



Turning Point
Alcohol & Drug Centre

Social connections and identity transitions

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Structure



1. The importance of connections
2. The role of social capital
3. The social identity model of belonging
4. Testing and mapping the model
5. Preliminary findings
6. Next steps





1. THE IMPORTANCE OF CONNECTIONS



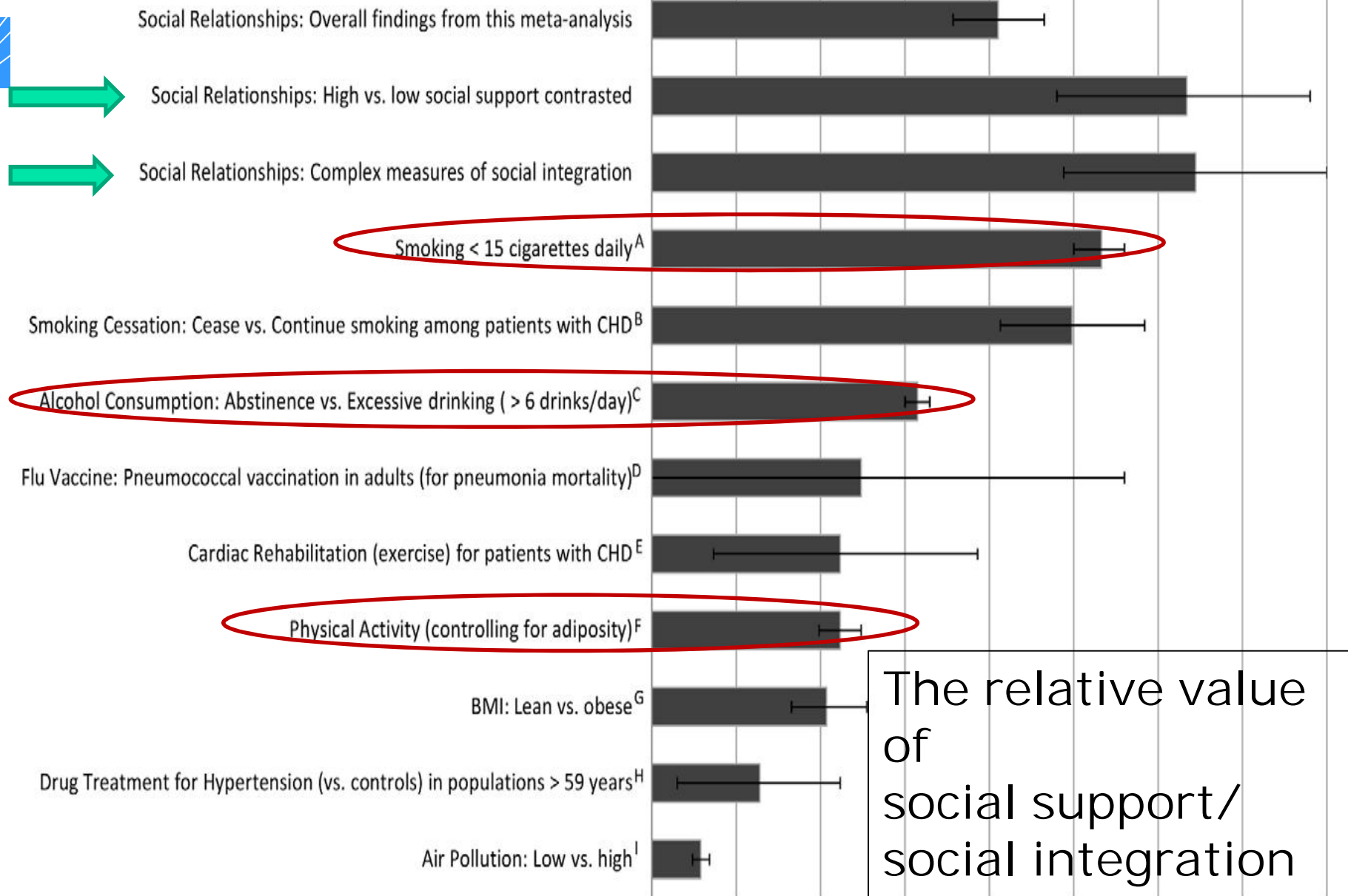


Social networks and quality of life



- Holt-Lunstad et al (2010): meta-analysis: “individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships” (p.14)
- Participation in groups is associated with less psychological distress (Ellaway and MacIntyre, 2007)
- Volunteering is associated with reduced mortality (Ayalon, 2008) and higher levels of reported wellbeing (Morrow-Howell et al, 2003)

Meta analysis: comparative odds of decreased mortality



The relative value
of
social support/
social integration

Source: Holt-Lundstad et al., 2010



Helliwell and Barrington-Leigh (2012): the benefits of social capital



- Based on the Canadian General Social Survey
- Stronger social networks are associated with higher life satisfaction
- But this is mediated by more frequent use of the social support network, when there is greater trust of people you live and work with and when people feel a sense of belonging in their communities





Framingham Heart Study

Christakis and Fowler



- A person's odds of becoming obese increased by 57% if they had a friend who became obese, with a lower risk rate for friends of friends, lower again at three degrees of separation
- No discernible effect at further levels of remove
- Smoking cessation by a spouse decreased a person's chances of smoking by 67%, while smoking cessation by a friend decreased the chances by 36%. The average risk of smoking at one degree of separation (i.e., smoking by a friend) was 61% higher, 29% higher at two degrees of separation and 11% higher at three degrees of separation.



