



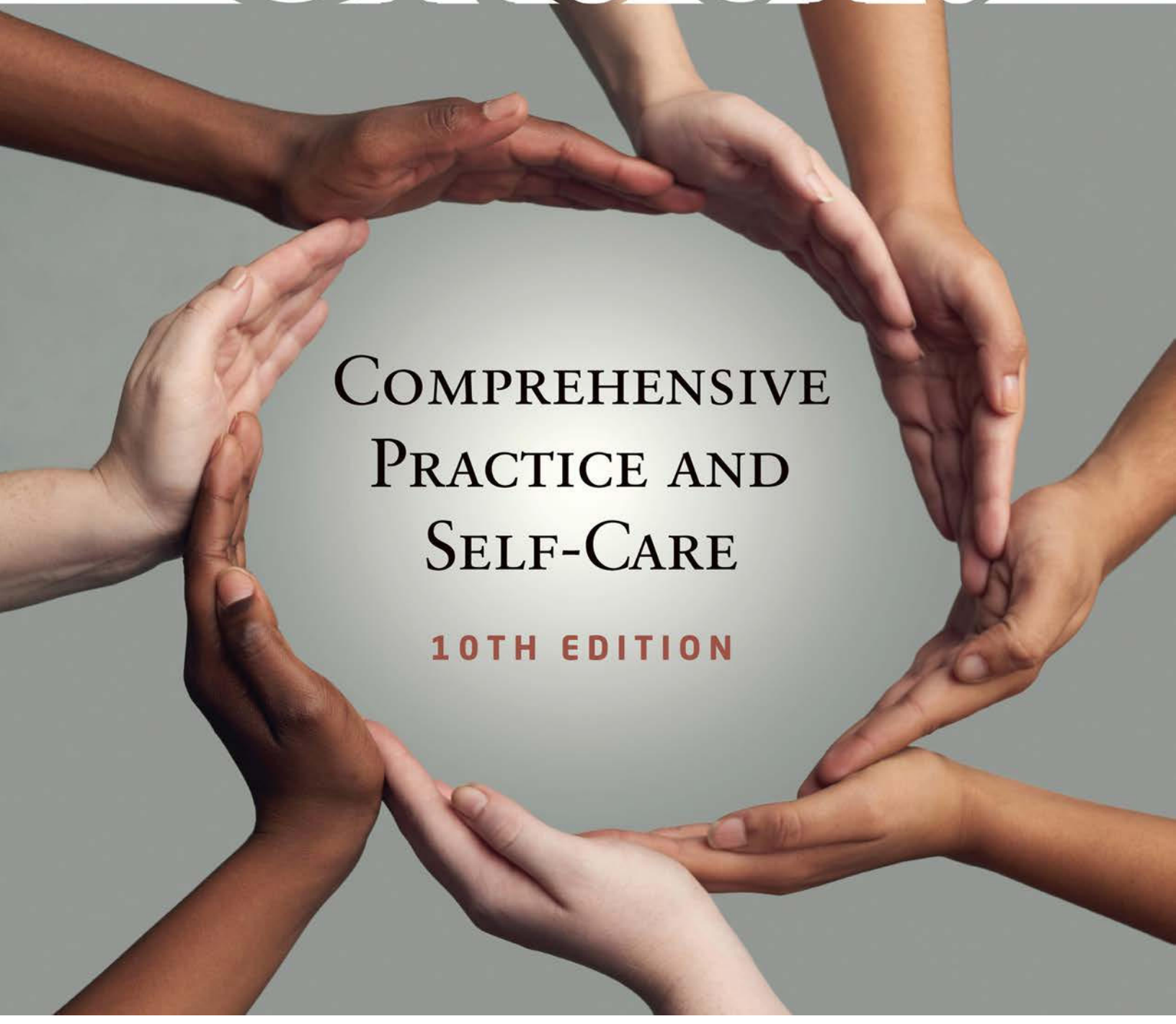
empowerment series

CHARLES H. ZASTROW | SARAH L. HESSENAUER

SOCIAL WORK WITH GROUPS

COMPREHENSIVE
PRACTICE AND
SELF-CARE

10TH EDITION





empowerment series

Social Work with Groups

COMPREHENSIVE PRACTICE
AND SELF-CARE

Tenth edition

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



The Council on Social Work Education's Educational Policy and Accreditation Standards requires all social work students to develop nine competencies and recommends teaching and assessing 31 related component behaviors, listed as Educational Policy (EP) Competencies 1–9 here. The multicolor icons (see figure at left) and end of chapter “Competency Notes” connect these important standards to class work in the chapters identified in the following with bold blue type.

