

Module 20

Group Work in Different Settings: Group Work in Health Settings

Component 1A

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Component 1B

	Description of Module
Subject Name	Social Work Education
Paper Name	Work with Groups
Module Name	Group Work in Different Settings: Group Work in Health Settings
Module ID	SW/GROUPWORK/20
Pre Requisites	Not applicable
Objectives	<ul style="list-style-type: none">To identify various health care settings where there is scope for social group workTo enumerate the therapeutic factors underlying social group workTo become aware about the essential skills needed for a social group worker in health care settingTo know about follow-up through groups
Key words	Health care setting, therapeutic factors, follow-up through groups, recording.

Quadrant 1

Social workers employed in health care settings wear multiple hats—case managers, patient navigators, psychotherapists and community outreach coordinators—to name a few. Social workers are often the bridge that connects primary and behavioral health care. In these busy environments, social workers identify psychosocial problems that are often overlooked or go unnoticed or by other health care practitioners. Social work practice in outpatient settings involves multiple methods, including clinical and macro approaches, as well as policy and advocacy.

Functions of Social workers in a health care setting delivers services that touch all areas of their patients' lives. The following are key functions and tasks performed by a social workers in any health care settings (Gibelman, 2005; Grobman, 2005):

- Identification, assessment and treatment of mental health conditions, such as depression and anxiety
- Case management/care coordination, particularly for individuals with chronic and/or complex medical conditions
- Patient navigation, especially for patients moving among different health care levels (e.g., inpatient, outpatient, home health, or long-term care)
- Identification and referral for specialized services, such as drug and alcohol treatment, legal services, financial and employment counseling, and housing support
- Education and support programming (e.g., diabetes education, parenting classes, domestic violence support programs) for individual and groups
- Assistance with entitlements, medications, transportation, and advance directives
- Assessment and intervention in domestic violence and child abuse situations
- Counseling on end-of-life issues
- Outreach and coordination with other community resources and agencies and
- Community-level advocacy on behalf of patients and families.

Social workers are present with one of its powerful direct methods, appear in public health, acute, and chronic care settings providing a range of services including health education, crisis intervention, supportive counseling, and case management. In response to critical incidents that are both global and national, health care social workers are increasingly trained to provide

interventions to prepare for and respond to traumatic events and disasters. The health care system is complex and multidisciplinary in nature, and may include a network of services such as diagnosis, treatment, rehabilitation, health maintenance, and prevention provided to individuals of all ages and with a range of needs. Professional social workers are well equipped to practice in the health care field, because of their broad perspective on the range of physical, emotional, and environmental factors that have an effect on the well-being of individuals and communities.

The basic values of social work, from promoting an individual's right to self determination to having an attitude of empathy for the individual, are the foundation of social work practice in health setting. When confronting dilemmas or needs in health care, social workers can use the principle of client self determination in matters where clients or their families are faced with such issues

The core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence and structural factors that affect health care systems.

From the time of its evolution and growth, group work has diversified as a method of Social Work practice. It has travelled and spread beyond the traditional areas as well. Provided is a list of settings in which group work is practiced in health care:

- Medical hospitals
- Psychiatric hospitals
- De-addiction centres
- Rehabilitation centers
- Palliative care centers
- Geriatric care centers
- Child guidance center

Group formation refers to the ways in which groups come into being. Group formation can be understood in three different ways, according to Ken Heap, based on the degree of volition on the part of the members. The three types of group are compulsory groups, formed groups and natural groups. Those groups which are formed by some external agency, through the exercise of authority can be called as compulsory groups. Many alcoholic and drug treatment institutions and an increasing number of psychiatric hospitals require patients or inmates to attend group treatment sessions of various kinds regardless of their choices. These are examples of compulsory groups. Though formed groups are formed by external initiative, the members have more choice. They select themselves, since they may accept or refuse the invitation from a group worker. For example a social worker motivates a group of parents of differently abled children to come together in order to help each other to work through their problems, feelings and decisions. They choose to enter the group situation or not. The natural group on the other hand arises spontaneously without any external initiative or compulsion. The members simply come together through circumstances, which often seems to involve a large element of chance. For ex: a group of teenagers who involve in shoplifting in order to finance alcohol purchase or a group of street children operating or residing in same locality.

The kind of group formation has a direct relevance to the practice of social group work. Experience suggests that the conditions of formation exert substantial influence on the members' attitude towards the group; on their readiness to identify with its objectives; and with each other and even with the agency and the worker.

