

Group work techniques

Introduction

A small group setting addresses the specific therapeutic needs of an individual through the group process. Groups can work on resocialization, reality orientation, sensory retraining, life review, counseling, education, rehabilitation, or other topics as needed. The choice of group activities is determined by the individual's interests, assessed needs, mental and physical capabilities, and care plan. (See *Group therapy activities*.)

GROUP THERAPY ACTIVITIES				
<i>This table lists various types of group therapy activities and describes the purpose, patient-selection criteria, content, and desired patient outcomes for each.</i>				
Group type	Purpose of group	Criteria for patient selection	Content	Desired patient outcomes
1. Reality orientation	Reality orientation provides a structured setting to help the patient recall or retain personal identity, improve awareness of time references, foster an interest in his surroundings, build self-esteem and personal dignity, encourage socialization, and increase independence in activities of daily living.	Patients selected for reality orientation may be confused or disoriented due to any cause, regardless of age or diagnosis. Patients with significant memory loss may also be selected. The expectations and format of the group activity vary according to the patient's physical and mental limitations. Patients who need sensory stimuli and are able to sit in the group area may be included.	The depth of information presented in reality orientation depends on the patient's degree of disorientation. The activity provides intensive orientation to time, place, and person by using verbal interaction and environmental props. The leader should follow the cues of members to keep the interest of the group and provide reorientation. Repetition can be an effective tool. Also include kind, human contact through touch with talking. Avoid mechanical repetition of information. Call patients by titles and correct names. Introduce yourself each day. Give praise and recognition for each positive response and avoid negative statements. Correct	Desired patient outcomes include verbal or nonverbal responses; identification of time-, place-, and person-related items; increased attention span; responses to touch and verbal praise; accurate responses following repetition of information by leader; and diminished confusion with less rambling speech.

			confused rambling speech with accurate information about time, place, and person.	
2. Exercise group	An exercise group promotes physical and mental health by increasing the patient's activity tolerance and functional ability and promoting a feeling of psychological and emotional well-being.	The selection of patients for exercise group is based on the goals of the group, such as increasing heart rate and strengthening the heart muscle, improving or maintaining body flexibility, and increasing the social network (especially for a group with elderly members).	A group leader directs and demonstrates all exercises. A simple warm-up followed by a consistent routine of exercises using music is usually successful. The group leader may introduce himself at the beginning to promote a positive atmosphere. Further reading and a specific plan by the leader is needed to conduct this group.	Desired patient outcomes include expressing a feeling of accomplishment, increased activity tolerance, improved range of motion and mobility, improved mood, and a more positive attitude.
3. Health-related self-help group	A health-related self-help group provides health teaching through group discussion. The focus of the discussion is on a specific health-related topic or common condition, symptom, or experience. The group provides a means for mobilizing psychological resources to overcome personal health problems or concerns or to foster health promotion.	Patients with a common need arising from a health problem, condition, experience, or interest may be selected to join a health-related self-help group.	The content of a health-related self-help group depends on the group's needs. Discuss and share concerns with "like" group members, giving ideas for coping, suggesting alternatives, expressing feelings, and suggesting practical day-to-day ways of dealing with difficulties resulting from health-related issues.	Desired patient outcomes include demonstrating alternative lifestyles, expressing greater knowledge and understanding, exhibiting more self-control, demonstrating improved health practices, and seeking mutual aid from others as appropriate.