The 9 Competencies and 31 Component Behaviors (EPAS, 2015)	Chapter(s) Where Referenced:
Competency 1— Demonstrate Ethical and Professional Behavior:	1, 2, 3, 4, 5, 6, 9, 10, 11, 12
a. Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics as appropriate to context	1, 2
b. Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations	2, 3, 4, 5, 9, 10, 11, 12
c. Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication	2, 4, 5, 6, 11, 12
d. Use technology ethically and appropriately to facilitate practice outcomes	2, 5
e. Use supervision and consultation to guide professional judgment and behavior	2, 4
Competency 2—Engage Diversity and Difference in Practice:	2, 7
a. Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels	2, 7
b. Present themselves as learners and engage clients and constituencies as experts of their own experiences	2, 7
c. Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies	2, 7
Competency 3— Advance Human Rights and Social, Economic, and Environmental Justice:	2, 7
a. Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels	2, 7
b. Engage in practices that advance social, economic, and environmental justice	2, 7
Competency 4— Engage in Practice-Informed Research and Research-Informed Practice:	2, 12, 14
a. Use practice experience and theory to inform scientific inquiry and research	2, 12, 14
b. Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings	2, 12, 14
c. Use and translate research evidence to inform and improve practice, policy, and service delivery	2, 12, 14
Competency 5—Engage in Policy Practice:	2
a. Identify social policy at the local, state, and federal level that affects well-being, service delivery, and access to social services	2
b. Assess how social welfare and economic policies affect the delivery of and access to social services	2
c. Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice	2

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To Kathy, My wife and soul mate

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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. This book is a “worktext” that focuses 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 9 competencies and 31 behaviors of the 2015 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 behaviors of 2015 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 behaviors of 2015 EPAS. The higher a student is assessed in attaining these competencies and 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 31 behaviors in 2015 EPAS can be found on the inside covers of the text. (Students will progress in developing the knowledge, values, skills, and cognitive and affective processes needed to become 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 behaviors of 2015 EPAS. Coverage is provided with text content and with exercises.

A SELF-CARE EMPHASIS

This edition of *Social Work with Groups* has an emphasis on self-care; that is, the importance of social workers setting the highest priority in taking care of their own physical, emotional, intellectual, social, and spiritual well-being. Why? It is axiomatic that if social

workers do not care for themselves, their ability to care for others will be sharply diminished or even depleted. The more that social workers maximize their physical, emotional, intellectual, social, and spiritual well-being, the more energy, knowledge, skills, cognitive, and emotional resources they will have in providing services to clients.

It is also axiomatic that the same intervention strategies that social workers learn to maximize their own physical, emotional, intellectual, social, and spiritual well-being are the same strategies that social workers can convey to clients so that clients can use these strategies to learn to better care for themselves and improve their well-being!

A social worker primarily works as a “change agent” (i.e., someone who facilitates positive changes) in individuals, groups, families, organizations, and communities. Why is self-care essential in working with individuals, groups, families, organizations, and communities? A social worker who sets the highest priority on taking care of his or her physical, emotional, intellectual, social, and spiritual well-being learns an immense number of intervention strategies to improve his or her life. These strategies are precisely the strategies that the worker can convey to individuals, members of treatment groups, and family members, which these clients can then use to improve their lives.

A social worker who has excelled in self-care also has the critical resources (physical energy, positive mind-set, emotional poise, intellectual capacities, problem-solving skills, and social skills) to effectively work with organizations and communities to facilitate positive changes.

Self-care content and exercises to facilitate self-care for social work students and practicing social workers is contained in the following materials in this text:

