Empowerment Series

Charles H. Zastrow

# Social Work with Groups

## A Comprehensive Worktext

NINTH EDITION

# Council on Social Work Education *Educational Policy and Accreditation Standards* by Chapter

*Social Work with Groups: A Comprehensive Worktext*, 9e, now includes explicit references to the *Educational Policy and Accreditation Standards*' (EPAS) 10 core competencies and 41 recommended practice behaviors. The column on the right informs the reader in which chapters the icons appear.

| | **The 10 Competencies and 41 Recommended Practice Behaviors (EPAS 2008):** | **Chapter(s) Where Referenced:** |
|---|---|---|
| **EP 2.1.1** | **Identify as a Professional Social Worker and Conduct Oneself Accordingly:** | |
| a. | Advocate for client access to the services of social work | 2, 6 |
| b. | Practice personal reflection and self-correction to assure continual professional development | 2, 3, 4, 5, 6, 9, 10, 11, 12, M3, M4 |
| c. | Attend to professional roles and boundaries | 2, 12 |
| d. | Demonstrate professional demeanor in behavior, appearance, and communication | 2, 4, 6, 12 |
| e. | Engage in career-long learning | 2 |
| f. | Use supervision and consultation | 2 |
| **EP 2.1.2** | **Apply Social Work Ethical Principles to Guide Professional Practice:** | |
| a. | Recognize and manage personal values in a way that allows professional values to guide practice | 2, 7 |
| b. | Make ethical decisions by applying standards of the National Association of Social Workers *Code of Ethics* and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work *Ethics in Social Work, Statement of Principles* | 2, 12 |
| c. | Tolerate ambiguity in resolving ethical conflicts | 2 |
| d. | Apply strategies of ethical reasoning to arrive at principled decisions | 2, 6 |
| **EP 2.1.3** | **Apply Critical Thinking to Inform and Communicate Professional Judgments:** | |
| a. | Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge and practice wisdom | 2 |
| b. | Analyze models of assessment, prevention, intervention, and evaluation | 2 |
| c. | Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues | 2, 5, 6 |
| **EP 2.1.4** | **Engage Diversity and Difference in Practice:** | |
| a. | Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power | 2, 7 |
| b. | Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups | 2, 7 |
| c. | Recognize and communicate their understanding of the importance of difference in shaping life experiences | 2, 7 |
| d. | View themselves as learners and engage those with whom they work as informants | 2, 7 |

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| | The 10 Competencies and 41 Recommended Practice Behaviors (EPAS 2008): | Chapter(s) Where Referenced: |
|---|---|---|
| **EP 2.1.5** | **Advance Human Rights and Social and Economic Justice:** | |
| a. | Understand forms and mechanisms of oppression and discrimination | 2, 7 |
| b. | Advocate for human rights and social and economic justice | 2, 7 |
| c. | Engage in practices that advance social and economic justice | 2, 7 |
| **EP 2.1.6** | **Engage in Research-Informed Practice and Practice-Informed Research:** | |
| a. | Use practice experience to inform scientific inquiry | 2, 14 |
| b. | Use research evidence to inform practice | 2, 14 |
| **EP 2.1.7** | **Apply Knowledge of Human Behavior and the Social Environment:** | |
| a. | Utilize conceptual frameworks to guide the process of assessment, intervention, and evaluation | 1, 2, 6, 7, 9, 10, 11, M1, M3, M4 |
| b. | Critique and apply knowledge to understand person and environment | 2, 8 |
| **EP 2.1.8** | **Engage in Policy Practice to Advance Social and Economic Well-Being and to Deliver Effective Social Work Services:** | |
| a. | Analyze, formulate, and advocate for policies that advance social well-being | 2, 6 |
| b. | Collaborate with colleagues and clients for effective policy action | 2, 6 |
| **EP 2.1.9** | **Respond to Contexts That Shape Practice:** | |
| a. | Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services | 2, 6, 10, M3, M4 |
| b. | Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services | 2 |
| **EP 2.1.10** | **Engage, Assess, Intervene, and Evaluate with Individuals, Families, Groups, Organizations and Communities:** | |
| a. | Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities | 2, 6, 9, 12, 13, M1, M2 |
| b. | Use empathy and other interpersonal skills | 2, 12, 13 |
| c. | Develop a mutually agreed-on focus of work and desired outcomes | 2, 6, 12, 13 |
| d. | Collect, organize, and interpret client data | 2, 12, 13 |
| e. | Assess client strengths and limitations | 2, 5, 7, 12, 13 |
| f. | Develop mutually agreed-on intervention goals and objectives | 2, 12, 13 |
| g. | Select appropriate intervention strategies | 2, 9, 11, 12, 13 |
| h. | Initiate actions to achieve organizational goals | 2 |
| i. | Implement prevention interventions that enhance client capacities | 2 |
| j. | Help clients resolve problems | 2, 12, 13 |
| k. | Negotiate, mediate, and advocate for clients | 2, 6 |
| l. | Facilitate transitions and endings | 2, 12, 13 |
| m. | Critically analyze, monitor, and evaluate interventions | 2, 14 |