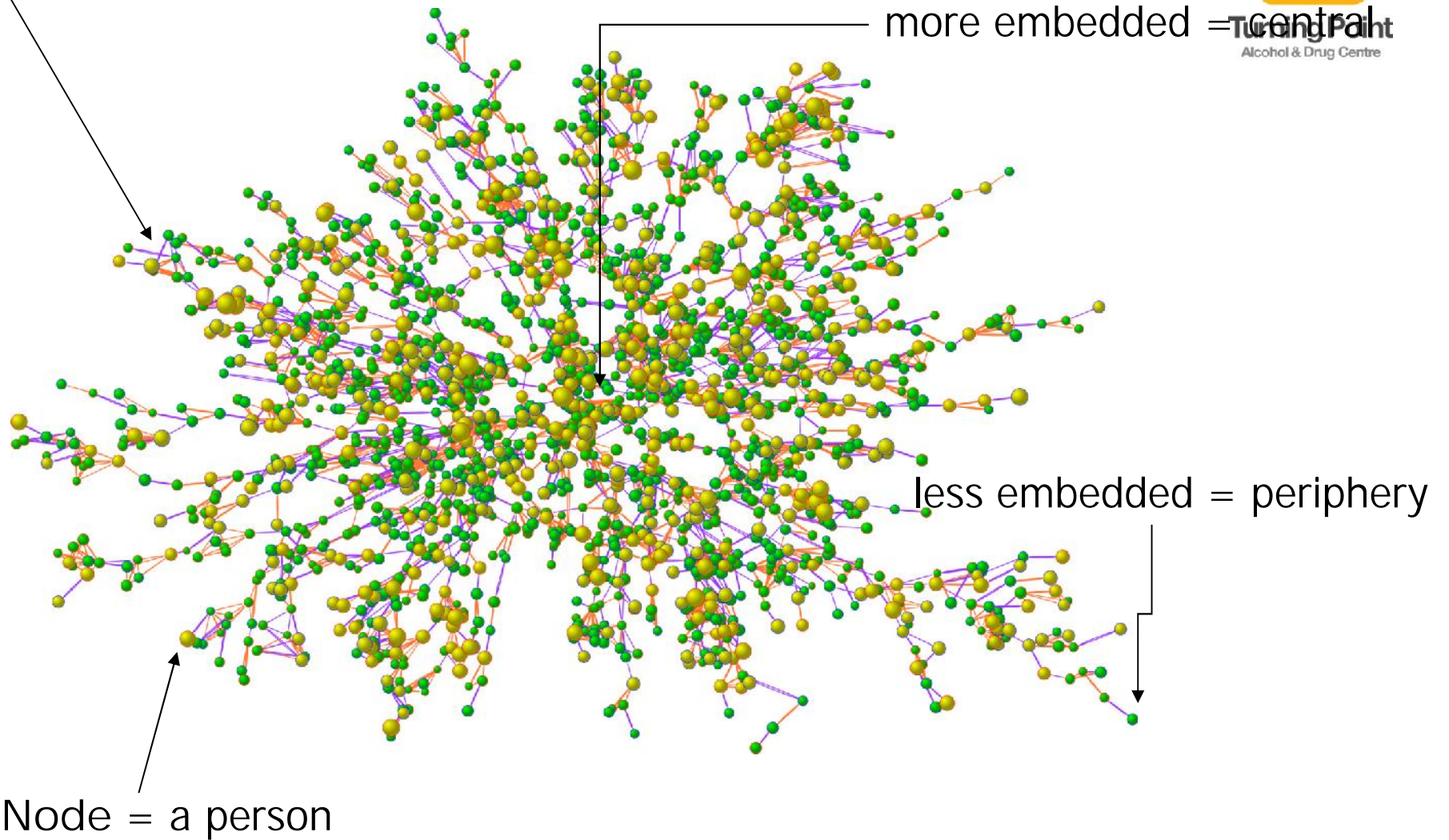
Social support and methadone maintenance (de Dios et al, 2013)



- While MMT clients in the study typically had a small social network (mean = 2.6), but strong functional support
- Number of cigarettes was positively associated to the number of smokers in the social network
- Quitting smoking self-efficacy in this group was negatively associated with partner smoking



