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Social Support in Family Reunification: A Qualitative Study

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Social Support in Family Reunification: A Qualitative Study

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When children are removed from their parents due to child maltreatment, the goal remains to reunite families whenever possible. Although extensive research exists regarding barriers to reunification, little is known about the families who are successfully reunited. The aim of this study was to examine the strengths families found helpful in the process of achieving and maintaining reunification. In-depth, qualitative interviews were conducted with 15 reunified families. Thematic coding of these narrative interviews was completed, uncovering the ways the families perceived intrafamilial and external social support that was given and received played an important role in their stories of reunification.

KEYWORDS child welfare, family reunification, narrative, social support, strengths

The involvement of child protective services (CPS), particularly in the case of compulsory removal, is often a traumatic experience for children and their parents (Manji, Maiter, & Palmer, 2005). As child welfare agencies seek to reunify children with their families, child protective social workers must face a "dual but linked role" of supporting families while "safeguarding children from abuse and neglect" (Corby, 2006, p. 160). Understanding how families cope with the removal, make necessary adaptations, and achieve the goals of a child welfare case plan can help social workers to foster successful and expedient family reunification (Berry, McCauley, & Lansing, 2007) and potentially reduce reentry into care. The aim of the current study was to

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examine families' perceptions regarding the strengths they found helpful in achieving reunification. Specifically, the role of social support was examined in depth.

Social Support

Social support is a broad construct, variously defined (Williams, Barclay, & Schmied, 2004), which refers to the helpful aspects of social interconnectedness. In health research, *social support* typically refers to "a social network's provision of psychological and material resources *intended to benefit an individual's ability to cope with stress*" (Cohen, 2004, p. 676). In research on social support and work stress, House (1981) proposed four types of resource provision: "(1) emotional concern (liking, love, empathy), (2) instrumental aid (goods or services), (3) information (about the environment), or (4) appraisal (information relevant to self evaluation)" (p. 39). Similarly, in their work on children and families, four functional components of social support were theorized: "Concrete/tangible help; support through education, information, and/or referral; emotional support; and social integration" (Cameron & Vanderwoerd, as cited in Manji et al., 2005, p. 293).

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Benefits of Receiving Social Support

Extensive literature documents the impact of social support in a wide range of research domains. Prospective medical studies have demonstrated a relationship between social support and all-cause mortality (House, Landis, & Umberson, 1988). There is compelling evidence that social support serves as a buffer for those under stress, reducing the rate of depression and emotional distress following traumatic events (Brewin, Andrews, & Valentine, 2000; Kawachi & Berkman, 2001). Of particular relevance to the issue of family reunification, some researchers have found that social support is positively associated with making difficult behavioral changes. For instance, Kelsey et al. (1996) found that social support had a positive effect on women attempting to make dietary changes. Similarly, social support also appears to have an effect on medical adherence (DiMatteo, 2004).

Although the presence of quality social support seems to exert positive effects, deficits in social support have been found to predict unsuccessful or undesirable outcomes. For example, the length of time to recurrence of abuse or neglect within a family system is higher for families who report low levels of social support (DePanfilis & Zuravin, 1999). A study of impoverished women found poor social support predicted an increased risk of physical violence (Wenzel, Tucker, Elliot, Marshall, & Williamson, 2004). Similarly, the risk of postpartum depression appears to rise with reduced social support (Xie, He, Koszycki, Walker, & Wen, 2009).

Benefits of Giving Social Support

Clients' levels of received or perceived social support are no doubt important, but an interesting line of research examines the impact of providing social support for others. A recent study found that spending money on others led to increased happiness (Dunn, Akninm, & Norton, 2008). In a longitudinal study, some older adults had improved self-esteem when they provided social support to others (Krause & Shaw, 2000). Although their study had a small sample, Schwartz and Sendor (1999) found that patients with multiple sclerosis benefitted from providing social support to others with the same diagnosis, with a broad range of positive effects.

Social Support and Family Functioning

In addition to looking at the benefits of social support on individuals, families may also experience positive outcomes related to social connections. The ability of the family unit to cope and adapt appears to be impacted by intrafamilial and external social support. Cross-cultural studies of healthy families find high levels of positive factors related to intrafamilial social support (i.e., support provided from within the family such as appreciation and affection; see Stinnett & DeFrain, 1985). External social support is also important in family functioning. Relationships with extended family, neighbors, support groups, and others can provide emotional and practical support to a family in crisis (Lietz, 2007). In addition to natural supports, de Boer and Coady (2007) highlighted the importance of positive relationships formed between professionals and families as another critical way external social support is provided. The participants in Drake's (1995) study perceived the quality of relationships with child welfare workers affected their views regarding the effectiveness of services, while participants in Kauffman's (2007) study felt their relationship with service providers to be "one of the most important parts of the services" (p. 560).

