

Evidence-based practice in the real world: A group for mothers of children with invisible disabilities

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Abstract: Evidence-based groupwork is becoming essential but is difficult to implement in the real world of competing priorities, time and resource constraints. This paper discusses a collaborative pilot-project, in which a scholar-practitioner team adapted evidence-based principles to develop and evaluate an innovative group. As research and practice evidence indicate mothers of children with invisible disabilities have unique, unmet needs, a short-term support-education group was set up. Using a single-case design, intervention was documented, mutual helping was observed and outcome (goal attainment, empowerment, satisfaction) was evaluated. Findings suggest this group was relevant and responsive to these mothers' needs, despite member diversity and a short time frame. Sharing experiences, strategies and resources was seen as especially beneficial. Factors contributing to the outcome may include appropriate groupwork models, members' strengths and motivation, as well as the collaborative team approach. While this pilot-project allowed innovation while ensuring outcome was monitored, replication is needed to verify outcome, identify influential factors and continue to develop evidence-based practices which reflect the realities of groupwork.

Key words: group; mothers; children; disabilities; ADHD; evidence-based

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Introduction

Groupworkers are being urged to develop evidence-based practice, but it is not easy to develop and implement approaches that are realistic and relevant, as well as rigorous. A practice-research gap persists, as everyday realities make it difficult to ensure that time for learning, planning, and evaluation is built into overloaded work schedules (Pollio, 2002). Successful evidence-based groupwork requires research skills and time commitments that go beyond what many practitioners can offer, yet collaborative agency-university efforts are 'fraught with challenges' (Rubin, 2000). This paper discusses how a researcher-practitioner team attempted to overcome these difficulties to develop and evaluate a group for mothers of children with invisible disabilities. After discussing some principles and challenges of evidence-based practice, the paper describes a collaborative pilot-project developed in response to need for a new type of mothers' group. Contextual factors that influenced practice and research choices are discussed, intervention and evaluation procedures are described and findings on goal attainment are presented. The paper ends with reflections on some advantages, disadvantages and conditions for collaborative practice-research, along with issues for groupworkers considering this approach to innovation.

Principles of evidence-based social work

While interest in evidence-based practice has increased recently, neither the concept nor supporting arguments are new. There have long been concerns about the limited use of research to inform and guide social work practice (Rosen, Proctor & Staudt, 1999; Crisp, 2000). Early proponents of 'practice-research' held that for ethical reasons, only interventions proven effective should be offered, while warning that professional credibility was endangered by practice decisions based mainly on tradition, personal preferences and intuition (Grinnell, 1985). However, North American attempts to produce a generation of practice-researchers have not been particularly successful (Ainsworth and Hansen, 2002), and practitioners that read, use or participate in research are still rare (Tsang, 2000).

Persistent obstacles include student and agency ambivalence about research relevance, low confidence in research skills as well as time constraints, including faculty having to fit scholarship 'around the edges' of other commitments (Fraser, 1994). The resulting dearth of social work research publications has been well documented (Glisson, 1995; Macdonald, 1999), with existing studies being mainly explanatory or descriptive, rather than focussing on what interventions work, with whom and under what circumstances (Rosen et al., 1999). One reason is that the rigorous experimental designs which could provide this information pose ethical dilemmas for social workers (Tsang, 2000). Paradoxically, obstacles to research-practice integration have grown because of the same contextual factors that have fuelled pressures for evidence-based practice. Reduced social spending has increased demands for demonstrated cost effectiveness (Macdonald, 1999; Crisp, 2000), while channelling scarce professional time into direct services for the neediest populations (Home, 1996). While evidence-based practice can no longer be an 'optional extra' (Ainsworth and Hansen, 2002; Crisp, 2000), nor can it become widespread when adequate time is unavailable and collaborative approaches are impeded by lengthy, rigid research ethics procedures imposed by many universities (Whitmore and Stuart, 2001).

Specific challenges in evidence-based groupwork

There are additional dilemmas for practitioners seeking to use evidence-based approaches in their work with groups. Evaluating outcome cannot lead to practice improvements unless sufficient detail is available about intervention processes (Tsang, 2000). Groupwork offers a larger evidence base (Pollio, 2002) but brings more potential influences on outcome, complicating decisions as to what constitutes valid evidence. It is not surprising that the few studies published by social groupworkers tend to rely on one person's observations of a single group (Galinsky & Schopler, 1993), instead of triangulating multiple sources and types of data as recommended by qualitative research experts (Patton, 1990). Furthermore, groupwork research literature is dominated by behavioural or educational interventions (Tolman & Molidar, 1994), which are amenable to precise

measurement. However, such approaches cannot encompass the range of problems and contexts seen by social workers, nor do they adequately reflect groupwork's action, strengths-based and preventive traditions (Breton, 1990).

