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Understanding and Promoting the Friendships of People with a Dual Diagnosis

James R. Dudley, PhD

Introduction

The social supports of our clients are a crucial aspect of their lives to explore in a social work assessment. Social workers are expected to find out if their clients have access to family members, friends, neighbors, social groups, churches, and others along with medical, housing, and financial resources. Such social supports often determine the extent to which the client can overcome their difficulties. Social workers are also expected to explore whether these supports can help them solve their problems. Therefore, the questions that are asked in a social work assessment about social supports should be wide-ranging and creative.

Social supports can be conceptually classified into three basic subcategories: provision of physical assistance and material resources, emotional support, and informational support such as guidance and advice (Neto & Barros, 2000). Friendships in particular can be a major aspect of social supports, as friends can provide considerable emotional support along with guidance and material resources. Some even believe that having an intimate and confiding friendship may be the best measure of social support (Thoits, 1995). At the very least, much can be learned from exploring the friendships of our clients.

This article explores the friendships of one particular client group, people with a primary diagnosis of mental retardation/developmental disabilities and a secondary diagnosis of mental illness. While the article focuses on this particular client group, the findings have relevance for many other groups as well such as people who have been institutionalized or socially isolated and people with highly stigmatizing attributes. Implications of the study for continuing education are also discussed.

Background

Increasing numbers of people with a dual diagnosis of developmental disabilities and mental illness are living in the community. This trend is partially the result of more class action suits involving the deinstitutionalization of people with a dual diagnosis (e.g., states of North Carolina, Florida, and Tennessee) as well as the continued pattern of voluntary deinstitutionalization. Studies have focused on various aspects of the lives of dually diagnosed people, particularly after they have been relocated in the community (e.g., Dudley *et al.* 2002), but almost no literature could be found that examined their social supports (e.g., Fletcher, 1989). Social supports can be a pivotal factor in the lives of people with a dual diagnosis, just as they are with other groups such as older adults (e.g., Siebert *et al.* 1999) and people with a sole diagnosis of developmental disabilities (e.g., Hamre-Nietupski, 1993). Friendships in particular can be a major determinant of a client's success living in the community.

While the existing friendship literature has not focused on people with a primary diagnosis of mental retardation/developmental disabilities and a secondary diagnosis of mental illness, it has often focused on people with a sole diagnosis of developmental disabilities. A national study inquired about the friendships of people with developmental disabilities, many of whom had moved from larger to small community placements over the previous decade (Hill *et al.* 1989). This study found that large numbers were still without friends. One-third or more of the people surveyed in group homes and over 40 percent in foster homes had no friends at all. Other studies have had similar findings - no friends or no face-to-face contact with friends (e.g., Anderson *et al.* 1992; Crapps & Stoneman, 1989).

Being without friends has several major drawbacks. As mentioned earlier, friendships are an important social support that can be helpful in coping with difficult relationships, solving personal problems, making important decisions, and obtaining needed social and material resources. Friends

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are also valuable for companionship, emotional support, introducing additional friends and acquaintances, and doing things together. Even more important, friendships are needed to promote our health and wellbeing, and to overcome social isolation and exclusion (Amado, R., 1993). In short, we all need friends and our clients may need them more than most people. Loneliness, for example, is often evident with our clients when they have no friends or lack contact with their friends (Chadsey-Rusch et al. 1992). Loneliness is different from being alone, as most consumers in the service system are hardly alone. They are surrounded by human service workers and other clients who are with them much of the time.

A best friend

In recent years, some research studies (e.g., Conroy, 1995) have been asking people with developmental disabilities the question: "Who is your best friend?" This question has often elicited four types of friends: another person with a disability, a staff member, a family member, or a person who has none of these identities. This question is intended, in part, to determine how many of these people identify their best friend as a person outside their usual circle of associations confined to their service system.

When people with developmental disabilities have friends, they are often *other consumers with similar disabilities.* This is not a surprise because they spend most of their time with friends in places that are socially homogeneous, existing only for people with disabilities (Walker, 1995). They could be roommates in group homes, members of the same special clubs, other employees at workshops, or associates from agencies where they previously received services. Sometimes these personal associations are long-standing ones that originated many years before in shared institutional experiences.

