

GLOBAL
EDITION



An Introduction to Group Work Practice

EIGHTH EDITION

Ronald W. Toseland • Robert F. Rivas

 Pearson



CSWE EPAS 2015 Core Competencies and Behaviors in This Text

Competency	Chapter
Competency 1: Demonstrate Ethical and Professional Behavior	
Behaviors	
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, 7, 13, 14
Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations	1, 4, 5
Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication	1, 6, 7
Use technology ethically and appropriately to facilitate practice outcomes	1, 6, 14
Use supervision and consultation to guide professional judgment and behavior	1, 4
Competency 2: Engage Diversity and Difference in Practice	
Behaviors	
Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels	3, 5, 6, 7, 8, 9, 10, 11, 12
Present themselves as learners and engage clients and constituencies as experts of their own experiences	1, 5, 8, 14
Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies	1, 4, 5, 7, 8
Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice	
Behaviors	
Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels	4, 5, 8, 9
Engage in practices that advance social, economic, and environmental justice	3, 4, 5, 9
Competency 4: Engage In Practice-informed Research and Research-informed Practice	
Behaviors	
Use practice experience and theory to inform scientific inquiry and research	2, 3, 8, 14
Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings	2, 4, 8, 10, 14
Use and translate research evidence to inform and improve practice, policy, and service delivery	1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14
Competency 5: Engage in Policy Practice	
Behaviors	
Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services	1, 4, 5, 11, 12



CSWE EPAS 2015 Core Competencies and Behaviors in This Text

Competency	Chapter
Assess how social welfare and economic policies impact the delivery of and access to social services	1, 5, 10, 12
Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice	1, 5, 8, 12
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities	
Behaviors	
Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies	2, 3, 6, 7, 9, 10, 11, 12
Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies	4, 5, 6, 7, 9, 11
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities	
Behaviors	
Collect and organize data, and apply critical thinking to interpret information from clients and constituencies	4, 7, 8, 12, 14
Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies	2, 3, 4, 5, 6, 8
Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies	6, 7, 8, 9, 14
Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies	3, 4, 5, 8, 9, 10, 11
Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities	
Behaviors	
Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies	1, 4, 5, 7, 8, 9, 10, 11, 12, 13
Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies	2, 3, 4, 5, 8, 9, 10, 11, 12, 13
Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes	8, 9, 10, 11, 12
Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies	5, 8, 9, 10, 12
Facilitate effective transitions and endings that advance mutually agreed-on goals	13
Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities	
Behaviors	
Select and use appropriate methods for evaluation of outcomes	6, 8, 11, 14
Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes	1, 4, 5, 6, 8, 14
Critically analyze, monitor, and evaluate intervention and program processes and outcomes	5, 6, 8, 14
Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels	14

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An Introduction to Group Work Practice

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Siena College, Emeritus



Pearson

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To our parents, Stella and Ed, Marg and Al

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Preface

We are gratified by the wide use of this text by professionals, as well as by educators and students in undergraduate and graduate courses in schools of social work throughout the United States and the world.

Because we are committed to presenting a coherent and organized overview of group work practice from a generalist practice perspective, the eighth edition continues to include typologies illustrating group work practice with task and treatment groups at the micro-, meso-, and macro-level. Our research and practice focuses primarily on treatment groups, and the eighth edition continues to present our interest in improving practice with many different types of treatment groups.

New to This Edition

- Research on Virtual Groups. In recent years, we have done research on the uses of virtual group formats (teleconference and Internet groups) and have included an updated and expanded section on virtual groups in the 6th chapter of this edition.
- Additional case examples throughout this edition illustrate practice with a wide variety of groups. These were added based on feedback from our students, reviewers of the book, instructors, and others who have contacted us about the importance of illustrations of evidence-based practice examples.
- Updated and deeper content of the middle stage chapters on practice with treatment and task groups. The latest evidence-based treatment and task group research is incorporated throughout Chapters 9 through 12, and content has been added, deleted, and changed to reflect current practice.
- Incorporated the most current literature on working with reluctant and resistant group members in specific sections of Chapters 7 and 9 and throughout the text.
- We find that our students face many situations with individuals who have encountered multiple traumas in their family lives and in the larger social environment, making them understandably reticent to engage group workers and fellow group members, and trust in the power of group work to heal. Therefore, we have updated and expanded sections on working with individuals who have difficulty engaging in and sustaining work in groups and have added additional information about conflict resolution skills as it pertains to both treatment and task groups.

- Thoroughly updated Chapter 5 on leadership and diversity as social group workers practice in an increasingly pluralistic society.
- Thoroughly updated reference material and new content from evidence-based practice sources.

