3 Practice Skills for Working with Groups

Learning Objectives

This chapter will help prepare students to:

- LO 3-1 Articulate the benefits and functions of treatment and task groups.
- LO 3-2 Attend to professional roles in groups.
- LO 3-3 Utilize theoretical frameworks in group assessment, intervention, and evaluation.
- LO 3-4 Select appropriate problem-solving and decision-making approaches with groups.
- LO 3-5 Use empathy and other interpersonal skills with groups.

SIX YOUNG ADULTS sit around the room fidgeting nervously and avoiding each other's eyes. Each wonders what the others are thinking. All would describe themselves as shy, inadequate, and depressed. This is despite the fact that their individual personalities vary drastically. All have tried to kill themselves at least once, which is why they are gathered together in the room. The six are about to begin their involvement in a treatment group. The group's initial purpose is to help participants explore the reasons for their sadness and begin to build more fortified self-concepts and lives. The social worker enters the room. Group treatment is about to begin.

A TASK GROUP IS TRYING TO INITIATE A PLAN for publicizing a new child abuse prevention program. Rosita, the group's chairperson, is feeling increasingly anxious. She has already interrupted Mr. Fischer twice. Now he is rambling on again about irrelevant details. He simply will not stop talking, and Rosita has only 23 more minutes to bring the group to a consensus. Finally, at her wit's end, Rosita states loudly and assertively, "Excuse me, Mr. Fischer. I appreciate your ideas and input. Our time is very limited. We need to hear what the other group members have to say." The rest of the people in the room seem to breathe a simultaneous sigh of relief. The meeting proceeds.

JIMMY IS A 9-YEAR-OLD WITH COGNITIVE DISABILITIES who has been cared for by foster parents almost since birth. He has a number of serious developmental delays, including intellectual, language, social, and physical (both fine and gross motor). Even though he resides in foster care, he remains involved with his biological parents and his seven siblings, who are still living with Jimmy's biological parents. The biological family struggles with a multitude of problems, including poverty, truancy, illness, and the mother's own cognitive disability. The foster parents and the biological parents do not like each other much and quarrel regularly. Jimmy visits his biological family on a weekly basis.

To help manage the challenges facing Jimmy, his foster and biological parents as well as a number of professionals, now sit around a large rectangular table discussing Jimmy and his situation. Each has evaluated the boy's case and now will make professional recommendations. They form an interdisciplinary staffing team (i.e., a planning meeting involving a number of different professional disciplines). A social worker is the case coordinator. It is her job to run the meeting and help bring the team to conclusions regarding the best plan to help Jimmy. The speech, physical, and occupational therapists, along with the nurse, physician, psychologist, and psychiatrist, will all share their findings. Together they will formulate plans to help Jimmy, his foster family, and his biological family. As case coordinator, the social worker is responsible for pulling together a broad range of information so that it makes sense. Her task is to lead the group in formulating effective intervention plans.

The Benefits and Functions of Treatment and Task Groups LO 3-1

EP 8, 8a–e

The previous examples show the types of groups that social workers might lead. Much of social work occurs within, by, or for groups. A social worker, therefore, needs both group knowledge and skills. Increasingly, social workers use groups for a variety of purposes. A *group* is a collection of people with shared interests who come together to pursue individual, group, organization, and/or community goals. Groups may help chemically dependent people and those trying to lose weight. Groups may also help children cope with the divorce of their parents, teach new foster parents about the effects of separation and placement on foster children, and help family members deal with many problem areas. They may assist persons with psychiatric disabilities to live in their own communities through such mechanisms as peer-led recovery groups, advocacy groups, and family support groups (Farone, 2006; Mackelprang & Salsgiver, 2009). In addition, online support groups have successfully helped children with disabilities (Tichon, 2015). Social workers also play a role in some self-help groups, such as Parents Anonymous.

Social workers use groups to gather information about clients and to help plan interventions. In many settings, social workers participate in *staffings* where colleagues from the same or other disciplines share their knowledge about a particular client. Case conferences are common in medical settings and many other types of agencies.

Most social workers will participate in agency staff meetings where the focus may be on new policies, in-service training, or agency problems. In some cases, social workers may be involved in using social groups such as those on Facebook. Regardless of the type, purpose, or location of the group, the social worker will need specific knowledge and skills to participate as an effective group member, leader, or facilitator.

Benefits of Groups

It is no accident that groups have become an important component of our lives. We are born into a group (family) and eventually become a member of multiple groups through our associations and relationships at work, church, and other venues. Humans are social animals and need to belong and feel accepted by others. Groups also provide a variety of benefits that go beyond those available in one-to-one relationships. These benefits include mutual assistance, connecting with others, testing new behaviors, goal achievement, and decision making. The advent of social networks underscores the importance of being connected with others. At the time of this writing, Facebook has at least 1.4 billion users worldwide, Twitter has 316 million, and LinkedIn has 380 million, and there are at least a dozen other social networking sites, also with millions of participants (Curry, 2015; Twitter, 2015; Smith, 2015). Some are focused on specific groups sharing common characteristics—such as Cafe-Mom, which caters to mothers, and Meetup, which focuses on getting neighbors together. In addition, there are multiple dating sites, many of which focus on a particular segment of the population, such as Christians, singles over 50, farmers, or members of specific ethnic groups. Clearly, the need to affiliate with other human beings is a significant factor in the growth of social networking.

Mutual Assistance

Groups offer the opportunity to give help to and receive help from others. This mutuality is the basis for our affiliations with many groups. The help given or received may include companionship, material assistance, emotional or spiritual support, access to resources, and other types. Sometimes only a group can provide the array of assistance needed by the individual member.

Connecting with Others

The ability to connect with other people helps reduce individual isolation and allows sharing of thoughts, feelings, and beliefs. By being connected, we feel less alone and are in a better position to test our reality against those of others. By talking with others, we can also place our problems in perspective. Groups give us a chance to identify with others who share our feelings and interests. This is a prime purpose of social networking sites.

Testing New Behaviors

Groups allow us to test out new behaviors in a safer environment than might ordinarily be available. Group members are in a position to provide feedback, suggestions, and support for the efforts of the individual to change. This feedback is not always positive, however. In some instances, individuals with homicidal

thoughts have shared these through online discussions and found others who encouraged them to carry out their antisocial behavior.

Goal Achievement

The combined ability of a group to accomplish things is typically greater than that of any random individual. Groups can generate ideas, solutions, and responses in greater numbers than is true for a single person. In addition, the combined resources of a group—which include such factors as energy, expertise, and wisdom—offer a much greater likelihood that a problem can be solved.

Decision Making

One additional benefit of groups is the capacity to bring the wisdom of many to the decision-making process. Different people looking at the same problem are likely to have varied opinions based on their own experiences, knowledge, and thinking skills. That groups often make better, more rational decisions than individuals is well recognized (Kugler, Kausel, & Kocher, 2012). To get the best results from the varied abilities of group members requires that the potential contributions of each member are considered and that the opinions of those with special expertise receive attention. Not only will careful use of groups to make decisions likely produce better results, but also group members are more likely to accept and feel commitment to the decisions that are made. Buy-in by members is especially important when they will be expected to carry out decisions made in the group.

