Critical Analysis Paper

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The self-help model has proven to be effective when implemented across multiple populations. Support groups can empower individuals and allow them to gain a community who understands aspects of their struggle. This is evident in the research conducted on the impact of self-help groups for caregivers of children with disabilities.

Goal of the Intervention

Self-helps groups are also referred to as reciprocal groups since the emphasis is on the reciprocal relationship between group participants. These groups are formed in order to enable members, who share a commonality, to provide mutual aid to one another. This can take place through the sharing of personal experiences or advice. Since the group members all have something in common, depending upon the purpose of that particular group, they are able to show true empathy towards one another. For instance, in a spousal loss support group, a new member may have difficulty expressing their feelings regarding the loss of their partner. A member who has participated for several months may be able to share how they lost their partner. Often, hearing that others have experienced similar pain or symptoms of grief can help a new member to feel less alone in their journey. Even though this participant chose not to share in this meeting, they still benefited from listening. This may even encourage the individual to share some of their experiences and feelings.

In mutual support groups, the emphasis is not on a specific therapeutic intervention, but on self-help. By attending the support group, the individual is taking an active role in improving their situation and facilitating their healing. It is the sharing of feelings, advice, and empathy that causes change to occur. The sense of community that is formed between participants is a meaningful aspect of this intervention model.

This model can be used with individuals across different cultural and religious backgrounds. Since all participants within a group share a common struggle or situation, they can support one another even if they are from different backgrounds. It is important for the group facilitator and program as a whole to be culturally aware and have culturally relevant practice techniques. There are support groups also geared towards the needs of specific groups as well. Nearly any age group or population can benefit from self help group work. The possible exceptions would be very young children, who are not yet able to communicate or express their feelings or emotions fully. Also, some individuals who have suffered trauma may be triggered by what is shared in a group like this. However, others may find it healing to hear that others understand their pain.

Reciprocal groups can also be beneficial for individuals within stigmatized groups. The sense of community and having others who you can identify with, helps an individual feel less alone. An example of this is a support group for individuals with a mental health condition. Mental health struggles or those with a mental health diagnosis may feel outcast by society or their peers. It may be something they feel shame about. Participating in a self-help group where they are surrounded by others who are experiencing mental health struggles can improve the individual's outlook. The others in the group likely have experienced the same shame and can relate to the struggle. This group can also act as a source of knowledge and resources for the individual. Perhaps they can benefit from another program in the community that other participants are attending. Facilitators or group leaders can also be a wealth of information on the topic as well.

The participant can gain advice from others who have experienced a similar situation or similar symptoms. Typically, participants are all at different points in their journey. This can

allow for more experienced group members to provide comfort and guidance to newer members.

Participants gain knowledge from other participants and the facilitator depending on their role

within the group. Participants gain coping skills that they can turn to even when they close from

the group. Depending on the group's purpose, the change can vary. However, the goal is to

empower the participants and allow them to heal through the reciprocal relationships between

them and the other members.

Methods and Tools Utilized in Self-Help Groups

There is a vast array of self-help groups, and they can vary in structure. Some groups are

more formal than others. Since the emphasis is on self-help, the role of group leader is not

always held by a professional or social worker. Some self-help groups are led by a senior

member of the group. This can help to maintain the narrative that the group belongs to the

participants and change occurs through participant interaction and sharing. However, the role can

vary depending upon the structure of the group. In certain groups, the leader is considered an

initiator or silent support person. In this case, the role is more to monitor the conversation and

step in only if required. Other groups have facilitators that guide conversations toward

empowerment or other topics. Facilitators can make sure that each participant is having the

opportunity to share if they would like to. Oftentimes, a social worker can have the role of group

facilitator. It can be beneficial for participants to have the guidance of a social worker if they

were to need access to resources within their community. A social worker can connect group

members with more treatment options or services if they require. Self-help groups can be healing

for an individual, but there are circumstances in which a person may need other forms of

treatment. Groups can be an effective addition to one-on-one therapy, medication, or other forms

of intervention.

