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3 Determinants of Need for Support in Families with Young Children

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The aim of the current study was to paint a profile of the families who need parenting support. The prevalence, correlates (child behavior problems and negative parenting) and determinants (risk and protective factors) of parental need for support were examined in a community sample of 177 mothers with a child of 1.5-3.5 years of age. A substantial number of mothers in a community sample reported need for support. This need for support was related to child behavior problems and to negative parenting. Maternal depression, a difficult temperament of the child and life events, as well as the total number of risk factors, significantly predicted need for support. Satisfaction with support (and not number of support sources) acted as a protective factor.

3.1 Introduction

Because of the crucial importance of the first five years of life for later development (Campbell et al., 1994; Repetti et al., 2002; Stormshak et al., 2000), early intervention programs have been developed that aim to promote family well-being and to prevent family disfunctioning in families at risk of poor child developmental or behavioral outcomes (MacLeod & Nelson, 2000). One category of early intervention programs, parenting support programs, aims to stimulate family functioning by supporting parents, and, as a consequence, stimulate child well-being and development (Barnes, 2003; Fonagy, 1998).

One of the major problems that parenting support programs are facing is that they do not reach all families who need support (Barton, Roman, Fitzgerald, & McKinney, 2002). This is a common phenomenon in early intervention programs: parents with children at greatest risk are, in particular, among the least likely to participate (Huber, Holditch-Davis, & Brandon, 1993; Prinz, 1994). So far, support has often been given to those families that happen to know about services, or to the families who belong to particular target groups with special needs (e.g., Llewellyn, McConnell, & Bye, 1998). However, all families can be confronted

with risks and parenting can be stressful for many parents (Feldman, Varghese, Ramsay, & Rajska, 2002; Östberg & Hagekull, 2000). It is then remarkable that the support needs of families and the background of this have hardly been studied. Very little is known about the degree to which parents report a need for support, or about its correlates and its determinants, despite the fact that such information can be extremely valuable for the services that provide parenting support. Therefore, the first aim of the current study is to assess the need for support in a community sample. The second aim is to assess whether the reported need for support is indeed an indicator of the family problems: whether parents who report a higher need for support also report more child behavior problems and more negative parenting than parents with less need for support.

Next, we attempt to identify families who report a need for (parenting) support. A possible way to identify those families is to assess risk factors present in those families. Risk factors can be defined as those factors associated with a higher likelihood of negative outcomes (Deković, 1999; Jessor et al., 1995), and can be grouped into family (e.g., poverty), parent (e.g., health problems) and child (e.g., difficult temperament) factors (Corcoran & Nichols Casebolt, 2004; Owens & Shaw, 2003; Asscher & Paulussen-Hoogeboom, 2005). The relationship between the presence of risk factors and negative developmental outcomes such as attachment problems or developmental delays has been broadly studied (Berlin et al., 1998; Brown et al., 1998; Field, 1998; Gelfland & Teti, 1990; Holmes, Slaughter, & Kashami, 2001; Patterson et al., 1989). In particular, the presence of multiple risk factors (risk accumulation) can have damaging consequences (Hermanns & Leu, 1998; Klein & Forehand, 2000; Sameroff et al., 1987). Therefore, it can be expected that families with multiple risk factors will experience more problems, and thus also experience a larger need for support. Although there seems to be a strong relationship between the presence of risk factors and negative developmental outcomes, it is unclear whether there is a relationship between risk factors and experience of a need for support on the part of parents.

The damaging effects of risk factors can be reduced by the presence of protective factors. As a consequence of protective factors, many children raised in difficult family circumstances (with multiple risk factors present) show good adjustment later in life (Criss, Pettit, Bates, Dodge, & Lapp, 2002). This phenomenon is called resiliency (Luthar & Cicchetti, 2000). Protective factors can be seen as

personal, social, or institutional resources that are associated with positive outcomes, and so foster competence and successful development (Deković, 1999). Social support is one factor that may counter the effects of risks (Cohen & Wills, 1985; Hashima & Amato, 1994). A substantial number of parenting support programs try to influence the social network of the families, or to function as a professionalized form of social support, because of the hypothesized protective effect of social support. Considerable research has shown that social support can have positive effects on parenting, but the question remains whether social support is also related to support needs. Thus, the final aim of the current study is to examine whether social support functions as a protective factor for parental need for support.