Another difficulty is the low prestige and status of groupwork within the profession (Galinsky & Schopler, 1993; Preston-Shoot, 2004), reflecting misconceptions that groupwork is merely casework multiplied, requiring no specific skills beyond problem expertise (Kurland & Salmon, 1998). The persistence of this myth, despite evidence a solid groupwork base changes practice substantially (Moyse-Steinberg, 1993), means some groupwork is done without adequate documentation of intervention or systematic data collection on need and outcome (Galinsky & Schopler, 1993). Until such practices are changed, agencies will continue to hold unrealistic expectations that 'instant' groups of like-minded people will produce desired changes, with little investment of professional time outside of that required to actually lead the group (Home, 1996).

Challenging these myths requires cumulative knowledge-building, based on documentation of intervention and evaluation in sufficient detail to allow replication. Relevant intervention components include the plan (goals, model, programme, structure) and its application via worker role, meeting goals and themes (Home, 1996; Gordon, 1992). Incorporating mid-group formative evaluation allows members' feedback (on progress, satisfaction, priorities and needed changes) to be used for ongoing adjustments (Preston-Shoot, 1988). Group development should be assessed during and at the end of intervention, at which time goal attainment, member satisfaction and unexpected results should also be evaluated (Fike, 1980; Gordon, 1992; Wickham, 2003). Both workers and members should complete summative evaluation so that future groups can be improved. Data on duration of effects and required number of sessions can enhance the value of evaluation. (Ainsworth & Hansen, 2002).

The real world of choices and compromise: A collaborative approach

The foregoing suggest that while evidence-based groupwork is becoming essential, it is difficult to implement in the real world of practice. Social work researchers and practitioners disagree as to what constitutes valid evidence and how to collect it. Some argue that the diversity of client problems and contexts requires methodological pluralism (Tsang, 2000), others insist that only experimental studies will do, or claim all positivistic designs are incompatible with social work (Ainsworth & Hansen, 2002). While these debates rage, attempts have been made to find innovative solutions. One involves using a broad, flexible continuum of single-subject designs to select the best fit, according to the extent to which clients' goals, progress indicators and interventions can be specified (Alter & Evens, 1990). Another is developmental (social R & D) research, which creates an innovative response to a demonstrated social need, while monitoring process and outcome using mixed methods (Rothman, 1980). When resources are limited, pilot-projects can verify social relevance and effectiveness of an innovative response set up on a small scale. Finally, universities and agencies have collaborated to develop and evaluate new interventions, despite differences in job definitions, time-use priorities and workplace cultures (Tsang, 2000; Whitmore and Stuart, 2001).

One such collaborative approach was developed in response to the dual needs for an innovative group and a preliminary evaluation of its usefulness. The origin of this group is somewhat unusual. An agency's decision to offer a group service is usually based on professional judgement that an identified shared need can best be met through the group modality. Consulting research and professional literature enlarges the evidence base while taking into account experiences elsewhere (Moyses-Steinberg, 2004), but time constraints and urgent needs can short-circuit this process (Home, 1996).

In this case, contextual factors worked in favour of a broader, adapted evidence-based approach to planning. A groupwork scholar on sabbatical leave was conducting research on the rewards and challenges of mothering children with Attention Deficit Hyperactivity Disorder (ADHD) and other invisible disabilities. Research and professional

literature had been reviewed and a large three-year funded study¹ was being carried out in collaboration with a national consumer organisation, CHADD Canada, which appointed an advisory committee to help ensure the research remained responsive to community needs. Consultations with this committee and findings from the researcher's 40 interviews indicated these women's unique needs were not being met by local services. The researcher approached an agency known for its outreach and preventive group services, to present evidence of these mothers' needs along with relevant groupwork approaches described in the literature. A decision was made to offer a pilot-project group to be planned, facilitated and evaluated collaboratively by the researcher and an agency social worker with counselling and groupwork experience. It was agreed that the researcher would contribute disability and groupwork expertise, while the worker would bring in general parenting and relationship issues.

