in charge that think it was the parents who were in charge with me and that helped a great deal through with what's going on. The worker shoulder and and to provide the skill necessary so that people can be helpful. And I'm thinking of a family that I worked with the child had he had a physical disability and he communicated with the communication board. He basically knew many words and could communicate but his physical disability really was a barrier for him and the parent parents and in-laws none of them understood the poll communication board that had been established in the child school. And so they viewed this child as a child who really wasn't bright and who really couldn't communicate well in these sessions. We had training sessions where people could learn the types of props to give the child so that he could point to what he wanted. What would a cookie with it potty. What did he want to get out of that chair and their whole view of the child and the whole family changed when they learned the skills of how to communicate with the child. So I think realizing that sometimes people aren't helpful because they don't have the skills and capability to be helpful.

[00:12:08] And so you have to kind of use these network meetings as a skilled training session for the network members for your client so that people can learn better how to interact with each other. I spent a number of years as a caseworker in DSS and something like that would have been very very helpful and taking some of the pressure off the workers to kind of fill those gaps by teaching individuals how to use their natural support systems to support what they're trying to do with their families. There was one study and I think it might have been either with the SS or with adult mental health case manager where they found that when the network was more actively helping people are more connected. So if there are problems that can be identified earlier on. And in that study I think there were less crisis calls to the medical case manager and I know in my own work each month with this skills training and network facilitation model we would develop a crisis plan. So who is going to be the backup babysitter if the first thing can do it and it was so interesting to me because once we developed a crisis plan we just didn't have as many crises because you know people were connected. And when a network is connected that can be more helpful and in some studies particularly dealing with mental health when the client is starting to have problems but maybe stressors are catching up.

[00:13:33] The more people who know the client and can communicate with each other you can intervene earlier when I drove him to his support group on Thursday he seemed very upset and then the next person that sees that individual might also have a piece of the puzzle and that information can be communicated more quickly so that needed help could come its way. So the fourth type of

general network interventions social workers and most listeners to this podcast would recognize a self-help group mutual aid groups that mobilizes relationships among people who share a common task their problem. So there are times when a client network is under so much stress or perhaps the network is burned out and is just not there for the client. Where getting them connected appropriately to a self-help group or a support group can be really helpful because this can be an ongoing source of support that will be there regardless. And those sources are also sources of advocacy as well because the person can learn that they're not alone that they're not solely responsible for their problems. For example many years ago I attended a meeting of People First which is the national self advocacy group for people with developmental disability. It was quite a powerful experience. And you saw a whole different view of the disability world and what could happen when everybody was involved. Those are the general types the natural helper intervention's the network facilitation social networks skills training and self-help groups and there are some common social work skills that apply to each of those but I think that those give us a wide range of interventions to work with with clients. You mentioned social work skills and I was wondering if there are a couple of overarching skills that kind of transcend all four of those types of interventions. There are some that I know are key. One of them linking skill. Most of us teach it Resource and Referral fields.

[00:15:33] Sometimes when I teach that it's so complicated it's so easy to do. But that essential skill of linking people to resources. So that's key to all of this. Another thing is using a psytrance perspective I think it's a basic value undergirding social network interventions because you're working with the client. This is your network. One woman I worked with her goal was to have more friends just more women friends that she could talk with or have a cup of coffee with for someone else they might need more specific types of help I need more people to provide childcare. And so working with the client having the client fully involved in decision making is another value. Working on collaborative work or client relationship and building on the strengths of the network. So if there's someone in the network who's good at something let's not ask them to do something that's hard for them to do let's work with what we can build upon. And then I think the last point is that network meetings and the ability to run a group of people and establish some ground rules and some boundaries as well. I think those are kind of key skills to all of these interventions. Are there any particular kinds of instruments or tools. I'm thinking something that might be written to help individuals assess networks. Or is this primarily a clinical kind of assessment where a worker would go in or a person would go in and just during the course of their interview make some determinations. There are a number of tools for common way of doing that across all the work is to ask people to identify who is in their network.