In summary, although parenting support programs have often been proposed as a possible solution to the lasting effects of adverse circumstances during preschool years (Berlin & Brooks-Gunn, 2002; Zlotnick, Wright, Cox, Teo, & Stewart-Felix, 2000), none of the previous studies have tried to examine the prevalence and determinants of the need for parenting support. If a substantial percentage of parents in a community sample indeed report a need for support, and if that need for support is indeed related to child behavior problems, negative parenting and risk factors, it will be possible to paint a profile of the family that needs support. Since not all families who need support use the available services, and since not all families who need support are known to the services, with such a profile it will be easier for services to identify and approach those families who need support.

3.2 Method

3.2.1 Subjects and procedures

The families were recruited with the help of a well-baby clinic in North Holland, which serves several villages and a medium size town. In order to obtain as large a sample as possible to answer the first research question (perceived need for support), the recruitment procedure consisted of two steps. In the first step, about 1000 parents with 1.5 to 3.5 year old children were sent a questionnaire assessing parental support needs. The sample consisted of 373 primary caregivers (97% female) who filled out a questionnaire concerning their need for support in parenting their child (52% female). The mean age of the target child was 27.9

months (range 15 to 45 months). Most mothers were of Dutch nationality (97%). Of the participating mothers, 7% were single mothers and 93% were part of two-parent families. The educational level of the mothers was: university level for 7% of the mothers, 29% had finished higher vocational education, 38% had intermediate vocational education, 21% had finished high school, and 3% had lower education. These families were asked to indicate whether they were willing to participate in additional (in depth) research. In the second step, the families, who indicated readiness for further research (N = 236), were sent a questionnaire assessing parenting behavior, child problem behavior, parental characteristics, and social support. Of the 236 questionnaires sent out, 177 (all of them mothers) were returned. Mothers filled out the questionnaire concerning their 1.5-3.5 year old children (50% of which were female and 50% of which were male). The mean age of the target child was 30.5 months (range 18 to 44 months) at first measurement. Twenty-five per cent of the children were only children. Most mothers were of Dutch nationality (98%). Of the participating mothers, 7% were single mothers and 93% were part of two-parent families. Sixty-nine percent of the mothers had a paid job, 2% did volunteer work, and 20% were unemployed. The educational level of the mothers was university level for 8% of the mothers, 33% had finished higher vocational education, 42% had intermediate vocational education, 11% had finished high school, and 5% had lower education. The socio-economic status of the families (based on net monthly family income) was as follows: 11% low class (net monthly income </= € 1400,-), 49% middle class (net monthly income > € 1400,- </= € 2800,-) and 38% high class (net monthly income > € 2800,-).

3.2.2 Measures

Need for parenting support

Need for parenting support was a composite score, consisting of four indicators: two subscales of the questionnaire assessing support needs and two additional questions.

The first two indicators were assessed with the Family Needs Survey (FNS) (Bailey & Simeonsson, 1990). The FNS is an instrument originally developed to assess the needs of families with a handicapped child. The FNS assesses six clusters of support needs. The clusters are 'information needs', 'family and social support

needs', 'explaining my child's condition to others', 'getting appropriate care for my child', 'professional support', and 'financial needs as a consequence of the child's condition'. Of these six clusters, the two clusters that are most applicable to non-handicapped families were used in this study. The first cluster that was used was 'information needs', consisting of 7 items (alpha .82) assessing the parent's need for information (e.g.: "I would like to receive information on how to deal with the behavior of my child"). The second category used was 'family and social support needs', consisting of 8 items (alpha .81), assessing parents' perceived needs for support from both formal and informal support sources (e.g., "I would like to have friends to talk to"/ "I would like to see a counselor to talk about my problems"). The items were answered on a three-point Likert scale, ranging from 1 (*no need*) to 3 (*need*). Families who had a mean score of above two on each of these two subscales were considered to need support.

In addition, two questions to be answered with yes or no were asked: "Do you need backup support regarding parenting every now and then?", "If this support were to be provided by a volunteer, who would come three hours per week to support you, would you want to use this service?".

In factor analysis these four indicators all loaded (>.72) on one factor that explained 61% of variance. Therefore, first standardizing and then adding up the scores of 4 indicators constructed one score for need for support. The reliability of this new constructed scale: alpha .68.

Parenting behavior:

Several aspects of the parental childrearing and the quality of the parent-child relationship as perceived by the parents were assessed.