Limitations to the Current Literature

Although the importance of social support is a consistent finding, interpretation of the literature should be tempered by the limitations. According to Williams et al. (2004), 30 definitions of *social support* have been used in the research literature. Furthermore, important nuances are not always captured in the quantitative research. Researchers sometimes measure received social support (the specific, real-world help provided by others), and sometimes measure perceived social support (the research participants' perceptions or satisfaction regarding the support available to them; Sarason, Sarason, & Pierce, 1990). One meta-analysis found a modest correlation between these two constructs ($r = .35$), meaning there is still significant work

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to be done in developing quantitative models of social support (Haber, Cohen, Lucas, & Baltes, 2007).

Qualitative Methodology in Social Support Research

To address some of these limitations, qualitative research has explored social support to examine this complex phenomenon within specified contexts, further demonstrating the importance of this construct. In medical research, qualitative studies have frequently uncovered the relevance of social support for those suffering from or recovering from illness (Lynch et al., 2008). Additionally, a series of qualitative studies focused on families seeking to achieve reunification, similar to the participants in the current study. The results of these studies indicated that social support was indeed an important concept to be considered (Keating-Lefler, Hudson, Campbell-Grossman, Fleck, & Westfall, 2004; Manji et al., 2005; Trulsson & Hediin, 2004). As researchers seek to understand more about the process of change and development in family practice, recent attention has been given to the importance of examining the perspectives of families regarding their circumstances and the services they receive (Alpert, 2005; Drake, 1995; Dumbrill, 2006; Kapp & Vela, 1999; Kauffman, 2007). Given the lack of a clear definition of what social support is, the degree to which it is context specific, and the recent value given to seeking the perspectives of families, additional qualitative research can add understanding about how social support is defined and experienced for families in specific situations.

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METHOD

The current study was guided by the research question, "What strengths do CPS involved families appraise as helpful in achieving family reunification?"

Sample

To recruit participants, workers from child welfare agencies in Arizona were asked to contact families who achieved family reunification. These families were given a flyer and asked to contact the research team directly if they were interested in participating. Purposive sampling was then used to identify 15 families who met the study's criteria. Inclusion required that families had a child removed by CPS due to child maltreatment, achieved reunification, and remained intact, functioning well for at least one year after the child/ren were returned. Level of functioning was measured through the short form of the Family Assessment Device (FAD), a 12-item self-report instrument designed to assess family functioning (Epstein, Bishop, & Levin, 1978). Miller, Ryan, Keitner, Bishop, & Epstein (2000) asserted this general

functioning scale maintains excellent psychometric properties; evidence for validity is based on the scale's ability to discriminate between psychiatric and nonclinical families. Alderfer et al. (2008) reported internal consistency ranges from .85 to .90. Families who scored above the 3.0 cutting score for healthy functioning met this eligibility criterion (items were reverse scored such that higher scores suggest higher functioning).

The sample consisted of 19 participants who represented the experiences of 15 families (see Table 1). When there were two parents in the family, efforts were made to include both adults together in one family interview.

Data Collection

Qualitative methods framed in the narrative tradition were used to address the research question. The narrative tradition asserts people communicate about their lives through the stories they share (Bailey & Tilley, 2002; Mishler, 1986; Webster & Mertova, 2007). Riessman (2008) explained people engage in storytelling when "a speaker connects events into a sequence that is consequential for later action and for the meanings that the speaker wants listeners to take away from the story" (p. 3). As families speak about experiences in narrative form, meaning can be uncovered, leading to greater understanding. Narrative inquiry remains particularly useful for studies examining experiences of stress and coping (Hauser, Golden, & Allen, 2006), because stories are commonly used to describe life transitions illuminating the ways critical events bring understanding and shape behavior (Webster & Mertova, 2007).