Family members are also identified as friends in studies; usually they are a parent or sibling. Unfortunately, such friendships often involve infrequent and irregular contact (e.g., Jahoda *et al.* 1990; Lowe & de Paiva, 1991). Some studies have identified factors that seem to result in more family contact, including the consumer being younger (Dagnan & Ruddick, 1997) and living in smaller community-based living arrangements (Booth *et al.* 1990).

Some consumers have identified people without disabilities as friends too. Most often, the non disabled friends turn out to be *staff members* who work with them (e.g., Clegg and Standen, 1995; Robertson *et al.* 2001). Actually these associations are not usually corroborated as close friendships by the staff members. Furthermore, the time that they spend with staff friends is typically limited to the settings in which staff members are paid to work with them. However, it is important to add that some of these staff friendships are real, reciprocal, and important (e.g., Lutfiyya, 1993).

Studies reveal that *people outside the service system,* sometimes referred to as "outsiders," are also at times identified as friends (e.g., Anderson *et al* 1992; Newton *et al* 1995). Some who are identified are neighbors, store clerks, bus drivers, social workers, or co-workers. They usually do not have disabilities, or they may be people who once were but no longer are clients of the system. Newton et al (1995) found that among community members who had befriended adults with developmental disabilities, the majority were former professionals in the developmental disabilities field and employed in some way within this field. While these findings appear to be positive, they could be misinterpreted and deserve closer examination. Many outside friends may not be seen very often, in some cases as infrequently as once or twice ever. In some cases, these could be relationships that cannot be "bothered" too much for fear of losing them. In many cases they may not even be real friends, but they are still important as symbols of what these people very much want - friendships in the "outside world" (Dudley, 1997).

A relatively small but important group of people with disabilities *do* have meaningful friendships and other rewarding social relationships outside the service system. These outside friendships seem genuine and very special to both of the people involved in the relationship (Amado, 1993), even

though they may be the exception. Much can be learned about what makes these relationships work. Taylor *et al.* (1995) present a collection of stories about people with disabilities who have formed friendships in their communities. These stories illustrate how beneficial these friendships can become for both parties as well as for others.

Assistance in developing friendships

Some people with disabilities will need help in establishing friendships while others may not. Angela Amado (1993) points out that the service system is not usually effective in promoting friendships between their consumers and others in their community. Yet, innovative approaches for establishing friendships have been introduced extensively in the literature (e.g., Amado, A., 1993; Perske, 1988; Taylor *et al.* 1995).

According to Angela Amado (1993), bridges need to be created to community life in general, with the community being more than the immediate neighborhood. Connections should be encouraged with people wherever they have something to offer, and this requires that considerations be given to a wide range of groups. More could be done to encourage people with disabilities to partake in a variety of relationships, including seeking new companions in their neighborhoods, work sites, community clubs, and churches; and more frequent contact with family members. Providers could be focusing more of their resources on assisting consumers in creating and sustaining these new relationships.

Actually, some believe that the service system largely ignores any responsibility for fostering such interdependence (Newton *et al.* 1995). At times the service system even inadvertently discourages such friendships by the various ways that it controls its consumers' daily lives. Sometimes people with disabilities complain that their residential program staff members interfere with their efforts to have friends. Complaints include denying them privacy, screening the people whom they can visit, and introducing program routines that interfere with their free time (O'Brien & O'Brien, 1993).

Others have suggested that children and adults with disabilities have difficulty making and maintaining friendships due to a lack of friendship skills (e.g., Hamre-Nietupski, 1993). In their friendship study, Clegg and Standen (1995) concluded that the friendships of people with disabilities may be more superficial than they recognize them to be. These studies suggest giving increased attention to friendship skill development (e.g., introductions, listening, appropriate self-disclosure) to help make their relationships with friends more meaningful. Stainback and Stainback (1987) caution, however, that it is not a logical assumption that friendship development is mostly the fault of the people with disabilities; there could be any number of other reasons for a lack of friendships, including insensitivity or ignorance on the part of others. Stigma issues in particular have been reported to be an enormous obstacle (Dudley, 1997; Edgerton, 1993).