The first aspect of parenting behavior, *responsiveness*, was assessed with a subscale of the Nijmegen Parenting Questionnaire (Gerris, Vermulst, van Boxtel, Janssens, & Felling, 1993; Gerrits, Deković, Groenendaal, & Noom, 1996). This subscale consists of 8 items, to be answered on a 6-point scale (1 = *I disagree* 6; = *I totally agree*). Parents were asked to indicate how much they agreed with statements such as: " I know what's wrong when my child is having problems", alpha .83.

The second aspect, *consistency* was measured with the Parenting Dimensions Inventory (PDI, Slater & Power, 1987). The consistency scale consists of 8 items, alpha .71. Each item has to be scored on a 6-point scale (1 = *I totally disagree*; 6 = *I*

totally agree) (e.g.: "I only threaten to punish when I am sure I'll eventually be able to execute the punishment").

Third, *rejection of the child* was measured with a subscale of the Parenting Stress Index (Abidin, 1983; De Brock, Vermulst, Gerris, & Abidin, 1992a), alpha = .79. This subscale consists of 12 items, such as "My child is so slow that it irritates me". Again, these items had to be score on a 6-point scale, ranging from (1 = *I totally disagree*; 6 = *I totally agree*).

A fourth aspect of parenting behavior, the parental *discipline style,* was assessed with the Parenting Dimensions Inventory (PDI) – (Slater & Power, 1987). Parents were presented with descriptions of 6 hypothetical situations of child misbehavior and 8 possible parental reactions. For example: "Your child hits his/her friend after an argument. How probable is it that you would: talk with your child, ignore your child, hit your child, etc.". Each possible reaction can be scored on a 4-point scale (0 = *very improbable*, 3 = *very probable*). With the PDI several discipline techniques can be assessed: *permissiveness* (alpha .77), *induction* (alpha .86), *ignoring* (alpha .83), *love withdrawal* (alpha .87), *physical punishment* (alpha .81), and *exercise of power* (alpha .87). Factor analysis indicated that two factors emerged for parenting discipline style: negative control and positive control. Negative control (alpha= .88, consisting of love withdrawal, physical punishment, and exercise of power) explained 35% of the variance. Positive control (alpha .83, consisting of induction and permissiveness) explained 31%.

Child problem behavior.

Mothers were asked to report on their child's problem behavior. Both internalizing and externalizing child problem behavior were measured with the Child Behavior Check List (CBCL/ 2-3) by (Achenbach, 1992; Koot, 1993). The CBCL consists of 99 items to be answered on a 3-point scale. The CBCL includes a wide range of problematic behaviors, varying from whining and yelling, to having difficulties falling asleep and showing no regret when hurting someone. These items are grouped into two scales: internalizing (25 items, alpha .82) and externalizing (26 items, alpha .93) problems. The CBCL 2/3 has established norms (Verhulst, Koot, Akkerhuis, & Veerman, 1990), so that the scores can be compared to reference groups.

3.2.3 Risk factors:

The following child, parent and family risk factors were assessed.

Child factors. Risk factors on the level of the child included temperament, gender and net birth weight. As an indicator of the child's *temperament* the Anger scale of the Toddler Behavior Assessment Questionnaire supplemental (TBAQ, Goldsmith, 1996; adapted by Rothbart, 2000) was used. The Anger scale consists of 9 items and reached an alpha of .67.

Parent factors. Parents were asked what their educational level was. Furthermore, parental *depression* was measured with the Parenting Stress Index -revised, (Deković, Janssens, & As, 2003; Gerris et al., 1993). This scale consists of 8 items, such as "I often feel useless", which have to be answered on a 6-point scale (1 = *I disagree*; 6 = *I totally agree*), alpha = .89. Finally, parents were asked whether they suffered from chronic health problems (1 = *yes*, 0 = *no*).

Family factors. Parents were asked to indicate their marital status (two-parent/single parent), the number of children in the family, their net family income, and the employment status of the primary wage earner. Moreover, parents were asked to indicate on a list of 30 possible significant life events (e.g. losing a job, death of a family member, etc.) if one of these events had happened the past twelve months. The score consisted of the sum of significant life events during the past twelve months.