TABLE 1 Description of Sample

Case #	Sex	Family structure	Number of children	FAD score
1	Male/Female	Two-parent	3	4.0
2	Male/Female	Two-parent	3	3.5
3	Female	Single	1	3.0
4	Female	Two-parent	5	3.3
5	Female	Single	1	3.3
6	Male	Single	2	3.3
7	Female	Single	1	3.5
8	Male/Female	Two-parent	2	3.6
9	Female	Blended	5	3.9
10	Female	Single	6	3.0
11	Female	Single	2	3.1
12	Female	Two-parent	1	3.0
13	Male/Female	Blended	4	4.0
14	Male	Two-parent	3	–
15	Female	Single	8	–

FAD = Family Assessment Device.

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Data collection involved 15 in-depth interviews with one or two adult members of each family, ranging from 30 to 90 minutes. Riessman (2008) asserted narrative responses represent extended accounts including "long sections of talk" requiring in-depth, sometimes lengthy interviews (p. 6). Interviewing for narrative represents a change in practice from traditional interviewing techniques (Mishler, 1986; Riessman, 2008). To elicit such responses, the interview guide was created as Webster and Mertova (2007) suggested, with open-ended questions structured to prompt participants to recall and discuss experiences in narrative form rather than simply responding to directive questions. The questions essentially asked families to reflect on their stories of reunification by discussing how they were functioning at the time of the interview, how they were doing at the point at which CPS became involved, and most importantly, what they found helpful when seeking to make the changes needed to achieve reunification. Additionally, attention was given to active listening and nonverbal prompts that allowed participants to provide in-depth illustrations of their experiences without overuse of prescribed questions resulting in a question/answer type exchange.

Data Analysis

The narrative tradition also informed data analysis. In narrative analysis, not all qualitative data is considered "narrative" (Labov & Waletzky, 1967/1997; McCance, McKenna, & Boore, 2001; Polkinghorne, 1995; Riessman, 2008). Although some qualitative data may include brief answers to directed questions, participants transition into narrative format when they move away from the original question and use an example or story to better depict their impressions of an event or experience. Directed responses to prescribed interview questions can be at greater risk of research reactivity (when a participant's behavior or answers change due to the research procedures), because the researcher imposes a stronger influence on the participant's response. Once participants move away from the question and use a story to illustrate their perspectives, narrative inquiry suggests hidden meanings can be uncovered through the appraisals of characters and events embedded in the story. Based on these ideas, the interviews were taped and transcribed to prepare for analysis. The data that were narrative in format were identified and analyzed using thematic coding as described by Riessman (2008). Specifically, a protocol was created based on previous research that uncovered 10 strengths families identified as influential to their ability to overcome high-risk situations (Lietz, 2007). These strengths included insight, appraisal, humor, spirituality, boundary setting, initiative, creativity/flexibility, communication, and the giving and receiving of social support. Two researchers conducted line-by-line coding looking for places in the narratives where the content referenced these family strengths. All 10 of

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the family strengths were evident in the stories of these families, lending support to this conceptualization (see Lietz & Strength, in press). One striking finding was the prevalence of the strength of social support within these stories of reunification. Social support was the only strength referenced in the narratives of all 15 families and is discussed in the findings section of this article in greater depth.

Strategies to Increase Qualitative Rigor

To increase the rigor of this qualitative project, three strategies described by Padgett (2008) were employed: triangulation, reflexivity, and member checking. Triangulation by observer was accomplished by having two coders analyze the data. Having a second analyst allowed the research team increased confidence that they achieved "completeness," a goal of qualitative research that seeks a thorough representation of the data (Padgett, 2008, p. 188).

Reflexivity involves a thoughtful consideration of the ways one's sociopolitical position can affect the ability to come to an accurate representation of the qualitative data (Drisko, 1997; Horsburgh, 2003). The research team engaged in reflection through verbal and written communication throughout the research project to manage reactivity and bias. Finally, member checking involves contacting research participants with preliminary findings to ascertain the degree to which the findings appear to be a trustworthy representation of their experiences (Padgett, 2008). Two participants of the study were contacted and given a description of the findings. These two members reported the findings did represent their experiences accurately, enhancing confidence in the findings.

FINDINGS

All 15 interviews contained narratives that discussed the important role social support played when making changes needed to accomplish a child welfare case plan leading to reunification. Social support for some families included practical support, such as the mother who stated, "I got all kinds of services. They helped me with my rent. They did so much for me." Other families spoke about the value of emotional support, such as the father who stated, "What helps? Having people who believe in you." Whether providing for the concrete needs of the family or lending encouragement, all of these families appraised social support as an element in their stories leading to positive change.

