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The Social Network Map: Assessing Social Support in Clinical Practice

Elizabeth M. Tracy & James K. Whittaker

ABSTRACT: *The authors describe the development and pilot use of a procedure for assessing social support. The social network map takes into account both the structure and function of the client's personal social network. The authors discuss the clinical utility of the map as well as guidelines for using social support assessment information in case planning.*

CLINICAL PRACTITIONERS increasingly recognize the importance of their clients' sources of informal social support and make these resources a focal point in case planning and design of service delivery systems (Whittaker & Garbarino, 1983; Gottlieb, 1983). In many ways, the current interest in social support reflects the rediscovery of a concept closely linked to the origins of social work practice (Richmond, 1918). Almost by definition, social work has long recognized the importance of social networks in clients' lives, but in the past decade or so, interest in the significance of informal helpers and their role in the provision of formal services has been renewed (Collins & Pancoast, 1976; Owne, 1986).

Unfortunately, even though a person-in-environment focus has long been a part of social work tradition, practice technologies for assessment, intervention, and evaluation of supportive environmental helping approaches have, until relatively recently, been less well-developed than have those for person-centered approaches (Grinnel, 1975). More often, the "person" has received greater emphasis than the "situation" (Gitterman & Germain, 1981). The development of explicit practice principles and techniques for assessing and intervening with clients' informal social and environmental resources is critically needed (Tracy & Whittaker, 1987). Clients are rarely isolated; rather, they are surrounded by social networks that may

either support, weaken, substitute for, or supplement the helping efforts of professionals. Being embedded in a social network and the availability of social resources responsive to stressful events have been shown to have direct and stress-buffering effects on the well-being of clients (Cohen & Wills, 1985). Thus, given the importance of social support, valid and reliable measures of social support resources are needed that can be used in routine assessments and that are clinically useful.

The assessment tool described in this article—the social network map—was developed as part of a larger research and development effort called the Family Support Project (Whittaker,

Elizabeth M. Tracy is Assistant Professor, Mandel School of Applied Social Services, Case Western Reserve University, Cleveland, Ohio. James K. Whittaker is Professor, School of Social Work, University of Washington, Seattle, Washington. The work described in this article was part of the Family Support Project: Linking Formal and Informal Helping Resources in Intensive Family-Based Preventive Services, a joint effort of the School of Social Work, University of Washington, and the Behavioral Sciences Institute, Federal Way, Washington, with funding from the Edna McConnell Clark Foundation. The authors wish to thank Peg Marckworth, Colleen Cline, Sue McCarthy, Jack Chambers, and Shelly Leavitt for their contributions to this project.

Tracy, & Marckworth, 1989). The goal of this project was to develop practical strategies for assessing and enhancing social support resources for families at risk of disruption as a result of out-of-home placement. The project was undertaken in conjunction with Homebuilders, an intensive family-preservation program designed to prevent unnecessary out-of-home placement (Kinney, Haapala, Booth, & Leavitt, 1990).

This article describes the development and pilot use of the social network map with 45 families served by Homebuilders, along with qualitative findings regarding its clinical utility.¹ A process for social support assessment that focuses both on the structure and function of the personal social network is proposed. The assessment information generated from this approach allows both clinicians and clients to evaluate several aspects of informal support: (1) existing informal resources, (2) potential informal resources not currently utilized by the client, (3) barriers to involving social network resources, and (4) factors to be considered and weighed in the decision to incorporate informal resources in the formal service plan. A final section deals with pertinent questions for assessing social support as well as with strengths and limits of the previously described instrument.

Conceptualizing and Assessing Social Networks and Social Support

Social support has been conceptualized in various ways, and it is important at the outset to establish a common definitional and conceptual language. *Social support* here refers to the many different ways in which people render assistance to one another: emotional encouragement, advice, information, guidance, tangible aid, or concrete assistance (Barrera & Ainley, 1983; Gottlieb, 1983; House & Kahn, 1985; Wood, 1984). Social support can be provided spontaneously through the natural helping networks of family and friends or can be mobilized through professional intervention. Social support that is provided through an informal helping network is typically characterized by a mutuality, reciprocity, and informality not often evident in professional helping relationships.

