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ABSTRACT. Education is integral to social work practice with groups and a central component of educational groups. Yet the social work literature has not offered much guidance in the development of educational groups other than to report on the content and/or evaluation of groups that are focused on a specific condition or population. This paper offers a generic process model for educational groups that are developed and led by social workers. The educational groups described here are differentiated from psychoeducational groups, which are treatment-oriented. The paper provides guidelines on how to set up educational groups with particular attention to their structure, content of the curriculum, implementation, and evaluation. Two checklists are offered to assist in the development and implementation and evaluation of educational groups. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2003 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Education, psychoeducation, groups, social work

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The capacity of groups to foster change is a fundamental tenet of group work practice (Brown, 1991; Coyle, 1980; Garvin, 1997; Rothman and Papell, 1988). Intrinsic to the change process is education. Through participation in a group, members may obtain medical or psychological information, gain knowledge about how others see them, and learn how to improve their interpersonal skills (Reid, 1997; Yalom, 1995). Often overlooked, it has been noted from the time of the profession's inception that education is integral to social work practice with groups (Coyle, 1980; Lukens and Prchal, 2002; Schopler and Galinsky, 1995). Even though any type of group may be educational and some have education as their primary goal, group work texts today give little more than passing attention to education as a distinct group practice method (e.g., Garvin, 1997; Reid, 1997; Toseland and Rivas, 2001). Social workers working with explicitly educational groups need to understand how group work processes of group development, mutual aid, and the like function within an educational group.

The salience of education-oriented groups became apparent to the authors through their consultation, research, and teaching. Both have consulted with a social service agency on the development and evaluation of educational groups (see Sands, Solomon, and Mannion, 2001). Phyllis Solomon has conducted research on educational groups for family members of individuals with severe mental illness. The other author, Roberta G. Sands, became aware through teaching a unit on groups within a direct practice course that, despite student reports that the groups that they were running in the field were primarily supportive and educational, there is a dearth of appropriate social work literature on how to develop educational groups.

Toseland and Rivas (2001) identify educational groups as one of five types of treatment groups, the others being support, growth, therapy, and socialization groups. In contrast, Brown (1991) differentiated socioeducational groups–which emphasize education, socialization, and support–from treatment, social action, and administrative groups. There are numerous articles that describe and present results of evaluations of the effectiveness of group educational interventions that are tailored to specific populations and/or conditions, for example, HIV-infected and affected individuals (Bacha, Kiam, and Abel, 1999; Pomeroy, Green, and Van Laningham, 2002; Subramanian, Hernandez, and Martinez, 1995), children of alcoholics (Goldman and Rossland, 1992; Rhodes, 1995), family caregivers (Goldberg-Arnold, Fristad, and Gavazzi, 1999; Hamlet and Read, 1990; Moreno and Bravo, 2002; Solomon, Draine, Mannion, and Meisel, 1997), and young adult survivors of can-

cer (Roberts, Piper, Denny, and Cuddeback, 1997). However valuable this literature is, it does not offer information that can guide the development of other educational groups.

The purpose of this paper is to offer a generic process model for educational groups that are developed and led by social workers. It is a synthesis of a process suggested by authors of intervention studies of specific populations enhanced by our consultation, teaching, and research experiences. This model can be used in a variety of fields of social work practice and social service settings and adapted to groups addressing specific problems. An additional goal of this paper is to provide guidelines on how to set up such groups and one checklist that practitioners can use to document their accomplishment of tasks involved in the development of educational groups and another one the can be used for the implementation and evaluation tasks. This paper will begin with definitions and other background information on educational groups and then will present general guidelines for implementation of educational groups.

BACKGROUND

The terms "psychoeducational groups" and "educational groups" are generally used interchangeably in the literature. Coming from a mental health perspective, however, we prefer the term educational groups, as the concept psychoeducation connotes therapy, and therefore communicates a medical orientation which suggests a pathological condition that requires a therapist to treat in order to cure (Hatfield, 1994). Although the groups described here certainly have a therapeutic or healing element to them, they do not provide therapy. The groups do not presume a pathological condition, but instead are predicated on the idea that people have a lack of knowledge or skills, which is "interfering with competence in living" (Hatfield, 1994, p. 7). This is a more acceptable and respectful approach to people. Hatfield notes that "[t]he function of education is to develop long-term, organized bodies of knowledge and generic problem-solving skills that will help the learner solve personal problems, both in the present and in the future. The focus in education is on both the broad application of what is learned and its retention over time" (Hatfield, 1994, p. 7).