The benefits of group decision making also extend to families. Sheets et al. (2009) explored the use of family group decision making in Child Protective Services with Anglo, African-American, and Hispanic families and found several positive outcomes. These included a higher level of satisfaction among participants, an increased sense of empowerment, and faster exits from foster care. Positive outcomes were also identified by Marcynyszn and her colleagues (2012) in Native American communities.

Critical Thinking Questions 3.1

EP 9c

- As the leader of a group responsible for making a decision, what would you do to encourage critical thinking in your group?
- What do you see as the pros and cons of using a group to make decisions?

Differentiating Types of Groups

There are different ways to categorize the types of groups with which social workers are frequently involved. Perhaps the most common approach is to divide groups into either *task groups* or *treatment groups*. Each of these two basic types can be further divided into more specific categories.

Task Groups

EP 3, 3a, 5b, 6, 8

As their name suggests, *task groups* exist to achieve a specific set of objectives or tasks. Concerted attention is paid to these tasks, and attainment of the desired ends assumes great importance. The objectives help determine how the group operates and the roles played by members. The following list is not exhaustive but provides examples of the types of task groups with which the social worker may come in contact. They include boards of directors, task forces, committees and commissions, legislative bodies, staff meetings, multidisciplinary teams, case conferences (staffings), and groups. The possible roles the social worker might play are described under each type.

Boards of Directors

A **board of directors** is an administrative group charged with responsibility for setting the policy governing agency programs. The board is a legal entity established by the bylaws, organizational charter, or articles of incorporation. Normally, the board hires and supervises the agency director and determines policy within which the agency operates. Such policy has a direct impact on what agency practitioners can and cannot do for clients. Boards often establish subgroups or committees responsible for such things as personnel policies, finance, and buildings.

Members of the board are not usually experts in the operation of the agency but are elected or selected based upon other contributions they may make. For instance, they are often prominent community citizens and may financially support the agency or people with expertise of value to the agency or organization.

Social workers working with a board of directors for the first time may find it challenging. Board members know a great deal less about the agency than many staff members and must be kept well informed. As laypersons, they may not understand why a program exists and may not share all the values of agency staff. Because their position is one of authority (remember,

they hire and fire the director, who can hire or fire you and your supervisors), working with board members takes tact and finesse. Because they provide the agency with a strong connection to the community and are often instrumental in fund-raising, board members are an irreplaceable asset for the agency.

Task Forces

Task forces are groups established for a special purpose and usually disbanded after completion of their task. They may be created by any of the other task groups mentioned in this section. For example, a board of directors might appoint a task force to explore new funding approaches for the next five years. A United Way task force may be established to consider better ways of distributing funds to new agencies. An agency board may create a task force to consider how best to reach an underserved portion of the community. Members of a task force usually are appointed because of their special expertise or interest in the topic under consideration. They are expected to study the idea or problem, consider alternatives, and prepare a report. After completion of the report, the task force usually goes out of existence.

Committees and Commissions

Committees are groups responsible for dealing with specific tasks or matters. They may be formed by people in virtually any agency or organization. Members of a committee may be appointed or elected, depending upon the type of committee. A board of directors may create a personnel committee to develop personnel policies for the agency and evaluate the agency director's performance. An agency may appoint a committee to plan the annual holiday party. Committees typically work in a particular area and are either standing or ad hoc. A **standing committee** is one that exists on a continuous basis. It may be provided for in an organization's bylaws (e.g., an executive committee or finance committee), or it may be established by agency administrators (e.g., a speakers' committee).

An **ad hoc committee**, like a task force, is set up for one purpose and expected to cease operation after completing its task. A committee to revise an organization's bylaws is a good example of an ad hoc committee. Much like task force members, committee members may be selected because they have a particular interest in the committee's task or because of their expertise (or because they inadvertently made eye contact with the individual who appointed the ad hoc body).

Commissions are similar to committees in that they also are responsible for a particular task. They are usually ongoing in nature. Members of commissions are called commissioners. Examples of commissions include the Council on Social Work Education's (CSWE's) Commission on Accreditation and the NASW Commission on Inquiry. A community may have a city planning commission, a nondiscrimination and affirmative action commission, and a police and fire commission. These groups exist to help city officials with particular tasks. The planning commission may review all requests for new buildings or consider only those falling into a certain category. The nondiscrimination commission may investigate charges of discrimination in the application of city laws and regulations. The police and fire commission may help set policy for the police and fire departments. Commissioners may be elected but usually are appointed by an administrator with approval of the governing board. Members of the CSWE's Commission on Accreditation are appointed by the president of the CSWE after consultation with the board of directors.

Legislative Bodies

Legislative bodies include city councils, county boards of supervisors, state legislatures, and the U.S. Congress. Composed of elected representatives, these bodies have legal responsibility for establishing laws and appropriating funds for programs established by law. A social worker's interaction with these bodies can occur in many ways. Social workers currently serve as elected members of each of these bodies. They may also be called upon or choose to testify before legislative bodies on particular issues. Examples might include laws affecting clients, funding for social programs, family leave legislation, or Social Security policy. Sometimes, a social worker may serve on the staff of a legislative body, handling details such as scheduling, locating meeting sites, and ensuring that identified tasks are carried out. Social workers may also staff local offices of legislators handling constituent concerns. Because legislative bodies establish policies (laws) that affect which social programs are created and funded, being familiar with how these bodies operate is important for social workers. They also must be prepared to testify about the need for programs and to work with members of legislative bodies to achieve social work purposes. Such purposes might include licensing of social workers at all levels (including degrees such as BSW, MSW, and so on) and funding for social

programs. Finally, social workers must be willing to serve as members of legislative bodies.

Staff Meetings

Staff meetings are meetings composed of agency staff members who assemble periodically for some identified purpose. Some agencies have meetings of all staff members on a regular basis. Others assemble only small groups regularly (such as all supervisors or all members of the foster care staff). Staff meetings occur for the purposes of explaining new policy, providing continuing education, keeping all participants informed about changes in the agency, or introducing new staff. Sometimes, the meetings have the social or emotional function of bringing all staff members together to enhance the sense of community or "we" feeling. Often, the agency director or other supervisory personnel preside over the staff meeting. Depending upon the type of agency (and preferences of the director), the meeting may consist of an administrator announcing new policies and everyone else listening, or it may be a discussion session where all members are equally free to contribute ideas and reactions.

Multidisciplinary Teams

Multidisciplinary teams, or *M teams*, are groups of professionals from various disciplines that meet to discuss specific clients with whom team members are working. In a state institution for patients with severe cognitive disabilities, a team might consist of a social worker, nurse, medical doctor, psychologist, and aide. In a hospital health works program, the M team might include a registered nurse, social worker, dietician, and psychologist. Multidisciplinary teams are also being used in cases of elder abuse, including those who have been abused and those at risk of abuse (Daly & Jogerst, 2014). One member of the team often serves as the leader, but all members are responsible for their specific area of expertise. Typically, teams meet regularly.

