Direct Social Work Practice

Theory and Skills

Seventh Edition

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2007

Brief Contents

Attendance. Discussing the problems that irregular attendance can pose for a group before the fact and soliciting commitments from members to attend regularly can do much to solidify group attendance in future group sessions. Involuntary groups often have attendance policies that permit a limited number of absences and late arrivals. Late arrivals and early departures by group members can typically be minimized if the group develops norms about this behavior in advance and if the leader starts and ends meetings promptly. Exceptions may be needed, of course, to accommodate crises affecting the schedules of members or to extend the session to complete an urgent item of business if the group concurs. However, individual and group exceptions to time norms should be rare.

Programming. Sometimes, group formats include activities or exercises. For example, domestic violence or substance abuse groups may use psychoeducational programming, children's groups may use activities or field trips (Rose, 1998; Ross, 1997), and cognitive-behavioral groups may use role plays and mnemonic devices to remind members of options for problem solving (Goodman, Getzel, & Ford, 1996). It is essential that the activities selected relate directly to the group's purpose. Any such activities should be prefaced and concluded by discussions or debriefing that relate the programming to the group's goals and evaluate the effectiveness of the experience.

Touching. The sensitive nature of some group topics may lead to expressions of emotion, such as crying or angry outbursts. It is important to have group guidelines that provide physical safety for members (no hitting). It is also important to set a climate of emotional safety, to sanction the appropriate expression of feelings. Some group guidelines prohibit members from touching one another with hugs or other signs of physical comfort. Sometimes these rules are included to protect members from unwanted or uncomfortable advances. Other groups maintain that touch is a "feeling stopper" when one is tearful, and insist that group members can display their empathy in other ways—through words or through eye contact and attention to the other, for example. Whatever the group's policy, it is important to explain the expectation and the rationale, and to address member concerns, rather than impose the guideline unilaterally.

Guidelines are helpful only to the extent that they expedite the development of the group and further the achievement of the group's goals. They should be reviewed periodically to assess their functionality in relationship to the group's stage of development. Outdated guidelines should be discarded or reformulated.

When the group's behavior is incompatible with the group guidelines, the leader would be wise to describe what is happening in the group (or request that members do so) and, after thoroughly reviewing the situation, ask the group to consider whether the guideline in question is still viable. If used judiciously, this strategy not only helps the group to reassess its guidelines but also places responsibility for monitoring adherence to those guidelines with the group, where it belongs. Leaders who unwittingly assume the role of "enforcer" place themselves in an untenable position, because group members tend to struggle against what they perceive as authoritarian control on the leader's part.

ASSESSING GROUP PROCESSES

In group assessment, social workers must attend to processes that occur at both the individual and the group levels, including emerging themes or patterns, in an effort to enhance the functioning of individuals and the group as a whole. This section describes the procedures for accurately assessing the processes for both individuals and groups. A systems framework facilitates the identification and impact of such patterns. Instruments may also help in the identification and quantification of group processes and outcomes. For example, Macgowan (1997) has developed a group work engagement measure (GEM) that combines measures of attendance, satisfaction, perceived group helpfulness, group cohesion, and interaction.

A Systems Framework for Assessing Groups

Like families, groups are social systems characterized by repetitive patterns. All social systems share an important principle—namely, that persons who compose a given system gradually limit their behaviors to a relatively narrow range of patterned responses as they interact with others within that system. Groups thus evolve implicit rules or norms that govern behaviors, shape patterns, and regulate internal operations. Leaders who employ a systems framework in assessing the processes of groups can attend to the patterned interactions of members, infer rules that govern those interactions, and weigh the functionality of those rules and patterns. For example, a group may develop a pattern in which one person's complaints receive a great deal of attention while others' concerns are dismissed. The "rules" leading to such a pattern may be that "if the group didn't attend to Joe, he might drop out or become angry" or "Joe is hurting more than anyone else" or "Joe's issues resonate with those of others, so he deserves the additional attention, whereas the other concerns that are raised aren't shared concerns and don't deserve group time." This pattern may result in the disenfranchisement of the members who feel marginalized. Conversely, the other members may concur that Joe's issues are symptomatic of the group and thus be glad that he is bringing them to the surface for discussion.

Conceptualizing and organizing group processes into response patterns enables leaders to make systematic, ongoing, and relevant assessments. This knowledge can help "make sense" of the process and bring comfort to group leaders, who may otherwise feel that they are floundering in sessions.

As leaders observe groups to determine patterned behaviors, they must concurrently attend to individual and group behaviors. Observing processes at both levels is difficult, however, and leaders sometimes become discouraged when they realize they attended more to individual dynamics than to group dynamics (or the converse), resulting in vague or incomplete assessment formulations. Recognizing this dilemma, we discuss strategies for accurately assessing both individual and group patterns in the remainder of this chapter.