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# Social Work with Groups

## A Comprehensive Worktext

Ninth Edition

**Charles H. Zastrow, MSW, PhD**

*George Williams College of Aurora University*

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*To Kathy, My wife and soulmate*

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# Preface

What inspired this book? In the spring of 1983, I was teaching my first group work course to an undergraduate social work class. Before the start of the semester, I wrote a number of lectures about group dynamics and how groups are used in social work practice with socialization groups, task groups, decision-making and problem-solving groups, self-help groups, and therapy groups. At the start of the semester, I dutifully began giving these lectures. Soon, however, I began sensing that the lectures were not being well received. During the third week, a student stayed after class and said, "I'm afraid this may hurt my grade, but most of the students in this class feel that you can't teach a group work class with only lectures. The only way students will learn how to run groups is by having the experience (in class or out of class) of leading groups." I thought about it for a few days and decided the student was exactly right. With the students' consent, I redesigned the whole course, with the basic thrust being to have the students take turns in leading the class on group work topics that we mutually agreed upon. Because at that time there was no social work group text to facilitate this process, I attempted to write one. The first edition of this text was published in 1985.

The basic assumption of this text is that the best way for students to learn how to run groups is by leading groups in class. The classroom thus becomes a laboratory for students to practice and develop their group leadership skills. This text is designed to facilitate this laboratory approach to undergraduate and graduate group work courses.

This edition provides a number of opportunities for students to gain proficiency in social group work skills through the inclusion of numerous "skill-building" exercises in various sections of each chapter. The title of this text, *Social Work with Groups: A Comprehensive Worktext*, reflects this emphasis on using skill-building exercises to facilitate student development of group leadership skills.

A major focus of this edition is to provide text content and skill-building exercises that focus on students acquiring the 10 competencies and 41 practice behaviors of the 2008 EPAS (*Educational Policy and Accreditation Standards*) of the Council on Social Work Education (CSWE).

The advantage of using the exercises from this workbook is that the exercises are explicitly connected to the competencies and practice behaviors of 2008 EPAS. In addition, there is an assessment process in this workbook that will facilitate the evaluation of students on the extent to which they are attaining the competencies and practice behaviors of 2008 EPAS. The higher a student is assessed in attaining these competencies and practice behaviors, the more likely it is that the student is becoming a competent social worker. A table that identifies the chapters in the text and the practice exercises in this workbook that relate to the 41 practice behaviors in 2008 EPAS can be found on the inside covers of the text. (Students will progress in developing the knowledge, skills, and values needed for becoming a competent social worker by conscientiously completing these exercises.)

An additional advantage of this text is that it may be used in preparing self-study documents for accreditation—as documentation that the course in which *Social Work with Groups* is being used is covering the competencies and practice behaviors of 2008 EPAS. Coverage is provided with text content and with exercises.



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## Plan of the Book

Each chapter is designed according to the following format:

1. The learning objectives of the chapter are stated.
2. Theoretical material is presented on how the learning objectives can be achieved. If the learning objective is to learn how to handle disruptive members of a group, for example, the chapter describes appropriate strategies.
3. Several "skill-building" exercises are then interspersed throughout each chapter, and also at the end of each chapter. These exercises give students practice in acquiring the skills described in the chapter.

At the end of the book is a Group Treatment Theories Resource Manual (GTTRM). To highlight the uniqueness of the GTTRM, material is presented in modules rather than chapters. This GTTRM presents prominent theories of counseling that are widely used by social workers in working with treatment groups.

## Using the Book

After the instructor covers the introductory material contained in the first chapter, it is suggested that students (either individually or in small groups) take turns preparing and conducting future class sessions by summarizing the theoretical material in the chapters and leading the class in related exercises. (Students may also be given the opportunity to select a topic not covered in the text.)

The skill-building exercises in this text may be used in a variety of ways. The assigned leader (who may be the instructor, a student, or a small group of students) for a chapter may use the exercises in the following ways: (1) The assigned leader may request that the other students complete certain exercises as a homework assignment prior to the next class period; the exercises are then reviewed when the class next meets. (2) The assigned leader may have the other students complete one or more exercises during the class. (3) The instructor may assign certain exercises as written homework to be submitted for evaluation. (4) The instructor may have each student complete several exercises and then place them in a portfolio, which the instructor may periodically review for evaluation purposes.

Students should make their presentations stimulating, interesting, and educational by speaking extemporaneously rather than reading and by adapting chapter topics using personal observations or research. Students should also prepare and distribute handouts that summarize the key points of their presentations and should move around the classroom to maintain and increase the interest of the class. The use of technological resources, such as Microsoft® PowerPoint®, is also suggested.