Learning theorists state that the retention of new knowledge is contingent on an individual's prior knowledge, as well as the relationship of new knowledge to existing knowledge (Ausubel, 1968; Hudgins et al.,

1983). Consequently, group educational developers must understand the level of knowledge that group members are likely to possess so that new information can be related to this existing knowledge. Furthermore, each of the sessions should focus on carefully selected key concepts, which are organized in a logically sequential and patterned fashion. Also, the information must be presented with the goal of applying the new knowledge to life situations (Hudgins et al., 1983). Information must be presented in a clear, relevant, meaningful, and integrated fashion (Ausubel, 1968).

The group format provides opportunities for individuals who have a common situation or condition to share experiences, ways of coping, and strategies for problem solving that they have found to be successful, and is a means to develop a support network and a sense of community. Group participants bring experiential knowledge to the group and, as members increase their knowledge and comfort, they essentially function as co-facilitators. Education involves both the dissemination and the exchange of information (Lukens and Prchal, 2002). Because members of educational groups share their own knowledge and experiences with the group, these groups communicate that participants (i.e., clients) are capable of learning and taking on the responsibility for their own care (Lukens and Prchal, 2002).

Educational groups provide a means to gain or impart facts and information (depending on whose perspective), which include knowledge of the condition, behavioral skills, and problem solving techniques for managing and coping with the condition that is shared by all group members. Through the group process, information and support are offered by the educational leader and exchanged among group members. Educational groups present an opportunity for members to learn that others share their concerns and problems and offer reasons for hope. Although the primary function of educational groups is informational, they definitely have a support aspect, and they help reduce members' sense of isolation (Lukens and Thorning, 1998). These groups may therefore serve as a springboard for the development of self-help groups for those who want to continue with this support after the formal group education is completed.

GUIDELINES

Getting Started

The planning process, which is essential to all group work (Northen and Kurland, 2001), is no less critical to the development of educational

groups. Northen and Kurland suggest that social workers consider in their planning the areas of need, purpose, composition, structure, contact, and pregroup contact, within social and agency contexts. These dimensions will be incorporated in the discussion below.

The guidelines offered here are predicated on the idea that a need for an educational group has already been identified (see Table 1). Social workers often learn from their hands-on experience that there is a gap in services that can be addressed through such a group. More systematic methods, such as client and staff surveys, can support such an observed need. Following the recognition of the service need, the social worker and relevant staff determine the specific population that is to be the beneficiary of such a group. Suppose, for example, the staff of an organization focusing on Alzheimer's Disease and related disorders identifies male caregivers as a population in need of an educational group, based on the staff's outreach activities that reveal that the men tend to be isolated, uninformed about what they might expect, overwhelmed, and uncomfortable expressing their feelings. The staff's next task would be to formulate objectives for the group. A group for male caregivers might aim to: (1) increase participants' knowledge of the course of Alzheimer's Disease and cognitive and behavioral expectations associated with each stage; (2) foster the expression of feelings about caregiving; (3) enhance skills in coping with caregiving; (4) provide knowledge of legal, economic, and community resources for both the person with Alzheimer's Disease and the caregiver; (5) explore alternatives to caregiving in one's own home; and (6) increase participants' personal and social supports. The kind of group that one establishes should be in keeping with the identified objectives, but at the same time needs to be flexible enough to adapt to the needs of the particular individuals who will participate in the group.

While planning an educational group, one needs to think about how it is to be structured and the specific content, pedagogical methods, and organization of the curriculum. Because the structure and content mutually influence each other, each needs to be calibrated with the other. Furthermore, one should consider what one might need to do in order to implement the program.