Case Conferences and Staffings

Case conferences are agency or organizational meetings in which all professionals involved with a particular case (client) discuss such things as the client's identified problems, goals, and intervention plans. An example would be a child protection case conference involving parents, child protection social workers, and other professionals gathered to review a specific child who is considered at risk of neglect or abuse. Case conferences, also called *staffings*, are similar to multidisciplinary teams. One difference is that, unlike the M team, the members who compose the case conference may not be perceived as or see themselves as a team. They may meet on an as-needed basis instead of regularly. Depending upon the type of agency, members participating in the case conference or staffing may be from the same or different disciplines.

Sometimes an entire department will staff a client. In these cases, all members can contribute to the decision making. For example, one juvenile probation department staffs all cases where the probation officer's presentence investigation includes a recommendation for incarceration. Other probation officers look at the same evidence gathered by the investigating officer and consider whether or not the recommendation was appropriate. The purpose of a staffing is to bring the wisdom of others to bear on a particular situation and engage in critical thinking to arrive at the best solution or recommendation.

Social Action Groups

EP 3, 3a

Social action involves efforts undertaken by individuals and groups to bring about solutions to social and economic problems. Often, **social action groups** are created after an assessment has determined that social welfare or economic policies are impeding the ability of citizens to receive needed services or other kinds of assistance. Although we often think of social action as involving social workers and their clients, the process may be initiated and conducted by professionals from various fields (e.g., economics, political science, religion) as well as by those directly affected by social, economic, or environmental injustice. The goal is to cause change in some aspect of the environment. This can include social policies, physical conditions, or any other condition that is considered undesirable. Social action is being employed by environmentalists in the United States, Russia, and central Asia to bring about sustainable societies and stop global warming. It is also being employed by groups to empower youth in Zimbabwe, ensure the availability of sanitary water in Bangladesh, and collect clothes for the homeless in Washington, D.C. Beneficiaries of this change may be either members of the social action group or nonmembers. Goals might include getting the city to enforce health and building codes, changing the eligibility requirements for a specific social program, or modifying rules or laws that discriminate against a particular class of persons.

Highlight 3.1 describes the use of a specialized type of research called **Participatory Action Research**

HIGHLIGHT 3.1 Engaging in Research-Informed Practice: A Participatory Action Research Group

The Disability Coalition, an advocacy group for people with disabilities, had been rebuffed several times as it tried to convince a legislative committee that the health needs of those with disabilities were not being adequately met. Lobbying for additional funds from the state was a frustrating and ultimately unsuccessful endeavor. Members of the Disability Coalition decided to gather data to underscore their arguments about the unmet health care needs of those they served. Working with an advisor from a nearby college, they carefully thought about what kinds of data they would need, what methods they would employ to gather the data, and how the data would be reported once acquired. They met with members of their own organization as well as with other individuals with disabilities to consider what questions to ask. They identified a set of survey questions, designed a needs assessment (described further in Chapter 4), trained those who would be asking the questions, and developed a protocol for analyzing their findings. They then used a snowball sample method in which each person interviewed was asked to identify another person with a disability whom the group might interview. By the end of the process, they had interviewed over 250 individuals with a disability and identified 12 common health needs that were unmet in this group. They convinced the local newspaper to write an article on their findings, which was published just prior to the start of the next legislative session, where the Disability Coalition was finally successful in getting additional state funding.

EP 4

(PAR) to develop data that could be used to bring about change in a government program. Also called "critical action research" (Dudley, 2005, p. 29), "empowerment evaluation" (Krysik & Finn, 2010, p. 356), and community-based participatory research (CBPR) (Okazaki, Kassem, & Tu, 2014), PAR is based on the belief that it is important to work directly with those who are affected by a situation and involve them in the process of gathering data, analyzing the results, and translating the findings to decision makers. The model has been used to conduct needs assessments (Dudley & Stone, 2001), improve skills in older adults (Blair & Minkler, 2009), evaluate a community-based gang prevention program for children (Ungar et al., 2015) and address health inequities in a population (Chirewa, 2012). It has also been employed with youth groups, clients with serious mental health challenges, indigenous populations, and other marginalized groups. The principle behind PAR is consistent with the social work emphasis on empowerment, capacity building, sustainability, and collaboration. By using their own talents and efforts, those affected by the research are fully involved in the end product.

As another example, a social action group might be composed of social workers testifying before a legislative body requesting funds for drug and alcohol treatment programs. Yet another example would be citizens asking the city council to rezone their neighborhood to stop the conversion of existing homes into multifamily housing. The social worker may be a group member or serve as the group's leader. Another possible role is as a staff or resource person to the group. In this role, the worker might help arrange meetings, provide the names of contact persons within existing agencies and organizations, or assist the group in whatever ways are needed. Having the skill to help the group reach its goal, while ensuring sufficient stability of the group until completion of the task, is important for the worker (Toseland & Rivas, 2012). For example, the worker might help the group over rough spots such as early setbacks or failures by encouraging and supporting their efforts, and then might follow up on all decisions to make certain that the group's wishes are carried out. Highlight 3.2 provides an example of a social action group.

As is evident, many task groups exist to help achieve organizational goals. Examples include boards of directors, committees, and staff meetings. Others may be created to advocate for client access to services, promote policies that advance social well-being, and advocate for human rights and social, economic and environmental justice.

Treatment Groups

Treatment groups' primary focus is on the emotional and social needs of their members. Six types of treatment groups will be discussed in this section: growth, therapy, educational, socialization, self-help, and support

HIGHLIGHT 3.2 Advocating for Human Rights and Social Justice: Social Action

Staff members in the university counseling and health office were becoming increasingly concerned about the new program director's policies and procedures. The policies and procedures did not seem directed toward helping students and appeared increasingly erratic. The director often threatened to fire staff who disagreed with him and implied that all his actions had the backing of his immediate supervisor. Although he possessed a nursing degree, the director was also making decisions beyond his level of training and competence. After several failed attempts to talk directly to the director, staff members met and decided that additional steps would be necessary to change the situation and restore harmony within the program. Each staff member wrote to the vice president for Health and Counseling Services (the program director's supervisor) and identified individual concerns. A copy of each letter was sent to the director so that he was made aware of the staff's continuing concern. The letters also clearly stated that the staff had decided to follow the appropriate chain of command to create change. In other words, the staff was committed to taking the issue up to the director's supervisor and even higher levels, if needed. Following discussions between the vice president, the director, and members of the staff, the director chose to resign his position, and a search was conducted for a replacement.

EP 3b

(Toseland & Rivas, 2012). In each group, there is a presumption that the individual member of the group is going to benefit directly from the existence of the group. Usually, individual change occurs within group members, and that change is often the reason for the group's creation.

Growth Groups

As the name suggests, **growth groups** are designed to encourage and support the growth of the individual group member. The presumption is that this growth can be done by helping the member achieve insight or self-understanding. The group experience may consist of various activities designed to help participants reach their goals. One example would be a group focused on helping couples learn to communicate better. A series of exercises emphasizing listening skills, values clarification, and sending clear messages might be done. Another example is a group composed of women who have sought refuge in a domestic violence shelter. The group meets twice a week with a focus on helping the members explore what they want from their lives. Activities include a time for each person to talk about her immediate and long-term goals, and didactic presentations on the pattern of violent relationships. The group also makes the women aware of alternatives open to them, such as court-imposed restraining orders and financial resources in the community, and supports them in their efforts to be free of abuse. Growth groups focus on helping individuals achieve their potential and building on their strengths. There is no presumption that members necessarily have a "problem."