## New to This Edition

Content has been added on:

- Dialectical behavior therapy in groups
- Servant leadership
- Working with the LGBTIQQ population in groups
- Can our thoughts alter our genetic code?
- Group work with people who are grieving
- Group work with people impacted by domestic violence
- Group work with older persons
- Group work with people who have an eating disorder
- Families coping with chronic disease
- Group service-learning projects for college students
- A group in a high school
- Task groups for Habitat for Humanity

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- Multi-family groups
- Working with adolescents in groups
- Group therapy with substance use disorders

Much of this new content is written by group work practitioners who are contributing authors to this edition. (It is the primary author's belief that long-time group work practitioners are in the best position to write about how group work can best be used in direct practice in social work.)

(NOTE TO FACULTY: TWO ASSESSMENT INSTRUMENTS ARE PRESENTED AT THE END OF CHAPTER 2 THAT MEASURE THE EXTENT TO WHICH STUDENTS ARE ATTAINING THE COMPETENCIES AND PRACTICE BEHAVIORS SPECIFIED IN 2008 EPAS.)

## Ancillaries

Additional teaching aids are available to instructors through login.cenage.com, including an Instructor's Manual and a chapter-by-chapter Test Bank with multiple-choice and true/false questions tagged to EPAS competencies and practice behaviors. In addition, preassembled PowerPoint® lecture slides can be adapted to fit instructors' classroom needs, and an online Curriculum Quick Guide aligns the material presented in the chapters with EPAS competencies.

## Acknowledgments

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—Charles Zastrow

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He was, for 6 years, a member of the Commission on Accreditation of CSWE. He is a member of the International Association for Social Work with Groups, the National Association of Social Workers, the Council on Social Work Education, and the NASW Register of Clinical Social Workers. He is licensed as a Clinical Social Worker in Wisconsin. In addition to *Social Work with Groups*, he has written several other books, including the following textbooks: *Introduction to Social Work and Social Welfare* (11th ed.), *The Practice of Social Work* (10th ed.), and *Understanding Human Behavior and the Social Environment* (9th ed.) (with Dr. Karen Kirst-Ashman).

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CHAPTER

# 1 Groups: Types and Stages of Development

**Learning Objectives (LO)**

*Each group develops a unique character or personality because of the principles of group dynamics. This chapter will help prepare students to:*

**LO 1-1** Understand the history of social group work.
**LO 1-2** Identify the primary types of groups in social work.
**LO 1-3** Understand four models of group development over time.
**LO 1-4** Describe the differences between reference groups and membership groups.
**LO 1-5** Comprehend guidelines on how to conduct classroom exercises.
**LO 1-6** Apply several ice-breaker exercises.

Every social service agency uses groups, and every practicing social worker is involved in a variety of groups. Social work with groups is practiced in adoption agencies, correctional settings, halfway houses, substance abuse treatment centers, physical rehabilitation centers, family service agencies, private psychotherapy clinics, mental hospitals, nursing homes, community centers, public schools, and many other social service settings. To effectively serve clients in human service systems today, social workers in generalist practice positions must be trained in group methods. Often, social workers serve as leaders and participants in myriad groups requiring skills ranging from simple to complex. The beginning social worker is likely to be surprised at the diverse groups in existence and excited by the challenge of practicing social work in many different settings.

## LO 1-1 Understand the History of Social Group Work

### HISTORICAL DEVELOPMENT OF GROUP WORK

The roots of group social work began in the settlement houses, the Young Men's and Young Women's Christian Associations (YMCAs and YWCAs), Boy Scouts and Girl Scouts, and Jewish centers of the 1800s.[1] These agencies focused on providing group programs for people considered "normal." Recipients of early group services came for recreation, informal education, friendship, and social action. Euster notes that these recipients "learned to cooperate and get along with others socially; they enriched themselves through new knowledge, skills, and interests, and the overall state of society was bettered through responsible involvement in community problems."[2]

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### *Settlement Houses*

The first settlement house, Toynbee Hall, was established in London in 1884; many others were soon formed in large U.S. cities.[3]

Many of the early settlement-house workers were daughters of ministers. Usually from middle- and upper-class families, they would live in a poor neighborhood so they could experience the harsh realities of poverty. Using the missionary approach of teaching residents how to live moral lives and improve their circumstances, early settlement workers sought to improve housing, health, and living conditions; find jobs for workers; teach English, hygiene, and occupational skills; and improve living conditions through neighborhood cooperative efforts. The techniques settlement houses used to effect change are now called social group work, social action, and community organization.

Settlement houses emphasized "environmental reform," but they also "continued to struggle to teach the poor the prevailing middle-class values of work, thrift, and abstinence as the keys to success."[4] In addition to dealing with local problems through local action, settlement houses played important roles in drafting legislation and organizing to influence social policy and legislation.

