For my sons David and Stuart, sources of great pride and joy.
Brief Contents

PART I

The Core Dynamics and Skills of Group Counseling 1

1 Underlying Assumptions About People, Groups, and Group Counseling 5
2 Mutual Aid Processes in the Group 22
3 Group Formation 39
4 The Beginning Phase with Groups 60
5 The Middle Phase of Group Counseling 99
6 The Middle Phase Skills 110
7 Working with the Individual in the Group 160
8 Working with the Group as the “Second Client” 192
9 Endings and Transitions with Groups 233
10 Open-Ended, Single-Session, Activity, and Online Groups 256
11 The Impact of Diversity on Group Practice 282
12 Models of Group Counseling 336
13 The Impact of Values, Ethics, and Legislation 370

PART II

The Variant Elements in Group Practice 389

14 Group Counseling in Substance Abuse Settings 391
15 Group Counseling in the Schools 443
16 Group Counseling in Marital and Family Settings 484
17 Group Counseling in Community Mental Health Settings 516
18 Group Counseling in Job and Career Settings 542
19 Group Counseling in Medical and Rehabilitation Settings 573

Appendix A Research Methodology and Selected Findings 599
Appendix B Resilience Theory and Research 607
Appendix C Association for Specialists in Group Work (ASGW) Best Practice Guidelines 612
Appendix D Links to Associations, Practice Guidelines, and Codes of Ethics 618

Glossary 619
References 629
Name Index 637
Subject Index 641
Contents

Preface xxiii
Introduction: What Is This Book About? xxvii
Core or Constant Elements in Group Counseling xxviii
The Phases of Work xxviii
   The Preliminary or Preparatory Phase xxviii
   The Beginning or Contracting Phase xxix
   The Middle or Work Phase xxx
   The Ending and Transition Phases xxxi
Mutual Aid in Group Practice xxxiii
Case Examples Used in This Book xxxiv
The “Fear-of-Groups Syndrome” xxxvi
Conclusion xxxviii

PART I
The Core Dynamics and Skills of Group Counseling 1

CHAPTER 1
Underlying Assumptions About People, Groups, and Group Counseling 5

What Is a Group Counseling Practice Theory? 6
   Practice Theory 6
   Models and Skills 7
   Empirical Testing 7

Underlying Assumptions About Individual Psychology and Social Interaction 8
   An Interactional Perspective 8
      A Counseling Group for Students Suspended from School for Violence 8
   An Oppression Psychology Perspective 10
A Resilience Model and the Strengths Perspective 11
  Resilience Theory and Research 11
  Implications for Group Counseling 13
Assumption of Strength for Change 13
Group Leader Skill and the Working Relationship 15
The Integration of Personal and Professional Selves 18
Chapter Summary 20

CHAPTER 2
Mutual Aid Processes in the Group 22
What Is Mutual Aid? 23
The Dynamics of Mutual Aid 24
  Sharing Data 24
  The Dialectical Process 25
  Discussing a Taboo Area 26
  The All-in-the-Same-Boat Phenomenon 27
  Developing a Universal Perspective 27
  Mutual Support 28
  Mutual Demand 29
  Individual Problem Solving 30
  Rehearsal 31
  The Strength-in-Numbers Phenomenon 34
  Summary of the Dynamics of Mutual Aid 34
Obstacles to Mutual Aid 34
  Identifying the Common Ground 35
  The Complexity of the Group-as-a-Whole 35
  Difficulty of Open Communications in Taboo Areas 35
The Role of the Group Leader 36
Chapter Summary 37

CHAPTER 3
Group Formation 39
Preparing for Group Practice 40
Engaging Other Professionals in Developing the Group 40
  Achieving Consensus on the Service 41
  Identifying Group Type and Structure 43
  Group Versus Individual Counseling 44
  Agency or Setting Support for Groups 45
Group Composition, Timing, and Structure 46
  Group Member Selection 48
    Group Composition and Age of the Members 48
    Race, Ethnicity, and Language 49
  Group Timing 51
    Form Follows Function in Group Formation 51
  Group Structure, Setting, and Rules 53
Section Summary 54

