SOCIAL NETWORK INTERVENTION:

TWO SELF-HELP GROUPS IN A NORTHERN COMMUNITY

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of the University of Manitoba in partial fulfillment of the
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Several years ago, at my sister's graduation from high school, my grandfather shared with me one of his many thoughts on the World. While sitting on the high school steps, Grampa told me that there was a great world out there for me, a world with lots to learn and experience. Look around, he said, set your goals and enjoy life. Maybe, he reflected, you will become a teacher and own a red convertible.

I did not become a teacher. I do not own a red convertible. However, it was the thoughts by people such as Grampa that have enabled me to build a truly special support network of family, friends, and associates.

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Finally, my love and thanks to my friend, mentor and husband. Mark's presence in my life has made many things possible and doing them seem worthwhile.

"MEN WANTED FOR HAZARDOUS JOURNEY.
SMALL WAGES, BITTER COLD, LONG
MONTHS OF COMPLETE DARKNESS.
CONSTANT DANGER AND SAFE RETURN
DOUBTFUL. HONOUR AND RECOGNITION
IN CASE OF SUCCESS."

Advertisement placed in London newspaper by Ernest Shakleton (1874-1922). Hundreds of volunteers replied.
(Bruemmer, 1974)

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CHAPTER I

INTRODUCTION

There were a number of factors which led to the selection of this practicum. Several years ago, this student was employed as a social worker at the Churchill Health Centre in Churchill, Manitoba. Located on the shores of the Hudson Bay, Churchill is a small Northern community with a large transient populaton. In both professional and personal interactions of this student during the period of residency in Churchill, it became apparent that some people had difficulty coping with their lives in Churchill. Many of the these residents were new residents to the town and while few experienced serious physical or emotional difficulties, there was a feeling of general discontent, isolation and frustrations on their part. Little irritations were exaggerated and intensified. For some, alcohol consumption increased while others felt like withdrawing from all social contact. For most new residents, social contacts were limited to their occupational groups.

Since returning to Churchill, this student was again cognizant of the difficulties experienced by some residents. Several new residents repeated the patterns of their predecessors; expressing feelings of isolation and fears of not being able to cope with their new lives in Churchill.

1.1 OBJECTIVES OF THE PRACTICUM

The objectives of the practicum were the following:

i) to identify and assist individuals who have moved recently to

Churchill, Manitoba.

ii) to develop, implement and evaluate an intervention based on the concepts of social networks and self-help with the goals of improving the quality of group members social networks and facilitating contact with others in similar situations.

The special groups selected were:

a) a same profession group whose members reside in Churchill,

b) a group of women, especially new residents of Churchill;

iii) to explore the literature on social networks, self-help and issues relevant to rural, remote and northern social work practice;

iv) to develop the group work skills of the student.

v) to develop an intervention that will provide new practice knowledge in the related fields of self-help group work, social networks and social support.

1.2 THE PRACTICUM REPORT

This Practicum Report is designed to relate the student's activity and experience in accomplishing the objectives outlined above.

Following these introductory remarks, Chapter II provides a review of selected literature on: 1) social networks, 2) self-help, 3) social group work practice with self-help groups, and 4) rural, remote and northern social work practice.

Chapter III contains an introduction to the practicum experience. Included in this chapter is a description of the setting, client groups, duration, location and recording of the practicum intervention.

Chapter IV provides a description of methods used to evaluate this

practicum with emphasis on the criteria and procedures. Copies of the evaluation instruments are included in Appendix B.

Chapter V and Chapter VI of the report describe the practicum experience in relation to Group One and Group Two respectively. Each of these chapters include a discussion of the groups' objectives, development and results of the evaluation.

Chapter VII provides a comparison of the two social network interventions. Chapter VIII summarizes the practicum experience.

Chapter IX contains the writer's concluding remarks and recommendations.

Appendix A consists of copies of exercises used in some of the group sessions. Complete evaluation results for the Social Network Assessment of Measure are included in Appendix C.

CHAPTER II

A REVIEW OF SELECTED LITERATURE

2.1 INTRODUCTION

Residential relocation has become a common aspect of life in contemporary Western societies. The resultant changes in the individual's physical environment can result in a disruption of kinship and friendship networks. A move to a rural or remote northern community such as Churchill, which is often characterized by such factors as isolation, harsh environment, high rate of labour turnover and smaller population (Wheeler, 1973), further intensifies these changes in the individual's physical and social environment. These changes in social patterns and living environment require major readjustments which may be stressful to the individual (Heller, 1982). Because a large percentage of Churchill's population is highly transient, there is always a group of new residents. This writer argues that an individual's adjustment to the community would be enhanced by facilitating a self-help group to assist new residents in their adjustment to a new community and, in particular, in the establishing of networks of social support.

The development of a program that facilitates a natural support network sensitive to the needs of new residents of Churchill, requires the consideration of several bodies of literature. The following literature review will examine the concepts of social networks, self-help, social work group practice and issues relevant to rural, remote and northern social work practice.

2.2 SOCIAL NETWORKS

In recent years, researchers from various disciplines have focussed in the fundamental social forces that constitute human relationships. Social networks have become powerful factors in the study of human welfare. These naturally occurring connections in human relationships have been shown to be potent agents in the maintenance and enhancement of health (Gottlieb, 1981).

All the social contacts of the individual constitute a social network (Gottlieb, 1981). The concept of the network permits the analysis of relationships in a number of ways. Networks are a set of ties (linkages) between nodes (persons, groups, organizations). Thus, a network can be viewed in terms of its structure, content and functions (Wellman, 1981).

The more relevant structural aspects of networks as described by Gottlieb (1981), are size, clustering, setting, homogeneity, and dispersion and density. Homogeneity pertains to the degree of social and demographic similarity among members. For example, a homogeneous network would be considered to have members holding similar values and experiences. Dispersion refers to the range of sources from which the network is drawn and density, to the extent to which members are in contact with each other as well as the central person. It could be assumed that a dense network would be well integrated and solid while a low density network would be fragmented, unconnected, and characterized by weak links (Gottlieb, 1981).

The content of the network refers to the types of linkages and

exchanges that occur among members. Factors considered in the linkage of networks include the length of time the members have known each other, how often they are in contact intensity of their relationship, roles and intimacy. The symmetry and multiplexity of ties are also important variables. Symmetry refers to the extent to which resources of members are equally exchanged. Multiplexity pertains to the number of role relationships within a particular tie.

As well, linkages can be described as being weak or strong, loose or closely-knit, reciprocal or one-sided. Knowledge of the strength and weaknesses of the ties can be used to predict a network's capacity to support the individual. Dense, closely-knit networks are more supportive, whereas flexible, loosely-knit networks are less likely to hear of the individual's difficulty or come together to provide support.

Dense, closely-knit networks provide a high level of social support. (Wellman, 1981). Dense networks maintain a high degree of member interaction, intimacy and emotional attachment (Walker et al., 1977).

It is important to recognize that close-knit networks are not necessarily helpful. There has been a considerable amount of research on the strength of weak ties (see Wellman, 1981; Hirsch, 1979; Granovetter, 1973). Strong ties may reinforce problem behaviours or attitudes and be a controlling force rather than allowing members to seek alternative ways of coping.

Weiss (1976), proposes that in crisis situations, a person would best be assisted by a person not in crisis who closely allies himself with the

distressed person. In transition situations a person would benefit most from general support, orientation, guidance, and access to an accepting community. Finally, in deficit situations, persons would require continual social support to assist them in dealing with specific problems resulting from their inadequate life organization. Thus, it is the needs of the individual that determines the kind of network that will best enhance his life at any particular time (Weiss, 1976).

Four styles of network relationships have been described by MacElveen-Hoeln and Smith-DiJulio (1978): affiliative-kinship; affiliative-friendship; associative and restrictive. Affiliative-kinship is similar to the traditional extended family where the individual's primary relationships are with his relatives. An individual spends much of his leisure time, gives, receives, borrows, and shares materials and services and plans vacations, long weekends, and special events within the family. Affiliative-friendship is a similar relationship with friends. The associative style denotes contact with many people through shared interests. Holidays are centered around the immediate family and there is a limited frequency of exchanges. Finally, the restrictive orientation is characterized by little contact, few exchanges and there is little sharing of special occasions outside the nuclear family.

Networks may also be characterized by the level at which the individual interacts with the environment. Gottlieb (1981), identifies three levels: macro, mezzo and micro. The macro level looks at the person's involvement with institutions, voluntary associations and informal social life in their communities; relationships in the broader social context. At the mezzo level, network analysis concerns itself with a person's inter-

action within a distinct social group. Study at this level centers on the factors that result in variances in access to resources needed to cope and adapt. Finally, at the micro level, the focus is narrowed to the study of the person's access to intimate relationships. These levels provide an appreciation of the multidimensional nature of the social contact and network analysis assists us in understanding the flow of resources and relationships between the various parts of social networks.

A social network has many functions. Walker, et al (1977), report that an individual's relationships maintain his/her social identity, give emotional support, material aid and services, information and new social contacts. Caplan (1974), emphasizes the support aspect of relationships. An individual is helped to mobilize his/her psychological resources and master his/her emotional burdens; his/her tasks are shared and he/she is supplied with extra resources such as money, materials, skills or knowledge in order to improve his ability to handle his/her situations.

Wellman (1981), divides the supportive linkages (strands) between network units into five separate categories: 1) doing things, 2) giving and learning things, 3) help with personal problems, 4) information help, 5) other strands. In the first four categories, Wellman further divides the strands to assess the intensity, duration and direction of the supportive linkage. For example, the category of "doing things" includes these five sections:

1) gave help with household jobs,

2) did other small services (such as driving the person to the doctor, occasional child care, errands),

3) gave help with big household chores (such as major repairs, regular help with housework),

4) did big services that took a lot of time or effort (such as regular day care, looking after a sick person for a long time).

5) helped out in dealing with organizations, agencies and the government.

(Wellman, 1981)

In the last category, other strands, Wellman identifies the following supports:

1) informal share activities,

2) formal group shared activities,

3) shared values, interest,

4) sexual interaction,

5) sociability (consummatory, non-sexual enjoyment of one another).

6) structural embeddedness (interaction with others because the larger structure obligates it; e.g. work, kin-group, friendship circle).

(Wellman, 1981)

In addition, Cobb (1976) perceives network support as providing the individual with information that he/she is cared for and loved, esteemed and valued and a part of a network of communication and mutual obligation. Saulnier (1982), reports on the possibly non-supportive functions of an individual's network. Networks can weaken an individual's self-esteem, perpetuate problem behaviours (e.g. criminal activity, drug and alcohol use) and prevent the individual from entering into new situations.

The concept of networks offers both depth and breadth in the study of human relationships but understanding the structural, contextual and functional concepts of networks is not purely an intellectual exercise. In

recent years, research has demonstrated the very powerful influences of networks in a person's life (Killilea, 1982; and Gottlieb, 1983). Growth and development within the life cycle and physical and mental well-being and responses to stressful conditions are all influenced by, and have an effect on, social networks.

The development of social support and social network theory and practice has been stimulated by a formidable number of studies drawn from diverse bodies of knowledge (Killilea, 1982). European anthropological and sociological studies focussed on the structure, process and functions of personal social networks (see Barnes, 1954; Bott, 1957; Mitchell, 1969).

Many researchers have studied social network factors which contribute to the well-being or ill health of individuals in specific life situations. Such studies include Gottlieb (1975) on natural support systems of subgroups of adolescent mobs; Colletta and Gregg (1981) on adolescent mothers' social networks and their vulnerability to stress; Cochran and Bassard (1979) on child development and personal social networks of the separated and divorced. Other studies conducted on the influence of social networks and social support on daily life include Lee's (1979) research on networks in relation to marital solidarity and conjugal power. Results from this report indicate that marital stability is seen to be greater when the networks of the spouses overlap and the partner who is most active in extra-familial systems is perceived as having more power. However, Blood (1969) reports that the relationship between marital satisfaction and kin interaction is curvilinear. He points out that the marital satisfaction increases to an intermediate level of kin contact (once a week) but decreases with more frequent contact. There is some indication that the

type of network a couple has, may reflect the kind of marital roles assumed by the partner (Blood, 1969).

Marital roles, especially the woman's role, change upon the birth of the couple's first child. A study by Richardson and Kagan (1979) reported that women experienced a decrease in their social contacts. Women who had network ties with friends who were parents themselves or had an interest in parenting were better able to adjust. This study also found that the couple's ties with their parents increased upon the arrival of the child. Another study by Stueve and Gerson (1977) reports that new fathers experienced a decrease in contact with best friends but did not feel any loss of intimacy. Also, interaction with network members shifted from public places to the home. In a study of women experiencing their first pregnancy, Nucholls, Cassell and Kaplan (1972) report that women expressing positive regard for herself and her relationships with friends, family and community tended to have a less complicated "normal delivery".

Baker (1980) in a study of the marriage breakdown, suggest that individuals need different networks at different stages. Recently separated women benefit most from a dense, close-knit network. However as time goes by, the woman needs to rebuild her life without a husband. During this reconstructing period, she benefits most from a loosely structured, flexible network that permits her to try new roles and activities. Resembling divorce in network orientation, a person who experiences the death of a loved one is best supported by a dense network at the time of loss and less connected network during the restructuring phase (see Walker et al; 1977).

In a study of health and unemployment, Gore (1978) reported that men with emotionally supportive networks shows less symptoms of illness.

Because of the effects of aging and the image of the elderly as isolated and alone, researchers have shown particular interest in social networks of the older population. A study by Shanas (1973) indicated that the elderly do have strong sources of support from family. Loss of a spouse, an intimate contact, most often occurs in the person's later life. Widows, according to research by Maddison and Raphael (1975), benefitted from a network that provides emotional rather than instrumental support.

Studies have shown that social support can both reduce the chances of disease occurring and modify the effects, physical and psychological, of an illness. These studies include Berkman and Syme (1979) on social networks, host resistance and mortality; Croog, Lipson and Levine (1972) on roles of social networks for those experiencing their first myocardial infarction; Cobb (1976) on life stress and social support; Lynch (1977) on heart disease and social support. In studies of intimate ties, findings suggest that the loss of a loved one through death (Kraus and Lilienfeld, 1959; Parkes, 1972; Raphael, 1977) or even through separation or divorce (Bloom et al, 1978), is a good predisposition to mortality.

The relationship between social contacts and psychological well-being has been alluded to in several of the studies above. Most studies of the relationship between social networks and mental health have focussed on the network characteristics of persons labelled with particular psychiatric disorders. Reports of these studies indicate a high relationship between psychiatric disorders and disfunctional social attachments. Persons

experiencing psychiatric difficulties appear to have networks that are disrupted, possibly distorted, usually smaller, uniplex rather than multiplex in nature and primarily composed of family members (see Beels, 1981; Hammer et al, 1978; Henderson et al, 1978; Westermeyer and Neider, 1981). Thus the individual may have a network composed of a few close contacts and the contacts that are present may be dense and "binding", possibly maintaining his present condition. While research does not distinguish whether ineffective networks are a cause or consequence of the psychiatric disorder, there is evidence that network variables need to be considered in prevention and treatment.

Stress has been identified as the cause of a myriad of maladies that affect the health of the modern individual. The Schedule of Recent Experiences (SRE) by Holmes and Rahe (1967) has been used by researchers, clinicians and general public to assess stress. Eckenrode and Gore (1981) place emphasis on "contextual" elements of stress. They report that it is the imbeddedness of life events in the context of temporal, psychological and social situations that determines the interpretation of the events and the individual and group capacities for dealing with them. This attitude provides support for the inter-relationship of networks and stress in defining stressfulness by the elements within and around the stress situation rather than relying solely on amounts of stress as in the SRE scale. They suggest that the "context" approach provides the individual with a pool of possible supporters which can then be narrowed to actual supporters after the limitations of these persons is taken into consideration. The results of some of the research on stress indicate that social networks play an important role in reducing and inducing stress.

While the preliminary focus of these studies has been on personal social networks, other structures have been identified as providing social support functions. Families (Caplan, 1976), natural neighbours, mutual help groups and community institutions such as schools, churches, work places and hospitals, are being recognized as important sources of social support (Killilea, 1982).

The studies cited above are indicative of a growing body of literature which emphasizes the importance of social support and social networks in help seeking, help giving and modifying the effects of stress on health and influencing the use of health services (Killilea, 1982; Gottlieb, 1983).

In summary, the concept of social networks serves as a tool in understanding how human interactions and connections can influence the health, growth, and development of the individual. By recognizing the importance of social support networks and understanding its concepts, a social worker can apply this knowledge in the clinical setting.

2.3 SELF-HELP

Many professionals are currently developing or modifying models of practice that attempt to recognize or incorporate network concepts (Frolund, Pancoast, Chapman, and Kimboko, 1981). One such form of service delivery that links formal helping service with natural helping networks is mutual aid or self-help groups.

Golan (1981) conceptualized mutual aid or self-help groups as being

the mid point in a continuum of helping resources. This continuum demonstrates the potential for the mutual aid system in linking informal and formal sources of help. When encountering a problematic life transition, a person has a choice of five sources and forms of help.

1) Self: use of the person's own powers in problem solving.

2) Natural Help System: use of individual family members, friends and informal caregivers in problem solving.

3) Mutual Help System: use of informal and formal groups of peers who are experiencing or have experienced similar problems.

4) Non-Professional Support System: use of voluntary organizations, community caregivers or paraprofessionals that provide specialized expertise.

5) Professional Help System: often chosen when all else fails, professional help is provided in the form of individual, family, group or educational services.

(Golan, 1981)

Throughout life, people have naturally occurring networks with groups of family members, peers, neighbours, and like-minded. These connections provide people with a variety of supports that enhance and maintain their lives. One such connection and source of support, the self-help group, has increase markedly in number, scope and importance.

Katz and Bender (1976), suggest a number of factors for this increase. They propose that the increasing complexity and industrialization of society has caused the depersonalization and dehumanization of institutional life. Many people feel alienated and powerless in the controlling of their lives. There is a decline in a sense of community and identity. The family structure has been eroded through geographical separation or internal conflict. Katz and Bender view the development of mutual aid and self-help groups as a reaction to modern life.

Romeder (1982), perceives the emergence of self-help as the result of:

1) the individual taking responsibility for his/her own health,

2) the human potential movement which emphasizes positive forces within the individual,

3) feelings of powerlessness and,

4) a desire to be looked after by a group that cares.

Katz and Bender (1976), suggest that self-help groups are vehicles that enhance the individual's interactions and relationships. In particular, Borkman (1984), identifies three ways in which self-help groups strengthen the supportiveness of the self-helper's network. Self-help groups provide complimentary social support through actual participation in the group. By interacting with like-minded and gaining knowledge of the situation, self-helpers transform their perspective on their network. Finally, self-help groups facilitate a reconstruction of the self-helpers' natural helping network. In addition, the individual and societal attitudes and institutions are influenced by the existence of self-help groups.

The diversity of activity and organization makes it difficult to define a self-help group. Katz and Bender (1976), provide the following definition:

> Self-help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap of life disrupting problem and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through, existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance as well as emotional support; they are frequently "cause" oriented and promulgate an ideology or values through which members may attain an enhanced sense of personal identity.
>
> (Katz, 1976)

Purpose, origin and sanction, source of help, composition and control, are the five main conditions of Katz' definition that serve to indicate the differences in self-help group organization.

