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Abstract

Support can be derived from a variety of relationships as a way to encourage clients in therapy. It is capable of providing significant furtherance in a client's search of becoming empowered to make autonomous decisions during therapy and after therapy is terminated. This article examines various support networks in current literary research including family, friend, and religious/spiritual/community involvement. The studies presented examine the amounts these support networks were involved with the client during and after treatment in an attempt to determine a positive effect. Research suggests that support network involvement is associated with positive outcomes for the client.

The focus of this article is to explore support network involvement and its significance for clients in therapy. Support is defined as "…the capacity to encourage clients in making their own decisions while helping engender hope" (Gladding, 2004, p. 36). Support can be derived from a variety of relationships and includes feelings of trust, concern, and love (Nasser & Overholser, 2005). Without these qualities, the support network may be crippling to the therapy process because the client will not feel safety and value, which are the catalysts for therapeutic growth. The support network can include any person, from the perspective of the client, who plays a central role in the client's life (Kocet, 2005). It is important to determine the positive significances of support network involvement so that the client may have the greatest and most beneficial autonomic outcome from therapy. This article examines areas of support and provides research data involving family, friends, and religious/spiritual/community leaders to determine if enlisting the support of these third parties can be positive for a client during counseling. According to the literature analysis, a support network including family, friends, and religious/spiritual/community leaders has a positive significance in the involvement of a client's therapy outcome.

Family Support Network Involvement

Family involvement has been well supported in current family therapy literature. Harper, Russell, Cooley, and Cupples (2007) recognize that change occurring at the individual level cannot be understood in isolation. Research on adolescent therapy and family functioning conducted by Harper et al. (2007) concludes that family members play an integral role in helping to reduce the adolescent's problem behavior throughout the treatment process. This positive change in behavior is also enhanced by family involvement before and after treatment. The therapists involved in the research encouraged adolescents in therapy and their family members to work with the therapist to identify issues and treatment goals. While the adolescent, or primary client, was in individual therapy, families participated in pre- and post-

treatment meetings with therapists and staff, where they gained support in undertaking their own personal treatment processes (Harper et al., 2007). Families and the clinical team collaborated on discharge, transition, and aftercare planning.

Fischer, McSweeney, Pyne, Williams, Naylor, Blow, and Owen's (2008) psychiatric service study of individuals with dual-diagnosis of schizophrenia and substance abuse, and the involvement of their family as a support influence, provided evidence that direct family support was associated with greater reductions in abusive behaviors. Additionally, ongoing family support was associated with substantial reductions in the adverse impact of substance abuse. According to Harper et al. (2007), it is very important that the family involved with therapy be thoroughly educated and aware of the client's conditions and that they explore personal issues of their own so that it will not be a negative deterrent in the outcome of their family member's therapy and healing. Harper et al. (2007) also state that families need to be aware of the responsibility of their role with the client once therapy has ended. The processes supporting the adolescent therapy and family involvement research of successful effective treatment outcomes with family involvement were measured by the relationship between client and therapist, a strong peer-supported group dynamic, the ability of the process to facilitate reflection of life through the use of solo, and the challenge and structure of the process (Harper et al., 2007). The adolescents who participated in the family involvement study "…reported a desire to improve relationships with their families, abstain from drugs and alcohol, and put more effort into completing school" (Harper, 2007, p. 116). Less understood is how, when, and to what extent family involvement is most effective. MacDonald, Sauer, Howie,

and Albiston (2005) researched young people's experiences with early psychosis and their social relationships and found that when families become involved with treatment, the clients identify close relationships with family members, valued family sticking by them, and began to rely on them to discuss problems and obtain support. Despite not knowing the most effective method of involvement in a client's therapy, the research of Fischer et al. (2008), Harper et al. (2007), and MacDonald et al. (2005) concludes that family involvement in client therapy can carry a positive effect on clients.

Friend Support Network Involvement

The involvement of the friend support network can have a positive impact for the client because the client can see what can be achieved through the efforts of individuals with whom they can identify. Clients sometimes have difficulty identifying with staff professionals – even professionals that have been in recovery themselves and are considered to be a client's equal ("Peer-led Services," 2006). There are several types of friends that may be involved in therapy including personal friends, professional friends, and peers who have been through some of the same problems. In research of persons with a history of mental illness, drug and alcohol abuse, and repeated hospitalizations, Min, Whitecraft, Rothbard, and Salzer (2007) found a positive effect on those clients who were paired with a peer who was successfully coping with his or her mental health issues and abstaining from drug and alcohol involvement. The peers were able to assist clients in developing skills necessary for living a satisfying and fulfilling life without the use of drugs or alcohol. The client then began building new relationships including enhancing social networks, prosocial behaviors, and increased

involvement in healthier leisure activities. These outcomes were achieved successfully by the friends sharing their experiences using coping strategies they had devised to pursue recovery. Min et al. (2007) demonstrated that the individual clients involved were found to experience fewer crisis events and hospitalizations and improved social functioning and quality of life. Peer involvement offered clients the power of examples that their conditions could be overcome by positive regard and met clients where they were in their lives and in therapy. Research shows that various friend types can have a positive significance in therapy, but it is important for friends to be non-confrontational through their approaches and proper boundaries are critical ("Peer-led Services," 2006). When a friend is involved as a support network, the client feels valued and respected and is able to grow in a safe environment where he or she is empowered by an exchange of listening, sharing, mutual respect, and a high degree of support (Thomson, 2006).

Religious/Spiritual/Community Support Network Involvement

Religious, spiritual, and community involvement may also be included in a client's support network. Spiritual beliefs provide an additional source of support that is often overlooked in studies of social support and can be defined as the "…perceived, individually supportive aspects of an individual's spiritual beliefs" (Nasser & Overholser, 2005, p. 126). Spirituality and religion provide effective coping mechanisms for patients, and patients who rely on this support to cope are more likely to use an active coping style where they try to deal with problems in a positive and purposeful way (Weaver & Flannelly, 2004). Data obtained from female rape victims in counseling treatment demonstrated that confiding in clergy predicts a higher self-esteem and reduces the impact of a lack of social support on self-esteem, self-efficacy, and life satisfaction. Compassionate clergy in counseling can have a positive influence on psychological outcomes of women in abusive relationships (Neergaard, Lee, Anderson, & Gengler, 2007). The involvement of community leaders offers an essential source of social support to clients, especially minority communities, because they can offer programs in addition to therapy about which clients may not know or to which clients may not have access (Weaver & Flannelly, 2004).

Conclusion

Support networks such as friends, family, and religious/spiritual/community involvement have a positive effect on the client who is in therapy. Support networks can come from a variety of areas, depending on what degree of involvement is helpful to the client. Further research needs to be conducted to determine the quantity of time and involvement that is best for clients. Family, friends, and religious/spiritual/community support inclusion may all convey positive and valuable associations in the client's strive for autonomy. Research recognizes the important associations between support network involvement and the severity of a client's existent concerns. Support network involvement from friends, family and religious/spiritual/community leaders was significantly associated with lower levels of client quandary during therapy and also provided follow-up support that facilitates continuous successful coping skills in clients (Nasser & Overholser, 2005). It is important for counselors to learn to identify when a client may benefit from involving a support network in therapy. A counselor should also learn to listen to his or her client, because the client may not be able to change at the

individual level and needs to involve a support network to facilitate change and growth in therapy. A counselor may have to teach the third parties the basics of therapy so that they better understand what the client is doing in therapy and give support that will have a positive effect. Counselors, clients, and the persons in the support network need to be open to growth and change through teaching and learning so that the maximum therapeutic outcome may happen for the client in therapy.

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