Table 3.1 Definitions of Risk Factors and Number of Parents with that Risk Factor Present

Risk factor	Criterium	N
Child factors		
Child temperament	A score > M + 1 SD on subscale Anger	25
Child gender	Being a boy	88
Birth weight	Birth weight < 1500 grams	2
Parental Factors		
Educational level	Primary school or lower vocational education	9
Depression	A score > M + 1 SD on depression	20
Parental health	Presence of chronic health problems	28
Family factors		
Family composition	Being a single parent	11
Number of children	> 3 children	43
Poverty	Family income < €1400 a month	33
Work status	Wage earner has no job	12
Life events	> 2 life events	29

Indexation of risk factors

All risk factors were divided into 'risk' or 'non-risk'. The dichotomous risk factors were relatively easy to define (being a boy, being a single parent, etc.). For the continuous variables, we chose (*M* +/ - 1 *SD*) as a cut-off point to divide the groups into risk and non-risk. Criteria for defining risk factors, and the number of families in which the risk factor is present, are presented in Table 3.1. A total risk score was calculated for each family by summing up the number of risk factors present.

3.2.4 Protective factors

Perceived social support. Parents were asked whether they receive social support from a standard set of persons/ institutions such as a partner, parents, a general practitioner, neighbors, brochures, TV, etc.). The total number of support sources was calculated as a score for the amount of support sources. If parents had indicated that they received support from support sources, parents were asked to indicate on a five point Likert scale how satisfied they were with this social support. (1 = *unsatisfied* to 5 = *satisfied*). The average scores of these items indicated the level of satisfaction with received support.

3.3 Results

3.3.1 Need for support

The first aim of the present study was to assess the need for support in a community sample. Of the 373 participants who filled out the questionnaire, 41 % reported need for information (*M* of subscale > = 2), 10% reported family and social support needs (*M* of subscale > = 2), 33% answered that they needed support or someone to talk to every now and then, and 14% wanted to use a parenting support program in which a volunteer comes to their homes once a week to give support. A comparison of the families who participated only in the first step with the families who took part in the second step indicated that family or social support needs were significantly higher ($t = 3.45$, $p < .01$) for those who participated in further research. Those families also indicated more often that they needed 'someone to talk to' ($\chi^2 = 14.69$, $p < .001$), and that they would make 'use of a support program' ($\chi^2 = 15.14$, $p < .001$). The groups did not differ on informational needs. For the 177 participants who filled out the additional

questionnaire (the second step), 18% (7% answered: 2 = *not sure*; 11% answered: 3 = *definite need*) reported need to use a counselor (psychologist, social worker, psychiatrist). The same families were asked whether they were using any family services. Only 8.5% did use services, thus indicating that there is indeed an unfulfilled need for support.

3.3.2 Relationship between need for support and child behavior problems and parenting

The second aim of the current study was to examine whether reported need for support is associated with child problem behavior and parenting. Correlation analyses showed a moderate relationship between externalizing ($r = .39, p < .001$) and internalizing ($r = .29, p < .001$) behavior problems and need for support. The more behavior problems the children showed, the more support needs their parents reported. There were differences between need for support of parents of a child with behavior problems (total scores on the CBCL in the clinical range) and parents of a child without behavior problems (F (2, 172) = 9.81, $p < .001$). Eighty-three percent of the parents with a child with behavior problems reported need for information (M of subscale > = 2), 67% reported family and social support needs (M of subscale > = 2), 83% answered that they needed support or someone to talk to every now and then, and 67% even wanted to use a parenting support program in which a volunteer comes to their homes once a week to give support. These data suggest that parents with a child with behavior problems report more often a need for support parents of children without behavior problems.

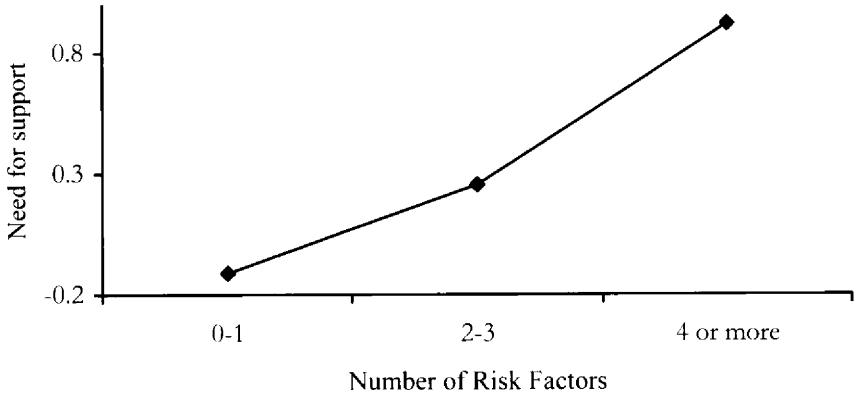
Further analyses showed that the more need for support a parent reported, the more negative control ($r = .19, p < .05$) and more rejection of the child they report ($r = .33$, $p < .001$). Need for support was also related to diminished positive parenting: less responsiveness ($r = -.29, p < .001$), and less consistency ($r = -.18$, $p < .05$). No relationship was found between need for support and positive control. These results indicate that families with mothers reporting support needs, indeed report more child behavior problems and negative parenting behaviors.