Within the thematic code social support, three subcodes were uncovered, providing specific detail to the ways support gained through relationships was relevant for these families. The significance of external social support (stemming from outside the immediate family unit) and intrafamilial

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social support (coming from inside the immediate family) was identified. Additionally, the role of receiving and giving social support was also discussed as important when achieving and maintaining healthy functioning. The following sections provide brief descriptions from the stories illustrating the relevance of social support with quotes from the participants to explain each subcode: (1) external social support, (2) intrafamilial social support, and (3) giving social support.

External Social Support

When families shared their stories of successful reunification, they commonly spoke about the value found in relationships external or outside of their immediate family unit. For the purpose of the current study, external social support included any relationships identified outside of the immediate family unit as defined by the families. If a participant identified their unit as consisting of a mother and her three children, extended family members such as her sister and father were considered "external" to that immediate family unit. Participants suggested external social support came from five sources. These included (1) extended family, (2) friends and neighbors, (3) support groups, (4) members of a faith community, and (5) people associated with child welfare social services.

Extended family

When looking at the role of extended family in providing support to families involved with child welfare, relationships are commonly quite complex. In two cases, the participants did not report extended family to be supportive or helpful. Participants cited setting limits and distancing themselves from their parents or siblings as critical to their success. However, for five families relationships with extended family were evaluated as quite influential to their success. For example, one father explained that he struggled with an addiction to methamphetamine for 17 years. It was not until he and his wife were incarcerated and their three children were placed in foster care that he decided to get serious about recovery. In the process of working through their problems, this couple identified their parents as playing a critical role. When asked what helped, the father stated, "Our families. Her family came out just to support us, and my family did the same thing. We had plenty of support."

Similarly, a family who struggled with homelessness at the time of the removal stated, "My parents live here in town, and they were very strong. They were adamant making sure everything works out right." Once the children were returned, the father shared that his parents "watched the kids for us so we could move. My dad's got a big trailer that he let me use to store everything. So we got help all the way around."

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Finally, one mother shared the story of her son being removed due to her drug addiction. She explained, "My mom filed an emergency petition and my son was taken. He stayed with my mom . . . I was pretty tore up when it happened. But then our relationship just went up. I mean, me and my mom are best friends now." This example demonstrates the potential for change within relationships that are initially strained as a result of child welfare involvement. Although extended family support may not be helpful in all cases, for several families in the current study, parents, grandparents, siblings and other extended family were an important source of concrete help and emotional encouragement.

Friends and neighbors

Along with extended family, 12 participants in the current study identified friends and neighbors as being helpful in the reunification process. In fact, for families who did not have extended family support, friends and neighbors seemed potentially more instrumental in their success. One mother stated, "I have a really good support system through my friends. I think I wouldn't have been able to make the decisions I did without a solid support system." One single father talked about this in greater detail when he stated, "My oldest daughter's godmother helped me a lot, and her husband helped me out a lot with just staying strong and you know, anything I needed to take care of. It was very very helpful and very nice of them to help us out the way they did." These families identified their neighbors and friends as an important part of their ability to make the changes necessary to grow stronger as a family unit.

Faith communities

Similar to the role of friends and neighbors, seven of the families in this study talked about the value they found in their faith communities. For example, one family became homeless as a result of their drug addiction. The parents ended up incarcerated for car theft. The mother spoke about her road to recovery and identified her church family as contributing to her ability to reestablish order in her life. Speaking about the emotional support she received, she stated, "People from church . . . those people really helped out honestly. They really lifted us up more and getting us to believe in ourselves again." Another mother who left a situation of domestic violence also discussed the importance of her faith community. Describing her story, she said, "I went in that church, and it felt like home. I feel like I have a whole new family now. These people are so wonderful." Another parent who struggled with drug addiction also found value in relationships at her church. She stated, "As far as friends I have very few. My church friends, the ones I go to church with, I can probably count them on

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one hand, but they are sober, and they're doing what they are supposed to be doing, and that's where I want to stay." This participant felt the new relationships developed at her faith community were different from previous relationships. As she separated from friends with whom she abused drugs and alcohol, finding new relationships was an important part of her ability to actively engage in her recovery.