Interviewing Prospective Members 54
  Strategizing for Effective Referrals 55
    Recruiting Men Who Have Been Physically Abusive to Their Partners 56
  Counselor Skills in the Initial Interviews 57
    Recruiting a Member to a School-Based Parents’ Group 57

Chapter Summary 59

CHAPTER 4

The Beginning Phase with Groups 60

The Dynamics of First Group Sessions 61
  What Do We Know About First Group Sessions? 61
  What Would We Like to Achieve—Our Valued Outcomes? 63

The Contracting Skills: Establishing a Structure for Work 64

Illustration of a First Group Session: The Couples’ Group 66
  The Initial Stage of the First Session 66
    Clarifying Purpose and Role 67
    Reaching for Feedback on the Purpose: The Problem-Swapping Exercise 68
    Silence in the First Session 69
    A Member Begins: The Authority Theme Emerges 69
    Returning to the Authority Theme 74
    Integrating the Late Couple and Maintaining the Discussion 75
  The Middle Stage of the First Session 77
    Frank and Jane and Issues of a Blended Family 78
    Lou the Internal Leader: How Do We Handle Anger in Our Relationships? 79
    Rose Decides to Speak 82
  The Ending and Transition Stage of the First Session 83
    Wrap-up and Session Evaluation 84
    Reaching for the Negatives 85
    The Rules of the Group 85
    Reflections on the First Session 86

Recontracting After a First Session 86
  Recontracting with Your Own Group 87
    An Open-Ended Group for Battered Women in a Shelter 87
    A Chance for a New Beginning and a Different First Session 90
Co-leadership in Groups 91
- Reflective Practice in Group Co-leadership 92
- Positive Potential in Co-leadership 93
- Skill in Dealing with Co-leader Conflicts in the Group 94
- A Final Comment on Co-leadership 97

Chapter Summary 98

CHAPTER 5

The Middle Phase of Group Counseling 99

The Middle or Work Phase in Group Counseling 99

The Role of the Group Leader 100
- Reaching for Individual Communication in the Group 101
  - A Group for Grieving Children 102
  - Grieving Adults: Loss of a Friend, Partner, or Relative to AIDS 103
- Reaching for the Group Response to the Individual 104
  - A Psychiatric Day Patients' Group 104
- Reaching for the Work When Obstacles Threaten 106
  - Teenager in a Residential Center Raising a Difficult Subject 106
  - Mothers of Children with Hyperactive Diagnosis 107

Avoiding Individual Counseling in the Group 108

Chapter Summary 109

CHAPTER 6

The Middle Phase Skills 110

Skill Factors in the Middle Phase 111

The Preliminary Stage 112
- Sessional Tuning-in Skills 112

The Beginning Stage 112
- Sessional Contracting Skills 112
  - A Preadoption Parenting Group 112

The Middle Stage 113
- Flow of Affect Between the Group Members and the Leader(s) 114
- Elaborating Skills 114
  - Containment 114
  - Focused Listening 115
  - Questioning 115
# Contents

- **Reaching Inside Silences** 116
- **Moving from the General to the Specific** 119

## Empathic Skills 121
- **Reaching for Feelings** 123
- **Displaying Understanding of the Member’s Feelings** 123
- **Putting the Member’s Feelings into Words** 124
- **Research on Empathy** 125

## Sharing Leader’s Feelings 126
- **Integrating the Personal and the Professional** 126
- **When the Group Leader is Angry with the Member** 127
- **Expressing a Group Leader’s Investment in the Success of the Member** 128
- **Sharing Feelings Associated with Life Experiences** 128
- **Boundary Issues in Sharing the Group Leader’s Feelings** 129
- **Sexual Transference and Countertransference Feelings** 130

## Making a Demand for Work 132
- **Partializing Group Member Concerns** 134
- **Holding to Focus** 136
- **Checking for Underlying Ambivalence** 137
- **Challenging the Illusion of Work** 138

## Supporting Group Members in Taboo Areas 139
- **Identifying Taboo Subjects** 140
- **Changing the Culture of the Group** 141
- **Dealing with the Authority and Intimacy Themes** 141
- **Research on Dealing with Taboo Subjects** 143