3.3.3 Need for support and risk factors

In order to examine determinants of need for support, we first assessed whether need for support was related to the total number of risk factors present. There was

a significant correlation (r = .44, p < .001), between need for support and risk factors. The more risk factors there were in a family, the more support was needed. It has been suggested in the literature that the number of risk factors has a linear relation to developmental outcomes. In order to examine this hypothesis, a one-way ANOVA was carried out with need for support as a dependent variable, and the number of risk factors as an indicator. To ensure that there were sufficient numbers of families in each group, the total risk score was combined into a low (0 to 1), medium (2 to 3), or a high (4 or more risk factors) risk group, and the mean reported need for support was calculated for each group. The ANOVA showed a significant linear trend (F (2, 172) = 18.56, p < .001).

Figure 3.1 Relationship between need for support and number of risk factors present



The relationship between the multiple risk classification and the standardized score of reported need for support is depicted graphically in Figure 3.1: the more risk factors there are present in a family, the more support need the mother reports.

In order to examine which risk factors, on which level, predict strongest need for support, a hierarchical multiple regression was carried out. In the first step, risk factors on the level of the child were entered, in the second step risk factors on the level of the parent, and in the third step risk factors on family level were entered. The R^2 changes and beta weights are presented in Table 3.2.

The results in Table 3.2 indicate that risk factors on each level (child, parent and family) contribute significantly to the prediction of need for support. Risk factors on the parental level appeared to be a strong predictor (F (6, 134) = 7.53 p < .001). This effect was caused by maternal depression. Risk factors on the child level added significantly to this prediction (F (3, 137) = 5.94, p < .01) mainly due to child temperament. Finally, risk factors on the family level also predicted need for support (F (11, 129) = 6.12, p < .001). The only significant individual predictor was the number of life events.

Table 3.2 Multiple Hierarchical Regression Analysis to Predict Need for Support from Risk Factors on Child-, Parent- and Family Levels

Step	Variable	β	ΔR^2
1. Child factors			.12**
	Temperament	.22**	
	Gender	.08	
	Birth weight	-.09	
2. Parental factors			.14***
	Education level	.06	
	Depression	.30***	
	Parental Health	.14	
3. Family factors			.09**
	Family composition	.05	
	Number of children	.07	
	Poverty	.05	
	Work status	-.02	
	Life events	.29***	

***: p < .001; **: p < .01; *: p < .05

In sum, both risk accumulation and individual risk factors are related to increased support need. Need for support was mainly predicted by maternal depression, a risk factor on the parental level, followed by a difficult temperament on the child level, and by life events on the family level.

3.3.4 Relationship between the protective factor social support and need for support

To examine the effects of the protective factor social support on need for support, a hierarchical multiple regression analysis was conducted. In the first step, risk-index was entered, in the second step the protective factor (number of social support sources and satisfaction with social support), and in the third step the interaction between risk-index and the protective factors. In order to calculate this interaction, the scores for risk-index and protective factors were standardized. The R^2 changes and beta weights are presented in Table 3.3.

Table 3.3 Multiple Hierarchical Regression Analysis to Predict Need for Support from Risk-Index and Protective Factors.

Step	Variable	β	ΔR^2
1	Risk-index (RI)	.43***	.19***
2	Number of social support sources (N)	.15*	.05**
	Satisfaction with support (S)	-.15*	
3	RI x N	-.05	.00
	RI x S	.01	

***: $p < .001$; **: $p < .01$; *: $p < .05$; †: $p < .10$

Risk-index appeared to be a significant predictor of need for support (F (1, 169) = 38.98, $p < .001$) and explained 19% of variance. Social support measures added 5% to the explained variance of need for support (F (3, 167) = 17.29, $p < .001$). No interaction effects were found. Surprisingly, the positive beta value for number of support sources indicates that greater need for support was related to a larger number of support sources. Apparently, mothers who reported more support need have more support sources. The negative beta value for satisfaction with support sources, however, indicates that only satisfaction with support acts as a protective factor: higher satisfaction with support was related to lower need for support. These results suggest that the number of support sources and satisfaction with support are independent dimensions of support. Indeed, the correlation between these two measures of support was not even significant (r = -.11, p = .14)

3.4 Discussion

The current study shows that, in a community sample, a substantial number of mothers with a child of 1.5-3.5 years of age report a need for parenting support. Since only 8.5% of the questioned parents actually receive some sort of assistance, we can conclude that there is an unfulfilled need for support in this group of parents. These findings confirm previous research showing that indeed not all families who need support receive support (Häggman-Latila, 2003; Leseman, Fahrenfort, Hermanns, & Klaver, 1998; Seybold, Fritz, & MacPhee, 1991). A consequence of this finding is that well baby clinics and social health workers need to be alert in observing the need for support.