Support groups

In addition to extended family, friends and neighbors, and people from a family's faith community, nine participants also talked about the important role of support groups as they sought to make the changes needed to achieve reunification. One mother who lost her job, her home, and her kids due to her alcoholism talked about the importance of the relationships she established through her 12-Step program. She stated, "The real support I think I get is from AA, from fellow people, fellow friends and addicts. For me, it's the people in the room at Alcoholic Anonymous." Later she went on to talk about the importance of her sponsor. She shared, "Then I got a sponsor, and my sponsor took me through the steps and taught me how to get a relationship with God again and how to forgive myself." Especially for the families within this study who faced addiction, the role of support groups and their involvement with a 12-Step community were consistently discussed as highly important.

Child welfare services

Finally, regarding external social support, all 15 families talked about their child welfare services and specific relationships they had with a caseworker or counselor as meaningful. A single father struggled with depression and homelessness. He was passionate when he talked about his caseworker. He stated, "The gentleman I dealt with, my case-manager, very, very, very helpful. He made me feel like I was doing the right thing, and you know always encouraging me and made me feel good." Similarly, a single mother who lost custody of her six children initially felt judged and discouraged. For the first 7 months of their removal, she explained that she fought the system and failed to make any progress. She then shared a point in her story when everything changed. She stated, "Right after that I got my parent aide, and she was the only one who came into my life and saw that I was a mom trying to get my kids back. I wasn't a piece of dirt." Similarly, another parent stated, "I had a great relationship with my worker she saw my strengths and my potential."

In addition to encouragement, when speaking about services, families also highlighted the importance of concrete services that provided the

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practical support many families needed to be successful. This was described by one mom when she shared:

> My CPS case worker, she was the only one who held my hand and helped me through it. I mean she gave me stuff for my house. I didn't even have dishes, because the house that I lived in got robbed, and I lost everything. So, she gave me dishes, she would come to my house and visit with me, and she was really hard on me when I drank, but when I started to get clean, she was one of my biggest allies and one of my biggest supporters.

These narratives suggest these families perceived the combination of concrete and emotional support provided through child welfare services was helpful in their change process.

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Intrafamilial Social Support

Although all 15 families talked about external social support, there were five families who also highlighted the importance of intrafamilial social support—referring to the encouragement and practical help that comes from within the family unit. One couple who lost their children due to incarceration for drug offenses shared their account. The husband shared, "Almost two years ago, the marshals stepped in and got us for possession of dangerous drugs, drug paraphernalia. They got us for being under the influence, her for driving under the influence, and CPS was called and our children were removed." As their story continued, they discussed the importance of working their recovery programs together. The wife stated, "We're lucky to have overcome it together. We didn't have family here. We had each other. That's when we became really good friends. We don't fight any more." The husband continued, "We're all very very thankful to be together. I couldn't be more thankful to be sober and to be with somebody in a relationship that's sober."

CPS became involved with one family during a crisis in which the father and a child in the family were diagnosed with terminal cancer. The other daughter was removed from the home during this difficult time. The mother explained, "Just making it through all this makes you closer as a family and knowing that no matter what, we are always there for each other. I don't know how to describe. You just realize what each other is worth." Once the older daughter was reunited with her mother, the family found the intrafamilial social support that exists between the two of them as critical to their ability to move forward.

Finally, a father caring for his two children spoke about how well his family was functioning at the time of the research interview compared to when CPS removed his children. When talking about how they made positive changes, he stated, "I guess it was our faith in each other." These

examples show the value several families assigned to social support stemming from within their family units.

Receiving versus Giving of Social Support

The stories and quotes included thus far focus on the value of receiving social support. Whether it was through relationships outside the family or through those within, families perceived that practical help and emotional encouragement were helpful when working toward reunification. One striking finding illustrated in these narratives included the role that giving social support or helping others played in maintaining healthy functioning post-reunification. As families moved past the crisis of removal and the transition of reunification, many discussed their desire to give back or contribute in some way to helping others. Specifically, eight families talked about examples of their efforts to give social support and why this activity was helpful to their own progress.

One couple currently participates in speaking engagements at foster parent trainings and recovery-based programs to share their story. When describing this, the father stated, "We want to be a part of something to try and give back somehow. And it helps us. It feels good to be able to sit here and talk about it with you." One mother stated she was seeking employment in a child welfare agency to help other parents involved with CPS. She explained, "Now I can help other people, and that's why I'm getting the job I'm getting, so I can counsel people and tell them, hey, I've been where you've been. If I can do it, you can do it." Another mother shared, "I'm just glad I can give back what I got. I hope even if I can touch one life, then I've done good." One mother who struggled with alcoholism explained her desire to help others:

> I want to do whatever I can to impact the community so other people don't have to go through what I went through. When I got sober people embraced me. They loved me until I could love myself. They never gave up on me. I feel it's my responsibility to teach other women how to do the same thing.