In the study reported in this article, interviews were conducted with 90 people having a dual diagnosis to find out more about their friendships. The study also examined the various ways that staff supported or discouraged their friendships. Some of the research questions examined their friendships by focusing on whom they identified as their "best friend." The study examined the attributes that these consumers valued in their best friend, what they did and wanted to do with their best friend, and the various ways that staff supported or discouraged their friendships. Responses were compared across the four different types of friends (consumers, staff members, relatives, and outsiders).

Method

The research participants in this study are former class members of a federal lawsuit in North Carolina called the Thomas S. Case (Thomas S. v. Flaherty, 1988). They are often referred to as "consumers" in this article. Questions about their friendships were one component of a larger study of over 1000 class members that monitored the state's compliance with the court order and other quality of life issues (Dudley et al. 2002). The Thomas S. Case began in July 1982 as a suit on behalf of a 19-year-old patient at a state psychiatric

hospital, identified by his first name and last initial as "Thomas S." Thomas was a resident of a rural North Carolina county and had been given up for adoption at birth. By age 18, he had been in forty different foster homes and institutions. In 1984, the case became a state-wide class action suit on behalf of all adults who had mental retardation/developmental disabilities or who had been treated as such. They must also have been inappropriately kept in a state mental hospital at any time since March 22, 1984 in conditions which violated their constitutional rights to safety; protection from harm; treatment under safe conditions; freedom from undue restraint; minimally adequate habilitation or treatment; and any treatment necessary to remedy any injuries caused by the class members' constitutionally inappropriate treatment in the past. This lawsuit was dismissed in 1998, and by then almost all of the former class members had been deinstitutionalized.

Research Participants

These interviews on friendships were conducted in the eighth and final year of the Thomas S. longitudinal study of the class members. These 90 consumers were the entire group who participated in the friendship component of the study. The participants included 56.7 percent males and 43.3 percent females. They varied in age from 26 to 74 years with a mean age of 46.9 years. They were mostly either White (50 percent) or African American (48.9 percent) with one being an American Indian. Their primary diagnosis was mental retardation/developmental disability with mental illness being a secondary diagnosis for the vast majority of them. Most of these consumers had a mental retardation diagnosis at the mild (60.0 percent) or moderate level (28.9 percent). Nine percent were diagnosed at the severe level, and the level was unknown for 2.1 percent. Staff members reported that 92.3 percent of them had some degree of mental illness when they were interviewed. Based on their case records, almost three-fourths of the group had a psychiatric diagnosis, including some with Schizophrenia (35.5 percent), others with an Affective Disorder (35.5 percent), and still others with an Impulse Disorder (16.6 percent). Several were also reported to have "moderate" to "extreme" degrees of various challenging behaviors including screaming inappropriately (33.4 percent), temper tantrums (27.7 percent), hyperactivity (25.5 percent), lying (24.4 percent), depression (21.1 percent), poor grooming (20 percent), or threatening others (20 percent).

As a group, these 90 consumers had lived in institutional settings for an average of 14.4 years. During the time of the study, 90 percent lived in the community including 74.5 percent living in supervised group homes or apartments with extensive supervision, 10 percent living in family living programs, and 5.6 percent living in their own home or apartment. Ten percent still lived in institutional settings.

Procedure

A consumer interview schedule was used that involved a series of simple questions asked of consumers directly. The researchers asked the consumers to participate in these interviews by using both a written and oral informed consent procedure. The researchers made every effort to clarify what the interview was about and why the questions were being asked. The questions were asked in private unless the consumer or interviewer felt uncomfortable being alone. Nonverbal responses, such as head movements to indicate 'yes' or 'no,' were accepted. Gradations of feelings were probed through flexible follow-up questions, including nonverbal techniques. Interviews were conducted by formally trained interviewers, most of whom had prior or current work experience in the developmental disabilities field.

Data Analysis

SPSS (Statistical Package for the Social Sciences) was used to analyze the quantitative data. Qualitative data were analyzed as follows. Responses were recorded in the words of the consumers. Based on these data, a set of general response categories was created for each question using two independent raters. Then all of the specific responses were assigned to a general category by the two independent raters. In instances in which a consumer's response to a question contained more than one idea, each of these ideas was assigned to an appropriate response category.

