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Voice-Mail Weekend Support Groups at the South Beach Psychiatric Center—Mapleton Service

Section A.

1. Analysis of agency system

The day treatment program at the Mapleton Mental Health Service, a satellite facility of the South Beach Psychiatric Center, provides both group psychotherapy and group activities for 40-50 outpatients who are diagnosed with severe mental illnesses, including schizophrenia, bipolar disorder, and post-traumatic stress syndrome. Most of these patients live in the community—some on their own, some with family or friends, some in supportive homes.

The major facility of South Beach Psychiatric Center is the central psychiatric hospital on Staten Island. The Mapleton Mental Health Service is one of a number of small community-based outpatient services which South Beach operates in various communities of Brooklyn and other New York boroughs. The Mapleton Service has several programs, including a geriatrics program (providing home visits), a clinic for individual psychotherapy, and the day program for the severely mentally ill.

Most of the Mapleton patients in the day program have been hospitalized in the past. Hospitalization is usually, of course, upsetting to the patient hospitalized. It is also quite expensive. A primary goal of the Mapleton day treatment program, therefore, is to keep patients from decompensating and thus keep them from requiring hospitalization.

Most of the patients in the day program are on medications which help stabilize their psychological condition. An equally important part of their treatment, however, is the emotional support they receive in the program five days a week (Monday through Friday) from 10 am to 2 PM. Although some individual therapy is involved, the support they receive is for the most part group support, and the many supportive aspects of group intervention—including those aspects described in detail by Yalom (1975)—are seen to be of primary importance. In my view, Yalom's concept of altruism in group psychotherapy—the feeling that one is helping others in the group—is of enormous importance in this psychiatric setting: the self-esteem of patients goes up significantly when they feel they are helping others. Another of curative factor which Yalom believes is inherent in group psychotherapy—the instillation of hope—is also, it seems, of great importance to patients like those I work with at Mapleton, as a sense of hopelessness constantly threatens to cloud their view of the future.

The staff sees the patients' continual involvement in this small, tightly knit community as a key factor in maintaining their relative stability and their ability to function independently. In the day treatment program patients have the opportunity to express themselves and to be heard by a group of sympathetic, understanding, and supportive others, whom they usually know well.

2. Identification of the problem

A gap exists in the service provided by the Mapleton day-treatment program because the program is not open on weekends. Thus, many patients feel anxious about the approach of the weekend, when for two days they are disconnected from structured, supportive interactions with others in the day-program community.

I became aware of this gap when I first came to the agency. During my first week, one of the therapists told me that the weekends were difficult times for many of the patients. When I repeated his observation to another intern, who had been at the agency for several months, the intern agreed, pointing out that she, too, had regularly observed the anxiety level of many patients going up Friday afternoons.

3. Collection of data

That this "weekend problem" exists for Mapleton patients is no one's fault. Most day programs do not operate seven days a week; thus, the problem almost certainly exists in similar day programs across the country.

The problem of weekend isolation has existed at Mapleton since its opening. No previous efforts have been made to address it simply because until recently it was hard to conceive of any way *to* address it—other than keeping the Service open on weekends. This was considered impossible from an administrative and budgetary point of view.

During the past decade, however, a number of new resources have emerged which could be used to solve the problem of weekend isolation among Mapleton outpatients. These resources are the new computer technologies, which are making possible forms of communication never available before.

One of these new resources is the Internet. Those familiar with the Internet know that one of the new forms of communication which it offers is on-line *group* communication: The Internet consists of a system of computers which can serve as a forum for ongoing, non-live, private group dialogues.

The Internet holds many possibilities, but its use today is severely limited simply because most individuals are not at this time "on line"—that is, most people do not have personal computers connected via modem to the Internet. With the advent of other innovations in telecommunications, however, other technical resources have become available which could have the potential to solve the problem of weekend isolation among Mapleton patients. For example, in the 1980s, live telephone conference calls began to be commonly used in business, and at about the same time a small number of human service providers began to use these calls to deliver live support-group interactions to those unable to travel to in-person support groups.

