Practice Report

Fostering Self-Help at a Distance for Adults with Visual Impairments

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Participation in self-help groups has been associated with improved health and well-being among persons with chronic illnesses or disabilities. For example, older people with visual impairments (that is, those who are blind or have low vision) who participate in support groups have been found to have greater coping ability and satisfaction with their activities and a more positive outlook on life than have older people who do not participate in such groups (Van Zandt, Van Zandt, & Wang, 1994). Weiss (1989) cited such benefits as learning to deal with problems and needs, developing coping strategies, combating isolation, and getting to know others. She concluded that "individuals with vision loss have embraced the concept of self-help as a valuable exchange of practical information and emotional support" (p. 97).

Recognizing these benefits, the Hadley School for the Blind developed the Self-Help Groups series to encourage individuals with visual impairments to participate in self-help activities. The series consists of two courses. Each course is presented in four lessons (see Box 1), each consisting of a 60-minute audiotape. A facilitator who is available by telephone provides assistance and support to students.

Design of the Courses

The Self-Help Groups series was created using an integrated instructional design approach (Moisey, 2001) that is useful for developing instruction that fosters lasting behavior. The approach integrates three theoretical frameworks: instructional systems design, social learning theory, and the stages-of-change framework.

Instructional systems design

Conventional instructional design (see, e.g., Dick & Carey, 1990) formed the basis of course development. Clearly stated instructional goals and performance objectives, coupled with appropriately sequenced content and instructional activities and carefully matched test items and assignments, were determined. This approach fosters learning and helps students stay oriented and clearly aware of their progress as they work through the course.

Social learning theory

Social learning theory (see, e.g., Bandura, 1977) addresses the social conditions in which learning occurs. To develop a social environment that supports learning, several strategies were included.

Building/extending social supports. Students engaged in exercises to identify gaps in their current support network and locate additional resources to create a more supportive social environment.

Identifying barriers to change. Factors that may hinder behavioral change were considered. For example, negative attitudes toward seeking help or relying on others were identified as personal attributes that could impede involvement in self-help activities. Other potential barriers included transportation difficulties or the lack of an existing self-help group. Course content and activities were included to help students overcome such barriers.

Structure of the Self-Help Groups Series

Self-Help Groups: An Introduction

1: The Nature of Self-Help Groups
2: Group Behavior
3: Participating in a Self-Help Group
4: Adjusting to Vision Loss and Blindness with Self-Help Groups

Self-Help Groups: Advanced Topics

1: Planning a Self-Help Group
2: Organizing a Self-Help Group
3: Leading a Self-Help Group
4: Special Issues in Self-Help Groups

Box 1.

Developing social skills. Learning how to behave appropriately was also considered. For example, a common reason why individuals are hesitant to attend self-help groups is that they do not know what to expect or are afraid of making a social faux pas by saying or doing the wrong thing. Students were given concrete information about etiquette and appropriate conduct.

Modeling behavior. Opportunities were provided for students to model others' behavior. For example, students could engage in a telephone-based discussion group with other students in the course. They could listen to an audiotape of a group, observe self-help groups in their community, and participate in a self-help group if they were able and comfortable doing so.

Stages-of-change framework

The transtheoretical model of change framework (Prochaska, Norcross, & DiClemente, 1994) was also integrated into the course design. This theory addresses how people change health-related behaviors. It has been applied to numerous areas, such as alcohol and drug abuse, smoking, and weight loss. The model involves five stages of change along a continuum. Each stage has specific tasks, which must be completed before a person can move on to the next stage (see Box 2). The stages-of-change framework was integrated into the course design in a variety of ways, such as the following:

- The instructional goal was conceptualized as a continuum of behavior. Involvement in self-help activities ranged from considering attending a self-help group to actual attendance to involvement in leadership activities.
- As each course progressed, students were presented with increasingly more challenging content and activities to move them along the change continuum and to foster participation and greater involvement in self-help activities.
- The course content and activities were targeted toward individuals at different stages of change. For example, a persua-

FIVE STAGES OF CHANGE

1. *Precontemplation:* no intention of changing behavior, denial of problem. Main task: to become aware of the behavior by increasing the individual's perception of the risks and problems with the current state.
2. *Contemplation:* acknowledgment of the problem, struggle to understand its causes, and evaluation of possible solutions. Main task: to gain information and understanding of the behavior and to weigh the pros and cons of the problem and its solution.
3. *Preparation*: commitment to action, but some ambivalence may still need to be resolved about making a change. Main task: to develop a plan for action.
4. *Action*: behavior change actually occurs; activities or environmental changes take place to alter the problem. Main task: to demonstrate behavior. The most effective strategy is to provide encouragement and support to enhance the individual's sense of self-efficacy.
5. *Maintenance:* consolidation of the gains attained during the previous stages. Main task: to stabilize the behavior and avoid relapse (i.e., return to earlier stages of change).

Box 2.

sive discussion of the benefits of self-help groups was included for students in the contemplation stage. For those in the preparation stage, content was presented about what to expect and how to conduct oneself in a group. Activities were included to help the students develop plans (e.g., locate a group and find out when it meets). For those in the action stage, activities were presented to enhance their involvement (e.g., to attend meetings more often and to assume leadership activities).

- The advanced course was designed for individuals in the action and maintenance stages. The students were encouraged to become more involved in self-help group activities; to develop facilitation skills; to assume leadership roles; and, for some, to start a self-help group.

IMPLEMENTATION OF THE COURSES

The introductory course began as a pilot course in early 2000, and the advanced course began in 2001. Both courses have progressed through the evaluative phase and are now established as core courses. To date, 56 students have completed the introductory course, and 33 have completed the advanced course. Most students are older people with age-related eye conditions. Others include both blind and sighted professionals who facilitate groups (or who are considering doing so), as well as parents of newborns who are blind. The common thread among all the students, however, is their interest in and need for self-help groups to help deal with adjustment-to-blindness issues.

Anecdotal evidence suggests that older students enroll because they are contem-

plating taking on leadership positions or even starting new groups, especially in resource-poor rural areas. Parents commonly express strong needs for information on resources, support, and community connections as they deal with their children's blindness. Professionals tend to be located in urban areas, whereas students with visual impairments tend to be from rural areas. Students from rural areas may be more in need of self-help groups because traditional rehabilitation services are limited in these areas. In contrast, professionals embrace self-help groups as a way of providing services more efficiently.

The Self-Help Groups series is yielding promising results. As students complete the introductory course and move on to the advanced course, their involvement in and commitment to self-help activities has progressed. Many students have assumed leadership roles, and some have even started groups of their own. Some of the success stories to date include an urban group, comprised primarily of widows, that started at a senior retirement complex. In addition, a group of older women have started a service-oriented group that knits hats and mittens for people in their community, and yet another group has formed in an extremely isolated area of Canada. The students enrolled in these courses are interested and enthusiastic; they are receiving benefits and providing benefits to others by their involvement in self-help activities.

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