CHAPTER 1

Introduction

CHAPTER SUMMARY

This introductory chapter provides a framework for studying and working with groups. Group work is a broad field of practice conducted by professional social workers with, and on behalf of, many different client groups in many different settings. A definition of group work is offered that encompasses the breadth of group work practice and is sufficiently flexible to allow specialized approaches and objectives. To understand the types of groups that exist in practice, a distinction is made between treatment and task groups. Although some functions and objectives of task and treatment groups overlap, they are distinguished by a variety of characteristics. This chapter clarifies the kinds of task and treatment groups often encountered in practice and illustrates the commonalities and differences among these groups. The typology of treatment groups distinguishes among those with six primary purposes: (1) support, (2) education, (3) growth, (4) therapy, (5) socialization, and (6) self-help. The typology of task groups distinguishes among nine types of task groups that are organized to serve three primary purposes: (1) meeting client needs, (2) meeting organizational needs, and (3) meeting community needs. Types of task groups that serve client needs include teams, treatment conferences, and staff development groups. Types of task groups that serve organizational needs include committees, cabinets, and boards of directors. Types of task groups that serve community needs include social action groups, coalitions, and delegate councils.

CSWE COMPETENCIES FOUND IN THIS CHAPTER

Demonstrate Ethical and Professional Behavior

Engage Diversity and Difference in Practice

Engage In Practice-informed Research and Research-informed Practice

Engage in Policy Practice

Intervene with Individuals, Families, Groups, Organizations, and Communities

Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

LEARNING OBJECTIVES

• 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.

CHAPTER OUTLINE

Organization of the Text

The Focus of Group Work Practice

Values and Ethics in Group Work Practice

 Practice Values

 Practice Ethics

Definition of Group Work

Classifying Groups

 Formed and Natural Groups

 Purpose and Group Work

 Treatment and Task Groups

Group Versus Individual Efforts

 Advantages and Disadvantages of Treatment Groups

 Advantages and Disadvantages of Task Groups

A Typology of Treatment and Task Groups

Treatment Groups

 Support Groups

 Educational Groups

 Growth Groups

 Therapy Groups

 Socialization Groups

 Self-Help Groups

Task Groups

 Groups to Meet Client Needs

 Groups to Meet Organizational Needs

 Groups to Meet Community Needs

Summary

TEACHING TIPS

Chapter 1 is designed to give students an overview of social group work practice and to focus on values and ethics. One of the instructor’s primary goals should be to help social work students place social group work practice within the broader context of social work practice. It is important to help students to understand the importance of groups in the formation and maintenance of clients’ identities and how social group work practice fits within a generalist social work practice perspective. To this end, having students identify and discuss the influence and impact of their extended family group, ethnic/racial group, and their participation in civic, social, recreational, and religious groups can be helpful. One of the unique characteristics of this textbook is its emphasis on practice with task and treatment groups. Students often understand the importance of treatment groups, but the typology of treatment groups helps them to see that treatment groups are more than just “therapy” groups. Equally important, the instructor should help students understand how much time they are likely to spend as members and leaders of task groups, and the important role that social workers often play in coordinating the efforts of task groups. Therefore, it is important to spend some time giving students examples from their own practice experience of the different types of task groups described in the typology, and asking students with agency-based practice experience to describe some of their own experiences. This can also take the form of helping students to describe negative experiences in task groups, ex. boredom, poor organization, and so forth, as a way of illustrating the importance of learning to work effectively with task groups as well as treatment groups. Another option is to discuss learning assignment 3 in class this week and then have students report on their findings in class 2 or 3. In addition to providing students with an overview of social group work practice, a major focus of the chapter is to socialize students to the dominant values and ethics of social group work practice. Because students at the BSW and MSW level are likely to have already been exposed to the NASW code of ethics, and learning modules on values and ethics in social work practice, the instructor should become familiar with what exposure students have already had to social work values and ethics and to place their lecture and discussion on social group work values and ethics within this context. Emphasis can be placed on the unique social group work values that have emerged from the settlement house movement, and the emphasis in social group work on inclusion and equality of participants. Emphasis can also be placed on unique the value and ethical dilemmas faced by social group work practitioners such as the limits of confidentiality caused by having multiple group members learn about each other’s problems and concerns, exchanges of information and resources among members within and outside the group that might not be accurate or beneficial, and the formation of social, instrumental or intimate relationships that sometimes occurs among members. Another option is to discuss learning assignment 1. The discussion can begin in this class session by focusing on possible ways to identify an experienced group leader. Then in class 2 or 3 the instructor can have students discuss the results of their interviews with experienced group leaders.

SUGGESTED IN CLASS DISCUSSION QUESTIONS

1. Ask class members to discuss their experiences participating in or leading task or work groups such as committees, teams etc.

2. Ask class members to discuss their experience as members or leaders of support, educational, socialization (recreation, etc.), and growth groups. Do not ask them to disclose participation in therapy groups. After the discussion, point out that you did not ask about participation in self-help or therapy groups because this might be too personal in this first class. Get members’ reactions and ask for any volunteers who may wish to briefly discuss their participation in these groups. Limit the discussion to a brief overview of their participation and inquire about how they feel about this risk taking.