Alcoholics Anonymous (A.A.), Widow-to Widow, Parents Without Parents, Compassionate Friends and Take Off Pounds Sensibly (TOPS) are examples of self-help groups. These groups illustrate the variety of groups that fit within the definition provided earlier and demonstrate the need to examine the differences in self-help groups if one is to appreciate the relationship between self-help groups, social group work practice and social networks. In order to further conceptualization of self-help group organization, Leon Levy developed a typology of groups based on their purposes and composition. The four types are as follows:

> TYPE I groups are defined by their having as their objective, some form of conduct reorganization or behaviour control. Their members are in agreement in their desire to eliminate or control some problematic behaviour and frequently their desire is the only requirement for membership. Alcoholic Anonymous, Synanon, Take Off Pounds Sensibly and Parents Anonymous are examples of this type.
>
> TYPE II groups are composed of members who share a common status or predicament which entails some degree of stress and sharing of coping strategies and advice .... Examples of this type are Make Today Count, Parents Without Parents and Recovery, Inc.
>
> TYPE III groups might be thought of as survival oriented. They are composed of people whom society has, either labelled deviant or discriminated against because of their lifestyle, values or on grounds such as sex, sexual orientation, socioeconomic class or race ... Gay Groups and Black Pride and power groups would fall into this category.
>
> TYPE IV groups are made up of members who share a common goal of personal growth, self-actualization and enhanced effectiveness in living and loving .... Examples of this type are sensitivity and T. Groups.
>
> (Levy, 1976)

From this typology, one is able to further understand the structure and functions of self-help group organization.

Self-help groups are not only noted for their breadth of concerns but also their longevity (Wollert and Barron, 1983). The following conditions are seen as ensuring maintenance and perpetuation of the self-help groups:

1) members perceiving their self-help experience as effective and valuable,

2) self-help members are experienced and confident in operationalizing self-help concepts,

3) resources are available for the development of groups,

4) existence of community acceptance and awareness of self-help approach as a legitimate strategy for personal change and enhancement,

5) government support for the development and utilization of self-help groups

(Wollert and Barron, 1983)

While the notion of self-help and mutual aid has been an integral part of social work practice, there has been a tendency for professionals and self-help groups to be in opposition (Levy, 1976; Liberman and Borman, 1979; Silverman, 1982). Silverman (1982) indicated that members of self-help groups have often had negative experiences with the formal helping systems and professionals have tried to impose, solely, professional knowledge on self-help groups. The result has been a struggle for control between the formal and informal helping networks.

However, studies have indicated that professionals are increasing their involvement in the facilitation of self-help groups (Caplan, 1974; Levy, 1976) and self-help groups are reacting positively towards profes-

sionals and professional involvement (Liberman and Borkman, 1979).

What professionals are struggling with is their role in the self-help and mutual aid movement (Coplon and Strull, 1983; Deneke, 1983; Romeder, 1982). Coplon and Strull (1983) caution professionals against taking the attitude that either self-help groups are fringe movements and therefore should not be taken seriously or that self-help groups are so successful that they do not require professionals. These authors stress that professionals have the potential to play a valuable role in the self-help movement.

Several conditions increase the likelihood of a positive relationship between professionals and self-help groups (Wollert, Knight, and Levy 1984). Professionals must have adequate knowledge of the workings of the self-help groups and in particular, an appreciation of the differences between self-help groups and the traditionally run therapy groups. Secondly, the professional-member status differential must be de-emphasized by maintaining informal contacts, openness and recognition of the members' expertise. Finally, professionals must use a consultation model which permits members to make decisions as they see fit. Silverman (1982) stresses that professionals need to examine their own attitudes, be appreciative of values and capabilities of self-help groups and come to facilitate and consult rather than provide "enlightment".

Wollert and Barron (1983), suggest the following roles for professionals involved in self-help groups:

1) Organization Role: assisting members during the beginning phase

to organize, decide on goals, objectives and agenda; developing auxillary programs and promoting support network and sponsorship programs.

2) Consultation Role: providing time limited assistance to help group members to deal with a specific problem.

3) Ongoing Role: providing professional involvement to assist the group to have a higher profile in the community (providing backup rather than front line support); assuming an advocate/mediator role with the group making the decisions; peer member (professional experiencing the same problem).

4) Clearinghouse: collecting information about self-help groups and disseminating this information to the community; resource mobilization.

(Wollert, 1983)

Collaboration is the key to the self-help groups and the professional relationship (Parker, Pancoast, and Froland, 1983). The professional recognizes and accepts members' expertise and need for the autonomy and the members recognize the value of the professional's knowledge and access to resources. The result is a collaborative relationship base on a mutuality of concerns and reciprocity.

With the continued growth of self-help groups, both in number and scope, there is an increasing potential for the linkage of the natural helping network and the professional. Together, these care-giving systems can mobilize and exchange resources with the ultimate goal of maintaining and enhancing the health and well-being of the individuals and their social networks.

2.4 SOCIAL GROUP WORK PRACTICE WITH SELF-HELP GROUPS

Mutual aid and self-help groups have been an integral part of civilization

(Kropotkin, 1972). Initially focussed on physical survival, these groups have grown in number and scope; responding to the various physical, spiritual, economic, social and political forces of the time. Since the inception of the profession of social work - group work has been a part of social work practice (Garvin, 1983). However, due to the proliferation of social work settings and diversity of group purposes, there is, today, no concensus on group work practice in social work. Instead, there are a number of theoretical concepts and models of practice. Unfortunately, the knowledge base of these approaches in group work is derived from formal research rather than natural groups (Northern and Roberts, 1976).

One model of practice in group work, the board-range model, attempts to present a singular group theory which is applicable to all group work practice (Lang, 1972). The broad-range approach is a compound, dynamic three stage model of practice in group work. Unlike other models which assume all groups to be alike, despite the variety of clients and ranges of purposes, the board-range model differentiated "order of groups" and appropriate group forms for each. Lang presents the following orders of groups:

1) "Allonomous" groups are worker governed with the service focus on individual social development. This is an immature group form that has a fairly controlling, directing leader. The leader's actions will probably be instrumental in keeping the group together. The worker will be a model for group functioning through surrogation; taking on necessary activities that members are unable to do. All group processes are influenced by the worker.

2) "Allon-automous" or "transitional" groups are a blend of worker-directed group functioning and automonous group functioning with the focus on both the individual social development and achievement of group goals. The worker plays a variable role moving between surrogation and facilitation in the maturing group form.

3) "Autonomous" groups are group governed with worker service focussed on the achievement of group defined goals. The group is capable of functioning without the worker but members may have things to learn and experience in order to accomplish goals and tasks effectively. The worker's main role is that of a facilitation.

(Lang, 1972)

The broad range model is based on developmental considerations (Lang, 1972). If an individual is unable to maintain minimal autonomous individual functioning, the individual will not be able to participate in an autonomous group. Also, the model permits the development of the individual and group through the three stages.

The method developed by Lang is aimed at the creation of well-functioning, eventually autonomous groups (Garvin, 1982.)

Of particular importance to workers interested in self-help and mutual aid groups, is Lang's clarification of some of the notions about worker role (Lang, 1972). The model affirms both a directive and facilitative role depending on the structure, focus and goals of the individual and group. As well, the broad range model recognizes the collaborative relationship between the worker and the group; characteristic of the self-help professional relationship described earlier.

The broad-range model has been criticized for the singular approach taken to group work (Garvin, 1983). With the variety of work settings and diversity of group purposes, Garvin believes that a range of group theories is needed.

While Lang's model does not directly address the relationship between

social group work practice and self-help groups, the broad-range model, unlike others, is applicable to all social work practice including self-help groups.

2.5 RURAL AND REMOTE SOCIAL WORK PRACTICE

Traditionally, social work in rural and remote communities had been a neglected field (Ginsberg, 1976). However, in the last decade - students and practitioners, educators and researchers have expressed an interest in learning about the nature of rural and remote communities and the provision of service to these areas (Abramson, 1979). In order to provide effective social work services in rural and remote communities, Abramson (1979), emphasizes the workers' need to be aware of the special characteristics of such settings and the skills necessary for functioning successfully in these areas. Consequently, this section will review the literature on rural and remote social work practice, motivation for interest, special characteristics of rural and remote areas and the implications for social work practice and service delivery.

The development of social work has had an urban bias (Ginsberg, 1976). With the trend towards increased urbanization and industrialization over this past century, it has been logical that practitioners and educators focus on the social issues in urban areas. Thus, centers of education and research have been located in and programs focussed on urban areas.

The development of professional identity for social workers has helped

to promote an urban orientation. In the early 1930's, caseworkers were attempting to gain recognition for their expertise in a specialized area of work (Martinez-Brawley, 1977). While social work in urban areas most often lend itself to a generalist orientation, as will be discussed later, rural social workers of that era found themselves caught between a generalist of specialist stance with the notion of status and professionalism tied to the latter. Thus, a rural social worker was perceived as having lower status in their professional field. This perception has been maintained, in part, by the lack of literature, programs and course addressed to rural social work practice (Abramson, 1979).

Since the early 1970's, there has been a shift in attitude towards social work practice in rural and remote areas (Abramson, 1979). Employment opportunities for social workers in urban areas have decreased. Rural positions, once considered less attractive and prestigious, have been received with greater interest by workers, especially new graduates. Abramson also points to the fact that rural areas have a high turnover of staff. She suggests that professionals have not been adequately prepared for providing service or for making satisfactory personal adjustments. Thus the profession has been compelled to take a closer look at this problem.

Another motivational factor for an increased rural interest is the general dissatisfaction with city life. Many people have left the city, and perhaps, a high material standard of living, to live in rural areas which they consider to provide a higher quality of life in terms of meaningful relationships and simpler lifestyle (Herrero, 1979).

In view of these concerns and trends, a number of practitioners and educators have turned their attention to social work in rural and remote areas. A small, but growing, body of literature, conferences, journals and courses addressing rural issues are reflections on this interest.

i) Definitions and Difference

There are a variety of ways of thinking about what is rural and remote. These areas can be considered in terms of population, economic structure, accessibility, space and/or settlement. Statistics Canada defines rural as follows:

> "1) all parts of incorporated rural municipalities, unorganized territories, and Indian reserves having a population density of less than 1,000 per square mile,
>
> 2) incorporated cities, towns and villages with populations less than 1,000."

According to Statistics Canada in 1976, one of every four Canadians lived in a rural area (Abramson, 1979). Most definitions of rural areas follow this type of description based on population density (Ginsberg, 1976).

After population characteristics, similarities in definition end (Wagenfeld, 1981). As stated by the Southern Education Board (1976), "there is a great variance among rural communities; for example, rural industrial, rural farming, rural non-farming....different in style, customs, economic situation, population, density, geographic location, and topography."* Abramson (1979), suggest a functional typology of rural and

* A Rural Task Force of the Southern Regional Education Board Manpower Education and Training Project developed a statement for educators preparing social workers for positions in rural areas. Some of the more important statements made by this task force are included in this report.

remote communities that addresses these differences: 1) metro transition, 2) rural community in a micropolitan region, 3) rural community in an economically depressed region, and 4) remote and isolated community. This typology best captures the diversity of rural and remote areas and is the only one that recognizes the more isolated settlements characteristic of Northern Canada.

There is no universal definition of what is rural and remote. The Southern Education Board (1976), suggest that arriving at a clear definition is not necessary. What is important is the realization that there are many practitioners working outside of urban-suburban areas.

Part of the conflict that has limited the definition and recognition of rural and remote areas and social work practice is the question of whether there is a difference between rural and urban and the social work practice in these areas. Historically, the conflict centered on whether rural social work was a distinct professional subfield, with unique practice techniques and problems, or merely social work done in rural areas (Martinez-Brawley, 1977). Then, as now, disagreements were due to semantic and status problems among workers rather than divergent philosophies. The difference lay in the "environmental context of the practice rather than the practice itself" (Martinez-Brawley, 1977).

The Southern Regional Education Board (1976), in its statement of Educational Assumptions for Rural Social Work, address this issue of rural/urban difference. The Board describes rural areas as having unique problems as well as problems common to urban areas. Rural people are like people in non-rural areas. However, the Board suggests that practitioners

have to look at the economic, political, social and other institutions and conditions that have formed the lives of rural residents; making rural life different from urban life.

ii) Characteristics of Rural, Remote and Northern Areas

Ginsberg (1976), provides a description of the characteristics of rural areas. He describes these settings as lacking services and recreational facilities; for example, higher education, large medical facilities, museums and entertainment. He points out that there is limited employment due to the single industry nature of small towns. He suggests that town members whose behaviour is outside the expected norms experience stronger pressure to conform than urban counterparts. Minority groups appear to have the most problems, both in financial and health matters. He believes that cultural factors are a necessary consideration in rural areas. Religion often plays a major role in rural communities. Finally, he emphasizes the smaller scale of living. Everyone knows everyone else and share similar experiences. Ginsberg stresses that small does not imply simple, since rural communities are as socially complicated as cities.

Rural areas are often lacking in variety of public and private services that are common to urban areas. In the selection and provision of programs, priority will be given to life sustaining services over life enhancing programs. Recreational and leisure time activities are informal and vary according to the skills and interest of residents.

Rural areas are characterized by monolithic economies. There are few industries or other sources of employment resulting in higher rates of

unemployment in rural areas (Ginsberg, 1976). The lack of economic diversity causes an out-migration of many young rural residents. There are usually fewer resources (e.g. physical, economic, manpower) to sustain these areas. As well, rural areas have a low tax base and low levels of employment are common because of the often seasonal nature of working rural and remote areas (e.g. fishing, trapping, farming).

In rural communities, there is a tendency towards greater conformity with conventional norms. Many of these areas remain the last stronghold for some conventional virtues and prejudices (Southern Regional Economic Board, 1976).

Rural ethnic groups play an important part of developing communities. Often, a particular ethnic group will predominate in the community and strive to maintain their cultural identity. Canadian rural minority groups such as Indian and Metis are similar to the American rural minorities (e.g. Blacks, Chicanos) groups characterized by health problems and poverty.

Religion in rural communities is often of primary importance. The Church hall provides residents with a place for social, recreational, and education activities. The minister or priest may also be the only source of social support, providing assistance for those in need.

The smaller scale of living, characteristic rural areas, has both positive and negative qualities. Communities are more personal but personal habits, such as dress and social life, become public concern. Rural areas are sociologically complex. Many characteristics may be linked

to little remembered but often influential, historical events. Family conflicts, church schisms and past behaviours often shape the community.

Rural areas have a complex power structure. Formal sources of power are located both inside and outside the community. The decisions of official sources of power are often a strong force. Without their sanction, many projects fail (Buxton, 1976). As well, officials in rural areas tend to assume more than one role (Mermelstein and Sundet, 1976). For example, the school principal may be the dominant political party chairman, volunteer firefighter, officer of several civic clubs and a relative of selected government officials.

Ginsberg's (1976), descriptions of rural areas are similar to the descriptions of other writers in this field (see Abramson, 1979; Mermelstein and Sundet, 1976; Webster and Campbell, 1977). For the most part, his characteristics of rural settings could be applied to remote, northern settings. However, some of the characteristics are drawn from an agrarian viewpoint neglecting the more transient and isolated nature of Canada's mining and lumber communities and the more remote areas of the North.

More northern, remote areas do have some distinctive qualities: Wheeler summarized the following characteristics:

1) distance,
2) isolation,
3) environmental stresses,
4) sporadic resources,
5) extraordinary emptiness of the countryside and concentration of

almost all the population in a relatively few urban or village situations,

6) predominance of one-industry towns,

7) high rate labour turnover,

8) the problem of facilitating an adequate livelihood, social services, and emotional health for disadvantaged Indians and Eskimos, many of whom have been relocated in recent years,

9) the overlapping political and administrative jurisdictions that make it difficult to achieve any sort of unified development program for the north, and

10) the divided counsels of both inside and outside the government as to what direction northern development ought to take.

(Wheeler, 1973)

Northern areas of Canada have positive images of beauty, romance, adventure and economic benefits. However, northern areas also mean cold temperatures, short summers with many mosquitoes, isolation, and a lack of urban amenities (Lotz, 1970; Faulkner, 1984). The remote northern areas are far from urban centres. There are often no roads into these areas and transportation costs are high. The isolation and harsh environment can be detrimental to the emotional and physical health of northern residents. "Being bushed" and "having cabin fever" are two concepts that reflect the psychological effect of living in the north. Experiencing fatigue after a long period of isolation, away from the "outside" world, is symptomatic of "being bushed" (Willis, 1960). "Cabin fever" not only applies to wilderness isolation but also to forced confinement with others (Nickels and Ledger, 1976).

Unlike more southern areas, remote northern areas have a large transient population. Community and neighbourhood cohesion is poorly developed (Fried, 1971). As well, many of the people living in these

communities do not regard their stay as permanent. Thus, long term planning and community support is difficult. This is further complicated by the large amount of outside government involvement in local community affairs. As a result, there is a lack of interest or concern about the community by transients and feelings of frustration built in the long term resident.

The remote areas do have alluring qualities for many individuals who are attracted by the beautiful scenery, outdoor life, employment opportunities and/or lifestyle. Many residents have a greater sense of personal freedom as well as an appreciation for a more personalized environment. However, remote areas can also present problems for human adaptations; especially for those unaccustomed to its physical, social and political environment.

iii) Social Work Practice in Rural and Remote Communities

Rural and remote settings present special circumstances for the social worker in that environment. Clark (1977), presents the following observations about rural social work:

1) Rural workers experience a greater sense of professional isolation.

2) Many rural workers spend long hours driving or flying to visit clients. Transportation may be impossible during certain seasons or due to poor weather conditions.

3) Rural workers tend to see themselves as generalists who must attend to a variety of needs. They may experience a great deal of frustration because of the many and diverse needs as well as the obstacles to good practice.

4) Rural workers usually work under minimal supervision.

5) Past relationships among professionals in a rural community strongly influence their willingness to work together. A potential for co-operation often fails to be developed because the lack of supportive organizational structure, the differential responsibilities of the disciplines represented and the prior socialization of professionals which reinforces a view that the agenda of practice is sacrosant and that expertise is unique.

6) Rural workers are often geographically isolated from educational centers.

7) It is difficult to fund professionals to travel out of the rural catchment area to attend educational programs and workshops. The same relative lack of funds in rural areas make it difficult for a single service program to hire educational consultants to spend time in the rural setting.

(Clark, 1977)

Abramson (1979), suggests that some further thoughts on the characteristics of social work practice in rural and remote communities are:

1) Separation between personal and work roles are vague because of the high visibility of the worker and frequent encounters with clients in informal and social situations.

2) The social worker may have to assume roles not usually considered to be part of his/her job description.

Finally Webster (1977), proposes these additional characteristics of the social work task environment:

1) Workers are frequently seen as outsiders.

2) It is necessary for workers to have a strong liaison with community power sources.

3) The worker in rural areas have increased vertical linkages.