The most noted leader in the settlement-house movement was Jane Addams of Hull House in Chicago. She was born in 1860 in Cedarville, Illinois, the daughter of parents who owned a successful flour mill and wood mill.[5] After graduating from Rockford Seminary in Rockford, Illinois, she attended medical school briefly but was forced to leave due to illness. She then traveled for a few years in Europe, perplexed as to what her life work should be. At the age of 25, she joined the Presbyterian church, which helped her find a focus for her life: religion, humanitarianism, and serving the poor. (She later joined the Congregational Church, now known as the United Church of Christ.) Addams heard about the establishment of Toynbee Hall in England and returned to Europe to study the approach. The staff of college students and graduates, mainly from Oxford, lived in the slums of London to learn conditions firsthand and to improve life there with their own personal resources, including financial ones.

Jane Addams returned to the United States and rented a two-story house, later named Hull House, in an impoverished neighborhood in Chicago. With a few friends, Addams initiated a variety of group and individual activities for the community. Group activities included a literature reading group for young women, a kindergarten, and groups that focused on social relationships, sports, music, painting, art, and discussion of current affairs. Hull House also provided services to individuals who needed immediate help, such as food, shelter, and information on and referral for other services. A Hull House Social Science Club studied social problems in a scientific manner and then became involved in social action efforts to improve living conditions. This group worked successfully for passage of Illinois legislation to prevent the employment of children in sweatshops. Addams also became interested in the various ethnic groups in the neighborhood. She was fairly successful in bringing the various nationalities together at Hull House, where they could interact and exchange cultural values.

The success of Hull House served as a model for the establishment of settlement houses in other areas of Chicago and many other large cities in the United States. Settlement-house leaders believed that by changing neighborhoods, they could improve communities, and by altering communities, they could develop a better society. For her extraordinary contributions, Jane Addams received the Nobel Prize for Peace in 1931.

### *Young Men's Christian Association (YMCA)*

The founder of the Young Men's Christian Association (YMCA), George Williams,[6] was born and reared on a small farm in England. He stopped attending school at the age of 13 to work on his father's farm, but at 14, he became an apprentice to a draper (a manufacturer and dealer of cloth and woolen materials) and learned the trade. He grew up in a religious environment and joined the Congregational Church at the age of 16. At 20, he moved to London and worked for another drapery firm.

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Like Williams, the business owner, George Hitchcock, was deeply religious and allowed his new employee to organize prayer meetings at work.

The size of the prayer circle gradually grew, and the meetings featured Bible reading as well as prayers. The success of this group inspired Williams and his associates to organize similar groups at other drapers' establishments. The prayer circle Williams formed with 12 fellow employees marked the beginning of YMCAs. In 1844, the resulting prayer circles at 14 businesses formed an association called the Young Men's Christian Association. Each group conducted weekly religious services that included prayer, Bible readings, and discussions of spiritual topics.

The YMCA soon began to expand its activities. Prominent speakers from various fields of public and scholarly life addressed its members. An office was selected, and Protestant clergy in France, Holland, and other countries were persuaded to form YMCAs. Gradually, the programs were expanded to meet the unique needs of the communities in which the YMCAs were located.

In 1851, Thomas V. Sullivan, a retired mariner, picked up a religious weekly in Boston and read about the YMCA movement in London.[7] Sullivan gathered a few friends and established the first YMCA in the United States. Similar to the London association, the U.S. movement spread quickly to other communities. In only 7 years, YMCAs were serving communities throughout the United States.

The U.S. YMCA had many firsts. It was the first organization to aid troops during wartime in the field and in prison camps. It pioneered community sports and athletics, invented volleyball and basketball, and taught water safety and swimming. It devised an international program of social service similar to that of the Peace Corps. It originated group recreational camping, developed night schools and adult education, initiated widespread nondenominational Christian work for college students, and reached out to assist foreign students. From an origin that involved a narrowly focused religious objective, YMCAs have expanded their objectives in a variety of directions. The success of YMCAs helped spur the first Young Women's Christian Association (YWCA), formed in Boston in 1866.[8]

## LO 1-2 Identify the Primary Types of Groups in Social Work

### TYPES OF GROUPS

There are a variety of groups that occur in social work—social conversation, recreation skill building, educational, task, problem solving and decision making, focus, self-help, socialization, treatment, and sensitivity and encounter training. According to Johnson and Johnson, a group may be defined as two or more individuals in face-to-face interaction, each aware of positive interdependence as they strive to achieve mutual goals, each aware of his or her membership in the group, and each aware of the others who belong to the group.[9]

#### *Social Conversation*

Social conversation is often employed to determine what kind of relationship might develop with people we do not know very well. Because talk is often loose and tends to drift aimlessly, there is usually no formal agenda for social conversations. If the topic of conversation is dull, the subject can simply be changed. Although individuals may have a goal (perhaps only to establish an acquaintanceship), such goals need not become the agenda for the entire group. In social work, social conversation with other professionals is frequent, but groups involving clients generally have objectives other than conversation, such as resolving personal problems.

