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## **SOCIAL SUPPORT AND COPING WITH PTSD**

***Le soutien social et la capacité de composer avec le TSPT***

UN RÉSUMÉ EXÉCUTIF EN FRANÇAIS EST DISPONIBLE À LA FIN DU DOCUMENT

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### **INTRODUCTION**

There is considerable evidence that suggests an individual's exposure to a traumatic event often leads to a decreased sense of safety within social groups. This is particularly problematic because this contributes to social isolation at a time when affected individuals are most in need of social support. For health practitioners, exploring how social support can help regain this sense of safety represents a promising avenue of exploration for practice with individuals diagnosed with Post Traumatic Stress Disorder (PTSD). This mental health disorder is broadly defined by the following symptoms: (a) repeatedly experiencing one or more traumatic event(s); (b) continual avoidance of situations associated with the traumatic event(s); and (c) impaired cognitive and emotional functioning characterized by fear and anger (American Psychiatric Association, 2013).



In this scoping review, we examine research on the beneficial impact of social support on coping with PTSD and related issues, within vulnerable settings and contexts. It should be noted that we didn't conduct an exhaustive examination of scholarship on the topic. Nevertheless, the studies examined highlight the untapped potential of social support a naturalistic resiliency intervention for helping trauma victims, particularly for those who express other vulnerabilities. This review has relevance to social workers and allied health professionals, highlighting the nuanced role they can play in promoting client resilience and positive mental health outcomes. We assert that practitioners need to go beyond simply asking, "Do you have someone to talk to about this?", and integrate into their treatment plan multiple strategies for assessing and acting upon the social support networks of clients with PTSD and other trauma-related issues. Education, policy and research implications for specific populations are also considered.

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## RESEARCH ON SOCIAL SUPPORT, COPING, AND TREATMENT ASSOCIATED WITH PTSD

Platt and colleagues (2014) quantitatively explored differences in the relationships between PTSD and two dimensions of social support, self-reported *social network strength* and *role diversity*, in order to determine which is more closely associated with PTSD. Using data from the US 2000 census, the authors selected adults who had experienced trauma. Social network strength was measured through the Interpersonal Support Evaluation List. For role diversity, the number of social roles that respondents frequently adopted was assessed. Measures were dichotomized to create four groups: high social network strength-high diversity, high strength-low diversity, low strength-high diversity, and low strength-low diversity.

Low strength-low diversity (30.3%) and high strength-high diversity (29.6%) were the most common groups among the sample population. As expected the latter group had the lowest odds of PTSD symptoms, and the former group had the greatest odds. Interestingly, the high strength low diversity group fared worse than the low strength-high diversity group. The authors speculate that quantity of support might be less relevant than support from a variety of people in different roles (e.g., co-workers, family, friends, fellow volunteers/group members).

Disengagement coping is a coping style characterized by attempts to escape stressors and stressor-related emotions, similar to the PTSD symptom of avoiding situations associated with traumatic events (American Psychiatric Association, 2013). Stratta et al. (2015) examined a population of 371 students who were victims of an earthquake in Italy to determine how disengagement coping affects resilience to trauma. The authors found that while disengagement coping styles positively correlated with the ability to manage emotions, it didn't alleviate PTSD related symptoms. Hence, while disengagement coping might provide temporary relief from stress and other undesired emotions, it doesn't actually help with recovery efforts (i.e., their ability to adapt to stressors; Stratta et al., 2015). If anything, it probably delays recovery.



Ehlers et al. (2010) contrasted several therapeutic models for PTSD that targeted clients' social support level alongside other treatment objectives. They concluded that although the targeting of social support was found to be the strongest significant predictor of recovery in PTSD, no particular model was deemed more helpful than another.

## SUPPORTIVE FACTORS IN SPECIFIC POPULATIONS

Gelkopf, Berger, Bleich, and Silver (2012) found that individuals living in rural communities were less vulnerable to experiencing PTSD symptoms than those in urban communities. The authors speculated that this was because rural community tended to promote higher levels of: (a) community belongingness/engagement and (b) social networks that offer emotional and instrumental support.

Social predictors of high resilience and positive mental health outcomes included: sense of coherence, higher family and social support, strong family and social networks, religion and belief systems, and community support.

Siriwardhana, Ali, Roberts, and Stewart (2014) reviewed multiple studies of forcibly displaced individuals in order to identify which factors are predictive of resilience and positive mental health outcomes. Social predictors of high resilience and positive mental health outcomes included: sense of coherence, higher family and social support, strong family and social networks, religion and belief systems, and community support. Conversely, predictors of low resilience and negative mental health outcomes included: cultural assimilation, deterioration of family and social networks, and continuing to remain displaced. Coping with traumatic events that involve intentional violence are also found to be associated with poorer outcomes (e.g., PTSD, coping difficulties; Gul and Karanci, 2017).



## IMPLICATIONS FOR PRACTICE, POLICY, EDUCATION, AND RESEARCH

Social workers and other health professionals are certainly cognizant of the importance of social networks for promoting resilience and positive mental health outcomes. However, there may be a lack of knowledge as to what constitutes a strong social network and what are the specific challenges of people who lack social support. Based on this review, two broad conclusions can be drawn, (1) PTSD is a common issue for trauma victims with compromised social networks, and (2) diversity of social network is a key component of a strong social network. Consequently, it might be possible to improve health outcomes of individuals with compromised social networks by seeking ways to diversify their care network, for example by encouraging them to seek formal help, join peer support groups, and confide in loved ones. Health professionals can also facilitate healing processes by working with clients to identify strength areas and gaps in their social network, and helping them to make the most of existing connections, while seeking out new ones (e.g., hobby group, sports team, social activities at work and in their community).