4) There is resistance to outside influence.

iv) Implications of Practice

"There is a common core of generic content to all of social work practice. Such a core includes knowledge of human behaviour and skill in analysis and problem solving and in basic practice skills. There

> is however substantive knowledge which is unique and different as it pertains to rural communities and which social workers must know if they are to be helpful to people in rural areas."
>
> (Southern Education Board, 1976)

Having identified some of the characteristics of rural and remote areas and the social work practice in these settings, interested researchers and practitioners have begun to consider the implications of practice and service delivery.

Small community settings lend themselves to many and varied social work roles. Farley et al (1982), outline the following roles for practitioners in rural and remote northern social work practice:

1) Direct Service - providing a broad range of clinical services.

2) Human Resource Specialist - identifying, creating and mobilizing resources.

3) Initiator - establishing a comfortable division of labour with other professionals.

4) Facilitator - promoting interdisciplinary co-operation and collaboration.

5) Advocate - knowledgeable of the turf, making carefully considered approaches in the right way to the right people at the right time.

6) Ombudsman - presenting programs and policies to the community.

7) Administrative Assistant - awareness of agency finances and policy.

8) Educator/Learner - providing information about the social work profession and its programs, developing a feedback system to provide educational sharing and among professionals, reducing isolation, expanding the human service network for clients and other professionals, better utilizing the professionals and volunteers.

9) Friend and Confidante - developing trusting relationships between workers and community members with utmost regard for confidentiality.

(Farley et al, 1982)

Ginsberg (1976), stresses the need for social workers to be self-motivated and self-directed. Often the practitioner is the only social worker in the area and professional props such as supervisors, consultants and organization are not available (Campbell and Findlay, 1979). Thus, the worker must be prepared to accept responsibility for both his work and his own evaluation of his performance (Southern Regional Education Board, 1976). Rural and remote workers are often dependent upon their own resources, infrequent workshops or collaboration with persons who have different kinds of education for professional development and stimulation (Ginsberg, 1976). Rural and remote workers also need to be able to identify and practice in accordance with professional values and to strive for improvement of professional skills and knowledge with few professional supports.

Workers must be prepared to give up some of their privacy and accept that insisting on a right to one's own private lifestyle has sometimes disasterous consequences for the worker and the client (Dickman, 1979). High visibility is inescapable. In many small communities "people watching" is an important activity which not only provides information on strangers but also serves as a basis for social communication and control in interpersonal relationships (Campbell, 1979). With shared social, commercial and cultural activities the worker has to be comfortable with the fact that he will interact with the community in a more personal way than would his urban counterpart.

Rural and remote workers are often involved in the community on a more than professional level. Sherman and Rowley (1977), point out that there is a "mutuality of experience of being fellow citizens that overrides

preconceptions about professional roles". There is a sharing of common concerns for example blizzards, housing, fires. Workers often gain greater acceptance as they integrate into the community. A worker who makes the conscious choice to "throw his lot" with the community will have a better chance of "making it" (Campbell, 1979). If the worker gets involved in long term projects, stays in the community on weekends or buys a home in the area, the residents see that worker has made a greater commitment to the area and its residents and, therefore, are more accepting. This is a positive use of the more personal nature of rural and remote areas in accomplishing professional tasks and goals.

There are numerous and diverse professional skills required for effective social work practice in rural and remote settings. The social worker is faced with a scarcity of manpower and a variety of problem areas. Thus, it is important that social workers have a generalist orientation (Ginsberg, 1976). The generalist role, once limited in scope to therapeutic interventions with target populations of microsystems (individuals and families), is now expanded to include consultant services to either direct service providers, research and policy and program development (Mermelstein, 1976).

The ability to identify and mobilize resources at the local (informal and formal), provincial and federal levels is a valuable skill for rural and remote workers (Mermelstein, 1976). In order to execute this resource mobilization, a social worker must have expertise in the field of human relations (Farley, Griffiths, Skidmore and Thackeray, 1982). Being aware of and maturing of, the helping potential of natural, para-professional and professional (multidisciplinary) supports are essential.

Team work is an important aspect of social work in rural and remote settings. The worker must be able to work with a variety of helping persons, peers and collegues (Southern Regional Education Board, 1976). Skills in group work assist the social worker in rural and remote settings (Farley, et al, 1982). Often a social worker is a facilitator of inter-disciplinary teams. Thus, skills in group formation, assessment and problem solving, conflict resolution and evaluation are necessary. The social worker may initiate education programs, collaborate or consult with community groups. Skills in articulating and demonstrating social work roles and educating lay helpers and professionals of other disciplines, will both enhance the well-being of the community and promote optimal use of resources (Farley, et al, 1982).

Careful study and analysis of the community is imperative if the worker is going to appreciate the community's resources and respond appropriately to the community's needs. Community development skills include: 1) assisting in developing new resources or enhancing present resources, 2) identify and analyze the existing social policies as they affect the needs of the community, and 3) accept the professional responsibility to develop appropriate measures to promote more responsiveness to the needs of the rural and remote residents (Southern Regional Education Board, 1976).

Specialized skills in client advocacy are especially important for rural and remote workers (Farley, et al, 1982). That which the worker advocates must be presented in a way that will be acceptable to and supported by a broad range of public interests and backgrounds. In rural settings there is seldom one group to be lobbied. Usually everyone in small communities take an interest and will want some input in program and

policy decisions. Thus, the worker must skillfully plan and implement methods that will both elicit a broad base of support and involve the community.

The nature of rural and remote settings present time considerations for the practitioner. Social workers need to be skillful in facilitating short term contracts (Ginsberg, 1976). If, in a large region, the worker may seldom see the client, thus the worker needs to be skillful in focussing on objectives, clearly plan and implement solutions in a short period of time. Competencies in indirect communication and simultaneous task completion are important (Campbell, 1979). The opposite of this time limitation is the slow progress common to many rural and remote northern programs. Organization and development of programs can be a lengthy process and frustrating for a worker who is desirous of fast changes.

The literature indicates that social workers in small communities, better serve their clientele with a model of practice that deals with the "here and now" (Farley, 1982). Skills in practical problem-solving appear to have more relevance than abstract psychiatric therapies (Nooe, 1980). Nooe reported therapies that were directive, pragmatic and concrete were much more effective than non-directive.

It is important that rural and remote workers be aware of and sensitive to, the cultural and historical background, traditions, values and norms of the community (Mermelstein, 1976). Planning and programs that threaten long standing beliefs will be met with hostility and anxiety. The behaviours of workers that might be considered irrelevant in an urban setting, can influence the worker's effectiveness in the rural area. For

example, giving a resident a business card may push the resident and worker apart rather than link together, as was intended by the giving of the information. The professional jargon used by the worker is especially important. Terms like "social action" can be threatening and should be put in a way that demystifies programs and provides an image that the community can relate to (Buxton, 1976). Besides an awareness of the history and values of the community, it is also important to appreciate the history of the social work position and how that will effect present actions.

The worker must consider his motives for entering into rural and remote settings. The syndrome of enter with grandiose plans then retreat, characteristic of programs in these settings, can be detrimental to the community (Dickman, 1979). The worker must try to provide service to the community "in such a way that preserves and supports what is already there" (Dickman, 1979).

Personal attributes can be important in rural and remote northern social work practice. A worker who can be creative and is comfortable in less traditional (in a professional sense) interventions will be more effective. Self confidence, persistence, flexibility, patience and a sense of humour are valuable personal attributes (Campbell, 1979). A worker's physical fitness can be their greatest asset (Dickman, 1979). Can they change a flat tire and do they have the knowledge of wilderness survival skills? Physical appearance is a crucial factor in making rural and remote contacts (Peacock, 1977). Length of hair, make-up and dress can be barriers to communication. Campbell, (1979), suggests that attributes of rural and remote workers should include a sense of adventure, willingness to take risks and the ability to make judgements under pressure and live

with them. Thus, while the professional skills and knowledge are the most important factors in effective rural and remote social work practice, personal qualities can influence practice outcome.

v) Implications for Service Delivery

The social service delivery system in rural and remote areas usually consists of basic public services. Thus, the social welfare structure is limited, largely, to public programs that provide essential services (Ginsberg, 1976). Comprehensive and specialized programs are not usually available to these areas. As a result, existing services are usually expanded to cover a wide range of functions. For example, the welfare worker might also provide family counselling, community development and social planning. In rural and remote communities, social service delivery is enhanced by creating networks among the existing community service systems (Mermelstein, 1976). By recognizing and supporting the other sanctioned service delivery systems in the community, the effectiveness of social work services is enhanced. This recognition and support can take the form of multidisciplinary teams, education groups or consultant groups, working together to address individual, family, peer organization or community issues. In theory, this sharing of resources and skills is optimal for these settings. However, personality and power conflicts can enter into the real setting. Consequently, it is important to be sensitive to the difficulties of teamwork and strive to develop interagency relationships that are in the best interests of the community (Ginsberg, 1976).

What rural communities lack in conventional urban resources, they make up for in human resources (Appalachian Citizens for Children's Rights,

1977). Prior to the arrival of social workers in rural and remote areas, residents were frequently aware of problems and attempted to help (Buxton, 1976). At present, rural and remote workers must provide a variety of services. Thus, it is the natural support networks that many authors emphasize as being key to providing successful delivery of social services (Ginsberg, 1976; Mermelstein, 1976; Ryant, 1976; Thomas, 1976). Often the fact that people are related to each other, friends or acquaintances is perceived as a threat by practitioners (Thomas, 1976). Existing support systems should be encouraged instead of being viewed as negative. The community benefits as it is aware of and sensitive to its own needs and problems and is involved in resolving them.

This type of service delivery in rural areas has been well documented in the field of community mental health. Fair (1981), describes a mental health program serving the rural areas of Oklahoma and Kansas. The program was developed through collaboration and co-operation with various levels of government community organizations and other interested professionals (teachers, clergy). Public education and encouragement of citizen participation are important factors in this program. Raber and Hershberger (1981) conclude that the success of the mental health center in Newton, Kansas, is due to the building of relationships with individuals and organizations throughout the area.

In a general commentary on social work practice in Newfoundland and Labrador, Campbell (1979) describes the effectiveness of service delivery programs that reflect community concerns. Dickman (1981) provides an example of a program that demonstrates citizen responsibility in the provision of social services. The Kenora Street Patrol, a natural helping

network, is operated by concerned citizens with social work involvement limited to consultative and monitoring assistance.

The diverse needs, few resources and the existence of natural helping networks in rural and remote areas must be taken into consideration in the development of the social service delivery system. Although not unique to rural and remote areas, a service based on support networks is of particular importance in such settings.

Rural and remote areas do have qualities that differ from their urban counterparts. While they lack the conventional resources of money, specialized programs and technical expertise, rural areas do possess a sense of community, positive regard for self-help and natural helping networks. If social workers are aware of and sensitive to the unique characteristics of rural and remote communities, they may use this knowledge and the professional skills to provide a service that both optimizes use of resources and maintains and promotes the health and well-being of the individual and the community.

2.6 INTEGRATION OF THE SELECTED LITERATURE

The focus of this practicum is on the use of self-help groups to assist in developing the social support network of new residents of Churchill. Since residential relocation may be stressful (Heller, 1982), it is hypothesized that the use of a self-help group to develop a social support would benefit those experiencing a similar stressful life situation.

Research on the relationship between social support networks and the

stress of life transitions, indicates that network support can play an important role in relieving stress by preventing, or minimizing, health problems and enhancing the person's experience. The studies conducted on the influence of social networks in life transitions, have focussed on marital relationships, parenthood, aging and death (see Blood, 1969; Lee, 1979; Shanas, 1973; Steuve and Gerson, 1977; Maddison and Raphael, 1975; Richardson and Kagan, 1979).

The literature on self-help groups suggest that self-help groups provide a valuable role in the provision of mutual help during stressful life transitions. Often people felt isolated and alone. They may find that their new situation is unshared by family and friends. Weiss (1976), emphasized the usefulness of an "available" community of others in the same situation. He maintains that this community (group) could provide a network that would give the individual's experiences meaning and acceptance. Silverman and Murrow (1976), outline the benefits of the LeLeche League in assisting new mothers with the problems of motherhood. Groups for the bereaved, such as Compassionate Friends are effective in assisting people in over-coming their grief, and, in turn, assisting new members. Programs such as Widow to Widow reduce the risk of emotional breakdown and provide individual group members with information and contacts necessary to cope with their life changes (Silverman, 1976). Of importance to both professionals and group members is the self-help group's potential to link the formal and informal helping resources (Golan, 1981; Levy, 1976; Liberman, 1979).

This broad range model of social work practice provides the practitioner with a continuum of worker roles that are dependent upon the

developmental stage of the group (Lang, 1972). This model recognizes the potential for social support and individual growth and developmental through the group experience. With the ultimate goal of group autonomy, the broad range model both compliments the aims of the self-help movement and promotes a role for social work in autonomous groups.

The literature on the characteristics of rural, remote and Northern areas indicates that these settings possess some social, physical and political qualities that differ from urban areas (Ginsberg, 1976). The source of many of the support services provided in rural, remote and Northern areas is the natural helping network.

2.7 IMPLICATIONS OF THE PRACTICUM

The concepts of social networks, social support and self-help are valuable resources for social work practice in the remote, northern community of Churchill. The use of natural support networks fills service gaps and can be an effective and efficient use of the social worker's skills, knowledge and time. The application of social group work practice in the source and form of a self-help type group has the potential to provide a medium for mediating residents' stressful life transitions.

In particular, the notions of self-help and network support would provide an effective base for facilitating a service for new residents of Churchill. A self-help group would enable new residents to meet with others in a similar situation, share resources and to build new network ties that would be meaningful in their present situation.

CHAPTER III

INTRODUCTION TO THE PRACTICUM EXPERIENCE

3.1 SETTING

This practicum was conducted at the Churchill Health Centre, Churchill, Manitoba. Before describing the characteristics of the agency from which this student based the practicum, it is important to provide some information on some of the characteristics of the town of Churchill, that are relevant to the program.

Churchill is located on the shore of Hudson's Bay, 966 air kilometers north of Winnipeg, Manitoba. It has a population of approximately 1,100. There is no highway to Churchill, which, for some, increases their sense of isolation. By rail, Churchill is 1697 kilometers from Winnipeg which means approximately 40 hours of travel time. Churchill has a regular jet service to Winnipeg.

For the most part, Ginsberg's (1976), characteristics of rural communities, mentioned earlier, are representative of Churchill. However, in addition, Churchill's northern location provides a harsh climate and long distances from urban centres. Winters are cold and long, and if permitted, can restrict social contacts. For several weeks in the summer, the mosquitoes can make outdoor activity unpleasant. In the fall residents may feel further restricted by the presence of polar bears in and around the community.

Churchill has a large transient population. Tourists, seasonal workers, government employees and researchers spend varying amounts of time in the community. The transient nature of the population of Churchill is disruptive to the development of neighbourhoods and community organization (Fried, 1971). Residents tend to be divided into two groups; 1) locals, and 2) transients.

Types of employment are diverse in Churchill. The National Harbour's Board, Health Centre, tourist industry, shops, two airlines, railway, schools, restaurants, expediting companies, various federal, provincial, municipal and territorial government departments provide employment.

Churchill has the additional characteristic of its image. In the eyes of many, Churchill means polar bears, intense cold and a place where one "comes back from". For example, when one is talking to a Churchillian one asks, "When are you coming out?" Churchill is not considered a place where one takes up permanent residence (Fried, 1971). Those who choose to live in Churchill are attracted by the beautiful scenery, outdoor life, employment opportunities or the lifestyle it provides. Many have a greater sense of personal freedom as well as an appreciation of a more personalized environment. Churchill is a place viewed with aversion, fascination and a source of a multitude of research projects; human, animal botanical, ornithological, environmental and meteorological.

The history of Churchill's network connections with individuals, groups, organizations and governments outside of the community, is characterized by both success and vivid descriptions of failures. The community has, justly at times, become suspicious of what "outsiders" have to offer.

What is important in considering social networks and Churchill is the existing community support given to mobilizing natural helping relationships rather than using outside, impersonal and perhaps ineffective support services. As well, the social work practitioner in Churchill needs to be aware of his/her own relationship with the communities' networks, his/her own resources and needs, besides assessing his/her contribution, positive or negative, in the network.

The Churchill Health Centre is an example of a community's attempt to take control of services provided (Martin, 1978). In the early 1970's, the Board of Directors of the Fort Churchill Hospital were planning for a new health facility. In 1972, the Hasting's Report was issued to Canada's Health Minister and the White Paper in Health Policy was published in Manitoba. These reports recommended a shift away from health care in large institutions to community based centres that would provide integrated health and social service delivery. The Churchill Health Centre, opened in 1975, provides services that represent a near model for social and health services delivery as outlined by the proponents of community health centres.

The Churchill Health Centre provides for the town of Churchill, small communities along the Bay line and for residents of the Keewatin Zone north of Churchill. The Centre provides three health care delivery functions: 1) agute patient care, 2) ambulatory care, 3) outreach services. The acute care facility includes an inpatient ward, labour and delivery room, operating room and recovery room. The ambulatory care services are comprised of medical and dental clinics, a combined in-house and retail pharmacy, emergency room and facilities for general public information.

Outreach services include public health, child day care, home care, probation and parole, child welfare, family services, and alcohol abuse treatment and prevention services.

A Board comprised of community and relevant organization representatives oversee the general operation of the Churchill Health Centre. The purpose of this Centre is to enhance the quality of life in Churchill and surrounding communities through the provision of quality and relevant health and social services. Underlying this purpose is the philosophy that these preventive and restorative services are key to the well-being of the community provided that they are part of the community and a response to community needs. Thus, in conducting this practicum, it is important that the objectives and intervention reflect and respect this philosophy. Therefore, while this student was required to complete a practicum as a requirement for successful completion of her MSW program, the practicum was more than a fulfillment of Course requirements. It did address a concern expressed by a number of past and present members of the community and was not merely filling this student's needs.

3.2 THE CLIENT GROUPS

The following two client groups were involved in the social network intervention:

GROUP ONE: Members of the same profession (nursing) who had moved to Churchill primarily for reason of employment.

GROUP TWO: Women of the community of Churchill, in particular new residents, who had few sources of support and/or wished to enhance their support networks.

3.3 DURATION

Preparation for both groups began in the Summer of 1983. Group One met on nine occasions between October 1983, and February 1984. Group Two met on ten occasions from January 1984 to June, 1984.

3.4 LOCATION

Except the final meeting, meetings of Group One were held at the Churchill Health Centre.

In addition to occasional meetings at the Churchill Health Centre, Group Two held meetings at various members' homes.

3.5 RECORDING

All pertinent data collected over the course of practicum activity was recorded and filed by the student. Many of the group sessions were video-taped for supervision purposes. Also detailed process recordings were made of each session by this writer.

CHAPTER IV

DESCRIPTION OF EVALUATION METHODS

"The essence of successful practice is the ability to demonstrate that what we have done (our intervention) has worked (is effective)" (Bloom and Fisher, 1982). In recent years, it has been increasingly important for social workers to evaluate their interventions in terms of time, cost, and effectiveness. The social worker also has an obligation to the group members since members have the right to assess whether their participation in the process meets with their established goals (Garvin, 1981).

4.1 CRITERIA FOR THE EVALUATION

Kazdin (1980) suggests the acceptability of the results of intervention is the most relevant criterion for evaluating the clinical significance of behaviour change. Clinical significance refers to the "practical value of the effect of the intervention - whether it make a "real" difference to the clients" (Kazdin, 1980). Kazdin states that assessing the clinical importance of behaviour change can be determined in two ways: the social comparison method and the subjective value method.

