Diversional group therapy: a study of effectiveness


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This research uses an immediate response questionnaire (IRQ) to measure the general diversional effectiveness of six new recreational and diversional groups in a 38-bedded acute psychiatric unit. The groups were first implemented in September 1996. The results support the implementation and continued use of the new groups and the methods used in facilitating them.

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KEY WORDS

- GROUP THERAPY
- MENTAL HEALTH NURSING

These key words are based upon work undertaken by the RCN Library.

FOLLOWING THE APPOINTMENT of a recreation and diversional group therapy worker to an acute inpatient psychiatric hospital, six new diversional therapy groups were set up. Each group had its own objectives and design, and the implementation was supported by relevant research evidence.

This type of group therapy appears to divert participants from worrying preoccupations and thoughts, is supportive, challenging in an indirect manner and flexible (Yalom 1995). The evaluation of the project justified the establishment of the groups.

Diversional groups incorporate some elements of psychodynamic intervention, where participants are challenged about feelings and thoughts rather than being diverted from them. This helps to enhance the therapeutic effect of other group interactions. Such intervention could involve maintaining the 'here and now' focus of group sessions, although there may not be sufficient time to explore the dynamic aspects of thoughts and feelings (Yalom 1995).
The six groups included patients experiencing a broad range of acute mental illnesses, for example:

- Schizophrenic psychosis
- Borderline or neurotic conditions
- Eating disorders
- Obsessive/compulsive and post-traumatic stress disorders
- Affective (manic or depressive) disorders
- Situational reactions.

AIMS OF THE RESEARCH

The study was designed to produce an evaluation of diversional therapy which could be used in the future development of the unit and for the supervision of patients.

The study examined the effectiveness of six new diversional therapy groups over a period of one month, and measured participants' feelings about 11 aspects of their involvement with the groups. These six groups were:

- News and views
- Concentration
- Arts and crafts
- Keep-fit
- Creative writing
- Movement.

METHOD

Patients' scores were compared with a series of structured assumptions made by the researcher. An immediate response questionnaire ( IRQ) (Box 1) was used to capture the feelings of each participant shortly after each diversional therapy test was completed. The IRQ scale (Fig. 1) consists of a five-point scale, with points 1 and 2 indicating a degree of negative feeling for a question, and points 4 and 5, a positive feeling.

Participants indicated their feeling by marking a line through the appropriate point. A mark through the centre point was interpreted as a 'Don't know' or 'Unsure' answer.

In this way, the questionnaire takes into account the nature of acute mental illness by recognising the subjective, and often changeable, nature of personal feelings. The questions ask only for an indication of positive or negative feeling and, by not asking for personal insight beyond this, the diversional effect of the groups is maintained and participant self-empowerment enhanced.

The questionnaire's simplicity was designed to avoid a limited or suggestive choice of answers and demanded a high degree of concentration, a technique which would already have been used within the group.

PROCEDURE

At the end of each group session, using established evidence of effectiveness, the researcher compiled a list of expected responses against which the IRQ would be compared. Participants were given a
short explanation of the study and invited to complete a questionnaire anonymously, and individually. Participants were also reminded how important feedback on group effectiveness was in promoting 'ownership' among participants for the project. The researcher was present while the questionnaires were being completed and offered verbal assistance only, thereby encouraging group members to help each other. Participants did help each other on occasion, mainly by repeating the instructions given by the researcher. This was only allowed when the participant had reassured the researcher that he or she would offer no further assistance.

It would have been preferable for someone else to administer the questionnaire, but lack of staff precluded this and some patients required constant observation for reasons of safety. Although the researcher's presence may have influenced the results, it was hoped that this would be counterbalanced in part by guaranteeing the anonymity of the responses.

Some of the groups took place more than once a week and others every two weeks, so the feedback from each group varied over the one month of the study.

ANALYSIS AND RESULTS
A total of 98 IRQs were completed for the six new groups (Table 1). Participants were aged between 18 and 65 years and formed a convenience sample. Patients who were unable to attend group sessions were excluded from the study.

The researcher assigned a positive or negative assumption to each of the 11 aspects of diversional group therapy addressed in the questions. For question 2, the researcher assumed that overall, participants would answer positively about the encouragement and reassurance received during the groupwork. This assumption was tested for each question in the analysis of the results.

The analysis compared the positive and negative assumptions for each question with the positive or negative feelings displayed by participants' answers on the IRQ scale. An average rank score was calculated for every question for each of the groups. For example, for the creative writing group, the score for question 3 (indicated by participants on the five-point scale) from the IRQ was added together and then divided by the total number of IRQs from the group (eight). This gave a figure of 4.5, indicating a positive response (greater than 3, the neutral point on the scale). This was repeated for all 11 questions in the six groups. The results for each group are shown in Figures 2-7.

All the questions, apart from 1 and 7, were assigned a positive assumption in that they would provide acceptable group experience by diverting participants from worrying thoughts and pre-occupations. The assumptions for all the questions are confirmed by the results of the IRQ score. The bar chart for each group shows a fall below the neutral 3 mark for questions 1 and 7, while in general, scores for the other questions were greater than 3.

For the questions which had a positive assumption, the scale average scores for each group were added together to compare the degree of positivity expressed about each group (Table 2). This comparison with the researcher's assumptions shows participants being most positive about Group 2 (concentration).
This process was carried out for each question regardless of group theme (Table 3). The results show that participants valued enjoyment of each session more than any other quality, while the diversional quality was valued the least.

DISCUSSION
Overall, the six new diversional therapy groups were successful. Participants gained a supportive, enjoyable experience which was not overly emotional or physically painful. Participants also appeared not to hold any substantial reservations about the groups prior to attendance.

All the assumptions were validated. This may have been affected by the presence of the researcher and complicated further by the fact that all six groups were new; this novelty could potentially enhance the extent to which they achieve their aims.

Future studies should take this into account, perhaps by administering the questionnaires through an independent person over a longer period of time.

The comparisons between the groups and questions raise some important issues that have implications for practice.

The concentration and keep-fit groups were the most structured of the six new groups, and also rated the highest. Enjoyment, being valued, support and interest were rated higher than insight, relaxation, encouragement and reassurance, and diversion. This is understandable in the context of acute mental illness. For example, the positive effects of feeling relaxed, reassured and diverted from the enduring problems caused by mental illness are likely to be transient, during or soon after admission to hospital. Therefore, it could be argued that complete diversion from acute mental illness is not possible, no matter how positive the experiences are. This could be an area for research in the future.

CONCLUSION
It is important that future research examines the distinguishing features of those groups found to be effective. The effectiveness of group therapy must also be compared with that of other types of intervention.

However, in general, each question on the IRQ confirmed the positive or negative personal experiences that were assumed to be appropriate for an inpatient of an acute mental health unit participating in a recreational and diversional group.

REFERENCES