In growth groups, the worker is a facilitator, helping the group members attain their goals. As with most groups, the worker's role involves a higher level of activity in early stages and less activity as the group develops.

Therapy Groups

EP 6, 7, 8, 9d

Therapy groups help clients who have an identified goal of changing some aspect of their behavior or thinking. The term includes groups where the objective is recovering from problematic life experiences. Such groups might include a hospital-sponsored group for clients 20 percent or more overweight, an inpatient group for chemically dependent patients, and a group for people who abuse their children. The focus is on correcting a perceived intrapersonal or interpersonal problem, or on learning better problem-solving and coping styles. For example, Brown, Reyes, Brown, and Gonzenbach (2012) demonstrated the effectiveness of groups for female adult incest survivors. Similarly, Duffany and Panos (2009) found that group treatment is an effective intervention for child victims of sexual abuse and results in fewer of these youth becoming perpetrators later in life. Jennings and Deming (2013) reported similar success using group therapy with sex offenders. Long, Fulton, Dolley, and Hollin (2011) also found positive outcomes with group treatment of dual-diagnosed

women in secure mental health facilities, as did Morell and Myers (2009) in their review of group treatment effectiveness with substance abusers.

The worker role is one of higher visibility in this type of group. The worker may begin as a director, expert, or leader, depending upon the needs of the group, but probably will become more of a facilitator as the group progresses.

Educational Groups

Educational groups include a variety of groups designed to provide members with information about themselves or others. The purpose, as suggested by the name, is to educate or teach the group members about some issue or topic. This education may be done through didactic presentations, role playing, activities, and discussions. Examples include groups for prospective adoptive parents, natural childbirth groups, and practical parenting groups. Another example is a socialization group serving recent immigrants. The group offers an orientation to newcomers and provides information on housing, available social services, language instruction, and other items useful for surviving in a strange society. Educational groups are similar to growth groups in that there is no presumption that members have a "problem." Educational groups tend to have less interaction among leaders and members than growth or therapy groups.

As in the therapy group, the worker in an educational group is often a group leader who may be doing much of the presentation of new information and serving as the group expert. In a group focused on helping parents learn new child nurturing skills, a BSW field student developed the curriculum after reviewing similar programs, put together the charts and exercises to be used by participants, and led the group through each session.

Socialization Groups

Socialization groups assist participants in acquiring skills necessary to become "socialized" into the community. The presumption is that the group members have a deficit of some sort in social skills. For example, a group might be developed for adolescents who have been involved in delinquent behavior. By their actions, they have demonstrated an inability to abide by society's norms. Parkyn and Coveney (2013) reported using a socialization group approach with adolescent boys with muscular dystrophy. The purpose of the group was to offer opportunities for socialization for boys who often lacked other peer-based experiences. Socialization groups frequently make great use of structured experiences or activities as a medium for change, relying less on member-to-member discussion. In some cases, the activities become the primary or only intervention that occurs. Adventure-based or experiential counseling programs are one example. These adolescent programs include heavy emphasis on physical skill, testing one's courage, and building both teamwork and self-reliance. The programs increase the self-confidence of group members, improve their social skills, and redirect their energies into socially approved activities. In these programs, group members are challenged by a series of physical hurdles, including climbing over barriers, rappelling down a cliff, and crossing a stream on a rope.

A current events group at a nursing home is another example of a socialization group. In this case, group emphasis is on getting the residents to interact with one another by discussing current events. The group also has a goal of helping to keep the residents' minds active and oriented to the present.

The social worker role in socialization groups is often one of highest visibility. This visibility may include serving as director or expert, designing the program, and leading members through the process and exercises. As with other types of groups, that role may change as the group enters later stages of development.

The role of the social worker in each of these treatment groups has some similarities and some differences. To summarize, the leader will have the highest visibility in educational, therapy, and socialization groups. In each case, the worker may be a director, expert, or leader. In growth groups and some therapy groups, the leader may be more of a facilitator, simply helping the group members attain their goals. Commonly, the worker is most active in the early stages of all groups. Once a group becomes established, the worker's role often changes to that of a consultant, expert, and role model. Group needs usually determine the role to be played by the social worker. Therefore, social workers must be flexible and modify their type and level of involvement as needed. They also need to use a variety of skills, depending upon the group's stage of development, the skills of the members, and the type of group.

Self-Help Groups

As should be obvious at this point, many groups overlap in their purpose, with some engaging in socialization and education, and others providing therapy and education. The same is true for *self-help groups*, which

are "led by members who share the problem experienced by the other members of the group" (Toseland & Rivas, 2012, p. 27). It is not uncommon for a professional to play a role in self-help groups, either advising or consulting with lay leaders or serving as co-leaders. Self-help groups exist to assist members with a variety of problems that can range from substance abuse (Alcoholics Anonymous, Narcotics Anonymous), child abuse (Parents Anonymous), and overeating (Overeaters Anonymous), to any number of concerns. There are self-help groups for people with chronic health problems; parents whose children have specific disorders; adults suffering from serious mental health challenges, alone or in combination with substance abuse problems; chronic gamblers and shoplifters; individual professions (e.g., Lawyers Concerned for Lawyers, Nurse Recovery Groups); sexaholics; hoarders; and more. Most states provide online information on such groups through state-operated clearinghouses.

Self-help group members may also be working directly with social workers and other helping professionals outside the group. This may occur when seeking additional intervention on the concern dealt with by the self-help group or on an unrelated issue or problem.

As with other types of groups, self-help groups may make use of online means of communications. For example, Gliddon and her colleagues (2015) report on members of a self-help group for those with bipolar disorder who use a discussion board or discussion forum to share thoughts and ideas. The online board is seen as helping members better cope with their challenges.

Support Groups

Support groups are groups of people sharing certain characteristics who get together to provide one another with emotional sustenance, encourage new coping mechanisms, and allow a strengths-based sharing of issues, concerns, and problems. They typically have a professional leader and may be formally or informally organized. Because they exist to accomplish a variety of goals, they may share some characteristics with the groups we have already discussed. For example, one support group is the La Leche League. This group is devoted to encouraging breast-feeding of infants and to helping parents better understand the advantages of this method over the use of baby formula. In some ways, this organization is similar to the educational group in that members are not presumed to have a "problem." Rather, they share the characteristic of being parents (or prospective parents) of infants. As might be expected, much of the activity in group meetings is educational in purpose.

Anderson-Butcher, Khairallah, and Race-Bigelow (2004) found that support groups were effective for long-term recipients of Temporary Assistance for Needy Families (TANF). Group members identified increased social support, lowered stress levels, and new social and problem-solving skills as some of the benefits of participating in the support groups. They also reported increased knowledge of community resources, greater self-esteem, and feelings of empowerment.