However, this use of conference calls attracted little attention, probably because the very high cost of the calls ($150-$200/hour) made them impossible for most agencies to afford.

The past decade, however, has also seen the advent of another telecommunications tool: voice messaging (commonly known as "voice mail"). Voice-messaging systems represent an alternative telecommunications vehicle, one which can be used for group interactions similar to those conducted on

the Internet. Because voice systems are universally accessible, extraordinarily inexpensive, and also quite easy to use, I realized that they represented a method for creating a limited but effective group dialogue among the Mapleton patients on weekends, when patients are unable to come to the center.

Section B.

1. Selection of strategies.

Providing a telecommunications forum for support-group interaction seemed a logical solution to the problem. Such a forum would allow patients to communicate with each other from their homes. No bricks-and-mortar facility with a meeting room would need to be provided. And the choice of voice-messaging seemed the best choice of telecommunications forums. In fact, it was the only workable choice, both because most mentally ill patients are certainly not "on-line" and because the agency could not afford live conference calls.

2 & 3. Negotiation process, collaboration, and feedback

This project began to evolve early in my internship, when I began to feel that voice-mail supportive groups interactions might help patients on the weekend. I presented information about the concepts to my supervisor. His first reaction was that the operation this kind of system might be over the heads of most Mapleton patients. He gave the information I had given him to a senior administrator to review, with the suggestion that my system might work for home-bound geriatric patients.

As the weeks went by, however, I began to come to a fuller understanding of the patients, their problems and abilities. I began to feel more convinced that the voice-system concepts could work with this population, and I raised the topic again with my supervisor, who encouraged me to pursue the idea. I also began to speak with other therapists in the day program about my ideas and to solicit their feedback. I spoke with other interns, with full-time therapists and nurses, with secretaries and with patients themselves.

Intern and staff feedback was positive. Most felt that a majority of the patients could probably learn the procedures necessary to operate a voice system. They also addressed a minor concern of mine: that some patients would not have the touch-tone telephones necessary to participate. They told me that

even those who did not probably lived in supportive homes (where older equipment is the rule) and could probably arrange to use an on-the-premises pay telephone or staff phone in order to participate.

I explained my concept to my supervisor in more detail, indicating why I thought patients would, with proper encouragement and training, be able to operate the voice system required for a voice-mail supportive group interaction. He suggested bringing the issue up in "rounds," our daily meeting of the day-program staff, to get some ideas and reactions.

I knew that a weekend voice-mail interaction for psychiatric patients might be structured in any number of ways, and the voice-system used to create the interaction might range from simple to complex. For the purposes of this project, however, a simple structure for interaction was adopted, and a very simple voice system was used to make that interaction possible.

I should note that, from the very beginning, this voice-messaging solution to the patients' weekend isolation did face a problem: A facilitator is required to conduct the voice-mail interaction. Would any staff member be willing to work weekends over the long run? However, a solution for this problem may be available. During the past year a number of patients have been designated "consumer advocates" (advocates for the patients). These are patients deemed capable of handling a leadership role. Some of these consumer advocates have conducted group activities at Mapleton. In the long run it is possible that one or more of these patients could facilitate weekend voice-mail support groups. In this way, the test runs I have been conducting could be continued on a regular basis.

5. Evaluation

To date I have conducted a number of training sessions for interested patients and two actual weekend trial runs of my concept.

The training sessions consisted of inviting a dozen interested patients to two meetings. In the first meeting we discussed the concept, how the interaction would be structured over the weekend, and what would actually be required of those participating. I passed out sheets of information (examples of which are included with this final paper). I answered all questions.

In the next training session I brought a speaker-phone into the meeting and invited the patients to participate in a mock-up or simulation of the weekend interaction. Each patient called the system,

pretending it was Saturday morning, and left a "sharing message." I then called the system and entered the appropriate commands to set the system up for a listening session. Then several of the patients called the system and entered the passcodes and numbers necessary to access the system. We all listened to the sharing messages individuals had left just minutes before.