This intervention uses the social comparison method which involves comparing the client's network and feelings before and after the intervention. Some measures also compare the client with norms for the population.

Evaluation of the durability of the change caused by the intervention is included. Follow-up assessments were conducted in this practicum.

Another important form of evaluation is the involvement of the client in the evaluating of the group based on their impressions. Thus, the group members can judge whether the intervention enhanced their functioning. Each group member received an evaluation form at the end of the group session.

Additional criteria for evaluating outcome are the efficiency, and cost-related factors (Kazdin, 1980). The facilitation of a self-help group would be considered more cost efficient than individual counselling; both in terms of professional time and cost (financial and psychological) to the client and to the community.

4.2 EVALUATION INSTRUMENTS

This student chose a number of measures in order to increase the realiability, validity, scope and utility of findings. The particular measures chosen were selected for their relatedness, both directly and indirectly, to the dimensions of social networks and social support for their ease of use and for their balance of types of measures (i.e. objective and subjective).

The following measurement package was selected and employed for the evaluation of these interventions:

GROUP ONE (Nursing Group):

The following measures were used for this group:

1. Support Network Assessment (See Appendix B, Measure I)

2. Generalized Contentment Scale (GSC) (See Appendix B, Measure II)
3. Index of Peer Relations (IPR) (See Appendix B, Measure III)
4. Individual Member's Evaluation (See Appendix B, Measure IV)
5. Facilitation Observation of the Group

GROUP TWO (Women's Group):

The following measures were used for this group:

1. Support Network Assessment
2. Generalized Contentment Scale
3. Individual Member's Evaluation (See Appendix B, Measure IV)
4. Facilitator's Observation of the Group

Support Network Assessment

This form identifies for the student and each group member the structure, content, function and proximity of support networks. The use of the Support Network Assessment enables the individual member and this student to get a picture of the network and, in turn, identify sources of support as well as possible problem areas. Thus, it can be used as a treatment method as well as an evaluation tool.

Weaknesses of self-report measures in general, such as subjectivity to response bias and social desirability response set are applicable to the Support Network Assessment.

Generalized Contentment Scale (GCS) and Index of Peer Relations (IPR):

The Generalized Contentment Scale (Hudson, 1974) is a questionnaire of twenty-five statements designed to measure the degree of contentment that an individual feels about his life and his surroundings. It is a measure of the degree on magnitude of non-psychotic depression.

The Index of Peer Relations (Hudson, 1977) is a questionnaire of twenty-five statements designed to measure the degree or magnitude of a problem a member has with a peer group.

Both these scales are easy to administer, interpret and complete. As well, both scales are stable and thus can be given repeatedly. The scales are reported to have internal consistency, reliability and test-retest reliabilities of 0.90 or better (Bloom and Fischer, 1982). They have face, concurrent and construct validity. They can be a source of ongoing feedback to the group members.

Evaluation Form:

The evaluation forms of both groups are similar. Each member was asked to rate both the value and content of the group and to identify types of support given or received. The individual members were also given an opportunity to express their opinions on the group.

Since rating scales solicit estimates of inferences on both the part of the group member and of this student, the reliability and validity of these scales is questionable. The identification of resources received or

given helps the member to appreciate his role in the network and provide additional feedback for this student of the extent and types of exchanges. While individual opinions are subjective and may be highly unreliable, this student is provided with feedback and information that might not have been given in any other type of measure and provided the group members with an opportunity to assess the group.

Practitioner Observations:

Every group session was evaluated by this student in terms of the group process. Garvin's (1981) group work recording form was used as a guide (See Appendix B, Form 1). This form facilitated the summary of each group meeting, the identification of troublesome issues and supervision.

Observations are considered to be the archetypical method of scientific research (Nachmas and Nachmas , 1976). Worker inferences can render observations invalid and unreliable. Thus it was important that observations be only part of the measurement package.

4.3 EVALUATION PROCEDURES

GROUP ONE:

In the pre-group phase, this student met with each group member and individual group members were given two Support Network Assessment forms to complete. On one of the forms members were asked to provide information to the best of their knowledge on their networks for the previous year. On the other Support Network form, they were asked to complete the information

on their present situation. Members were also given both the Generalized Contentment Scale and Index of Peer Relations, to be completed that day. Two further sets of scales (GCS and IPR) were filled out by individual group members on two separate occasions prior to the initial group meetings.

At each of the nine group meetings, each member completed the Generalized Contentment Scale and Index of Peer Relations measurements.

Members completed the GCS, IPR, Support Network Assessment and Group Evaluation Form at the final group meeting.

Three months after termination of group meetings, members again completed the GCS, IPR and Support Network Assessment.

GROUP TWO:

Measurement procedures for this group were identical to that of Group One, except that members of this group did not receive the Index of Peer Relations and the number of group meetings was ten. Thus, this group has one additional group phase measure.

4.4 EVALUATION DESIGN

The A-B single system design was used to evaluate this practicum.

The Baseline-Phase A:

Data was gathered for each potential group member during the pre-group phase,

The Intervention - Phase B:

Data was collected throughout the group sessions.

Weaknesses and Limitations of the A-B Design

If the data shows a marked change from Phase A to Phase B, causality can only be suggested, but not confirmed. There are a number of threats to validity that must be considered. Factors extraneous to the purpose of research might produce effects that are confounded with the effects of research itself. The A-B design is not sufficiently strong to eliminate these threats. Among the threats to internal validity described by Bloom and Fischer (1982) are other events occurring in the client's life during the assessment and program, other psychological or processes occurring at the same time, reactivity, changes in instrumentation and differential dropout of clients from treatment. As well, this design does not enable one to know which parts of the interventions are most effective.

CHAPTER V

PRACTICUM EXPERIENCE;

SELF-HELP GROUP ONE

5.1 INTRODUCTION

Group One was composed of members of the same service profession. Excluding this student, individuals in the group were representatives of the nursing staff of the Churchill Health Centre. Their work was characterized by twelve hour shifts, substantial blocks of time off and frequent opportunities to work on evacuation flights to Winnipeg. The nature of the work setting for nurses led to highly dense social networks. Often the same nurses worked together, lived in close quarters and socialized together. Thus, the dictates of their occupation and their dense social ties limited their contact with both local community residents and local potential sources of support and resources. This was often a source of frustration for both the professionals and community members.

5.2 OBJECTIVES

The objectives of this group were the following:

a) enhance the size, quality and quantity of social support network ties;

b) build linkages for information and resource sharing between the same profession group and the community;

c) develop suggestions through personal experience for orientation and selection of new staff considered for work in Churchill;

d) gain insight into the nature and scope of support networks.

5.3 GROUP DEVELOPMENT

i) Pre-Group

With the support of the Board of Directors of the Churchill Health Centre and the Director of Nursing, the student presented the proposal for a group to the Nursing Staff. Of the seventeen staff members, eleven individuals indicated an interest in the proposed group. The student conducted individual interviews with potential group members. The content of these interviews included an explanation of the evaluation tools and the use of video equipment for supervision purposes. In addition, individuals were asked to identify what they wanted from participation in the group. The general goals expressed by the interviews were getting to know people and learning about Churchill.

At the end of the pre-group phase, the number of potential group members decreased by one. All ten members were women. five of the members had moved to Churchill less than six months previous to the beginning of the group.

ii) Beginning

Meeting time was selected in consideration of the nurses' twelve hour shift schedule. The initial meeting was held at 8:30 pm on October 27, 1983. The length of time members met, characteristic of most of the nursing group meetings that followed, was one and one half hours. Six members attended the first meeting.

The student's objectives for the beginning group phase were as follows:

1) assist the group to identify individual and group goals,
2) facilitate a sense of group (cohesiveness),
3) promote an awareness of "selves" in a group setting.

The following group goals were identified by members:

1) design an orientation package for new staff,
2) find new ways in which nurses can become more involved in the community,
3) learn more about Churchill,
4) bridge gaps - how to strengthen ties between locals and transients.

Two other goals were mentioned but not listed by the group. While denied as being a problem for group members, there was a light hearted comment on a possible group goal of seeking tips on how to find a man. Also, some members suggested the use of the group as a forum for the discussion of work related problems. These members perceived the group as a vehicle for doing something about work issues.

The task of goal identification sparked a poignant discussion of the problems facing nurses in Churchill. Every year, there is a high staff turnover at the Churchill Health Centre and nurses with a tenure in Churchill of more than two years described how this leave-taking influences their relationships. When new to Churchill, they develop close bonds with other new staff . They live in close quarters, work together and socialize with the same people. After one year, their local support network decreases as friends leave Churchill and a new group comes in. Once again,

close friendships are made and a year later many of these friends leave.

After experiencing a number of losses in their local network, nurses tended to stay relatively aloof from new people because of anticipated loss. This hesitancy to rebuild a network was also seen as being the problem in establishing involvement with the local residents of Churchill. Members felt that local residents also resisted the making of linkages with them because of the numerous losses of close relationships in the past. Members also identified the location of their accommodation and shift work as hindrances in being more involved in the town.

The nurses new to Churchill talked of their first days in the community. Some, never having seen the town before, experiencing their first real move from home and/or knowing no one in the community, felt alone and uncertain of the wisdom of their move to Churchill.

An ice-breaking exercise and an exercise in group cohesiveness and awareness of "selves" in a group (See Appendix A, Exercise I) were used in the beginning phase of the group. These exercises served to bring together the various sub-groupings within the group. Nurses who had been in Churchill a long time (over six months) and nurses working on the same team formed two distinct sub-groups. The new nurses on staff were the least attached.

The "older" (referring to nurses who had worked at the Health Centre more than one year) nurses provided the new nurses with practical information and shared personal experiences unique to Churchill. There was however, a sense of weariness and ambivalence evident in the comments on

the nurses' lot in Churchill, which appeared to dampen the enthusiasm of the newer nurses. In turn, the newer nurses demonstrated a keen interest in their new town and relationships and provided the "older" nurses with an opportunity to recall their first days in the area and the highlights of their time spent in Churchill.

The beginning group served to bring together a number of nurses who were interested in enhancing the quality of their life and relationships n Churchill. Group members were task oriented and showed potential to share concerns openly with each other. The goals identified by members served to form a base for the middle stage of the group.

iii) Middle

The six group meetings of the middle phase took place over a two and one half month period. After three meetings in November, the group chose to have a one-month break for Christmas holidays. Attendance at meetings varied from two to seven members. Shift work, evacuations to Winnipeg, and trips on days off accounted for the high absenteeism. Three nurses dropped out of the group because of other commitments leaving the group with a core of seven members.

The development of the nurses' group over the six meetings was somewhat reflective of the nurses' life in Churchill. Identified goals were addressed and the very powerful forces of the setting, both work and community, influenced the development of the group.

The student's objectives for the middle phase of the nurses' group

were as follows:

1) facilitate accomplishment of goals as identified by the group,

2) identify various sources and types of social support and encourage emotional support within the group,

3) broaden individual and group's community support network,

4) facilitate change of ownership of the group process from the student to the group members in keeping with the focus of social group work practice in self-help type groups.

An orientation package for new nursing staff was designed by the group. The group members perceived the package as a possible method of encouraging a longer stay in Churchill; helping new staff to begin on a positive note. This orientation package was quickly put into practice as two group members welcomed two new nurses shortly thereafter.

The next goal addressed by the group was bridging gaps between the Churchill Health Centre and the community. Subsequent events, external to the group, had a serious impact on this goal. Some local residents circulated a questionnaire to all residents of Churchill which, through the questions asked, raised doubts as to the quality of care provided by the Health Centre and conveyed a criticism of the staff in most departments of the Centre. The group members were both angered and hurt by the circulation of the questionnaire and doubted if now, the gaps would ever be closed. While they supported each other, they felt powerless and unsupported by those whom they had perceived as being essential contributors in the bridging of the gaps between the Centre and the community. With the frustration and the anger acknowledged, this student focussed on how the group might handle the day to day conflict situations so that individual nurses and the group might have a positive impact on the community and a

sense of control over their work environment.

An exercise designed by this student had members assume different roles in a conflict situation. This student hypothesized that by assisting the group to "be in another person's shoes" members would gain a better understanding of the concern of that other person and, in turn, be better prepared to handle the stresses being experienced on the Ward and in the community. This exercise was difficult for members. The group was still dealing with the shock and resultant pain of the questionnaire and were not ready to discuss the dynamics of the situation nor to develop plans for coping positively with the problems at work. An added obstacle was that, in the formation of the questions asked, the questionnaire had attacked the groups identity; nursing. This apparent attack seemed to diminish some of the original enthusiasm for the group.

Two other community incidents occurred which had a significant impact upon the group. A local hotel was destroyed by fire which further distressed the group since the "pub" and restaurant were considered as community institutions. The group shared their memories of the hotel's activities and its patrons and anticipated the effects the loss would have on their respective social lives. The second incident involved the death of a local resident who was mauled by a polar bear a short distance from the Health Centre. Fears were expressed by the group as to their personal safety in the community as were the feelings of frustration due to the perceived limitations placed on them by the presence of polar bears in the immediate vicinity. In sharing these fears, members experienced a greater sense of togetherness in facing a common problem in their environment.

In consideration of these events and the task oriented nature of the group thus far, the student attempted to deepen the group's support base by providing an opportunity for members to share, with each other, on a more personal level. Two exercises (See Appendix A, Exercise II, and III) were used to increase group cohesiveness and ability to resolve conflict, help members identify individual and group values and to increase members awareness of themselves and other members. With the encouragement of the student, two group members took responsibility for a group meeting. They presented a questionnaire (See Appendix A, Exercise IV) to the group. The content of the questionnaire confirmed the writer's argument that life in a remote, northern area presents some concerns for transient groups.

While members expressed some interest in the exercises, the group preferred to deal with issues of less personal nature. The major focus of group discussion was that of work problems. Conflict between the community and the Health Centre and within the Health Centre itself left members feeling discouraged. The conflict seemed to arise from issues relating to professionalism, trust and confidentiality. Community and Health Centre concerns relative to the lack of trust and confidentiality may have influenced the amount of sharing the group was prepared to offer. One nurse made an interesting comment on this reluctance to the effect that it is all one can do to function well in the job and support yourself emotionally without the added burden of carrying others. Thus, one could conjecture that the group's perception of support did not include that of the importance of reciprocity in self-help when relating to more personal matters.

At the final meeting of the middle phase, members evaluated the

group. They shared their frustration with what they perceived as a lack of success of the group and contended that the inconsistency of membership, due to shift work and trips, was largely responsible for the group's lack of continuity and inability to achieve all group goals. The lack of continuity in membership made if difficult for a flow of discussion from one meeting to the next and the absences of members left others feeling unsupported and powerless to make firm, group decisions. Issues relating to work and lack of community support were influential in achieving of goals.

In particular, the group experienced feelings of ambivalence and powerless in achieving goals related to increased community involvement.

Members also expressed an interest in and need for an ongoing professional support group. In groups of four work teams, members were better able to share and confront professional difficulties. Also, in such groups, there was more sharing of personal experiences and a broadening fo group focus to issued beyond the group setting. Thus the group as designed by the student was perhaps limiting for members and was not fully appreciative of the naturally occurring groups within the nursing staff.

iv) Transition/Termination

The final meeting of Group One took place outside the Churchill Health Centre. Seven group members attended.

The student's objectives for the transition/termination phase of the nursing group were the following:

1) reassess interest in an ongoing support group for nurses,

2) assist members in reviewing group goals and accomplishments,

3) facilitation group transition or termination.

In the final nursing group meeting, members indicated that they could not see the group continuing in the same format and suggested that while they would benefit from a support group, each nursing team should constitute a group. In this way, all members would be present and the day-to-day issues involved in working and living together could be addressed in a more direct and confidential manner. The group maintained that issues addressing the profession, relationships within the team and within the Health Centre and the community would be the main focus of the group. Members considered such a group as being built into their position held at the Health Centre. With the proposed format, problems would be dealt with earlier and that ultimately the staff would stay in the area longer. It was recognized that in order to begin such groups, management support would be required.

Members were not prepared to begin such a group immediately because of the upcoming staff turnover. Several of the group members were planning to leave Churchill.

Much of the group discussion focussed on the coming staff turnover and once again some were preparing to leave and those remaining anticipating loss. Those who were leaving recalled the good times they had had in Churchill while those staying, pondered the change in work and personal life without them. The importance of a future support group was discussed

and members confirmed that it would be considered in the future.

Characteristic of the termination phase and of groups in Churchill, the primary focus was on the anticipated loss; the end of the group and the leave-taking of peers. Of note, was the change in mood in the final meetings. It is the impression of the student that the setting, a location away from the Health Centre facilitated a more relaxed and open atmosphere. The student's role was one of tying together the development of the group to assist members with the recognition of their accomplishments and growth since the beginning phase. The student also encouraged members to consider how their experiences might help others in the future.

5.4 EVALUATION RESULTS

i) Support Network Assessment (See Appendix C, Tables 1-1 to 3-4)

Over the four measurement periods, the student was able to assess some structure, content and function variables of the social networks of Group One members.

Prior to the first group meeting, each member recorded on the Support Network Assessment the length of residence in Churchill. The range of time members had lived in Churchill varied from three and one-half years to three months. Five of the eight members had lived in Churchill for less than one year; three of which had relocated to Churchill less than four months previously.

The Support Network Assessment begins with a very general classifica-

tion of the contexts in which relationships occur. The four network segments presented by the assessment are organization and/or groups, family, friends and professionals. The size of the network does change somewhat from the previous year measure to the post group measure.

TABLE I GROUP ONE - SIZE AND PROXIMITY OF SUPPORT NETWORK*

	FRIENDS			FAMILY		
ONE YEAR BEFORE GROUP	% NEAR	72		% NEAR	36.2	
	% FAR	28	7.4	% FAR	63.8	6
BEGINNING OF GROUP	% NEAR	45		% NEAR	2	
	% FAR	55	7.8	% FAR	98	6
END GROUP	% NEAR	49		% NEAR	2	
	% FAR	51	8	% FAR	98	6.8
POST GROUP	% NEAR	33		% NEAR	37	
	% FAR	67	9.8	% FAR	63	7

The number of persons listed as friends increases from a group mean of 7.4 in the first assessment to a group mean of 9.8 in the post measure. The number of family members increased very slightly over the measurement periods. The organizations and/or group to which the members belonged decreased in the post test. Of note, is the fact that members never listed the nursing group as one of the groups organizations to which they belonged.

* All assessment results for the size of network segments are included in Appendix C, Tables 1-1 to 1-4.

The presence of the nursing group appears to have had little, if any, influence on any of the changes reflected by the Support Network Assessment findings. It is the opinion of the writer that these tables reflect the relocation patterns of group members and support networks. In the year prior to the establishment of the group, five members lived outside of Churchill and three months after end of the group, three members relocated to places outside of Churchill. Thus, as an example, members left groups in a previous centre and established themselves in Churchill; perhaps as a means of making new friendships. Most likely, members priorize the groups to which they belong. Members then leave Churchill and the number of organizations participated in decreases.