Evidence-based planning in the real world

This group was created to help mothers whose children have ADHD and other invisible disabilities which accompany it 50-70% of the time (Brown, 2003). These include psychiatric diagnoses (such as oppositional defiant, mood, anxiety, autism spectrum disorders (ASD) and learning disabilities² (for instance, dyslexia), any of which increase the challenges of raising these children. Empirical evidence about mothers' needs was gleaned from the research literature on disabilities and their family impact. All the above disabilities share being invisible, having a neurobiological origin and involving some degree of behavioural or social difficulty. The normal appearance of children with these 'discreditable' disabilities makes it difficult for the public to understand their unpredictable behaviour problems and inability to meet social expectations (Marshak, Seligman & Prezant, 1999; Segal, 2001). Research shows that caregivers have greater distress when child disability brings defiance or aggression (McDonald, Poertner & Pierpont, 1999), partly because mothers are blamed for behaviour associated with disorders such as ADHD and ASD, now known to be neurobiological in origin (Johnson et al., 2000; Hammerman, 2000).

ADHD, for example, is a largely (70-95%) genetic disorder which affects executive functions of the brain, causing cross-situational learning and social impairments (Barkley et al, 2001). It often brings disruptive behaviour which alienates peers, teachers and the community and leads to social exclusion. Despite overwhelming scientific evidence that ADHD is a valid disability with substantial adverse effects, inaccurate media reports question its existence and trivialise the experience of those living with the disorder (Barkley et al, 2002). This obliges mothers to 'educate' a doubting public and some professionals, in addition to their heavy parenting burden (Home, 2002). This has led to the development of numerous consumer (self-help) associations, which bring parents and professionals together to offer support, accurate information and advocacy to families and those trying to help them. One study found parents perceived these organisations as among the most useful supports (Viola, 1997), while another showed the latter empowered participating parents by increasing their sense of parenting competence, self-efficacy, knowledge and systems advocacy (Singh et al., 1997). CHADD Canada, the self-help association which collaborated in the first author's research, did so in the hope that making mothers' experience more visible would contribute to educating professionals and the public and might lead to increased support.

Most groups for parents of children with invisible disabilities such as ADHD are based on one type of evidence: what works to improve parent management of child behaviour. Research does show that groups focussed on 'parent training' are effective in reducing specific management problems such as non-compliance in children with ADHD (Newby & Fisher, 1991), which can improve sense of parenting competence. As a result, the dominant model in professionally-led groups is structured education, which uses a pre-planned, step-by-step approach to transmit information about specific disabilities and teach skills in dealing with everyday and difficult parenting situations. Based on the premise that child problems arise from skill and information deficits, these groups rarely address members' feelings about their stressful situation (Seligman, 1993), nor is there is much member input into programme planning or evaluation. Furthermore, these groups target both parents, despite mothers' different needs because of their primary caregiver role in these families.

For this pilot-project, evidence regarding need for a group and type of intervention focus came not only from publications, but also from consultations with practitioners and from the researcher's own interview findings. Disability literature based on the ecological model holds that parents need opportunities to share feelings (anger, loss), frustrations (with stigmatising attitudes, high costs, meagre and confusing services) and coping strategies (Seligman & Darling, 1997). There is some evidence that combined education-support groups can increase parents' knowledge and confidence and that sharing ideas, experiences and strategies with understanding peers is the most helpful aspect (Schultz et al, 1993).

The importance of addressing both emotional and educational needs was confirmed in interviews with two practitioners who had worked with a group for parents of children with ADHD. They suggested that while group members needed information, pre-planned content should be minimised to allow time for sharing, ventilating and strategising. As the local self-help group was no longer functioning and other groups focused on parent training, they considered the need for a combined education-support group to be high. They recommended pre-group interviews, so that mothers who might not be able to engage in mutual helping (such as those in crisis) could be referred to other resources.