Structural Considerations

In planning the structure of an educational group, one needs to think about the duration and frequency of the proposed group meetings and of each session. Most educational groups are time-limited. They can take

TABLE 1. Guidelines and Checklist for Developing Educational Groups

☐ Identify a need for an educational group with a specific population
- __ Based on personal observations
- __ Supported by formal surveys
- __ Determine target population

☐ Formulate objectives

☐ Consider how the group will be structured
- __ Format (workshop or extended over time)
- __ Number of sessions
- __ Time allocation per session
- __ How often it meets
- __ When it meets (e.g., time of day, day of week)
- __ Allocation of time for activities per session
- __ Size of group
- __ Open or closed
- __ Fee
- __ Refreshments
- __ Location
- __ Leadership (professional, peer consultant)
- __ Cultural composition

☐ Educational content, pedagogical methods, and organization of the curriculum
- __ Assess what potential group members need to know
- __ Develop draft copy of curriculum
- __ Obtain feedback on draft of curriculum
- __ Identify and obtain educational materials to distribute
- __ Identify and select speakers
- __ Consider variety of teaching methods
- __ Identify and preview potential videotapes
- __ Give special attention to stages of the group
- __ Consider development of own handouts
- __ Develop homework assignments
- __ Finalize curriculum
- __ Establish agenda(s) for session(s)

place over one to twelve sessions of an hour or two that are held weekly, biweekly, or monthly. Alternatively, they can be organized within the framework of a workshop that is scheduled over one or two full or half days. The advantage of having groups that are extended over weeks or months is that participants have time to assimilate knowledge that is presented and to practice skills. In addition, a longer time frame promotes the development of emotional support among participants. The workshop format is more intense, but may be more convenient. When developing a program for each session, one should consider how time is to be allocated. Time should be allowed for participants to ask questions and discuss issues that are of concern to them. Group participants, as well as facilitators, can benefit from "incidental learning" (cf. Hart and

Risley, 1978) that emerges from these discussions. Time, too, should be allowed after the formal session ends for group members to ask questions that they do not want to ask in the presence of others.

The size of the group is another consideration. According to a number of theorists, the ideal size of a social work (Hartford, 1971) or therapeutic group (Yalom, 1995) is seven, but size should be determined by the group's purpose (Garvin, 1997). Because the groups described here are educational, they can be somewhat larger. Educational workshops for families that take place over weekends can accommodate as many as 30 individuals. A smaller size is preferable for long-term groups in which intimacy develops over time.

One should determine in advance whether membership in the group should be open or closed. If each session addresses a discrete topic and the sequence of topics is not considered important, members could enter the group at any time and attend specific sessions. On the other hand, if the sessions build on each other and it is considered important to develop group cohesion and intimacy, membership should be closed to a designated number of people. To assure that the size of a closed group is sufficient, one might accept more applicants than the target number and stress the importance of continuance to those who attend. Payment of a fee in advance can serve as an incentive for some to remain in the group. For others, information that addresses their needs and is on the appropriate level is enough of an incentive. Refreshments and time for informal interaction among participants and with the group facilitator can serve as reinforcements to attendance.

Thought also needs to be given to the location in which the group will meet. If the group is addressing a problem that is personal or stigmatized (e.g., herpes, mental illness), it may be prudent to hold meetings in locations and times that will not call attention to the participants' problem or embarrass them. They might be able to meet in neutral settings such as libraries or recreation centers or during evening hours at health or mental health centers. Churches and synagogues often host community groups. If the group is held in a setting in which other activities are occurring at the same time, attention should be given to the name that is to be used to refer to the group (e.g., "the friendship group" rather than "the herpes group"). Wherever the group is held, thought should be given to its accessibility to persons with physical disabilities. Within the building that is used, attention should be given to the room in which the group is to be held. The room should be large enough to accommodate the projected size, have a blackboard or room for an easel up front, and should be equipped with a video monitor and equipment. If the group is

held during the daytime, thought should be given to the direction of the daylight, which can be blinding to participants. Groups with which the authors are familiar meet around rectangular tables. Alternatively chairs can be arranged in a semicircular pattern.

At least one professional should lead the group. Social work education and practice experience prepare the social worker to understand group dynamics, mobilize the power that resides in the group to achieve a specific purpose, deal with feelings that are directly and indirectly expressed and address group process issues that arise. In addition, social workers who initiate educational groups should have or develop substantive knowledge about the focal issue or problem. Some educational programs are led by a team consisting of one professional and one peer consultant, the latter of whom has expertise based on his or her own experience coping with the group's common condition (e.g., is a survivor of child sexual abuse). The peer consultant can model disclosure of personal difficulties and coping methods, inviting others to confide in the group as well. The peer consultant should be involved in the planning of the curriculum and should be available to debrief with the professional facilitator after each session. As with other groups in which there are co-leaders, the co-leaders here should debrief after each session, plan future sessions together, and work through any difficulties in their relationship (Northen and Kurland, 2001).