The term *social network* refers to the structure and quantity of a set of interconnected relation-

ships (Mitchell & Trickert, 1980). Barnes's (1954) analyses of relationships in a Norwegian fishing village and Bott's (1957) study of marital patterns among London families are generally thought to be the beginning of what is now referred to as *social network analysis*. A *social support network* refers to a set of relationships that provide nurturance and reinforcement for coping with life on a daily basis (Whittaker & Garbarino, 1983), though not all networks are socially supportive, nor do they always reinforce positive social behaviors.

It is important, then, to distinguish the structural links of the social network from the resources or "supports" exchanged within that network. More social network resources do not necessarily imply more social support, nor is it the case that all exchanges are supportive. For this reason, some authors have viewed social support within social exchange theory (Wellman, 1981; Specht, 1986). In addition, the *perception* that others would be available to render help may be a key factor in mediating stress (Cohen & McKay, 1984; Wethington & Kessler, 1986). Because of these complexities, social support is increasingly viewed as a multidimensional construct, consisting of social network resources, types of supportive exchanges, perceptions of support availability, and skills in accessing and maintaining supportive relationships (Heller & Swindle, 1983).

In recent years, researchers have developed a number of measures for assessing social support (Tardy, 1985). *Structural measures* describe the existence or quality of social relationships, for example, marital status, contacts with friends, church affiliation. *Functional measures* assess various types of supportive exchanges. The supportive functions of social networks are also assessed in various ways. The frequency of specific supportive events can be determined; in addition, the perceived availability or adequacy of support can be evaluated. The difficulty with many social support measurement tools is their length, complexity, and tenuous relationship to direct-practice needs. Many instruments were designed for purposes other than treatment planning, for example, to identify the components of support or the mediating role of social support in stress and coping. Not only were they developed for different purposes, but they were often difficult and time consuming to administer. The dilemma for practitioners is how to assess social support in a clinically meaningful manner.

The eco-map is an extremely useful method for portraying client-environment relationships

1. The Family Support Project Final Report, which contains case illustrations of the social network map and a summary evaluation of the project, can be obtained from the authors.

Date: ____/____/____
Respondent: _____
ID: _____

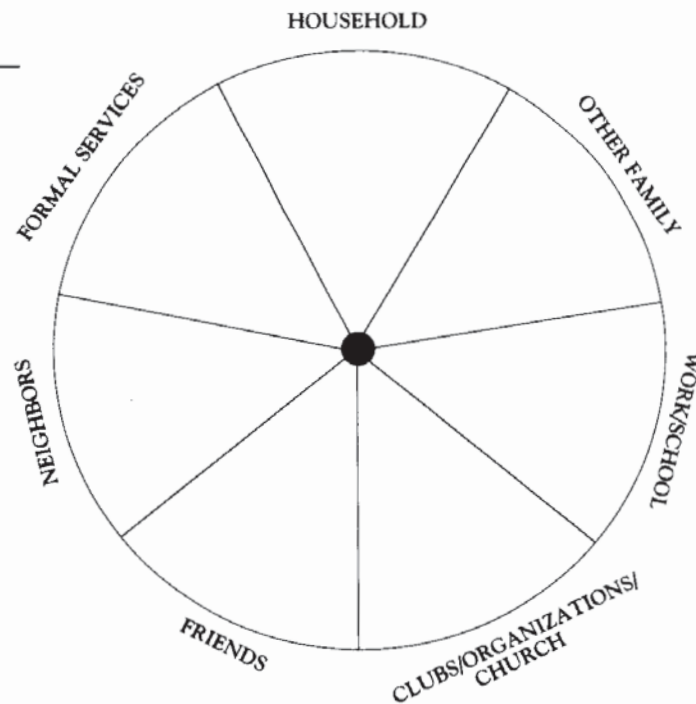


Fig 1. Family Support Project Social Network Map

(Hartman, 1978; Hartman & Laird, 1983). Although the eco-map was designed to help public child welfare workers examine family needs, this tool is now used in a wide variety of practice settings. Although it can be used to illustrate an individual's connections, it is most often used to portray the total family system's relationship with the outside world. The advantages of the eco-map are its visual simulation of connections between a family and the environment, its ability to demonstrate the flow of energy into and from the family, and its depiction of nurturant as well as conflicted relationships. One disadvantage of the eco-map is its imprecise terms, which make it difficult to determine the exact nature of the relationships portrayed. For example, strong versus tenuous relationships can be defined in many different ways. In fact, the eco-map provides a much more complete portrayal of structure than it does of function.