Line = a relationship between two people

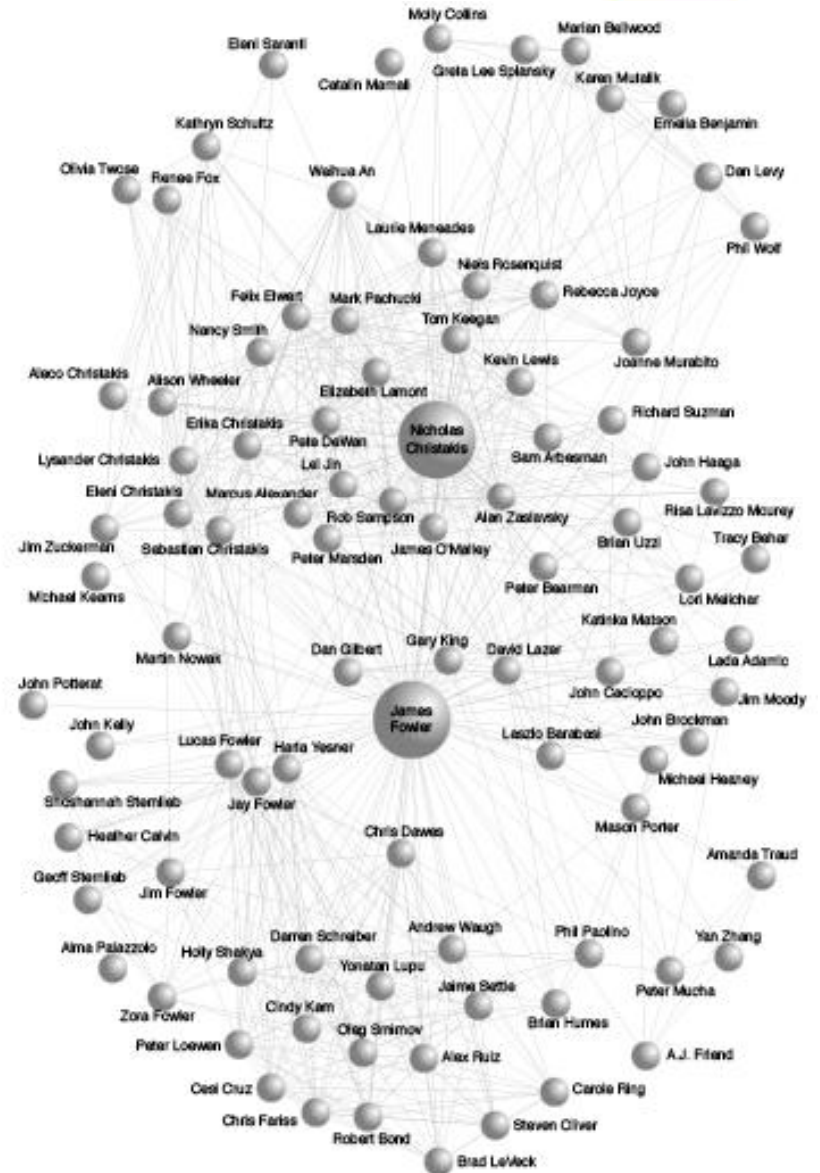


Node = a person

“embedded”: the degree to which a person is connected within a network

Terms

- Contagion:
what flows across ties
(germs, money, violence, fashions,
organs, happiness, obesity, etc.)
- Connection:
who is connected to whom
(ties to family, friends, co-workers, etc.)
- Homophily:
the tendency to associate
with people who resemble
ourselves
("love of being alike")



The Obesity “Epidemic”



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Your Friends' Friends Can Make You Fat



Photos by Colin Rose and
Sherrie G

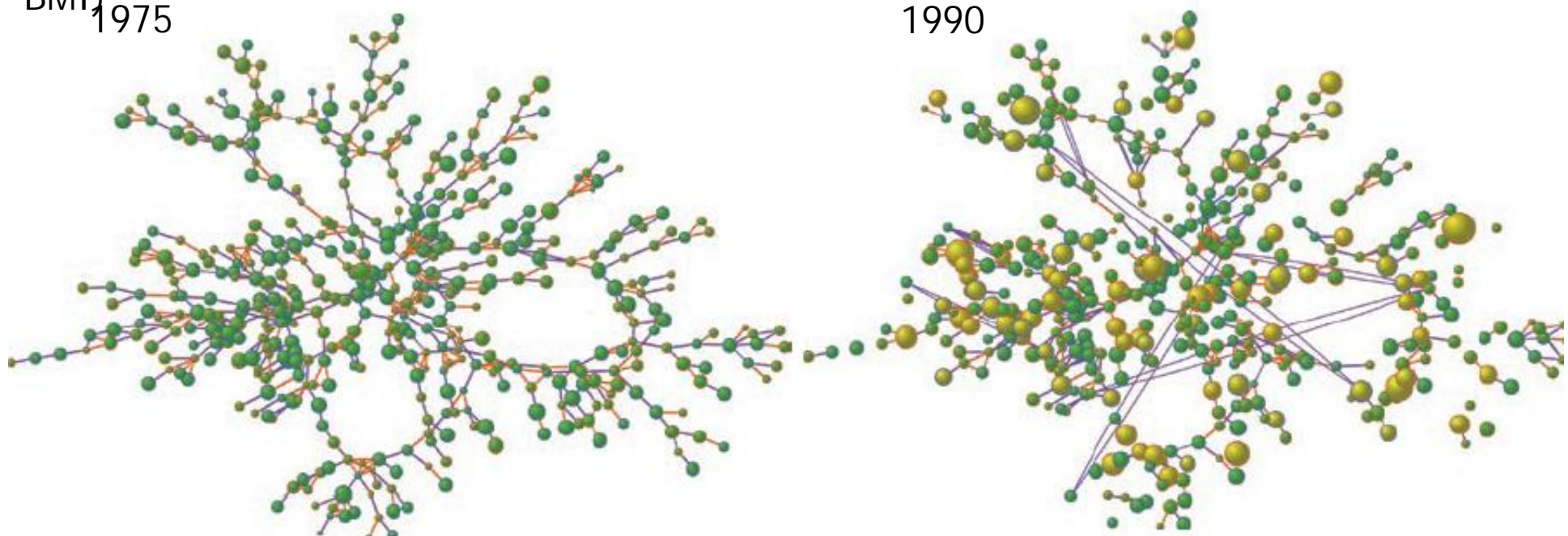
The Obesity “Epidemic”

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- 66% of Americans are overweight or obese
- From 1990 to 2000, the percentage of obese people in the USA increased from 21% to 33%

Green Node: nonobese

Yellow Node= obese (size of circle is proportional to BMI)





TRADITIONAL SCOTTISH LUNCH



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Identifying and changing social networks



Q. Who do you spend your time with in a typical week?

Positive
Pro-
Recovery
people



Negative
Anti-
Recovery
people





2. SOCIAL CAPITAL AND RECOVERY CAPITAL





Forms of social capital



Szreter and Woolcock (2004)



1. Bonding: trusting and cooperative relationships between members of a network who share an aspect of social identity
2. Bridging: relations of respect and mutuality between people who know they are not alike in some respect
3. Linking: norms of respect and development of trusting relationships between people interacting across explicit formal or institutionalised power barriers



WHAT IS RECOVERY CAPITAL?