Assessing Individuals' Patterned Behaviors

Some of the patterned behaviors that group members display are *functional*—that is, they enhance the well-being of individual members and the quality of group relationships. Other patterned behaviors are *dysfunctional*—that is, they erode the self-esteem of members and are destructive to relationships and group cohesion. Many members of growth groups, in fact, join such groups because some of their patterned dysfunctional behaviors are currently producing distress in their interpersonal relationships. Often, of course, these members are not aware of the patterned nature of their behavior, nor do they realize that some of these entrenched behaviors cause interpersonal problems. Instead, they may blame others as the source of their difficulties.

A major role of leaders in growth groups, then, is to aid members to become aware of their patterned behavioral responses, to determine the effects of these responses on themselves and others, and to choose whether to change such responses. To carry out this role, leaders must formulate a profile of the recurring responses of each member.

Understanding Content and Process

To formulate accurate assessment of individual behavioral responses, you must apply the concepts of *content* and *process*, which we discussed in Chapter 10. Recall that content refers to verbal statements and related topics that members discuss, whereas process involves the ways members relate or behave as they interact in the group and discuss content. To expand your understanding of the concept of group process, consider the following description of a member's behavior in two initial group sessions.

CASE EXAMPLE

In the first group meeting, John moved his chair close to the leader's chair. Several times when the leader made statements, John expressed agreement. In the second group meeting, John again sat next to the

leader and used the pronoun *we* several times, referring to opinions he thought were jointly held by himself and the leader. Later, John tried to initiate a conversation with the leader concerning what he regarded as negative behavior of another group member in front of that member and the rest of the group.

This case example describes how John is behaving and communicating rather than what he is saying, so it deals with process rather than content.

It is at the process level that leaders discover many of the patterned behavioral responses of individuals. The preceding case example revealed John's possible patterned or *thematic behaviors.* For example, we might infer that John is jockeying to establish an exclusive relationship with the leader and bidding for an informal position of co-leader in the group. Viewed alone, none of John's discrete behaviors provides sufficient information to justify drawing a conclusion about a possible response pattern. Viewed collectively, however, the repetitive responses warrant inferring that a pattern does, in fact, exist.

Identifying Roles of Group Members

In identifying patterned responses of individuals, leaders also need to attend to the various roles that members assume in the group. For example, members may assume *leadership roles* that are *formal* (explicitly sanctioned by the group) or *informal* (emerging as a result of group needs). Further, a group may have several leaders who serve different functions or who head rival subgroups.

Some members may assume *task-related* or *instrumental roles* that facilitate the group's efforts to define problems, implement problem-solving strategies, and carry out tasks. These members may propose goals or actions, suggest procedures, request pertinent facts, clarify issues, or offer an alternative or conclusion for the group to consider. Other members may adopt *maintenance* roles that are oriented to altering, maintaining, and strengthening the group's functioning. Members who take on such roles may offer compromises, encourage and support the contributions of others, or suggest group standards. Some members may emerge as spokespersons around concerns

of the group or enact other *expressive* roles. Rather than confront such a person as a negative influence, it is often useful to explore whether, in fact, that person is bringing to the fore issues that have been discussed outside of the group. In short, that person may be acting as an informal group leader who can be joined in seeking to make the group succeed (Breton, 1985). Still other members may assume self-serving roles by seeking to meet their own needs at the expense of the group. Such members may attack the group or its values, stubbornly resist the group's wishes, continually disagree with or interrupt others, assert authority or superiority, display lack of involvement, pursue extraneous subjects, or find various ways to call attention to themselves.

Members may also carry labels assigned by other members, such as "clown," "uncommitted," "lazy," "dumb," "silent one," "rebel," "over-reactor," or "good mother." Such labeling stereotypes members, making it difficult for them to relinquish the set of expected behaviors or to change their way of relating to the group. Hartford elaborates:

> For instance, the person who has become the clown may not be able to make a serious and substantial contribution to the group because, regardless of what he says, everyone laughs. If one person has established a high status as the initiator, others may not be able to initiate for fear of threatening his position. If one has established himself in a dependency role in a pair or subgroup, he may not be able to function freely until he gets cues from his subgroup partner. (1971, p. 218)

One or more members may also be assigned the role of scapegoat, bearing the burden of responsibility for the group's problems and the brunt of consistent negative responses from other members. Such individuals may attract the scapegoating role because they are socially awkward and repeatedly make social blunders in futile attempts to elicit positive responses from others (Balgopal & Vassil, 1983; Klein, 1970). Or they may assume this role because they fail to recognize nonverbal cues that facilitate interaction in the group and thus behave without regard to the subtle nuances that govern the behavior of other

members (Balgopal & Vassil, 1983; Beck, 1974). Individuals may also unknowingly perpetuate the scapegoating role they have assumed in their nuclear families, workplaces, schools, or social systems. Although group scapegoats demonstrate repetitive dysfunctional behaviors that attract the hostility of the group, the presence of the scapegoating role signals a group phenomenon (and pattern) whose maintenance requires the tacit cooperation of all members.