Proximity to the various network segments is a key factor in the interpreting of the changes in the group members' networks. The proximity figures presented in each of the tables, maps the members' moves, establishment of relationships, leave-taking and the combined effect on members' social networks.

The frequency of contact tables (See Table II in text and Appendix C, Tables 2-1 to 2-4) indicates the intensity and suggests density of members "nearby family and friends" networks.

TABLE II GROUP ONE - FREQUENCY OF CONTACT (%) WITH SOURCES OF SUPPORT NEARBY

		FAMILY	FRIENDS
ONE YEAR BEFORE	DAILY	24	72
	WEEKLY	62	14
BEGINNING OF YEAR	DAILY	100	74
	WEEKLY	-	21
END GROUP	DAILY	100	87
	WEEKLY	-	9
POST GROUP	DAILY	54	41
	WEEKLY	31	47

Only one group member had a family contact in Churchill. The friends listed tended to be co-workers, apartment neighbours, and social contacts. Thus the group members while in Churchill had very dense networks. In the pre and post measures, this density is not so apparent.

The literature review in Chapter II indicates that dense networks have the potential to be very supportive (Gottlieb, 1981) or, on the negative side, very restrictive for individuals (Wellman, 1981).

The content of the group member's networks is also largely influenced by member relocation. The length of friend, professional, and organization relationships decreases slightly from the pre-group measure to the beginning group measure. It is of interest to note that the mean length of relationships increases steadily even into the post-measure. Those members leaving Churchill continue to keep contact with now distant friends. The frequency of contact reveals a high number of nearby friend and family contacts while members are in Churchill. The frequency of nearby profes-

sional contact decreased significantly in the second and third measure. One might suggest that the presence of the group may have influenced this result. However, the professionals listed in the pre and post group measures were largely instructors. Thus the members, while living in Churchill, did not have the same access to educational or other types of programs. The professionals listed as being "far" were most often doctors and dentists, with whom members were in contact for annual and semi-annual check-ups. The frequency of contact with "far" family members was most often weekly or monthly, indicating the importance of maintaining contact with family members. "Far" family which members listed as weekly contacts were most often immediate family (i.e. mother, father, brother, sister) while monthly contact was kept with extended family members (i.e. aunts, uncles, cousins, grandparents).

The Support Network Assessment lists seven possible support and non-support functions of the group members' networks. This student has analyzed the types of support in terms of the network segments and proximity (See Appendix C, Tables 3-1 to 3-4). Again, as with the frequency of contact tables, there is a decrease in all types of support perceived to be available from nearby family in the beginning and end group measure. The beginning group and end group measure indicated that types of support are shared more equitably between friends nearby and family far. Thus, while away from family members, some group members perceive friends nearby as sources for support; previously available from family. Friends nearby in Table 3-1 are consistently listed as far in the next two tables and near in the last measure. Note that in the last table, friends far are mostly friends from Churchill. Thus, there is still a strong linkage with the community and relationships made in Churchill.

The proportion of task, social activity and information types of support remain fairly consistent over the measurement period with only the proximity changing. These results may be interpreted as an indication of support expectation of particular network persons. The more practical functions or types of support are perceived to be available in the same ratio, from persons they considered friends or family, no matter how long the relationship. The more intimate types of support (worries and decisions) appeared to be needed proportionately from family in the second measure.

In the end group measure, support of friends increase for these kinds of support. The results suggest that in the transition (relocation) members increased their reliance on family. Once established and having developed some important nearby friendships, members were not as reliant on family supports. Emergency support becomes more of a responsibility of friends rather than family over the four measurement periods. The results of the post-group measure suggest a very slight trend towards more reliance on family. However, the result may be a result of relocation and a number of members' proximity to family supports. Finally, several group members did not identify anyone as "blocking change". Others, however, identified particular friends and family as blocking change.

Professionals were perceived by group members as sources of information and supports in the areas of worries, decisions and emergencies.

The structure, content and functions of the support networks of Group One will be discussed further in the student's observation.

ii) Generalized Contentment Scale and Index of Peer Relations
(See Figure I and Figure II)

The higher the score on these scales, the greater the magnitude of the problem. The clinical cutting score of both scales is thirty. Persons with scores over thirty tend to have problems in the area being measured. Individual group members did occasionally have scores over thirty. However, these scores did not remain consistently high.

In order to prove significance in this scale, subsequent scores should have at least a five point difference.

The results of Generalized Contentment Scale and the Index of Peer Relations, do not appear to be representative measures of the group's development. The high fluctuation in the number of group members at meetings made it difficult for the scores to provide a representative picture of the group's development.

Nevertheless, one can make some general observations on the findings. It appears that most group members, while not clinically depressed, did indicate through the scale, a fair degree of discontent with their lives and surroundings. The discontent may have been a causal factor in a number of members leaving Churchill in the later months. The peak period (second group meeting) may have some correlation with some "older" (members who lived in churchill for over a year) members' dissatisfaction with their respective lives in Churchill and "newer" members just getting over the honeymoon period of a job and a new town. Shortly after that period, new members established themselves (greater sense of belonging) and some "older" members decided to relocate within the next year. Other explana-

tions for members' discontent may be individual's feelings about themselves in terms of relationships or lack of relationships with the opposite sex, feelings about their work identity, feelings of powerlessness or general negative feelings about themselves. The content of the group meetings tended to perpetuate some of these types of discontent and the group was not prepared, did not know or did not learn how, to take action to make changes.

The Index of Peer Relations indicates a healthy level of satisfaction with peers. The peak level (meeting 6) corresponds with the group members' dissatisfaction with events at work and the lack of participation on the part of some members in the group's activities. Considering the intensity of relationships and the expression of sometimes bitter feelings one might have hypothesized that the scores would have been higher. This was of course not the case. Perhaps part of the ritual of peer relationships is the outward expression of dissatisfaction while inwardly feeling reasonably happy with one's peers. Conversely, members may not want to record their dissatisfaction for fear of creating conflict; the results of which would not only marr work relationships but would affect every part of the member's life in Churchill. It is the impression of this student that the group chose the latter.

FIGURE I

GROUP ONE

MEAN GROUP SCORE ON GENERALIZED CONTENTMENT SCALE

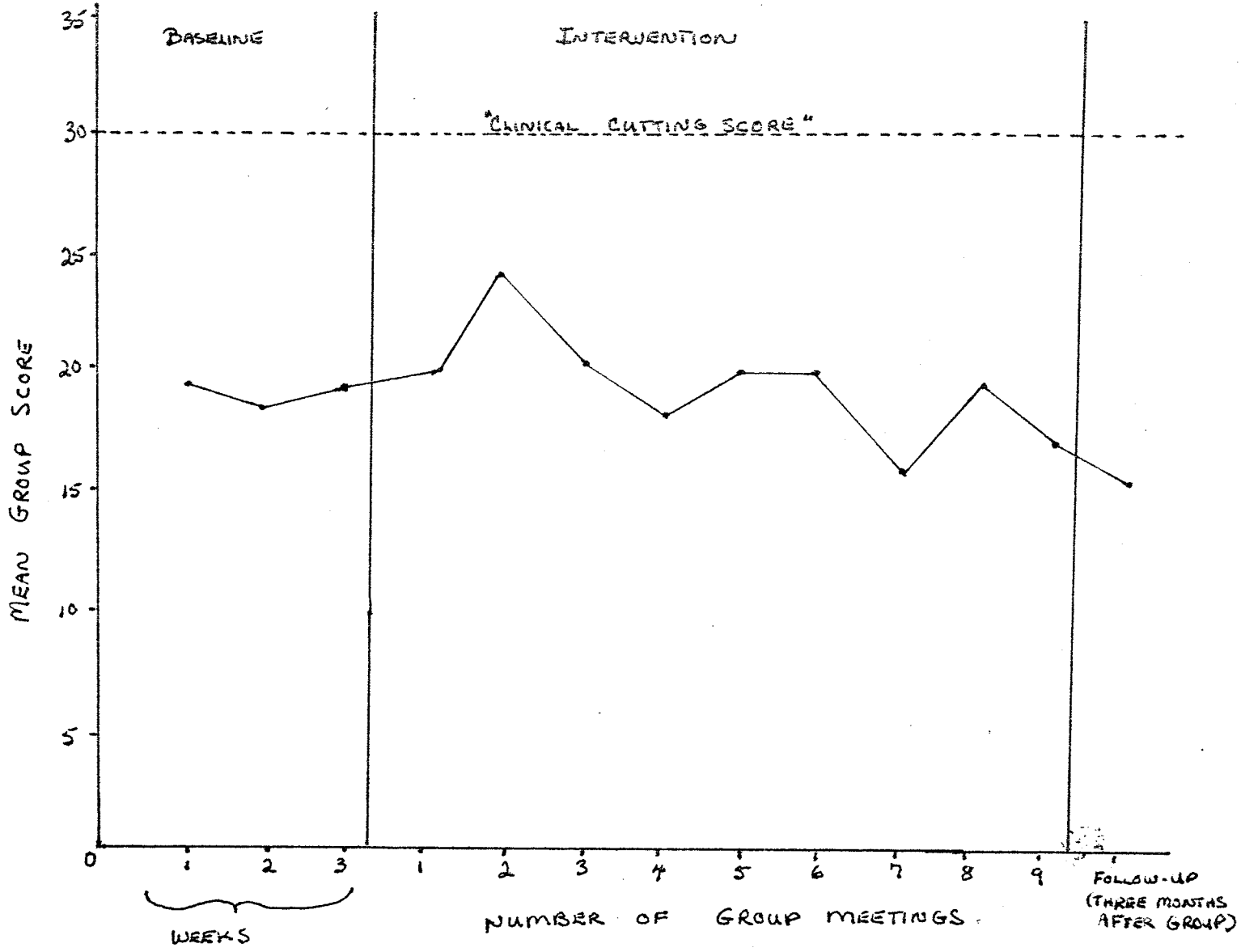
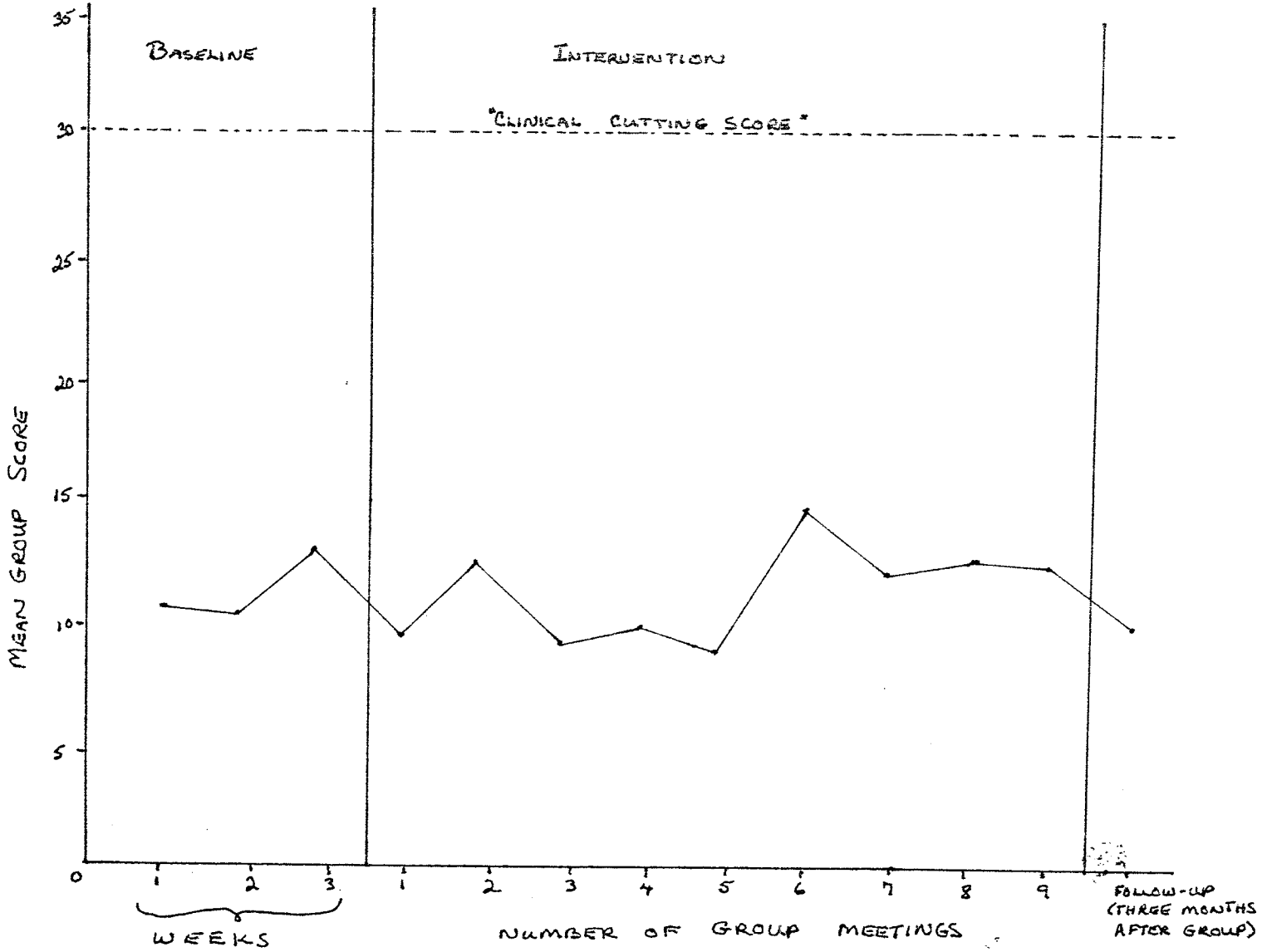


FIGURE II

GROUP ONE
MEAN GROUP SCORE ON INDEX OF PEER RELATIONS SCALE



iii) Group Member's Evaluation

Six Group One members completed the member's evaluation form. The results are as follows:

FOR ME THIS GROUP WAS:

1	2	3	4	5
NOT WORTHWHILE				VERY WORTHWHILE
	33%	33%	17%	17%

THE DISCUSSIONS:

1	2	3	4	5
Had very little relevance to the issues within the group				Were very relevant to the issues within the group
		50%	33%	17%

Group members varied in their opinion of the value of the group. Those members who gave lower scores for the above two rating scales were the "older" group members. Newer members to the staff indicated a greater need for the group. The content of group meetings ranged from somewhat to very relevant for individual members. The lower levels of these rating scales appear to indicate that for several members their goals were only partially achieved.

OTHER GROUP MEMBERS PROVIDED ME WITH:

(5) 1. Information
(1) 2. Practical help
(0) 3. Financial help
(0) 4. Help with Personal Problems
(4) 5. Help with Work Related Problems

Five of the six group members indicated that they received information, one received practical help and four received assistance with work related problems.

PROVIDED OTHER GROUP MEMBERS WITH:

(4) 1. Information
(1) 2. Practical Help
(0) 3. Financial Help
(2) 4. Help with Personal Problems
(3) 5. Help with Work Related Problems

Four of the six group members indicated that they gave information, on provided practical help, two gave assistance to others with personal problems, and three group members provided other group members with help related to work problems.

Relationships appear to be reciprocal excepting in the area of personal problems. The results on this portion of the evaluation from are consistent with this student's observation. Members were hesitant to share the more personal aspects of their lives.

DO YOU THINK THAT THERE IS A NEED FOR NURSING TEAM SUPPORT GROUPS?

Yes - 100% No - 0

IF YES, SHOULD THESE MEETINGS BE:

67% 1. Part of work

33% 2. Held on your own time

Members agreed unanimously to the need of a support group for nurses.

However, there was some disagreement as to who should be responsible for such a group. One of the members, who had indicated meeting should be held on your own time, added that if the nurses really wanted a group, it would not matter when it was held.

WHAT I LIKED BEST ABOUT THE NURSING GROUP WAS:

The variety of responses to this question held a similar theme. Members liked the opportunity to share common concerns without the presence of an "authority" person.

WHAT I LIKED LEAST ABOUT THE NURSING GROUP WAS:

Poor attendance and the blocking of subjects by some group members are the two biggest concerns expressed. Some members felt that other members resisted dealing with certain subject matter and were not attentive to the "real problems". This assessment made by some group members was central to the difficulties experienced in the group.

COMMENTS:

Members identified peer pressure as a strong force within the group. Members felt pressure to conform to well-established norms within the group and in their work and social environment. One of the norms identified by a group member was to deny the existence of certain personal conflicts among group members. Again the negative qualities of dense network appears to have restricted the growth of Group One. Also the author suggests that pressure of peers may be partial explanation for the high turnover of

nursing staff.

Several other comments and suggestions regarding the group were made by the members. One member suggested the facilitating of larger "work group" that would include other members of the Churchill Health Centre staff. Another member pointed out that more positive discussion and support occurred when only a few members were present. Yet another suggested a more structured group. All members agreed that the group could not continue in its present form.

iv) Student Observation of Group One

The observations of Group One are divided into three areas of focus: 1) social networks, 2) self-help and group work, 3) influence of the setting - rural, remote and northern characteristics.

1) SOCIAL NETWORKS

The most significant observation of Group One over the period of the group meetings was the large extent to which members' networks were inter-connected and multistranded. The high density of group members' networks had a great impact on the development of the group and its members. While such a network structure has the potential to provide collective fellowship and security, it also placed pressure on individuals to conform to certain norms. The network appeared to be very closed. When new nurses came to Churchill, members did not include them in the group. As well, almost all of the "near" network contacts were other nurses or other Health Centre staff. There were few contacts listed with local residents.

It appeared that the types of linkages between members were symmetrical only in so far as the exchange of practical types of help was concerned. There was a lack of intimacy of relationships in a dense and intense setting. Due to the numerous roles of the members in their relationship with each other, the linkages had a higher degree of multiplexity. The findings of this report are consistent with a survey conducted by Laumann (1973). He found that the extent of multiplexity is not associated with either how long friends knew each other or how intimate they were. People who know each other longer tended to share fewer roles and the greater the multiplexity, the slightly less the friendship.

Group members appeared to be highly selective in their choice of those network members who would provide specific support functions. While a large number of members exchanged practical help, members seldom identified each other as sources of more intimate types of support. This result may be explained by each member's length of stay in Churchill (i.e. new to Churchill or soon to leave). Also the avoiding of the intimate ties may be a self preservation measure; attempting to maintain some distance in a very dense and intense situation.

The existence of Group One in the form chosen, perpetuated group norms and difficulties rather than opening this naturally occurring group to a variety of resources. Possessing such a dense network, Group One may have benefitted from a mixture of members drawn from a variety of sources in the town. Such an intervention was introduced but members were reluctant to move in the direction of more community contact. Members felt blocked by the lack of support from their networks.

One final observation on the support networks of most members was the absence of significant male members. The lack of male companionship was an obvious concern for members.

2) SELF-HELP AND GROUP WORK

Group One functioned well in the area of task assignment and completion. Members' educational background facilitated the easy completion of task oriented work. Given directions, members could easily tackle practical issues that confronted the group. The exchange of more personal, emotional concerns were problematic for members.

Members did experience the "oneness or togetherness" as described in the self-help literature. They did share common concerns but did not perceive their "oneness" as a strength in dealing positively with their concerns. Liberman (1979) had indicated that self-help groups have the potential to control members behaviour. Thus group members may feel compelled, for purposes of belonging, to conform to certain group attitudes. In particular, members may feel that they are acting outside the group's norms if they were to act on member's concerns.