Results

Their Best Friend

Each of the 90 consumers was asked to identify one "best friend." Staff members (30.0 percent) and consumers (31.1 percent) were most frequently selected as their best friend. Relatives were selected next most frequently (21.1 percent). An outside friend or someone other than a consumer, staff member, or relative was least likely to be their best friend (17.8 percent). They had known their best friend for an average of 9.7 years, ranging from three months to 60 years. They had seen their best friend an average of 14.4 times in the past month, ranging from none to 28 times. Some (38.9 percent) had an opposite-sex best friend. Of the remaining consumers, 31.1 percent of the males and 30 percent of the females had a same-sex best friend.

In an attempt to find out why they had chosen this person as their best friend, they were asked, "What makes ___ your best friend?" As Table 1 indicates, one set of attributes selected by these consumers focused on something that they received from the friend. Specifically, the most frequent of these attributes was that their friend helps them, takes care of them, or talks with them. Another cluster of attributes focused on something they liked about their friend, such as nice, OK, or liking or loving their friend.

Table 1: Attributes of Best Friend (percentages)

Attributes of Best Friend	Type of Relationship				
	Consumer n = 28	Staff n = 27	Family n = 19	Outsider n = 16	All N = 90
Focus on Consumer:					
Helps me	3.6	18.5	15.8	12.5	12.2
Talks/listens to me	17.9	11.1	0.0	0.0	8.9
Takes care of me	7.1	25.9	5.3	0.0	11.1
Is good to me	3.6	14.8	0.0	0.0	5.6
Accepts me	3.6	3.7	0.0	12.5	4.4
Loves or likes me	7.1	0.0	0.0	0.0	2.2
Visits or takes me places	0.0	0.0	5.3	12.5	3.3
Focus on friend:					
Nice, OK	17.9	7.4	10.5	12.5	12.2
Likes or loves	3.6	11.1	5.30	6.2	6.7
Personal characteristic	10.7	0.0	.0	6.2	4.4
It's my kin	0.0	0.0	26.3	0.0	5.6
Focus on doing something together	3.6	0.0	0.0	18.8	4.4
Other	17.9	0.0	15.8	12.5	11.1
No Response	3.6	7.4	15.8	6.2	7.8

Closer Look at Different Types of Friends

Table 1 also presents the preferred attribute of their best friend by the type of friend. The preferred attributes of a best friend seemed somewhat distinct when compared across the four types of friends. Staff friends were most valued for taking care of the consumers or helping them. Consumer friends were most valued for conversations involving listening and talking to them. Family friends were most valued because they were kin or helped in some way. Outside friends were noted for various attributes.

Looking at the *individual responses* to this attribute question reveals more understanding. A closer look at the responses about consumers who were best friends revealed such things as the importance of having contact and conversation. For example, four consumers noted the importance of talking on the phone. Four others mentioned the importance of having a friend who is "Nice." Others revealed affection, such as "I love him." A genuine friendship was also suggested in such comments as "He's always there when I need him," and "She understands me." In contrast, a few of the comments suggested a superficial relationship or a new acquaintance.

When a staff member was identified as the best friend, most of the individual responses referred to aspects of helping. For example, "He shows me how to handle myself," "She always takes care of me," and "I can talk to him about my problems." The importance of a staff member being kindhearted was evident in several comments, such as "She treats me right," "She is a really nice person," and "She puts up with me." Tangible caring is evident in several comments related to food preparation, such as "Sharon cooks and cleans for me." A few had words of affection such as "I love her," which may have indicated a romantic desire or wish.

Attributes of a family member friend revealed no surprises. Several explained their main reason for their best friend was that they were "Kin," "My brother," and "She's my mother." Some family members were most valued for helping them, for example, "He carries my rights." Family members were also noted for providing desired possessions such as, "She brings me stuff ... tapes, CDs, food, clothes." One consumer mentioned the importance of visits as infrequent as they were with, "He comes to visit me every Christmas and Easter."

