Application of Partnership in Coping system of Recovery using groups.

Introduction

The PinC system of Recovery is used mainly in one-to-one interactions. However the system can also be used in other forums. It can be used in a combination of one-to-one and group interactions tailored to help those with severe and enduring mental health concerns.

According to Whitaker (2000), people with serious difficulties in coping with mental health issues can benefit from time limited group sessions. Yalom (2000) contended that guiding the group through topic orientated discussion is a means of supporting those who might be psychologically fragile. Using groups can provide a safe framework in which to operate and facilitate the development of social contacts and meaningful relationships and for the creation and maintenance of hope.

Unfortunately dropout rates of people with serious mental health concerns from group activities are particularly high (Tarrier, Yusupoff, Kinney and McCarthy 1997). According to Yalom (2000) the more often individuals are seen by a mental health worker before entering the group the less likely they are to terminate prematurely from the group. Contact with the mental health worker will also help with the development of bonds between other members later in the group forum by their mutual identification with the mental health worker.
The therapeutic Programme

The therapeutic programme using PinC consists of two parts. Firstly each potential participant is seen on a one-to-one basis by the mental health worker and secondly, if willing to do so, he or she takes part in a time limited structured group forum.

One-to-one forum

From the onset, the mental health worker employs the stages of the PinC system. A working alliance is established that includes developing a bond, helping the person identify their mental health concerns, the goals they would like to achieve and an agreement on the way to attain the goals. It is anticipated that each person will require 3 to 4 one-to-one therapy sessions to develop a working alliance with the mental health worker.

Group forum

The time limited structured nature of the group is intended to increase efficiency and energise the group sessions in emphasising that the immediate matters at hand and that ultimate responsibility rests within the individual not outside him/her in achieving the agreed goals (Yalom 2000) within the set time frame.

The intention of the group is dual focussed. The first aim of the group is to help each person achieve the goals set by him/her in the one-to-one sessions by staying in the present with either a 'here-and now' focus or a 'there and now' (recent problem-oriented) focus. The second aim of the group is to assist the participant in benefiting from the social interactions within the safe environment of the group. Activities within the group may help
members with similar mental health concerns to have corrective emotional experiences such as reaching out to others, being of help to other people, comparing own views of self and the world with others, developing the ability to listen and communicate with others, thinking through ways to reorganise a lifestyle if considered practicable or useful and for testing out new behaviours in the group (Whitaker 2000).

**Recruitment and selection**

It is acknowledged that there is a high attrition rate for people with serious mental health concerns. For example for those who experience schizophrenia over 50% of those who commenced therapy leaving prematurely (Tarrier, Yusupoff, Kinney and McCarthy 1997). The use of one-to-one sessions prior to the group work is intended to offset this risk by establishing a therapeutic relationship with each consumer. Referrals will be taken from agencies such as self help groups, GPs and from Community Mental Health Services.

**Inclusion Criteria**

1. Experience of episodes of serious and enduring mental health concerns e.g. schizophrenia.
2. Living in the community
3. Currently in a non-psychotic state
4. Possess a moderate degree of motivation to participate
5. Agreement from a medical doctor responsible for the health of the consumer that it would not be harmful to the consumer’s wellbeing to participate in the sessions. Obtaining this agreement may not be necessary
in some situations depending on the system of mental health care, if any, the consumer is receiving.

6. Approximately equal number of men and women.

**Exclusion criteria**

1. Currently experiencing an acute episode of schizophrenia
   (The inclusion of such a consumer in the group may be too taxing and too anxiety provoking for other group members to manage).

2. Potential irregular attendees.

3. Extremes of discomfort levels (either high or low discomfort levels).

**Practical Arrangements for conducting the Group Sessions**

**Physical setting**

Any room that affords privacy and freedom from distraction

A room big enough to allow members to form a circle so that all can see one another

**Duration and Frequency of Meetings**

The group will meet as a closed group once a week for twelve weeks. At the end of this period the group will be then reconstituted for a further twelve weeks retaining some members from the previous series and inviting others to join. This strategy is aimed at maintaining a critical mass of 8-10 members.

The duration of each meeting normally will be 80-90 minutes.

The meeting will be held at a site such as a community hall.
The time of day will depend on the convenience of the participants.

**Size of group**
Initially 14/15 people will be invited to the one-to-one forum with the anticipation of reduction to 8 - 10 as a stable number.

**PinC system of Recovery.**
Within the PinC system the individual group member is the prime decision-maker in issues affecting him/her.