[00:17:12] Typically you ask people to think about people that they've had contact with typically within a certain time period. Last month the last several months. And you asked about people that they live with. People who are family friends neighbors people that they might know from work or school religious organizations and professional helpers. And then what I've typically done is ask the specific questions about each of the network members. And so I've asked about does this person provide emotional support for you with person provide concrete kinds of help would they give you a ride or loan you money. Does this person provide information or advice that typically ask about emotional concrete and informational support. And then another key assessment question is the help reciprocal and started to ask is the help with this person going both ways where you're doing equal amounts of giving or taking or is it monthly you helping them or mostly them helping you. Because what I have found in my projects with different agencies is that relationships that are not balanced are more difficult to manage and that reciprocal relationships tend to be perceived as more supportive. I think being always on the giving end to help has its stresses and strains. I think being always on the receiving end of help. Many clients feel they are they have problems. True in terms of your ability to think positively about yourself. So we do look at that with particular studies for example in my current study we ask Is this someone who uses alcohol or drugs. Is this someone

you've used with does this person support sobriety.

[00:18:56] And then you can get a picture of what percent of the network is using alcohol and drugs for example. What percent of the network is supported sobriety. You can get an overall view of who is in the network the network composition and how the network is functioning in terms of different types of support that are exchanged. It seems like this is a great place or great time for a nice segue into talking about the use of network approach with individuals who have substance use disorders. I have a personal interest in that. And you mentioned mutual aid groups and self-help groups a little earlier and I was wondering about your work with this particular population. I know you've talked a little bit about the work that you've done with children in individual developmental issues but I'm also wondering about this as a way to work with individuals who have substance misuse disorders. I agree. I think my work in child welfare naturally led me into substance abuse and issues with women with children because one of the reasons that families were at risk are that their child with based here in Cleveland often had to do with maternal or paternal substances. So what I came to find a few years ago I was part of a faculty development project. So I had an opportunity to really look at social network. Women in particular and substance use disorders and I really found just as you say that's an appreciation of personal social networks is really helpful and understanding addictive behavior because people were surrounded by networks that they either support or undermine their recovery.

[00:20:31] And often these networks may have played a role in their initiating use in the first place to play a role in their access to treatment. Perhaps staying in treatment and completing treatment and hopefully in treatment recovery. I think that's what group self-help groups AA12 step programs you know try to do is to create a network that is supportive of sobriety. And it's a place that you can turn to. So I started to project some I had a pilot study that was funded by the National Institute of Drug Abuse and that was part of a social work research development program that we had here at my school. And that project was looking at personal social networks of women with co-occurring substance abuse and mental disorder. And what I wanted to do in that project was to use the social network mapping tool that I described to you to look at that with this population of women and to describe their social network characteristics and how they perceived their social support. And we were particularly looking at the differences between the women with substance use disorder and women with dual disorder. My current study the longitudinal study so the pilot study was cross-sectional or current study is longitudinal it's looking at the role of personal social networks and pro treatments functioning. And so we're looking at how networks change over the long haul of either completing treatment or are not completing treatment. So we're interviewing women a week in their treatment program and these are three specialized women's programs in Cleveland.

[00:22:09] We're interviewing them a month later six months later and then a year later and we'll be looking at how networks change over time in trying to identify are there particular types of networks at particular stages of treatment and stages of change where recovery might be better or worse. One size may not fit all. As far as social network interventions that we may be able to better tailor or adapt the network intervention to a woman's particular stage of recovery. I'd like to explore this further like individually if you will talk about the pilot study. What were some of your findings from that particular study. I'm wondering if that inform the later study that you are currently connected with some of the findings from the original study. The pilot study had 136 women in it and 50 women were in the community. 41 were in residential treatment and 45 were an outpatient treatment. And what we found was that 57 percent of the total group had a co-occurring substance use a mental disorder. I think that there's something here to look at which is why we're doing the lunch to study it. You know what's the role of the mental disorder that the women have experienced in their youth and experience of their networks. Many of those women I think over half of them had not thought or received mental health services even though using our tool they had an identified mental health problem. The other thing we found with that the women had very small network at

least the way we asked the question of them. On average they had 11 people in their network. The networks were primarily made up of family members household members people that they lived with and friends and then they also identified professional.