3. Ask class members to discuss how their participation in groups, how comfortable or shy they are and how their participation has evolved over time.

4. Ask class members about what skills they would like to learn in the class.

5. Ask class members what leadership qualities they would like to work on and/or develop through their participation in the classroom learning groups.

CLASS ASSIGNMENTS

Class 1 Exercise: Self-Disclosure

It is important for clients to share with their fellow group members their problems and concerns, how they have attempted to deal with them, their personal strengths and weaknesses, how they have dealt with problems in the past and their expectations, hopes, and anxieties. Self-disclosures of this kind are essential. Clients rarely come to groups eager to self-disclose all of their concerns and failures and fear of disclosure is a major factor in keeping some clients from “airing their dirty laundry” in the presence of others in the group. Self-disclosure is often a gradual process where individuals reveal something and then await the reactions and feedback of their fellow group members. If the reception is supportive, members are likely to reveal more, and at a deeper level. If the reaction of group members to disclosures is not supportive, or the demand to reveal deeply personal issues is too great, members who disclose may become silent, or worse end their participation. If a member reveals a great deal of personal or highly charged information early in the group, this intense revelation might also scare other members. Thus, a balance of not too little and not too great self-disclosure is important in early group meets. To get some practice in self-disclosure and to feel what it is like for our clients, students are asked to read the following case example and respond to the questions that follow. Form learning groups of 4 or 5 classmates. Appoint a group leader and a process recorder. Group members should read the case example in silence and note how they are similar or dissimilar to the person in the case example in terms of patterns of responding to stressors and of situations that lead to stress. Each group member should strive to disclose some 1) behaviors, 2) attitudes, 3) beliefs, 4) feelings, and 5) thoughts that commonly accompany their reactions to stress. Learning group members should then share with each other their lists of similarities and differences, and their typical reactions to stress being sure to address each of the 5 listed areas.

1. After reading Appendix A, interview an experienced group leader. Ask this person to identify three problems encountered while trying to implement social work values when practicing group work. For example, ask the person whether the encounters involved (a) violations of confidentiality, (b) conflicts between the rights of an individual member and the rights of the group, (c) problems in member-to-member and member-to-leader relationships within the group, and (d) problems in member-to-member and member-to leader relationships outside the group. Ask how the person attempted to resolve the problems.

2. Attend several meetings of a treatment group. Following the list of selected characteristics in Table 1-3, record your observations about the group. After you have observed the group, answer the following questions:

a. What was the primary purpose of the group? Was there more than one purpose?

b. Comment on the role played by the leader in the group. Was the leader directive or nondirective?

c. Was the focus of the group on the individual member or the group as a whole? To what extent was the focus on members’ emotional needs versus the tasks the group was convened to accomplish?

d. What was the basis on which members bonded? Was the bond strong or weak?

e. Describe the composition of the group. How were group members similar? How were they different?

f. Describe the communication patterns you observed. Were all members involved in the interaction? What was the level of self-disclosure?

3. Interview two middle or upper managers in one or two social service agencies. Ask the managers to list the task groups in which they are (a) leaders and (b) members. Ask them to estimate the amount of time task group participation takes each week and the importance of this component of their jobs. Also, ask how well their education prepared them to be leaders and members of the task groups in which they are involved.

CASE EXAMPLE

Mary lives over an hour from the school of social work. She is extremely busy between working part-time, taking classes, going to field work, and being a mother (she has two children) and wife. Mary has found it difficult to exercise and often cuts corners on eating and sleeping in a healthful manner. A typical day for Mary begins with coffee and a donut, and getting her kids ready before she leaves for work or school. Two days a week when her husband can’t do it she is also responsible for seeing the kids off at the school bus. From the time she arrives at work, Mary is extremely busy, often not having time for lunch and just having coffee and eating a candy bar or sandwich quickly. It seems that no matter how diligently she works there is always more to be done. Mary is responsible and feels pressure to maintain that image at work and at home. She often is tense and frequently frustrated when all her expectations and responsibilities are not done to her standards. Whenever she notes a mistake or job she couldn't get to, she feels a surge of anxiety. She worries that her fellow workers will think she is irresponsible if her performance doesn't measure up. She knows that she is a hardworking and responsible employee but it is hard to keep that in perspective. She used to enjoy exercise and is aware of its benefits, but hasn't made it a high priority in her life. By the time she gets home, Mary often feels tired and overwhelmed. She does a few chores around the house or goes shopping for necessities, but somehow she never seems to catch up. Occasionally, she spends time in the evening with family or friends but this is rare, and more often than not she collapses in front of the TV for a little while before bedtime and after doing homework. She feels guilty about how messy her house is, but resents spending her few hours of free time on domestic chores. Mary is beginning to feel more and more over-extended and overwhelmed by her out of control schedule. She is also becoming resentful of her husband, which she knows is not right because he works so hard, but she doesn't know what she can do to correct this state of affairs.

ADDITIONAL RESOURCES

Corey, G., Corey, M. S., & Callanan, P. (2011). Issues and ethics in the helping professions (8th ed.). Belmont, CA: Brooks/Cole.