In a manner analogous to the eco-map, social network mapping techniques begin by identifying and visually displaying network composition and membership. However, social network mapping attends to both structure and function in a more detailed fashion than does the eco-map. In general, social networks are constructed for a single individual—an egocentric network—and list each person known to that individual. Social network data collected in this

manner have been used to determine a number of variables, including size, composition, and density. Social network mapping techniques are fully compatible with eco-map procedures but provide more detailed, anchored responses regarding the quality and functioning of social connections.

The Social Network Map

The social network map described here uses a circle mapping technique reported as useful by a number of social network researchers, including Biegel, Shore, and Gordon (1984) in their work with frail elderly, Kahn and Antonucci (1981) in their national study of support networks of older adults, Fraser and Hawkins (1984) and Hawkins and Fraser (1985) in their work with drug abusers, and Lovell and Hawkins (1988) in their study of abusive mothers. The map displays network membership visually but reveals little information in itself about the functioning of network relationships. Therefore, an accompanying grid was included to record responses about the supportive and nonsupportive functions of network relationships, for example, who provided what types of supports, what relationships were reciprocal, what relationships were conflicted, and so forth (R. Catalano, personal communication, June 1987). The advantage of the network grid lies in the

added specificity of network functions and the fact that information directly relevant to the target population can be collected. For example, Fraser and Hawkins (1984) used this approach to gather information on a number of drug-related behaviors among network members.

Administration of the Social Network Map

The social network map collects information on the total size and composition of the network, the extent to which network members provide various types of support, and the nature of relationships within the network as perceived by the person completing the map. Administering the map involves listing network members in each of seven domains: (1) household (people with whom you live); (2) family/relatives; (3) friends; (4) people from work or school; (5) people from clubs, organizations, or religious groups; (6) neighbors; and (7) agencies or other formal service providers. Names or initials of network members are visually displayed on the circle "map" (see Figure 1). After the composition of the network has been identified, a series of questions are asked regarding the nature of network relationships (see Figure 2). These questions cover the types of supports available (emotional, informational, and concrete), the extent to which network members are critical of the individual, the direction of help, the closeness of relationships, frequency of contact, and length of relationships. Responses to these questions are recorded on a network grid (see Figure 3).

Specifically, the social network map provides information on the following aspects of social network functioning. For each aspect, both absolute numbers as well as proportions can be calculated; the use of proportions allows for comparisons across social networks of different sizes.

1. *Network size*: total number of people identified in the network
2. *Domain size*: total number/proportions of people in each of the seven domains
3. *Perceived availability of emotional, concrete, and informational support*: proportion of network rated as "almost always" available to provide these types of support
4. *Criticalness*: proportion of network perceived to be "almost always" critical of the individual
5. *Closeness*: proportion of network perceived to be "very close"

6. *Reciprocity*: proportion of network relationships in which "help goes both ways"

7. *Directionality*: proportion of network relationships in which help goes primarily from client to network and proportion of network relationships in which help goes primarily from network to client

8. *Stability*: length of relationships (how long known)

9. *Frequency*: frequency of contact (how often seen)

Social network data collected from 45 families revealed some interesting and clinically useful relationships among these variables. For example, although network size was a poor indicator of perceived social support, network composition appeared to be a relevant factor. Both number and proportion of friends within the network were associated with higher levels of support in this sample. In addition, reciprocity was positively related to concrete support. The proportion of critical network members was negatively related to emotional support. Overall, findings indicated that the families perceived a number of supportive resources within their networks. At the same time, however, network composition and the functioning of the network could create additional stress and strain (Tracy, 1990).

In order to ease administration and make the network map more engaging to complete, respondents can be supplied sorting cards and slips of paper onto which the names of their network members have been recorded (M. Lovell, personal communication, June 1987). When asked, for example, how close they feel to members of their network, respondents can easily sort the slips of paper into three piles—people with whom they feel very close, somewhat close, and not very close. This method is more visual and tactile than typical paper and pencil tools. Respondents view the process as "fun," more like a game than a test.

Despite the amount of detail the social network map provides, completion of the measures may take surprisingly little time. For the practitioners interviewed, the length of time to complete the social network map with individual family members ranged from 15 minutes to an hour, with an average completion time of approximately 20 minutes. Completion time appears to depend on the size of the network and the extent to which the respondent wants to talk about network members. It should be pointed out that the family members, generally mothers, were in crisis

Fig. 2. Instructions/script for social network map.