[00:23:53] So it's interesting that when you ask people about their network you will see the case manager the child welfare worker the substance abuse counselor right in the network. And what we found was that on average about half of the people in the network used alcohol or drugs and did not support sobriety. They would be returning to networks that still was a community of youth and was a network that did not totally support sobriety and that the networks were kind of positive and negative at the same time. An example of that was a woman who described that while she was in treatment her mother was caring for her child which is not unusual. That's a good support for her to be in treatment. But the mother with the person who would first introduce this woman to alcohol use and drug use and who she had first used with. So it's a very complex network and women are involved in relationships that are hard to disentangle from because they may not be supported of sobriety but they are providing some help. They need to stay in treatment and during the process they are continually getting the message that you have to disentangle yourself from these other kinds of networks or individuals who may be continuing to use and are not supportive of your sobriety and if you already have a very small network that's going to be even more difficult. We felt as we talked with the women that if they were to totally cut out the people who use them were not supportive they'd be cutting out key family members. It would be difficult to do. I think that many treatment programs now are more tailored to some of the relationships that women have with as mothers and daughters as sisters. These are hard relationships. Some time managed.

[00:25:41] We also found that that about a third of the network members were perceived as being critical of the woman in a way that made them so bad or an adequate. There was a lot of critical network members and critical in a negative way. And in the research I think that these people who are critical negative nagging can wipe out the positive effects of more positive network members. So one implication would be skills training for women and network members and how to deal with these relationships and how to manipulate their emotional reactions to relationships that are very negative towards them. And another big finding was that the women had a large percentage of women who had been exposed to trauma and violence in their past life and in their current life. And a lot of the trauma you can only suppose was experienced within the network the networks are very complicated for women in substance abuse treatment and that can reactivate that traumatic experience over and over again if they find themselves in those kind of critical relationships. I wonder if you can move to your more longitudinal study where you're beginning to look more long term at this. Talk us a little bit about that work. The study that we're doing now is I should say that we did not find huge differences in social networks and social support between the women with dual disorders and the women with substance use disorders only. We thought that the women with dual disorder would have much less support they'd get in some way but not always.

[00:27:23] So for example when we looked at the two groups remember a little over half of the women had co-occurring disorder. We didn't find any significant difference in the size of the network in the overall composition of the network or in overall type of support. But what we did find is some differences for the women in the dual disorder group in their perceptions of the forces of some type of support. So the women in the dual disorder group said that the people that they lived with provided less concrete support and less emotional support than the women with substance use disorders only. And interestingly the women in the dual disorder group reported that professionals reported more professionals who hardly ever provided emotional support and more professionals who hardly ever provided the sobriety support. So their perception was that professionals in their lives were not supporting the rioting. So that kind of nuance between looking at not just the type of support but the source of this support led me to think about looking at this longitudinally because in the pilot study you don't really know if these networks were that way

before they entered treatment. Are they that way because they were in treatment. So here we don't know kind of cause and effect here. So in the current study where we'll be recruiting 420 women and we'll be interviewing them at the four time point and we're using a number of standardized measures of both social support standardized scale the social support and social network along with treatment variables including treatment motivation their stage of change and their experience of self efficacy and one of the things that we're doing over time is using a new software program or new to me. It's called Ego net.

[00:29:20] It was developed by Chris McCarty and it allows us to gather information using the computer about who's in the network. The questions about each network relationship and it also add another module that allows us to ask a question about each unique pair of network members. So does this person and that person do they talk to each other independently of you. And this produces visualizations where we can show where people are in networks who might be brokers in the network who might be key people who are supportive of sobriety. We can get some measure of network structure who's a central person. So is the central person in this network someone who supports sobriety or is it someone who doesn't support sobriety. So in one of these visualizations of one woman it was her first time in treatment for opiate dependence. She has two groups in her network and one group has a broker or it's dominated by a person who is supportive of recovery and she doesn't use with the other whole group is dominated by a person that she used with and is not supportive of sobriety. So it gives you some clues as to if you're going to have an intervention or family meeting who might be the people that would be possible to include or working from a strength perspective who might be the people that would be good to include. Those are the things that we're working on right now is how we can use the visualization how we can match up networks with stage of treatment. And we've already had some women who have not completed the treatment program.

