# Chapter 1
The Group Work Tradition in Social Work

> Social group work is a very positive and optimistic way of working with people. It is truly empowering and affirming of people's strengths. In fact, the very act of forming a group is a statement of belief in people's strengths and in the contribution that each person can make in the others' lives. (Kurland & Salmon, 1998, p. ix)

Magical things happen within groups. Ask any experienced group worker, and he or she will have numerous stories about how groups have changed the lives of his or her clients. Indeed, research has demonstrated group work to be effective with many types of problems, including substance abuse (Humphreys, 1999), compulsive disorders (Ladouceur, Sylvain, Boutin, Lachance, Doucet, & Leblond, 2003), mental illness (Spidel, Lecomte, & Leclerc, 2006), posttraumatic stress disorder (Mueser, Bolton, Carty, Bradley, Ahlgren, DiStaso, et al., 2007), and Alzheimer's and other forms of dementia (Bank, Arguelles, Rubert, Eisdorfer, & Czaja, 2006). In times of scarce resources, group work may be a particularly important approach, as workers can effectively serve many clients at the same time. By using groups, social workers can often negotiate the frequent tension between cost containment and service provision.

Work with various populations is central to the mission of the profession of social work (National Association of Social Workers, 2000). Group work is one of the most important methods of culturally sensitive practice (Salvendy, 1999; Weinberg, 2003). Some of the various populations with which groups have been effectively used are older adults (Tadaka & Kanagawa, 2007), veterans, African Americans (Washington & Moxley, 2003), and Latinos (Díaz, Fuenmayor, & Piedrahita, 2007; Organista, 2000). Groups are an important approach for work with many at-risk and vulnerable populations (Ephross, 2005) and have been shown to be useful in both long-term (Gitterman & Shulman, 2005) and short-term treatment (Rosenbaum, 1996; Shapiro, Peltz, & Bernadett-Shapiro, 1998; Wing Lo, 2005).

Like many other institutions and social structures, social work has been greatly affected by globalization (Furman & Negi, 2007) and has been increasingly internationalized. As many cultures of the world are far more collectivist (group and communally oriented) than we are in the United States (which is far more individualistic), group work is an appropriate method for international practice. For
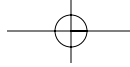
example, clinical groups are used for working with the poor in Singapore (Devan, 2001), and community empowerment groups have been an important intervention in organizing poor disempowered laborers throughout Latin America.

In this chapter, we will briefly explore this history and present a beginning discussion of the key concepts of group work. At this point, and we shall stress this at many times in this and other chapters, your ability to be an effective group worker will depend upon your ability to reflect upon your practice and put these reflections into action. The notion of the reflective practitioner is not new and has been viewed as essential in social work for decades (Schön, 1983). Throughout this book, you will be asked to reflect upon the information that is presented to you and engage in exercises and experiences that will help you take ownership of group work skills. We hope you will learn these skills so well that over time you will be able to adapt them to new situations in novel ways. While this type of integration has been discussed by many authors in social work (Furman, 2007; Ringel, 2003), it was perhaps most fully explored by Brazilian educator Paolo Freire. Freire (1970) explores how through reflection and practice, theory is integrated into the behavioral repertoire of the practitioner; new theory and skill are generated through continued exploration of each of these domains.

Group work makes sense for social work, as human beings spend a good deal of their lives living, working, and loving in the context of groups. Social work is the profession that focuses on the person within the context of his or her environment. That is, social work not only helps individuals adapt to their environments but also helps environments adapt to the needs, dreams, goals, and aspirations of individuals. It is this person-in-environment orientation that makes groups especially valuable as a tool of social work practice. Think of the group as a microcosm of society, and group work as an opportunity to help individuals improve their social relationships and resources through their interactions in the group. Imagine a group as a potential catalyst for social change, in which individuals come together to develop effective strategies for changing their external social worlds. Alternatively, envision a group as a place where people suffering from a serious disease can come together for support, acceptance, and hope. These are some of the many potential uses for groups that we will explore in this book.

What Is a Group?