The mental health worker will attempt to establish a working alliance with each consumer. This alliance consists of the bond (therapeutic relationship), goals decided upon and the tasks agreed that will achieve the goals. Bond is described as the foundation of the working alliance and its development is the main focus of the first of the 8 guided steps in PinC. Success of the ensuing partnership depends on the growth and maintenance of this bond throughout the consumer, mental health worker engagement. The bond (therapeutic relationship) involves the creation of core conditions of empathy, unconditional positive regard and genuineness. These conditions help create a positive relationship between the partners (mental health worker and the consumer) such as mutual trust, acceptance, confidence and feelings of a common purpose (Bordin 1994).

Goals are set in the one-to-one sessions prior to group sessions with the support of the MHW.
Tasks set are the practical details of the actions decided and acted on in the group setting.
Within PinC, the bond, tasks and goals are integrated in a systematic way and in a way that gives consumers the major responsibility in undertaking tasks towards achieving theirs goals.

Brief outline of stages of PinC

Creation of a therapeutic relationship
The mental health worker will use the principles of consumer centred therapy (creating the core conditions of unconditional positive regards, empathy and genuineness) in establishing a working alliance with the consumer. The development of this relationship begins with the first step of the process i.e. one-to-one sessions.

Identification and Prioritisation of concerns
Issues related to mental health concerns that the consumer stated they wished to address are identified and prioritised with assistance from the mental health worker in the one-to-one sessions. Prioritisation of concerns is in terms of the degree of desirability to address the concerns and the level of feasibility of action being considered likely to succeed by the consumer.

Establishment of goal
Goal setting (the formulation of a statement of expected or desired change) is made by the consumer with the help of the mental health worker. This also occurs in the one-to-one sessions.
The process of establishing goals involves discussion, negotiation and agreement on goals identified by the consumer. All goals are treated as sincere aspirations of the consumer. As with all other communications with the consumer, statements of goals are not reframed into professional language.

The consumer defines goals according to a number of criteria.

- Achievable
- Ownership
- Ideally goals should belong to both the mental health worker and the consumer
- Specific and able to be evaluated
- Clearly stated goals
- The consumer is encouraged to consider a range of options in formulating goals from the most obvious to the most innovative.

**Identification of coping strategies**

The consumer identifies coping strategies by reflecting in the group setting the previous occasions when they dealt with the same or similar concerns. The group as a whole discuss different coping strategies they have used. The consumer and the mental health worker undertake the following:

- discussing the antecedents to previous incident/episode/s, the episodes themselves and the consequences following them.
- talking about the ways used to cope with them in terms of their effectiveness.
• identifying as many ways used to deal with the concerns raised (with the help of the group).
• recording the range of actions, i.e., coping strategies, taken by each consumer and examining each of these.

The application of coping strategies

Each group member will be encouraged by the mental health worker to develop a coping strategy plan that involves using the strategies previously identified as effective to cope with their concerns.

Evaluation of Outcome

Consumer's goal orientated outcome measure

In order to identify the degree of success of the programme and to maximise the learning from the experience of running this programme the evaluation of the degree to which the goals of each consumer has been achieved will be established. The feedback will form the basis for discussion with the consumers and help the consumer in determining where to take the issues from here.

Consumer's psychological wellbeing measures

Global changes in an individual's psychological wellbeing will be measured by comparing consumers' characteristics pre and post intervention in terms of hope, coping skills, self efficacy and locus of control.

Consumers will be asked by an independent consumer representative to complete questionnaires at the start of the therapeutic programme (in the one-to-one sessions) and in the second last group session. The results will be
discussed in the final session. Care will be taken to ensure that the evaluation process compliments the work being done to help the consumer better use his/her existing coping skills and improves his/her more general psychological wellbeing.

Instruments that will be used are as follows:
The Herth Hope Index (HHI) is a 12 item scale which measures hope in terms of temporality and future, positive readiness and expectancy and interconnectedness with self and others. The instrument has satisfactory reliability and validity (Herth 1992).

The COPE (dispositional) inventory consists of 5 scales that measure problem-focused coping (active coping, planning, suppression of competing activities, restraint coping, seeking of instrumental support); 5 scales that measure emotion-focused coping and 3 scales that measure coping responses (Carver, Scheier and Pozo 1992).

The measure of self efficacy to be used in the study is the Generalised Self Efficacy Scale (Jerusalem and Schwarzer 1992). This scale has 10 items that assesses the strength of an individual’s belief in his or her own ability to respond to novel or difficult situations and to deal with obstacles or setbacks.
The Recovery Locus of Control is a 9-item scale developed by Partridge and Johnston (1989). It provides a measure of the internality/externality of the consumer’s perception of control over his or her recovery. Five items reflect
internal beliefs and four items reflect external beliefs. Validity and reliability have been established (Partridge and Johnston 1989).

The results of all the measures will form the basis of discussion with the group and may stimulate interest in establishing the relevance of these qualities to themselves.

References


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