Finally, the researcher's qualitative study results indicated that mothers of children with ADHD had unique, unmet needs. Most research on families living with child disability do not ask parents directly about their experience (Viola, 1997). Furthermore, this body of research often uses gender-neutral terms (parent, caregiver) and 'natural' explanations of women's care-giving, which obscure mothers' intense family work and the high costs they bear (Baines, Evans & Neysmith, 1998). Using semi-structured interviews, the researcher asked 40 employed mothers of children with ADHD and other invisible disabilities to describe their parenting experience and identify supports that were helpful. Content analysis revealed that these women faced numerous challenges and had difficulty identifying rewards. Challenges mentioned most often included the difficult, unpredictable behaviour of these 'prickly children' described as 'bombs' ready to explode at any time, along with a tense, mostly negative family climate which left mothers feeling 'alone to raise my

difficult child'. The need for constant vigilance meant mothers had to be 'always on guard... always thinking ahead' and 'on duty 24/7', leaving no time or energy for other aspects of their lives, such as paid work. As if these 'extremely demanding children' who 'suck the energy out of you' were not enough, these mothers had to conduct an unending search for affordable and available services. Finally, this study confirmed that mothers frequently encounter negative community and professional attitudes, from 'people [who] don't understand kids with ADHD ... they think they are 'bad', 'horrible'". (Home, Kanigsberg & Trepanier, 2003). These women lamented that 'no-one understands my challenges', while expressing a need to share experiences and strategies with like-minded others in a supportive group context. While some had participated in 'groups for this and that', parent training groups offered only a 'passive kind of support', included fathers as well as mothers and rarely focused specifically on invisible disabilities.

The intervention plan: Group goals, models and structure

As all evidence pointed to a dual focus group, the workers reflected on how to ensure both educational and support components were reflected in the plan. Two goals were formulated for each aspect: to facilitate evaluation, and recruitment. Educational goals included exploring the nature and impact of ADHD and related disabilities, along with learning new management and parenting strategies. The word 'new' recognized that potential members possessed skills and that the whole person, not just the hurting or troubled part, was invited to join (Breton, 1990: 27). The support component was addressed through goals of sharing (experiences, strategies, resources) and developing support networks. The fact that this unique group focussed specifically on mothers' needs and experiences was reflected in its name: 'Just ADD Moms'.

Targeting both goals in a holistic fashion meant combining practice models. The workers combined social groupwork and adult education traditions of blending concrete, cognitive and emotional learning, while connecting new material to everyday experiences to facilitate

its integration (Auerbach, 1968; Breton, 1990). The mutual aid model was considered most appropriate, given the support-education focus and the short time frame. This model, which emphasises peer helping and progressively shared authority (Shulman, 1999; Moyse-Steinberg, 2004) was supplemented by empowerment principles of mobilizing members' strengths, promoting a sense of mastery and combined reflection-action (Home, 1999). Some aspects of structured education were incorporated (pre-planned disability content), but workers downplayed their teacher role by making extensive use of handouts. Self-help group characteristics were part of the mix, as the researcher shared some personal anecdotes and strategies from her experience mothering children with invisible disabilities. This allowed modelling of appropriate sharing, provision of hope and demonstration of creative problem-solving. However, care was taken to ensure material was relevant to the group's work, members' needs remained central (Shulman, 1999), and checks and balances around levels of involvement and self-disclosure were provided by the co-facilitator (Hopmeyer, 2003).

The group was structured to ensure members' learning and support needs were fairly compatible. The target population included mothers of children in the pre-high school age group (6-13), who had been diagnosed with ADHD at least 3 months previously, to ensure they were past the transition of learning that a child has a disability. While members could be facing other issues, managing child disability had to be the primary challenge. In keeping with the mutual aid model, members had to demonstrate some capacity to share and engage (Moyse-Steinberg, 2004). Resource constraints meant limiting the group to eight weekly two-hour sessions held in the afternoons, and charging a negotiable fee. When initial recruitment efforts (newspaper ads, general mailing to schools, agencies, community centres) proved insufficient, further publicity targeted specific associations and professionals. Following an initial telephone discussion, a pre-group interview was planned, to ensure good member-group fit and obtain feedback on preliminary goals, programme and group structure. At that time, information about the research component of this pilot-project was presented, along with consent forms specifying ethical aspects, such as use of results and anonymity. All five mothers who attended the interviews decided to participate. The group began

meeting in January 2004 despite low enrolment.