Throughout the years, social workers and other helping professionals have developed different definitions and conceptualizations of groups. A consideration of these definitions is important, as each can lead practitioners to focus on different aspects of group practice. For our purposes, when we refer to a group, we are referring to a social work practice group. In sociology, political science, and common everyday language, the term "group" has different meanings than it

does for social work practice. The word "group" often refers to an ethnic group or a large number of people who have similar historical and cultural experiences.

Schwartz (1971) provides a simple definition when he notes that a social work group is "a collection of people who need each other in order to work on certain common tasks, in an agency hospitable to those tasks" (p. 7). Anderson (1997) observes that social work practice with groups is a methodology for the empowerment of group members to improve the quality of their lives. The focus is on members' growth. The intent is to stimulate their autonomous growth process through participation in a group process. Shulman (2006) views the group as an enterprise in mutual aid, an alliance of individuals who need each other, in varying degrees, to work on certain common problems. He refers to the group as a "mutual aid system."

The History of Group Work

While the tradition of group work in the profession is rich, it is also one marked by conflict and ambivalence. Before the start of social work as a profession, services were provided by various community-based and faith-based individuals and groups. At the turn of the twentieth century, group workers and caseworkers often experienced tense relationships. A great deal of misunderstanding existed concerning their roles, and about group work in particular. This tension in the profession continues to exist to this day between those who advocate social change and transformation and those who view the profession more in terms of individual change and the medical model. Individual caseworkers, whose beliefs stemmed from the moral model of treatment (Jackson, 2001), focused on the responsibilities of the individual and his or her character in the helping relationship. Early group workers were more likely to view social conditions, such as the Industrial Revolution, urbanization, or the unequal distribution of wealth, as the cause of social problems. As such, early group workers were focused on social change, while individual workers tended to see pathology as resting within the individual.

Early group workers were also more likely to use experiential and participatory methods, such as arts and recreation. These workers were less likely to be limited to the use of what were seen as high-status activities, such as therapy; they therefore exhibited a great deal of creativity and borrowed methods from the arts and humanities. These early group workers were more likely to use means involving action and participation, such as recreation groups, the arts, and community mobilization, as methods of intervention. Workers who wanted the social work profession to be viewed as an influential and high-status profession often viewed these activities as recreation, not professional in nature. These methods became less popular over time, as social workers began to view these adjunctive methods as resting outside the realm of professional practice.

The end of World War II marked an important time in the development of clinical group methods. Psychiatrists, overwhelmed by the number of returning veterans with psychological problems, began seeing veterans in pairs or groups, not for therapeutic reasons, but out of necessity. Also, with the introduction of early psychotropic medication, the profession increasingly began to view the individual as the focus of practice.

In the 1950s, the professional society that was concerned with group work joined with other societies to create the National Association of Social Work. This affiliation unified the many different methods of the profession into one organization. Over the next twenty years, many schools of social work introduced group work concentrations, in which students focused on group work in the second year of their MSW program.

In the 1960s, group work in social work and other helping professions was used increasingly as a vehicle for social change. Consciousness-raising groups and groups used in War on Poverty programs helped empower women and ethnic minorities to fight alienation and seek control over their communities. Groups (sit-ins) were used as a tool of education during protests against the Vietnam War, and by activists in the civil rights movement. This energy and creativity were reflected in the teaching of group skills in social work education programs.

Over the last two decades, however, the role of groups within social work education has declined. Few programs offer concentrations, and many do not even offer a course dedicated solely to group work. The diminution of group work in social work education and practice is unfortunate for several reasons. First, group work is not viewed as a significant part of social work history. Second, numerous studies have demonstrated the efficacy of group work in many types of social work practice. Third, group work encourages the type of social relationships and collective empowerment that are congruent with social work values and ethics. Fourth, group work (in the form of task groups such as staff meetings and committees) is a ubiquitous aspect of the organizational life of social agencies; good group work is essential to the functioning of the profession.

Still, group work remains an important part of the practice of many social workers. Social workers must possess good group work skills for work with groups in micro and macro practice.