Individuals may also assume the role of an isolate, which is characterized by the individual being ignored by the group, not reaching out to others, or doing so but being rejected. Sometimes this lack of affiliation may arise from poor social skills or values, interests, and beliefs that set the individual apart from the other group members (Hartford, 1971). The isolate differs from the scapegoat in that the latter gets attention, even if it is negative.

It is important to identify all of the roles that members assume because those roles profoundly affect the group's capacity to respond to the individual needs of members and its ability to fulfill the treatment objectives. Identifying roles is also vital because members tend to play out in treatment groups the same roles that they assume in other social contexts. Members need to understand the impact of dysfunctional roles on themselves and others.

Some members, of course, assume roles that strengthen relationships and enhance group functioning. By highlighting these positive behaviors, leaders may boost members' self-esteem and place the spotlight on behaviors that other members may fruitfully emulate.

Developing Profiles of Individual Behavior

During assessment, group leaders need to develop accurate behavioral profiles of each individual. To carry out this function, leaders must record functional and dysfunctional responses that members displayed in initial sessions. Operating from a strengths perspective, it is important to record and acknowledge functional behaviors such as the following:

FUNCTIONAL BEHAVIORS

1. Expresses caring for group members or significant others
2. Demonstrates organizational or leadership ability
3. Expresses her/himself clearly
4. Cooperates with and supports others
5. Assists in maintaining focus and helping the group accomplish its purposes
6. Expresses feelings openly and congruently
7. Accurately perceives what others say (beyond surface meanings) and conveys understanding to them
8. Responds openly and positively to constructive feedback
9. Works within guidelines established by the group
10. "Owns" responsibility for behavior
11. Risks and works to change self
12. Counts in others by considering their opinions, including them in decision making, or valuing their differences
13. Participates in discussions and assists others to join in
14. Gives positive feedback to others concerning their strengths and growth
15. Acknowledges his or her own strengths and growth
16. Expresses humor constructively
17. Supports others nonverbally

DYSFUNCTIONAL BEHAVIORS

1. Interrupts, speaks for others, or rejects others' ideas
2. Placates or patronizes
3. Belittles, criticizes, or expresses sarcasm
4. Argues, blames, attacks, or engages in name-calling
5. Verbally dominates group "air time"
6. Gives advice prematurely
7. Expresses disgust and disapproval nonverbally

8. Talks too much, talks too loudly, or whispers

9. Withdraws, assumes the role of spectator, ignores others, or shows disinterest

10. Talks about tangential topics or sidetracks the group in other ways

11. Displays distracting physical movements

12. Is physically aggressive or "horses" around

13. Clowns, mimics, or makes fun of others

14. Aligns with others to form destructive subgroups

15. Intellectualizes or diagnoses (e.g., "I know what's wrong with you")

16. Avoids focusing on self or withholds feelings and concerns pertinent to personal problems

These behaviors can also be tracked by client self-reports or by peer observation within the group. In either case, the data may be captured through charts, logs, diaries or journals, self-anchored rating scales or observations, which can be naturalistic; through role plays and simulations; or through analysis of videotapes of group process (Toseland & Rivas, 2001).

Table 11-2 is a record of a women's support group that illustrates how leaders can develop accurate behavioral profiles of each member by keeping track of the members' functional and dysfunctional behaviors. The profile of behaviors in Table 11-2 identifies specific responses by individuals in the group but does not necessarily identify their *patterned or stylized* behaviors. Recording the specific responses of individuals at each session, however, aids in identifying recurring behaviors and roles members are assuming. For example, a glance at Table 11-2 suggests that Dixie is vulnerable to becoming an isolate in the group.

In addition to direct observation, information about the behavioral styles of members can be obtained from many other sources. In the formation phase of the group, for example, leaders can elicit pertinent data in preliminary interviews with the prospective member or from family members, agency records, or other professionals who have referred members to the group. Within the group, leaders may glean substantial data concerning patterned behavior of members by carefully attending

and exploring members' descriptions of their problems and interactions with others.