For two participants, giving social support and helping others brought purpose to their lives. One father described this stating, "Helping other people has given me a purpose where I've never really had one before. It's my new drug of choice." Similarly, a mother who now works as a parent advocate described it this way, "There is nothing that feels better than that. There's no drug, there's no, there's nothing that feels better than helping somebody else." Some parents saw helping others as a "responsibility" or "calling" whereas others felt that it brought "purpose" and meaning to their lives. In the current study, social support was not just evaluated as important

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when it was received. The giving of social support was also discussed in these narratives as highly relevant to their successful outcomes.

DISCUSSION

Findings suggest these participants perceived social support as influential in their ability to achieve family reunification and maintain healthy functioning. Specifically, social support stemming from outside and within the family that was received and given was situated within these family narratives as a point in time when families transitioned toward improved functioning. In addition, these families evaluated these elements as highly instrumental to their ability to enhance functioning. Similar to the conceptualizations of House (1981) and Cameron and Vanderwoerd (1997), social support included the combination of practical support that assisted families in meeting concrete needs along with emotional encouragement that helped families cope with a variety of stressors such as addiction, poverty, loss, and domestic violence. Essentially, these families' narratives speak about the potential for relationships to be transformative for some families as they seek to reunify and maintain healthy functioning.

Although these stories speak to the potential relationships maintain for positive impact, relationships can maintain positive and negative impacts. As families spoke about the benefits of supportive extended family, two families did acknowledge the negative impact of their relationships with parents and siblings. Previous research also identified that relationships can exert positive and negative influences (Manji et al., 2005; Wilsey & Shear, 2007). In these cases, boundary setting was necessary and other relationships were needed. Similarly, many families spoke about the social support they received from friends and neighbors. However, several participants, particularly those who faced addiction issues, also acknowledged the need to separate from friends who were involved with drug and alcohol abuse. As these parents stepped away from their previous peer networks, again, they acknowledged the need to replace these relationships with new supportive ones. These narratives suggest relationships can be powerful. People felt that they needed to be in relationship with others. Helping families to nurture positive relationships, to distance from unhealthy ones and to develop new ones seemed an important part of the success of these families.

Implications

Findings from the current study are tentative. Although we found the narratives of these 15 families important, the qualitative methods and sampling procedures do not produce generalizable findings. Increased numbers and diversity in our sample may have produced different results. Concurrently,

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although we believe these findings provide beneficial insight into the in-depth experiences of this sample, the design does not allow for causal inferences.

Despite these limitations, the trustworthiness of the study was enhanced by the strategies used in data collection and data analysis to manage the threats of research reactivity and bias. The narrative interviewing included constant reflexivity and interviewing strategies that deliberately sought to avoid leading questions. Illustrating this point, it is important to note that the research participants were not specifically asked about social support. Instead, they were asked "what helped?" and the interviewer used active listening to follow the direction identified by the family. We find it striking that all 15 families highlighted social support in their stories even though they were never specifically asked about it.

In addition to these efforts in data collection, reflexivity, triangulation by observer, and member checking were used during data analysis to increase the trustworthiness of the findings. *Trustworthiness* refers to the confidence a qualitative researcher has that the findings represent the experiences of the research participants (Lincoln & Guba, 1985). Specifically, Drisko (1997) suggests qualitative "interpretations must be authentic and accurate to the descriptions of the primary participants" (p. 191). The use of qualitative strategies that helped produce a thorough examination of these families' narratives increases the confidence that these findings provide a description that resembles the perceptions of these families as closely as possible.

Additionally, we believe this methodology best fit the study aims which involved seeking the perspectives of families through an in-depth look at the complex process of reunification. Recent efforts to examine the perspectives of families lend support to the value gained through this approach (Alpert, 2005; Drake, 1995; Dumbrill, 2006; Kapp & Vela, 1999; Kauffman, 2007). In addition, Williams et al. (2004) suggested research regarding social support should be context driven. They concluded the concept of social support "is clearly not fully developed, or mature" partly because "there is lack of contextual detail to make it useful for research" (p. 957). Transferability is achieved in qualitative research when the findings have usefulness for readers and can be applicable beyond the experiences of that sample (Padgett, 2008). Although not generalizable, we believe the findings achieve transferability in that they provide an in-depth look at how some families experienced social support while seeking to achieve reunification. The understanding that these families appraised social support as highly influential in successful reunification suggests the need for future research in this area.