#### *Recreation/Skill Building*

Recreational groups may be categorized as *informal recreational groups* or *skill-building recreational groups.*

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A recreational group service agency (such as the YMCA, YWCA, or neighborhood center) may offer little more than physical space and the use of some equipment to provide activities for enjoyment and exercise. Often activities such as playground games and informal athletics are spontaneous, and the groups are practically leaderless. Some agencies claim that recreation and interaction with others help to build character and prevent delinquency among youths by providing an alternative to street life.

In contrast to informal recreational groups, a skill-building recreational group has an increased focus on tasks and is guided by an adviser, coach, or instructor. The objective is to improve a set of skills in an enjoyable way. Examples of activities include arts and crafts, and sports such as golf, basketball, and swimming, which may develop into competitive team sports with leagues. These groups are frequently led by professionals with recreational training rather than social work training, and the agencies involved include the YMCA, YWCA, Boy Scouts, Girl Scouts, neighborhood centers, and school recreational departments.

### *Education*

While the topics covered vary widely, all educational groups teach specialized skills and knowledge, such as classes on childrearing, stress management, parenting, English as a foreign language, and assertiveness training. Orientations offered by social service organizations to train volunteers fall into this category as well. Educational groups usually have a classroom atmosphere, involving considerable group interaction and discussion; a professional person with expertise in the area, often a social worker, assumes the role of teacher.

### *Task*

Task groups are formed to achieve a specific set of tasks or objectives. The following examples are types of task groups that social workers are apt to interact with or become involved in. A *board of directors* is an administrative group charged with responsibility for setting the policy governing agency programs. A *task force* is a group established for a special purpose and is usually disbanded after the task is completed. A *committee* of an agency or organization is a group that is formed to deal with specific tasks or matters. An *ad hoc committee,* like a task force, is set up for one purpose and usually ceases functioning after completion of its task.

### *Problem Solving and Decision Making*

Both providers and consumers of social services may become involved in groups concerned with problem solving and decision making. (There is considerable overlap between task groups and these groups; in fact, problem-solving and decision-making groups can be considered a subcategory of task groups.)

Social service providers use group meetings for objectives such as developing a treatment plan for a client or a group of clients, or deciding how best to allocate scarce resources. Potential consumers of services may form a group to meet a current community need. Data on the need may be gathered, and the group may be used as a vehicle either to develop a program or to influence existing agencies to provide services. Social workers may function as stimulators and organizers of these group efforts.

In problem-solving and decision-making groups, each participant normally has some interest or stake in the process and stands to gain or lose personally by the outcome. Usually, there is a formal leader, and other leaders sometimes emerge during the process.

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## A Problem-Solving and Decision-Making Group: Family Group Conferencing

The family group conferencing approach with abused or neglected children originated in New Zealand. The approach has now been adopted in many other countries, including in the United States.

When evidence of child abuse by child protective services or the police has been documented, some child protective services agencies are now offering the parents of the affected children the option of using the family group conferencing approach to attempt to improve the parenting and end future abuse. The process is first explained to the parents. If the parents agree to involve their extended kinship network in planning, the process is then implemented.

The family decision-making conference is facilitated by a professional person (often associated with child protective services). The professional person is usually called the "family group coordinator." Three characteristics are central to family group conferencing:

1. Family is widely defined to include extended family members, as well as other people who are significant to the family.
2. The family is given the opportunity to prepare the plan.
3. The professionals involved with the family must agree to the plan unless it is thought to place the child at risk.

The coordinator prepares and plans for the first meeting of the extended family. Such planning may take weeks.

Downs, Moore, McFadden, and Costin describe the initial planning process:

> This involves working with the family; identifying concerned parties and members of the extended kinship network; clarifying their roles and inviting them to a family group meeting; establishing the location, time, and other logistics; and managing other unresolved issues. At the meeting the coordinator welcomes and introduces participants in a culturally appropriate manner, establishes the purpose of the meeting, and helps participants reach agreement about roles, goals, and ground rules. Next, information is shared with the family, which may involve the child protection workers and other relevant professionals such as a doctor or teacher involved with the child.[a]

In the New Zealand model, the coordinator and other professional withdraw from the meeting in the next stage to allow the family privacy for their deliberations. (Some programs in the United States and other countries allow the coordinator to remain in the meeting.) The kinship network makes plans to respond to the issues that are raised, including developing a plan for the safety and the care of the child. The coordinator and/or protective services retain the right to veto a family plan if they believe the child will not be protected. (In reality, a veto is rarely used.) Several meetings (over several days) may be necessary to develop the family plan.