Identifying Growth of Individuals

Because growth occurs in subtle and diverse forms, a major role of leaders is to document (and to assist the group to document) the incremental growth of each member. To sharpen your ability to observe individuals' growth, we suggest that you develop a record-keeping format that provides a column for notations concerning the growth that members demonstrate from one session to the next or across several sessions. Without such a documentation system, it is easy to overlook significant changes and thus miss vital opportunities to substantiate the direct relationship between member's efforts to change and the positive results they attain.

The Impact of Culture

Assessment of individual functioning, of course, must take group members' cultural backgrounds into account. Tsui and Schultz stress that "the group norms comprising the so-called therapeutic milieu are actually Caucasian group norms that, in themselves, resist intrusion and disruption from minority cultures" (1988, p. 137). Individuals from other cultures living in a majority culture different from their own are influenced by that majority culture in unique ways and may vary in their degree of acculturation. The behavior of a minority group member might be significantly influenced by cultural norms about sharing personal material with strangers, speaking up before others, offering answers, or advising other members. Assessment of group interactions must occur in light of knowledge about each member's culture and his or her individual characteristics within that culture. As with individual practice, group workers must be careful not to discredit behavior they do not understand, behavior that may arise from the member's upbringing, or attempts to cope with the current environment and the stress and strain of adaptation (Chau, 1993; Mason, Benjamin, & Lewis, 1996; Pack-Brown, Whittington-Clark, & Parker, 1998).

perceptions of events and determining his or her reality. Examples of negative internal dialogue that tend to create problems for group members include repeated messages such as "I'm a failure," "No one wants to hear what I have to say," and "Other people are better than I am."

Patterned cognitions and behavior are inextricably related and reciprocally reinforce each other. The following case example of a group member's problem illustrates the marriage between cognitions and behavior and the insidious effect that negative cognitions may have on a client's life.

CASE EXAMPLE

Juanita, a 25-year-old dental assistant, entered an adult support group because of problems at work that were jeopardizing her position. She reported her problems to the group as follows: Juanita was experiencing severe negative reactions toward her employer, Dr. A. An attractive young dentist, Dr. A was the "darling" of the large dental organization for which Juanita worked. Watching Dr. A, who was single, pursue other young women in the office, she concluded that he was disinterested in and "bored" with her and that she was doing an inadequate job. As Juanita worked daily with Dr. A, she made repeated statements to herself such as "He doesn't like me," "He'd rather have someone else as an assistant," and "There's something wrong with me."

Juanita worked at hiding her growing resentment toward Dr. A but ultimately could not contain her feelings. Defensive and easily riled because of what she constantly said to herself, Juanita repeatedly snapped at Dr. A in front of patients. Angered and confused by her irritable behavior, Dr. A began to grow annoyed himself and to relate to Juanita more and more coolly. Juanita interpreted Dr. A's behavior as evidence that she was correct in her conclusion: He did not like her and she was inadequate not only as an assistant but also as a person.

Because patterned behavioral and cognitive responses are inextricably interwoven and perpetuate each other, leaders must be able to intervene in groups to modify dysfunctional cognitions. Prior to intervening, however, leaders must fine-tune their perceptions to identify the thematic cognitions that lie behind members' verbal statements. The following statements, for example, reveal conclusions members have drawn about themselves and others:

Husband [*about wife's behavior*]: She doesn't allow me to smoke in the house. (My wife is in charge of me.)

Teen in group on adjusting to divorce in the family I can't tell how I feel. (If I do, they'll reject me or I will hurt them.)

Member of alcoholics group: If I can't trust my wife, how can I stop drinking? (My recovery rests in the hands of someone else.)

You can record the cognitive themes or patterns of members in the same manner that you observe and record their functional and problematic behavioral responses. Returning to the example of the women's support group profiled in Table 11-2, note the cognitive responses of several members recorded by the leader in the same session, as illustrated in Table 11-3.

Leaders can help group members identify cognitive patterns during problem exploration by asking questions such as "When that happened, what did you say to yourself?", "What conclusions do you draw about others under those circumstances?", or "What kind of self-talk do you remember before your anxiety level rose?" Leaders can also teach groups to recognize symptoms of patterned cognitions. As the group grasps the significance of internal dialogue and attends to cognitive patterns expressed by members, leaders should reinforce the group's growth by giving members descriptive feedback concerning their accomplishments.

Assessing Groups' Patterned Behaviors

Toseland and Rivas (2001) recommend examining group patterns in four areas: communication, cohesion, norms of social control, and group culture. To heighten your awareness of functional and dysfunctional patterned group behaviors, we provide contrasting examples in Table 11-4.