According to Levy's (1976) typology of self-help groups, Group One was a Type II group. Members shared a common predicament that entailed some degree of stress and shared some coping strategies.

The role of the professional in this self-help group proved to be an obstacle. The student struggled with the role of group member, belonging to the group, and facilitator. This student played an organizational role

but was unable to facilitate group growth. Most often the writer assumed the group to be autonomous rather than allon-autonomous. thus members lacked initial direction and were repeating the same situations, in the group, that they were involved in outside of the group. Consideration of alternate methods of facilitating this group will be discussed in the final section of this chapter.

3) INFLUENCE OF THE SETTING; RURAL, REMOTE AND NORTHERN CHARACTERISTICS

The influence of rural and especially remote, and northern characteristics was evident throughout the development of the group. Such characteristics as transiency of workers, access to resources, distance from large centers, dense networks and the environmental stresses of weather and wildlife, all influenced group discussion.

The setting even dictated the manner in which most nurses were hired. Due to transportation costs, most nursing staff were hired through the medium of telephone interviews and had never been to Churchill prior to commencing duties. Most of the nursing staff had never worked in a remote northern setting and were initially not prepared for the change in lifestyle and environment.

Because of the transiency of residents, community ambivalence and the closed nature of the group, members experienced difficulty in becoming involved in the community on more than a superficial level. The distance from large centers affected group attendance as members often assisted in medical evacuations to Winnipeg. Members appreciated the opportunity to visit family and friends outside of Churchill on their days off. The

nature of their work in this northern setting, tended to divide members between work and social life in Churchill and periods of time spent outside of Churchill. It appeared that members found the lack of material resources (i.e. shopping centers) bothersome but did not experience a strong sense of isolation. Members seemed to view Churchill as providing a work opportunity in a unique setting. Thus, on the one side, there was a romantic, adventurous view of their lives in Churchill while on the other side, as the content of the group indicated, there was a reality of an intense, limited and sometimes frustrating social and work experience.

Therefore, rural, remote and northern characteristics described in the literature, were reflected in the content of the group meetings and in the group's development .

5.5 IMPLICATIONS FOR FUTURE GROUPS

In consideration of the practicum experience, the writer provides some suggestions for future same profession self-help groups developed in remote, northern settings.

1) If the primary objectives of the group are to address work issues, it is likely that the group would best function in the work setting, with management sanction and having members drawn from the naturally formed groups such as members' professional association.

2) If the objective of the group is to enhance member's support networks as well as address work issues, the developer of the group must consider the non-supportive functions of members' networks. In this practicum experience, the high density of members' networks was problematic. By alternating the content of meetings to include local guest speakers and having representatives from other professions in the group itself, new contacts would be facilitated and the density of the member's networks would be somewhat decreased. Also, removing the group from the work setting would probably decrease the intensity of the member's situation. The writer suggest that such interventions

would provide group members with more opportunities to enhance their support networks. As well, such interventions may facilitate a group that is more open to creative resolution of the problems facing the group and individual members.

3) If self-help groups are experiencing internal difficulties that are hindering group development, the facilitator might consider group therapy. The facilitator would have to conduct research and locate resources that would provide a different source and form of group helping. Also, the facilitator would need to propose and negotiate a new contract with group members in order for the group to enter into group therapy.

CHAPTER VI

PRACTICUM EXPERIENCE:

SELF-HELP GROUP TWO

6.1 INTRODUCTION

Group Two was composed of women who had been long term residents of Churchill and women who had recently moved to Churchill. Often women came to Churchill because of their mates' employment and, if unaccustomed to life in a remote northern setting, they had difficulty initially in adjusting to their new situations. Unless the woman was also employed, her social contacts might be very limited and the long winter coupled with the presence of polar bears lead to a greater feeling of isolation. Many of these women have left close support networks elsewhere and entered a new setting with little knowledge of that which may be available to them in the new community. Long term residents had the experience of life in Churchill. However, they often lose several members of their local support network each year due to the highly transient nature of the Churchill population. Both long term and new residents frequently socialized with others related to their own or their mate's work area; never being aware of the many other possible resources and supports in the community.

6.2 OBJECTIVES

The objectives for the second group were the following:

a) increase the size, number and quality of supportive ties within the

individual's social networks,

b) provide new resource linkages for long time residents and for newcomers to facilitate information flow and access to formal and informal helping resources in Churchill,

c) provide a setting in which members could mutually exchange support, advise, information, material aid, etc.

d) assist newcomers to cope with the transition to life in Churchill.

6.3 GROUP DEVELOPMENT

i) Pre-Group

With the support of the Board of Directors of the Churchill Health Centre, the student recruited members for Group Two. Radio announcements, posters and word of mouth were the three methods of recruitment. The latter method was the most successful. Thus the majority of members were recruited through connections that occurred naturally.

Each member was interviewed individually by this student prior to the commencement of the group. The content of the individual interviews included an explanation of the evaluation methods and use of the video equipment for supervision purposes. Individuals were asked to identify that which they wanted from participating in the group. The general goals of participants were to learn more about Churchill and make new friendships.

The group began with ten members, five of which were newcomers to Churchill.

ii) Beginning

The initial meeting of Group Two was held at 7:30 p.M. on January 11, 1984. The length of time members met was two and one half hours. There were nine members present.

The student's objectives for the beginning group were the following:

a) to provide an opportunity for members to become acquainted with each other,

b) to assist the group to identify individual and group goals,

c) to promote a sense of togetherness through identification of common interest and concerns.

Group Two members discussed goals for the group and suggested topics for future meetings. These topics included;

1) plants of Churchill area

2) how to set up a greenhouse

3) slide presentation on another country

4) Churchill wildlife

5) group trip to Thompson

6) a film presentation of interest to the group

7) book reviews.

Members indicated that they wanted little structure to meetings and a preference for a focal point for each meeting. All members agreed that they would like to have plenty of time for socializing rather than a lot of structured activities. The group agreed that new members should be

included and that anyone was welcome at any time.

The identification of group goals was facilitated through an ice-breaking exercise (See Appendix A, Exercise V). The primary focus on the beginning group was on life in Churchill so that members could quickly identify Churchill as their initial link with each other.

Members identified the freer life-style, unusual plant and animal life and the more personal atmosphere as positive qualities of life in Churchill. The negative aspects, as identified by the group, were the polar bears, cold long winters and the difficulties experienced with family holidays. Unlike their respective mates or those employed in positions which carried a benefit of paid trips out of Churchill, many of the women could not easily travel.

Those who had lived in Churchill for a long time shared with the group some of their experiences of life in Churchill. They recalled the many who had come to Churchill with some trepidation but who had eventually become very attached to the North, and in time found it difficult to leave.

There were several sub-groups operating in Group Two. Several members were friends prior to the group. Some members had seen each other before and some had never met prior to the group.

Members shared a significant amount of their knowledge and personal experiences with each other in the beginning phase. Telephone numbers were exchanged suggesting that contacts would be made outside of the group setting. Members provided practical information for others in dealing with

specific problems. On a more personal level, members spontaneously identified personal characteristics of themselves and each other and were sensitive to those who showed some discomfort in the group setting. Members shared information about their families.

The group atmosphere of the beginning phase was one of levity and relaxation. Members quickly established group norms of informal discussions and open group membership.

iii) Middle

The development of Group Two over the next seven meetings represented the groups' middle phase. The meetings varied in duration, from one to six hours. While there was a core group of seven members, the total number of women who had attended various meetings was thirteen.

The student's objectives for the middle phase of the women's group were the following:

1) to increase the size, number and quality of th supportive ties within each member's social network both within and outside of the group setting,
2) to provide opportunity for members to learn more about Churchill,
3) to facilitate change of ownership of the group process from the student to the group members in keeping with the focus of self-help.

The content of the group meetings in the middle phase was varied.

A resident wildlife biologist presented a series of slides on the wildlife of Churchill and its environments which provided an excellent

review of the wildlife of the area. The recent fatal mauling of a resident by a polar bear prompted the expression of concern by members as to the safety of themselves and their families. The women shared their apprehension relative to allowing their children to play outdoors. The presentation provided members with a better understanding of the bears and their habits with suggestions as how to cope with the presence of these animals in the Churchill area.

The group invited a local resident to give a slide presentation on Europe. Members indicated that the presentation helped them to escape for a few hours from the realities of Churchill winter. Also the group invited another local resident with expertise in the field of gardening and greenhouses in the North to give a presentation. One of the Group One members expressed an interest in this topic and was welcomed by the group. On another occasion one of the group members had a presentation on spinning wool. Also this student gave a presentation on self-help, focussing on basic skills for lay helpers.

Group Two organized parties. Members planned a farewell party for one of the members who was leaving Churchill due to her husband's transfer. Members planned a birthday party for the student. They had invited the student's mother-in-law to join the party as they thought she would enjoy going out for an evening. Having lived in Churchill since the late 40's, she provided the group with information about Churchill and spoke of changing roles of women in the community. Her strength of character and positive attitude contributed to the group's development. Members gained an appreciation of the history of Churchill and their present roles in community.

Group Two also became involved in a community activity. The group was requested and agreed to assist in judging an event at the winter carnival.

Over the middle phase, members learned more about Churchill and individual members. In addition to the meeting's "focal point", members discussed many other topics including death, women's rights, spouse abuse, and personal experiences and concerns. Members exchanged practical information, skills, experience and gave an received emotional support. Members increased their contact with each other between group meetings.

The women's group showed potential, in the middle phase, to function with this student in a secondary role. Members established an agenda for some meetings and members were advised of meetings by other members or this student. This student assisted members by either clarifying concerns or by initiating discussions related to topics of concern. In addition, this student provided both professional expertise and shared in the group at a more personal level.

The middle phase of the women's group increased the size, number and quality of individual member's supportive ties both within and outside of the group. Members learned more about Churchill and developed together into a cohesive group with members owning much of the process.

iv) Transition/Termination

There were two meetings held by Group Two during the Transition/ Termination phase.

The student's objectives for the transition/termination stage of the Group Two were:

a) reassess interest in an on-going support group for women in Churchill,

b) assist members in reviewing group progress,

c) facilitate group transition/termination.

In the final meetings of the women's group, members indicated an interest in continuing the group. Members enjoyed the meetings and appreciated the new or stronger ties the group had facilitated. Because of the upcoming summer vacation period members decided to terminate the group until the fall at which time, core members would be responsible for starting up the group.

Three of the seven core Group Two members were leaving Churchill before the fall. Since one of the purposes of the group was the assisting of new residents, the core members who were remaining in Churchill saw a very important role for themselves and the group in the identification of and the assistance to new residents.

Transition best described the final group meeting. Members grew closer to each other in their expressions of feelings and in anticipation of changes; losses and gains. Members dealt with the anticipated loss of core members. Those who were staying said that they felt they were being abandoned and were becoming frustrated with always saying "good-bye". Addresses were exchanged; indicating that members would remain in contact. Loss of friends through relocation, a common characteristic of life in Churchill, was dealt with in a sensitive manner and feelings legitimized in

the group setting.

This student reviewed the group's development since its inception. Members discussed their fears of what they had originally thought the group might become (i.e. gossip sessions). Instead they found they had learned much about Churchill, made new friends and laughed a lot.

The group briefly set general objectives for the group in the fall. The objectives identified were as follows:

a) continue to learn about Churchill.

b) develop a program to assist new residents based on the "welcome wagon" type of program,

c) increase membership.

6.4 EVALUATION RESULTS

i) Support Network Assessment (See Appendix C, Tables 4-1 to 6-4)

Over the four assessment periods of the Social Network Assessment, the student was able to assess some of the structure, content and function variables of the social networks of Group Two members.

As with Group One, each Group Two member was asked to indicate length of residence in Churchill. The range of time of residence in Churchill varied from five years to two months. One member who had lived in Churchill for the previous three years had also been a resident when she was a child. Four of the eight members had lived in Churchill for a year or less.

Group Two members were also asked for indication as to their reasons for moving to Churchill. Three members had moved because of personal employment while the other five relocated as a result of a husband's or partner's work.

The Support Network Assessment begins with a very general classification of the context in which relationships occur. The four network segments presented by the assessment are organization and/or group, family friends, and professionals. The size of the group's network of friends does increase from the beginning to the end of the group.

TABLE III GROUP TWO - SIZE AND PROXIMITY OF SUPPORT NETWORK*

	PROXIMITY OF FRIENDS		
ONE YEAR BEFORE GROUP	% NEAR	75	
	% FAR	25	4.9
BEGINNING GROUP	% NEAR	62	
	% FAR	38	5.4
END GROUP	% NEAR	66	
	% FAR	34	7
POST GROUP	% NEAR	41	
	% FAR	59	6.2

The decrease in the number of friends in the post measure is most likely a result of the relocation of group members. The other segments remain fairly constant in size.

* All Assessment Results for the size of the network segment are included in Appendix C, Tables 4-1 to 4-4

The size of the professional segment remains constant. The size of the organization and/or group increases due to the members' consideration of Group Two as a part of this segment. In the post measure, members remaining in Churchill continued to list the "Women's Group" as a group support.

The presence of the Women's Group did have an effect on the changes in the friend segment. Friendships developed in the group were listed by members in the end and post measure.

Over the four measurement periods, the proximity to family remains fairly constant. The majority of members were married and had moved away from family (i.e. parents) several years earlier. The proximity of friends in the post measure changed somewhat. As members relocated, their friends in Churchill were still considered as important contacts.

Thus the group's structural variables of size and setting are reflected in the Support Network Assessment.

As with Group One, the content of Group Two members' networks is influenced by member relocation. The length of friend, professional and organization relationships decreases slightly from the pre-group measure to the beginning group measure. New relationships are established and the length of relationships increases gradually, up to and including, the post group measure. The frequency of contact (See Table IV in text, and Appendix C, Tables 5-1 to 5-2) suggests that, in times of transition, members placed increased importance on contact with friends nearby (i.e. beginning group measure - just after the move to Churchill and post group

measure - leaving Churchill).

TABLE IV GROUP TWO - FREQUENCY OF CONTACT (%) WITH SOURCES OF SUPPORT NEARBY

		FAMILY	FRIENDS
ONE YEAR BEFORE GROUP	DAILY	100	38
	WEEKLY	-	62
BEGINNING GROUP	DAILY	100	48
	WEEKLY	-	48
END GROUP	DAILY	100	19
	WEEKLY	-	67
POST GROUP	DAILY	100	47
	WEEKLY	-	40

Almost all family nearby are husbands and partners; hence the high frequency of contact.

The Support Network Assessment lists seven possible support and non-support functions of the group members' networks. As with Group One, this student has analyzed the types of support in terms of network segment sources of support and proximity (Appendix C, Table 6-1 to Table 6-4).

In a general observation of types of support over the four measurement periods, there are shifts in the perceived functions of the sources of support. In the first measure, the greatest sources of support are family and especially friends nearby. The second, beginning group, measure indicates a shift in sources, with family far increasing its role as a provider of support. In the third measure, the perceived support of friends nearby and the support of family far decreases. In the final post group measure, the perceived support of friends nearby is decreased significantly. Friends far have been perceived as having a greater role in

the provision of support.

The types and proportion of support of family nearby changes very little over the four measurement periods. The support of friends far remains basically the same until the last measure. The general changes in the sources and types of support can be attributed to the relocation of members to Churchill, the establishment of important friendships, some of which were facilitated by the group, and then the subsequent relocation of some group members to places outside of Churchill.

Task type functions over the four measurement periods increasingly became the responsibility of friends rather than family. Social activity with friends and family remains proportionately constant except for the beginning group measure. During these periods, members indicated an increase in family social activities. Worries or stresses and decisions were initially shared with friends more. However, in the beginning and post group measure, family took on more of these functions. The end group measure indicated a trend towards increased reliance on friends for the worry and decision functions. The selection of friend and family members in the worry and decision making functions was always small. Members tended to share these more intimate functions with only a few family members and a few friends.

Those professionals listed as providing support functions were most often members' doctors and clergymen.

Except in the beginning group measure, family was perceived as having decreased importance in the fulfilling of an emergency function. Through-

out, members listed a large number of persons available to assist in an emergency.

Friends tended to be perceived as the greatest source of information. Thus, friends were considered as the best source of support in the gaining of new information, locating resources and meeting of new people.

Group Two members frequently identified certain persons in their network who blocked change. Even though some of these persons were considered to be key people in the member's network, Group Two members were aware of the person's non-support function. In the second measure, when members appear to rely heavily on family, members indicate the greatest number of family members blocking change. During group meetings, members learned more about their networks and the functions of social support. It appears that members became sensitive to, not only the support, but also the possible non-support functions of their networks. The writer suggests that, with this increased sensitivity, members will be better equipped to handle problems and enhance life experiences.

The Support Network Assessment did provide a good assessment tool for Group Two members and for this student. Some of the structural, contextual and functional changes in the Support Network Assessment over the four measurement periods can be attributed to the presence of, and members' participation in, the group. Relocation and other factors operating outside of the group also appear to have influenced the Assessment results. Other network variables will be discussed further in this student's observation of the group.

ii) Generalized Contentment Scale (See Figure III)

The higher the score on this scale, the greater the magnitude of the problem. The clinical cutting score is thirty and to prove significance in the scale, subsequent scores should have at least five points difference.