Downs and colleagues summarize the challenges faced by social workers with this approach:

> Working with family group decision making requires a new approach to family-centered practice. The social worker must expand his or her ideas about the family to recognize the strength and centrality of the extended kinship network, particularly in communities of color. Use of the strengths perspective is critical. The worker must understand the greater investment of kin in the well-being of the child and should also understand that, even when parts of the kinship system may seem to be compromised or dysfunctional, the healthier kinfolk can assess and deal with the problem. One of the greatest challenges for the social worker is incorporating the sharing of power or returning of power to the kinship network. Many social workers trained as family therapists or child welfare workers have assumed a power role and may find it difficult to relinquish a sense of control.[b]

There are several advantages of family group conferencing. It facilitates getting the extended family involved in meeting the needs of the abused/neglected child or children and in meeting the needs of their parents. It reduces government intervention in people's lives. It recognizes the strengths of kinship networks to provide assistance to at-risk families. It reduces the number of children placed in foster homes. (Frequently, with this approach one or more extended family members temporarily take in the child, giving the parents an opportunity to receive whatever they need to become more stable and to learn better parenting skills.)

Family group conferencing has also been adapted to respond to other family issues, such as families with an adjudicated delinquent.

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[a]Susan W. Downs, Ernestine Moore, Emily J. McFadden, and Lela B. Costin, *Child Welfare and Family Services,* 6th ed. (Boston: Allyn & Bacon, 2000), p. 295.
[b]Ibid., 295.

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### *Focus*

Focus groups are closely related to task groups and problem-solving and decision-making groups. They may be formed for a variety of purposes, including (1) to identify needs or issues, (2) to generate proposals that resolve an identified issue, and (3) to test reactions to alternative approaches to an issue. A focus group is

> A group convened to discuss a specific issue or single topic, often with the aid of questionnaires and a moderator who actively keeps the conversation oriented to that topic. Such groups are often established to acquire information and generate ideas that would not be as accessible through individual interviews.[10]

## A Self-Help Group: Parents Anonymous

Parents Anonymous (PA), a national self-help organization for parents who have abused or neglected their children, was established in 1970 by Jolly K. in California. For 4 years before forming the group, Jolly had struggled with an uncontrollable urge to severely punish her daughter. One afternoon she attempted to strangle the child. Desperate, she sought help from a local child-guidance clinic and was placed in therapy. When asked by her therapist what she could do about her problem, Jolly developed an idea. As she explained, "If alcoholics could stop drinking by getting together, and gamblers could stop gambling, maybe the same principle would work for [child] abusers, too." With her therapist's encouragement she formed "Mothers Anonymous" in 1970 and organized a few chapters in California. Nearly every major city in the United States and Canada now has a chapter, and the name has been changed to Parents Anonymous because fathers who abuse their children are also eligible to join.

PA is a crisis intervention program that offers two main forms of help: a weekly group meeting and personal and telephone contact. Members share experiences and feelings during weekly meetings and learn to better control their emotions. During periods of crisis, personal and telephone contact is especially important, particularly when a member feels a nearly uncontrollable desire to take anger or frustration out on a child. Parents may be referred to PA by a social agency (including protective services) or be self-referred as parents who recognize that they need help.

Cassie Starkweather and S. Michael Turner describe why abusive parents would rather participate in a self-help group than receive professional counseling:

> It has been our experience that most [abusive] parents judge themselves more harshly than other, more objective people tend to judge them. The fear of losing their children frequently diminishes with reassurance from other members that they are not the monsters they think they are.
>
> Generally speaking, PA members are so afraid they are going to be judged by others as harshly as they judge themselves that they are afraid to go out and seek help. Frequently our members express fears of dealing with a professional person, seeing differences in education, sex, or social status as basic differences that would prevent easy communication or mutual understanding.
>
> Members express feelings of gratification at finding that other parents are "in the same boat." They contrast this with their feelings about professionals who, they often assume, have not taken out the time from their training and current job responsibilities to raise families of their own.[a]

PA emphasizes honesty and directness, as parents who are prone to abuse their children have learned to hide this problem because society finds it difficult to acknowledge. In contrast to society's tendency to deny the problem, the goal of PA is to help parents admit that they are abusive. The term *abuse* is used liberally at meetings, and this insistence on frankness has a healthy effect on members. Abusive parents are relieved because they have finally found a group of people able to accept them as they are. Furthermore, only when they are able to admit they are abusive can they begin to find ways to heal themselves.

During meetings, parents are expected to actually admit to beating their child or engaging in other forms of abuse, and the members challenge each other to find ways to curb these activities. Members share constructive approaches to anger and other abuse-precipitating emotions and help each other develop specific plans for dealing with situations that have resulted in abusive episodes. Members learn to recognize danger signs and to take action to avoid abuse.

Leadership is provided by a group member selected by other members. The leader, called a chairperson, is normally assisted by a professional sponsor who serves as resource and back-up person to the chair and the group. The social worker who assumes the role of sponsor must be prepared to perform a variety of functions, including teacher-trainer, broker of community services needed by parents, advocate, consultant, and counselor.[b]

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*Source:* Adapted from *Introduction to Social Work and Social Welfare,* 8th ed., by Zastrow. © 2004. Reprinted with permission of Brooks/Cole.