Another example is a support group offered by a domestic violence shelter. This program, aimed at older women, deals with topics such as medical insurance, money management, and age discrimination in the workplace. Meeting twice a month for one and a half hours, the group provides emotional support, fosters learning opportunities, and helps more mature women experiencing domestic violence recognize their unique strengths, problems, and options.

The importance of social support has been demonstrated repeatedly and appears to be effective with a variety of client situations. Lou and Zhang (2006) found it useful for working with Chinese type 2 diabetes patients and enhancing their quality of life. Similarly, Chien, Norman, and Thompson (2006) found support groups effective for Chinese family members providing care for patients with schizophrenia in Hong Kong, suggesting that social support may be an appropriate intervention in other cultures and countries. Strozier (2012) looked at the use of support groups for kinship caregivers, concluding that they showed good potential for effectiveness with this client group. Hurdle (2001) discusses how the use of support groups and other models can have a significant role in promoting health among women of all ages.

Beginning in the 1990s, several lay and professional people began to explore the use of online support groups to help members deal with some of the same issues as those managed in face-to-face groups. Hammond (2015) and the Pew Research Center (2014) report that high satisfaction with using the Internet to connect with family and friends has helped foster an acceptance of using online means of offering support to others. Potential benefits of online groups include the ability to participate 24/7, time to reflect on other's communications, and lack of pressure to respond to every message. At the same time, online conversations can sometimes foster inappropriate messages that would not have been mentioned in

a face-to-face meeting. Likewise, the anonymity may encourage some members to become overly intimate or to bond too quickly. The research on the effectiveness of online groups is mixed, with both positive and negative outcomes reported. It remains an area that benefits from continued evaluation. The term *support group* is sometimes used interchangeably with *self-help group*, as both share a goal of having members provide support to one another. Self-help groups, however, are less likely to have professional leadership. To further complicate matters, you will recognize that many different types of groups provide members with advice, emotional support, information, and other help. Examples include support groups for people with chemical dependency problems, educational groups for new foster parents, and treatment groups for men who batter. Thus, support might be considered a component of many different types of groups. As a result of this confusion, the term *support group* is less clearly delineated than the other types of groups previously discussed. What is most important to remember is that the term is frequently used in social work to refer to groups with a strong mutual support emphasis.

All of the group types identified earlier are merely examples of the range of groups used in social work. In practice, seeing two or more approaches used within the same group is common. For example, Berge, Law, Johnson, and Wells (2010) reported on the effectiveness of a psychoeducational parenting group that combined educational programs for both parent and child, along with discussion and support from therapists. Lefley (2010) found similar positive results by the combination of support and educational activities conducted in families where at least one member suffered from serious mental illness. Common elements used in these groups included values clarification, role playing, counseling, and educational programming. The name "psychoeducational" reflects the merging of educational and socioemotional approaches.

Filippou and Kouthouris (2014) also point out how camping is used in group programs to foster a variety of changes with children and adolescents. In particular, groups benefit participants by increasing empathy and social skills. The authors note that group camping experiences have been employed effectively with youth experiencing learning disabilities and emotional problems.

Groups have been developed to work with some of the most severe mental disorders, particularly those that are resistant to many traditional approaches. For example, Hurdle (2001) describes how a combination of therapy, educational, and socialization groups was utilized to help clients with personality disorders. The author notes that such approaches are cost effective, efficient, and can be used in the current managed care environment.

As should be clear, treatment groups exist largely to help clients resolve problems, a major goal of social work practice. Both treatment and task groups tend to employ the processes of engagement, identifying desired outcomes, collecting, organizing, and interpreting client data, assessing strengths and limitations, agreeing on goals and objectives, carrying out interventions designed to achieve those ends, and monitoring and evaluating the interventions. Each of these processes is a component of the Generalist Intervention Model (GIM).

Social Networking Groups

Although **social networking groups** are not usually included in the category of task groups, the ability to use computer-mediated communication has had a major impact on various kinds of working groups. Committees, boards of directors, and just about any other type of task group can employ video conferencing to conduct their business. It is relatively easy to hold meetings of people who are located hundreds or thousands of miles apart, and the flexibility of the technology has been demonstrated for teaching purposes, conference presentations, and a host of other purposes. With the exception of occasional connection challenges, electronic meetings have been a means of cutting costs, travel time, and ensuring maximum participation by members. Of course, like many things in life, there are drawbacks. For example, Johnston, Bettenhausen, and Gibbons (2009) "found that team members who used computer-mediated communication more often experienced lower levels of positive affect while working with their teams and had lower levels of affective commitment to their teams" (p. 623). In addition, Marett and George (2013) found that group members using computer-mediated communication tend to lie more than those in face-to-face groups.

The use of computer-mediated groups for treatment groups has been a bit slower in development, largely because of factors such as practitioner facility with the technology, clients' lack of access, and potential ethical concerns. Despite these challenges, use of computer-mediated groups has been growing (Toseland & Rivas, 2012). The terminology in use varies widely, with terms such as *e-therapy, computer-mediated intervention, online counseling, web-based therapy, e-interventions*, and *cybertherapy* commonly used to refer to the same activity

(Barak, Klein, & Proudfoot, 2009). In areas such as mental and physical health, the value of using the Internet has been repeatedly demonstrated. Practitioners in myriad fields use these tools to maintain contact with clients, patients, and colleagues; monitor progress; and share information about issues facing the client. They also are used by clients to pose questions for practitioners and others with similar issues, share experiences, and assist others. Levesque, Ciavatta, Castle, Prochaska, and Prochaska (2012) found that the use of computer-administered sessions with domestic violence offenders was effective in reducing the incidence of subsequent interpersonal violence. Similar positive outcomes were found in the use of computer-delivered intervention with heavy drinkers (Hester, Delaney, & Campbell, 2012). Morrongiello, Schwebel, Bell, Stewart, and Davis (2012) have successfully used interactive computer gaming to teach fire safety information to children under age 6.

How the technology is used varies greatly. For example, e-mail is a frequent means of communicating with practitioners, and in many medical settings allows clients to review their own medical records. Listservs give people opportunity to send and receive information at times of their own choosing as well as discuss topics in real time.

Skype and similar software allows face-to-face video interactions as people sit in front of their video-camera-equipped smartphones, tablets, laptops, or desktop computers. Video groups provide advantages because such interaction makes it is easier to recognize and respond to nonverbal cues (Toseland & Rivas, 2012). Individuals limited by geographical location, physical infirmities, and travel-related challenges can benefit from video groups.

Dietrich, Shipherd, Gershgoren, Filho, and Basevitch (2012) used the social networking site Facebook to provide group consultation to members of two soccer teams. The services made available included "group and individual meetings, and instruction in sport psychology skills such as: imagery, self-talk, goal setting, arousal regulation, and time management. Additional short-term team building, group cohesion, communication, anger management, injury rehabilitation, mental toughness, commitment and leadership workshops were provided" (p. 323). To enhance confidentiality and security, a special Facebook page was created that was available only to the players and consultants. Interestingly, the consultants and athletes were located across the globe, underscoring that distance is not a barrier when this technology is used. Although generalist social workers likely won't be providing services to the same group of clients, it is clear that some of the activities and interventions carried out by the consultants are similar to those employed by social workers.