Table 11-2 Examples of behavioral profiles of group members

NAME	DESCRIPTIVE ATTRIBUTES	FUNCTIONAL BEHAVIOR	DYSFUNCTIONAL BEHAVIOR
June	35 years old Legal secretary 8-year-old son Divorced 5 years	Gave positive feedback several times Expressed feelings clearly Outgoing and spontaneous Adds energy to group	Ruminated several times about the past Sometimes interruped others and dominated discussion
Raye	29 years old Homemaker Three children	Articulate Sharp at summarizing feelings of group Expressed ambivalence about attending group	Seemed to have self-doubt concerting validity of own opinions
Janet	34 years old Clerical supervisor Divorced 1 year	Initiated group discussion of several topics	Was dogmatic and unyielding about several of her opinions Became angry several times during session; appears to have short fuse
Pam	35 years old Truck driver Six children Divorced 3 years	Joined in discussions Accredited self for several strengths	Responses indicate she labels and puts down her children Twice challenged the comments of others
Dixie	30 years old Homemaker Two children Divorce in progress	Stated she came to group despite considerable apprehension Artist; exhibits paintings	Very quiet in session Acts intimidated by group Sat in chair slightly outside circle
Rachael	30 years old Unmarried	Readily shared problems Responsive to others Able to describe feelings Articulate	Seemed to pull the group toward feeling sorry for her through constant storytelling
Li	31 years old Homemaker Three children Divorced 1 year	Seemed eager to work on problems Talked about self introspectively	Several times appeared to appease others rather than expressing how she really felt about issues
Elaine	45 years old Cafeteria worker Two teenagers Divorce in progress	Listened attentively to others Nodded approvingly when others spoke	Did not speak up in group

Assessing Individuals' Cognitive Patterns

Just as group members develop patterned ways of behaving, so they also develop patterned cognitions—that is, typical or habituated ways of perceiving and thinking about themselves, other persons, and the world around them. Such patterned cognitions are revealed in the form of silent mental speech or internal dialogue that individuals utilize to define the meaning of life events. To use an analogy, it is as though various types of events in a person's life trigger a tape recording in his or her mind that automatically repeats the same messages over and over, coloring the person's

Table 11-3 Examples of cognitive responses made by group members

NAME	FUNCTIONAL COGNITIONS	PROBLEMATIC COGNITIONS
June	It's okay to risk talking about feelings. Other people will usually treat those feelings with respect and be responsive. I can do things to make myself feel better. I can get help from this group.	I've been hurt by the past. I don't think I'll ever get over it. I will always blame myself for what happened. I can't stop myself from talking so much. I always do that when I get anxious.
Raye	I care about other people. I want to help them. I'm willing to risk by staying in this group because I know I need help.	Other people's opinions are more important than mine. If I express my opinion, other people may disagree with me or think I'm not very bright. People in this group may not like me.
Elaine	I have personal strengths. There are some good things about me. I'm a survivor. I can take care of myself.	My ideas, beliefs, positions are right; those of other people are wrong. I have to be right (or others won't respect me). You can't trust other people; they will hurt you if they can. The less you disclose about yourself, the better.

The functional behaviors in the table are characteristic of a mature therapeutic group. These facilitative group behaviors may also emerge in the *initial* stages of development, although their appearance may be fleeting as the group tackles early developmental tasks, such as building trust and defining common interests and goals. Brief or short-lived positive behaviors that are revealed early in the life of a group include the following:

- The group "faces up to" a problem and makes a necessary modification or adjustment.
- The group responds positively the first time a member takes a risk by revealing a personal problem.
- Members of the group are supportive toward other members or demonstrate investment in the group.
- The group works harmoniously for a period of time.
- Members effectively make a decision together.
- Members adhere to specific group guidelines, such as maintaining focus on work to be accomplished.

- Members give positive feedback to another member or observe positive ways the group has worked together.
- The group responsibly confronts a member who is dominating interaction or interfering in some way with the group's accomplishing its task.
- Members pitch in to clean up after a group session.

This list of positive behaviors is by no means exhaustive. Once social workers fine-tune their observational skills to register positive group behavior, they will catch glimpses of many newly developing behaviors that enhance a group's functioning. Social workers can then intervene in a timely fashion to note these positive features and reinforce their continuing use (Larsen, 1980).