4. Reminiscence	Reminiscence provides a therapeutic means of exchanging ideas and discussing life experiences, which aids in the development of self-esteem and renewal of the patient's past identity. This group activity helps to decrease withdrawal and provides an opportunity to socialize and communicate; activates recall or relating of past experiences; and aids in conflict resolution in later life.	Patients selected for a reminiscence group are able to be up and oriented or have minimal confusion, able to hear or see, able to recall the past, and assessed to need "normal group experience." The group needs a mix of patients, including those who are withdrawn, impaired, or verbally suppressive.	Reminiscence group discussion is informal and centers on past life experiences for the members' age-group. The leader may use objects or events as stimuli to promote reminiscing and life review. Choose topics that are common to the group, such as a first date, learning to drive, favorite president, elementary school days, holidays, celebrations, namesakes, names or nicknames, and childhood experiences.	Desired patient outcomes include increased attention span, improved physical appearance, decreased withdrawal, increased social interaction, increased appetite, ability and willingness to communicate or share a feeling of accomplishment, and a more positive self-concept when working through and mastering personal losses.
5. Remotivation	Remotivation is a technique that helps the patient take a renewed interest in his surroundings by discussing simple, objective, everyday-life occurrences that aren't related to the patient's emotional difficulties. It provides an opportunity for verbal expression and socialization in a structured setting. Specific	Remotivation is appropriate for apathetic patients who are disinterested in the world around them. Patients should be willing to join the group; able to hear and speak; oriented to time, place, and person; and lack a preoccupation with hallucination. A mix of talkers and listeners is helpful.	Remotivation is usually done in five specific steps that produce a climate of acceptance: <ol style="list-style-type: none"> 1. Read aloud to bridge reality. 2. Discuss the world in which we live. 3. Consider the work world. 4. Express appreciation and pleasure. 5. Avoid topics that focus on individual problems and 	Desired patient outcomes include increased attention span, participation in discussion, appropriate responses to props, increased expression of pleasure, discussion of reality, and appropriate communication.


	objectives to gain or retain mental activity, enhance self-esteem, and improve the patient's self-image may be achieved through a structured program of discussion.		family relationships but include such general topics as vacations, gardens, sports, rocks, pets, the sea, transportation, weather, and animals.	
6. Rehabilitation group	Rehabilitation group activities are used to teach new coping skills or enhance previously learned basic skills. Activities may involve relearning basic tasks that involve sensory motor skills or preparing a caregiver to provide care for a discharged patient. The focus is on self-help.	Patients who need new coping skills may be selected for a rehabilitation group.	Rehabilitation group activities may include structured educational content, demonstrations of self-help skills, and verbal support from the group. The group member may share ideas or demonstrations for coping with practical, everyday living with "like" members.	Desired patient outcomes include decreased verbalization or complaints of pain, improved compliance with the treatment regimen, and improved self-control.
7. Counseling group	The purpose of counseling group activity is to examine and explore the behavior of group members with a view toward the permanent change of maladaptive behaviors. Insight occurs when the patient is able to see the connection	Patients selected for a counseling group exhibit maladaptive behavior.	The content of a counseling group includes verbal examination and exploration of the behavior of group members. Group members may share and discuss concerns with peers and give ideas for coping, expressing feelings appropriately, and practicing day-to-day ways of dealing with difficulties.	Desired patient outcomes include the appropriate verbalization of feelings and improved self-control of behaviors.

	between unconscious feelings, wishes, and conflicts and conscious behaviors and the consequences of those behaviors.			
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Equipment

- Quiet space for up to 10 or more persons
- Chairs and space for wheelchairs
- Optional: props and audiovisual aids as needed

Implementation

1. Plan the group activity and prepare needed materials.
2. Select patients who will benefit from and cooperate with the group.
3. Arrange seating and check the environment for lighting and noise. Prepare audiovisual equipment.
4. Inform patients about the group activity before the scheduled time.
5. Encourage attendance by exploring the purpose of the group and the plans for the day.
6. Seek assistance from others as needed *to gain patient participation*.
7. Welcome the patients and introduce yourself.
8. Explain the purpose of the group and the group rules.
9. Follow the selected format and discussion using resource information.
10. Assess and evaluate the group on ongoing and individual bases.
11. Document the events of the group meeting. 

Documentation

Document in the progress notes under the heading of patient education or on a patient education flow sheet. Include information about the patient's response to other group members and his participation in the session.

References

1. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
2. McLeod, T., et al. "Cognitive Behavioural Therapy Group Work with Voice Hearers, Part 1," *British Journal of Nursing* 16(4):248-52, February-March 2007
3. McLeod, T., et al. "Cognitive Behavioural Therapy Group Work with Voice Hearers, Part 2," *British Journal of Nursing* 16(5):292-95, March 2007.
4. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills and Practices*, 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.
5. Netina, S.M. *Lippincott Manual of Nursing Practice*, 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2010.
6. Videbeck, S.L. *Psychiatric-Mental Health Nursing*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2007.

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1. Inform the patients about the group activity before the scheduled meeting.

2. Encourage attendance.
3. Welcome patients and introduce yourself.
4. Explain the purpose of the group and the group rules.
5. Follow a selected format and group discussion plan.
6. Assess and evaluate the group and individual participants.
7. Document the results of your group meeting.