Garvin, C. D., Gutierrez, L. M., & Galinsky, M. J. (2004). Handbook of social work with groups. New York, NY: Guilford Press.

Gitterman, A., & Salmon, R. (Eds.). (2009). Encyclopedia of social work with groups. New York, NY: Routledge.

Tropman, J. E. (2014). Effective meetings: Improving group decision-making (3rd ed.). Thousand Oaks, CA: Sage.

ASSESSMENT ITEMS

eText Assessments

In the new Pearson Enhanced eText for this edition, you will find embedded digital self-check quizzes for students to assess their understanding as they read, at the end of major sections in the chapters. These align with the Learning Outcomes presented at the beginning of each chapter.

These quizzes, called "Assess Your Knowledge," are multiple-choice, and contain between 1-5 items. Students click on the question mark icon in the Assess Your Knowledge box and the items "pop up" from the eText. After students select the best answer to the prompt, feedback is provided for the correct response to help scaffold learning and deepen their understanding of chapter concepts.

The following questions are not the same as the assessment items found in the Pearson Enhanced eText (digital version of this book). Pick the best possible answer from each of the four options provided with each question.

Multiple Choice Questions

1. A worker’s actions in the group are affected by:

a) The clients’ value system

b) The worker’s personal value system

c) Both client and worker’s value system

d) Neither, the worker should be value free

2. A group whose primary purpose is to foster mutual aid is called a:

a) Socialization group

b) Growth group

c) Therapy group

d) Support group

3. A group whose primary purpose is to help members learn new information and skills is

called a:

a) Growth group

b) Education group

c) Socialization group

d) Therapy group

4. An encounter group for married couples is an example of which type of group?

a) Therapy group

b) Education group

c) Growth group

d) Socialization group

5. An interdisciplinary group of professionals planning the discharge of a patient from a

mental health facility is an example of a:

a) Cabinet

b) Hospital committee

c) Treatment conference

d) Governance group

6. The most common type of task group is a:

a) Cabinet

b) Committee

c) Delegate council

d) Social action group

7. A group that is designed to provide advice and expertise about policy issues to chief

executive officers or other high-level administrators is called a:

a) Board of directors

b) Delegate council

c) Board of trustees

d) Cabinet

8. Groups of organizations that come together to exert influence by sharing resources and

expertise are called:

a) Constituencies

b) Delegate councils

c) Governance groups

d) Coalitions

9. Groups that frequently serve as a forum for communication among diverse human service

agencies within a city, state, or nation are called:

a) Delegate councils

b) Coalitions

c) Committees

d) Social action groups

10. A group that is the governing body for an agency is called a:

a) Cabinet

b) Board

c) Delegate council

d) Committee

11. A group in an inpatient setting that helps clients with depression is called a:

a) Self-help group

b) Support group

c) Therapy group

d) Growth group

12. A group that is often led by a lay person or a professional who has experienced the problem that members have is called a:

a) Growth group

b) Education group

c) Self-help group

d) Socialization group

13. A group that is characterized by the use of program activities is called a:

a) Support group

b) Education group

c) Self-help group

d) Socialization group

14. American values do not include:

a) Democratic values

b) Puritan ethics

c) Social Darwinism

d) Social safety nets

15. Group work values do not include:

a) Individual initiative

b) Cooperation and mutual decision making

c) The collective good

d) The value of high individualization in the group

16. A key value of social group work is:

a) Respect and dignity of all group members

b) Getting all members to participate

c) Confronting members

d) Helping members overcome resistance

17. Growth groups do not include:

a) An encounter group for married couples

b) A values-clarification group for adolescents

c) A social club for outpatients of a psychiatric center

d) A gay-pride group

18. According to research the limits of confidentiality are discussed

a) All of the time

b) Most of the time

c) Rarely

d) When there is a contract in place

19. When putting into place ethical principles the worker should not

a) Screen members to ensure the selection of members whose goals can be met

b) Help members develop and pursue therapeutic goals

c) Discuss confidentiality

d) Focus on assessment at the beginning of the group

20. Comparing treatment and task groups does not include

a) Bond between members

b) Roles

c) Procedures

d) Self-identity

21. A group that is most likely to influence policy is a:

a) Social action group

b) Treatment conference

c) Committee

d) Growth group

22. An example of a formed group is a:

a) Family

b) Gang

c) Therapy group

d) Friendship network

23. Advantages of treatment groups include:

a) Empathy

b) Practice of new behaviors

c) Helper-therapy

d) Group think

24. Group work purposes do not include:

a) Rehabilitation

b) Prevention

c) Social action

d) Socializing

25. The purpose of treatment groups does not include:

a) Self-help

b) Socialization

c) Treatment conference

d) Growth

Essay Questions

1. Explain four ways that treatment and task groups differ.

2. What kinds of treatment and task groups are most likely to be found in a psychiatric inpatient setting?

3. Describe what kinds of task groups might influence policy.

4. Attend a meeting of a treatment conference and describe what happens in the group.

5. Describe how you would implement four ethical principles in a treatment group of your choice.