The findings offer some suggestions for practice. Understanding that some families perceive benefits, and at times, stressors related to the relationships in their lives suggests child welfare practitioners remain mindful of these potential influences. Helping families to identify and reconnect with

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supportive relationships internal to their own family unit and outside the system through extended family, friends, and other community supports may be helpful for some. Families may also need to recognize the relationships in their lives that are not supportive and discover ways to replace unhealthy influences with new connections. Additionally, receiving and giving social support was important for this sample of families. Understanding the benefits some families find in helping others (also supported in research by Dunn et al., 2008; Krause & Shaw, 2000; Schwartz & Sendor, 1999) may create opportunities for new intervention strategies such as linking previous CPS recipients to families currently facing removal or hearing about stories of successful reunification from these families in trainings for parents, foster parents and professionals working in the field. Finally, these narratives included many quotes about the value found in supportive relationships with child welfare professionals. Similar to other studies (de Boer & Coady, 2007; Drake, 1995; Kauffman, 2007), these findings help to emphasize the meaning families attach to their relationships with child welfare caseworkers, in-home counselors and parent aides.

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CONCLUSION

Social support, a concept not yet fully defined and seen as context specific (Williams et al., 2004), was identified as an important family strength in the narratives of 15 families who successfully achieved child welfare reunification. Although the current study is limited in its ability to generalize or draw causal inferences, it does provide an in-depth look at the complex experience of reunification and achieves transferability through tentative, yet important implications for practice and future research. Further research is needed to explore the role of social support in the context of reunification to more fully understand how families experience this strength, and to consider more fully its influence on achieving positive outcomes in high risk situations such as child welfare involvement.

REFERENCES

Alderfer, M., Fiese, B., Gold, J., Cutuli, J., Holmbeck, G., Goldbeck, L., et al. (2008). Evidence-based assessment in pediatric psychology: Family matters. *Journal of Pediatric Psychology*, *33*(9), 1046–1061.

Alpert, L. T. (2005). Research review: Parents' service experience a missing element in research on foster care case outcomes. *Child and Family Social Work*, *10*, 361–366.

Bailey, P., & Tilley, S. (2002). Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing*, *38*(6), 574–583.

Berry, M., McCauley, K., & Lansing, T. (2007). Permanency through group work: A pilot intensive reunification program. *Child and Adolescent Social Work Journal*, *24*(5), 477–493.

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, *68*, 748–766.

Cameron, G., & Vanderwoerd, J. (1997). *Protecting children and supporting families*. New York: Aldine de Gruyter.

Cohen, S. (2004). Social relationships and health. *American Psychologist*, *11*, 676–684.

Corby, B. (2006). The role of child care social work in supporting families with children in need and providing protection services-past, present and future. *Child Abuse Review*, *15*(3), 159–177.

de Boer, C., & Coady, N. (2007). Good helping relationships in child welfare: Learning from success stories. *Child and Family Social Work*, *12*, 32–42.

DePanfilis, D., & Zuravin, S. J. (1999). Predicting child maltreatment recurrences during treatment. *Child Abuse and Neglect*, *23*(8), 729–743.

DiMatteo, M. R. (2004). Social support and patient adherence to medical treatment: A meta-analysis. *Health Psychology*, *23*(2), 207–218.

Drake, B. (1995). Implementing the family preservation program: Feedback from focus groups with consumers and providers of services. *Child & Adolescent Social Work Journal*, *12*(5), 391–410.

Drisko, J. (1997). Strengthening qualitative studies and reports: Standards to promote academic integrity. *Journal of Social Work Education*, *33*(1), 185–197.

Dumbrill, G. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect*, *30*, 27–37.

Dunn, E. W., Akninm, L. B., & Norton, M. I. (2008). Spending money on others promotes happiness. *Science*, *319*, 1687–1688.

Epstein, N. B., Bishop, D. S., & Levin, S. (1978). The McMaster model of family functioning. *Journal of Marriage and Family Counseling*, *40*, 585–593.

Haber, M. G., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self-reported perceived and perceived social support: A meta-analytic review. *American Journal of Community Psychology*, *39*, 133–144.

Hauser, S., Golden, E., & Allen, J. (2006). Narrative in the study of resilience. *The Psychoanalytic Study of the Child*, *61*, 205–227.

Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, *12*, 307–312.

House, J. S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science, 241*, 540–545.

Kapp, S., & Vela, R. (1999). Measuring consumer satisfaction in family preservation services: Identifying instrument domains. *Family Preservation Journal*, *4*(2), 19–37.

Kauffman, F. (2007). Intensive family preservation services: The perceptions of client families. *Child Adolescent Social Work Journal*, *24*, 553–563.

Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, *78*, 458–467.

Downloaded By: [Lietz, Cynthia A.] At: 14:37 2 February 2011

Keating-Lefler, R., Hudson, D. B., Campbell-Grossman, C., Fleck, M. O., & Westfall, J. (2004). Needs, concerns, and social support of single, low-income mothers. *Issues in Mental Health Nursing*, *25*(4), 381–401.

Kelsey, K. S., Kirkley, B. G., DeVellis, R. F., Earp, J. A., Ammerman, A. S., Keyserling, T. C., et al. (1996). Social support as a predictor of dietary change in a low-income population. *Health Education Research*, *11*(3), 383–395.

Krause, N., & Shaw, B. (2000). Giving social support to others, socioeconomic status, and self-esteem in late life. *Journal of Gerontology*, *55*(6), 323–333.

Labov, W., & Waletzky, J. (1997). Narrative analysis: Oral versions of personal experience. *Journal of Life History*, *7*(1), 3–38. (Reprinted from *Essays on verbal and visual arts*, pp. 12–44, by J. Helm, Ed., 1967, Seattle: American Ethnological Society/University of Washington Press).

Lietz, C. (2007). Uncovering stories of family resilience: A mixed methods study of resilient families, part 2. *Families in Society*, *88*(1), 147–155.

Lietz, C., & Strength, M. (in press). Stories of successful reunification: A narrative study of family resilience in child welfare. *Families in Society*.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lynch, E. B., Butt, Z., Heinemann, A., Victorson, D., Nowinski, C. J., Perez, L., & Cella, D. (2008). A qualitative study of quality of life after stroke: The importance of social relationships. *Journal of Rehabilitative Medicine*, *40*(7), 518–523.

Manji, S., Maiter, S., & Palmer, S. (2005). Community and informal social support for recipients of child protective services. *Children and Youth Service Review*, *27*, 291–308.

McCance, T. V., McKenna, H. P., & Boore, J. R. (2001). Exploring caring using narrative methodology: An analysis of the approach. *Journal of Advanced Nursing*, *33*(3), 350–356.

Miller, I., Ryan, C., Keitner, G., Bishop, D., & Epstein, N. (2000). The McMaster approach to families: Theory, assessment, treatment, and research. *Journal of Family Therapy*, *22*, 168–189.

Mishler, E. G. (1986). *Research interviewing context and narrative*. London: Harvard University Press.

Padgett, D. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage.

Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. *Qualitative Studies in Education*, *8*(1), 5–23.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.

Sarason, B. R., Sarason, I. G., & Pierce, G. R. (1990). Traditional views of social support and their impact on assessment. In B. R. Sarason, I. G. Pierce & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 9–25). New York: Wiley.

Schwartz, C. E., & Sendor, R. M. (1999). Helping others helps oneself: response shift effects in peer support. *Social Science & Medicine*, *48*(11), 1563–1575.

Stinnett, N., & DeFrain, J. (1985). *Secrets of strong families*. Boston: Little, Brown.

Trulsson, K., & Hedin, U. C. (2004). The role of social support when giving up drug abuse: A female perspective. *International Journal of Social Welfare*, *13*, 145–157.

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Webster, L., & Mertova, P. (2007). *Using narrative inquiry as a research method*. NewYork: Routledge, Taylor & Francis Group.

Wenzel, S. L., Tucker, J. S., Elliot, M. C., Marhsall, G. N., & Williamson, S. L. (2004). Physical violence against impoverished women: A longitudinal analysis of risk and protective factors. *Women's Health Issues*, *14*, 144–154.

Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research*, *14*(7), 942–960.

Wilsey, S. A., & Shear, M. K. (2007). Descriptions of social support in treatment narratives of complicated grievers. *Death Studies*, *31*, 801–819.

Xie, R., He, G., Koszycki, D., Walker, M., & Wen, S. (2009). Prenatal social support, postnatal social support, and postpartum depression. *Annals of Epidemiology*, *19*(9), 637–643.

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