

CONDUCTING SUPPORT GROUPS THROUGH VOICE-MAIL SYSTEMS: AN UPDATE

Since last reporting on the voice-mail support-groups project I have been developing, I have tested these concepts with outpatients at a major New York City psychiatric hospital, gained the support of the dean of New York University School of Social work, and planned another important test, this one at a major New York City cancer agency. In conjunction with this agency and NYU, I have also begun seeking funding for more extensive tests. And I have begun work on an instructional manual which will enable any group leader to conduct voice-mail groups today using inexpensive, easy-to-operate voice systems readily available in virtually any American city.

The test I conducted with psychiatric outpatients involved a dozen individuals in the day-treatment program of the Mapleton Mental Health Service, a satellite facility of the South Beach Psychiatric Center. Although most of the patients involved attended the clinic's day-treatment program every day Monday through Friday, many of them occasionally felt disconnected or isolated over the weekend when the clinic is closed. In this particular situation voice-mail group interactions were arranged which would allow these patients to "check in" with a number of their day-program peers over the weekend. Specifically, from 9:00 a.m. to 2:00 p.m. on Saturdays, participants could call the system and leave a message up to three minutes long in which they could describe how they were feeling, what they had done so far in the day, and what their plans were for the rest of the day. The messages thus called in were stored in the system but not yet available to other group members. As facilitator, I would call the system Saturday afternoons between 2:00 p.m. and 4:00 p.m., review the messages, create an introductory message and one or more concluding, summarizing messages, and issue system commands which would make all these messages available to group members.

From 4:00 p.m. to 11:00 p.m., patients could call the system, enter their security codes, and hear my introductory

message, the messages of all the other members of the group (one by one), and, finally, my concluding messages. A second, similar round of interaction took place on Sundays. During this Sunday round, participants might comment on what others had shared on Saturday.

The group was designed as a "drop-in" group. Members were not required to participate on any day or any weekend but could join in if and when they desired. As a result, as few as four or five participants might be involved on a given day. The number of participants seemed to go up on weekends when bad weather prevented participation in other activities.

The patients' reactions to the voice-mail group interaction were generally enthusiastic. They valued using the system as a way of touching base with their peers in a group format. During the interactions, they all shared news about various activities they were involved in over the weekend. Occasionally they would also share information about upsetting events. (The pre-recorded message from me, which each participant would hear just after logging into the system, advised all callers of an appropriate number to dial if they found themselves in an emergency situation which required direct and immediate contact with a professional.)

Although most patients continued in the group for twelve weeks, not all did. For example, one patient, diagnosed with obsessive-compulsive disorder, participated regularly at first but soon developed a phobia about communicating in this way by telephone; the phobia prevented his further involvement. Virtually all of the clinicians who served as individual therapists for the patients reported that their patients spoke positively about the voice-mail group, and all these therapists encouraged me to further develop the project.

Having returned to school for an MSW at NYU's school of social work, I am now working as an intern at Cancer Care, Inc., a cancer agency in midtown Manhattan which was formerly a regional agency but now delivers services

nationwide through electronic media. Cancer Care decided to become a national agency in order both to increase the number of clients it could serve and to open the door to new funding sources. The telecommunications media currently used in our national outreach program include a web site, e-mail question-and-answer, on-line support groups, an 800 counseling line, live educational teleconferences, and conference-call support groups. Cancer Care is interested in having me conduct a brief preliminary test of my voice-system concepts with the agency's clients in January and February.

I am also preparing, for clinicians or other group leaders, an instructional manual describing how any group facilitator can rent a simple, inexpensive voice system from any local voice-system service bureau and use it to create group interactions. Such simple systems do not have the special features which more sophisticated systems have, but they can still be used very effectively in most situations.

I would like to thank Randy Magen at Columbia, Maeda Galinsky at UNC-Chapel Hill, and Harvey Bertcher at the University of Michigan, for their ongoing help with this project.

Your comments or questions would be greatly appreciated. (The first article on this project appeared in the January 1997 *Social Work with Groups Newsletter*.)

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FORTHCOMING EXECUTIVE COMMITTEE AND BOARD MEETINGS

The Executive Committee will meet on Saturday, March 7, during the CSWE Annual Program meeting in Orlando, Florida.

The Board of Directors will meet in early June in New York City.

Members with items of business which might be considered at these meetings should send information to Alex Gitterman, President.