About Group Work

Over the years, we have been especially pleased that our text has been used by educators who are dedicated to improving task group practice within social work. Group work is a neglected area of social work practice, especially practice with task groups. Most social workers spend a great deal of time in teams, treatment conferences, and committees, and many social workers have leadership responsibilities in these groups. Group work is also essential for effective macro social work practice, and therefore, we have continued to emphasize practice with community groups. The eighth edition also continues our focus on three focal areas of practice: (1) the individual group member, (2) the group as a whole, and (3) the environment in which the group functions. We continue to emphasize the importance of the latter two focal areas because our experiences in supervising group workers and students and conducting workshops for professionals have revealed that the dynamics of a group as a whole and the environment in which groups function are often a neglected aspect of group work practice.

Connecting Core Competencies Series

This edition is a part of Pearson's Connecting Core Competencies series, which consists of foundation-level texts that make it easier than ever to ensure students' success in learning the nine core competencies as stated in 2015 by the Council on Social Worker Education. This text contains:

- Core Competency Icons throughout the chapters, directly linking the CSWE core competencies to the content of the text. Critical thinking questions are also included to further students' mastery of the CSWE's standards.
- For easy reference, a matrix is included at the beginning of the book that aligns the book chapters with the CSWE Core Competencies and Behavior Examples.

Instructor Supplements

The following supplemental products may be downloaded from www.pearsonglobal.com/toseland.

Instructor's Resource Manual and Test Bank. This manual contains a sample syllabus, chapter summaries, learning outcomes, chapter outlines, teaching tips, discussion questions, multiple-choice and essay assessment items and other supportive resources.

PowerPoint Slides. For each chapter in the book, we have prepared a PowerPoint slide deck focusing on key concepts and strategies.

Acknowledgments

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We would also like to acknowledge the material support and encouragement given to us by our respective educational institutions. The administrative and support staff of the School of Social Welfare, University at Albany, State University of New York, and Siena College have played important roles in helping us to accomplish this project. Most of all, however, we are indebted to our spouses, Sheryl Holland and Donna Allingham Rivas. Their personal and professional insights have done much to enrich this book. Without their continuous support and encouragement, we would not have been able to complete this work. A special note of thanks also goes to Rebecca, Stacey, and Heather for sacrificing some of their dads' time so that we are able to keep this book current and relevant for today's practice environment.

Ronald W. Toseland
Robert F. Rivas

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Introduction

This text focuses on the practice of group work by professional social workers. Group work entails the deliberate use of intervention strategies and group processes to accomplish individual, group, and community goals using the value base and the ethical practice principles of the social work profession. As one prepares to become an effective social work practitioner, it is important to realize the effect that groups have on people's lives. It is not possible to be a member of a society without becoming a member or leader of groups and being influenced by others without direct participation. Internet groups are also becoming more popular as people choose to meet others in virtually as well as face-to-face. Although it is possible to live in an isolated manner or on the fringes of face-to-face and virtual groups, our social nature makes this neither desirable nor healthy.

Groups provide the structure on which communities and the larger society are built. They provide formal and informal structure in the workplace. They also provide a means through which relationships with significant others are carried out. Participation in family groups, peer groups, and classroom groups helps members learn acceptable norms of social behavior, engage in satisfying social relationships, identify personal goals, and derive a variety of other benefits that result from participating in closely knit social systems. Experiences in social, church, recreation, and other work groups are essential in the development and maintenance of people and society. Putnam (2000) points out that there has been a sharp decline in participation in clubs and other civic organizations and that social capital is not valued in contemporary society. At the same time, web-based social network and self-help group sites continue to grow enormously in popularity, enabling users to keep up contacts with more and more people. One goal of this book is to underscore the importance of groups as fundamental building blocks for a connected, vibrant society.

LEARNING OUTCOMES

- Describe how group work is carried out using a generalist perspective.
- Demonstrate how values and professional ethics are applied in group work practice.
- Define group work and its practice applications.
- Compare the differences between task- and treatment-oriented groups.
- List the advantages and disadvantages of using groups to help people and to accomplish tasks.
- Describe the types and functions of treatment groups.
- Define the types and functions of task groups.

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ORGANIZATION OF THE TEXT

Group work is a series of activities carried out by the worker during the life of a group. We have found that it is helpful to conceptualize these activities as being a part of six developmental stages:

1. Planning
2. Beginning
3. Assessment
4. Middle
5. Ending
6. Evaluation

Groups exhibit certain properties and processes during each stage of their development. The group worker's task is to engage in activities that facilitate the growth and development of the group and its members during each developmental stage. This book is divided into five parts. Part I focuses on the knowledge base needed to practice with groups. The remaining four parts are organized around each of these six stages of group work practice. Case studies illustrating each practice stage can be found at the end of Chapters 6 through 14.

THE FOCUS OF GROUP WORK PRACTICE

Social work practitioners use group work skills to help meet the needs of individual group members, the group as a whole, and the community. In this text, group work involves the following elements.

