

Preface

“We’re both on our second marriage, and we want to do it right this time,” said a smiling woman, as she and her husband joined my Communication for Married Couples prevention group. The prevention group program focused on communicating as a couple—solving problems, making decisions, and resolving differences peacefully. The husband seemed a bit reluctant and sat stiffly in his chair at the beginning of the session. Later, he became totally involved, relaxed, and interacting with his wife and another couple as they worked together in a small group to solve the problem of setting up a household budget. Initially, the couples worked in small groups to establish guidelines for what should be included in the budget each month. The small groups reported back to the entire group and defended their proposals for how much of a family’s income should be spent on each item in the budget. After a lively group discussion, each married couple found a private space to work in the room to discuss their own individual family finances and budget concerns. Couples left the group session with a proposed budget for their household and instructions to report back next week on how well the budget worked. During the session, participants had worked as: individuals making a list of all items that they felt should be included in a monthly budget, small groups working together to compile a budget proposal, a total group discussing the pros and cons of including each item on the budget, and then as married couples to apply what they had learned to their own financial budgetary needs. Information was shared and interaction was animated as the couples moved through the decision-making process and had to solve each problem they were confronted with. The group became the means by which participants learned to relax and share ideas and feelings. The group also provided a way to impart new information, test ideas, make changes, and develop a workable budget.

Is This an Example of a Prevention Group?

Yes, it is a prevention group that uses group-centered prevention techniques. The *Communication for Married Couples* program used group process to teach new information about creating a household budget. A handout on budgeting tips was distributed to each participant at the beginning of the session to generate new ideas.

Varying the group size and designated task taught decision-making and problem-solving skills through group interaction in order to help couples compile a budget for their household. There was never a lecture or talk about what you should include in a household budget. The information, the skills, and the needs of each couple grew out of the group experience. The director of the prevention program was able to work with participants as individuals, in small group settings, and as a complete group.

A local hospital encouraged their nursing staff to set up a prevention group for patients who had suffered a heart attack. The program included: weekly health monitoring by a nurse, a specified exercise program prescribed by an exercise trainer, and menu planning with help from the dietitian's office. The health screening was conducted before each exercise session and patients attended fairly regularly, but group members did not have any interest in sitting and talking with the dietitian or nurse about what they should or should not eat. At first the nurses were very frustrated, but then they adopted a more group-centered prevention approach. Instead of a health monitoring-exercise-dietary routine, the nurses started offering choices each week. When the group members arrived, they would first complete their health screening and exercise program. Then, the heart attack patients could choose between four workstations. The workstations changed each week, so group members had different options to choose from. One week was a tasting party. After exercising, members traveled around to four different workstations tasting different kinds of foods. One station even offered no-bake heart-healthy snacks that group members could make on the spot. Each workstation offered recipes, nutritional information, heart-healthy facts about why this was a good food choice, heart-healthy cookbooks for more ideas, and a shopping list to take to the grocery store. The shopping list also included a list of foods to avoid buying. There was also a problem to solve at each workstation. The group members talked among themselves and with the nurses as they traveled from station to station. They talked about how to cook, shop for, and recognize that they were eating a healthier diet. The information and skills that the nurses wanted the patients to learn were taught through interactive workstations. The nurses did not give any lectures or talks on how to eat healthily; instead, they helped group members with hands-on cooking, tasting, and problem-solving to explore new recipes and ways of cooking. At a later session, workstations focused on stress management. At each workstation, nurses demonstrated relaxation exercises and ways to reduce stress. Group members then practiced techniques and talked about how they could or could not use that particular exercise in their daily routine. The nurses helped members decide on a stress reduction plan that would best fit their needs and lifestyle. Again, there were no lectures; the nurses used hands-on learning and group interaction.

These group-centered prevention techniques incorporated both the information and the skills that needed to be taught for group members to live a healthier life. Heart attack patients were not in the mood to be lectured to, but they enjoyed exploring new ideas, new foods, and even new ways to reduce stress in their life. When heart attack patients used workstations, it was like going to a hands-on center where they could touch and try new things. Change did not seem so scary or so difficult,

especially when working with others in the group who were also making lifestyle changes. The group members were also more likely to make desired changes after working together in a group-centered prevention program.

It was a small town high school situated in an upper middle-class community overshadowed by a large state university. There were two rival teenage gangs in the high school, growing primarily out of two of the lower socioeconomic neighborhoods, and supported by the ease with which illegal drugs could be bought and sold. The rival gangs were situated across town from each other, not similar in racial composition, and uncompromising in their bullying, skirmishes, and taunting of victims in the school. The gangs essentially divided up the school population as living in one gang's territory or the other. Regardless whether a student was involved with the gangs or even knew a gang existed, they were abused, just because of where they lived in the community. Verbal insults and bullying, physical violence, and fighting in the hallways and after-school, punching nails into car tires in the school parking lot, spray painting gang signs and slogans in the hallways, or even petty attacks of smearing chewing gum on lockers, were not beyond the tactics that the gangs employed during and after-school. As news reports of gun violence and shooting sprees at high schools in other states shocked the nation, the worst was feared—especially when it was leaked one day that a fight was planned and guns were promised. School administrators called the police out in force. Police officers walked the halls; police dogs searched the lockers; the day was tense but uneventful. School administrators and the police held community meetings with parents to highlight the dangers and explain what to watch for. Evidence-based programs to reduce school bullying and violence were implemented. Classroom teachers were given special training on how to deal with bullying and violence. Assemblies, classroom talks about being respectful of others, and student leadership training programs were implemented with upperclassman in order to help them become better role models and instigators in reducing tension and bullying in school. Unfortunately, each of these efforts, even the evidence-based programs, met with failure. The violence and bullying continued.