Rationale for Group Work in Health Setting – therapeutic factors:-

Lewin's law of change states that it is usually easier to change individuals formed into a group than to change any of them separately. Groups are apparently as effective as they are due to certain inherent factors. In health care setting, groups have not only these effective changes, but a therapeutic effect also. Yalom (1995) suggested that therapeutic change is an enormously complex process and occurs through the intricate interplay of various guided human experiences, which he called '*therapeutic factors*.' These therapeutic factors are much higher in a group work in health setting. This makes social group work much more powerful a method in the same. Let us see these factors:

1. Instillation of hope – the members will be able to experience a new hope in their life due to the group experience. Each member will be inevitably at a different point on the coping continuum and grows at a different rate. Watching others cope with and overcome similar problems successfully instills hope and inspiration.
2. Universality – many members enter groups with the thought that they are unique in their problems of life, that they alone have certain frightening or unacceptable health problems. The group experience helps the members to understand that they are not alone who are going through these unique problems.

3. Information giving – group becomes a platform for the group members to learn about the illness they share. So also the group experience helps the members to recognize the variations in the illnesses.
4. Altruism – patients have probably very less to offer others and much to take from the group members. Consequently they tend to feel inadequate. The group offers the members to be of help to other members even if it means methods discussed in the group about anger management, activity scheduling, money management and so on. Helping others is a powerful therapeutic tool that greatly enhances members' self esteem and feeling of self-worth.
5. Corrective recapitulation of the primary family- most group members who seek treatment would have interpersonal problems at the family level for long periods. Group members start identifying the group as their family. Thus the authority figure, the worker becomes the head of the family and other active members in the group become the dear ones in the family. The group serves the function of a family to these members with its own rules, coalitions, affection towards other members in the family. This recasting of the family of origin gives members a chance to correct dysfunctional interpersonal relationships in a way that can have a powerful therapeutic impact.
6. Improved social skills – Groups act as a smaller unit of the society with a number of other members who have their own behaviours, beliefs and attitudes. Members learn to relate to other group members in appropriate ways and frequently also get feedback about their interaction. While the feedback can be anxiety provoking, the directness and honesty with which it is offered can provide much needed behavioral correction and thus improve relationships both within and outside the group.
7. Imitative behavior – members model behaviors learnt in the group from the therapist and other group members, with in the group and outside the group. Overtime, members pick up these behaviors and incorporate them.
8. Interpersonal learning – our lives are characterized by intense and persistent relationships, and much of our self-esteem is developed via feedback and reflection from important others in our life. Distortions in the way we see others often damage even our most important relationships. Group work helps individuals in learning to relate with each other well.
9. Group cohesiveness – belonging to a group of any nature is one of the most basic human needs. Prior to the disease conditions, people who entered groups like, religious, entertainment etc, may not have experienced success as group members. For them, groups in the health care setting helps in feeling truly accepted and valued for the first time. This can be a powerful healing factor as the individuals replace their feelings of isolation and separateness with a sense of belonging.
10. Catharsis – it is the release of conscious or unconscious feelings followed by a feeling of great relief. It is a type of emotional learning as opposed to intellectual understanding,

that can lead to immediate and long lasting change. Groups provide a fertile ground for catharsis as it evolves around an empathetic atmosphere.

11. Existential factors – they are certain realities of life including loss, isolation, freedom, meaninglessness and death. The fact that one must take ultimate responsibility for the way one lives his or her life no matter how much guidance and support one gets from others is an existential truth.

Skills and interventions essential for a Social group worker in health care setting:

- planning and preparing the programme for the group
- creating a rapport and establishing a relationship
- welcoming skills
- empathy
- the role of self-knowledge and intuition
- open questions • closed questions • ‘what’ questions • circular questions
- paraphrasing
- clarifying
- summarizing
- giving and receiving feedback
- sticking to the point and purpose of the interview
- prompting
- probing
- allowing and using silences
- using self-disclosure
- ending an interview • termination of the group
- giving advice
- providing information
- providing explanations
- offering encouragement and validation

- providing reassurance
- using persuasion and being directive
- providing practical and material
- modelling and social skills training
- reframing
- offering interpretations
- adaptation
- group counselling skills
- containing anxiety
- empowerment and enabling skills
- negotiating skills
- contracting skills
- networking skills
- working in partnership
- mediation skills
- advocacy skills
- assertiveness skills
- being challenging and confrontative
- dealing with hostility, aggression and violence
- providing protection and control
- managing professional boundaries
- record keeping skills
- reflective and effective practice
- using supervision creatively.

Issues addressed in groups in a health setting:-

The practice of group work in various settings involves discussions on various issues. The agency setting where the group work is practiced and the population determine the issues which will be addressed in the group work sessions. For example the issues addressed in group work with the elderly will address old age issues ranging from financial burden to illnesses in geriatric conditions. The following is an example of the areas which are addressed in group work with people with psychiatric morbidity (Muralidhar, 2005):

- Expectations and needs of the patients and family members
- Psycho-education – information about the illness, signs, symptoms, course etc
- Treatment modalities, investigations
- Re-adaptation issues after discharge
- Future concerns such as marriage, having children when on medication etc.
- Relapse prevention strategies
- Training in various skills which includes social skills, assertiveness skills, interpersonal skills, life skills etc.