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At a policy level, the development of local and national initiatives that help strengthen social support might prove beneficial. In other words, programs that encourage trauma victims to seek social support can act as resiliency interventions in the prevention of PTSD and other trauma-related issues. Also needed are strategies to bolster social support in populations with specific vulnerabilities like disengagement copers and refugees. Based on the research reviewed, it may be suggested that PTSD symptoms in forcibly displaced individuals can be prevented or diminished through strategies that promotes a sense of community and belongingness, strong family and social networks, and cultural and religious expression. Finally, community organizations that provide a sense of community to marginalized populations represent key resources for helping in the recovery of PTSD sufferers.

With respect to education, programs for health professionals should not only focus on developing competencies in trauma-informed care, but also on how to work with clients' to improve their social support networks. This will be especially relevant for social service provision in settings where there is a lack of specialized services and other resources. By building strong social support networks, PTSD issues can be addressed in spite of service gaps.



Further research is needed to better understand why social network diversity is important for promoting resilience in the face of PTSD and other trauma-related issues. Also, a better understanding of the benefits of social networks in rural environments might inspire ideas that can be applied to urban neighbourhoods, e.g., incorporating programs that reinforce tighter knit communities and other proxies of rural life.



## CONCLUSION

Therapy, medication, and stress management techniques are often prioritized in the management of PTSD symptoms, but working on client social support networks might represent the most efficient focus for supporting and maintaining their recovery. Increasing a client's social support may prove particularly beneficial in promoting the long-term health of PTSD sufferers who engage in disengagement coping. Social service workers need to assess social support in a dynamic fashion, paying particular attention to diversity of social support. Research on rural and refugee populations demonstrate that a sense of belongingness and strong social networks are linked to recovery from PTSD. The mission of many if not most community organizations is to nurture belongingness and strengthen social ties. Therefore, they could play a key role in helping PTSD sufferers.



## RÉSUMÉ EXÉCUTIF

Bien que les professionnels des services sociaux comprennent l'importance du soutien social pour surmonter l'adversité, leurs connaissances dépassent rarement une prise de conscience générale de ce type de relation. Dans cette revue exploratoire de la littérature, on présente des recherches sur les effets bénéfiques du soutien social en ce qui concerne la prévention ou l'atténuation du trouble de stress post-traumatique (TSPT) et d'autres problèmes liés aux traumatismes. Parmi les principales conclusions qui ressortent de la littérature, mentionnons les suivantes : la diversité associée au réseau social d'une personne semble offrir plus de protection contre le TSPT que l'étendue de son réseau social; les stratégies d'évitement offrent un soulagement du stress et des émotions négatives, mais entravent le rétablissement du traumatisme; les milieux sociaux ruraux offrent une meilleure protection contre le TSPT que les milieux urbains; et certains indicateurs de soutien (p. ex. un sentiment de communauté, des réseaux sociaux solides) offrent une protection contre le TSPT dans le cas des personnes déplacées.

Ces conclusions peuvent guider l'orientation des initiatives en matière de pratiques et de politiques visant à aider les victimes de traumatismes. Les praticiens appelés à intervenir auprès de celles-ci devraient suivre une formation afin de mieux comprendre la façon dont les attributs du soutien social (p. ex. la diversité du réseau social) peuvent contribuer au rétablissement de la personne, et d'appliquer cette connaissance à leur pratique. Les responsables des orientations politiques auraient intérêt à viser le renforcement des réseaux sociaux (p. ex. par l'intermédiaire de programmes qui encouragent la solidarité communautaire) en tant que stratégie misant sur le milieu naturel pour prévenir le TSPT et les problèmes connexes. Une telle stratégie pourrait être intégrée à de grandes initiatives sociales, mais elle semblerait particulièrement pertinente dans le cadre d'initiatives visant les populations vulnérables, comme les réfugiés, et les groupes et personnes isolés sur le plan social.

## REFERENCES

- American Psychiatric Association. (2013). Trauma- and Stressor-Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. doi: 10.1176/appi.books.9780890425596.dsm07
- Ehlers, A., Bisson, J., Clark, D. M., Creamer, M., Pilling, S., Richards, D., . . . Yule, W. (2010). Do all psychological treatments really work the same in posttraumatic stress disorder? *Clinical Psychology Review*, 30(2), 269-276. doi: 10.1016/j.cpr.2009.12.001
- Gelkopf, M., Berger, R., Bleich, A., & Silver, R. C. (2012). Protective factors and predictors of vulnerability to chronic stress: A comparative study of 4 communities after 7 years of continuous rocket fire. *Social Science & Medicine*, 74(5), 757-766
- Gul, E., & Karanci, A. N. (2017). What Determines Posttraumatic Stress and Growth Following Various Traumatic Events? A Study in a Turkish Community Sample. *Journal Of Traumatic Stress*, 30(1), 54-62. doi:10.1002/jts.22161
- Platt, J., Keyes, K. M., & Koenen, K. C. (2014). Size of the social network versus quality of social support: which is more protective against PTSD? *Social Psychiatry And Psychiatric Epidemiology*, 49(8), 1279-1286. doi: 10.1007/s00127-013-0798-4
- Siriwardhana, C., Ali, S., Roberts, B., & Stewart, R. (2014). A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and Health*, 8(13), 1-14. doi: 10.1186/1752-1505-8-13
- Stratta, P., Capanna, C., Dell'osso, L., Carmassi, C., Patriarca, S., Di Emidio, G., . . . Rossi, A. (2015). Resilience and coping in trauma spectrum symptoms prediction: A structural equation modeling approach. *Personality and Individual Differences*, 77, 55-61. doi: 10.1016/j.paid.2014.12.035

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