The group programme, adjusted to include feedback from the pre-group interviews, included general content and activities to address each goal, while allowing room for member input. Main themes included a disability information update, mothering rewards and challenges, dealing with problems (child, family, school), advocacy and managing personal impact. In keeping with the mutual aid model which promotes gradual transfer of leadership to members, worker involvement in determining and presenting content was higher initially than in later meetings (Shulman, 1999). For example, a video launched discussion on ADHD facts vs. myths in the second meeting, whereas later content on family impact was built around members' experiences. Both programme activities and worker role were designed to promote mutual aid and empowerment (Nosko & Breton, 1998). From the outset, members were encouraged to share useful strategies and bring information about resources such as services or tax breaks. The workers pointed out mutual helping as it occurred, as well as drawing the group's attention to members' strengths, competencies and progress (Moyse-Steinberg, 2004). Other ways of promoting empowerment included connecting members' personal experiences with social analysis (women as primary caregivers) and recognising members' leadership potential (Home, 1999, 2002), by having them meet a co-founder/board member of CHADD Canada.

The researchers' interview data was integrated into programme content as well. Data on mothers' rewards and challenges stimulated reflection and sharing, while pointing to the interesting, humorous aspects of ADHD so easily obscured by its difficulties. Hearing that research participants had developed specific strategies for managing the personal impact of their children's disabilities raised members' awareness of their right to care for themselves. However, when the researcher-worker presented interview data or shared personal strategies, she pointed out that each mother's situation is unique and members' decisions belong to them alone (Hopmeyer, 2003; Nosko & Breton, 1998).

Evaluating the group: A balancing act

Several obstacles to evidence-based groupwork influenced choices made about evaluating this group. The workers' other professional commitments limited the time window during which the group could be offered. Ethical considerations and time constraints meant that control or comparison groups and 'wait' conditions were not possible. The most appropriate solution was to take a developmental research approach to creating, documenting and evaluating the group (Rothman, 1980), based on a single case-study design (Alter & Evens, 1990). A mix of qualitative methods would estimate extent of goal attainment, while collecting data on factors that might influence it. As suggested by groupwork researchers, both formative and summative evaluation were included to allow ongoing adjustments. The evaluation plan featured triangulation of sources (members, workers) and types of data, in order to enhance reliability and compensate partially for this very small sample (Patton, 1990). This meant comparing and contrasting workers' and members' evaluations of the same aspects, except for those which could be evaluated only by members.

Formative evaluation involved members rank ordering the four group goals in the second and last meetings, allowing changes in their relative importance to be monitored. At mid-group, members filled out a short feedback card ('Please keep doing...' and 'Perhaps we could change...'), to tap their satisfaction and priorities (Preston-Shoot, 1988). As tape recording was too intrusive, workers' formative evaluation was done through written meeting summaries of content, themes, group process and development, member progress and roles. These were used along with a weekly phone interview to fine-tune planning. This material will be examined in another paper, to deepen and enrich understanding of group outcome.

Members carried out summative evaluation by filling out a questionnaire in the last meeting, in which they indicated the extent to which they observed personal changes in relation to each group goal and to two dimensions of empowerment identified by Singh et al (1997). These included sense of competence mothering a child with invisible disabilities and self-efficacy in using or accessing services. Workers also rated extent of change in goal attainment and empowerment, but for the group as a whole. Both workers and members noted frequency of

occurrence of six mutual helping behaviours, adapted from Home & Darveau-Fournier's (1991) indicators and responded to open questions about the most and least useful aspects of the group. Members indicated the extent to which they observed change related to their most important personal goal, rated their satisfaction with the group and with five specific aspects (content, handouts, duration of group and meetings, workers). All rating was on 1-4 Likert scales, except for satisfaction (1-5). Rating results were compiled by averaging individual members' scores, as well as those of the two workers, while thematic content analysis was the procedure used for open questions.

This evaluation plan has many limits, reflecting the compromises involved in collaborative practice-research. In addition to the constraints inherent in a single-case study with post-test design (Alter & Evens, 1990), the very small number of participants, self-report instruments and lack of follow-up suggest caution must be exercised in interpreting the results. The latter should be taken as a preliminary indication of the usefulness of this innovative group with this particular sample. Examination of meeting summaries must be carried out, to understand the contribution of mutual aid, group development and group process to the outcome. In addition, this pilot-project will have to be replicated with larger samples and in other contexts, to verify the findings and ascertain their applicability to groups elsewhere.