Perhaps, the comments pertaining to the attribute of an outside friend are most interesting. These friendships were quite diverse, ranging from a current husband to former childhood friends whom the consumer no longer saw. Others who were identified included a former staff member and a pastor of a church. An intimate relationship was evident in at least two of these outside friendships. One of their comments was, "He's my husband and I love him." The other comment was, "...loves her so much." A few of these friends seemed to be people with whom they shared an experience. Examples include "(We have) the same problem ...play the same sports," and "I worked with her at church." Many of these 16 outside friends seemed superficial, a fantasy, or nonexistent. At least four of them were not currently active. Comments reflecting these circumstances were: "He used to be my boyfriend," and "Cause I like him (a childhood friend that he never sees anymore)," and "We used to go fishing together (when they were growing up)." Other comments seem to suggest a desire for a real friendship, for example, "(Jan's) been there for me, she would ask me stuff, she treated me like a friend and normal." Still other comments suggest a superficial or newly forming relationship (e.g., "He's nice looking," "I look like him," and "John will talk to me.")

Table 2: Activities with Best Friend (percentages)

Activities	Type of Relationship				
	Consumer n = 42	Staff n = 43	Family n = 19	Outsider n = 23	All N=127
Home-bound:					
Talk or hang out	26.1	18.6	10.5	8.7	18.1
Watch TV	7.1	2.3	5.3	0.0	3.9
Outings nearby:					
Eating out	11.9	25.6	21.1	30.4	21.2
Shopping	7.1	11.9	10.5	8.7	9.5
Walking around or riding in car	2.4	11.9	5.3	4.3	6.3
Play basketball, bowling, singing	4.8	4.8	5.3	13.0	6.3
Parties, socials, dancing	9.5	0.0	0.0	0.0	3.1
Church activities	2.4	4.8	0.0	4.3	3.1
Movies, spectator sports	2.4	0.0	5.3	4.3	2.4
Outings overnight or longer distances:					
Visits with family or friend's family	0.0	11.9	21.1	0.0	7.1
Camping, hiking, fishing	2.4	7.0	0.0	4.4	3.9
Working on something together	9.5	0.0	15.8	4.4	6.3
Other	4.8	0.0	0.0	4.4	2.4
No contact or not specified	9.5	2.3	0.0	13.0	6.3
Total activities	100.0	100.0	100.0	100.0	100.0

Activities with a Best Friend

Consumers were also asked, "What do you do together with your best friend?" and "What do you wish you could do together that you don't do now?" The unit of analysis on these topics was the activities mentioned by the consumers. Not surprisingly, the majority (66.9 percent) of their activities involved either consumer or staff friends. Overall, activities with their best friend tended to be most often either at their homes or at nearby locations. As Table 2 indicates, the most frequent activities were eating out, talking and hanging out.

Activities with a consumer friend most frequently involved talking, often by phone. Eating out, shopping, parties, and working together were also often mentioned. A few mentioned an anticipated or past activity, for example, "I hope we work together soon."

Eating out, talking, and hanging out were the most frequently mentioned activities with staff best friends. Social activities outside the developmental disability system were not usually apparent with

the noted exceptions of four staff friends who took the consumer to the staff person's home or the consumer's family home. Examples included, "She takes me to the country to her home," and "We visited her grand baby."

Eating out and visits were the most frequently mentioned activities with a family member friend. Activities with outside friends were not noticeably different from other types of friends, with eating out being most frequent. A few consumers hinted of not often seeing their outside friend with comments like "Nothing," "I haven't seen him," and "Don't really do that much together."

Overall, what seemed noticeably lacking in these activities was evidence of affectionate or intimate physical contact. The only exceptions involved two instances with consumer best friends who mentioned "Hugs," and "(She) sleeps on my shoulder." The only other activity revealing intimacy was "Hugs and kisses" with an outside friend. Such activities may have been more plentiful but not easily shared with a stranger.

Responses to the question of what activities they wished they could do with their best friend were, in some ways, similar to the responses to the previous question. Many more activities were identified by those who had either a consumer or staff member best friend (69.4 percent of all such activities). Overall, 27.8 percent did not seem concerned about what they did together; they simply wanted *more time* with their friend. In addition, a wish for outings nearby (e.g., eating out, movies) was identified by 22.2 percent, and 23.6 percent did not have a wish for more activities suggesting that they were satisfied with what they did with their best friend.