## Identifying Content and Process Connections 144
- **Process and Content That Relates to the Authority Theme** 144

## Sharing Data 146
- **Providing Relevant Data** 147
- **A Group for Preadoptive Couples** 147
- **Providing Data in a Way That Is Open to Examination and Challenge** 149
- **Providing Data as a Personal View** 150
- **Ethical Dilemmas in Withholding Data** 151

## Helping the Group Members See Life in New Ways 152
- **Redefining the Behavior of the Significant Other** 152

## The Ending and Transition Stage 153
- **Summarizing** 154
- **Generalizing** 154
- **Identifying the Next Steps** 154
- **Rehearsing** 155
- **Identifying “Doorknob” Communications** 155
  - **Couples Group and Sexual Issues** 156
  - **Mothers with Children Diagnosed as Hyperactive** 157

## Chapter Summary 159
CHAPTER 7

Working with the Individual in the Group 160

The Concept of Role in a Dynamic System 161
   The Impact of Oppression on Social Role 161
   Formal and Informal Roles in the Group 162

The Scapegoat 163
   African American and Hispanic Teenage Girls in a School 164
   Strategies for Addressing the Scapegoating Pattern 170

The Deviant Member 171
   Extreme Versus Mild Deviance 171
      Parent Recruitment Group Example 171
   Reaching for the Underlying Message of Deviant Behavior 172
      A Group for Children Having Trouble in School 172
   Deviant Behavior as a Functional Role 173
      Counseling Group at a Mental Health Center: What’s the Purpose of This Group? 174
      Deepening Discussion in a Parenting Group 175

The Internal Leader 176
   Dealing with Acting-Out Adolescents: A Community Center Group 176

The Gatekeeper 180
   Teenage Survivors of Sexual Abuse 181

The Defensive Member 181
   A Defensive Father in a Parents’ Group 182

The Quiet Member 184
   Group Leader Strategies 185
      The Member Who Is Afraid to Speak 185
      The Member Who Feels Left Out 186
      Men’s Group: A Member Reaches Out to the Quiet Member 188

The Monopolizer 188
   A Psychoeducational Parents’ Group for Children with Traumatic Brain Injury 189

Chapter Summary 191

CHAPTER 8

Working with the Group as the “Second Client” 192

The Group-as-a-Whole 193

The Group as an Organism 193

Developmental Tasks for the Group 195

The Relationship to the Leader: The Authority Theme 196
   The Bennis and Shepard Model: The Issue of Authority 196
      Who Owns the Group? The Couples’ Group and the Authority Theme 197
The Group Leader as the Outsider 199
  Parents of Hyperactive Children: The Leader as the Outsider 199
The Group Leader’s Demand for Work 200
  Posttraumatic Stress Disorder Vietnam Veterans’ Group 201
The Group Leader’s Limitations 206
  Parents of Hyperactive Children: Can Someone Cheer Me Up? 206
The Group Leader as a Caring and Giving Person 207
  The Couples’ Group and the “Crying Chair” 207

Dealing with Group Member Relationships: The Intimacy Theme 208
  Cohesion and Therapeutic Alliance to the Group-as-a-Whole 208
The Bennis and Shepard Model 210
  College Student Counseling Group and the Intimacy Theme 211
The Stone Center: Intimacy and the Relational Model 213
  Paradox 214
  Connection 214
  Resonance 215
  A Support Group for Women with Cancer 215
  Anger in a Graduate Class on Practice: Impact of Trauma on the Practitioner 220

Developing a Culture for Work 222
  Norms and Taboos 222
  Bion’s Emotionality Theory 223
  Parents of Hyperactive Children: Accepting Difficult Feelings 225

Helping Members Develop a Structure for Work 227
  An Outpatient Group for Young Recovering Addicts 228

Helping Group Members Negotiate the Environment 230
  Adolescents: Acting-Out Behavior in the Community Center 230
  The Homans Social Systems Model: Relating to the Environment 231

Chapter Summary 232

CHAPTER 9

Endings and Transitions with Groups 233

The Ending Phase of Group Practice 234
  Ethical Issues Related to Endings 235
  The Group Leader Takes a Leave of Absence: Transitioning
to an Interim Leader 236
  Individualizing the Ending and Transition to Meet
  Individual Needs 237