Group Work Practice

- Practice with a broad range of treatment and task groups
- Generalist practice based on a set of core competencies described in the Education Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (2015)



Intervention

Behavior: Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies

Critical Thinking Question: Generalist social work practice involves many systems. How is group work related to generalist social work practice?

- A focus on individual group members, the group as a whole, and the group's environment
- Critical thinking and evidence-based practice when it exists for a particular practice problem or issue
- Application of foundation knowledge and skills from generalist social work practice to a broad range of leadership and membership situations
- Specialized knowledge and skills based on a comprehensive assessment of the needs of particular members and groups
- Recognition of the interactional and situational nature of leadership

This text is firmly grounded in a generalist approach to practice. To accomplish the broad mission and goals of the social work profession, generalist practitioners are expected to possess core competencies based on the Council on Social Work Education's (2015) Educational Policy and Accreditation Standards (EPAS) that enables them to intervene effectively with individuals, families, groups, organizations, and communities. This text highlights the importance of the generalist practitioner's acquisition of the core competencies defined in the EPAS standards.

This text is designed to help generalist practitioners understand how group work can be used to help individuals, families, groups, organizations, and communities function as effectively as possible. Most group work texts are focused on the use of groups for clinical practice, and many focus only on therapy or support groups with little attention paid to social, recreational, or educational purposes. Scant is made of committees, teams, and other task groups that all social workers participate in as members and leaders. Despite the distinctive emphasis of the social work profession on the interface between individuals and their social environment, in most group work texts, even less attention is paid to social action groups, coalitions, and other community groups. This text examines work with a broad range of groups in generalist practice with individuals, organizations, and communities.

This text is also grounded in a critical thinking and evidence-based approach to practice. Whenever possible, suggestions made in this text are based on evidence accumulated from research studies in the literature. Although quantitative evidence from research studies is important, qualitative case studies of group work are also a part of this evidence base. Critical thinking and practice experience are essential on especially when a solid base of empirical evidence is lacking.

Macgowan (2008) points out that group workers using evidence-based group practice principles incorporate critical thinking skills such as challenging assumptions and questioning what is taken for granted. They evaluate sources of evidence for their rigor, impact, and applicability. Macgowan (2008) suggests a four-step process: (1) formulating answerable questions, (2) searching for evidence, (3) critically reviewing the evidence, and (4) applying and evaluating the evidence. Although this rigorous process cannot be done while in the midst of practicing with a group, practitioners can follow this advice when planning for a group and in-between sessions. Social group workers can also use evidence-based protocols in their area of interest. For example, LeCroy (2008) has edited a book of evidence-based treatment manuals for children and adolescents, and many similar publications exist for other populations. Part of the *art of practice* is using critical thinking skills, evidence, practice skills, and accumulated experiences in similar situations to achieve the very best outcomes for group members and others who are affected by the work of the group.

Regarding group work practice with individuals, the group as a whole, and the group's environment, some prominent group workers such as Gitterman and Shulman (2005) focus on the whole group as the unit of intervention and place less emphasis on working with individuals. Others place greater emphasis on changing individual group members and less on group as a whole dynamics (Boyd-Franklin, Cleek, Wofsy, & Mundy, 2013; Rose, 2004; Walsh, 2010). Both perspectives are useful. Whatever approach is used when leading groups, workers should direct their attention to individuals, the group as

a whole, and the environment in which the group functions. The worker focuses on individual members to help them accomplish their goals. The worker intervenes with the group as a whole to achieve an optimal level of group functioning and to ensure that the group accomplishes its purposes. The worker also assesses the group's environment and decides whether to help the group adapt to it or change it. During these interventions, it is especially important to focus on group processes as well as the content of the interaction. This dual focus has been referred to as the half-and-half principle (Chen & Rybak, 2004).

The purpose of the group helps determine the emphasis that each focal area should receive. For example, in a support group for recently separated people, the worker might focus on the development of mutual aid among all members of the group. Individual members might also need help developing plans for dealing with specific problems. Similarly, in the group for recently separated people, the worker might focus on developing individualized treatment plans, but also on enhancing group cohesion, mutual aid, and other beneficial group dynamics. The worker might also focus on factors outside the group that might have an impact on its members. This fits with a person-in-environment perspective that is essential to generalist group work practice. For example, a close examination of the environment in which members of the support group for recently separated people functions might reveal a need to make community services, such as support for single parent dads, more responsive to members of the group. This may, in turn, lead to the development of a social action group to address this problem. Later, this text examines in detail the three focal areas of the individual, the group as a whole, and the group's environment.