Practice Contexts

Social workers are called on to run groups in all settings. When one considers the prevalence of task groups (to be discussed later in this chapter) in administrative life and case conference groups in which clients are discussed, it is hard to imagine a social worker who is or will not be part of groups frequently. Social workers are called upon to run groups at the micro and the macro levels. Social workers work in groups as therapists, advocates, organizers, leaders, brokers,

facilitators, and collaborators. In the next section, we will explore the different types of groups that social workers lead. Each of these groups calls for different tasks and actions, based upon the purpose of the group. First, however, we want to address a few of the most common practice contexts and issues that are increasingly shaping the context of group practice.

Managed care

Since the 1970s, managed care organizations have had a profound influence on social work practice. With their alignment with the medical model and the medical profession, managed care organizations have had a profound impact on social work in general, and social work with groups in particular. Striving for efficacy, managed care organizations have encouraged social workers to focus on problems that are measurable and can be resolved in a limited number of sessions. As such, managed care organizations have contributed to groups moving away from more community-based and empowerment models, and toward clinical groups designed to ameliorate symptoms. As such, some of the types of groups that will be explored will be less familiar to social workers today than they were in the past.

Globalization and Diversity

All social workers are being increasingly called upon to work with different cultural populations. The Latino population is now the largest ethnic minority group in the United States. Areas that traditionally have been mostly white, or perhaps white and African American, have seen increases in the Latino and Asian American communities. Emigration resulting from genocide and famine in Africa has significantly increased the African populations throughout the United States. As social workers are increasingly called upon to serve these populations, group workers must develop culturally competent group work skills. Throughout this book, we will provide case examples from different populations and explore many issues that are important to consider in working with various communities.

Not only do social workers face increasingly diverse communities in the United States, but as the world becomes increasingly globalized, social workers will work with various populations in new ways. As various populations become increasingly transnational in nature—that is, they frequently move across boundaries and nations—social work will need to learn how to be transnational as well. Group workers in the future will be called upon to use new Internet-based technologies, such as video conferencing and inexpensive telephonic communications, to facilitate group processes for individuals living in different countries. For instance, migrant rights groups here and in Mexico could be helped to work together through these technologies.

Types of Groups

Social workers lead many types of groups. Agencies may refer to groups by different names (e.g., a staff meeting is a type of task group, or a therapy group

may be called a counseling group); thus, if you are unclear about the nature of the group you are going to run, ask for clarification. While groups certainly can be hybrids of different kinds of groups, the purpose of a group is one of the most important factors that determine how successful it will be. Be innovative and creative, but always innovate with clear aims and goals in mind.

Educational Groups

The purpose of educational groups is for group members to learn specific information. In educational groups, the focus is not on the group members' feelings or behavior, but on their acquisition of new knowledge. A social worker in a job training program may lead an educational group, for example, on how to fill out job applications or how to select references.

Therapy Groups

Therapy groups, or counseling groups, seek to help members explore their feelings, thoughts, and behaviors for the purpose of lasting change. Therapy groups can be either short term or long term and often focus on a particular problem, such as depression, anxiety disorders, or the effects of child abuse. Cognitive-behavioral therapy groups are one of the most popular types of therapy groups, and there is a great deal of evidence to support their efficacy.

Psychoeducational Groups

While in educational groups the focus is on the material to be learned, and in therapy the focus is on personal growth and change, psychoeducational groups have a dual focus. The purpose of psychoeducational groups is to use information and educational processes to facilitate individual growth.

Task Groups

Social workers who claim that they do not do group work because they are not direct practitioners forget how much administrative work is actually done in groups. Task groups, which are groups in which specific work functions are accomplished, are ubiquitous parts of agency life. Staff meetings, committee meetings, groups designed to work on agency policies and procedures, and many community meetings have the purpose of meeting predetermined work goals.

Support Groups

Support groups differ from therapy groups in that the goal of the group is not personality change or helping people recover from a problem such as mental illness or substance abuse. The premise of support groups is that when healthy human beings encounter difficult life situations, they can benefit from support, caring, and mutual aid. An example of a support group is a group for parents who have lost their children to cancer or other disease.