[00:31:04] We're using a lot of techniques to follow the group over time so we're able to have a group of women who have completed treatment and will probably have women who have not completed treatment. Well that sounds really interesting and I'm wondering the piece me is sitting here wondering I hope we can come back later to talk to you further about your findings along those lines and how this technique has been able to help you think about providing or helping counselors think about providing services to families and individuals. I think that as we work more with the treatment programs using more of our research and development model we'll be able to look at these data and talk with treatment staff. Most often when I showed the pilot data to the treatment program the reaction was no wonder it's so hard to get a family member in for family meeting because the household member in fact were the person seen at least supported by the women and those were the people that the treatment programs were targeting and can infer meaning maybe there's someone else in a network who's more possible for them. I also say from public policy perspective of helping even payers and oversight agencies to rethink what their expectations of treatment agencies are regarding families and family involvement with individuals who are in recovery or moving into recovery. Just one more question What are you kind of see as the future for all of this or the future for social network approach and social work. There are a number of barriers to network intervention because just as we've kind of alluded to once you start introducing informal Helbert in formal care plans a lot of issues come up accountability funding privacy supervision.

[00:32:43] There's a lot of issues then in many of our managed care programs that kind of work with network members you know where does that fit in. The whole billing process. So there are a lot of barriers to overcome. What kind of agency is best able to support this work. Many of the projects that I worked on these were specialized funded programs and how to transfer this into their regular agency practice. We still need more work in that area. I think we need more work on research on interventions and that would be the direction that I would next want to work on more study of what is the additive effect of having a social network intervention as a component or as a

module with other interventions that are going on that add to the picture does it help people maintain change over time. And then there are some things that we have to think about that we can't be too reliant on informal helpers and social networks. It's not a panacea. It doesn't totally replace formal help because some people who are living in neighborhoods that have few resources have networks that have few resources and are we relying on networks that don't have the skills and resources to provide help that they really can't afford to provide. Anyone who has provided informal caregiving for a family member knows that there is an emotional strain and a financial cost. I think we have to be very careful about relying on social networks and informal help without providing the support and backup that networks need. I think the main thing is overcoming the barriers recognizing the limitations and providing the support to networks that they need to be supportive and doing more research on interventions.

[00:34:31] And my hope is that we can find interventions that are more tailored to the particular stage where a client is that. And we should also expand and increase the utilization of network approach as a way of also engaging families in the community in ways that maybe they haven't been engaged in the past. I think social workers need skills and order with access and mobilize social network because this is applicable to micro and practice like it's a key community development or community building. It gives us a lens into the client social environment. This is at the heart of our ecological approach at the heart of our person and environment approach. It gives us a lens is this environment have the resources that are helpful to this client. Is this environment not have social resources is it an environment that is going to not be supportive of change. When I was in school Jim Whitaker who was my research mentor talking about the ecological perspective he would say if you only dealt with person oriented intervention part of an ecological perspective is to give people skills to deal with daily life but if you only did that and didn't also work to change the environment and social network interventions are one method of environmental helping then you might have a person who's all dressed up with nowhere to go. The goal is to get people skills but then also to help create an environment that is supportive of those skills. So ultimately the social network approach for filling our basic social work mission to assess and intervene at multiple levels to improve the quality of life for people. Absolutely.

[00:36:13] And this has been a wonderful time spent with you talking about social networks and how social workers can utilize them in our practice. I'd like to thank you for your time today Dr. I was wondering if you have a closing remark or a closing statement you'd like to make before we sign off. I think the only thing I would say is just to reiterate that social network approaches do have a longstanding tradition in social work with their friendly visitors and that these approaches are very consistent with our values. Increasingly I would also add as I haven't mentioned that before these approaches are incorporated in many of our evidence based practice practices suffered sample if you look at integrated dual disorder treatment multisystemic therapy many packaged approaches incorporate a social network module a way of building and supporting a network that would maintain changes made over time. So I think as we see more evidence based practices emerging we will be able to identify what would be a key role a social network approach within that intervention. So I think you know that's for the future of us as social worker profession to deal with. Well thank you for your time. I absolutely agree. This is Charles Syms with Dr Elizabeth Tracy. We've been talking about social networks and as I said before I'm hoping that we get an opportunity down the road to come back and talk to you further about the work that you've done. Thank you very much. Thank you. You've been listening to Dr Elizabeth Tracy discuss social networks and social work practice. Thanks for listening. And tune in again next time for more lectures and conversations on social work practice and research.

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