The modality of this intervention is group work. It is through the communal experience and reciprocal relationship between participants that healing can occur. The primary form of communication within mutual support groups is speaking, verbal communication. Throughout the meeting, group members take turns sharing their feelings and experiences with each other. Some groups, especially those for children, can have specific activities that participants can do during the group. The goal of these activities is to allow the participants to express themselves and how they feel about their specific situation. Having multiple ways for children to express themselves can be useful since it can be difficult to express complex emotions through words. Other forms of communication utilized in a self-help group are writing, drawing, game play, or other forms of art. This also shows how this model can be used in combination with other intervention strategies such as play therapy or art therapy. It can be used in addition to a solution focused approach or strengths based approach as well. A goal of most support groups is to empower the participants which is true of the strengths approach.

Empowering self-help groups for caregivers of children with disabilities in Kilifi, Kenya: Impacts and their underlying mechanisms

Within the article, the authors examined the impact of self-help groups for caregivers of children with disabilities. A program was implemented in a rural area in Kenya, where the majority of the population is in poverty.

 "The setting was Kilifi County. It was chosen for its potential to build on existing relations with established community-based groups that had been involved in a previous study on disability awareness training. One of the poorest areas in Kenya, the majority of Kilifi residents lived in dwellings of mud construction consisting of one or two rooms, with no power supply or running water…In this setting, disability is often associated with

negative images and explained by breach of social conventions by one or other of the

parents, which has aroused the wrath of ancestors, supernatural forces, the will of God or

unexplained events. Thus stigma associated with disability was present in the

community." (Bunning et al., 2020).

The program consisted of six sessions over the course of six months. There six topics focused on

were economic empowerment, sharing personal situations, peer support, community inclusion,

access to health and education. This program was structured compared to many other support

groups. Each session had specific topics of discussion, and the theme of all topics was always

empowerment.

The sample consisted of 81 participants who were caring for their child with a disability.

These caregivers' stress was compounded by caring for other children. "Regarding numbers of

children at home, 68% of the caregivers had at least 6 children, including 1 child with a

disability." (Bunning et al., 2020). Almost half of the participants were in poor living conditions

while raising their children. Questionnaires and interviews were conducted during the course of

the program. The two questionnaires were administered by staff. This accommodated different

literacy levels. Researchers also conducted 36 semi-formal interviews. 18 were conducted prior

to the start of the program and 18 were conducted after.

Outcomes of the Intervention

The results from the questionnaires revealed a significant difference between pre

intervention and post intervention. The caregivers/participants on average viewed their child's

disability as less severe after the 6 support group sessions. On average, the participants felt as

though they had a stronger support network after the sessions as well.

"Caregivers rated the severity of their child's disability as significantly less severe, indicated by a higher median score post-intervention (baseline = 68; post-intervention = 72). Extrinsic factors affecting the child and caregiver were perceived as significantly less of a problem post-intervention, similarly indicated by a higher median score post-intervention (baseline = 19; post-intervention = 29). Finally, there was significant growth in caregiver report of their social support networks (baseline = 39; post intervention = 84). Inter-quartile ranges were generally lower for all measures at the post intervention point, indicating reduced variability in the middle 50% of the scores." (Bunning et al., 2020).

The researchers also recognized a connection between factors of agency and burden. Burden could be seen in the difficulties faced by caregivers while raising a child with a disability. Agency represents the developing control gained by group members and their improved quality of life. Researchers saw that the participants' burden and agency were two opposing constructs. Prior to the program, caregivers discussed the difficulty of physically caring for their child with disabilities. Many felt as though the weight was entirely on their shoulders. Many also lacked ideas or action to improve their situation. After the program, participants described a renewed energy and purpose. Through the community of caregivers built from these groups, the participants were able to engage in mutual problem solving. This empowered participants even after the group sessions concluded, to find solutions to their struggles as they pertain to caregiving.

The self-help groups proved to be an effective countermeasure to the factors which negatively impacted the participants including poverty and lack of psychosocial support.

"Not simply about identifying the rights of an individual, the SHGs provided a space where the burden of caregiving could be challenged. Through development of a social structure and resources, and the establishment of a degree of social connectedness, the caregivers were enabled to make decisions and to take actions, to demonstrate abilities and to engage in capacity-building…the caregivers gained a better understanding of factors affecting their lives, extended their knowledge of available resources to achieve goals, and developed skills for decision-making and problem-solving." (Bunning et al., 2020).

