Development of innovative group work practice using the intervention research paradigm

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What is the intervention research paradigm (Rothman and Thomas, 1994)?

- Also known as the design and development methodology;
- A non-experimental approach that is more flexible, capitalizes on the availability of small samples, and accommodates the energy of practice conditions;
- Explicitly values practitioner’s insights;
- Designed to provide an integrated perspective for understanding, developing, and examining the feasibility and effectiveness of pioneering human service interventions.
Why use the intervention research paradigm?

• Social workers need to integrate theory and research with practice wisdom in order to develop support groups that address the needs of particular populations.

• Social workers also need to evaluate the feasibility and effectiveness of their interventions.

• Experimental and quasi-experimental designs are not conducive to research group work practice, based on the large sample sizes needed and the lack of control over the conditions of research making practice settings unpredictable.
Intervention Research Paradigm - Stages
(Rothman & Thomas, 1994)

1. Select the problem desiring remedy and identify possible strategies for achievement;
2. Review the literature and consult with professional experts, and individuals living with the problem;
3. Specify the elements of the intervention and develop detailed plans for implementing a pilot version;
4. Pilot test the intervention. If pilot test supports feasibility, then conduct further small scale studies for reliability under real-life conditions;
5. Conduct full-scale, experimental field tests of the interventions; and
6. Disseminate information about the intervention and full-scale project.
Case study 1: Face-to-face group for people with sickle cell disease (SCD) and depression

- Literature review indicated higher rates of depression among this population than the general population, but revealed that there are no reports of effective interventions for this population;
- Consulted professionals who used a variety of methods, but no consensus regarding the effectiveness (Comer, 1999);
- Review of depression treatment for other chronically ill patients showed that psycho-educational groups have helped alleviate depressive symptoms (Antoni, 1997; Larcombe & Wilson, 1984; Subramanian, 1991);
- This information led to the development of psycho-educational group intervention targeted at people with sickle cell disease and depression.
Case study SCD – Pilot tests

1st pilot test:
- 4 people with SCD and depression;
- 4 weekly, 90-minute sessions;
- Members recruited from 2 SCD medical centers in a small town in a southeastern state;
- Researcher and social worker employed at one of the medical sites facilitated the group;
- Members participated in discussion, exercises, and listened to short didactic presentations.
Case study SCD – Pilot tests cont.

2nd pilot test:
- Altered based on 1st pilot test results;
- 10 participants;
- 8 weekly, 90-minute sessions;
- Members recruited from large, urban SCD hospital in a major southeastern state;
- During each session, 2 group leaders made short didactic presentations and members participated in discussion and activities.
Case study SCD – Recruitment and Retention

- Pilot 1: recruitment goal was to obtain as many participants as possible, to gather feedback regarding the intervention;
- Pilot 2: recruitment goal was to obtain a sample large enough (16-20 participants) to have 2 equal-sized treatment and control groups. Could not obtain quantity needed for quasi-experimental design, therefore changed to an explanatory pretest-posttest group design with a convenience sample.
- Retention strategies: participants asked to suggest convenient days/times for meetings; location same as where they received SCD services; telephone reminders prior to first meeting; snacks provided at each meeting; small stipend provided for transportation expenses.
Case study SCD – data collection

- Multi-staged – pre-intervention, during intervention, and post-intervention
- Three standardized depression scales – two occasions during group process
- One mood scale
- Members monitored and recorded changes in moods daily and provided these data each week to the group leaders
- Group leaders jointly completed form regarding members’ attendance and contextual information used later to help interpret members’ depression scales
Case study SCD – project description

- Week 1: orientation;
- Weeks 2-3: Understanding depression – activities to understand the etiology and symptoms;
- Weeks 4-5: Negative thoughts and feelings – activities to understand how thoughts/feelings can lead to maladaptive coping behaviors;
- Weeks 6, 7 & 8: Exploration of how painful personal experiences could contribute to negative feelings and self-defeating behavior.
- Additional strategies: develop personal stress reduction programs; learned how physical exercise and other pleasurable activities could alleviate depressive symptoms; encouraged each other to maintain stress reduction techniques outside the treatment setting.
Case study SCD – group leaders’ roles

- MSW social worker and PhD psychology intern as co-leaders (both knowledgeable regarding SCD);
- Were employees of the hospital in which the study took place;
- Were free to make changes to the curriculum, if determined strategies were ineffective (documented any changes and explained rational for decision);
- Oversight – group leaders were provided hands-on training on how to implement intervention, manage group dynamics, and administer data collection techniques; received detailed instruction manual; weekly telephone conferences with researcher after each session; and the chief and staff psychologist from the hospital provided clinical supervision as needed.
Case study SCD - Outcomes

- Although not statistically significant, group mean scores on the pre- and post-test depression scales showed a change in the desired direction;
- 8 of the 10 participants showed a decrease in depression symptoms; and
- All group members and leaders reported satisfaction with the group following completion.
- Findings justify further investigation of group interventions for people with SCD and depression; and lead to the tentative conclusion that the intervention is satisfactory to the participants and can be an effective intervention.
Case study SCD – Outcomes (continued)