For the first actual trial run, patients all received several new pages of simple instructions.

Each day of the first weekend, patients called the system from 9am to 2pm—by dialing the number given. They heard a welcoming message from the facilitator (myself), asking them to take 3 minutes (at the tone) to tell others in the group how their day had been going so far, what they had done, what they planned to do, and, in general, how they were feeling. The messages were stored in the system but were not yet available to participants.

Between 2pm and 4pm each day, I called the system, entered a code, and reviewed all the messages left in the system by those participating. I added a new introductory message at the beginning and several concluding messages at the end. These concluding messages contained comments (encouragement, etc.) to participants regarding the "sharing messages" which they had left in the system. I then issued system commands making all these messages available to participants.

Between 4pm and 11pm, participants called the system, entered a code, and then heard: my introductory message, the sharing messages of all the others involved (one by one), and my concluding messages. The entire process was repeated on Sunday.

Thus, participants connected with the system four times over the weekend: twice (during the day) to share their concerns, and twice (in the late afternoon or evening) to hear the messages or reports from the others involved. They repeated this pattern the second weekend of the test (July 26-27), although technical difficulties temporarily interrupted the final segment of the interaction on the 27th.

To date, I have conducted only these two weekend groups with Mapleton outpatients. These two interactions, however, have been extremely successful. All of the seven patients involved have stated that the experience was useful, meaningful, and enjoyable. All of those involved in the first interaction wanted to be included in the second interaction (on the following weekend). And all of these wanted to

be involved in the third weekend interaction slated for August 2nd and 3rd—with the exception of one patient, whose schedule prevents him from being involved.

Although I actively recruited both men and women for the first weekend, no women were able to attend any of the preliminary training sessions. (This was probably only a coincidence, although one of the therapists on the Mapleton staff—a woman—suggested that perhaps the women were already well-enough connected, or perhaps were not as curious about new technology, etc.) One woman was scheduled to be involved in the second weekend, but an emotional disturbance prevented her involvement. A second woman has joined the group, however, and will almost certainly be involved Aug. 2-3.

The six men involved in the first weekend interaction are described briefly below:

- Frank is in his mid-thirties. He is diagnosed as schizo-affective. He lives with his mother at her home. He loves to joke and quote Shakespeare.
- Ron is in his forties. He is diagnosed with obsessive-compulsive disorder. He lives in a supportive apartment. Before he became ill in his mid-twenties, he was studying engineering at a prominent research university.
- France is 27 and diagnosed schizophrenic, chronic undifferentiated. He lives in a supportive apartment. From Bensonhurst, he loves rock-and-roll and wears his hair long. His father was an abusive, alcoholic prize fighter; his mother is schizophrenic.
- Joe is 65. He is diagnosed with bipolar disorder and depression, and he lives in a supportive apartment. He experiences a great deal of anxiety on the weekend, which he says is the most difficult time of the week for him: It is then that he feels most anxious and most lonely.
- John is in his mid-thirties. He is diagnosed as schizo-affective. He is also suffering from post-traumatic stress disorder, having experienced severe sexual and physical abuse by his father while growing up. He lives at home with his grandfather, and is pursuing a career as an actor.
- Fred is in his mid-forties. He is diagnosed as schizophrenic. Before he became ill in his mid-twenties he was an all-star football player and then a successful investment banker.

- Joseph, a young man in his twenties, is mentally retarded and is diagnosed with general anxiety disorder. He lives with his mother and his maternal grandmother.

All of these patients are taking medications which help stabilize their mental conditions.

None of those involved so far have had difficulty in understanding how to operate the voice-mail system from a touch-tone telephone—except Joseph, who needed me to coach him repeatedly over a period of several days until he felt comfortable entering the codes by himself.

The patients' reactions to their involvement in the voice-mail weekend support group(s) have been very positive. Joe came to me after the first weekend and said that the interaction had been extremely valuable to him. "You don't know how it is when you have anxiety. You can worry all day long about your life. With the voice-mail, I can look forward to 4 o'clock, when I can call in to hear from all the others in the group. It gives me something to look forward to in my day. The weekend is the worst time for me."