Chapter 1

EXERCISE E Why I Decided to Be a Social Worker

Chapter 2

A Problem-Solving Approach

The Strengths Perspective

EXERCISE 2.6 Applying the Problem-Solving Approach

Knowledge, Skills, and Values Needed for Social Work Practice

EXERCISE D Social Work Value Issues

EXERCISE F Genie and the Magic Lantern

Chapter 3

Guidelines for Forming and Leading a Group

Relaxing Before You Start a Meeting

EXERCISE A Desensitizing Fears of Leading a Group

EXERCISE D Leading a Group

Chapter 4

Setting Personal and Group Goals

Personal Goals

EXERCISE 4.1 Identifying Your Personal Goals
Competition Versus Cooperation

EXERCISE 4.4 The Effects of a Competitive Group Member

EXERCISE 4.6 Your Yielding to Group Pressure
Types of Disruptive Behavior

Handling Disruptive Behavior

Reducing the Likelihood of Disruptive Behavior

EXERCISE 4.8 Handling Disruptive Behavior of a Group Member

EXERCISE G Confrontation and I-Messages

EXERCISE H Confronting and Being Confronted by Others

Chapter 5

A Model of Communication

One-Way Communication

EXERCISE 5.1 The Emotional Effects of One-Way Communication

Two-Way Communication

Perception

EXERCISE 5.2 Using Defense Mechanisms

EXERCISE 5.3 Defensive Communication

Self-Disclosure

The Johari Window

EXERCISE 5.4 Feeling Good After Self-Disclosure

EXERCISE 5.5 Johari Windows

How to Communicate Effectively

Listening Skills

Active Listening

I-Messages

EXERCISE 5.6 Learning to Use I-Messages

EXERCISE 5.7 Resolving Collisions of Values
Collisions of Values

Forms of Nonverbal Communication

EXERCISE 5.8 Interpreting Nonverbal Cues

Posture

Body Orientation

Facial Expressions

Eye Contact

Gestures

Touching

Clothing

Personal Boundaries

Territoriality

Voice

Physical Appearance

EXERCISE 5.9 Reading Nonverbal Cues

Environment

Other Nonverbal Cues

EXERCISE C Distortions in Transmitting Information

EXERCISE E Active Listening

EXERCISE F My Nonverbal Communications

EXERCISE G Nonverbal Cues

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EXERCISE L Giving and Receiving Feedback About
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Problem-Solving Approach

- Identification and Definition
- Assessment of Size and Causes
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EXERCISE 6.3 Creativity Inspired by Conflict

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Inquiry

I-Messages

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Stroking

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Cultural Communication

Ethnic-Sensitive Practice

Empowerment

Strengths Perspective

Culturally Competent Practice

Cultural Humility

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EXERCISE D Are You a Feminist?

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EXERCISE 8.3 Using the American Self-Help Group
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EXERCISE A Alcoholics Anonymous

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EXERCISE 9.2 An Eco-Map of My Family
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EXERCISE 9.3 A Genogram of My Family

EXERCISE 9.4 Analyzing Verbal Communication Pat-
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EXERCISE 9.5 Analyzing Nonverbal Communication
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EXERCISE 9.8 Norms and Cultural Values in Families
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EXERCISE C Analyzing Your Family in Terms of
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EXERCISE 10.3 Working for Theory X Versus Theory
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EXERCISE 11.2 My Stress-Related Illnesses

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Long-Term Distress

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EXERCISE 11.4 A Time When I Burned Out

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Burnout and Compassion Fatigue
Managing Stress, Burnout, and Compassion Fatigue
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Exercise
Taking Care of Your Physical Self
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Talking to Others
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EXERCISE 12.3 The Helper Therapy Principle
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Exploring Alternative Solutions
Setting Professional Boundaries with Clients
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EXERCISE 13.13 Recognizing Life Is Terminal
EXERCISE 13.14 Achieving Closure in a Lost Relationship
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EXERCISE M1.4 Changing Unwanted Emotions by Changing Events
EXERCISE M1.5 Changing Unwanted Emotions by Abusing Alcohol, Other Drugs, or Food
Assessing and Changing Dysfunctional Behavior
What Really Causes Psychological Changes via Psychotherapy?
EXERCISE M1.6 Our Actions Are Determined by Our Thoughts
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EXERCISE M2.3 Modeling

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EXERCISE M2.5 Token Economy
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EXERCISE M2.6 Contingency Contracting
EXERCISE M2.7 Applying Thought Stopping and
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EXERCISE M2.8 Applying the Diversion Technique
EXERCISE M2.9 Applying Reframing
EXERCISE A Role-Playing Assertive Behavior
EXERCISE B Giving and Receiving Compliments
EXERCISE C Expressing Anger Constructively
EXERCISE D Identifying and Accepting Personal
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Choice Theory
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EXERCISE M3.2 The Creativity in Our Brains
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EXERCISE M3.5 Letting Go of Grudges
EXERCISE M3.6 Expressing Our Negative Emotions in
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EXERCISE M3.7 Changing Our Feelings and Improv-
 ing Somatic Problems
 Principles of Reality Therapy
EXERCISE M3.8 A Mentally Healthy Person
EXERCISE M3.9 The Solving Circle
EXERCISE M3.10 Symptoms as a Cry for Help
 Can Our Thoughts Alter Our Genetic Code?