The group may also display transitory negative behaviors in initial sessions. Many of these behaviors are to be expected in the early phases of group development. Their appearance may signal evolving group patterns that are not firmly "set" in the group's interactional

Table 11-4 Examples of group behaviors

PROBLEMATIC GROUP BEHAVIOR	FUNCTIONAL GROUP BEHAVIOR
• Members talk on a superficial level and are cautious about revealing their feelings and opinions.	• Members openly communicate personal feelings and attitudes and anticipate that other members will be helpful.
• Members are readily critical and evaluative of each other; they rarely acknowledge or listen to contributions from others.	• Members listen carefully to one another and give all ideas a fair hearing.
• Dominant members count out other members in decision making; members make decisions prematurely without identifying or weighing possible alternatives.	• Decisions are reached through group consensus after considering everyone's views and feelings. Members make efforts to incorporate the views of dissenters rather than to dominate or override these views.
• Members focus heavily on negatives and rarely accredit positive behaviors of others.	• Members recognize and give feedback regarding strengths and growth of other members.
• Members are critical of differences in others, viewing them as a threat.	• Members recognize the uniqueness of each individual and encourage participation in different and complementary ways.
• Members compete for the chance to speak, often interrupting one another.	• Members take turns speaking. Members use "I" messages to speak for themselves, readily owning their own feelings and positions on matters.
• Members do not personalize their messages but rather use indirect forms of communication to express their feelings and positions.	• Members encourage others to speak for themselves.
• Members speak for others.	• Members adhere to guidelines for behavior established in initial sessions.
• Members display disruptive behaviors incompatible with group guidelines. Members resist talking about the here and now or addressing personal or group problems. Examples of distracting behaviors include fidgeting, whispering, or reading while others are talking.	• The group is concerned about its own operations and addresses obstacles that prevent individual members from fully participating or the group from achieving its objectives.
• Members show unwillingness to accept responsibility for themselves or the success of the group and tend to blame the leader when things are not going well.	• Members assume responsibility for the group's functioning and success. Members also express their caring for others.
• Members dwell on past exploits and experiences and talk about issues extraneous to the group's purpose.	• The group shows its commitment by staying on task, assuming group assignments, and working out problems that impair group functioning.
• Members focus on others rather than on themselves.	• Members concentrate on the present and what they can do to change themselves.
• Members show little awareness of the needs and feelings of others; emotional investment in others is limited.	• Members are sensitive to the needs and feelings of others and readily give emotional support.

repertoire. Counterproductive behaviors that may evolve into patterns include any of the examples of dysfunctional behavior listed in Table 11-4.

Just as we have suggested that you employ a written system to record the functional and dysfunctional responses of individual members, so we also recommend using the same type of record-keeping

system to track the functional and dysfunctional behaviors of the group itself, adding a column to record the growth or changes that you note in the group's behavior. For example, using the categories that you wish to track, you might develop a chart like the one depicted for individuals in Table 11-2.

Assessing Group Alliances

As members of new groups find other members with compatible attitudes, interests, and responses, they develop patterns of affiliation and relationship with these members. As Hartford (1971) points out, subgroup formations may evolve that include pairs, triads, and foursomes. Foursomes generally divide into two pairs, but sometimes shift to three- and one-member subgroups. Groups as large as five may operate as a total unit, but generally these groups begin to develop subdivisions influencing "who addresses whom, who sits together, who comes and leaves together, and even who may meet or talk together outside of the group" (Hartford, 1971, p. 204).

The subgroupings that invariably develop do not necessarily impair group functioning. Group members, in fact, often derive strength and support from subgroups that enhance their participation and investment in the larger group. Indeed, it is through the process of establishing subgroups, or natural coalitions, that group members achieve true intimacy. Problems may arise in groups, however, when members develop exclusive subgroups that disallow intimate relationships with other group members or inhibit members from supporting the goals of the larger group. Competing factions can often impede or destroy a group.

To work effectively with groups, leaders must be skilled in identifying subdivisions and assessing their impact on the group. To recognize these subdivisions, leaders may wish to construct a sociogram of group alignments. Credited to Moreno and Jennings (Jennings, 1950), a sociogram graphically depicts patterned affiliations and relationships between group members by using symbols for people and interactions.
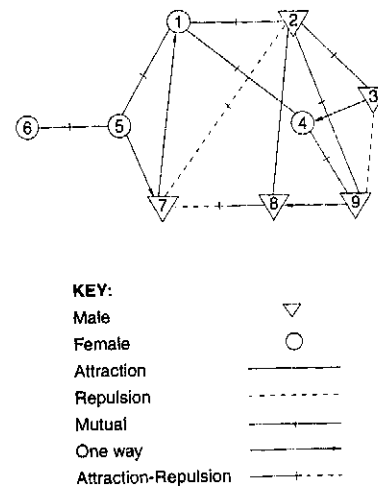

KEY:

Male	▽
Female	○
Attraction	——————
Repulsion	- - - - - - - -
Mutual	——┼——
One way	————➤
Attraction-Repulsion	——┼- - - -

Figure 11-1 Sociogram Capturing the Attractions and Repulsions among Group Members

Source: *Groups in Social Work* by Margaret Hartford (New York: Columbia University Press, 1971, p. 196). Reprinted by permission of the author.

Hartford (1971, p. 196) illustrates a sociogram that captures the attractions and repulsions among group members (see Figure 11-1).