Ron said that "The voice-mail group helps me with the loneliness. Most people in our society have wives or others they have to call all the time or meet at certain times, so they have others to connect with. But if you're mentally ill and like me, you often don't have anyone like that, so you have a lot of time when you don't have anyone to connect with. The voice-mail group is very good because I have to call in at certain times, and I get to express myself, and then I know that later I can hear from the others. I like it."

Frank said, "I like the voice mail. It's fun. It's addictive! I like putting in my message and then getting messages from the others. This weekend on Saturday I spent an hour getting my speech ready for it. It's a good thing."

John said that he enjoyed the experience because, when he gets news—especially good news—about his acting career, he likes to share it. On Saturday he shared with the group, through the voice-mail system, the fact that he had just gotten a call Friday afternoon from an agent inviting him to an audition.

The therapists at Mapleton have also had very positive reactions. They have, with the group's permission, listened to some of the messages left over the weekend (through a speaker-phone at our

daily meeting of therapists). Susan Schultz said, "The patients are really talking about this telephone group. They really like it. I think it should continue. It gives them a chance to connect, and they need that. And it's also a way for therapists to learn more about their patients."

Other therapists—as well as members of the administrative staff—have encouraged me to look for a way to continue the voice-mail weekend groups. I may continue conducting this group through August, and might continue it as part of an independent study project in the fall.

In addition, the dean of the school of social work is supporting me in the project, and is "lending" me his grant writer, who is going to help me attempt to find funding for continued tests. The dean wants NYU, as well as South Beach or another agency or organization, to be involved with the project. In addition, a professor/researcher at Columbia University's school of social work is interested in conducting a professional evaluation of the project to assess its effectiveness.

I would have started the project earlier had I realized how long each step would take: each step took longer than expected. For example, I sought the dean's overall support and, specifically, his help in acquiring a simple voice system from the NYU telecommunications department. But it took longer than I expected to get in to see the dean, to get his approval, and to go through the bureaucratic channels necessary to get the voice system up and running. It also took me somewhat longer to present the concept to patients and schedule meeting times when all interested could be present.

I may soon be able to train one member of the group—or a peer advocate—to fill the role of facilitator, executing the facilitator's duties. In this way, the group could become an ongoing group even in my absence.

In his writing concerning groups, Schwartz (1985/1986) has called social work "a kind of battlefield medicine." Many mentally ill patients constantly find themselves in situations which are in essence battlefield situations, although the battles take place secretly, internally. Still, they are in almost constant need of support, especially group or community support, and the voice-mail groups are one new way of providing this almost anytime, anywhere. As Roemele (1983) has observed, "The central theme of the group experience is closeness." Voice-mail supportive interactions, when made regularly available to patients, can renew and extend group closeness and cohesiveness.

As Freud (1959) has asserted, "...love relationships ... constitute the essence of the group mind." Anyone who has spent time at Mapleton knows that, is spite of the inevitable interpersonal conflicts which arise there, a spirit of love, altruism, and caring pervades this group of emotionally disturbed individuals. This spirit is rekindled during the voice-system interactions, and it is for this reason that the voice-mail weekend groups hold power for participants.

During the past 40 years, outpatient care in America among the severely mentally ill has grown steadily, and inpatient care has dwindled: In 1955 only 23% of patient-care mental health episodes were handled with outpatient care, but by 1997 that percentage had risen to 65% (Watkins & Callicutt, 1997). Outpatients have less access or less consistent access to support-group interactions than inpatients. By providing participation in supportive small-group dialogues from a distance—by telephone—the concepts I have tested at Mapleton may represent an important new way of delivering psychosocial support to outpatients not only in mental health but in a wide variety of other health-care arenas.

All in all, it is at least possible that this innovation to fill a gap in service will become a permanent part of service delivery at the Mapleton Mental Health Service.

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