Findings: Goal attainment, satisfaction, useful aspects

All five mothers were highly motivated to work towards attaining the group goals and most attended all meetings. However, the group was heterogeneous regarding members' family situations (some single parents, adoptive and blended families), ethno-cultural, educational and class backgrounds, as well as socio-economic situations and sources of income. Their children varied in age (three pre-teens, two adolescents), gender, presence of siblings and ADHD severity. Three children had co-existing learning or psychiatric disorders, while the other two were awaiting assessment regarding additional disorders. Despite these apparent differences, there was considerable consensus

on initial group goal priorities. Four members ranked 'sharing experiences, resources and strategies' as the most important goal, learning new strategies was second overall, while exploring ADHD and developing support networks had equal but lesser importance. At group's end, workers and all members reported the most change in sharing (3.6-4), perhaps because three had joined mainly to get support from mothers 'who know what I'm going through'. A fourth member had joined mainly to obtain accurate information about ADHD, describing what she'd learned as 'a life saver for me'. In all, four members reported considerable change in relation to their primary personal goal.

Data are less conclusive regarding attainment of the other group goals. Workers observed considerable learning of new strategies, yet the mothers reported least change in this area. Interesting, members observed considerable change (3.2) on the two goals they had initially rated as least important and their perception concurred with that of the workers. This may reflect members' lower initial expectations; however, their interest in developing support networks may have grown over time. Both members and workers noted considerable change in the two dimensions of empowerment. Self-efficacy in finding/accessing services was seen as changing more, perhaps because it is more tangible than is sense of mothering competence. In this regard, workers noticed a greater occurrence of tangible mutual helping (such as finding resources) than did members.

An analysis of factors influencing outcome is beyond the scope of this paper but findings on member satisfaction, most/least useful aspects and mutual helping behaviours can shed some light on this issue. Member satisfaction was very high (4.8 / 5), perhaps reflecting their sense of goal attainment. Satisfaction was highest with the workers and handouts, followed by content. Members' mid-group evaluation helps explain these findings. Workers' sharing their mothering experiences modelled appropriate self-disclosure, 'making it easier for everyone else to open up', as one member put it. Provision of timely, practical information (handouts, research poster, video) facilitated learning, while allowing the workers to avoid the teacher role which might have interfered with empowerment. Encouraging each mother to contribute her views, strategies and resources showed respect for members' expertise, perhaps counteracting the low sense

of parenting competence that can beset these mothers. Listing main points on a flip chart highlighted everyone's strengths and contributions, while keeping the group focussed on key issues.

In their assessment of most and least useful aspects, group duration (eight weeks) was seen to be too short, as there was a sense of 'running out of time'. Workers and members concurred that more sessions might improve future groups, if recruitment difficulties could be overcome. The understanding, support and practical help amongst members was the most helpful aspect, according to both sources. Findings on the most frequently observed mutual helping behaviours help explain this. Both workers and members noted that expressing understanding/acceptance or giving support were the main forms of mutual helping observed. This may reflect the overriding importance of having a place where, as several mothers put it, they feel 'listened to and deeply understood', when discussing matters they 'can't talk about anywhere else'. Sharing personal feelings or ideas about managing a difficulty were observed less often in this short-term group, perhaps because these take longer to develop.

Discussion and implications

The findings suggest this pilot-project was an effective way to develop and monitor an innovative group intervention (Rothman, 1980), as it allowed adaptation of evidence-based principles to the problem area and context. Triangulating types and sources of data helped strengthen reliability of outcome and intervention data (Patton, 1990), in a context where an experimental design was not a realistic option (Tsang, 2000). The flexible use of a single-subject design (Alter & Ewens, 1990) allowed examination of the links between group goals and outcome, often missing from groupwork evaluation (Preston-Shoot, 2004). Basing decisions about goals, programme and intervention model on interview findings as well as on literature and consultations helps explain the high relevance of this group to members' needs. For example, sharing was perceived as both the most important group goal and the area of greatest change, consistent with interview results that mothers of these children face unique difficulties that are often underestimated or misunderstood. This combined

support-education group gave these mothers a chance to discuss difficult issues and feelings, without fearing the criticism or rejection they encounter elsewhere. This finding is consistent with literature regarding most appropriate models for groups of parents whose children have disabilities (Seligman, 1993; Schultz et al, 1993).