Another aspect of group work practice is that workers draw on a broad base of knowledge and skills from generalist practice that they apply to their work with a broad range of groups. The generalist approach emphasizes that social workers perform many roles in their professional lives. It suggests that there are foundation knowledge and skills that transcend specific roles. For example, in-depth knowledge about human development and skill in empathic responding are essential for effective work with individuals, families, groups, and communities. Although foundation knowledge and skills are described throughout this text, specialized knowledge and skills are often needed when practicing with children, adolescents, adults, and elders with a wide variety of problems. Therefore, this text also presents specialized knowledge and skills useful for practice with these populations and problems. In keeping with an evidence-based approach to group work practice, the specialized knowledge and skills presented in this book are based on empirical findings in the literature when they are available or critical thinking and practice experience when there is little or no empirical evidence.

Most experienced practitioners continue to learn by exposure to different approaches to group work. Aspects of different approaches, such as humanistic, behavioral, and empowerment, can often be integrated in a particular practice situation to meet the multi-level needs and preferences of members. A major tenet of the generalist approach is that practice should be based on a comprehensive assessment of the needs of each member in their unique, complex situations.

An integration of practice approaches is often preferable to using a single approach. Exclusive adherence to one approach may work well for a group with a particular set of needs, but it may not work well when leading a group with other needs. Critical thinking skills should always be employed as workers make decisions about the best approach to

take. Rigid adherence to one approach tends to make workers oblivious to other potentially useful methods. It can also distort workers' assessments of situations. Workers might mistakenly attempt to fit data from a situation to a particular practice approach rather than choosing the practice approach that best fits the situation. For these reasons, group workers can be most effective when they are familiar with several approaches to group work and when they apply specialized knowledge and skills differentially and critically depending on the particular group work endeavor.

The approach used in this book also recognizes the interactional nature of the helping process. A static, prescriptive approach to group work practice often appeals to novice practitioners because of its simplicity, but this often does not match the complexity and diversity of the real world of group work practice. The leadership model presented in Chapter 4 presents some of the factors that workers should consider when deciding how to proceed with a group.



Assess your understanding of the focus of group work practice by taking a brief quiz at www.pearsonglobaleditions.com/toseland.

VALUES AND ETHICS IN GROUP WORK PRACTICE

Practice Values

Group work practice is influenced by a system of personal and professional values. These values affect workers' styles of intervention and the skills they use when working with group members. Values also affect members' reactions to workers' efforts. Despite the emphasis on ethics and values in the Education Policy and Accreditation Standards published by the Council on Social Work Education (2015), Strozier (1997) found that few social group work course syllabi gave much emphasis to the topic of values or ethics in group work practice.

Values are beliefs that delineate preferences about how one ought to behave. They refer to a goal that is worth attaining (Rokeach, 1968). There is no such thing as value-free group work practice. All group workers operate with certain specific assumptions and values regarding the nature of human beings, the role of members, and the role of the group leader. Values influence the methods used to accomplish group and individual goals. Even a leader who is completely permissive and nondirective reveals the values embodied in such a stance.

A worker's actions in the group are affected by contextual values, member value systems, and the worker's personal value system. Levine (2012) has identified values that are dominant in American society.

American Values

- Judeo-Christian doctrine with its emphasis on the dignity and worth of people and people's responsibility for their neighbor
- Democratic values that emphasize equality and participation, including men's and women's rights to life, liberty, and the pursuit of happiness
- The Puritan ethic that emphasizes men's and women's responsibility for themselves and the central role of work in a moral life
- Social Darwinism that emphasizes the survival of the strongest and the fittest in a long-term evolutionary process

The context in which the group functions affects the values exhibited in the group. Contextual values include the values of organizational sponsors, funders, communities, accrediting bodies, regulatory agencies, the social work profession, and the larger society. All of these entities have a direct or indirect effect on the group.

Before beginning a group, the worker should become familiar with the agency's formal and informal values. These are embodied in its mission statements, goals, policies, procedures, and practices. Are treatment groups a preferred method of delivering therapeutic services? Are decisions often made in task groups consisting of staff members, or are most decisions made by agency administrators without staff input? Becoming aware of the policies, procedures, and practices regarding the use of groups in a particular agency can help the worker prepare for possible resistance and evaluate and use sources of support within the agency.

The community where the group conducts its business can also influence the functioning of the group. For example, community standards and traditions, as well as racial, ethnic, and socioeconomic composition, differ widely among communities. When planning a group, the worker needs to consider how these aspects of communities are likely to influence the group and its members.

The worker and the group are also affected by professional values. These include respecting the worth and dignity of the individual, respecting a person's autonomy and self-direction, facilitating a person's participation in the helping process, maintaining a nonjudgmental attitude, ensuring equal access to services and social provisions, and affirming the interdependence of the individual and society.

Beyond the values held by all professional social work practitioners, group workers share a special concern and interest in values that are basic to group work practice. Some of the key values of group work have been stated by Gisela Konopka (1983). She suggests that all group workers should agree on the importance of the following values.