The Dynamics and Skills of Endings 238
  Flow of Affect in the Ending Phase 238
  Timing and the Ending Phase 239
Contents

Stages of the Ending Process 240
   Denial 240
   Anger 241
   Mourning 241
   Trying It On for Size 242
   Farewell-Party Syndrome 242

Group Leader Strategies with Regard to Ending 243
Group Leader Strategies with Regard to Transition 243
Additional Group Illustrations 244
   A Support Group for Patients with Multiple Sclerosis 244
   Adult Female Survivors of Childhood Sexual Abuse: Ending over Time 247

Chapter Summary 255

CHAPTER 10

Open-Ended, Single-Session, Activity, and Online Groups 256

The Open-Ended Group 257
   Bringing a New Member into a Group for Persons with AIDS 258

The Single-Session Group 260
   Information Group: Foster Parent Recruitment 261
   Informal Event Group: Remembering the Holocaust 263

Activity in Groups 264
   Functions of Activity in a Group 265
   Two Categories of Activity Groups 265
      Children Dealing with Their Parents’ Separation and Divorce 268

Internet Online Groups 277
   Internet Chat Text Group Providing Follow-up Mental Health Care 278
   An Online Web-Based Video Support Group for Caretakers 279
   An Online Audio and Text Educational Group for Graduate Students 280

Chapter Summary 281

CHAPTER 11

The Impact of Diversity on Group Practice 282

Common Definitions 283
Guidelines for Diversity Best Practices 284
Discussing Taboo Subjects 286
Race and Ethnicity 287
   Leading an Educational Group for Hong Kong Asian Counselors 288
   Hispanic Parents of Children with Cancer 290
Age and Stage of the Life Cycle: The Geriatric Population 292
   Some Differences in Working with Older People in Groups 293
   Resilience and Life Span Theory 294
      Geriatric Reminiscence Group 294
Physical Ability and Group Culture 301
   A Summer Camp Group for Physically Challenged Adults 301
   Ending with Hearing-Impaired Teenagers’ Group 302
Sexual Orientation: Lesbians, Gays, Bisexuals, and Transgender Clients (LGBT) 305
   Definitions 305
      The Oppression Perspective 306
      The Strengths Perspective for GLBT Clients 307
      Strategies for GLBT Sensitive Practice:
         The School Counselor 308
            Homosexual Veterans with AIDS—Dealing with the Effects of Oppression 309
Intercultural Issues: Group Leader–Member Differences 314
   A Male Counselor Co-leading a Group for Women Who Have Been Abused 315
      White Female Counselors with African American Inner-City High School Girls 316
Intracultural Issues: When the Group Leader Is the Same as Group Members 326
   African American Clients: Dealing with Issues of Authority and Racism 326
Inter- and Intracultural Issues Between Group Members 328
   Housing Complex Group for Elderly Persons 329
Chapter Summary 335

CHAPTER 12
Models of Group Counseling 336
Evidence-Based Practice (EBP) 337
Motivational Interviewing (MI) 339
Solution-Focused Practice (SFP) 342
   Major Assumptions on the Nature of the Helping Relationship 343
   Role of the Solution-Focused Group Leader 344
   Defining Techniques 344
Cognitive-Behavioral Therapy (CBT) 346
   Cognitive-Behavioral and Supportive-Expressive Groups for Women Diagnosed with Breast Cancer 346
   CBT Group for Chronic Mental Patients 347
Feminist Practice 348
  Feminist Practice Typology 348
  The New Psychology of Women 349
  Feminist Group Practice 351
    Battered Women’s Group 352
  Feminist Perspectives on Work with Other Populations 355
    Take Back the Night March 355
Religion and Spirituality 356
  Definitions 356
  Group Interventions: The Spiritual/Religious Autobiography 358
Practice in Response to Trauma and Extreme Events 359
  Crisis Theory and Crisis Intervention 360
  Crisis Intervention Stress Management 361
  Trauma Groups 362
    Groups for Children Dealing with the Trauma of 9/11 363
  Forgiveness Exercises 365
  Impact of Trauma on the Professional 366
    A Single-Session Vicarious Traumatization Model for Trauma Workers 367
  Impact of Traumatic Events on Practice 368
Chapter Summary 368