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Mindfulness Skills

Moment to Pause
 Wise Mind
 One Mind
 Turtling
 Focused Breathing
 Effectiveness
 Radical Acceptance
 Nonjudgmental
 Willingness
 Middle Path

Emotional Regulation Skills

Lemons to Lemonade
 Opposite Emotion

Ride the Wave
 Please Master

Distress Tolerance Skills

Self-Soothe First Aid Kit
 Crisis Survival Network
 Half-Smile
 Dear Man
 Give
 Making Repairs
 Broken Record

Skill Group Example: Lemons to Lemonade Skill Group

Behavior Chain Analysis

Vulnerability

EXERCISE M4.1 Lemons to Lemonade

Precipitating Event
 Thoughts, Feelings, and Actions
 Consequences
 Alternative Strategies and Vulnerability Reduction

Behavior Chain Analysis Example

EXERCISE M4.2 Conducting a Behavior Analysis

This text obviously has considerable theories on how social workers can improve the lives of the clients they serve. In addition, there are a plethora of exercises that social work students can utilize to learn how to apply these theories. Equally important is the fact that these theories and exercises can and should be used by social work students to maximize their physical, emotional, intellectual, social, and spiritual well-being.

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 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.

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LEARNING OBJECTIVES

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

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

Groups: Types and Stages of Development

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 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

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 not only 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. 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 2 Identify the Primary Types of Groups in Social Work

TYPES OF GROUPS

A variety of groups 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**.

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 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

Although 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

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.

- a. Downs, S. W., Moore, E., McFadden, E. J., & Costin, L. B. (2000). *Child welfare and family services*. (6th ed., p. 295). Boston, MA: Allyn & Bacon.
- b. *Ibid.*, p. 295.

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.

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

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.

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

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

- a. Starkweather, C. L., & Turner, S. M. (1975). Parents Anonymous: Reflections on the development of a self-help group. In N. C. Ebeling & D. A. Hill (Eds.), *Child abuse: Intervention and treatment* (p. 151). Acton, MA: Publishing Sciences Group.
- b. Check the Parents Anonymous website at <http://parentsanonymous.org>.

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 then 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. Older residents in nursing homes are often remotivated by socialization groups and become

A Socialization Group: A Group at a Runaway Center

New Horizons, located in an older home in a large Midwestern city, is a private, temporary shelter where youths on the run can stay for 2 weeks. The facility is licensed to house up to eight youths; however, state law requires that parents be contacted and parental permission received before New Horizons can provide shelter overnight. Services include temporary shelter, individual and family counseling, and a 24-hour hotline for youths in crisis. Because the average stay at New Horizons is 9 days, the population is continually changing. During their stay, youths (and often their parents) receive intensive counseling, which focuses on reducing conflicts between the youths and their parents and on helping them make future living plans. The 2-week limit conveys the importance to residents and their families of resolving the conflicts that keep them apart.

Every evening at 7 P.M., a group meeting allows residents to express their satisfactions and dissatisfactions with the facilities and program at New Horizons. All the residents and the two or three staff members on duty are expected to attend. The meetings are convened and led by the staff, most of whom are social workers. Sometimes, the group becomes primarily a “gripe” session, but the staff makes conscientious efforts to improve or change situations involving legitimate gripes. For example, a youth may indicate that the past few days have been “boring,” and staff and residents then jointly plan activities for the next few days.

Interaction problems that arise between residents, and between staff and residents, are also handled during a group session. A resident may be preventing others from sleeping;

some residents may refuse to share in domestic tasks; there may be squabbles about which TV program to watch; some residents may be overly aggressive. Because most of the youths face a variety of crises associated with being on the run, many are anxious and under stress. In such an emotional climate, interaction problems are certain to arise. Staff members are sometimes intensely questioned about their actions, decisions, and policies. For example, one of the policies at New Horizons is that each resident must agree not to use alcohol or narcotic drugs while at the shelter. The penalty is expulsion. Occasionally, few youths use some drugs, are caught, and are expelled. Removing a youth from this facility has an immense impact on the other residents, and at the following meetings staff members are expected to clarify and explain such decisions.