Granfield and Cloud (2008) define recovery capital as

“the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems”.

White and Cloud (2008): Stable recovery best predicted on the basis of recovery assets not pathologies





Best and Laudet (2010)



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Recovery studies in Birmingham and Glasgow (Best et al, 2011a; Best et al, 2011b)



- More time spent with other people in recovery
- More time in the last week spent:
 - Childcare
 - Engaging in community groups
 - Volunteering
 - Education or training
 - Employment



Social and mental health benefits of choir singing for disadvantaged adults



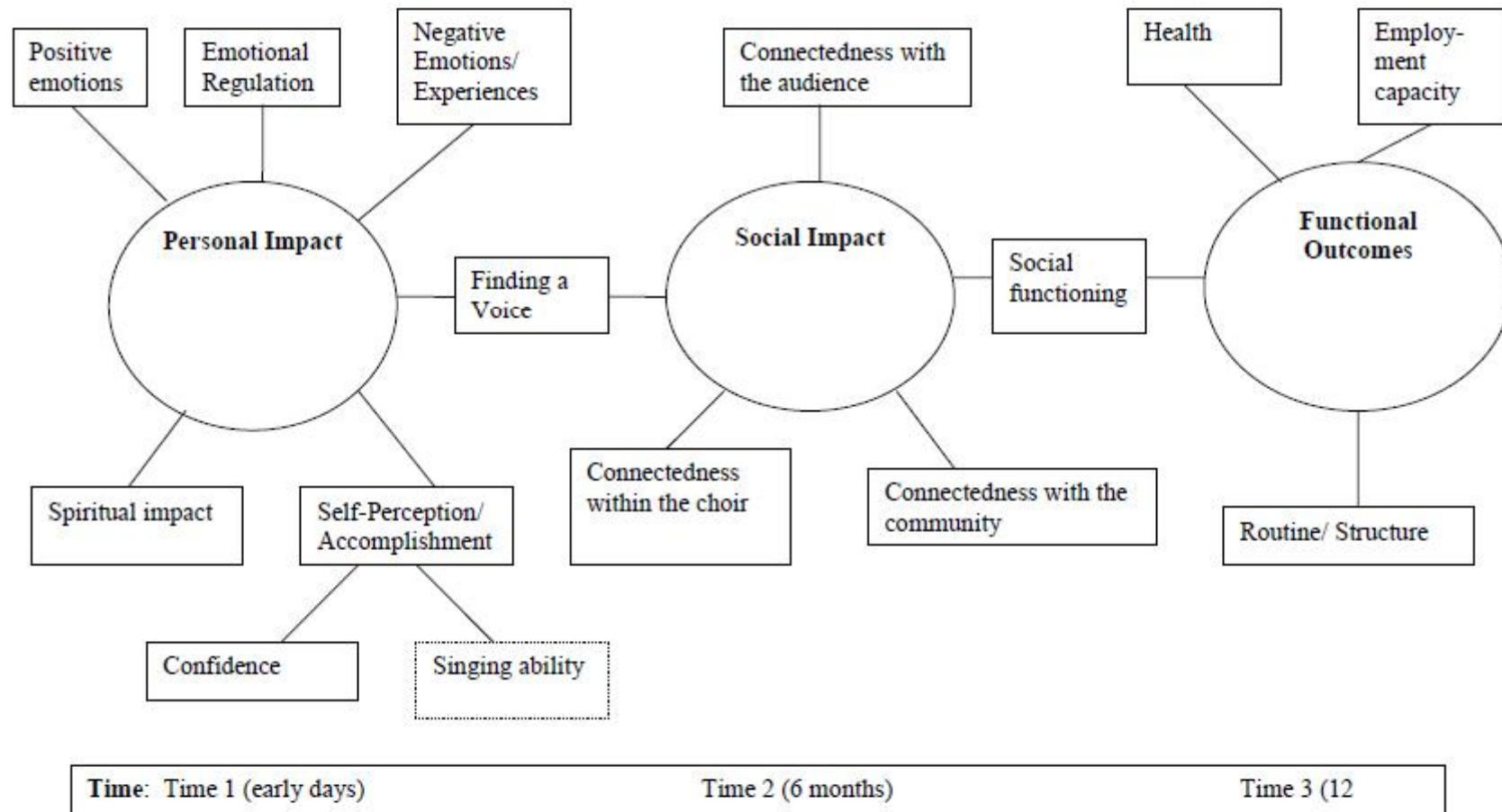
- Reclink community choir engagement at baseline, 6 and 12 months -21 IPA interviews
- PERSONAL IMPACT: positive emotions, emotion regulation, spiritual impact, identity
- SOCIAL IMPACT: connectedness with choir, with audience, with community
- FUNCTIONAL IMPACT: health, employment capacity, routine and structure

Dingle, Brander, Ballantyne & Baker (2012)





Dingle et al (2012): Personal, social and functional growth





Landale and Best (2012)



- Sporting Chance for treatment-resistant offenders: mechanisms for change:
 - Positive Identity including a sense of Self-Efficacy
 - Physical health and wellbeing
 - Positive social networks
 - Role models and social learning
 - Sense of hope and positive vision of the future





3. SOCIAL IDENTITY MODEL





Social Identity Model



- Based on social identity theory (Tajfel and Turner, 1979) and self-categorisation theory (Turner et al, 1987) and designed originally to explain prejudice and discrimination
- It is a theory of social relationships that is grounded in a social model of how you see yourself
- Based on the idea that the sense of self consists of both personal and social identity