CHAPTER 13

The Impact of Values, Ethics, and Legislation 370
Values and Ethics in Group Counseling Practice 371
  Definitions of Values and Ethics 371
  Code of Ethics 372
  Ethical Dilemmas and Ethical Decision Making 372
  Ethics Audit and Risk Management Strategy 374
  Guidelines for Practice in Group Work 374
    Survivors of Sexual Abuse Group and the Mandated Reporter 376
Social Changes and Their Impact on Ethical Practice 378
  Managed Care 378
  End-of-Life Decisions 380
The Impact of Legislation and the Courts 382
  Confidentiality and Privileged Communications 382
  Implications of the Federal Health Insurance Patient Protection Act (HIPPA) 384
  Confidentiality and Group Counseling: Unique Dilemmas 384
  Informed Consent 385
  The Duty to Warn 386
Chapter Summary 388
PART II
The Variant Elements in Group Practice 389

CHAPTER 14
Group Counseling in Substance Abuse Settings 391
What Do Counselors Do in Substance Abuse Settings? 392
Substance Abuse and Substance Abuse Treatment 392
Self-Help Organizations 393
Integrated Approach to Group Treatment 394
Research on the Use of Group Methods 395
Substance Abuse and Culture 396
Group Counseling with Active Substance Abusers 397
Group Counseling with Male Active Substance Abusers 397
Court-Mandated Group for Male Drunk Drivers: The Precontemplation Stage 397
Court-Mandated Group for Male Drunk Drivers: The Contemplation Stage 399
Group Counseling with Female Active Substance Abusers 402
Maintaining Sobriety for Women Trauma Survivors 403
Support Groups for Protecting Recovery 409
Women’s Recovery Group: Fending Off the Dealers 409
Group Counseling with Clients with a Dual Diagnosis 410
A Dual-Diagnosis Group for Women: Mental Illness, Substance Abuse, and the Double Stigma 411
Group Work with Persons with AIDS Who Are in Early Substance Abuse Recovery 413
Group Counseling with the Substance Abuser’s Significant Others 429
Adult Daughters of Alcoholics: Lowering the Walls of Denial 430
A Women’s Open-Ended Codependent Group: Dealing with Substance and Physical Abuse 437
Chapter Summary 442

CHAPTER 15
Group Counseling in the Schools 443
What Do Counselors Do in School Settings? 444
Group Work in Schools 445
Four General Types of Groups 446
Race, Class, and the Emerging Adolescent 447
Social Justice, the Advocacy Role, and Idiosyncratic Credits 448
Group Work in the Elementary School 451
Ten to Eleven-Year-Old Girls with an Acting-Out Group Member 451
Inner-City Elementary School Children: The Impact of Violence in the Family 458
A Group for Sixth-Grade Girls in Transition to Middle School 459
Working with Mothers of Underachieving Sixth-Grade Boys 461
CHAPTER 16

Group Counseling in Marital and Family Settings 484

What Do Counselors Do in Marital and Family Settings? 485

What Do We Know about Couples, Families, and Family Practice? 486

Selected Concepts from Family Therapy Theory 487

Nathan Ackerman 488
Murray Bowen 488
David Freeman 489
Carl Rogers (Person-Centered Approach) 489

Working with Multiple Family Groups 490

Multiple Family Group Therapy (MFGT) 490
Psychoeducational Multifamily Groups (PMGs) 491
Multifamily Group with Latino Immigrants Addressing 9/11 Losses 492

Evolving Group Structure and Style 492
Cultural Competence 493
Workers’ Process 494

Married Couples’ Groups 494

Dealing with the Sexual Taboo 494
Sessional Contracting in the 19th Session 496
Emergence of Anger at the Group Leaders and the Process/Content Integration 497
Legitimizing the Expression of Anger 499

Single-Parent Groups 500

Life Cycle Developmental Issues 501
A Single Parents’ Group: Short-Term Interventions 502
Relationship to the Children 506