Attention should also be given to the cultural composition of the group. This can be accomplished by holding screening/informational interviews prior to the recruitment of group participants. Candidates should be asked about their level of education, their reading level (asked tactfully), and preferred language. If it is determined that prospective group members are insufficiently literate in written English but can understand spoken English, written handouts and overheads should be kept to a minimum (but diagrams and pictures can be used). If a high proportion of potential members do not sufficiently understand spoken English, thought should be given to the need and feasibility of conducting the group in the designated language. Considering that this requires that the group facilitator, peer consultant, and guest presenter(s) speak in that language and the provision of language-specific or translated educational materials and videotapes, this may take some effort to accomplish. Similarly, thought should be given to whether ethnic-specific groups are needed and appropriate. Although some topics pertain primarily to a specific ethnic group (e.g., sickle cell anemia) and thus would attract members of that group, very often ethnic issues can be addressed in mixed groups.

Because the educational program may involve the participation of expert speakers (see next section), consideration should be given to their availability. This may affect the time and location of the group meetings. For example, it may be more feasible to hold group meetings at a hospital and during the daytime when health care professionals are available on site to speak to the group.

Content, Pedagogical Methods, and Organization of the Curriculum

An equal amount of thought should be given to the educational content of the group. Depending on one's professional experience with this population, one may begin with some ideas about what potential group members need to know. Further advice may be obtained by consulting with consumers, social work peers, and professional experts. A search of the professional literature can help one to identify articles and books that will inform the development of topics and content within each topic. Group facilitators should be familiar with the professional literature and the latest developments in the field and be comfortable with the information that they present (Anderson, Reiss, and Hogarty, 1986). A literature search can result in the identification of model educational programs on the same or related topics. By contacting the organizers of these model programs, one may be able to obtain additional advice and materials that can be adapted to the planned group. Some model programs have developed manuals describing the content of group sessions that can be purchased. Websites developed by professional organizations may also be informative.

Using knowledge from these sources, one proceeds to develop a draft copy of the curriculum. Initially a group of colleagues and consumers might brainstorm about relevant topics. Next, they can prioritize the topics and arrange them in a logical sequence. Once the major topics and sequence are decided upon, one can develop lesson plans for each session. These would include educational objectives, the content of a didactic component, socio-emotional objectives (e.g., express feelings about caregiving), and methods of instruction and resources. Curriculum planners should consider how much lecturing is desirable and, if applicable, develop alternative methods to deliver the same content. Informational videotapes (e.g., on psychopharmacology) can provide comparable material and may be the only alternative in some communities. A balance between information and support is essential.

Attention should be given to the educational materials that are to be distributed. Participants may be offered a folder in which to keep the

schedule of dates and topics, handouts, homework assignments, and other materials. The schedule can be reviewed during the first session, leaving an opening for topics that are not included to be added. Homework assignments can be used to reinforce and apply learning of a particular session. Handouts relevant to the topics under discussion give participants something concrete to which they can refer between sessions and after the group ends. Often, informational booklets can be obtained gratis or for a nominal fee from the federal government, advocacy organizations, and pharmaceutical companies. Other material to be included is a list of Websites, a bibliography of reference books, and a list of personal narratives written by consumers.

During the planning process, speakers who are knowledgeable about the topics that are selected should be identified. Thus, one might include medical specialists, lawyers, directors of social service agencies, and consumers. Inclusion of experts provides the group with an opportunity to interact directly with individuals who have information that participants need currently or might need in the future.

Use of a variety of teaching methods stimulates interest and engagement. The group leaders can present some of the didactic material themselves and have outside speakers and resources provide additional expertise. Creating an informal interactive exchange with expert speakers and using videotapes can enhance the presentation of factual information, which is often dry. Group members' sharing of stories fosters intimacy and cohesion within the group. Group exercises, such as role-plays, involve members in each other's problem solving. The group can also learn by observing the interaction between the peer consultant and professional facilitator that consumers and professionals can work in partnership with each other.