Social Identity Model (2)



- There are contexts in which we define ourselves in terms of one or more social identities (football, academic prejudices ... Recovery!)
- To the extent that group membership is salient, it provides the basis for self-categorisation whereby the group becomes 'self'





Social Identity Model (3)



- Social relationships are not only affiliations and friendships, they help to shape who we are and what is reasonable for us to do
- Social identities help us make sense of who we are (football, city of origin) and so afford us a sense of purpose and meaning (Dingle et al, 2012)
- Social identities (football, religious groups, gangs) provide the foundations for networks of shared meanings and activity that bind people together



Social Identity Model (4)



- Social identities therefore can also influence our sense of wellbeing...
- Generally the sense of being part of something bigger and better has a positive impact on self-esteem
- Being a member of a valued group will generally be beneficial to health
- BUT some groups can impeded wellbeing when that group is negatively defined or stigmatised



SIM for recovery research



- Longabaugh et al (2010): Transition from a group supportive of drinking to a group supportive of recovery
- Best et al (2012): YoCo study – risks of isolation
- Landale and Best (2012); Dingle et al (2012): and it has an impact on social and cultural capital!!





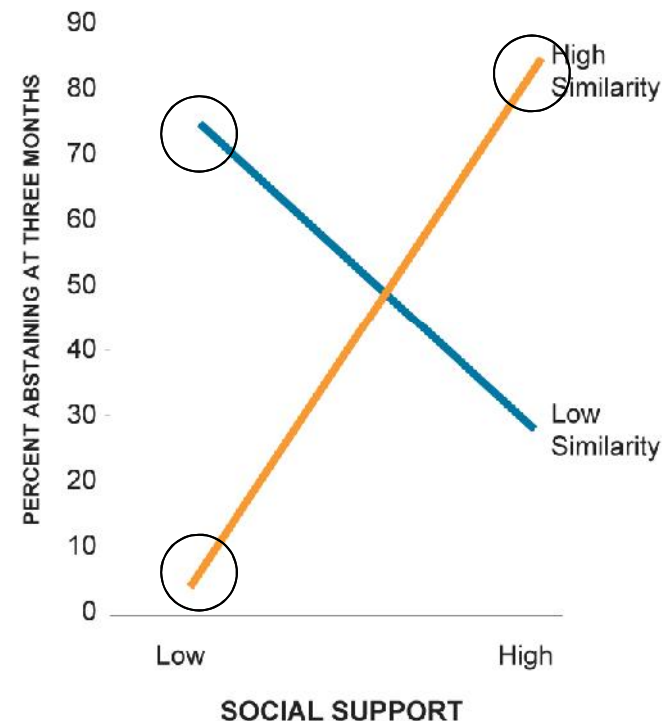
4. TESTING AND MAPPING THE MODEL



Network Support & Treatment Outcomes



Perceived similarity to using or non-using group members influences the effect of social support on recovery from AOD problems