The Veterans Administration has been using virtual reality as a treatment for soldiers experiencing post-traumatic stress disorder and chronic pain, and Wood et al. (2010) have noted its success in helping with stroke rehabilitation. In virtual reality, a computer is used to create a three-dimensional world within which patients work on their most serious challenges.

In a study by Callahan and Inckle (2012), the authors found that despite the concerns many practitioners held about online counseling and emotional support, "online conversations are shown to span a greater variety of topics and focus on more sensitive issues than verbal sessions. Online services have potential for reaching clients in accessible and meaningful ways" (p. 261). However, they warned that practitioners need to be better trained and become more comfortable with these electronic forms of communication. Emmelkamp (2011) also found that Internet-based cognitive behavior therapy (CBT) has been proven effective in multiple studies, but there are still concerns about issues such as representativeness of samples and questions about cost-effectiveness.

Other benefits of computer-mediated groups are noted by Martínez-Moreno, Zornoza, González-Navarro, and Thompson (2012). Investigating face-to-face and virtual teamwork over time, they found that task conflict was less likely to occur in computer-mediated groups than in face-to-face groups. This is especially important because conflict over the task can also evolve into relationship conflict, harming the group's ability to perform. Bickel, Christensen, and Marsch (2011) argue, based on their review of the literature, that "new technologies appear to produce better or similar results in detecting, informing, and educating individuals with substance abuse disorders relative to traditional counselor-facilitated methods" (p. 7). Bragadóttir (2008) also confirmed the value of computer-mediated support groups for parents of children who had been diagnosed with cancer. She concluded by noting that parents experienced lower levels of anxiety and that such groups may be a "valuable addition to, or substitute for, a traditional face-to-face mutual support group and might suit both genders equally" (p. 32). Chung and Kang (2014) found similar benefits in individuals using online social networking for their health concerns. Benefits may occur not only to the person seeking information and support, but also for those responding to these needs.

Professional Roles in Groups LO 3-2


EP 1c, 7d

That social workers play multiple leadership roles in groups will be clear from the many examples in this chapter. This section briefly discusses some common social worker roles and describes how they are used in work with groups. The roles are broker, mediator, educator, and facilitator.

Broker

Brokers help group members obtain needed resources by connecting them with community agencies and other service givers. This process requires that the worker be familiar with community resources, have general knowledge about eligibility requirements, and be sensitive to client needs. A broker may help the client obtain emergency food or housing, legal aid, or other needed resources. A worker may act as a broker either in one-to-one situations or in a group.

Community resource books or interest-based directories can prove helpful to new and experienced workers. These resources typically describe most services in a community, including eligibility requirements, contact persons, addresses, and telephone numbers. These resource directories are often available online and brokers can use such listings to augment those with which they are familiar. To be most helpful, the worker should attempt to aid the client through referral to specific staff members. Clients going to a new agency without having a contact person or much information about how to use the resource can have a bad experience and become discouraged from using the agency. A more detailed review of the broker role appears in Chapter 15.

Mediator


EP 8d

Mediators help group members resolve conflicts or other dissension (Toseland & Rivas, 2012). To be most successful in this role, the worker must believe that different sides to a disagreement are legitimate and help each side recognize that the other side's views are valid. Avoiding win-lose situations (described later in this chapter) is an important task of the mediator. Therefore, the worker must help the parties identify their points of disagreement and of mutual interest. The worker then must focus on finding a solution that meets the needs of all. Finally, on another level, the worker may help group members negotiate with the environment and other systems. This negotiation is especially important when the client finds resource systems intimidating and impersonal. The worker can help bridge this gulf and build on the broker role described earlier.

Educator

As an **educator,** the social worker provides group participants with new information, structures the presentation of that information, and uses modeling to help members learn new skills. This role is discussed later in the chapter.

Facilitator

The **facilitator,** as the name suggests, guides, eases, or expedites the way for others. This role is important whether the problem is between individuals and their environment or between members in the same group. In a task group, the facilitative role may involve helping the group stick to the agenda, creating a safe environment for open discussion, and encouraging all to participate and supporting their contributions. It also includes helping members test new skills and assume greater responsibility for the group (Corey, et al., 2011).

Clearly, the social worker must play various roles depending upon the group's needs and the problems confronted. Conceiving of social work as being made up of a series of roles is consistent with the idea that generalist social workers have numerous responsibilities. It also helps the worker think more clearly about what a group needs at any given time in its developmental life.

Theoretical Frameworks in Group Assessment, Intervention, and Evaluation LO 3-3


EP 8b

Social workers who have dealt with various types of groups frequently comment about how each group seems to develop a life of its own. Each group has its own unique configuration of varied individual personalities, as well as its own set of dynamics that affect what is said or done, the roles members play, and how the group relates to the leader. There have been repeated efforts to provide a

framework for understanding group dynamics and to help those working with groups. Many frameworks attempt to explain group development through a single model. Each of these approaches has strengths and weaknesses. This section focuses on six broad areas: group development; group culture, norms, and power; group size and composition; group duration; group decision-making patterns; and group functions and roles.

Group Development

Most groups proceed through an identifiable set of four steps or stages. This pattern of development has allowed group observers to describe the stages and to predict what may occur in each stage. In the first stage of development, most groups display *a strong reliance on the leader*. Members expect the leader to provide direction, and they tend to be more hesitant or reluctant to participate actively. The leader assists members in this stage by encouraging participation, supporting positive group norms (informal rules of behavior), and helping members rely more on one another. The first stage is often focused on trust issues as members learn whether they can trust others in the group. Group members are unsure about whether they will be accepted by other members or by the leader and are often seeking some sense that the group approves of them.

In the second stage, the group members begin to assert themselves more. During this time, *some level of conflict is common*. As members feel safer in the group, they begin to assert their autonomy and express their feelings more openly. The second stage is often characterized by some degree of tension and strain as both worker and members adjust to the changed atmosphere. Power and control issues arise more frequently as members become more comfortable with each other and take greater responsibility for what happens in the group. There may be disagreement over goals agreed upon in the previous stage and challenges to the leader that can be unsettling. That the leader encourages open discussion of the conflict so that the group will ultimately be responsible for its decisions is important. Recognizing that conflict is expected, acceptable, and often even healthy is also important.

Once past the conflict stage, the group is ready to go ahead with the primary work facing it. Group productivity increases, and there is greater attention to achieving its goals. This third stage is the "*working*" *phase* of the group. Members frequently feel positive about the group, may have developed affection or liking for it and its members, and are more willing to share their ideas and reactions. Trust has developed among members as roles become clearer and a group culture has developed. The role of the leader is likely to change during this phase. There is more need for a leader who can serve as consultant, advisor, or resource to the group instead of a director.

Finally, there is usually a fourth stage, *separation*, where the group has reached its goals and members begin to separate emotionally from the group. In this phase, there are often feelings of loss when the group ends, but there also may be angry feelings. Again, the worker should expect and realize that members might need help to accept and discuss their feelings.