Step One: Developing a Social Network Map

Let's take a look at who is in your social network by putting together a network map. (Show network map.) We can use first names or initials because I'm not that interested in knowing the particular people and I wouldn't necessarily be contacting any of the people we talk about.

Think back to this past month, say since [date]. What people have been important to you? They may have been people you saw, talked with, or wrote letters to. This includes people who made you feel good, people who made you feel bad, and others who just played a part in your life. They may be people who had an influence on the way you made decisions during this time.

There is no right or wrong number of people to identify on your map. Right now, just list as many people as you come up with. Do you want me to write, or do you want to do the writing?

First, think of people in your *household*—whom does that include?

Now, going around the map, what *other family members* would you include in your network?

How about people from *work or school*?

People from *clubs, organizations, or religious groups*—whom should we include here?

What *other friends* haven't been listed in the other categories?

Neighbors—local shopkeepers may be included here.

Finally, list professional people or people from formal agencies whom you have contact with.

Look over your network. Are these the people you would consider part of your social network this past month? (Add or delete names as needed.)

Step Two: Completing the Social Network Grid

(If more than 15 people are in the network, ask the client to select the "top fifteen" and then ask the questions about only those network members. For each of the questions use the appropriate sorting guide card. Once the client has divided up the cards, put the appropriate code number for each person listed on the network grid.)

Now, I'd like to learn more about the people in your network. I'm going to write their names on this network grid, put a code number for the area of life, and then ask a few questions about the ways in which they help you. Let's also write their names on these slips of paper too; this will make answering the questions a lot easier. These are the questions I'll be asking (show list of social network questions), and we'll check off the names on this grid as we go through each question.

The first three questions have to do with the *types of support* people give you.

Who would be available to help you out in

concrete ways—for example, would give you a ride if you needed one or would pitch in to help you with a big chore or would look after your belongings for a while if you were away? Divide your cards into three piles—those people you can hardly ever rely on for concrete help, those you can rely on sometimes, and those you'd almost always rely on for this type of help.

Now, who would be available to give you *emotional support*—for example, to comfort you if you were upset, to be right there with you in a stressful situation, to listen to you talk about your feelings? Again, divide your cards into three piles—those people you can hardly ever rely on for emotional support, those you can rely on sometimes, and those you almost always can rely on for this type of help.

Finally, whom do you rely on for *advice*—for example, who would give you information on how to do something, help you make a big decision, or teach you how to do something? Divide your cards into the three piles—hardly ever, sometimes, and almost always—for this type of support.

Look through your cards and this time select those people, if any, in your network who you feel are *critical* of you (either critical of you or your lifestyle or of you as a parent). When I say "critical," I mean critical of you in a way that makes you feel bad or inadequate. Divide the cards into three piles—those people who are hardly ever critical of you, sometimes critical of you, and almost always critical of you. Again we'll put the code numbers next to their names.

Now look over your cards and think about the *direction of help*. Divide your cards into three piles—those people with whom help goes both ways (you help them just as much as they help you), those whom you help more, and those who help you more. OK, let's get their code numbers on the grid.

Now think about how *close* you are to the people in your network. Divide the cards into three piles—those people you are not very close to, those you are sort of close to, and those you are very close to—and then we'll put a code number for them.

Finally, just a few questions about *how often* you see people and *how long* you've known the people in your network. Divide the cards into four piles—people you see just a few times a year, people you see monthly, people you see weekly, and people you see daily (if you see someone twice or more than twice a week, count that as "daily"). OK, we'll put their numbers on the grid.

This is the last question. Divide the cards into three piles—those people you have known less than a year, from 1 to 5 years, and more than 5 years.

Now we have a pretty complete picture of who is in your social network.

ID _____ Respondent _____	Name _____	#	Area of life	Concrete support	Emotional support	Information/ advice	Critical	Direction of help	Closeness	How often seen	How long known
			1. Household 2. Other family 3. Work/school 4. Organizations 5. Other friends 6. Neighbors 7. Professionals 8. Other	1. Hardly ever 2. Sometimes 3. Almost always	1. Hardly ever 2. Sometimes 3. Almost always	1. Hardly ever 2. Sometimes 3. Almost always	1. Hardly ever 2. Sometimes 3. Almost always	1. Goes both ways 2. You to them 3. They to you	1. Not very close 2. Sort of close 3. Very close	0. Does not see 1. Few times/yr. 2. Monthly 3. Weekly 4. Daily	1. Less than 1 yr. 2. 1-5 yrs. 3. More than 5 yrs.
		01									
		02									
		03									
		04									
		05									
		06									
		07									
		08									
		09									
		10									
		11									
		12									
		13									
		14									
		15									
1-6			7	8	9	10	11	12	13	14	15

Fig. 3. Family support project social network grid.

at the point of referral to the agency, and this factor may have influenced administration time to some extent. Most practitioners found administration of the map to be an interactive exercise. Several mentioned the potential of this form of assessment as an ice-breaker or relationship-building activity.