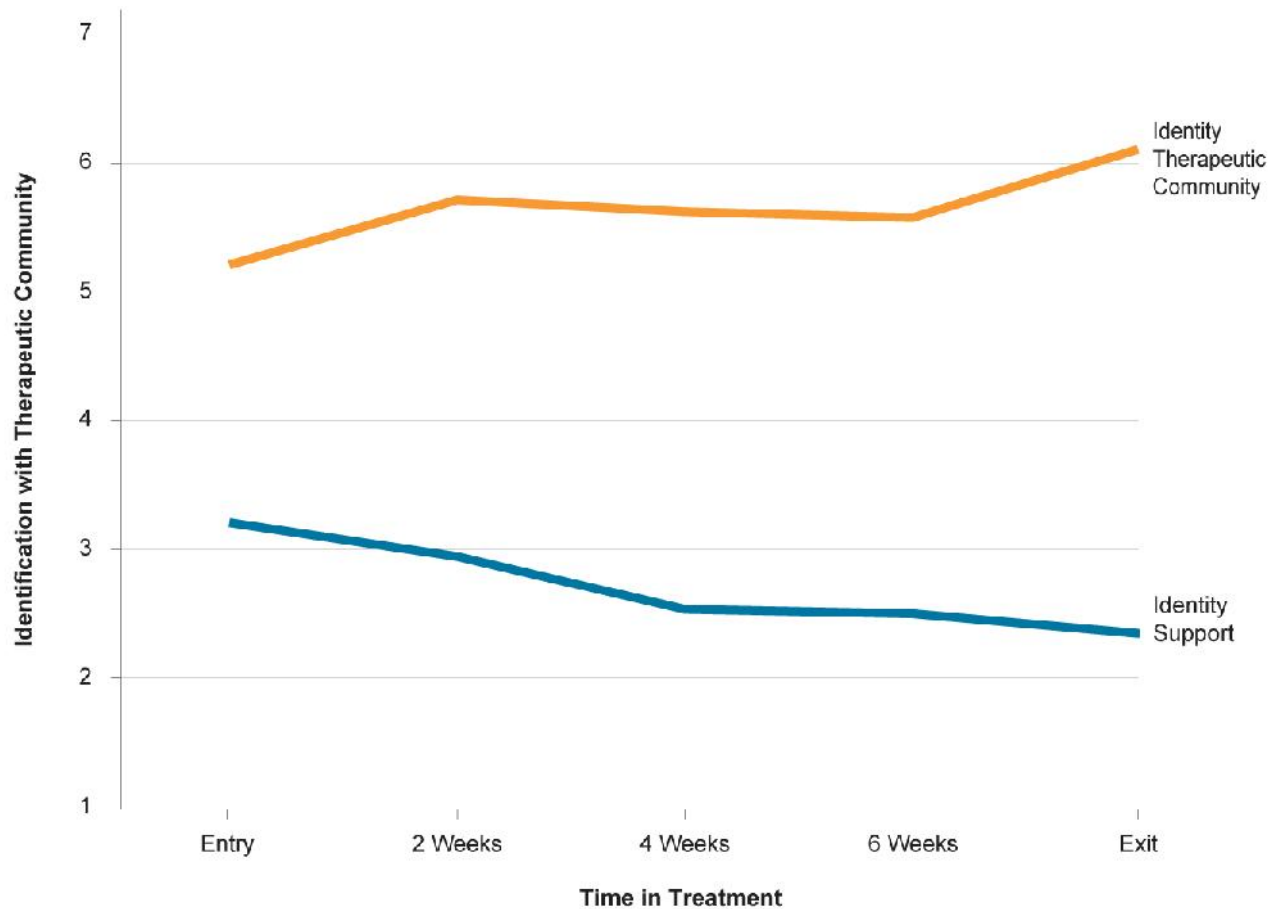


Impact of social support and perceived similarity on the percentage of adolescents remaining abstinent three months following discharge

Adapted from Vik, P. W., Grizzle, K. L., & Brown, S. A. (1992). Social resource characteristics and adolescent substance abuse relapse. *Journal of Adolescent Chemical Dependency*, 2(2), 59-74.



Identity Change in Therapeutic Communities



Sample survey items

I see myself as a member of the therapeutic community

I am pleased to be a member of the therapeutic community

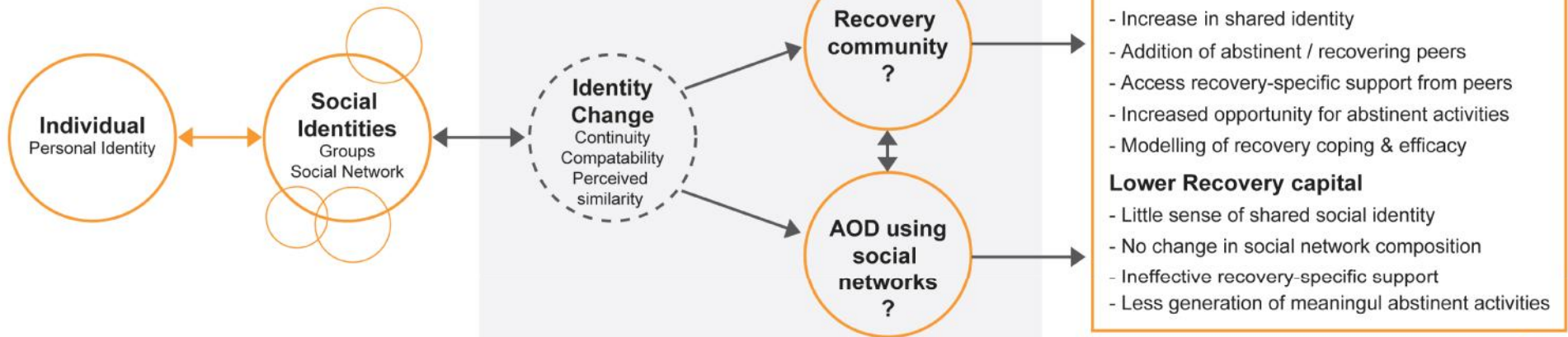
I have strong ties with other members of the therapeutic community

I identify with other members of the therapeutic community

Adapted from Dingle, G. (2013). Social networks within and beyond therapeutic communities. Presentation.

Social Identities as a Mechanism of Recovery

Hypothesised Process





INSTRUMENTS



- Assessment of Recovery Capital (ARC)
- Important People and Activities (IPA)
- Exeter Identity Transition Scale (ExITS)
- Social identity mapping





What are we trying to do?



- Link the evidence from MATCH and COMBINE using the existing measure
- Link this to social identity change measures
- And create a new technique for mapping social networks
- Creating an engaging visualisation task that clients and clinicians can work around