The group stage model (see Highlight 3.3) appears to apply well to growth or treatment groups (groups that focus on changing the individual group member) and to many task groups (committees, teams, social action groups). However, the ongoing nature of task groups (agency staff meetings, boards of directors, and so on) may complicate or mix up some stages. Because some staff groups do not have a separation phase where members prepare to leave, the reactions found in other groups with a defined ending period are less likely. Open-ended groups such as Parents Anonymous, where members enter and leave the group at different times, may change how the group develops. The previous model fits most closely those groups where members join and leave the group together (closed groups), such as the teen group described in Highlight 3.3.

There may also be a difference in group development between formed groups and those that exist naturally. *Formed groups* are those where the members have been brought together by an outside agency, organization, or individual. Therapy groups created by the social worker are an example. *Natural groups* are those where the members have come together through bonds of friendship or kinship. One type of natural group, a family, already has an established pattern of interacting with one another, which may also be true of a gang. Formed groups composed of clients with similar problems or characteristics (e.g., substance-addicted or delinquent girls) are perhaps more likely to fit the model described. Thus, when these group members achieve their treatment or personal goals, the group will enter the fourth stage, where separation occurs.

HIGHLIGHT 3.3 Intervening with a Group: Stages in Teen Group Therapy

Stage 1 in a Teen Group: Reliance on the Leader

As she looked around the group of teenagers, Mary was reminded again about the effect a group can have on its members. Mary had been assigned to work with this group because she had previously had some group experiences during her field placement. Having read the files on all of the members, Mary knew something about each of the girls present in the teen center meeting room. Jacque was quiet, which for her was unusual. She was always the most talkative person in any group. Belinda was whispering to Angel, and both were smiling knowingly about a text message on Belinda's cell phone. Cindy was looking down and flipping absentmindedly through her notebook. Alice stared out the window. When Mary got up to close the door, the room became as quiet as a tomb. Each girl looked up at Mary, expecting her to say something.

Stage 2 in a Teen Group: Addressing Conflict

Mary had asked the group to agree on the major activities they would pursue during the next 6 weeks. Although there had been ample time to decide, the group seemed hopelessly deadlocked. Jacque was arguing that the group should hold a party, and Cindy testily reminded her that they were in this group because they partied too much. Belinda asked if they could have a session focused on getting along better with parents. When Mary responded favorably to Belinda, Angel said she did not want to talk about her parents. After 10 more minutes, the group was no closer to a decision than when the meeting started.

Stage 3 in a Teen Group: Working

When Alice said she felt her parents did not care what happened to her and began to cry softly, Jacque reached over and put an arm around her. "Maybe they just don't know how to show they care," Cindy said. "I mean, we can't know what's in someone else's head." "That's right," said Belinda, "don't assume anything about parents." As the group meeting came to an end, Mary smiled and said quietly, "I'm very proud of how the group reached out to Alice and used the ideas we've been talking about the last few weeks. You've really supported one another."

Stage 4 in a Teen Group: Separation

For the last meeting, Mary had asked the girls what they wanted to do that would appropriately conclude their work together. They decided to write each other brief notes stating what good qualities they had learned about one another during the past few weeks. This method of saying good-bye was encouraged by Mary, who had also arranged for soda and pizza for the meeting. The group had spent the last week talking about their feelings as the group ended and reviewing the various plans group members had for the summer. Mary told them she would miss their weekly meetings and encouraged them to stay in touch with her and with each other.

Realizing that any development model for groups is only an abstraction is important. Individual groups may not proceed exactly as outlined earlier. Some groups will seem to skip a stage or move backward instead of forward from time to time. Remember, failure to proceed in the precise manner described earlier is neither an unhealthy sign nor necessarily problematic. The social worker must be flexible and adaptable when working with groups, because they vary so drastically in purpose, composition, and dynamics.

Group Culture, Norms, and Power

All groups have an identifiable culture comprising the traditions, customs, and values/beliefs shared by group members. Culture affects how members react to and interact with one another and the leader, typical coping styles used, how work is done, and how status and power are distributed. Sometimes, this culture exists prior to the worker's involvement, as with families or groups of friends. At other times, it occurs after group formation. **Norms** are unwritten expectations about how individuals will act in certain situations. Norms are part of the culture of all groups and can help or hinder the accomplishment of group goals. The worker has a role in helping to create norms that support attainment of these goals. For example, a norm of openness and a willingness to admit mistakes can be encouraged by a worker who models these characteristics for group members. Evidence of a positive group culture includes free expression of ideas, open disagreement, and a safe atmosphere in which the contributions of members are respected and considered.

The worker can help ensure development of such a culture by describing for members what is desired or expected in the group, modeling appropriate behavior, and supporting group members as they interact within the group.

Value differences among group members may contribute to difficulties within the group. For example, within a group of teens discussing sexual behavior, it is likely that some members will view sexual activity as a part of adolescence and others (because of religious or other values) may not want to talk about the topic.

The worker should encourage members to discuss the values they bring to the group and to listen carefully to the values of other members. When a climate of trust and safety exists, members are more likely to accept individual differences and allow fellow members to express their individuality. If members do not sense such a climate, they are less likely to be honest in expressing opinions and will be more guarded in what they say and do. This type of climate is less likely to lead to positive outcomes. The leader should help to establish a culture where members are free to talk and are supportive of each other. This permits the business of the group to be accomplished in an open and frank manner.

Power issues always exist within groups. In many groups, there is a period in which the group or individual members of the group vie with the leader for power. In most groups, individual members have different levels of status and power. Those accorded the highest status by other group members are more likely to be listened to. Subgroups may develop as two or more members find themselves holding similar views and feeling at odds with other group members. Struggles over decisions may occur, exacerbated by these divisions.

Group Size and Composition

Sometimes both the size and composition of a group are established ahead of time, and the worker lacks control over these elements. For example, consider families and other preexisting groups. The size of the family is not within the control of the worker, nor is its composition. In other situations, the worker is responsible for making decisions about who will be included as members and how large the group will be. For instance, a worker leading a parent nurturing group may set the limit on members at seven or nine and not allow a larger group.

Group size has a definite impact on what occurs within a group. It affects both the level and type of interaction in addition to members' feelings about the group. Large groups tend to be less popular with members because of lessened opportunity for discussion and interaction. Members of larger groups are more likely to feel inhibited and will often participate less than members of smaller groups. Guidelines for group size tend to depend on the type of group. For example, groups that focus on the needs of individual members, such as therapy, support, or growth groups, might have anywhere from five to nine members. Groups with an educational focus can be of various sizes, from 5 up to as many as 15 members, depending in part on how the information is being delivered and what learning methods are employed by the group leader. Many social work groups have as many as 10 members, and some groups are much larger. Larger groups may be more effective at handling difficult and involved problems, because the number of possible contributors is greater. Thus, the task or objectives of the group may be a factor affecting group size. Although composition of a group may be beyond the control of the worker, many situations do allow the leader to select the members. Formed groups lend themselves nicely to this kind of selection, as the worker often chooses individual members.

The worker must decide the degree of heterogeneity and homogeneity appropriate for a given group. A heterogeneous group has members with different problems and personality characteristics. A homogeneous group has members with similar problems and personalities. Practically speaking, few groups are completely homogeneous, because we all differ from one another as human beings in many ways. Workers must take these differences into consideration when selecting members for a group.

