

Psychoeducational Groups

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Chapter III., Models of Group Work Practice
Education

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Using an educational model with groups adds another dimension to the power of group dynamics in social work treatments. Psychoeducation in social group work is theme-focused, time-limited, structured group work providing a supportive, experiential environment with education, empowerment, role modeling and skill building. Psychoeducational groups are being used routinely in social work with stressed populations as diverse as the mentally ill, sexually assaulted university women, maritally distressed couples, and women in substance abuse treatment learning parenting skills.

Description: Psychoeducational groups are time-limited, closed to initial membership and created with the intent to empower a homogeneous cohort from a distressed social work client population through support, education about their condition, and skill building exercises. These didactic groups relieve client stress with sharing of mutual concerns as well as role modeling by participants and leaders.

Exercises, lectures and homework related to the specific client population are developed to create skill-building using practices such as problem solving, stress management, assertiveness training, empathy development and cognitive restructuring. Working with sexually assaulted university women VanDeusen and Carr (2004) developed a psychoeducational model which taught: 1) definitions and common effects of sexual assault, 2) relationship issues such as boundaries, trust, sexuality and intimacy, and 3) allowed the women to develop their own topics for discussion. A model used to treat maritally distressed couples taught: 1) communication skills, 2) conflict resolution skills, 3) self-understanding exercises, 4) sensuality and sexuality, and 5) development of a satisfying relationship

contract for the future (Turner, 2007). Treating women with early stage breast cancer, Lethborg and Kissane (2003) developed a psychoeducational format in which members: 1) debriefed each other about the shock of diagnosis and trauma of treatment, and 2) developed coping skills for reintegration back into authentic living.

Time frames for the didactic groups range from a one-day format educating breast cancer patients to a 120-hour group for maritally distressed couples. Psychoeducational groups, short or long, with their structured format, have the advantage of being easy to implement and replicate.

Theory: Several theoretical frameworks including the social work theory of person in environment under gird the principles of psychoeducation. VanDeusen and Carr (2004) cited cognitive-behavioral, integrative, relational and psychodynamic theories. Turner (1998) suggested that symbolic interactionism and cognitive, behavioral and affective theories are utilized in psychoeducational groups. The symbolic interactionist sociological model supports individual change through new construction of meaning within a social context. Cognitive and behavioral theories address the creation of coping skills and affective theories address the amelioration of dysfunctional emotional reactions within the supportive and expressive group environment.

Macgowan (1997), exploring social group work theory, developed the notion of “engagement”:
1) contracting, 2) attendance, 3) contributing, 4) relating to the group leader, 5) relating to the group members, 6) working on one’s own problems, and 7) working on the problems of others.
Psychoeducational groups include these aspects with their time-limited, exercise and education driven structure within a group format of sharing and support.

History and Prevalence of Psychoeducation in social group work: While education in groups no doubt had its place in early human communities, as well as in Jane Adam’s Chicago settlement houses, psychoeducation was first identified and named in the late 1970’s as a didactic, skill building group treatment. Students have been trained in the psychoeducational model of social group work at least since 1989 (Gantt and Hopkins, 1989).

Tolman and Molidor (1994) reviewing 54 social work studies of group work over 10 years found that psychoeducational treatments were primarily used with premarital couples and issues of parenting, substance abuse, child abuse and divorce. A recent review of literature worldwide found psychoeducation in social group work being used in: 1) areas of mental health ranging from schizophrenic/bi-polar patients to dementia and Alzheimer patient caregivers, 2) the health field for cancer and AIDS/HIV, 3) the child and family field for both sexual abuse victims and offenders, parenting, marital distress, divorce, and stepfamilies as well as psychological and physical abuse, 4) the addictions field as a backbone of treatment and continuing recovery and 5) marginalized populations such as gay men and lesbian women as well as minorities.

Psychoeducation appears to be a social work treatment often prescribed in psychiatry, nursing and psychology. A recent review of the literature in the United States found 20 social work articles in a grouping of 44 articles concerning psychoeducation. A worldwide search revealed 184 articles on psychoeducation with 9 written by social workers, but of the more than 100 from psychiatric or nursing journals worldwide the implementation was most often by social workers.

Benefits of Psychoeducation in Social Group Work: Psychoeducational groups embody the classic list of group dynamic benefits: instillation of hope, universality, altruism, corrective recapitulation of the primary family, development of socialization techniques, imitative behavior, corrective emotional experience, dynamic interaction between the person and the group, with transference and insight. The homogeneity and education of psychoeducational groups reduce isolation and give members a sense of universality and hope. Exercises in which members support each other help develop socialization skills, create imitative behavior and include a dynamic interaction between the person and the group. The group cohesion that occurs with sharing experiences in a safe, supportive environment facilitated by experienced facilitators creates a corrective recapitulation of the primary family and the space for corrective emotional experiences with transference and insight. The supportive

environment of mutual sharing about past and present difficulties can result in catharsis and emotional healing as well as a sense of empowerment rather than victimization.

Mason and Vasquez (2007) studying psychoeducation for parents with HIV/AIDS suggest that psychoeducational groups are: 1) less stigmatizing than traditional mental health, 2) reduce stress, 3) increase knowledge and techniques, 4) create support, and 5) increase self-esteem. Subramanian, Hernandez and Martinez (1995) suggest that psychoeducational groups are the most useful method to reach the largest numbers of lower SES Latina women with HIV infection and are perhaps ideally suited to reach marginalized populations.

Research: The literature reveals that psychoeducational groups have been beneficial for both their group dynamic aspect as well as for their education in the various issue areas in which they are practiced. Turner (1998), studying psychoeducational groups for marital distress using multiple regression analysis of posttest scores found statistically significant correlations between improvement in marital discord and the participants' but not the controls' abilities to create social support outside the group at the end of treatment.

Edelman, Craig and Kidman (2000) using 15 studies of acceptable design comparing the efficacy of psychoeducation versus support groups for cancer patients found that the majority of the evidence suggested that those attending psychoeducational groups experienced greater benefits than those who attended purely supportive groups. Turner, Belsher and Brintzenhofe-Zsoc (2007) in a qualitative evaluation of 12 years of psychoeducation for marital distress found that 765 participants recording hand written answers at the end of treatment revealed 88% positive responses to the program, 97% positive responses to the leaders, more voluntary naming of emotional rather than either behavioral or cognitive components, and a 90% desire for a monthly ongoing group.

Summary: Psychoeducational groups appear to be a well-established, beneficial social group work treatment. The didactic aspect joined with group dynamics appears to make psychoeducation the treatment of choice for homogeneous populations lacking life skills and support to resolve

psychologically and physically threatening issues. Psychoeducation appears to model the social work principles of empowerment within the social context.

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