Group Work in the Middle School 462

Adolescent Boys’ Group Dealing with Disruptive Classroom Behavior 463
Peacemaking Circle Group in the Classroom: From Acting Out to “Krumping” 465
Informal Lunchtime Meetings with 9- to 12-Year-Old Girls 468
Alternative Public Day School: Parents of Children with Emotional and Behavioral Difficulties 470

Group Work in the High School 473

The VISA Center: A 2-Week (10-Day) Intensive Intervention for Suspended Students 473

Group Work and Substance Abuse Prevention 476

Educational Substance Abuse Group: Is It a Class or a Group? 476
High School Students in a Diversion Program 481

Chapter Summary 482
Group Counseling in Community Mental Health Settings 516

What Do Group Counselors Do in Community Mental Health Settings? 516

Group Counseling with Troubled Teenagers 518

- Outpatient Teen Psychiatric Group 519

Group Counseling with Adult Clients with Relationship Problems 524

- A Group for Depressed Men and Women with Relationship Problems 525

Groups for Management of Chronic Pain and Posttraumatic Stress 529

- Veterans’ Outpatient Clinic 529

Groups for Parents and Caretakers 534

- Fathers of Children Attending a Clinic for Behavior Problems 534

Groups in an Elder Community Setting 537

- A Group for the Visually Impaired Elderly: The Death of a Member 538

Chapter Summary 540

Group Counseling in Job and Career Settings 542

What Do Counselors Do in Job and Career Settings? 542

Group Counseling for Adult Clients Seeking Work 544

- Engaging Group Members in First Sessions in the Face of Resistance 544

- A Job Counseling Group for Women on Public Assistance 544

- First Session for Ex-offenders Mandated to Attend a Job Training Group: The Meaning of Resistance 552

- The Emotional Impact of the Reality of the Job Market 556

- Dealing with Despair and Long-Term Unemployment 556

- The Impact of Group Member Differences in More Heterogeneous Groups 557

- Employment Groups Including Persons with Special Needs 558

- Taking Some Responsibility for Employment Problems 560

- Losing a Job: The Gatekeeper Role 560

- Getting Angry on the Job and Then Getting Fired: The Defensive Member 562

Job-Related Group Counseling with Youth 563

- Older Teens in a Transition to Independence Group: The Scapegoat Phenomenon 564

- Worksite Training Program for Teenagers: Addressing Sexual Harassment 566

Chapter Summary 572
CHAPTER 19

Group Counseling in Medical and Rehabilitation Settings  573

What Do Counselors Do in Medical and Rehabilitation Settings?  573
Stage of the Problem and Engagement with the Setting  574
Group Counseling for Hospital and Rehabilitation Inpatients  574
   Group Counseling with Paraplegics in a Rehabilitation Center  574
   Caregiver Support Group in a Hospice Setting  576
Group Counseling and the Impact of the Setting  582
   Patient Empowerment Through a Newspaper in a VA Hospital  583
Group Counseling for Medical Outpatients and Their Families  590
   Denial, Gender, and Culture in a Living-with-Cancer Group  590

Chapter Summary  598

APPENDIX A

Research Methodology and Selected Findings  599

Child Welfare Practice and Supervision Study  600
   Description of Study Participants  600
   Study Limitations  600
   Findings on Skills Related to Silences  601
Child Welfare Practice and Supervision Study 2  601
Category Observation System for Analyzing Counselor-Client Interaction in
   Individual and Group Practice  601
Related and Relevant Studies  603
   Supporting Clients in Taboo Areas  603
The VISA Center for Students Suspended from School for Violence, Substance
   Abuse, or Possession of Weapons  603
   Profile of Suspended Students  604
   Impact on Survival Rate (Length of Time Between Resuspensions)  604
   Exit Interview Findings and Other Outcomes  605
Summary  605

APPENDIX B

Resilience Theory and Research  607

Developmental Psychology Theory and Research  607
Stressors, Risk, and Personal and Environmental Factors  608
   Parental Involvement  609
Community Violence 609
Poverty 610
Cognitive Hardiness and Coping Style 610
Summary 611