5. IMPLEMENTING THE MODEL





Utilisation of mapping as a social transition process

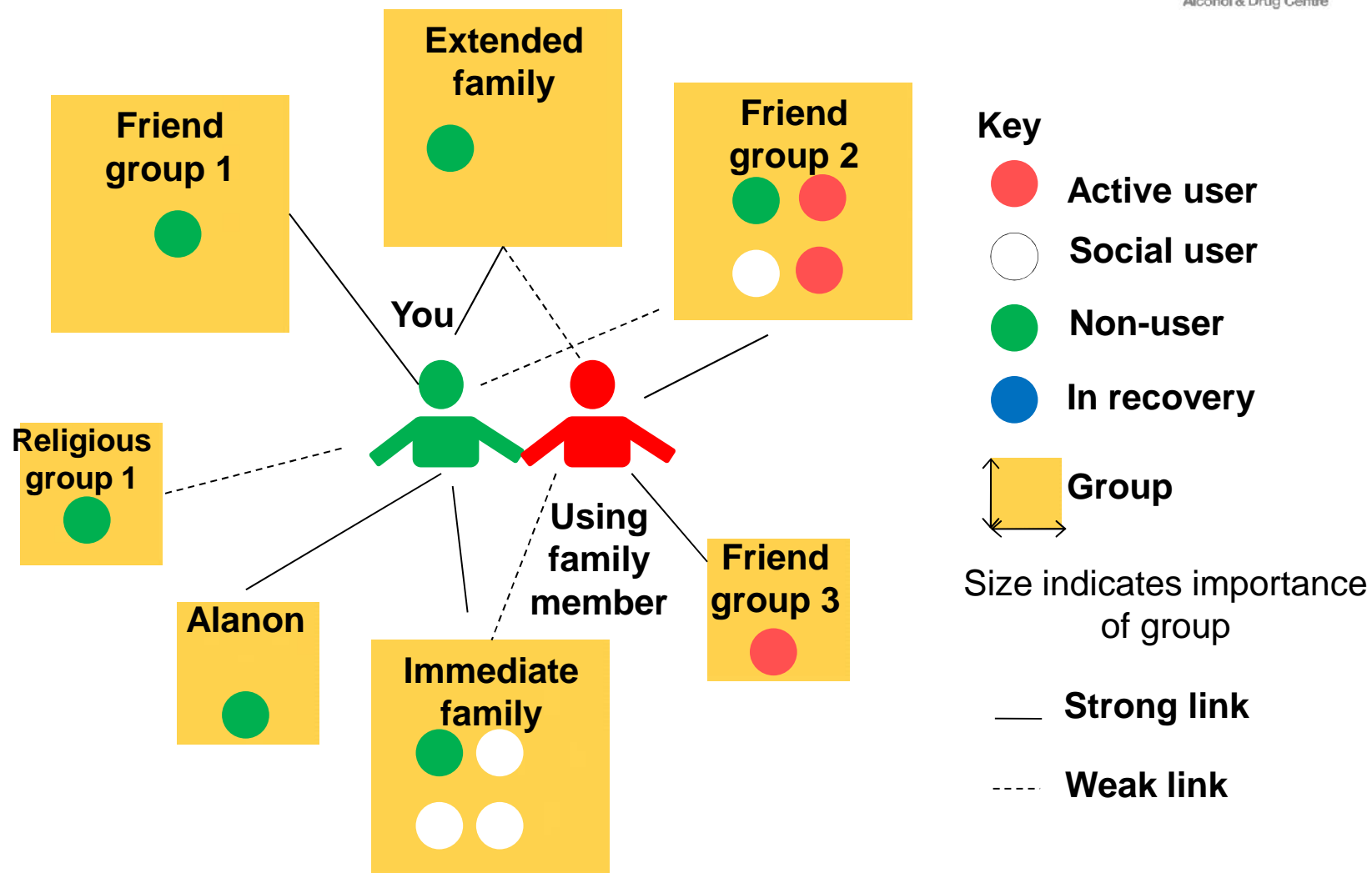


- Changing social networks is critical to sustaining recovery change – Longabaugh et al (2010)
- This cannot involve reductions in the size of the social network
- Increasing awareness of social network effects is key for workers and for clients