Table 3: Wish List of Activities to Do with Best Friend (percentages)

Activities	Type of Relationship				
	Consumer n = 28	Staff n = 22	Family n = 12	Outsider n = 11	All N=72
Time together with activities not being important	28.6	4.8	58.3	36.3	27.8
Outings nearby	28.6	28.6	8.3	9.1	22.2
Outings overnight or longer distances	7.1	14.3	8.3	9.1	9.7
Activities suggesting sex, affection, and/or intimacy	21.4	0.0	8.3	18.2	12.5
Nothing	14.3	42.9	16.7	18.2	23.6
Other	0.0	9.5	0.0	9.1	4.2
Total activities	100.0	100.0	100.0	100.0	100.0

Consumers who had a staff member as a best friend had responses different from the others in two specific ways. They were less concerned about having more time per se, and they seemed more likely to be satisfied with the activities that they did partake in. In contrast, if they had a family member friend, they were most likely to just want more time together.

Activities that referred to affection, sex, or more intimate relationships were wishes in nine instances, particularly by those who had a consumer or outsider as their best friend. These findings differed considerably from comments about their actual activities with best friends. Some of the ways that they expressed their wishes were direct, such as, "I want to have intercourse but don't know if I can." Two others expressed their desires directly as, "Hugs and kisses and get some of that love," or simply "Kiss and hug." Additional responses seemed more indirect. One consumer wished "We could live together in our own place," and another said, "I'd like for George to buy me a ring. He's deaf so I have trouble talking to him about it." Another consumer wished "They could go to a women's and men's conference for Christianity and hear a preacher preach about women and men."

Staff Assistance with Friendships

When asked if staff members help them get together with their best friend, 64 percent indicated "yes," 6.7 percent indicated "sort of," and 16.9 percent said "no." Some did not respond. A follow-up question ("How do staff members help?") was asked if a consumer indicated that staff did help. A total of 25 consumers (27.8 percent) commented on how staff helped, and their comments tended to

fall into three major categories - arranging visits, assisting with transportation, and encouraging visits.

Examples of help with arranging visits included, "They dial the number for me," "Set up a time to get together," and "Will help with phone calls to friends if needed." Most of these consumers had a family member friend. Additional consumers identified assistance with transportation as a source of help in seeing their friend. Most of them had a consumer or outside friend. Some examples include "Helps me find my way there," and "Takes me to see them." Another three indicated that the staff members encourage them in some way. Examples include "(staff) reminds me," and "My friend will be coming Sunday and they (staff) will be here to see me." Other explanations of how staff members help included "They (staff) go out (leaving them alone)." Six consumers indicated that they did not need help and four of them had a consumer friend who lived nearby or at their residence. Most of the consumers with staff friends indicated that they did not need help because their friend was a staff person. Consumers were also asked if staff members stopped them from seeing their best friend. Almost all said "no," with only 5.5 percent saying either "yes" or "sort of." In a follow-up question, no one offered an explanation for how staff may have stopped them from seeing friends.

Discussion

In summary, these 90 consumers identified a wide variety of people as a best friend. Some involved frequent contact, and others involved little or none. These relationships varied from being close and intimate to being mere acquaintances or a relationship of the past. In most cases, these "best friends" were not their only friends. Yet, these 90 best friends provide a credible impression of their friendships from their perspectives.

The majority of these best friends were either other consumers with disabilities or staff members. Generally, these relationships seemed active and meaningful. The large number of staff members who were best friends may be surprising, but this has been evident in other studies as well (Clegg & Standen, 1995; Newton *et al.* 1995; Robertson *et al.* 2001). Staff members can be valuable friends, partially because of their knowledge of and commitment to consumers with disabilities. Yet, some consumers in the study inferred in their comments that the friendship was mutual. Staff members may need to ask themselves how to respond to such consumers when their feelings about a friendship are not mutual. Also, many consumers seemed content with these staff friendships and did not express a desire for help in facilitating other friendships. A central training issue for staff members would be to learn how they can help consumers develop other friendships as well. While this is not to suggest that they should distance themselves from such consumers, they should focus more of their time on teaching friendship skills and facilitating opportunities to develop other friendships. Friendship-building can be an important responsibility for one or more staff members at an agency to assume, and they often need to be trained if this is going to happen in an effective way.