Group Work Values

- Participation of and positive relations among people of different color, creed, age, national origin, and social class in the group
- The value of cooperation and mutual decision making embodied in the principles of a participatory democracy
- The importance of individual initiative within the group
- The importance of freedom to participate, including expressing thoughts and feelings about matters of concern to individual members or the group as a whole, and having the right to be involved in the decision-making process of the group
- The value of high individualization in the group so that each member's unique concerns are addressed

These values are not absent in other aspects of social work practice, but in group work, they are of central importance. In addition to these five core values, we have found four additional values to be fundamental to practice with any type of task or treatment group.

Four Key Values

- Respect and dignity—The worth and dignity of all group members no matter how devalued or stigmatized they may be by society. This includes valuing members' contributions to the life of the group and adhering to all aspects of the National Association of Social Workers (NASW) code of ethics.

- Solidarity and mutual aid—The power and promise of relationships to help members grow and develop, to help them heal, to satisfy their needs for human contact and connectedness, and to promote a sense of unity and community.
- Empowerment—The power of the group to help members feel good about themselves and to enable them to use their abilities to help themselves and to make a difference in their communities.
- Understanding, respect, and camaraderie among people from diverse backgrounds—The ability of groups to help enrich members by acquainting them with people from other backgrounds. Members' respect and appreciation for each other grow as their relationships deepen over the life of a group. Thus, one powerful aspect of social group work is that it helps to decrease ignorance, misunderstanding, and prejudice among people from diverse backgrounds.

In addition to these core values, the worker and the members bring their own unique set of values to the group. Part of the worker's task is to help members clarify their values and to identify and resolve value conflicts between the leader and members, among members, and among members and the larger society. More information about resolving conflicts is discussed in Chapters 4 and 11.

The worker should be especially sensitive to the effect that cultural diversity has on valued behavior in groups. For example, in Native American culture, although cooperation is an important value, it is considered impolite to offer advice, help, or opinion to someone unless it is solicited (McWhirter, & Robbins, 2014; Ratts & Pedersen, 2014). At the same time, workers should be careful not to stereotype members by assuming that particular backgrounds are always associated with particular values (Sue & Sue, 2013).

Workers' personal value systems also affect how they practice. If workers are uncomfortable discussing certain value-laden topics, or if they impose their own values on the group, their work will be seriously impaired. Similarly, if they are not aware of the implications of their values, they are likely to get into conflicts with members who have different values.

Workers who are not aware of their own values will also have difficulty when faced with ambiguous and value-laden situations. Sometimes, the goals of the worker, the agency, the community, and the group members differ (Rothman, 2013). This often occurs with involuntary clients who are receiving the service of a worker at the request of law-enforcement officials or others in the community who find the client's behavior unacceptable. The clearer workers are about their own values and their own purposes and stances in relation to working with the group, the easier it will be for them to sort through conflicting goals and make their own purposes known to group members.

One of the best ways for workers to become aware of their own values and their own stance in working with a group is to obtain supervision. Although workers will never become value-free, supervision can help them become aware of the values they bring to the group. Supervision can help workers modify or change values that are not consistent with those of the social work profession or helpful in their practice with groups of people. Value-clarification exercises can also help workers identify personal and

professional values that might influence their work with a group (Dolgoff, Harrington, & Loewenberg, 2012; Rothman, 2013).



Diversity and Difference in Practice

Behavior: Present themselves as learners and engage clients and constituencies as experts of their own experiences

Critical Thinking Question: Members bring their communication styles to the group. How can the leader support effective group communication among members with different styles?

Practice Ethics

The National Association of Social Workers (NASW) has developed a code of ethics to guide the practice of its members. The code of ethics is an operational statement of the central values of the social work profession. Social workers who lead groups should be thoroughly familiar with it. The code is available directly from NASW and is reproduced in many social work practice textbooks.

Corey, Corey, and Corey (2014) point out that a code of ethics specifically for group workers would be a helpful adjunct to the more general codes of ethics developed by professional associations. Although a code of ethics specifically for social group work

practice has not been developed, the Standards for Social Work Practice with Groups that are reprinted in Appendix A1 contain core values (Association for the Advancement of Social Work with Groups, 2013).

Ethical practices with groups include (1) informed consent, (2) leader competence and training, and (3) the appropriate conduct of group meetings. Informed consent encompasses being clear with members about the purpose and goals of the group; giving them information about screening and termination procedures; the potential risks of participation; the cost, timing, and duration of sessions; whether participation is voluntary; what is expected of them during meetings; and procedures to ensure confidentiality. A written or verbal statement should also be included about what information the worker and the organization may have to disclose. Depending on the type of members, this might include the following situations: (1) child abuse or neglect, (2) harm to self or others, (3) diagnostic codes, utilization reviews, and other information for reimbursement from mental or physical health care providers, (4) courts, probation, or parole, and (5) family or legal guardians.