Follow – up through groups:-

Group work practice in In-patient settings and residential settings is quite popular and is generally seen to be practiced. An offshoot of the group work practice in hospital settings has led to the evolution of group work in out-patient settings too. This can also be referred to as follow up through groups. Such groups have certain inherent advantages and disadvantages.

Advantages:-

1. Members are coming from their homes and not institutional settings which mean they are in real world situations, as they will be interacting with the family members on a daily basis. The problems they will report are much more nearer to reality than the imaginative, futuristic problems dealt with in institutionalized or protected settings.
2. Members are able to field test the suggestions which the group provides by the next follow up and provide feedback in the next sessions.
3. The rate of follow up tends to increase because of continuing advantage of the therapeutic factors in group work. A follow up is not just an event for meeting the social worker, but to meet the other members who are sailing the same boat.
4. Issues such as compliance to medication, lapse and relapse, dealing with anger, dealing with emergencies are much effectively dealt in follow groups than in individual follow ups.
5. To the hospital staff, it is a time economizing task as follow up groups involve 8-10 patients will be coming together at a time.

6. Most times these groups include both the patients and the family members which gives an opportunity for both of them to understand the others' perspectives.

Disadvantages:-

1. Many a times the follow up groups turn out to be bilingual or much worse multilingual which makes communication very difficult.
2. Maintaining time will evolve as a difficult issue, as different members may turn up at different time.
3. The group worker has to be excessively careful and vigilant not to have actively psychotic or excessively disturbing and weak/bedridden patients for the group.
4. Difference in the age group of the patients can result in a dilemma, in programme media selection, programme planning and implementation.
5. Follow ups at times become battlegrounds for the members as well as the family members to complain against each other.

Keeping in view the advantages and disadvantages, it is important to know that conducting follow up groups requires considerable skills and experience because of the dynamics occurring, the characteristics of the members, issues that may arise etc.

Recording:-

Maintaining record occupies the central position in Social work in general and in particular, in group work in health setting. Recording in group work means writing the description of the individuals' activities and his/her relationship with the group. Behavioral pattern of the members, responses to one another, type and extend of participation, movement, growth, change in individual and group, role in group processes etc are recorded.

The significance of recording in group work can be seen as below:

- Records help the worker to understand the member in the group
- Help the worker to understand the group as a whole
- Provide evidences of growth and changes in the members and in the worker him/herself
- Help the worker to do more effective job with his group on the basis of information in the record.
- The worker can see merging and changing interests of individual members
- Helps the social worker to observe the development of the skills and social attitudes in the group members
- Can gain knowledge of a special problem in the group
- Can understand the emergence of group consciousness
- Records and provides content for supervisory conferences

- Source for future planning
- Source of information for other workers
- The records provide a permanent and continuous register of facts for the agency

Contents of the record:-

- ✓ Identifying information of the group
- ✓ Member's participation by name
- ✓ Description of the group as a whole
- ✓ Description of the group problems
- ✓ The relationship and the role of the group worker
- ✓ Special assistance given
- ✓ Evaluation

A typical group work session:-

With in the realm of health, we have different settings. Particulars such as number of sessions, duration of each session, what will be discussed during a session etc will differ depending on the clientele etc. Provided below is an example of a typical group work session carried out in an Alcoholic Anonymous (AA) group of people with alcohol dependence.

- Start by greeting the group
- Introduce each member including the family members if any.
- Comment on the weather of the day, or the dominant mood of the group which is to make the environment of the group lighter.
- Elicit responses about the previous session. Ask for the lessons learnt.
- Go for any assignments given for the day in the previous session
- Light energizing games can be used here
- Introduce the topic for the day
 - Eg: what is relapse?
 - Has any member experienced a relapse?
 - What happens of self and family on relapse?
 - Why do people generally relapse?
 - Ask for the relapse story
 - Ask what others will do in case of relapse?
 - Conclude with ways to prevent / manage relapse which will include all those methods the group members discussed.
- Give assignment for the day
- Summarize the day

Other activities like role-plays, debates, motivational videos etc can be used

Conclusion:-

It is essential that group work is taught not only in classrooms but also in the fieldwork with appropriate supervision and guidance than as a mere component of the syllabus. Ideally patients in groups leave with a better understanding and acceptance of themselves and stronger interpersonal and coping skills. Some individuals continue in therapy even after the group disbands, either individually or in another group setting. To recognize the efficacy of group work as a method of social work by effectively practicing it should be the future of group work.