[a] Cassie L. Starkweather and S. Michael Turner, "Parents Anonymous: Reflections on the Development of a Self-Help Group," in *Child Abuse: Intervention and Treatment,* eds. Nancy C. Ebeling and Deborah A. Hill (Acton, MA: Publishing Sciences Group, 1975), p. 151.

[b] Check the parents Anonymous website at http://parents anonymous.org.

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Two examples of a focus group are a nominal group (described in Chapter 4) and a brainstorming session (described in Chapter 6).

A *representative group* is another version of a focus group. Its strength is that its members have been selected specifically to represent different perspectives and points of view in a community. At best, the representative group is a focus group that reflects the cleavages in the community and seeks to bring diverse views to the table; at worst, it is a front group for people who seek to make the community *think* it has been involved.

### *Self-Help and Mutual Aid*

Self-help groups are increasingly popular and often successful in helping individuals overcome social or personal problems. Katz and Bender provide a comprehensive definition:

> Self-help groups are voluntary, small group structures . . . usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions. . . . They often provide material assistance as well as emotional support, they are frequently "cause"-oriented, and promulgate an ideology or [set of] values through which members may attain an enhanced sense of personal identity.[11]

Alcoholics Anonymous, developed by two recovering alcoholics, was the first self-help group to demonstrate substantial success. In *Self-Help Organizations and Professional Practice,* Powell describes numerous self-help groups that are now active.[12]

Closely related to self-help groups are mutual-aid groups, and the terms are sometimes interchangeable. Mutual-aid groups are informal or formal associations of people who share certain problems and meet regularly in small groups with professional leaders to provide emotional support, information, assistance in problem solving, and other help for each other.

Many self-help groups use individual confession and testimony techniques. Each member explains his or her problem and recounts related experiences and plans for handling the problem. When a member encounters a crisis (for example, an abusive parent having an urge to abuse a child), he or she is encouraged to call another group member, who helps the person cope. Having experienced the misery and consequences of the problem, group members are highly dedicated to helping themselves and their fellow sufferers. The participants also benefit from the "helper therapy" principle; that is, the helper gains psychological rewards.[13] Helping others makes a person feel worthwhile, enabling the person to put his or her own problems into perspective.

Most self-help groups are "direct service" in that they help members with individual problems. Other self-help groups work on community-wide issues and tend to be more social-action oriented. Some direct service self-help groups attempt to change legislation and policy in public and private institutions. Others (parents of children with a cognitive disability, for example) also raise funds and operate community programs. However, many people with personal problems use self-help groups in the same way others use social agencies. An additional advantage of self-help groups is that they generally operate with a minimal budget. (For further discussion, see Chapter 8.)

### *Socialization*

The primary objective of most socialization groups is to develop attitudes and behaviors in group members that are more socially acceptable.[14] Developing social skills, increasing self-confidence, and planning for the future are other focuses. Leadership roles in socialization groups are frequently filled by social workers who work with groups for predelinquent youths to curb delinquency; youths of diverse racial backgrounds to reduce racial tensions; and pregnant, unmarried young females to help them make plans for the future. Elderly residents in nursing homes are often

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remotivated by socialization groups and become involved in various activities. Teenagers at correctional schools are helped to make plans for returning to their home community. Leadership of all the groups mentioned in this section requires considerable skills and knowledge to help the group to foster individual growth and change.

### *Treatment*

Treatment groups are generally composed of members with severe emotional, behavioral, and personal problems. Leaders of such groups must have superb counseling and group leadership skills, including the ability to accurately perceive the core of each member's response to what is being communicated. Group leaders must also have the personal capacities to develop and maintain a constructive atmosphere within a group. As in one-on-one counseling, the goal of treatment groups is to have members explore their problems in depth and then develop strategies for resolving them. Three treatment approaches (reality therapy, behavior therapy, and rational therapy) are described in the Group Treatment Theories Resource Manual (located at the end of the text). These three treatment approaches can be used to change dysfunctional behaviors and unwanted emotions of group members.

In summary, to be a competent group therapist, the professional should have superb interviewing and counseling skills, a working knowledge of the principles of group dynamics (described in Chapters 1, 2, 3, 4, 5, and 6 of this text), and a working knowledge of contemporary therapy approaches, three of which are described in the Group Treatment Theories Resource Manual, located at the end of this text.

Group treatment has several advantages over one-on-one therapy. The "helper" therapy principle generally is operative. Members at times interchange roles and become the helper for someone else, receiving psychological rewards and putting their own problems into perspective in the process. Group treatment also allows members with interaction problems to test new approaches. In addition, research has shown it is generally easier to change the attitudes of an individual in a group than one on one.[15] Group treatment permits a social worker to treat more than one person at a time and represents a substantial savings of professional time. (See "Group Therapy with Substance Use Disorders".)