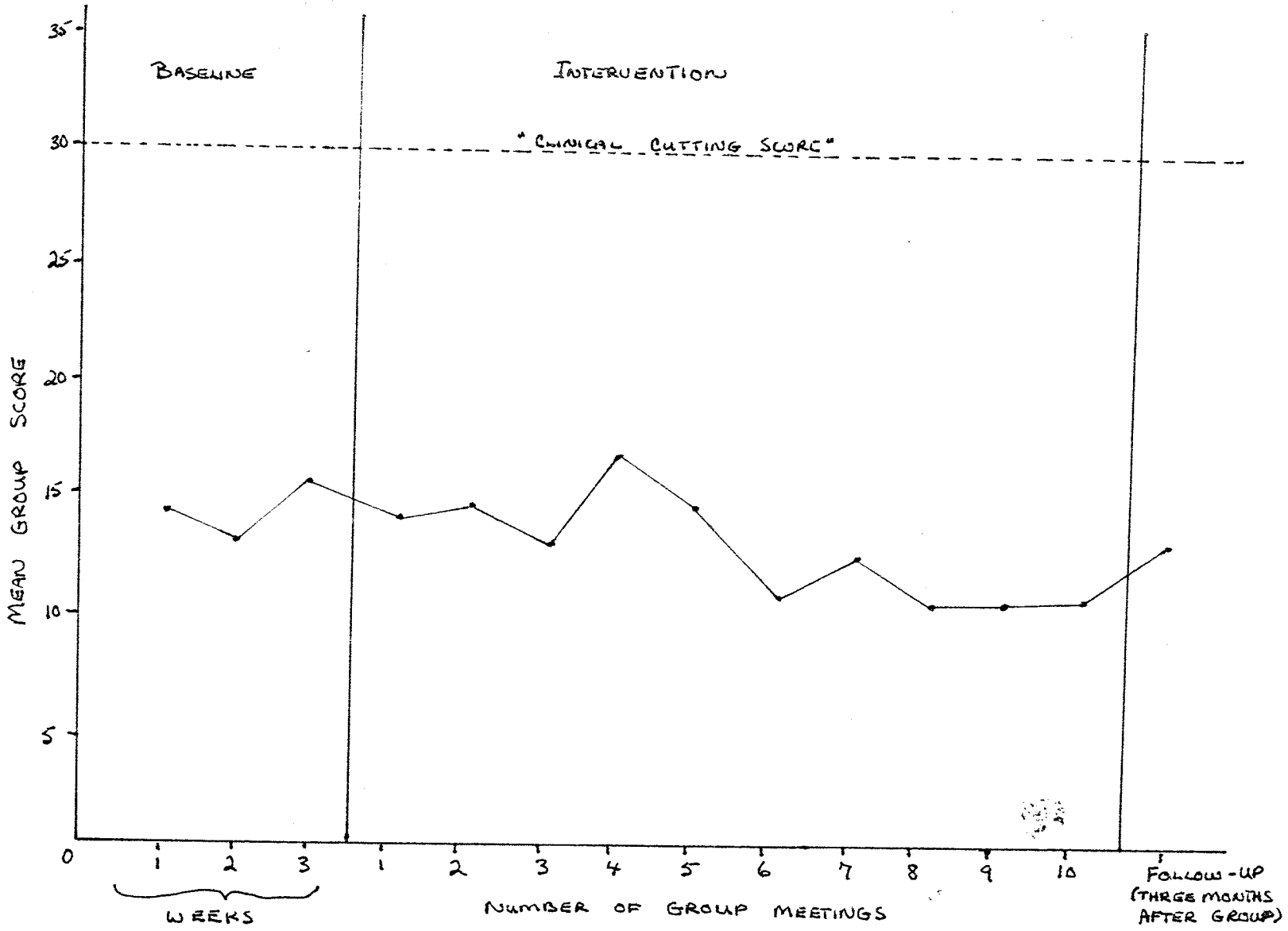
The average baseline score for group members was 14.7. Over the final three meetings, the scores were consistently in the 10 to 10.5 range. Thus the difference from baseline to end scores may indicate that the group had some impact in the increasing of members' positive feelings about their lives and surroundings. Other factors that may have influenced the decrease in score include unrelated personal factors or the end of winter.

The peak score, group meeting four, corresponds with the leave taking of one of the group members and the group's farewell party. It is the impression of this student that this score realistically represented individual member's frustration with the loss of significant nearby friendships.

The post-group score is the same as the score of the first group meeting. Three months after the end group, three members left Churchill and were in the process of adjusting to new communities. Members remaining were establishing new relationships. Lack of group meetings for three months may have contributed to a higher score. That is, if one accepts that the presence of the group had facilitated and helped build support networks, contributing to the increase in members, feelings about themselves and their surroundings. The dynamic nature of relationships in Churchill and in the group did indicate the need to build and re-build

FIGURE III

GROUP TWO
MEAN GROUP SCORE ON GENERALIZED CONTENTMENT SCALE



support networks.

Finally, the scores of the Generalized Contentment Scale cannot be considered of great significance because of the large fluctuation in the number of group members from one meeting to another. Also compliance in completing the form was, at times, low.

Thus, the results of the Generalized Contentment Scale do provide some information that can be linked with the development of Group Two. However, caution must be exercised in the interpreting of significance.

iii) Group Member's Evaluation

Six members completed the evaluation form for Group Two.

The results are as follows:

FOR ME THIS GROUP WAS:

1	2	3	4	5
Not Worthwhile				Very Worthwhile
		50%	16%	34%

THE DISCUSSION:

1	2	3	4	5
Had very little relevance to issues with the group				Very relevant to issues within the group
		34%	50%	16%

It appears that, for some group members, the group was of significant value. The discussions were considered to be relevant to members' and group issues. The scoring indicates that the group did address member's goals.

OTHER GROUP MEMBERS PROVIDED ME WITH:

(6) 1) Information

(3) 2) Practical Help

(0) 3) Financial Help

(1) 4) Help with Personal Problems

I PROVIDED OTHER GROUP MEMBERS WITH:

(3) 1) Information

(2) 2) Practical Help

(0) 3) Financial Help

(0) 4) Help with Personal Problems

All members indicated that they had received information from other group members. Three members received practical help and one member indicated that she had received help with personal problems.

Despite having received all this support, only three members felt that they had provided information and two provided practical help. It is this student's impression that members tended to minimize their support given to others. Many more exchanges were observed as the group developed than were reported by members.

WHAT I LIKED BEST ABOUT THE WOMEN'S GROUP WAS:

There was a variety of responses to this question. Several members enjoyed meeting new people, discussing a wide range of topics and the opportunity for an evening out. The informal atmosphere of the group was stressed as being important. One woman indicated her pleasure in relating the "sincere" women, sharing life situations and the subsequent development of friendships. Another member felt a comaraderie among members. She pointed out that within the group there was an "openess of friendship" in which everyone could participate despite the fact that some women had already been close friends. Therefore, the group provided members with a variety of positive experiences.

WHAT I LIKED LEAST ABOUT THE GROUP;

Poor attendance, difficulty in finding new members and the forms which had to be completed were the three area of dislike for group members. Attendance was, at times a problem. Anticipating the loss of some group members, those remaining perceived the finding of new members as a difficulty. While the filling out of forms distracted from the informality of the group members did manage to complete most of the paper work.

COMMENTS:

The only response made in this section was a member's comment to the effect that she would be back in the fall when the group would start up again.

iv) Student Observation of Group Two

The observations of Group Two are divided into three areas of focus - 1) social networks, 2) self-help and group work, and 3) influence of the setting - rural, remote and northern characteristics.

1) Social Networks

The most significant observation of Group Two was the openess and flexibility of members' social networks. Despite irregular attendance and a rotation of members moving in and out of the group, members were open and facilitated total participation.

Structurally, there was some clustering within the group. There were several small friendship groups within Group Two but these clusters, rather than dividing the group, complimented the group's sense of togetherness.

The composition of the group was not homogeneous but individual members' networks appeared to be quite homogeneous. Thus, the hetrogeneous nature of the group served to provide members with a variety of information. The setting and the sex of the members were the two common variables.

The content of member's networks observed by this student indicated that members' linkages, both within and outside the group, were quite flexible. Also, most membership relationships were symmetrical; resources being equally shared.

Both the size and support functions of group member's social networks increased. Members easily identified the support and non-support functions of their networks. They appeared to have an awareness of the potential support capacity of their networks and this awareness was evident in the group meetings. members risked the sharing topics of concern, received and gave acceptance, trusted, confronted and gave and received many types of support. While members expressed regret over the relocation of friends, they remained open and did not avoid establishing new and sometimes, just as intimate, friendship ties.

The flexible types of networks possessed by Group Two members appeared to help the individuals to make new social contacts and to gain further information. This observation is consistent with research findings cited in the literature (See Wellman, 1981; Hirsh, 1979; Granovetter, 1973; Weiss, 1976). The group's capacity for intimacy assisted group members to deal with their more personal concerns.

In conclusion, the social networks of Group Two appeared to be enhanced by the group and a positive force for the development of the group and its members.

2) Self-Help and Group Work

The most important quality of a self-help group is the feeling of belonging experienced by its members (Lieberman 1979). Group Two, as observed by the student, had a strong sense of comaraderie and oneness. Members felt that they belonged. In turn, this feeling promoted a cohesive group. The group was accepting and supportive of its members. The

reciprocity of exchanges encouraged in the group tended to increase member's feelings of worth and strengthen ties with the group and individual members.

Group Two was a vehicle for social comparison. Members shared their feelings, attitudes and experiences with each other. As a result, members learned new ways of interpreting themselves, their concerns and their environment. Members shared experiences and methods of coping is typical of Levy's (1976) Type II self-help group.

Perhaps the greatest measure of success in developing and facilitating a self-help group is its continuation. Members of Group Two indicated a sincere desire to continue the group confirming the writer's argument that such a group was needed. Potential leaders were emerging within the group and these individuals were beginning to take on more responsibility for the group. A shift in ownership of the group was facilitated. By the end of the recording period, Group Two was becoming the member's group rather than that of the student. Group Two, according to Lang's (1972) model, was becoming an Autonomous group.

The role of the student in Group Two was one of developer, facilitator and participant. Having experienced problems with roles in Group One, the student assumed a more collaborative relationship with Group Two members. This relationship was based on a mutuality of concerns and a greater exchange between the student and group members. As indicated in the literature (Parker et al, 1983) this collaborative relationship did facilitate an effective student role in the group. The writer was able to move in and out of the group with little awkwardness.

In conclusion, members of Group Two exhibited a great potential in the area of self-help and had capacity to share, grow and develop in a group situation.

3) Influence of the Setting - Rural, Remote, and Northern Characteristics

As with Group One, rural and especially remote factors were important to the development of Group Two. First, the group members' residence in Churchill was the unifying factor for all participants. Secondly, the content of almost every meeting reflected in some way the group's setting. Thirdly, the transiency of individuals, common to this Northern setting, had a significant impact on the group membership. Individual members were continually rebuilding their local support network. Other factors such as weather, distance form large centre and polar bears, influenced the content of group meetings.

Worthy of note is the way in which Group Two members handled both the positive and negative aspects of Northern life. Many members used humour to cope with the setting's inconveniences. The watching of slide presentations on a European Summer Trip in the middle of a Churchill winter was to them absurd, unrelated, and a very healthy form of escapism. Many of the Group Two members did not have the resources for trips to other centres more than once or twice a year. Thus members had to develop a way to cope with the negative aspects of their setting.

Members learned how to adjust previous positive experiences to fit with their present northern experience. If members enjoyed gardening, they learned about gardening in Churchill. Members shared their positive

thoughts on the North and if a member was feeling low about their situation, the group supported them.

As a professional, in the North, this student was able to share her knowledge of helping; facilitating a natural helping network. This group had become a resource within the community. Group Two provided this student with an appreciation of community concerns, information and innovative ways of dealing with problems that might have been learned through more formal channels.

Therefore, rural/remote factors, as observed by this student, played a key role in he growth and development of Group Two and were contributing factors to this student's professional growth.

6.5 IMPLICATIONS FOR FUTURE GROUPS

In consideration of the practicum experience, the writer provides some suggestions for future self-help groups developed in a remote, northern setting.

1) The developer of a self-help group that has objectives similar to those of group Two may best enhance the group by assuming a collaborative/participant role.

2) Due to the highly transient nature of the population, group members should be encouraged to develop some mechanism that provided information about the group to the community, especially new residents (i.e. brochures, agency referrals).

CHAPTER VII

COMPARISON OF CLIENT GROUPS

The practicum experience lends itself to a comparative analysis of the two client groups. The following are some of the similarities and differences, relevant to the practicum report of Group One and Group Two.

Group One and Group Two had similar membership characteristics. Each group had a mixture of both "old" and "new" Churchill residents. Sub-groupings were evident in both groups. The inconsistent attendance of members occurred in both groups meetings. Also, both groups, by the end of the practicum experience had lost or anticipated the loss of almost half of their membership due to relocation.

Group One and Group Two experienced related similar problems with characteristics of their living environment. Thus, some of the context of the groups' meetings was the same.

The evaluation results (See Appendix C) indicate that all group members, while in Churchill, had few family network members nearby. Also, both groups' members appeared to place considerable importance on "far" network members for fulfilling supportive functions.

The most significant difference between Group One and Group Two was the structure of member's networks. Group One members had very dense networks. Group Two members had supportive ties that were less intense and more flexible. This flexibility made Group Two a very open group while the

members' networks of Group One results in an almost closed group.

There were fewer multiple role relationships in Group Two but greater symmetry; resources being equally shared. Also it appeared that the linkages between Group Two members had a greater capacity for intimacy than those evident in Group One.

Unlike Group One members, most Group Two members had at least one family member nearby. Group One members had a higher frequency of contact with "far" friends. Group Two members did not appear to rely as heavily upon "far" friendships; having instead more nearby family and friend support. One final difference between the two self-help groups was member's attitudes towards group concerns. When faced with similar concerns, the groups differed in their attitude and methods of handling the situation. Group Two was positive in its outlook; inquisitive, reaching out and open. Members were always trying to make the best of every situation. For example, when faced with a member leaving Churchill, Group Two members resolved to make new friendships and help new residents in their relocation to Churchill.

On the other hand, Group One members tended to focus on the negative qualities of concerns; retreating from or avoiding the situation. Thus, when faced with concerns such as work problems, the members were not optimistic. Members did not think that they could make something positive out of the situation.

The author argues that members' networks were primarily responsible for the groups differing attitudes. Group One members had a dense network

that pressured members to maintain certain beliefs and attitudes. In addition, their network had a history that is passed to new network members. This history likely added strength to maintaining certain attitudes. Group Two members had a loosely structured network that gave them freedom to choose their method of handling group concerns. These observations are consistent with some of the literature findings on dense, closely-knit and flexible, loosely-knit social networks (Wellman, 1981).

CHAPTER VIII

SUMMARY

This practicum report has integrated the theories of social network and social support, self-help and group work, to identify and facilitate two natural self-helping networks in a remote northern community. The focus of the clinical program was on the use of self-help groups in the provision of a network of support for new residents of Churchill.

A review of the relevant literature indicates that the notion of social networks and social support can be a very powerful force in the maintenance and enhancement of the physical and emotional health of individuals (Gottlieb, 1981). The structure, content and function of a person's social network does have an effect on how an individual copes with his daily life (Gottlieb, 1981). When in a life transition, such as residential relocation, a person's support network can play an important role in minimizing stress and enhancing the person's experience (see Blood, 1969; Lee, 1979; Shanas, 1973).

The literature on self-help groups indicates that persons in life transitions benefit from sharing that experience with the like-minded (Weiss, 1976). Persons make valuable contacts in a self-help group that enable them to better cope with the new situation as well as assisting others experiencing a similar situation.

Integrating the knowledge base of this related literature, two types of network centered social support strategies were implemented.

Group One a same profession self-help group was identified and facilitated. The objectives of this group were to increase the size and quality of support network ties, build information and resource linkages within the group and between the group and the community, develop suggestions for staff orientation and recruitment and to assist the group in gaining insight into the nature and scope of support networks.

Group One met on nine occasions over a five month period. Group goals were partially achieved over this period. However, the lack of continuity in membership, issues relating to member's work situation and the perceived lack of community support hindered the fulfillment of original group goals. The group's network as hypothesized was very dense and closely knit. As a result, change was extremely difficult for group members.

Group Two was composed of women residing in Churchill, both new residents and long-term residents of the town, who wished to enhance their support networks and to learn more about Churchill. The objectives of the group were to enhance member's support networks, provide new formal and informal resource linkages in the community, provide a setting for mutual support and resource exchange and to assist new residents with the coping of the transition to Churchill life.

Group Two met on ten occasions over a six month period. Members made many resource linkages with the community as well as exchanging support and information with the group. Both the old and the new residents of Churchill benefitted from the informal and formal contacts faciliated by the group. The support networks of this group were characterized chiefly by flexible, supportive linkages.

CHAPTER IX

CONCLUSION AND RECOMMENDATIONS

Generally speaking the objectives of this practicum were achieved. Some new residents of Churchill were identified and assisted through interventions based on the concepts of social networks and self-help. The student greatly enhanced her knowledge of the theories of social networks, selfhelp and group work. With a greater appreciation of the unique qualities of rural and remote social work practice, the student was able to identify and address the contextual problems faced by residents in a northern setting.

The practical application of this knowledge base served to develop this student's self-help group work skills and skills for practice in a northern setting. The intervention also demonstrated the unique potential of self-help groups in help seeking and help giving. Finally, the clinical program served to emphasize the important role of social networks and social support in the influencing, either positively or negatively, of person's life experiences.

In consideration of the practicum experience, the writer makes the following recommendations:

1) Whenever possible, the Churchill Health Centre should conduct personal interviews with those prospective employees who do not reside in the community. Telephone interviews may not facilitate sufficient information sharing for either the employer or the potential employee

to come to a decision about the position. Acknowledging the high cost of travel, the writer suggests that the Centre have a staff recruitment program. Employers might travel, periodically, to a major center to conduct interviews with the persons who have expressed an interest in working at the Churchill Health Centre. As positions become available, employees may be selected from the recruitment program.

2) The writer recommends that the Churchill Health Centre, if given the opportunity, should disperse nursing staff accommodation. With staff accommodation distributed throughout the community, the dense nursing network will be somewhat diffused. Also, nursing staff, if only by location, will have a greater sense of belonging to the community.

3) Nursing staff and the Churchill Health Centre management should consider developing and facilitating a professional support group for nurses.

4) Group Two should develop some mechanism that promotes its continuation and high quality of support. Members might consider anchoring themselves in established community organizations such as the Chamber of Commerce and Outreach Services, Churchill Health Centre. Through such organizations, the group would be advertised and members, if interested, could exchange resources with these organizations.

5) The Northern environment is very sensitive and harsh. Persons' actions in the North may scar the land and/or its residents for many years. The environment is demanding on those unaccustomed to the North. Thus it is recommended that Northern Employers implement an

orientation program for new staff and their families. Employees and their families should be informed of the characteristics of remote Northern areas and the influence of these characteristics on their personal and professional life.

6) The writer recommends that all employees hired into a Northern community be encouraged to involve themselves in at least one community activity (i.e. assisting in sports program, giving music lessons, becoming a member of a community group). Transient employees are then involving themselves in their new community and the community benefits from the interest or skill of its short term residents.

APPENDIX A

EXERCISE I*

The country is under the threat of nuclear war. In this part of the country, there are very few shelters where people could sustain themselves for a period of six months -- the time estimated it would take before land would be safe for reoccupation. A group of prominent elder citizens has been chosen to help determine which of various individuals should be given access to particular bomb shelters (the selectors have indicated that they would prefer not to compete for such openings). For one of these shelters, the list has been reduced from two hundred down to ten. The elders are meeting now to further reduce the group to five. They have decided that the best procedure would be to rank-order the ten individually and then discuss their reasons and arrive at a group decision. Those being considered are (ages are in parenthesis):

A famous musician (47)

A nuclear physicist (51)

A young woman, six months pregnant (23)

A policeman (41)

An accountant (28) husband of the young woman

A nun-school teacher

A professional athlete (35)

A female dancer-entertainer (28)

A black medical student (25)

A priest (56)

(Napier and Gershenfeld, 1981)

* Exercise I is a good tool for the assessment of potential roles of members in the group. Early identification of potential leaders

is important in the facilitating of an autonomous group. The identification and nurturing of the group's strengths assists the social worker in moving from a primary to a secondary role.

EXERCISE II

Each item will receive a score, with three points awarded to the best, two to the second, one to the third and zero to the fourth. The first group back will get an additional five points. The last group back will have five points subtracted from its score.

Each team must bring back the following items:

1. an authority symbol
2. something spiritual
3. something representative of the neighbourhood of this community.
4. a symbol of the group
5. a tension reliever
6. a tension evoker
7. something intimate and feminine
8. something intimate and masculine
9. something completely useless
10. something stolen

ACTION UPON RETURN

Each group holds up its item for each category, class votes on scores, one group wins (this immediately becomes an exercise in cohesiveness. The group that continues to pile up scores attracts members to it; the group that loses is viewed by themselves and others as "losers".) The instructor records the points and announces which group is first, second, third, and fourth.