- Further pilot studies, with larger samples, are needed before taking the intervention to full-scale field testing.
- Intervention protocol needs revising – less time for didactic presentation; more time for member interaction and discussion of current stressors leading to depression in daily living; and fewer activities in the member’s individual stress management programs.
Case study 2 – Online support group for social workers (SW)

- Chronic job strain poses threats to social workers’ personal and professional lives.
- Results in: physical and emotional problems; deterioration in workers’ relationships with others; and diminish work performance.
- Results from: effects of macro-level structural conditions in human services (Corcoran & Vandiver, 1996; Gibelman & Whiting, 1997); organizational (Cherniss, 1980; Hall, 1991; Jayaratne, Himle, & Chess, 1988), and interpersonal (Grosch & Olsen, 1994) conditions; and individual predisposition (Grosch & Olsen, 1994; Hallsten, 1993).
Case study SW – literature review and research

- Social workers are reluctant to seek help (Reamer, 1992);
- More likely to lead job stress groups than participate in them;
- Lack of research and practitioners’ reports about their job stress confirm the need for an innovative intervention that is highly accessible, convenient, and confidential (Meier, 1999);
- Although there are hundreds of online support groups, little is known about how various formats work and their effectiveness (Meier, 1999, 2000).
Case study SW – Pilot studies

Pilot 1 (SW1):

• To determine whether a professionally facilitated, listserv group was technically feasible and if the discussion topics were salient to social workers (Meier, 1997);
• Summer 1997, six-week online group study to test the intervention’s feasibility; composed of six MSW students – facilitated by researcher;
• Discussion format was semi-structured, with topics based on review of professional occupational stress and coping research literature;
• Results confirmed salience and overall technical feasibility of the group process;
• Problems – members’ difficulty tracking topics; lack of internet access; group size too small; and length of program was too short.
Case study SW – Pilot studies

Pilot 2

• Fall 1998, to explore recruitment and retention strategies, group structure and process, and internet-mediated interactions affected the group’s viability (Meier, 2002);
• Members were required to have internet access at home;
• larger group (23 members);
• lasted longer (10 weeks);
• members selected discussion topics;
• and members were encouraged to comment on the ways internet-mediated communication was affecting their group experience.
Case study SW – Recruitment and retention (Pilot 2)

• Volunteers must have MSW degree, be in full-time practice, and have internet access at home;
• Recruited by posting e-mail announcements to 44 listserv groups discussing issues relevant to practicing social workers;
• Participants offered free support group and $30 honorarium if they completed all project questionnaires;
• Initially designed as randomly assigned intervention with control and treatment groups, but did not meet recruiting goal – design changed to nonexperimental, single group case study with 26 members (7 did not complete the study).
Case study SW – Project Description

- Weeks 1 & 2: Introductions, discussion of expectations for the group, and establishment of norms;
- Weeks 2 & 3: began to discuss stressors faced on the job;
- Weeks 4 & 5: marked drop off on messages – midterm assessment completed and revealed desire to change focus from employment only to personal issues as well;
Case study SW – Project Description (continued)

- Remaining 5 weeks: messages focused on family, health issues, and struggles balancing work and family obligations
- Final 2 weeks: discussions regarding ending group and decision on continuing group without professional leader.
Case study SW – Group leader’s role

- Explore whether and how a professional leader contributes to the group viability (as most online groups do not have leaders).
- Group leader: licensed clinical social worker; posing follow-up questions and prompting exploration of issues more deeply; compiling and posting weekly summaries of discussion themes; focused on the group process as well as data collection; and changed role as needed.
Case study SW - Oversight

- Leader had experience as employee assistance counselor;
- Was familiar with intervention through participation in planning regarding members and discussion protocol;
- Received manual; and
- Researcher observed messages, met with leader for supervision, and contact through e-mail and telephone.
Case study SW – Data collection

• Multi-method research design
• Multi-stage data collection
• Qualitative data including all e-mail messages, and paper-and-pencil satisfaction
• Weekly reports submitted by the group leader;
• Frequency analyses performed on the number of messages each member posted weekly and over the 10-week period;
• Three paper-and-pencil questionnaires; and
• The Occupational Stress inventory (OSI) (Osipow & Spokane, 1983)
Case study SW - Outcomes

• It was feasible to conduct a facilitated, 10-week listserv-based support group for social workers that satisfied most (79% satisfaction);

• Member’s appreciated: convenient and confidential forum for discussing work issues; having the power to modify the intervention protocol to be able to address personal issues; having a professional leader who could help the group manage agenda, resolve conflicts, and provide outreach; emotional support and encouragement; and group cohesion.

• New problems: not homogeneous enough; too large, message overload on members; group participation was not associated with statistically significant improvements.
Case study SW – Outcomes (continued)

• Intervention is not ready for field testing;
• Modifications needed in recruitment strategy and outcome measures;
• OSI measure was not valid measure as the discussion topics changed from work to personal issues;
• Smaller groups, longer duration.
Conclusion

• All work in intervention research is designed to produce effective interventions that can be reliably implemented under practice conditions;
• Small-scale pilot studies enable researchers to assess their design and make needed adjustments;
• Should not rush full-scale experimental testing of intervention effectiveness;
• Each pilot study is valuable.
• The IR paradigm values the early contributions of practitioners and researchers acting together to create new practice approaches for diverse conditions and practice settings.
References


Additional resources used in this presentation, cited in the article:


References (continued)


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