By the end of the program, the caregivers had gained confidence in their capacity to make a positive change in their lives. This demonstrates that empowerment was associated with caregiver participation in these self-help groups.

Validity of the Findings

The study's findings have validity. The researchers sought to find the impact of support groups for caregivers of children with disabilities. They implemented specialized support group meetings for a sample of 81 participants. Through questionnaires and personal interviews, the researchers analyzed the impact of the program on the caregiver participants. The study's findings are valid in the sense that they showed a positive impact on this particular group of participants. However, since the sample consisted of parents from a specific area of Kenya, it is possible that these participants were in significant need of the empowerment offered through the program. They faced factors such as poverty, poor housing, and food insecurity. It is possible that this program had a more significant impact on this group than it would on other groups, not facing these same challenges. This points to the fact that more research needs to be conducted on the impact of self-help interventions.

Limitations of Intervention

Since this study was conducted in a rural area of Kenya, Kilifi County, it was difficult for researchers to coordinate aspects such as travel, participant availability, and financial resources in order to gather participants for the group meetings. This left convenience as a major factor to when meetings were held and interviews took place. Limited resources also meant that follow-up interviews could not be conducted. Therefore, there is some missing information that could impact the findings and outcome of the study. Also, the tools utilized to analyze the data had to be adapted for use with this population. That could leave room for miscommunication based on how this was translated for participants.

> "A lack of tools for measuring impacts that had been standardised on the population meant that quantitative instruments had to be devised for use. Whilst the CDP (Continuing Professional Development) had been developed in Uganda and used in previous studies in Kenya, the MSPSS (Multidimensional Scale of Perceived Social Support), originally developed in Europe, had to be adapted, translated, back-translated and piloted" (Bunning et al., 2020).

Influence on My Own Social Work Practice

As a facilitator of a young adults bereavement group, I will utilize the research and findings from this study to guide my practice. The focus on empowerment was a narrative that was used throughout the six group meetings. Although each time there was a different topic of discussion, the overarching theme was empowering these caregivers. Working with those who are grieving requires a balance of empathy and encouragement. Depending upon where the participant is within their grief journey, the emotions may be raw. If a facilitator does not take the

time to recognize and validate the participant's pain, the participant may withdraw or not feel understood. Some individuals need time to process their grief and feel emotions such as sadness or anger prior to taking steps toward moving forward in their life. As a facilitator, I would like to bring this empowerment narrative to our group sessions, particularly when we have participants who have been in the group for multiple meetings. There can come a point in which someone who is grieving needs to make the decision to let go of some of the pain and anger. This does not mean they will ever stop grieving the loss of their loved one, but this does mean focusing the attention back on their life and purpose. This is a time when empowerment is key. As a facilitator, I will empower those in the group to take that step forward when they reach this point in their grief journey.

Choosing to attend a self-help group or seeking additional services can be an empowering step in and of itself. The participants are taking an active role in the grieving process. They are bravely expressing painful memories, experiences, and emotions to a group of individuals they do not know. What makes this intervention effective is the fact that everyone in the group is coming from a similar place. They have a common struggle in the loss of their loved one. Our group in particular consists of young adults. The sense of community formed is unique since it consists of peers. Many participants have expressed the fact that friends their age cannot relate to their loss or struggle. The young adults group provides a support system and a place to be heard and understood.

Conclusion

The self-help group model can be utilized across many different populations, cultures, religions, and circumstances. Each group is unique and designed for participants with a particular commonality. Through these groups, individuals can experience a sense of belonging and

community. The empathy, expression, and sharing of pain that can take place facilitates healing

for the participants. The study conducted within the article, Empowering self-help groups for

caregivers of children with disabilities in Kilifi, Kenya: Impacts and their underlying

mechanisms, reaffirmed the benefit of this intervention. Although self-help groups do not

necessarily focus on specific therapeutic intervention, the impact has proven to be significant.

The empowerment gained by the caregiver participants within the study points to the importance

of self-help group work. The reciprocal relationship between participants allows for meaningful

connections to be formed. It is through this sharing of pain, experiences, and advice that positive

change occurs.

References

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