Self-Help Groups

Self-help groups are those that are not led by helping professionals. Self-help groups, by definition, are led by group participants, usually members who have been involved in the organization for some time. Twelve-step programs are the most popular self-help groups. Twelve-step groups such as Alcoholics Anonymous, Overeaters Anonymous, and Gamblers Anonymous encourage peer support both within and outside the group settings to help members recover from their problems. While social workers are not directly involved in running twelve-step groups, they frequently work with clients who are members of twelve-step programs. Since twelve-step support groups are based upon spiritual/religious principles, they are not appropriate for all social work clients. Social workers should seek out other self-help groups that are not religiously based for those clients who would be uncomfortable with such an approach.

Community Organizing Groups

As community organization has become a less influential method in social work practice and education, community organizing groups have become a less common form of practice. This is lamentable, as groups can be an especially valuable tool for promoting community change. Through groups, community members can share their common concerns and explore impediments to and strategies for change. In one community, a group worker helped community members develop strategies for reducing the amount of crime and violence that they experienced. The group worker helped community members connect with police groups, investigate strategies for neighborhood watches, and organize community graffiti cleanups. Over time, the community became a safer place to live. Alone, residents felt powerless and ineffectual. By coming together in a group, they developed a shared sense of responsibility, hope, and empowerment. Working together, they were able to brainstorm ideas that they would not have come up with on their own.

Empowerment/Liberation Groups

Although less common than they once were in the United States, empowerment and liberation groups remain a popular method of social work practice throughout the developing world. The purpose of empowerment/liberation groups is to help members develop awareness of the source of their own oppression, and to help members empower each other to transcend this oppression. This work has been informed by the writings and practice of Paolo Freire (1970). In using these methods, group leaders help guide members to critical reflection on the nature of their life contexts. Reflective questions such as, Why are they poor when others are rich? How are they kept poor? What is the nature of their education, and how does this keep them oppressed? are used. The goal of this empowerment-oriented work is to help people develop personal and

political awareness of how their lives have been affected by racism and oppression. Empowerment groups seek to help people take personal and political power, individually and collectively. Throughout Latin America, these groups have been used with the dual purpose of education and empowerment.

Group Dynamics and Processes

When new social workers conduct their first groups, they frequently pay too much attention to the topic of the group. That is, considerable energy is focused on the "what" of a group. One of the most important tasks in a group work course is focusing on the what *and* the how of a group—in other words, on group process and group dynamics.

In this section, we will discuss several different ways of conceptualizing group processes and dynamics. These theories include stage theory approaches and structural approaches, which both highlight different aspects of group life. Taken together, they provide valuable tools for understanding the life of a group and can be used to help group members select interventions that enable the group to meet their goals and aims.

Anderson's Five-State Model

Anderson (1997) presents a model that highlights the key issues that we discuss throughout this book. He presents a model in which stages correspond to key themes that must be resolved during that group stage.

Pre-affiliation/trust. The first phase of the group is referred to as pre-affiliation. The people who have come to the group do not yet see themselves as being part of the group. In a very real sense, they are exploring what investment in the group would mean to them, and if they should, on an emotional level, commit themselves as members. The key issue during this phase of group development is trust. As people begin to trust each other and trust the group leader, they come to invest more in the group.

Power and control/autonomy. The second stage of group life involves issues of power and control. Now that members are part of the group, they struggle with making it their own versus being "owned" by the group. In other words, they fight being dominated by the group and seek a sense of autonomy. In this stage, conflict is likely to occur. By working through conflict together, members experience an even greater sense of trust, which brings us to the next phase.

Intimacy/closeness. In human relationships, closeness only occurs in the context of conflict. Knowing that they can disagree with others without the fear of being abandoned enables people to let their guard down and be themselves. This is especially true in the life of a group. A group that successfully negotiates power struggles and the fight for personal autonomy can be a powerful place for the real and honest expression of feelings. In the context of this closeness,

group members can take emotional and behavioral risks that they never thought possible.

Differentiation/independence. As a group begins to move toward its ending, members struggle with becoming emotionally separate from the group. This can be painful, as the group comes to represent the venue of many positive changes. It is therefore important that the group leader help members begin to meet their needs outside the group. For instance, a person who has never opened up to others before can begin to do so outside the group. Members can be helped, through case management, to connect to other resources in their communities. The group leader must also help people begin to deal with the emotional pains of separation and abandonment, which must be dealt with in the last phase of the group.