Social workers who provide services to groups face special confidentiality challenges when attempting to comply with standard 1.7 of the NASW code of ethics that focuses on privacy and confidentiality issues. Workers should inform members that they cannot guarantee that group members will not share confidential material outside the group (Fallon, 2006; Lasky & Riva, 2006). Nevertheless, workers should be aware that breaches of confidentiality in groups increase their liability (Reamer, 2001; Whittingham & Capriotti, 2009). They should guard against breaches of confidentiality by having all members of the group pledge that they will adhere to confidentiality policies. Reamer (2006) also suggests that workers have a firm policy not to talk individually about group members outside of the group context except during supervision. This policy builds trust and avoids perceptions of favoritism or special alliances with certain members. Some ethical dilemmas faced by group workers are described cogently by Bergeron and Gray (2003), Kirschenbaum (2013), and Rothman (2013).

In a survey of 300 group psychotherapists, Roback, Ochoa, Bloch, and Purdon (1992) found that the limits of confidentiality are rarely discussed with potential group members even though breaches of confidentiality by members are fairly common.

Group leaders may also be required to report certain information, such as child abuse, even without the permission of a group member. To avoid ethical and legal problems associated with a group leader's failure to provide sufficient information about the limits of confidentiality, Roback, Moore, Bloch, and Shelton (1996), Reamer (2006), and Fallon (2006) suggest having members and the leader sign an informed consent form (Table 1.1).

Table 1.1 Informed Consent Form

1. All verbal and nonverbal information mentioned before, during, and following group meetings is to remain confidential. It is not to be mentioned to anyone outside the group including your spouse, significant other, or others that are close to you, even if you think you can trust these individuals with the information without it being shared. There are no exceptions to this rule.
2. The law requires me to notify the authorities if you reveal that you are abusing children or if you express intent to harm yourself or to harm other people. In addition, I may share information with colleagues internally in this organization during supervision or consultation meetings about this group. Generally, no last names will be used when this information is shared, and the members of the staff of this organization are bound by confidentiality and will not share the information with others.
3. If you reveal confidential information in the group, this information may be spoken about outside the group by other members of the group, even though confidentiality has been requested of all group members. You could be hurt emotionally and economically if your confidences are told outside the group. Group leaders like myself, and this organization, may not be able to prevent other members' breaking the confidentiality agreement.
4. Other members of this group may tell confidential information to you. If you repeat these confidences outside the group, the member whose confidential information you tell may have legal grounds to sue you for telling the confidential information to someone outside the group.
5. If you violate the confidentiality rules of the group, you promise to tell the group leader and the members of the group. In certain circumstances, the group leader may expel you from the group.

I have read and understand the information about the risks of confidentiality in treatment groups. I have discussed the risks with the group leader, and I have had the chance to ask all the questions that I wish to ask about the matter and about all other matters pertaining to my participation in the group. The group leader has answered all my questions in a way that satisfies me. I understand that I can leave the group at any time. By signing this document, I agree to accept the risks to my confidentiality explained to me by the group leader.

SIGNATURE OF GROUP MEMBER

DATE

SIGNATURE OF GROUP LEADER

DATE

SIGNATURE OF WITNESS

DATE

The second area of ethics includes ensuring that workers have the proper education, training, and experience to lead a particular group. Practitioners should not offer a group, or use a procedure or technique within a group, without sufficient education, experience, and supervision to ensure that it is implemented properly. Practitioners should seek out additional supervision when they anticipate or encounter difficulties with a particular group.

As they continue to practice, group workers have the additional responsibility to engage in ongoing professional development activities, including workshops, seminars, and other professional educational opportunities. They should also keep up with current clinical and empirical findings that relate to their ongoing work with group members.

The third broad area in both codes of ethics focuses on ethical principles for the conduct of group meetings.

Ethical Principles

- Screening procedures lead to the selection of members whose needs and goals can be met by the group
- Workers help members develop and pursue therapeutic goals
- Workers discuss whether the proceedings of the group are confidential and make provisions so that they are kept confidential
- Members are protected from physical threats, intimidation, the imposition of worker and member values, and other forms of coercion and peer pressure that are not therapeutic
- Members are treated fairly and equitably
- Workers avoid exploiting members for their own gain
- Appropriate referrals are made when the needs of a particular member cannot be met in the group
- The worker engages in ongoing assessment, evaluation, and follow-up of members to ensure that the group meets their needs

Violations of these ethical principles can be damaging to group members. For example, it has been found that both unsolicited aggressive confrontation and passive abdication of authority are associated with damaging group experiences (Forsyth, 2014; Smokowski, Rose, & Bacallao, 2001). Overall, a safe, low-conflict environment is related to positive outcomes in treatment groups (Kivlighan & Tarrant, 2001).