There is a strong tendency in school-based settings to believe that, if you purchase and implement an evidence-based program, all of your problems will be solved. An evidence-based program that works in one setting might not work in every setting. It also depends on how you implement the evidence-based program. We'll talk more about this later, but the way in which a program is implemented can completely destroy its effectiveness. Another problem with the school's approach was that they did not engage all of the students in interactive participation with their efforts to curb bullying and violence in the school. Interaction is essential for effective group prevention. Even though total participatory interaction is more difficult in a school-wide organization, it is possible and essential if a prevention program is to be effective.

Throughout this book, we will look at the inner-workings and theoretical structure of group prevention, so we may better understand how to implement and use prevention groups to bring about change, well-being, and mental health. Our focus

will be on group-centered prevention programs which combine both learning and counseling into a single group program.

This book is for anyone who works with prevention groups, particularly those who develop, plan, and lead prevention groups. This book teaches the underlying theoretical structure needed to understand and use prevention groups effectively. There are also step-by-step instructions for conducting training programs for training others in using group prevention. By the end of this book, the reader will be able to go out and effectively lead a prevention group and train others to work in group-centered prevention as well.

This is the fourth book in a series about group-centered prevention. These books may be used together, but each book stands alone and defines a different aspect of group-centered prevention. The first book, *Group Interventions in Schools: Promoting Mental Health for At-Risk Children and Youth* (2008), introduced the concept of group-centered prevention and presented step-by-step directions for developing 1-hour pull-out/clinical style group-centered interventions. The second book, *Group-Centered Prevention Programs for At-Risk Students* (2011), dealt with how to design intensive 10-hour week-long motivational group-centered prevention programs. The third book, *After-School Prevention Programs for At-Risk Students: Promoting Engagement and Academic Success* (2013), gives step-by-step directions for developing year-long after-school group-centered prevention programs. This fourth book expands group-centered prevention beyond simply working with children and youth and illustrates how group-centered prevention can be used in many settings.

This book explains the theoretical reasons and advantages behind group-centered prevention. It also provides ready-to-use group-centered training sessions to enable the reader to train others to use this prevention method. This book could be used for workshops or continuing education courses, in college classrooms as a supplementary text for undergraduate or graduate students, for in-service training, counselors, teachers, parent groups, nurses working with prevention groups, social workers, health prevention workers, or anyone working in group prevention.

Each chapter begins with a brief case study example of how group-centered prevention can be used effectively. Chapter 1 defines group centered prevention and explains how it is different than other prevention group techniques. Chapter 2 explains the intricacies of working with others in a group, the dynamics of the group, and what a group leader in a group-centered prevention group must do in order for the group to be successful. Chapter 3 discusses group process and gives examples of effective and ineffective group interventions. Chapter 4 illustrates why interaction is essential and shows how to combine group dynamics and group process into effective cohesive interaction. Chapter 5 discusses therapeutic factors and identifies ways in which prevention groups resemble and differ from traditional counseling and therapeutic approaches. Chapter 6 defines the difference between intrinsic and extrinsic motivation, discusses why intrinsic motivation is better, and discusses how to use intrinsic motivation in group-centered prevention. Chapter 7 explains the difference between self-efficacy and self-esteem, showing why self-efficacy is more important in group prevention. Chapter 8 talks about organizing a new group-

centered prevention group, selecting group members, and setting goals, while examining the beginning formative stages of the group, group dynamics, membership problems, and resolving conflicts. Chapter 9 discusses different types of training, from college courses in group prevention to two hour training sessions.

Each chapter ends with a ready to use group-centered training intervention. An easy to use special table of contents gives you quick access to the training techniques. Observational exercises at the close of each chapter strengthen the learning process. Examples are used throughout the book to show how group-centered prevention programs can be used in a variety of settings.

Prevention is one of the fastest growing techniques being used in group work. Group prevention does not take away from the work being done in therapy; there will always be clients who need the more specialized help offered through traditional counseling and psychotherapy sessions. Yet, if we are to prevent or reduce mental health problems, it will benefit all if we begin treating mental health concerns before they become full-fledged problems. Many physical and mental health problems can even be eliminated if effective prevention can be initiated before the problem begins. Timing is critical with prevention. If we can learn to identify dysfunctional behaviors and learn to intervene and effectively treat the root causes of such behavior before it becomes a major problem, then we may very well have a chance to stop mental illness before it starts. Mental health and wellness is certainly a goal worth striving toward. Group-centered prevention is one pathway that can lead to mental wellness and improved mental health.

Easy Reference Guide to Group-Centered Training Interventions

This easy reference guide will make it easier for you to find training exercises for a particular aspect of group training at a glance. All of the training exercises in this book are written to be used in a group-centered format. The training exercises demonstrate how to train students and group leaders to use group-centered prevention programs.

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Theory, Training, and Practice

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