This innovative group also incorporated an empowerment component, not discussed in previous writings on relevant professionally-led groups. Members' empowerment gains were observed mainly on the individual level, in that they felt more able to use or access services. There were numerous examples of mothers who had learned about a resource in the group later reporting that they had acted on their new knowledge. While evidence of collective empowerment was limited to meeting with a self-help group board member, it is quite likely that some action would have ensued, had the group continued. Empowerment is a complex process, involving the coming together of knowledge, critical analysis and action (Home, 1999). While some groupwork authors consider empowerment incomplete without collective action (Nosko & Breton, 1998), others suggest that eight to ten meetings may be long enough only to lay the groundwork for such action (Home, 1999).

While there was evidence of considerable mutual helping which broadened and deepened during the group, a fully developed mutual aid system was perhaps not possible, given both member diversity and limited time. The provision of considerable structure may have helped the group deal with these obstacles. However, the literature on short-term groups suggests it is not realistic to expect fundamental differences to be resolved within a two month period (Moyses-Steinberg, 2004). The strong emphasis in this group on recognising, accepting and working around difference may have allowed members to concentrate on what they had in common and could do together in a short time.

The particular composition of this group may well have contributed to the outcome. All five women were highly motivated to work on the issues that brought them together and each one had strengths. While the workers helped identify and mobilise competencies, the same leadership team using identical intervention models might have had quite different results with another group. While workers would be advised to keep the same membership criteria and use pre-group

interviews, it will be important to verify what factors were most important determinants of outcome. Only by keeping some conditions constant (model, goals, plan) and changing others (leaders, members) can this be more fully understood.

The collaboration of a groupwork scholar with an experienced practitioner was probably another contributor to the success of this pilot-project. Analysis of meeting plans and summaries showed the workers had followed principles that facilitate effective co-leadership, including good communication, clear assignment of responsibilities and roles, as well as allocating sufficient time for discussing issues and resolving conflicts (Wickham, 2003). The workers had similar professional backgrounds and theoretical orientations, while differing in career focus and personal experience living with child disability. A similar 'town-gown' team was described by Shulman (2003) who co-led a group with a person who had experienced addiction and recovery. However, that leadership team had to overcome differences in types of expertise and education that were less of an issue in the mothers' group. In the latter, the balanced presence of an insider with an outsider provided hope and understanding from one who had 'been there', yet avoided members feeling overwhelmed by the researcher's combined personal and professional experience (Hopmeyer, 2003). The outsider helped ensure this group remained distinct from a self-help experience, by providing reassuring information about typical child development and family relationships. This prevented members seeing everything through the disability lens.

The members were not the only ones who benefited from this pilot project, as both workers did considerable learning in their effort to overcome obstacles to evidence-based practice-research. The researcher found her groupwork skills were still effective in a practice setting, the worker rediscovered her research competencies and both found it was possible to innovate, despite the many constraints of contemporary social work. The agency benefited from direct involvement in researching a practice innovation, rarely possible because of service demands and time constraints (Pollio, 2002). Graduate social work students learned from their lecturer's first hand experience struggling to integrate research and practice, which helped counteract their tendency to see research courses as irrelevant (Fraser, 1994). The lecturer's numerous examples of the joys and problems

of this pilot-project helped students understand the complexities involved and clarify their own research project decisions.

While there were many advantages, the researcher and worker had to work hard to overcome some difficulties of university-agency collaboration discussed earlier in this article (Rubin, 2000). For example, this project was possible for the researcher only because she was on sabbatical from regular teaching and administrative duties. Once that ended, finding time to analyse and write up the experience was a major challenge, given departmental priorities and limited university recognition of practice-oriented research (Whitmore & Stuart, 2001). Busy and incompatible schedules along with differing workplace priorities (Tsang, 2000) also made it very difficult for the authors to consult each other or work together.

This suggests that despite the benefits, certain conditions must be met if collaborative university-agency pilot-projects are to succeed. Both team members must be highly motivated and have an open, flexible approach to learning from and working with the other. They must assess realistically the time commitment involved, as well as the probable impact of workplace priorities, to find ways to circumvent obstacles. Even if a collaborative approach to combining practice and research is not easy, however, this experience suggests it is worth the effort. It is hoped that others will take up the challenge of developing evidence-based approaches to working with groups.

Notes

1. This research was supported by a grant from Social Sciences and Humanities Research Council of Canada (SSHRC) and carried out in collaboration with CHADD, Canada (Children and Adults with Attention Deficit Disorder).
2. Learning disabilities are 'disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information ... in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency' (National Definition of Learning Disabilities, adopted by LDAC, Jan. 30/02).

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