Lakin (1991) suggests that even well intentioned, enthusiastic group workers can subtly violate ethical principles and that these violations can be harmful to members. He presents evidence, for example, that pressures to conform can lead members to suppress particular opinions, thoughts, or points of view simply because they clash with the dominant ideology expressed in the group. To guard against this, he suggests that all group workers should consider the extent to which (1) workers' values are consonant with the needs and problems of group members, (2) workers carefully consider members' needs, wants, and wishes instead of pushing their own agendas, and (3) each member's needs are individualized rather than treated as identical to the needs of other members.

In 2010, the Association for the Advancement of Social Work with Groups adopted a revised set of standards for social work groups. The standards include (1) the essential knowledge and values that underlie social work practice with groups, (2) the tasks

that should be accomplished in each phase of group work, and (3) the knowledge that is needed to carry out the tasks in each phase. The standards provide social workers with needed guidance for the effective and ethical practice of social group work, and they help group workers to avoid unintended ethical violations. The standards have been reprinted in Appendix A1 and can be found in booklet form on the IASWG website (formerly AASWG). There are two other very helpful and detailed standards for group work practice from other organizations: Association for Specialists in Group Work (ASGW) and American Group Psychotherapy Association (AGPA).



Assess your understanding of values and ethics in group work practice by taking a brief quiz at www.pearsonglobaleditions.com/toseland.

DEFINITION OF GROUP WORK

Although there are divergent approaches to group work within the social work profession and allied disciplines, a generalist approach suggests that each approach has its merits and particular practice applications. The broad definition offered in this chapter allows beginning practitioners to understand the boundaries of group work, specialized approaches, and many practice applications. *Group work* can be defined as

Goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery and a larger community and societal environment.

The definition describes group work as goal-directed activity that refers to planned, orderly worker activities carried out in the context of professional practice with people. Goal-directed activity has many purposes. For example, group workers may aim to support or educate members, help them socialize and achieve personal growth, or provide treatment for their problems and concerns.

Workers help members of a group develop leadership skills so that they can take increasing responsibility for the group's development. Workers enable their groups to change the social environment by focusing on group dynamics internally and focusing on external issues when necessary. This can include, for example, helping members gain greater control over the organizations and communities that affect their lives. This is advocated in a person-in-situation view of practice (Glassman & Kates, 1990; Shulman, 2016). Others focus on techniques of individual change within small groups (Boyd-Franklin, Cleek, Wofsy, & Mundy, 2013; MacKenzie, 1990, 1996; Rose, 1998; Rose & LeCroy, 1991, Walsh, 2010). Both approaches are valuable when groups set their goals.

The next component of the definition of group work refers to working with small groups of people. In this text, the term *small group* implies the ability of members to identify themselves as members, to engage in interaction, and to exchange thoughts and feelings among themselves through verbal, nonverbal, and written communication processes. Members can meet face-to-face, by telephone or video, or through computer networks.

The definition of group work also indicates that workers practice with both treatment and task groups. For example, workers help members of treatment groups to work on problems and personal goals. They are also expected (1) to work on behalf of

clients in teams, treatment conferences, and other groups, (2) within their organizations in staff meetings and other groups that conduct the business of the organization, and (3) in community groups and interagency task forces.

Our definition of group work also emphasizes that the worker should have a dual focus within any group: goal-directed activities with individual members and with the group as a whole. It also emphasizes that attention should be paid simultaneously to individual members and group dynamics. The final portion of the definition of group work emphasizes that groups do not exist in a vacuum. They exist in relation to a community that sponsors, legitimizes, and purposes as they relate. Even self-help groups and groups conducted in private practice are influenced by organizational and community support, sponsorship, and sanction.

There is an exchange of influence between a group and its sponsoring agency. A group is often influenced by its sponsoring organization's resources, mission, goals, and policies. At the same time, a group may be the catalyst for a needed change in agency policies or procedures.

In the case example, the agency influences the composition of the group by limiting the parents attending to a specific geographical area. At the same time, the group influences the agency by ensuring that childcare is available during meetings.

Case Example A Support Group for New Parents



Assess your understanding of the definition of group work practice by taking a brief quiz at www.pearsonglobaleditions.com/toseland.

A Catholic Family Service agency decided to form a group for new parents. However, because of the large number of parents that could possibly attend, the agency decided to limit membership in the support group for new parents to a specific geographic area served by the agency. It was also determined that a large number of single parents would be interested in attending the group meetings. The agency decided to respond to this interest by offering childcare during meetings to make it easier to reach these individuals and enable them to participate in the group.

CLASSIFYING GROUPS

To understand the breadth of group work practice, it is helpful to become familiar with the variety of groups in practice settings. Because there are so many kinds of groups that workers may be asked to lead, it is helpful to distinguish among them. In the following two sections, distinctions are made among groups based on whether they are formed or occur naturally and whether they are treatment- or task-oriented.