Separation/termination. During the last sessions, group members begin to directly address their feelings of loss and separation. It is often tempting for group workers to rush endings, as they can be painful. Paying attention to the importance of separating well is a key function of group work practice. It is important to remember that good endings are essential in life for good beginnings.

Yalom's Therapeutic Factors

Yalom's (1995) therapeutic factors are very useful ideas for group workers. Yalom's model is perhaps most universally applied to clinical group work yet has important implications for most direct practice groups. In a sense, these therapeutic factors can be used as tools through which to assess the strengths and limitations of a particular group. The worker can use it as a guide for practice by consciously seeking to find ways of increasing the expression of each therapeutic factor, or as a tool for periodic assessment, by assessing the degree to which each factor is present in the group, and the degree to which each group should be characterized by each factor.

Instillation of hope. Clients often come to treatment feeling hopeless. Social workers often encounter clients at their emotional and physical low points. Groups should help members feel hopeful. Hope and the expectancy of change are powerful therapeutic factors. Hope, in fact, may be an important factor underpinning the placebo effect—when people are positive and believe they can change, they are often on the way to healing and change.

Universality. Universality, or the "all-in-the-same-boat" phenomenon, is important for individuals and for the group as a whole. Universality means helping people feel part of a whole, that their problems are shared by others, and that while they may be different and unique, they are not alone. The feeling of universality helps decrease group members' shame. Too often, group members believe that they are the only ones who have failed in the ways that they have, and their pain and their secrets make them feel isolated. Helping group members

share their common problems and concerns not only helps individuals but is an important step in creating group cohesion and goodwill.

Imparting information. At times, helping professionals discount the importance of providing clients with accurate information about their concerns. It is often assumed that for growth or change to occur, deep psychological insights or powerful systems changes need to occur. However, at times, group members' exchange of good information can lead to significant change. One valuable technique that helps clients share information is for the group leader to assign a research project on the problem, and for each member to report back to the group.

Altruism. Being supportive and giving to others are powerful and healing not only for the person receiving help, but for the person giving it. In fact, it may be one of the main reasons why many of us decided to be helping professionals (Dass & Gorman, 1985). People seem to grow and change when they give to others. Group members often report that helping others allows them to heal from their own problems. At the least, those who provide support and encouragement to others will feel more connected to the group, and perhaps less isolated in general.

The corrective recapitulation of the family experience. People bring to the group faulty messages they receive from their families of origin about others and themselves. As such, the group can be a wonderful laboratory in which group members can be encouraged to challenge faulty perceptions. Yalom posits that the group becomes the context through which members can heal the painful experiences they had as members of their families of origin. Group members can learn, for example, that they are worthy of love and caring, and that people will treat them differently from how they were previously treated.

Development of socializing techniques. Not only can people develop new insights about their relationships with people, but they can also practice the behaviors that will help them meet their social aims. Social skills training, role-playing, and encouraging outside practice of social skills can be powerful tools for facilitating the growth of group members.

Imitative behavior. The principle of imitative behavior is based upon social learning theory. In using this principle, group leaders focus on the behavioral principles of behavior shaping and modification. Workers can model desired behaviors and validate the behaviors they observe in group members that are congruent with healthy group dynamics. Behavior shaping not only validates desired behaviors but enables group members to take small steps toward desired behaviors and goals. In working with children in groups, it is important that group workers understand which children are viewed as most powerful or popular by other children, so that they can reinforce desired behaviors and extinguish difficult group behaviors.

Interpersonal learning. Groups are laboratories for interpersonal learning. Group members engage in an ongoing process of relearning their roles, values, and needs in relation to others. Group members have the opportunity to learn new social skills and develop new means of meeting their needs in the context of their relationships with others. As people work toward change, the group becomes a wonderful place where they can experiment with new ways of acting and being. Group member feedback, both formal and informal, becomes valuable information that members can bring with them to real-world situations. To encourage interpersonal learning, group leaders can encourage experimentation and constructive feedback.