The staff also presents material on topics requested by residents during meetings. Subjects often covered include sex; drugs; homosexuality; physical and sexual abuse (a fair number of residents are abused by family members); avoiding rape; handling anger, depression, and other unwanted emotions; legal rights of youths on the run; being more assertive; explaining running away to relatives and friends; and human services available to youths in the community. During such presentations, considerable discussion with residents is encouraged and generally occurs.

The final objective of the group is to convey information about planned daily activities and changes in the overall program at New Horizons.

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. There are a variety of treatment groups. (See "Common Types of Treatment Groups.")

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, veterans' 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 the end of the 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.

Psychoeducational Groups

Psychoeducational groups are becoming increasingly common in many community-based agencies and institutional settings. These groups are designed to educate and empower clients, families, caregivers, and support systems to be able to better manage a client's psychiatric symptoms, mental illness, or behavioral health problems. They often center on a specific diagnosis, such as depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, posttraumatic stress disorder (PTSD), substance dependence, or obsessive-compulsive disorder. The primary goal is to educate and improve understanding about common symptoms; recognize early warning signs; improve symptom management; and enhance relapse prevention, effective intervention, coping skills, and effective supports. An additional goal is to improve insight, which enhances recovery, reduces inpatient hospitalizations, and improves family stress levels and well-being. Sometimes psychoeducational groups are specifically geared toward family members and client support systems. Often these are facilitated self-help groups that emphasize peer support and encouragement.

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For example, an ADHD parents group would focus on educating parents on symptoms to improve their ability to distinguish true symptoms from other oppositional, defiant, or age-appropriate behaviors. Parents also benefit from hearing about others' struggles and may subsequently feel less self-blame and alienation. They can provide each other encouragement and support and share successful parenting skills and behavior interventions.

Symptom Management Groups

Symptom management groups focus on helping individuals cope with specific types of disorders. These groups are structured for people who struggle with specific diagnoses, such as depression, anxiety, bipolar disorder, eating disorders, obsessive-compulsive disorder, borderline personality, ADHD, or addictions. For example, a depression group would focus on specific symptoms and issues that are unique to people who struggle with depression. Often they include a significant psychoeducational segment and then focus on skill improvement. Skill instruction is tailored to the unique needs of the group. These groups frequently focus on improving the use of coping skills and strategies to manage feelings, control impulses, reduce problematic thinking patterns, and effectively solve interpersonal problems. The group process is used to help empower participants to make meaningful changes, view problems in perspective, and enhance their overall well-being. Managing symptoms is viewed as an important action step in the recovery process.

Anger Management Groups

An anger management group is one of the most common types of groups found in treatment settings. An inability to manage one's feelings is a common deficit, especially in people with emotional problems. The emotion of anger is given special attention because of the unhealthy behavior choices people often make when they are angry. Verbal or physical aggression is a common behavioral manifestation of anger. These groups often focus on finding healthier ways to channel feelings, learning more effective coping skills, building better assertiveness skills, improving problem-solving ability, challenging distorted thinking patterns, resolving conflicts collaboratively, and learning to express feelings without aggression. The group process is used as an opportunity to practice these skills with the assistance of the facilitator and other participants.

Life Skills Groups

A life skills group is also often called an independent living skills or daily living skills group. This group is most commonly used with adults with chronic mental illness, adults with developmental or cognitive disabilities, and teenagers and young adults. The focus is on teaching skills to improve the participant's ability to live independently. These groups tend to be much more didactic in nature but utilize the group process for collaborative learning and support-system building. Individual group sessions may focus on managing money, budgeting, accessing public transportation, securing and maintaining housing, housekeeping, laundry, grocery shopping, cooking, accessing healthcare and prescriptions, finding employment, job skills, and healthy living. Groups may cover a myriad of topics and be customized to the specific needs and developmental and skill levels of participants.

Social Skills Groups

Social skills groups focus on improving the participant's interpersonal effectiveness skills. Topics often include improving assertiveness, problem solving, conflict resolution, building healthy relationships, boundaries, manners, making friends, empathy, and building natural supports. Participants may be challenged to improve their self-awareness of problematic and unhealthy behaviors. Role-play is frequently used to practice new skills and improve the client's ability to self-manage relationships. At times participants may process specific problems expressed by group members and discuss potential changes that group members might make. Group members are encouraged to provide positive and negative feedback, which enhances participants' understanding of others' perception of them.