Sociograms are representations of group alliances *at a given point,* because alliances inevitably shift and change, particularly in the early stages of group development. Charting the transitory bondings that occur early in group life can prove valuable to leaders in deciding where and when to intervene to modify, enhance, or stabilize relationships between members.

We suggest that you construct a sociogram of members' interactions after every session until you are confident that group relationships have stabilized in positive ways that support the group's therapeutic objectives. Be creative with your sociograms. Perhaps you might use different colors to show attractions, repulsions, or strength of relationships or place members closer together or farther apart on the sociogram to convey emotional closeness or distance. Avoid trying to capture in a single sociogram the exact nature of all the relationships each member has with every other member of the group, as the drawing will become overly complicated. Rather, depict only the major

subgroupings in the group and identify the relationships in which major attractions or repulsions are occurring.

Assessing Power and Decision-Making Styles

Like families, groups develop ways of distributing power among members. To ensure that their needs are not discounted, some members may make bids for power and disparage other members. Others tend to discount themselves and permit more aggressive members to dominate the group. Still others value power and actively pursue it as an end in itself. When their members are involved in power struggles, groups may initially fail to make decisions on an equitable basis.

Some subgroups may try to eliminate opposing factions from the group or align themselves with other members or subgroups in a bid to increase their power. Groups, in fact, are sometimes torn apart and meet their demise because unresolved power issues prevent the group from meeting the needs of some members (Smokowski, Rose, & Bacallao, 2001).

When social workers assess groups, they need to identify the current capacity of members to share power and resources equally among themselves and to implement problem-solving steps that ensure "win-win" solutions. Leaders must help the group make each member count if the group is to advance through stages of development into maturity. You can accelerate the group's progress through these stages by assuming a facilitative role in teaching and modeling effective decision making and by assisting the group to adopt explicit guidelines for making decisions in the initial sessions.

Assessing Group Norms, Values, and Cohesion

To understand a group, the social worker must assess its norms, values, and cohesion. Imbedded in the norms, or ways of operating, are the members' implicit expectations and beliefs about how they or others should behave under given circumstances. The interplay of these values and the emergence of constructive group norms affect the group's capacity to develop cohesion and mutual aid.

Norms

Norms are regulatory mechanisms that give groups a measure of stability and predictability by letting members know what they can expect from the group and from one another. Norms may define the *specific* behaviors that are appropriate or permissible for individuals, or they may define the *range* of behaviors that are acceptable in the group. Group norms represent the internalization of the guidelines discussed earlier in this chapter.

Just as families have processes for dealing with rule violations, so groups also develop sanctions to reduce behaviors that are considered deviant and to return the system to its prior equilibrium (Lieberman, 1980). For example, an implicit group norm may be that other group members may not challenge the opinions of the informal leader. If a new group member treads on this norm by questioning the opinion of the informal leader, other members may side with the informal leader against the "upstart," pressuring him or her to back away.

People often learn about the norms of particular groups by observing situations in which norms have been violated. Toseland and Rivas (2001) note that, as group members watch the behavior of other members, they reward some behaviors and punish others. Once members realize that sanctions are applied to certain behaviors, they usually attempt to adapt their behavior to avoid disapproval or punishment.

The extent to which members adhere to norms varies. Some norms are flexible, and the psychological "costs" to members of violation are low or nonexistent. In other instances, the group's investment in norms is significant and group reaction is severe when members violate them. The relative status of members—that is, the evaluation or ranking of each member's position in the group relative to the others—also determines the extent to which members adhere to norms. Toseland and Rivas (2001) observe that low-status members are the least likely to conform to group norms because they have little to lose by deviating. Such behavior

is less likely if the member has hopes of gaining a higher status. Medium-status group members tend to conform to group norms so that they can retain their status and perhaps gain a higher status. High-status members generally conform to valued group norms when they are establishing their position. At the same time, because of their elevated position, high-status members have more freedom to deviate from accepted norms.

Norms may or may not support the treatment objectives of a group and should be assessed in terms of whether they are beneficial or detrimental to the well-being of members and the overall treatment objectives of the group. Table 11-5 provides examples of both functional and problematic norms.

All groups develop norms, and once certain norms are adopted, they influence the group's response to situations and determine the extent to which the group offers its members therapeutic experiences. A major role for the leader, then, is to identify evolving group norms and influence them in ways that create a positive climate for cohesion and change. Discerning norms is often difficult, however, because they are subtly embedded in the group process and can be inferred only from the behavior occurring in the group. Leaders may be able to identify norms by asking themselves key questions such as the following:

1. What subjects can and cannot be talked about in the group?
2. What kinds of emotional expressions are allowed in the group?
3. What is the group's pattern with regard to working on problems or staying on task?
4. Do group members consider it their own responsibility or the leader's responsibility to make the group's experience successful?
5. What is the group's stance toward the leader?
6. What is the group's attitude toward feedback?
7. How does the group view the contributions of individual members? What kind of labels and roles does the group assign to them?