## COMMON TYPES OF TREATMENT GROUPS*

Social workers are likely to encounter treatment groups in a wide variety of settings, such as outpatient mental health clinics, community-based social service agencies, inpatient psychiatric units, intensive outpatient programs, substance abuse programs, residential programs, domestic violence programs, special education programs, therapeutic day schools, veteran programs, day treatment programs, correctional institutions, juvenile justice programs, and other institutional programs. Most treatment groups in these settings are based upon a recovery model emphasizing that clients can achieve long-term recovery from serious mental illness, developmental and social problems, and behavioral health issues. This recovery is facilitated and achieved through skill building and psychosocial rehabilitation, which improves clients' abilities to self-manage symptoms and problems in their current environment. These groups are often called psychosocial rehabilitation or community support groups and focus on changing behavior, skill building, and increasing natural supports. Groups are frequently structured using cognitive and behavioral therapy approaches (see modules at end of text), and facilitators are often given substantial latitude as to the content and structure of specific group sessions. Next we'll look at some of the more common treatment groups social workers may encounter and be asked to facilitate. The types of groups an agency provides and the group names used will vary depending on agency, mission, population, and client needs.

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## Group Therapy with Substance Use Disorders*

### Advantages of Group Treatment

Group therapy is one of the therapeutic tools used for treating people with substance use disorders. A benefit of using groups for treating people with substance use disorders is that groups intrinsically reduce feelings of isolation of group members, and participation in the group allows members of the group to realize that they are not the only ones dealing with the process of recovery. These qualities experienced by the group members can draw them into the culture of recovery. People who abuse substances often are more likely to remain abstinent and committed to recovery when treatment is provided in groups, because of rewarding and therapeutic forces such as affiliation, confrontation, support, gratification, and identification. Groups provide positive peer support and pressure to abstain from substances of abuse. Another reason groups work as a mode of treatment for substance use is that factors associated with substance use, such as depression, isolation, and shame, can be addressed. Great emphasis is placed on interpersonal process within the groups, which helps substance use clients resolve problems in relating to other people, problems that they may have attempted to avoid by means of addictive substances.[a]

### Defining Therapeutic Group Models in Substance Use Treatment

Five models of groups are used in substance use treatment:

- Psychoeducational groups
- Skills-development groups
- Cognitive-behavioral groups
- Support groups
- Interpersonal process group psychotherapy

Treatment providers routinely use the first four models and various combinations of them. Interpersonal process groups are not widely used because of the extensive training required to lead these groups and also the long duration to complete this type of group. This demands a high level of commitment from both the providers and the clients.[b] The major purpose of psychoeducational groups is to create and expand awareness about the behavioral, medical, and psychological consequences of substance use. This type of group is very structured and presents group-specific content. The information presented is designed to have a direct application to the clients' lives to help instill self-awareness. This self-awareness presents options for growth and change, identifies community resources that can assist in the recovery process, and attempts to motivate clients to take action on their own to attend treatment. An example of a psychoeducational group activity would be to have group members read and discuss a handout on the potential physiological effects of alcohol.[c]

Skills-development groups are primarily developed from a cognitive-behavioral approach. This approach is most often used in conjunction with psychoeducational elements. The most common type of skills-development group is one that teaches and helps group members develop coping skills. These skills may be directly related to substance use, such as learning refusal skills when offered drugs, or to broader areas in the client's life such as ways to manage anger or anxiety. Many of the skills that people with substance use need to develop are interpersonal in nature, so group therapy is a place for them to practice these skills.[d]

Cognitive-behavioral groups identify that the substance use of the individual is a learned behavior that can be modified through various interventions. These interventions include identification of conditioned stimuli associated with the specific addictive behaviors, avoidance of such stimuli, development of enhanced contingency management strategies, and response-desensitization. The cognitive-behavioral group works to change the learned behavior by changing thinking patterns, beliefs, and perceptions (see Modules 1 and 3). The group activities help the individual develop social networks that will help support the individual's recovery. Cognitions developed by psychological elements such as thoughts, beliefs, decisions, opinions, and assumptions are challenged and strategies are learned to change these thought patterns. Cognitive-behavioral groups are most helpful in the beginning stages of recovery.[e]

Participation in support groups help members strengthen their ability to manage their thinking and emotions and to develop interpersonal skills by interacting with group members. Group members help each other out by discussing pragmatic concerns members may currently be having. An example of this would be group members coaching an individual on how to manage current triggers of wanting to use substance as a way of coping. These groups are used to improve group members' self-esteem and self-confidence. Group leaders and group members offer words of support and encouragement to each other. Support groups can be found in all stages of substance use treatment. Learning specific recovery tools, such as relapse-prevention skills, can be the basis of forming a substance use support group.[f]

Interpersonal process groups use psychodynamics, or knowledge of the way people function psychologically, to promote change in substance use recovery. The psychodynamic approach recognizes that unresolved conflicts in the mind (some that may be out of the person's awareness), may be influencing the person's behavior. Early experiences in the person's life may be influencing the person's substance use. The individual's perceptions may be distorting his or her reality, and behaviors, such as the use of a substance, may be chosen to deal with the situation.[g]

(*continued*)

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