Several other consumers selected a family member as a friend. This choice seems natural since kinship in long term relationships can hold special meaning. Generally, these relationships seemed meaningful as friendships. Yet, many of them involved infrequent contact, and most were with family members who were quite remote from their lives. Family members could be involved in training sessions that teach them the value of friendships for consumers and train them how to assist their family member in forming and keeping friendships beginning at an early age.

Outside friends identified in the study were the most varied and unpredictable. Too often they involved infrequent contact, an inactive relationship of the past, or a consumer's fantasy. Yet, some of these friendships were special as they were in other studies (Lutfiyya, 1993; Taylor et al 1995). These friendships are different from the others in that they involved people outside the service system who could offer a wider and more normalized circle of social experiences (Newton et al. 1995). What seems important here is to help consumers learn

how to discern which of these outside relationships can be meaningful to them. Safety factors would also need to be considered in any outside relationships involving strangers. All of these issues would be useful to cover in training sessions with staff members.

Generally, consumers' comments about what they did with their best friend revealed virtually no evidence of affection, sexual activity, or intimate relationships. In contrast, the desire for affection and closeness was evident in many of the consumers' comments about what they wanted to do with their best friend. More counseling and support are recommended to help consumers with a dual diagnosis understand and meet their sexual and emotional needs particularly related to developing healthy intimate relationships (Jurkowski & Amado, 1993). Otherwise such desires could be expressed without the benefits of professional assistance and may result in more problems than benefits.

Implications for Continuing Education

While this article focuses on one particular client group, the findings can be relevant to many others as well. Client groups that have been institutionalized or socially isolated in particular are likely to need help in building and sustaining outside friendships. Examples include people with various types of mental illnesses, socially isolated older adults, home bound clients with chronic medical problems, and teenagers who have been institutionalized. Clients with highly stigmatizing attributes can also benefit from some of these findings. Such people could include someone with AIDS, a physical disability, or an obesity problem.

A wide range of successful strategies have been devised and used to connect clients with others living in the community, and training is needed to prepare staff members and volunteers to implement these strategies. The focus of these strategies must be on both the clients and the community people with whom they may develop friendships. A description of all of these strategies is well beyond the boundaries of this report so only a few specific examples are mentioned. "Personal futures planning," for example, is one strategy that can be implemented to identify the gifts and capacities of the clients related to friendships rather than their deficits (Amado, A., 1993). Finding groups and individuals in the community interested in friendships is another critical aspect of this work. These "welcoming places" could be, for example, the client's work place, or settings of interest to a client such as a Knights of Columbus hall, a church, the Girl Scouts, or a neighborhood walking group (Reidy, 1993). Facilitating and supporting the connections between clients and their potential friend comes next in the process, and these connections can be developed using many different approaches. Strategies are also needed for providing continued support for the relationships over time as needed. All of these strategies have implications for continuing education if staff members are to succeed in implementing them.

Much should be done to promote the friendships of our clients who lack friends. Many organizations can provide training, including governmental agencies, universities, education and training agencies, and the agencies serving these clients. A county office of mental health of a large city, for example, initiated a friendship project that became a model for its local mental health agencies. Over time, this governmental agency also became recognized as a training center for friendship-building because of its notable success (Campbell & Prince, 1997). Several other organizations across the country have also had experiences in training providers in developing and sustaining client friendships (e.g., Amado, A., 1993; Haring & Breen, 1992; Jameson, 1998). These organizations include a governor's council on developmental disabilities, training institutes and research centers at universities, professional associations, and advocacy groups. These organizations and their written materials are valuable resources for continuing education agencies planning to train staff members and volunteers in this important area.

Initially, continuing education efforts may want to help agencies document how important friendship-building is to them and their clients because of

the commitments of time and resources that are needed for such undertakings. Discussions about needed training could also focus on some of the issues emerging from this report. For example, what are the advantages and disadvantages of different types of friends including those covered in this article? Who are some of the "outsiders" in the community who have the potential of offering consumers something meaningful that others cannot provide? What are some of the known barriers to friendship-building? Do staff friendships with consumers facilitate or deter the consumers' other personal relationships? Finally, what strategies would especially fit a particular group of clients needing help, taking into account the wide variety of strategies evident in the literature?

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