Group cohesiveness. Without group cohesion, the group is in trouble. Group cohesion refers to the sense that members are on the same team. In cohesive groups, differences are recognized and reconciled. A cohesive group is almost like a healthy family, in that there is recognition that even when problems exist, members need to be there for one another. Workers can facilitate group cohesion by validating supportive behavior, adopting a warm and empathic tone, positively confronting divisive and harmful behavior, and being clear about the importance of group members supporting each other.

Catharsis. Catharsis, the letting out of intense emotions, can be a powerful experience when it is done in group. It is important that as a group leader you understand your group's dynamics and make certain that the group is ready to respond in a positive manner. When a member presents a great deal of emotion, the group leader is encouraged to model acceptance and unconditional positive regard. The worker focuses on making sure that the group responds without judgment, and without trying to immediately rescue the person from his or her intense emotional expression.

Jacob's Generic Factors

Jacobs, Masson, and Harvill (2001) provide a less theoretical, more nuts-and-bolts approach to looking at what makes groups work. They note that each of the following factors must be congruent with best practice in group work and the needs of individual groups. To Jacobs et al., the most important factor in the health of a group is the clarity of purpose, and the degree to which all other factors are aligned with this purpose.

Clarity of purpose for leader and members. Many authors have argued that establishing and maintaining purpose is one of the most important things a group leader can do. It may seem obvious, yet it is very easy for groups to shift and change over time, without members or leaders being clear about these changes. It is helpful for group leaders to be clear about the purpose of the group, which involves providing members with a sense of the purpose of each activity or section of an individual group session.

Relevance of purpose to members. Of course, the purpose of the group, group sessions, and activities has to correspond to the perceived needs of the group. For this reason, it is often helpful to do periodic assessments of the members' perceptions of whether their needs are being met. Prescreening is also a valuable tool when group leaders are determining if the stated purpose of the group will correspond to the needs and strengths of individual group members.

Size of group. The size of a group is important and depends on the type of group, the group members, and the purpose of the group. Therapy, support, and growth groups should often be small, in order to support intensive discussion and dialogue. Educational and psychoeducational groups may be larger. Just what are the ideal sizes for some types of groups? While there is no ideal number, there are some guidelines. Therapy and support groups for adults should have between six and ten members, and for children, between four and six. For psychoeducational groups, groups can be a bit larger. Task groups can vary greatly in size, but task groups and committees that work intensively together should not be over six people. Large task groups can work well if the groups are divided into subgroups or broken into dyads and triads.

Length of each session. Length of group sessions is also an important factor in the success of a group. For instance, an hour-and-a-half behavioral modification and skills training group with hyperactive grade school boys is bound to fail. This group would likely be far more successful if it were thirty minutes in length. On the other hand, a half-hour therapy group with high-functioning, highly verbal adults is not likely to provide enough time for in-depth discussion. Such a group may be as long as an hour and a half. At times, intensive therapy groups may be as long as several hours, or several hours each day over the course of a weekend. While such intensive groups are appealing in that they tend to lead to a high degree of intensity, they should be followed up with more regularly scheduled meetings to ensure that the insights that are made are followed up on in members' day-to-day lives.

Frequency of meetings. How often to hold meetings is also an important decision. Decisions are often made by default, in that it is assumed that once a week is a good schedule for many types of groups. However, the number of sessions chosen can be a valuable tool in shaping the life of a group. Intensive programs such as inpatient treatment facilities for substance abuse or for persons suffering from acute psychiatric episodes frequently have daily group therapy meetings. The same is true for psychosocial rehabilitation programs, or group homes, which may have very short check-in meetings. Some leaders elect to hold outpatient therapy groups once every other week. However, this can be risky because if a member misses one session, he or she must wait a full month before the next meeting.

Adequacy of setting. When groups are not part of the central functions of a program or agency, group leaders are frequently not given adequate space to

run their groups. Groups that are not provided with comfortable and age-appro-priate seating and have poor light are not likely to be successful. Group leaders typically forget to assess the impact of the environment on the dynamics of the group, instead focusing on more psychology-related variables. However, if social work has taught us anything, it is that services and lives can be improved with changes to the physical environment.