These questions also enable the leader to improve his or her observations of redundant or patterned behaviors exhibited by members. This is a vital point, because *patterned behaviors are always undergirded by supporting norms.*

Another strategy for identifying norms is to explain the concept of norms to group members and to ask them to identify the guiding "rules" that influence their behavior in the group. This strategy forces members to bring to a conscious level the group norms that are developing and to make choices in favor of those that advance the group's goals.

Table 11-5 Examples of group norms

FUNCTIONAL	PROBLEMATIC
• Take a risk by spontaneously revealing personal content about yourself.	• Keep the discussion centered on superficial topics; avoid taking risks or self-disclosing.
• Treat the leader with respect and seriously consider the leader's input.	• Play the game "Let's get the leader." Harass, criticize, or complain about the leader whenever the opportunity arises.
• Focus on working out personal problems.	
• Allow members equal opportunity to participate in group discussions or to become the focus of the group.	• Spend time complaining about problems and don't commit the energy necessary to work them out.
• Talk about any subject pertinent to your problem.	• Let aggressive members dominate the group.
• Communicate directly to other group members.	• Don't talk about emotionally charged or delicate subjects.
	• Direct comments to the leader.
• Talk about obstacles that get in the way of achieving the group's goals.	• Ignore obstacles and avoid talking about group problems.

Values

In addition to norms, every treatment group will create a set of values held in common by all or most of the group's members that include ideas, beliefs, ideologies, or theories about the truth, right or wrong, good or bad, and beautiful, ugly, or inappropriate (Hartford, 1971). Examples of such values include the following:

- This is a "good" group and worth our commitment and investment of time. (Alternatively, this is a "dumb" group, and we're not going to get anything out of it.)

- It is "bad" to betray confidences to outsiders.

- People who belong to different groups (e.g., authorities or individuals of a different race, religion, or status) are "bad" or inferior.

- It is undesirable to show feelings in the group.

- It is fun to try to outwit authority figures (particularly applicable to groups of juvenile or adult offenders).

Just as the group's "choice" of norms significantly affects its capacity to offer a therapeutic milieu, so does the group's "choice" of values. Similar to norms, values can be categorized as functional or dysfunctional when viewed in light of the group's therapeutic objectives. Values that encourage work on personal problems or self-disclosure, acceptance of others, and a positive attitude toward the group, for example, are functional to the group's development. By contrast, values that discourage self-disclosure, create barriers in relationships or negative attitudes toward the group, or prevent members from working on problems are obviously dysfunctional.

Cohesion

In the initial phases of the group's life, leaders must also assess and foster the development of cohesion in groups. Defined as the degree to which members are attracted to one another, cohesion is correlated, under certain conditions, to productivity, participation in and out of the group, self-disclosure, risk taking, attendance, and other vital concerns (Rose, 1989; Stokes, 1983). Cohesion in groups positively affects members' satisfaction and personal adjustment. Greater cohesiveness leads to increased self-esteem, more willingness to listen to others, freer expression of feeling, better reality testing, higher self-confidence, and more effective use of other members' evaluations in enhancing a member's own development (Toseland & Rivas, 2001; Yalom, 1985).

Cohesion is inextricably linked to the development of norms in a beginning group. Norms that may potentially interfere with both group formation and cohesion include irregular attendance, frequent tardiness, pairing off, changing membership, excessive interpersonal aggression, excessive dependence on the leader, dominance of interaction by a few members, and general passivity in the interaction (Rose, 1989). Research on negative group experiences indicates that the individuals who are damaged by the group may be those very members who are too timid to help contribute to group rules and thus have little investment in the norms that have been negotiated between the leader and more vocal members (Smokowski, Rose, & Bacallao, 2001). These detrimental norms require the attention of both the leader and the group members, because the failure to address them discourages group development and jeopardizes the group itself.

FORMATION OF TASK GROUPS

We move now from consideration of treatment groups to task groups. Although many of the same issues considered with treatment groups also apply to task groups, this section focuses on planning and beginning task groups. Task groups are organized to meet client, organizational, and community needs (Toseland & Rivas, 2001, p. 29). Among the various types of task groups are teams, treatment conferences, and staff development groups. Task groups may also be formed to meet organizational needs such as committees, cabinets, and boards of directors. Task groups instituted to meet community needs include social action groups, coalitions, and delegate councils (Toseland & Rivas, 2001). All of these groups focus on producing products, developing policies, and making