In this visual age, videotapes constitute an important resource to use during group sessions. These should be previewed, preferably together with consumers, to determine whether or where they fit in the curriculum and how informative, technical, and engaging they are in relation to the group's needs. A further consideration is length. The authors recommend videos that are relatively short (20 minutes or less) and highly focused, as these can serve as stimuli for discussion without expending a large proportion of the time allotted for the group. Some group leaders pause at specific moments during the videotapes to elicit group responses. Videotapes may be borrowed from advocacy organizations and libraries or purchased or rented. Video clips from educational television programs and rented movies (fiction) are potential resources for

illustrating points to be emphasized in the curriculum. The planning process should involve the collection of potentially relevant videotapes.

Special attention should be given to the beginning, middle, and ending stages of the group. Initially participants bring their anxiety, shame, inexperience, and guilt with them. It is possible that they have never discussed their problem with anyone outside their immediate family and are apprehensive about how others will react. They may feel confused about a diagnosis or angry about the protracted process that resulted in this diagnosis. Group leaders need to be accepting and validating of the feelings of participants and move toward the creation of a group culture in which participants feel comfortable sharing feelings and feel supported.

During the middle stages, group members should focus on using information, suggestions from others, and their personal resources to cope constructively with the focal problem. Because the end of the educational group does not end group members' condition, as the group moves toward its last session, efforts should be made to help members to continue the learning and coping processes that they have begun in the group. Many communities offer ongoing support groups for people with a common problem. Individual and family counseling are available at mental health and family service agencies and through private practitioners. This type of information should be shared with participants at the time the group terminates. In addition to or as an alternative to support from a community resource, the group may decide to reconstitute itself as a support group and meet either on their own or as an additional group sponsored by the agency that developed the educational group.

Implementation Issues

Educational groups cannot be implemented without a recruitment and screening process (see Table 2). Furthermore, an evaluation/assessment process should be built into the design. The recruitment and screening process is informed by decisions that have been made about the nature of the group, the target population, and the group size. Often the recruitment is done exclusively within one's own agency (e.g., clients at a physical rehabilitation unit of a hospital). This requires the involvement of staff who know potential educational group members and can make referrals. Group organizers should consider whether they want to exclude some participants on the basis of specific criteria (Yalom, 1995). For example, one may want to exclude individuals in crisis, who may be better served initially through individual counseling.

TABLE 2. Guidelines and Checklist for Implementation and Evaluation of Educational Groups

☐ Implementation issues
- __ Recruit members (develop flyers, posters, etc., if applicable)
- __ Screening procedure
- __ Construct folders that include initially or over time
  - __ Agenda(s) for session(s)
  - __ Agency contact information
  - __ Form with contact information from participants in case of emergencies
  - __ Handouts
  - __ Homework assignments
  - __ List of supplementary reading and Websites
  - __ Referral sources

☐ Develop and implement assessment and evaluation procedures
- __ Review objectives
- __ Develop questionnaire based on objectives, educational content, and satisfaction
  - __ Incorporate previously used measures and/or develop your own
  - __ Include some open-ended questions
- __ Periodically inquire verbally how group is going
- __ Follow up on absentees to encourage return or determine whether there are obstacles to participation

Once the immediate crisis has subsided, they may benefit enormously from an educational group experience.

Where recruitment is not restricted to a particular agency or unit within a given setting, one needs to reach out to the community. This requires the development of flyers, posters, press releases, and other forms of advertisement. Some radio stations provide free time for public service announcements. Paid advertisements may also be considered. The best means of recruitment is word-of-mouth. Social workers should identify agencies that serve the target population, personally contact appropriate staff, and encourage referrals.

Another task related to implementation is the construction of folders for individual participants. These will include material that has already been collected or developed, consolidated in a consumer-friendly packet. The folder may initially contain an overall agenda for the sessions, agency contact information, a form providing contact information from the participants, and a list of supplementary readings, Websites, and referral sources. The initial evaluation questionnaire, to be described in the next session, can also be included in the initial package. More detailed per session agendas, handouts and homework assignments can be added in later sessions.