APPENDIX C

Association for Specialists in Group Work (ASGW)
Best Practice Guidelines 612

Preamble 612
Section A: Best Practice in Planning 612
A.1. Professional Context and Regulatory Requirements 612
A.2. Scope of Practice and Conceptual Framework 613
A.3. Assessment 613
A.4. Program Development and Evaluation 613
A.5. Resources 614
A.6. Professional Disclosure Statement 614
A.7. Group and Member Preparation 614
A.8. Professional Development 614
A.9. Trends and Technological Changes 615
Section B: Best Practice in Performing 615
B.1. Self Knowledge 615
B.2. Group Competencies 615
B.3. Group Plan Adaptation 615
B.4. Therapeutic Conditions and Dynamics 616
B.5. Meaning 616
B.6. Collaboration 616
B.7. Evaluation 616
B.8. Diversity 616
B.9. Ethical Surveillance 616
Section C: Best Practice in Group Processing 616
C.1. Processing Schedule 616
C.2. Reflective Practice 617
C.3. Evaluation and Follow-Up 617
C.4. Consultation and Training with Other Organizations 617
Overview

My purpose in writing this book is to present and illustrate an approach to group counseling that incorporates the powerful healing process of mutual aid in all types of groups (e.g., psychotherapy, psychoeducational, counseling, activity focused) and in the full range of settings in which group counseling is practiced (e.g., substance abuse rehab centers, schools, mental health clinics). I also wish to describe and illustrate how the use of mutual aid can enhance existing group practice models including those defined as evidence based.

The development of Dynamics and Skills of Group Counseling was guided by theory, empirical research, and the practice wisdom of colleagues, my own group practice, and my teaching efforts over the years with thousands of group leaders who were students in my classes or participants in training workshops. Above all, this book is practical in nature. Detailed illustrations including dialogue from actual groups are used to connect theory to practice and to address the day-to-day realities of leading counseling groups. I wrote the book as if I were responding to the most common, natural questions and concerns of the reader, and in a conversational tone that I hope the reader finds more engaging and lively than other textbooks.

Writing a book that would be beneficial to both beginning and experienced counselors who may one day apply their group counseling training into several different settings, I have divided the book into two major parts. Part 1 consists of 13 chapters in which the core group dynamics and leadership skills that make up what I call the “constant” elements of group practice are presented and illustrated with detailed examples from different settings, group types, memberships, and group leadership styles. A central theme is that while setting, group purpose and structure, and population and group member issues may make up the “variant” elements of group counseling, a common core exists to all group practice. Also included in Part 1 is a detailed discussion of the phases of work, a framework of time that can help students both understand how groups work and develop a model for intervention. Part 2 of the book contains six chapters that focus on the implementation of the key concepts presented in Part 1, organized according to counselor specialties, settings, populations, and problems. The central themes introduced in Part 1 are now adapted, each in their own chapter, to working in the following settings and problem areas:

- Substance abuse
- Schools
- Marital and family
- Community mental health
- Job and career
- Medical and rehabilitation
The six areas chosen for inclusion appear to be the ones most often involving group practice. Although the chapters focus on different forms of setting-specific group counseling, readers are encouraged to explore each of them for concepts and examples that may be relevant to their work in another setting.

Features

Throughout the development of this book, reviewers who provided their input made helpful requests for including examples to illustrate concepts presented in the text. The examples come from a number of sources and are presented in three basic formats. First, some of the examples are in straight dialogue format with the first names of the participants or “group leader” or “group counselor” indicating who was speaking. I have identified my comments as “Practice Points” in the text, and when appropriate, a “Practice Summary” may be provided at the end. In this way I have sought to provide not only clear examples but also additional information that students will find useful as they learn to think critically about their own methods and group counseling skills.

The second format is a simple process recording in which a description of the actual group conversation is provided in paragraph form, and it may include remarks by the group’s leader as part of the record as well as my comments on content and relevance to the section.