Time of day. Time is an essential element in social work practice. The time at which a group is held is an important consideration. First and foremost, groups should be held when the targeted client group is available. Poor working adults may not be able to attend a group during nine-to-five hours. On the other hand, many people work evenings and during the night. Group workers who conduct groups in school settings must pay careful attention to the times when their groups are offered, so as to keep disruptions to children's schooling to a mini-mum. In addition to actual availability, group leaders must take into considera-tion the varying amounts of energy that people have throughout the day. Both group leaders and group members have times when they function well. While it is rare that group leaders can make the primary scheduling consideration fit with their own energy needs, group leaders must be aware of their natural rhythms. If a group must be scheduled at a time of day when the worker is not typically at his or her best, the worker can make sure to take care of his or her own biopsychosocial needs in order to be as present for the group as possible.

Leader's attitude. Leaders often underestimate the degree to which their own behavior influences the group. This may be due to the frequent use of the term "facilitator," which does not express the full significance of the group leader to the tone and culture of the group setting. Group members pick up subtle (or not so subtle) clues about the leader's feelings toward groups in general, toward his or her particular group, and toward individual members. This is one of the most important reasons why leaders must learn to be self-reflective.

In general, a group leader should adopt a tone of calm enthusiasm, support, and interest. This does not mean, however, that group leaders should adopt the same emotional stance for all groups. For instance, being overly passive may not be good for some groups, and having too much energy might not work for others.

Closed versus open group. Depending upon the setting and context of the group, groups can be open to new membership or closed after the first session. An example of a group with open membership would be an inpatient psycho-educational group for cardiac patients. In such a group, some patients would only stay for a short period of time, so it would be impossible to have a fixed group for a specified period of time. Closed groups are appropriate when mem-bership will be stable over a given time. Closed groups tend to develop more intimacy than open groups and can more easily move through the develop-mental phases of group life. A therapy group for incest survivors is one example of a group that should be a closed group.

Voluntary or involuntary membership. Group participants may range from totally voluntary members to those mandated to attend by the legal system. Voluntary members have a different level and type of commitment than do non-voluntary members. In addition, not all those who are viewed as voluntary members feel their participation is indeed optional. For instance, a husband whose wife tells him he needs to attend a group or she will leave him technically has a choice but may not feel that he does. With such members, it is important to validate their ambivalence so they can come to feel part of the group.

Members' level of commitment. Group commitment can also vary. Group leaders must work to ensure that members are committed to the life of the group. They can do this by helping group members view the group as potentially helpful as quickly as possible. Being hopeful and confident goes a long way toward this aim. Additionally, allowing group members a safe place to share their ambivalence about their commitment is often helpful, provided that the leader is able to keep the conversation moving in a positive direction.

Level of trust among members. Trust exercises are perhaps the most common form of group activity. The ubiquitous nature of these exercises demonstrates the importance of group trust. However, these exercises all too often fail to develop trust. Trust is not something that one can will into being; it must be earned. The leader can work toward developing trust by helping members respond to each other in a helpful, strengths-based, positive manner. As members see that group members and the leader are on their team, they begin to develop a sense of hope and trust in each other.

Members' attitudes toward leaders. There are many reasons why group members may come to feel positively or negatively about a group leader. What is commonly referred to as transference, or group members responding to the group leader as if he or she is a significant person from their past, is one important influence. Preconceived ideas about the racial or ethnic identity of the group leader, or about his or her gender, may also influence the feelings of group members. Regardless of the reason for these feelings, group leaders must become acutely aware of how their group members feel about them. Group members who are negatively predisposed to the leader or who come to develop negative feelings about the leader over time can be highly disruptive to the group process. On the other hand, a skillful group leader who is able to help group members explore their feelings and behavior and come to an emotional experience of resolve can help members heal many wounds from the past.

Leader's readiness and experience with groups. As with all things in life, there is no substitute for experience in group work. Over time, you will find that your group work skills improve. However, while experience is certainly important, there is no reason why you, as a beginner, cannot run a successful group. All groups have challenging moments, when even the most experienced leader

struggles. With patience, calm, centeredness, and the use of good social work skills, leading a group can be a wonderful experience.