Assessment and Evaluation

It is important to assess whether the educational group met its intended objectives (Strom-Gottfried, 2002). Taking the objectives, which were developed at the beginning and may have been modified as the process progressed, a series of questions needs to be developed which assesses these objectives. (These objectives need to be clearly stated, highly focused, and in measurable terms.) To assess knowledge gained and to obtain feedback on other aspects of the program, a questionnaire should be developed. Using the example at the beginning of this article, questions would be developed that address knowledge of the course of Alzheimer's Disease and what behaviors to expect at each stage of the illness, as well as knowledge regarding legal, economic, and financial resources available in the community. In some instances, there may be existing measures of knowledge about the disease that can be used or modified, but questions about local community resources would need to be developed. Similarly, the literature search may produce measures of coping for caregivers and personal and social supports for caregivers. These may not always be for the specific problem or disease being addressed by the group, but may still be able to be used or be easily modified. These measures may have come up in the search of the professional literature in determining the content of the curriculum. The specific questions should be based on the content of the educational information presented or handouts, videos, or other material used.

The questionnaire should be distributed at the first session, at which time supplementary information about the participant, such as phone numbers in case a session needs to be rescheduled or cancelled due to unavoidable problems, such as severe weather conditions, should be elicited. It is also helpful to include an open-ended question about their expectations of the program and to ask whether the scheduled time and location are convenient. These questions provide a sense of the needs that the participants have and can be helpful for gearing the educational material to the group or possibly making some modifications to the curriculum in order to address the needs of the group members, and, if possible, changing the times or locations of some of the sessions. The questionnaire needs to be relatively short, such that it can be completed in about 10 or 15 minutes. Five or six pages will likely cover the necessary topics. This questionnaire will serve as a pretest for evaluating the effectiveness of the educational program in achieving its objectives, as

basically the same questionnaire can be again distributed at the last session as a post-test.

In addition, it would be helpful for feedback to include some open-ended questions or narrative evaluations in the post-test, covering such topics as whether participants felt their needs were met, whether the information met their expectations, and what they found helpful and not helpful about the content and presentation of information (Strom-Gottfried, 2002). A few overall highly structured closed questions of the participants' satisfaction and whether they would refer someone else to the program will provide a good sense of whether participants felt their needs were met as well as their satisfaction with the group. This feedback can serve as useful information for making modifications to the curriculum content and the best times and locations for the group to be offered.

It is also important to follow-up on those whose attendance falls or who appear to be dropping out. If the educational group extends over eight or ten sessions and a group member misses two sessions in a row, it would be beneficial to telephone and find out why he or she is not attending. It may be possible to make some modifications in the group that would address this concern so that he or she can return to the group. Feedback from such an inquiry may also inform the modification of the group the next time that it is offered. Such phone calls serve both as a means to encourage participants to attend and to collect data. Obtaining information from dropouts is essential to evaluating the educational group. Only getting data from those who attend may offer biased information, particularly contingent on how many dropped out. Periodically checking in with the group as to how things are going may provide opportunities for group members to offer additional suggestions for changes, and the resulting modifications may prevent dropouts from occurring (Strom-Gottfried, 2002).

CONCLUSION

What has been described here is a generic process model for an educational group. The educational component of groups, which are integral to practice today, has been highlighted. This material can provide guidelines to social work practitioners who have not had experience developing educational groups. Social work educators can offer this material in a group work class, within a course encompassing direct practice, as part of courses on practice with specific populations, such as older adults and persons with HIV Disease, or within courses on health or

mental health practice. This material may also be used in a practice research course as it provides the students with an understanding of what goes into the development of an intervention and the integration of evaluation with program development. Students will find ways to apply this material to existing groups or groups that they develop in their field settings. The tables offered here have checklists of tasks to be accomplished, which can be helpful to anyone developing a new educational group.

During the last three years in which the first author has been presenting material on educational groups, students have developed educational curricula on topics such as sex education, HIV/AIDS, and relapse prevention as part of a class assignment to design a group intervention and enact a session in the middle stage. Other students have implemented educational groups, for example, in victim sensitization and self-esteem, in their field placements. Students in health settings have found that educational groups are compatible with the emphasis on self-management under managed care. Clearly, educational approaches resonate with students, consumers, and funding sources.

The educational group is a significant approach to social work practice with groups. It is appropriate for populations that need to increase their knowledge in an accepting, supportive, respectful, non-pathological atmosphere. For other groups, such as weight reduction and smoking cessation groups where the focus is on changing cognitions and behaviors, education may be a component rather than the central focus. Regardless of whether education is the primary mode of intervention or is secondary, it is certainly relevant to contemporary social work practice.

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