(Napier and
Gershenfeld, 1981)

EXERCISE III

1) Who Am I?

2) Who Do Others Think I Am?

3) Who Do I Want To Be?

(Schulman, 1974)

EXERCISE IV

1) What do you like most about Churchill?

2) What do you hate most about Churchill?

3) If you could have any position in the Churchill Health Centre which would you pick?

4) Have you gained any good habits since coming to Churchill?

5) Have you gained any bad habits since coming to Churchill?

6) If you could go anywhere in the world, where would you go?

7) What were your feelings when the Churchill Hotel burnt down?

8) If you were given $50,000.00 for something in Churchill, what would it be?

9) If you had three choices, which would you chose:

a) condo in the south, b) sports care, c) cash

(Questionnaire composed by two members of the Nursing Group, January, 1984)

EXERCISE V

My name is:

The reason why I am here is:

I am originally from:

My favorite music is:

My hobbies are:

The thing I like most about Churchill is:

The think I like least about Churchill is:

I am happiest when:

I would like to get the following from the group:

(an exercise which combines questions from a questionnaire drawn up by two nurses of the nursing group and by this student.)

APPENDIX B

MEASURE I

SUPPORT NETWORK ASSESSMENT

How long have you lives in Churchill? _____

Why did you move to Churchill? _____

Using the attached form, identify family, friends, and professionals from whom you can get help. Write each name beside the appropriate category and answer the next five questions about each person listed.

If you live in Churchill, under the column Near/Far, put a (+) if they live in Churchill or a (-) if they are outside of Churchill.

If you live elsewhere, put a (+) if they live within 10 minutes from your home or a (-) if they are more than 10 minutes drive from your home.

For each of the remaining question, identify the various ways those person (s) assist you by placing an "X" across from their name under the appropriate headings.

1) Who has helped you with tasks (i.e. cleaning, shopping)

2) With whom do you engage in social activities (go to a movie, invite home for dinner, go for a ride, talk, play)?

3) With whom do you talk about personal worries or daily stresses?

4) Whose advice do you consider in making important decisions?

5) From whom would you get needed emergency food, clothing or housing?

6) Who can get information, locate resources, introduce you to new friends or professionals?

7) Who keeps you from changing .... (makes you feel uncomfortable, influences you negatively, keeps you stuck)?

(Adapted From: Family Focus, Portland, Oregon, 12/23/81)

PROFESSIONALS	FRIENDS	FAMILY	
			NAMES
			RELATIONSHIP
			SEX
			HOW OFTEN ARE YOU IN CONTACT?
			HOW LONG HAVE YOU KNOWN THIS PERSON?
			NEAR/FAR
			TASKS
			SOCIAL ACTIV-ITIES
			WORRIES
			DECISIONS
			EMERGENCY
			INFORMATION
			BLOCKS CHANGE

SUPPORT NETWORK

GROUP SUPPORT

Please list any groups or organizations that you belong to or attend such as churches, support groups, sports teams, classes, political organizations, volunteer groups, etc. Then indicate how frequently you are in contact with the group and how long you have participated with the group.

TYPE OF ORGANIZATION	HOW OFTEN ARE YOU IN CONTACT	HOW LONG HAVE YOU PARTICIPATED

MEASURE II

GENERALIZED CONTENTMENT SCALE (GCS)

NAME: _____ TODAY'S DATE _____

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1 Rarely or none of the time
2 A little of the time
3 Some of the time
4 Good part of the time
5 Most or all of the time

Please Begin:

1) I feel powerless to do anything about my life ____
2) I feel blue ____
3) I am restless and cannot keep still ____
4) I have crying spells ____
5) It is easy for me to relax ____
6) I have a hard time getting started on things that I need to do ____
7) I do not sleep well at night ____
8) When things get tough, I feel there is always someone I can turn to ____
9) I feel that the future looks bright for me ____
10) I feel downhearted ____
11) I feel that I am needed ____
12) I feel that I am appreciated by others ____
13) I enjoy being busy and active ____
14) I feel that others would be better off without me ____
15) I enjoy being with other people ____
16) I feel it is easy for me to make decisions ____
17) I feel downtrodden ____
18) I am irritable ____
19) I fet upset easily ____
20) I feel that I do not deserve to have a good time ____
21) I have a full life ____
22) I have a geat deal of fun ____
23) I feel that people really care about me ____
24) I feel great in the morning ____
25) I feel that my situation is hopeless ____

(Hudson, 1974)

MEASURE III

INDEX OF PEER RELATIONS (IPR)

NAME: _____ TODAY'S DATE: _____

GROUP: _____

This questionnaire is designed to measure the way you feel about the people you work, play, or associate with most of the time; your peer group. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1 Rarely or none of the time
2 A little of the time
3 Some of the time
4 A good part of the time
5 Most or all of the time

PLEASE BEGIN:

1. I get along very well with my peers _____
2. My peers act like they do not care about me _____
3. My peers treat me badly _____
4. My peers really seem to respect me _____
5. I do not feel like I am "part of the group" _____
6. My peers are a bunch of snobs _____
7. My peers really understand me _____
8. My peers seem to like me very much _____
9. I really feel "left out" of my peer group _____
10. I hate my present peer group _____
11. My peers seem to like having me around _____
12. I really like my present peer group _____
13. I really feel like I am disliked by my peers _____
14. I wish I had a different peer group _____
15. My peers are very nice to me _____
16. My peers seem to look up to me _____
17. My peers think I am important to them _____
18. My peers are a real source of pleasure for me _____
19. My peers do not seem to even notice me _____
20. I wish I were not part of this peer group _____
21. My peers regard my ideas and opinions very highly _____
22. I feel like I am an important member of my peer group _____
23. I cannot stand to be around my peer group _____
24. My peers seem to look down on me _____
25. My peers really do not interest me _____

(Hudson, 1974)

MEASURE IV

EVALUATION FORM - NURSING GROUP

For me this group was: (circle one of the following)

1	2	3	4	5
not worthwhile				very worthwhile

The discussions: (circle one of the following)

1	2	3	4	5
had very little relevance to the issues within the group				were very relevant to the issues within the group

Other group members provided me with: (circle any of the following that are applicable)

1. Information
2. Practical Help
3. Financial Help
4. Help with Personal Problems
5. Help with Work Related Problems

I provided other group members with: (circle any of the following that are applicable)

1. Information
2. Practical Help
3. Financial Help
4. Help with Personal Problems
5. Help with Work Related Problems

Do you think that there is a need for nursing team support groups?

YES NO

If yes, should these group meetings be considered to be:
1. Part of Work
2. Held on Your Own Time

What I liked best about the Nursing Group was:

What I liked least about the group was:

COMMENTS:

Measure V

EVALUATION FORM WOMEN'S GROUP

For me this group was: (circle one of the following)

1	2	3	4	5
not worthwhile				very worthwhile

The Discussions: (circle one of the following)

1	2	3	4	5
had very little relevance to the issues within the group				were very relevant to the issues within the group

Other Group Members provided me with: (circle any of the following that are applicable)

1. Information
2. Practical Help
3. Financial Help
4. Help with Personal Problems

I provided other group members with: (circle any of the following that are applicable)

1. Information
2. Practical Help
3. Financial Help
4. Help with Personal Problems

What I liked best about the women's group was:

What I liked least about the group was:

COMMENTS:

Group Work Recording Form

Group:

Session #:

Date of Meeting:

Time of Meeting: From: _____ To: _____

Practitioner's goals for group session:

Practitioner's agenda for session:

Process:

Major Obstacles, if any, to attaining goals during meeting:

Plan for next meeting:

Notes on contacts with individuals outside meeting:

Overall assessment of session:

(Garvin, 1981)

APPENDIX C

GROUP ONE

TABLE 1-1 SUPPORT NETWORK ASSESSMENT

(N=8)

ONE YEAR BEFORE GROUP

SOURCES OF SUPPORT	SIZE *			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	3.8	6	0	2.9	22	.1	75	25
FAMILY	6	10	3	22.4	39	1.6	36.2	63.8
FRIENDS	7.4	10	6	5.6	28	.5	72	28
PROFESSIONAL	1.3	6	0	3.9	28	.3	77	23

GROUP ONE

TABLE 1-2 SUPPORT NETWORK ASSESSMENT

(N=8)

BEGINNING GROUP

SOURCES OF SUPPORT	SIZE *			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	4.8	7	2	2.2	22	.1	83	17
FAMILY	6	8	3	21.8	40	3	2	98
FRIENDS	7.8	14	5	4.8	29	.2	45	55
PROFESSIONAL	.05	3	1	1.3	5	.2	33	67

* Number of names given for each category

GROUP ONE

TABLE 1-3 (N=6) SUPPORT NETWORK ASSESSMENT

END GROUP

SOURCES OF SUPPORT	SIZE *			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	3	7	0	2.9	8	.4	72	28
FAMILY	6.8	8	6	22.2	40	3	2	98
FRIENDS	8	11	5	5.7	29	.4	49	51
PROFESSIONAL	1	3	0	1.8	4	.6	66	34

GROUP ONE

TABLE 1-4 (N=5) SUPPORT NETWORK ASSESSMENT

POST GROUP

SOURCES OF SUPPORT	SIZE *			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	.4	3	0	3.9	23	.8	86	14
FAMILY	7	8	5	25.1	40	3	37	63
FRIENDS	9.8	11	6	5.9	23	1	33	67
PROFESSIONAL	1	2	0	1.5	4	1	60	40

* Number of Names Given For Each Category

GROUP ONE

SUPPORT NETWORK ASSESSMENT TABLE 2-1
(N=8)

ONE YEAR BEFORE GROUP

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	13	39	31	17
FAMILY	24	62	14	-
FRIENDS	72	14	14	-
PROFESSIONALS	-	10	70	20
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	20	-	20	60
FAMILY	-	39	54	-
FRIENDS	-	6	94	-
PROFESSIONAL	-	-	-	100

GROUP ONE

SUPPORT NETWORK ASSESSMENT TABLE 2-2
(N=8)

BEGINNING GROUP

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	9	47	44	-
FAMILY	100	-	-	-
FRIENDS	79	21	-	-
PROFESSIONALS	-	-	100	-
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	-	86	14	-
FAMILY	-	44	54	2
FRIENDS	-	6	91	3
PROFESSIONAL	-	-	75	25

GROUP ONE

SUPPORT NETWORK ASSESSMENT TABLE 2-3
(N=6)

END GROUP

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	8	17	75	-
FAMILY	100	-	-	-
FRIENDS	87	9	4	-
PROFESSIONALS	-	-	-	100
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	17	-	33	50
FAMILY	-	49	46	5
FRIENDS	-	-	93	7
PROFESSIONAL	50	-	50	-

GROUP ONE

SUPPORT NETWORK ASSESSMENT TABLE 2-4
(N= 5)

POST GROUP

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	-	-	100	-
FAMILY	54	31	15	-
FRIENDS	41	47	12	-
PROFESSIONALS	33	-	33	34
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	-	-	-	100
FAMILY	-	55	41	4
FRIENDS	-	17	73	10
PROFESSIONAL	-	-	-	100

GROUP ONE
SUPPORT NETWORK ASSESSMENT

ONE YEAR BEFORE GROUP

Table 3-1 (N=8)

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITY	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	9	10	14	21	22	14	63
FRIENDS	46	51	40	38	28	39	25
PROFESSIONALS	1	-	3	3	-	6	12
SOURCES OF SUPPORT (FAR)							
FAMILY	30	22	25	22	35	23	-
FRIENDS	14	17	16	16	13	17	-
PROFESSIONALS	-	-	1	-	2	1	-

GROUP ONE
SUPPORT NETWORK ASSESSMENT

BEGINNING GROUP

TABLE 3-2
(N=8)

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITIES	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	2	1	2	2	1	1	-
FRIENDS	34	32	11	18	30	31	25
PROFESSIONAL	-	-	-	-	-	1	-
SOURCES OF SUPPORT (FAR)							
FAMILY	32	32	45	47	39	35	63
FRIENDS	32	35	37	31	23	28	12
PROFESSIONAL	-	-	5	2	7	4	-

GROUP ONE
SUPPORT NETWORK ASSESSMENT

END GROUP

TABLE 3-3
(N=6)

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITY	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	3	3	2	2	2	2	-
FRIENDS	35	28	30	32	32	36	-
PROFESSIONALS	-	-	2	2	-	2	-
SOURCES OF SUPPORT (FAR)							
FAMILY	42	34	37	40	42	28	67
FRIENDS	20	35	28	22	24	20	33
PROFESSIONAL	-	-	1	2	-	2	1

GROUP ONE
SUPPORT NETWORK ASSESSMENT

POST GROUP

TABLE 3-4
(N=5)

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITY	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	27	13	18	21	28	14	-
FRIENDS	22	23	25	17	17	21	33
PROFESSIONALS	3	-	6	6	2	5	-
SOURCES OF SUPPORT (FAR)							
FAMILY	16	23	20	21	17	15	67
FRIENDS	32	41	31	35	36	28	-
PROFESSIONALS	-	-	-	-	-	2	-

GROUP TWO

TABLE 4-1 SUPPORT NETWORK ASSESSMENT
(N=6)

ONE YEAR BEFORE

SOURCES OF SUPPORT	SIZE *			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	1.6	3	0	1	2	.2	100	-
FAMILY	4.8	7	2	22.2	35	5	19	81
FRIENDS	4.9	8	4	4.6	16	.4	75	25
PROFESSIONAL	.8	5	0	5.24	24	.4	40	60

GROUP TWO

TABLE 4-2 SUPPORT NETWORK ASSESSMENT
(N= 7)

BEGINNING GROUP

SOURCES OF SUPPORT	SIZE*			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	2	4	1	.9	2	.1	86	14
FAMILY	5.5	7	4	23.3	36	5	15	85
FRIENDS	5.4	9	3	3.6	16	.4	62	38
PROFESSIONAL	.6	2	1	2.2	24	.1	50	50

* Number of Names Given for Each Category

GROUP TWO

TABLE 4-3 (N=6) SUPPORT NETWORK ASSESSMENT

END GROUP

SOURCES OF SUPPORT	SIZE*			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	2.2	5	1	1.4	4	.1	77	23
FAMILY	5.6	7	4	21.8	36	.9	18	82
FRIENDS	7	8	6	4.6	25	.5	66	34
PROFESSIONAL	.6	2	1	5.8	24	1.9	50	50

GROUP TWO

TABLE 4-4 (N=5) SUPPORT NETWORK ASSESSMENT

POST GROUP

SOURCES OF SUPPORT	SIZE *			LENGTH OF RELATIONSHIP (YEARS)			PROXIMITY	
	MEAN	RANGE		MEAN	RANGE		NEAR	FAR
		HIGH	LOW		HIGH	LOW	%	%
ORGANIZATION AND/OR GROUP	1.4	2	0	.3	1	.1	100	-
FAMILY	5.2	6	5	22	33	1	19	81
FRIENDS	6.2	9	5	5.8	24	.1	41	59
PROFESSIONAL	.6	2	1	2.2	20	.1	75	25

* NUMBER OF NAMES GIVEN FOR EACH CATEGORY

GROUP TWO

SUPPORT NETWORK ASSESSMENT

TABLE 5-1
(N=6)

ONE YEAR BEFORE

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	9	55	36	-
FAMILY	100	-	-	-
FRIENDS	38	62	-	-
PROFESSIONALS	100	-	-	-
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	-	-	-	-
FAMILY	-	32	54	14
FRIENDS	-	-	88	12
PROFESSIONAL	-	-	34	66

GROUP TWO

SUPPORT NETWORK ASSESSMENT TABLE 5-2
(N=7)

BEGINNING GROUP

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	-	55	45	-
FAMILY	100	-	-	-
FRIENDS	48	48	4	-
PROFESSIONALS	-	50	50	-
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	-	-	100	-
FAMILY	-	21	64	15
FRIENDS	-	-	80	20
PROFESSIONAL	-	-	-	100

GROUP TWO

SUPPORT NETWORK ASSESSMENT TABLE 5-3
(N=6)

END GROUP

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	-	27	73	-
FAMILY	100	-	-	-
FRIENDS	19	67	14	-
PROFESSIONALS	-	50	50	-
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	-	-	100	-
FAMILY	-	43	43	14
FRIENDS	-	8	84	8
PROFESSIONAL	-	-	-	100

GROUP TWO

SUPPORT NETWORK ASSESSMENT TABLE 5-4
(N= 5)

POST GROUP

SOURCES OF SUPPORT (NEAR)	FREQUENCY OF CONTACT (%)			
	DAILY	WEEKLY	MONTHLY	YEARLY
ORGANIZATION AND/OR GROUP	-	43	57	-
FAMILY	100	-	-	-
FRIENDS	47	40	13	-
PROFESSIONALS	-	-	-	-
SOURCES OF SUPPORT (FAR)				
ORGANIZATION AND/OR GROUP	-	-	-	-
FAMILY	-	52	48	-
FRIENDS	-	12	88	-
PROFESSIONAL	-	-	50	50

GROUP TWO

SUPPORT NETWORK ASSESSMENT

Table 6-1 (N=6) ONE YEAR BEFORE GROUP

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITY	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	23	14	14	17	14	13	13
FRIENDS	46	55	43	39	38	70	12
PROFESSIONALS	-	-	-	-	-	-	12
SOURCES OF SUPPORT (FAR)							
FAMILY	27	17	31	31	36	13	63
FRIENDS	4	14	12	13	12	4	-
PROFESSIONALS	-	-	-	-	-	-	-

GROUP TWO
SUPPORT NETWORK ASSESSMENT

BEGINNING GROUP

TABLE 6-2
(N=7)

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITY	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	18	11	15	15	9	11	12
FRIENDS	38	43	24	29	34	36	13
PROFESSIONALS	-	-	2	2	2	4	-
SOURCES OF SUPPORT (FAR)							
FAMILY	32	29	42	42	47	27	75
FRIENDS	12	17	17	10	8	22	-
PROFESSIONALS	-	-	-	2	-	-	-

GROUP TWO
SUPPORT NETWORK ASSESSMENT

END GROUP

TABLE 6-3
(N=6)

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITY	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	18	14	14	14	11	8	9
FRIENDS	52	64	32	35	41	43	27
PROFESSIONALS	3	-	2	3	2	15	-
SOURCES OF SUPPORT (FAR)							
FAMILY	23	16	38	37	37	20	46
FRIENDS	4	6	14	11	9	11	18
PROFESSIONALS	-	-	-	-	-	3	-

GROUP TWO
SUPPORT NETWORK ASSESSMENT

POST GROUP

TABLE 6-4
(N=5)

SOURCES OF SUPPORT (NEAR)	TYPES OF SUPPORT						
	TASK	SOCIAL ACTIVITY	WORRIES	DECISIONS	EMERGENCY	INFORMATION	BLOCK CHANGE
FAMILY	15	11	14	13	5	8	12
FRIENDS	27	41	7	13	21	28	-
PROFESSIONAL	4	-	3	3	5	4	-
SOURCES OF SUPPORT (FAR)							
FAMILY	23	19	41	39	33	28	50
FRIENDS	31	29	35	32	26	32	38
PROFESSIONAL	-	-	-	-	-	-	-

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