The present study further showed that need for support is indeed an indicator of family problems: families in which mothers report support needs are suffering from more problems with children and childrearing than families where parents do not report support needs. The need for support which mothers reported seems justifiable, given the association with child behavior problems and negative parenting behaviors. Previous research has already linked the severity of a child's condition to support need (Reyes-Blanes, Correa, & Bailey, 1999). In this community sample, need for support was related to the presence of child behavior problems. Mothers with a child in the clinical range of behavior problems according to the CBCL reported a strong need for support.

A significant relationship was found between risk factors and need for support. Need for support gradually increased with the presence of risk factors. Maternal depression, a difficult child temperament, and life events were the strongest predictors of need for support. The present study extends previous research in two ways. First, the current data extend research in the field of risk factors by examining the effects of risk accumulation on the need for support of parents, whereas previous studies have often tended to focus on negative child outcomes (Capaldi & Patterson, 1991; Gutman, Sameroff, & Cole, 2003; Repetti et al., 2002) or on negative parenting outcomes (Meyers, 1999). The present study further extends previous research on the relationship between stressors or risk factors and support needs, which has broadly been studied in certain risk groups (e.g., cognitively or physically disabled children, or mentally retarded mothers (Bailey & Simeonsson, 1988; Huber, Holditch-Davis, & Brandon, 1993; Segal,

2001)), an exception being Häggman-Latila's (2003) study of support needs of Finnish families with young children.

Analyses of the relationships between risk factors, need for support, and protective factors showed that mothers with a large number of social support sources reported more need for support. Apparently mothers who use more support sources also need more support. The availability of satisfying support sources, however, did act as a protective factor. The more satisfying the social network of mothers was, the less support need she reported. These results provide some evidence that the satisfaction with social support is more important to function as a protective factor than the size of the network offering support. Similar results have been found by Seybold et al. (1991), who reported a relationship between satisfaction (and not for the quantitative amount of support sources) with social support and positive maternal outcome. Ortega (2001) found a relationship between large network sizes and unfavorable parenting behaviors. It seems, therefore, that the number of support sources and satisfaction with social support are different dimensions of the social support construct. These findings are in line with those of Moncher (1995) who suggested that only certain aspects of social support function as a protective factor, such as emotional support from non-critical relationships.

There are several limitations that are worth mentioning. The first shortcoming of the current study is its cross-sectional nature, which does not allow us to draw conclusions on causal relationships or to specify the directions of effects. Several models can explain the possible influential paths between risk and protective factors, parenting, child behavior, and need for support. Possibly, risk factors influence parenting behavior, and parenting behavior influences child behavior, which in turn leads to an increased need for support. Alternatively, it is possible that risk factors directly influence child behavior, which leads to a need for support, or, possibly, risk factors directly influence need for support. Protective factors might influence parenting behavior as well as child behavior and support needs, both directly and indirectly. The current study does not provide any evidence in preference of one of the models, but provides evidence of a relationship between risk – and protective factors, parenting behavior, child behavior and need for support. Future research is needed to indicate whether need for support is stable or temporal, and which factors are most influential in predicting need for support. A second limitation is that the information used in the

current study has come from one source: the parents. This might lead to a stronger relationship between the risk factors and dependent variables.

In conclusion, notwithstanding these limitations, this study contributes to the knowledge of need for parenting support in community samples, especially in relation to risk and protective factors. A substantial number of mothers in this community sample reported need for support. This need for support was related to child behavior problems, to negative parenting behaviors, and to risk factors. Satisfying support sources acted as a protective factor against risk factors. An important practical implication of this study is that clinicians need to be aware of the possible support needs of parents. The questionnaire that has been used in the current study might be a helpful tool to assess support needs. This creates possibilities for intervention initiatives, not targeted at certain groups, but at everyone who needs it. The focus of such intervention initiatives should be the establishment of satisfying supportive relationships.