Formed and Natural Groups

Formed groups are those that come together through some outside influence or intervention. They usually have some sponsorship or affiliation and are convened for a particular purpose. Some examples of formed groups are therapy groups, educational groups, committees, social action groups, and teams. *Natural groups* come together spontaneously based on naturally occurring events, interpersonal attraction, or the mutually perceived needs of members. They often lack formal sponsorship. Natural groups include family groups, peer groups, friendship networks, street gangs, cliques, and groups created by peers within social media platforms.

This text is primarily concerned with formed groups. Natural groups, such as families, are neither planned nor constructed by a group worker. Often, natural groups have a longer developmental history that has unique implications for the relationships among members and the interventions used by workers. For these reasons, a separate body of knowledge has been developed for work with natural groups, such as families.

Despite the differences between formed and natural groups, many of the skills and techniques presented in this text are readily applicable to work with natural groups, and we encourage group work practitioners to use them. Some efforts have already been made in this regard, such as attempts to use group work skills in working with the family unit (Bell, 1981), working with gangs (Berlatsky, 2015; Howell & Griffiths, 2016), and enhancing the social networks of persons who are socially isolated (Maguire, 1991). Group work skills can also be used in phone and computer-mediated groups as described in Chapter 6.

Purpose and Group Work

Formed groups can be classified according to the purposes for which they are organized. The term *purpose* can be defined as the general aims of a group. The importance of purpose in group work cannot be overemphasized. According to Wilson (1976), “the nature of the framework for the practice of group work depends on the purpose of the group [that is] served” (p. 41). A group’s purpose identifies the reasons for bringing members together. As Klein (1972) notes, “purpose guides group composition” (pp. 31–32). It also helps guide the group’s selection of goal-directed activities and defines the broad parameters of the services to be provided.

In this text, the term *treatment group* is used to signify a group whose major purpose is to meet members’ socio-emotional needs. The purposes for forming treatment groups might include meeting members’ needs for mutual aid, support, education, therapy, growth, and socialization. In contrast, the term *task group* is used to signify any group in which the overriding purpose is to accomplish a goal that is neither intrinsically nor immediately linked to the needs of the members of the group. Although the work of a task group may ultimately affect the members of the group, the primary purpose of task groups is to accomplish a goal that will affect a broader constituency, not just the members of the group.

Treatment and Task Groups

In classifying groups as either treatment- or task-oriented, it is important to consider how the two types differ. Table 1.2 points out some of the major differences between treatment and task groups in terms of selected characteristics. These include the following:

- The bond present in a group is based on the purpose for which it is convened. Members of treatment groups are bonded by their common needs and common situations. Task group members create a common bond by working together to accomplish a task, carry out a mandate, or produce a product. In both types of groups, common cultural, gender, racial, or ethnic characteristics can also help to form bonds among members.

Table 1.2 A Comparison of Task and Treatment Groups

Selected Characteristics	Type of Group	
	Treatment	Task
Bond	Members' personal needs	Task to be completed
Roles	Develop through interaction	Develop through interaction or are assigned
Communication patterns	Open, back-and-forth interaction based on members' needs	Focused on a task to be accomplished
Procedures	Flexible or formal, depending on the group	Formal agenda and rules
Composition	Based on common concerns, problems, or characteristics	Based on needed talents, expertise, or division of labor
Self-disclosure	Expected to be high	Expected to be low
Confidentiality	Proceedings usually private and kept within the group	Proceedings may be private but are sometimes open to the public
Evaluation	Success based on members' meeting treatment goals	Success based on members' accomplishing a task or mandate, or producing a product

- In treatment groups, roles are not set before the group forms, but develop through interaction among members. In task groups, members may take on roles through a process of interaction, but roles are more likely to be based on members' positions within the organization. In addition, roles are frequently assigned by the group based on the tasks to be accomplished. Roles that may be assigned include chair or team leader, secretary, and fact finder.
- Communication patterns in treatment groups are open. Members are usually encouraged to interact with one another. Task group members are more likely to address their communications to the leader and to keep their communication focused on the task to be accomplished. In some task groups, the amount that members communicate on a particular agenda item may be limited by the worker. In other task groups, members may limit their own communication because they believe they will not be well received by the group.
- Treatment groups often have flexible procedures for meetings, including a warm-up period, a period for working on members' concerns, and a period for summarizing the group's work. Task groups are more likely to have formalized rules, such as parliamentary procedures, that govern how members conduct group business and reach decisions.
- Treatment groups are often composed of members with similar concerns, problems, and abilities. Task groups instead tend to be composed of members with the necessary resources and expertise to accomplish the group's mission.
- In treatment groups, members are expected to disclose their own concerns and problems. Therefore, self-disclosures may contain emotionally charged, personal concerns. In task groups, member self-disclosure is relatively infrequent. It is generally expected that members will confine themselves to discussions about accomplishing the group's task and will not share intimate, personal concerns.