

## Development and preliminary evaluation of a measure of support provided to a smoker among young adults

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### Abstract

Most studies indicate a positive association between social support and smoking cessation. However, clinic-based interventions to increase support for stopping smoking have had limited success. Prior research has emphasized the smoker's perceptions of support *received* for smoking cessation while less attention has focused on support persons' reports of supportive behaviors *provided* to a smoker. This study examined select psychometric properties of the Support Provided Measure (SPM), a self-report questionnaire designed by the investigative team to assess supportive behaviors provided to a smoker. The SPM was administered to a college sample ( $N=771$ ; 67% female) of young adults, aged 18 to 24 years, who reported knowing a smoker whom they thought should quit smoking. Results indicate that, in this sample, the SPM has a two-factor structure with good internal consistency reliability (Cronbach's  $\alpha=0.77$ ) and appears to assess a wide range of individual differences in the provision of support. Demographic correlates associated with SPM scores are described and suggestions for future research are offered.

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## 1. Introduction

Cigarette smoking is the single most preventable cause of morbidity and mortality (Centers for Disease Control and Prevention, 2002). Clinic-based treatments produce the highest smoking cessation rates but also the lowest population coverage, with less than 5% of smokers taking advantage of these programs (Lichtenstein & Hollis, 1992). Interventions provided by family and friends in the smoker's natural environment might be an important means of reaching the majority of smokers who do not seek treatment for smoking cessation (Herzog, Abrams, Emmons, & Linnan, 2000; Smith & Meyers, 2004). However, few measures have been developed to assess supportive behaviors provided by others to a smoker. Thus, this study reports on the development and select psychometric properties of the Support Provided Measure, a self-administered questionnaire of smoking specific behaviors directed at helping someone to quit smoking.

The importance of extra-treatment support in smoking cessation is documented in the Clinical Practice Guideline on Treating Tobacco Use and Dependence (Fiore et al., 2000). Numerous studies indicate that the type of support that smokers report they receive during quit attempts influences the likelihood of successful smoking abstinence (Cohen & Lichtenstein, 1990; Hanson, Isacson, Janzon, & Lindell, 1990; Roski, Schmid, & Lando, 1996). Behaviors perceived by the smoker as supportive and that facilitate abstinence include praise and encouragement, the provision of information, showing empathy and concern, tolerating moodiness, offering general problem solving advice and minimizing stress by avoiding interpersonal conflict and by taking over some of the smoker's responsibilities (Fisher, 1997).

Despite these findings, adding a support person component to clinic-based interventions targeting smokers has not been consistently effective (for reviews, see Lichtenstein, Glasgow & Abrams, 1986; Palmer, Baucom & McBride, 2000; Park, Tudiver, Schultz, & Campbell, 2004). However, efforts to increase natural support networks within the context of self-help or community-based smoking cessation interventions have been shown to be associated with higher abstinence rates (e.g., Carlson, Goodey, Bennett, Taenzer, & Koopmans, 2002; Gruder, Mermelstein, Kirkendol, & Hedeker, 1993; Pirie, Rooney, Pechacek, Lando, & Schmid, 1997). Thus, the challenge for the field is to determine how to optimize the role of social support in smoking cessation interventions. It is unclear whether the inconsistencies documented in the literature stem from the overall lack of construct refinement of supportive behaviors for smoking cessation (Breteler, Schotborg, & Schippers, 1996), the lack of information about what types of behaviors a support provider is offering (Cohen & Lichtenstein, 1990), or because many studies focused solely on the spouse as the support provider (Collins, Emont, & Zywiak, 1990). It is our contention that each of these limitations need to be addressed. Construct refinement can only come from further exploration of the specific behaviors that a support provider engages in.

An important methodological limitation of most prior research is that the smokers' perceptions of support *received* have been the sole indicator of support for cessation. Spouses or others who interact with a smoker have rarely been asked about the amount of support they provide (for exception, see Lichtenstein, Andrews, Barckley, Akers, & Severson, 2002;

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