Co-leader harmony. Social work interns and beginning social workers often complain about co-leading groups with more senior staff with whom they are not compatible. Co-leadership of groups can be a fantastic way of maximizing the strengths and resources of an agency and can be a powerful tool in training developing practitioners. However, co-leaders should spend considerable time together planning for and ultimately processing their groups. Group leaders must discuss stylistic and ideological issues before a group starts and must continue with such discussion throughout the life of the group. A good general guideline is for group leaders to spend at least fifteen minutes together prior to the start of each group session, and at least the same amount of time afterward. Co-leaders need to develop a good enough working relationship that they are perceived by group members as being supportive of each other. Co-leaders do not always need to agree, but they must have respect for each other and be clear about the nature of their differences and accept and value each other's skills and abilities.

Working with interpreters. Throughout this book we present ideas and examples of how social workers can use groups with different populations. As we mentioned previously, as a result of globalization, social workers must learn how to work with people who do not have mastery of English. In such situations, social workers must either speak the language of their client or work with interpreters. Unfortunately, too few social workers have the linguistic abilities to work with a variety of different populations. Even those who do speak another language will at some point be called upon to work with those whose language they do not speak. In such situations, social workers work with interpreters. The best interpreters are professionally trained interpreters who understand the dynamic of translation and are skilled in translating for the helping professions. These rare professionals understand the importance of providing literal and contextual translations, checking out interpretations with the worker, and maintaining neutrality. Unfortunately, social workers must often call upon untrained interpreters. Sometimes family members are asked to translate. The use of community and family members presents a number of difficulties. For instance, untrained community members may not wish to translate sensitive things that may reflect poorly on their people. Using family members may lead to the communication of inaccurate information as well and may place family members in difficult situations. In group work, these complex dynamics are intensified. However, the advantage of translation in groups is that other members can verify the accuracy of messages and can provide context on a group level. Research is needed as to the specific strengths, limitations, and dynamics of translation in group work. Group workers working with non-English speakers should advocate for their agencies to seek as many trained interpreters as necessary.

Self-Reflection and Experiential Learning

One of the key principles of this book is that group work must be learned experientially. Through experiential learning, students apply the principles and theories that they learn and integrate them into their behavioral repertoire. In other words, you must learn to make theories of your own. In order to do so, students must develop the ability to be self-reflective about their own use of skills, knowledge, and values and develop the capacity to apply them to various situations. Experiential learning, and self-reflection about this learning, allow students to make knowledge their own. However, self-reflection does not just happen. Students must be taught skills and processes that help them reflect on their reactions to various information and situations. The exercises in this book were designed to do just that.

Self-reflection, particularly about one's own practice skills and behavior, is important for several reasons. First, it is through self-reflection that a practitioner develops the capacity to understand his or her emotional responses to clients, and to the difficult situations that occur when we practice (Furman, Langer, & Anderson, 2006). In other words, our "stuff" and emotional baggage invariably affect how we are and how we act. In social work practice, we are the tool of intervention, and we must understand how this tool responds under emotional duress. Second, it is through self-reflection that a practitioner can adopt theory to new and novel practice situations. For example, a group worker who understands how cognitive theory can be used with one group must be able to engage in a critical analysis of that theory in order to apply it to another population.

DeRoos (1990) defines reflection in practice, or reflecting in action, as "the conscious evaluation of action during the course of action" (p. 283). In other words, one needs to pay attention to both one's client and oneself. This is especially challenging when the client is a group, in which social workers must pay attention to the group as a whole (group dynamics) and to individuals (intrapersonal dynamics). Learning to think about one's thinking, feelings, and action while a group is in session demands that social workers develop several skills. First, as we have said, you must integrate skills into your behavioral repertoire so they become almost second nature. Second, you must develop the capacity to identify your thoughts and feelings. This is not as easy as it sounds, especially in stressful practice situations. Third, you need to learn to be mindful and reflective. This demands a good deal of calm and centeredness. It is one reason that we teach relaxation methods in this book, as they can be of value to clients and for practitioner use.