Clinician's Corner
Chronic Disease Management

Fostering Social Support for Improved Chronic Disease Management

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In my work with patients with diabetes, I often use Self-Determination Theory (Ryan & Deci, 2000) to conceptualize how individuals enhance their performance and well-being through increased intrinsic motivation and engagement behaviours. This theory is based on the concept that people tend to be driven by a need to grow and gain fulfillment in their lives, and include three components:

1. **Competence** – where a need for growth drives behaviour to gain mastery over tasks and learn new skills for success, which leads to actions to achieve one's goals.
2. **Autonomy** – where one needs to feel in control of their own behaviours and goals, so they have the opportunity to take direct action to make a change (if they choose to do so).
3. **Connectedness/relatedness** – where one needs to experience a sense of belonging and attachment to other people.

Given this SDT framework, there are many therapeutic strategies that we, as health psychologists, regularly utilize to build our client/patient's sense of competence and autonomy in regard to behavioural change around health behaviours include, but are not limited to, the use of motivational interviewing (Vansteenkiste & Sheldon, 2006) and problem-solving skills training (Dattilo & Rusch, 2012). However, as health psychologists, much of our connectedness/relatedness strategies revolve around building our own therapeutic rapport with our client. In addition to providing practitioner-client support in treatment, we also need to help our clients establish other sources of connectedness/relatedness by building their social support (i.e., what type of support they receive from others around them in managing their health and well-being over time).

The evidence for the benefit of receiving social support on one's well-being is clear (Knoll et al., 2019; Wills et al., 2016). Moreover, social support has been shown to buffer many of the negative health outcomes our clients/patients may experience by improving health, recovery, and survival (House et al., 1988; Uchino, 2009). The usefulness of the social support received is often based on the type of help needed, such as emotional (e.g., demonstrating empathy, concern), instrumental (e.g., logistical tasks, financial assistance), and/or informational (giving advice, feedback, or new details). Some research even suggests that simply perceiving that we have access to this social support if we need it, is enough to reap the benefits (Lett et al., 2007).

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Despite all the health benefits outlined above in regard to social support, it is important to remember that not all social support is the same. In fact, there are times when social support can even be more detrimental than helpful. For example, in diabetes care, certain forms of social support can contribute to a decrease in self-management behaviours (Harris et al., 2008). This can happen when efforts to "help" lead to increased doubts, criticisms, and demands by the helper related to the health behaviour. The client feels shamed and blamed by the helper and attempts to escape these negative emotions by withdrawing from the helper as well as avoiding the health behaviours. This can result in decreased self-management behaviours over time, and increased conflict between the client/patient and their social support member. Whether this social support comes from friends, family members, medical/mental health providers, work/school personnel, and/or others with the similar conditions, one must help their clients be thoughtful about the following:

> Helping clients/patients develop effective social support resources outside of the therapeutic relationship, can provide a sense of connectedness, while also allowing the client gain mastery and honour their own autonomy in managing their health behaviours. This allows for high-quality social support to be sustained well after their treatment (and direct therapeutic support) has ended.

- Who they include in their social support network
- What types of social support they would like to receive from them (e.g., emotional, instrumental, informational)
- When they would like to receive this social support
- How they would like to receive this social support

The Social Convoy Model (Antonucci, 1991) suggests that individuals optimize their social networks by overtly selecting different types of people to serve in different social support functions throughout their lifetime. This approach to conceptualizing and constructing social support networks can

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be used as a therapeutic tool for health psychologists to help their clients/patients actively build effective socials support network in a concrete manner. Therapists can invite their clients to fill in the "rings" from the Social Convoy Model with different members to represent different functions and different levels of engagement (see Figure). Health psychologists should highlight that it is just as important for their client/patient to discuss is who should **NOT** be included in this social network "ring" and how important it is to also avoid seeking social support from people who are not going to honour their right to have mastery and autonomy throughout their health care journey.

In such treatment, I have called this the "Tree Ring Exercise" with clients and have found it to be an extremely helpful clinical tool in helping them become more self-aware of their social support network, where there are "holes" to be filled, and empower them to be in more control of how to build high-quality social support resources to help them function more effectively. For example, when working with an older adolescent client/patient with type 1 diabetes, who is transitioning from pediatric to adult health care, one could use this prompt (see below) with follow-up discussions afterward to process the outcome with the client/patient.
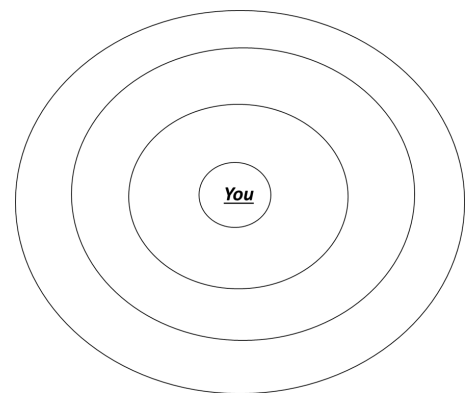
Tree Ring Exercise

This tool can be used over multiple sessions and be revisited throughout the course of treatment to help the client/patient take ownership for building their social support network, and ultimately enhance their well-being and health outcomes.

Tree Ring Exercise Sample Verbal Directions:

Fill in the "rings" of the tree in terms of people in your life that can provide you with high-quality support during this transitional period. The level closest to the center is for the people you can rely on more to provide you with emotional/instrumental/informational support and the farther out the less. You can define these rings however you want – they do not have to just be people who you live with, but it also could be who is most helpful to you, and then move further out. Recognize that your relationships with people are dynamic, so some people may move in/out over time. Think about what qualities would help move someone closer in and what would move them out in terms of being able to support you in a way you find helpful. Again, these do not have to be people you would assume it would have to be – if it is not who you live with, then it is not. You can work to improve these relationships over time, if you think that they may be a good source of support in the future, but they may not fully know how to help meet your needs as well as you would like, yet. Be very realistic with yourself about who goes in here. If you are feeling like there are not enough people who you can write down on this worksheet, then let us think about how we can continue seek out new people to build your support team as you enter this next phase of your life.

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