We must also remember that there may be real advantages in selecting people for a group who are alike in some ways and different in others. For example, selecting people who share similar problems (e.g., child abusers) but who have differing personalities might make sense. For another example, selecting seven nonverbal group members would not be wise. A healthy mix of talkers and listeners is likely to be more useful.

Age also may be a factor in composition. Different levels of development probably preclude starting a group composed of children ranging in age from

8 to 15. The difference in interests and attention spans could be especially problematic. Ultimately, the purpose of the group should be considered when deciding group size and composition.

Gender is also an important consideration. Gender similarity may be important in groups of children, but gender diversity is desirable among adolescents when the objective is helping group members develop socialization skills. Diversity is also helpful in terms of problem solving and decision making. A degree of heterogeneity in areas such as background, prior experiences, ability, ethnicity, and gender can allow members to bring fresh perspectives to a situation and improve overall group performance. A mix of members with such dissimilar behavioral characteristics as verbal ability, leadership skills, and level of assertiveness may also be useful. Members with differing life experiences and other characteristics can serve as models for other members. Social workers need to give this matter careful consideration when they are composing a group. In an ideal arrangement, groups would have a mixture of members that provide for group vitality as well as for stability. Finding this exact balance is not often easy, however, because predicting how well a particular group's members will function together is often impossible.

Duration

Determining the duration of a group requires that the worker decide how many sessions will be held and how long each will last. Having groups meet for one and a half to two hours per session is common, as it provides enough time to conduct the business of the meeting without becoming too drawn out. Specifying in advance the length and number of sessions helps members focus on the topic and discourages nonfunctional behavior such as wasting time on irrelevant topics. A group planning to meet for 6 sessions is more likely to stay on task than one meeting for 20 sessions. A general observation is that the closer to the ending point a group gets, the more likely it is that group members will attend to the task. This fact is a phenomenon familiar to many students who find that their interest in and efforts to write a class paper increase as the deadline approaches.

Flexibility is helpful in the matter of duration. If a preselected length of time proves counterproductive, the worker should feel free to suggest a change. The judgment of the worker and clients about what works best is as important as any set of guidelines.

Problem-Solving and Decision-Making Approaches with Groups LO 3-4

EP 7d, 8

How groups, especially task groups, make decisions is important to understanding why some groups are more successful than others. Task groups like committees, administrative groups such as boards of directors, delegate assemblies such as the NASW Delegate Assembly, teams, treatment conferences, and social action groups must often make decisions. These task groups share some similarities, yet each is different from the others in some important ways, including how they interact and come to decisions. In this section, several common approaches to group decision making will be discussed: consensus decision making, compromise, decision making by majority, rule by an individual, persuasion by a recognized expert, averaging of the opinions of individual group members, and persuasion by a minority of the group (see Highlight 3.4). In addition, we will review three special techniques to help groups make decisions and solve problems: the nominal group technique, brainstorming, and parliamentary procedure.

Consensus Decision Making

An attractive, albeit time-consuming, approach to making decisions is through consensus. Consensus is a process used by groups to reach a general agreement about what they want and how they will get it. **Consensus decision making** is attractive, because when concluded all members accept and support the decision even if they were not initially so inclined. To make decisions by consensus requires an atmosphere of openness in which all members have an opportunity to be heard and influence the final outcome. This approach presumes that members can present alternate ideas, that opposing views are solicited, and that creative solutions are encouraged. The emphasis is on finding the best solution instead of getting one's way. The real advantage of achieving consensus is that it increases the commitment of group members to the decision. In situations where this commitment is particularly important, there is no adequate substitute.

Compromise

Most of us have been involved in decision making by **compromise**. In these situations, the group attempts

HIGHLIGHT 3.4 Multidisciplinary Frameworks: Approaches to Decision Making

Consensus Decision Making

The Blackwell City Council was at an impasse. After a year of study, debate, and argument, the new library was no closer to fruition than when the council started discussing the idea. The primary issue that had stymied the group was the proposed location. The library board had proposed that the new building be located on an undeveloped site near Lake Prosper, a recommendation supported by two or three council members. Other members wanted the new library next to the old library, a location that many felt was too small to meet future needs. After a lengthy debate, Greg Hanson, a social worker on the city council, suggested holding an advisory referendum on the location, allowing the residents of the city the opportunity to voice their opinion. Council members were all in agreement with this proposal, a consensus decision that was unusual for this body. At least temporarily, it got the issue off their agenda and offered hope of a clear mandate from the voters.

Compromise

"Finally, a package we can live with." Lenore was exhausted. As president of the social work union, she had been deeply involved in the negotiations for next year's contract. After an initial (and unacceptable) offer from the finance committee, the union representatives had gone through the usual process of making proposals to the county finance committee and rejecting their offers. Finally, a package was reached. It contained salary increases agreeable to the union and gave management more flexibility to move workers within the agency. It was a compromise in that neither side received all it would have liked. It was a classic labor agreement, something for everyone but less than each side had desired.

Decision Making by Majority

The five agency supervisors were in the second hour of what was supposed to be a one-hour meeting. The issue that had stymied efforts to conclude the meeting was a proposed reorganization of services and service units. Don was unhappy with the proposal because it would increase the workload of his unit slightly at a time when he felt his staff was already overloaded. Still, the proposal would give the agency an opportunity to offer a very specialized service, which a previous needs assessment had determined was long overdue. Finally, the agency deputy director asked for a show of hands for those who supported the proposed change. All supervisors but Don voted in favor of the proposal. The deputy director said, "Don, I know you are not crazy about this idea, but it has the support of the others, and we're going to go with the majority this time. I will see, however, what I can do about getting another position assigned to your unit to help with the overload."

Rule by an Individual

The Millard School Rec Club was having difficulty choosing an activity to mark the end of the high school year. In past years, the group had held pizza parties, donated gifts to the school, and contributed their time to a neighborhood cleanup project. Mike, the captain of the baseball team and a respected student, argued forcefully that the club should donate money to the school to purchase a pitching machine. Other members of the group were reluctant to express their opinions for fear of appearing to oppose Mike's suggestion. When no one spoke up, Mike then said, "Well, then it's settled. I'll tell the principal and the coach." The group had just allowed one member to rule (make a decision) for the entire club.

Persuasion by a Recognized Expert

When it came time to discuss how the new social work program would be evaluated, everyone on the administrative staff looked to Gerry for guidance. He was considered the resident expert on program evaluation and was familiar with a variety of approaches that could be used in different situations. Although Jack had some reservations about a couple of Gerry's ideas, his opinions did not sway the staff group very much. Jack knew in advance that Gerry's recommendations would be accepted by the group based on his reputation and past experience. Sure enough, when the meeting was over, Gerry's ideas were approved, and his plan for evaluation was accepted.

Averaging of the Opinions of Individual Group Members

Mary had asked her foster care unit to evaluate her performance as a supervisor. Mary had only recently become a supervisor after several years as a line social worker. Most of the people in the foster care unit had been her friends before her promotion 6 months ago.

(continued)