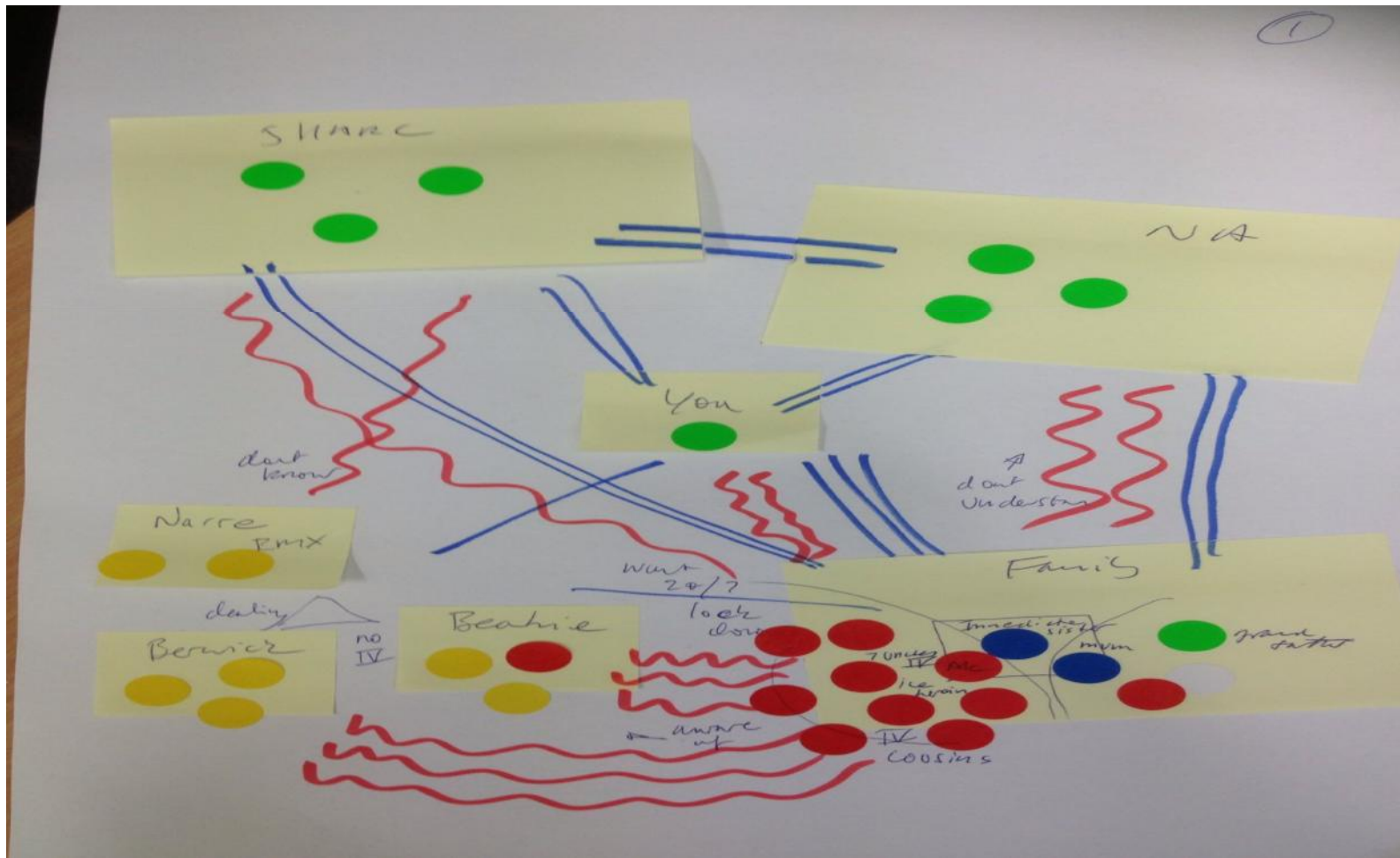


Social network mapping task 1



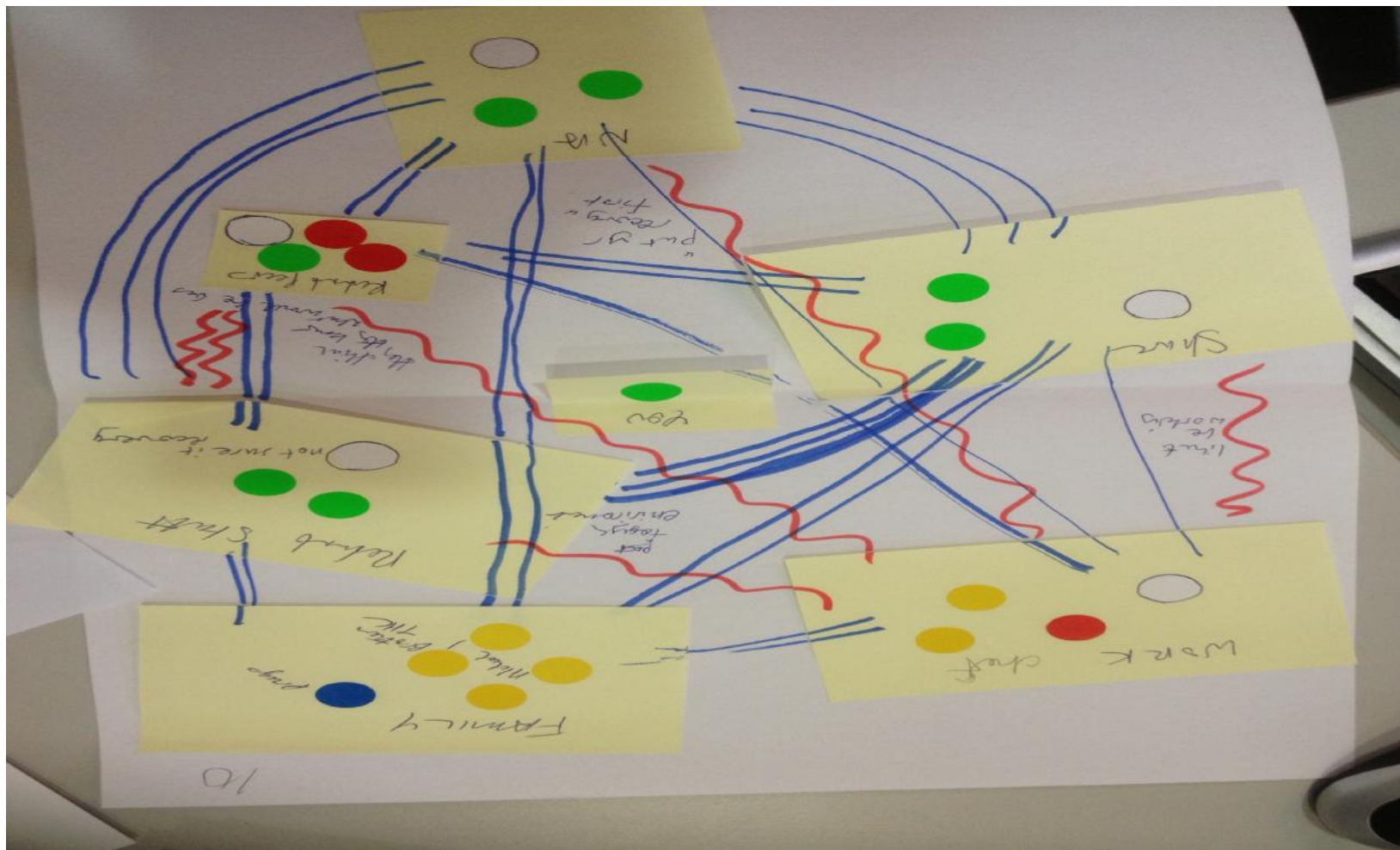


Young person in supported accommodation #1





Young person in supported accommodation #2





Preliminary findings from YSAS



- Group connectedness linked to both personal ($r=0.68$, $p<0.01$) and social recovery capital ($r=0.61$, $p<0.01$)
- AOD using status of groups inversely linked to personal ($r=-0.50$, $p<0.05$) and social ($r=-0.47$, $p<0.05$)
- Recovery capital also linked to quality of life



6. NEXT STEPS





Recovery-oriented practice



- Inspire hope and belief
- Assertive linkage
- ABCD and community connection
- Care and recovery coordination
- Aftercare and visibility





Linking network mapping and ABCD



- Identify assets in personal networks
- Utilise existing resources and champions
- Supplement with community assets
- Build positive social norms and identities
- Personalise asset mapping at the community level





THANK YOU



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