Clinical Usefulness

As part of the project, practitioners administered the social network map with clients at two points in time, within the first two weeks of intervention and again at termination. A structured qualitative interview was conducted with each of the 23 participating practitioners regarding the use of the map, including administration of the instrument, interpretation of the information gathered, use of this information in service delivery, and barriers to use of social support assessment information. All practitioners indicated that they intended to continue using the map even after the project's completion. Use of the social network map was cited as helpful in identifying and assessing stressors, strains, and resources within the client's social environment.

The map also enabled therapists to gather information about social and environmental resources in a more systematic manner. Rather than describing social support in global terms (e.g., "relatives live in the area"), practitioners were better able to describe specific aspects of the client's social environment (e.g., types of support, presence or absence of close relationships, the direction of help). Through the use of the social network map, information was often obtained about other potentially useful resources as well as the client's perception of these resources.

In addition to its value as an assessment tool, therapists also cited the social network map as a clinically useful activity. The instrument helped people review their resources and identify potential resources. Often this process revealed unexpected information, indicating more supportive resources than the client or worker had initially realized were present. For example, one client who had initially "bad-mouthed" neighbors realized after completing the social network map how often those same neighbors provided support in various ways.

Another example of the clinical utility of social support assessment is the case of a young single mother who often left her child alone and unattended. When asked about child-care resources, the mother reported none was avail-

able. In the process of completing the social network map, two people were identified who could help with babysitting. With therapist coaching, the mother asked these individuals for help and a child-care schedule was established. In this situation, the information gathered about social support was directly relevant to averting the need for placement of the child outside the home.

Similarly, the social network map often provided a vehicle for discussing other issues with the client. These discussions were helpful in understanding current stressors experienced by families. For example, one woman commented that "support from the men in my life is exactly the same as from my children; it's mostly my helping them and they're mostly critical of me." In another example, each member of an entire family placed a deceased relative's name on the social network map, providing an opportunity for the worker to discuss issues of grief and loss. Several workers reported that the map worked well with women in abusive relationships, helping these women to identify what they were actually getting from the relationship. For example, one female client recognized that social support was reciprocal with the majority of her relationships, yet she continued to rely primarily on a particularly abusive one-way relationship with her boyfriend.

Some project practitioners viewed completing the social network map as an empowering activity. Clients began to understand their networks better as well as the steps they could take to get more of their needs met by the network. The visual display of the information gathered made insights readily available to clients. They could be actively engaged in assessing their network and generating options for change. For example, one client realized in working on her map that because she had recently moved, she felt isolated from usual sources of support. A specific intervention was developed to initiate contacts with neighbors.

Guidelines for Assessing Social Support

Based on the experience of the practitioners who participated in this project, a number of assessment guidelines and practice principles can be tentatively proposed. It is essential to evaluate social network data in relation to the presenting problems and needs of the client. Practitioners need detailed ways of conceptualizing their client's social

resources in order to develop individualized social support goals and accompanying interventions.

The following questions, based primarily on information generated from the social network grid, were helpful in translating social network and social support data into appropriate service goals:

1. Who is in the network, how are they related to the client, and who could be potential members?
2. What are the strengths and capabilities of the social network? In particular, which members of the network provide emotional support, concrete assistance, and information or advice?
3. What are the gaps in social support needs? Is there a lack of fit between the types of support the network is willing or capable of providing and the types of support the client needs or desires?
4. What relationships in the network are based on mutual exchange? Does reciprocity seem to be an issue for the client? Is the client always giving to others and thereby experiencing stress? Or does the client appear to be a drain on the network, with the result that network members are stressed and overburdened?
5. What network members are identified as responsive to requests for help, effective in their helping, accessible, and dependable? Do sufficient numbers of network members meet these conditions?
6. What network members are critical of the client in a negative or demanding way? Is the client surrounded by a network that is perceived as negative, nonsupportive, and/or stress-producing?
7. What obstacles or barriers to utilizing social network resources exist? Does the client lack supportive resources or lack skills in utilizing available resources? For example, the client may lack skills in accessing social network resources or otherwise be reluctant to accept or ask for help. On the other hand, network members may be unable to provide more assistance due to lack of skills or knowledge.
8. How are social support needs prioritized in relation to other presenting problems and needs?

Implications for Future Clinical Applications

With the assessment guidelines presented above, Homebuilder therapists were able to design and develop a variety of social support interventions as part of their clinical work with families. For example, some families were extremely isolated and needed new, additional sources of support.

Other families were involved in large social networks, but those networks were not necessarily supportive of the family's efforts to work toward change. For these families, interventions to modify the quality of network relationships were viewed as more appropriate to implement. Through the Family Support Project, a series of case consultations were held in order to assist in clinical decision making. In addition, a social support training module was developed that is now available for use by other family preservation programs. The training module covers both social support assessment and intervention techniques.

Information gathered via the social network map, however, is limited in that the data generated are self-reported and therefore may be affected by recall problems, recent history, and social desirability. For these reasons, social network data are difficult to subject to usual tests of reliability. Little is known about the stability of social networks—whether changes in networks represent true changes or unreliable instruments (Tracy, Catalano, Whittaker, & Fine, 1990).

Objective verification of the validity of social network data is a related measurement issue. It is very difficult to determine "true" network size because so much depends on the method of data collection. For example, the time or the manner in which questions are asked could influence the numbers and types of people included in an individual's social network. From a clinical point of view, it is helpful to know the extent to which the network described by the client does, in fact, exist. Perceiving a large supportive network may cushion the experience of stress. Unrealistic expectations of others, however, can also lead to disappointment and feelings of rejection.

Another limitation in the information gathered from the social network map involves the unit of attention, that is, the individual rather than total family focus. The map provides information about an individual's personal social network but does not yield information about the collective impact of personal social networks within a family or group. The family's relation to the social environment would seem to require more than simply summing individual network maps. For example, the overlap—or lack of overlap—in network maps among different family members might be helpful to understand.

Finally, self-reported information about social networks may be influenced by the problem or need precipitating referral for services. It is difficult to know whether social network character-

istics are a contributing factor to the presenting problem or a result of the presenting problem, which suggests the need for monitoring changes in social networks over time.

Obviously, more work is needed on the measurement properties of social network assessment information. For example, do the dimensions of support—concrete, emotional, and informational—correlate with other social support measures? In determining the reliability of network data, shorter test-retest intervals are needed in addition to methods of verifying self-reported network membership. It would be helpful to obtain measures of support received in relation to support perceived. The relationship between levels and types of social support and service outcomes needs further examination. Measures of *change* in social support from intake to termination may be correlated with treatment outcomes (Fraser, Pecora, & Haapala, 1988).

Conclusions

The experiences of family practitioners utilizing the social network map in a very brief intervention highlight the importance of assessing both structural and functional features of clients' social networks. This type of social support assessment information enables practitioners to gain a better sense of the types of support available to clients, the gaps that exist in support availability, and the resources available or potentially available to fill these gaps. It is important to avoid making assumptions about social networks and social support resources; even seemingly isolated clients are often able to identify supportive resources. The need for individualized assess-

ments and corresponding individualized social support interventions is apparent; it is unlikely that one form of intervention will be suitable for all clients.

If social workers are to assess and intervene with client's informal sources of support, then expanded practice models that combine the best of person-centered and environment-centered strategies will be needed (Whittaker, 1986). Social support as a construct can enable practitioners to understand better their client's social environment, the impact of that environment on the client, and how best to create more supportive and nurturant environments. The social network map is one tool that workers can use in gathering specific, clearly defined, and individualized social support assessment information relevant to the planning of social support interventions.

Although the social network map is currently being developed as an assessment tool and practice technique, we believe that it contributes to a new model of practice that links formal and informal helping resources. Consistent with current ecological perspectives, such a practice model helps clients become more competent in dealing with the environment while helping to make the environment more supportive and nurturant of the client (Whittaker, Schinke, & Gilchrist, 1986). A replication of the Family Support Project, including further study of the measurement properties of this tool and its relationship to intervention planning, are currently under way in a large Midwestern youth- and family-serving agency. The practitioners in the project reported in this article, operating within severe time constraints with families in crisis, nonetheless found the instrument clinically useful.

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