The third format is a more formal structure entitled a record of service (ROS). The structure of the report includes a description of the group, its membership, the particular issue the group was dealing with (formation, developing a culture for work, dealing with a “deviant member,” scapegoating, etc.), and the time frame for the series of meetings. This record includes excerpts of the work selected by the group leader addressing the identified group problem over a number of sessions. The material often includes the retrospective analysis of the group leader and a description of the leader’s thoughts and feelings over time. At the end of the ROS, the group leader may describe where the problem defined in the introduction stands at the end of the last reported meeting and in some cases what next steps need to be taken.

Another helpful feature is a glossary of key terms, which are italicized in the text, at the end of the book.

Ancillaries

A full suite of instructor’s ancillaries is available for faculty teaching the course. A teaching guide and a test bank are available on the instructor’s companion website, as well as a series of videos. The same resources are also available on a PowerLecture DVD that you can request from your local Cengage Learning representative.

Acknowledgments

I would like to acknowledge the many people who contributed to the development of this book.

William Schwartz, my good friend and mentor, developed the original model on which much of my work is based. Bill initiated a paradigm shift for the helping professions and was the first to introduce the ideas of mutual aid, contracting, the
demand for work, and other concepts. He died in 1982 and is still missed; however, he remains very much alive in this text.

I would also like to thank my wife, Sheila, who has always been supportive of my work in more ways than I can say.

I am especially grateful to a number of faculty members who responded to a request from the publisher to review drafts and to submit suggestions while the book was under development. Many of their suggestions have been carried forward in this text and have significantly improved the organization and content.

I would also like to give special thanks to the editorial team at Cengage, headed by the sponsoring editor, Seth Dobrin. Seth worked closely with me over the 2 years of writing and revising, making many suggestions that significantly improved the structure, presentation, and content of the book. I particularly appreciated his patience and persistence as I, at times, appeared reluctant to accept what turned out to be important advice.

I want to also thank Laura Larson who served as the copy editor for the text. It became clear, chapter after chapter, that she was engaged with the material, not only as an editor but also as an interested reader. Her editing was excellent and her comments along the way very encouraging.

Production of the book was handled by Macmillan Publishing Solutions (MPS), a merger of ICC-India and Macmillan. The project manager was Gunjan Chandola who worked closely with myself and all of the others involved in production to produce the book on time and looking good. Rita Jaramillo provided oversight from Cengage.

Special thanks also to Trent Whatcott, senior marketing manager, for his enthusiasm about the book and his efforts, such as webinars, that allowed me to communicate my approach to group counseling to a larger audience.

Finally, and most important, I want to extend my appreciation to two additional groups. One group is the many clients who are cited in the numerous examples in the book. Their efforts to deal with and overcome many of the issues in their lives are evidence of their courage and an endorsement of the strengths perspective. Second, this book would not have been possible without the contributions of practice examples from hundreds of my students and professionals I have worked with through my workshops and consultations. Their willingness to risk themselves and their honesty in their sometimes overcritical analysis of their practice are tributes to their professional integrity and bode well for their development as competent group leaders. They are making what I like to call “beautiful mistakes” along the way and learning from them. This will definitely lead to more sophisticated mistakes in the future.

About the Author

Lawrence Shulman is a professor and dean emeritus at the School of Social Work at the University at Buffalo. He continues to hold a part-time appointment as a professor with the Research Foundation of the State University of New York and currently directs school violence prevention projects in the Buffalo Public School District. He also holds an appointment as a research associate with the University at Buffalo Research Institute on Addictions.

He obtained his master’s in social work (MSW) from Columbia University in 1961 with a major in group work and his doctorate in educational psychology (EdD) from Temple University in 1974 with a major in group methods in classroom teaching.
He is a member of the National Association of Social Workers (NASW), the American Counseling Association (ACA), the American Psychological Association (APA), the Association for Specialists in Group Work (ASGW), and the Association for the Advancement of Social Work with Groups (AASWG). In 2007, he received the AASWG award for the Lifetime Outstanding Contribution to Group Work Practice and Research.

Dr. Shulman served for 5 years as the coeditor of the interdisciplinary journal The Clinical Supervisor: The Journal of Supervision in Psychotherapy & Mental Health. He co-founded and co-chaired the International and Interdisciplinary Conference on Clinical Supervision funded by the National Institutes of Health. He also serves on the editorial boards of five journals including Social Work with Groups, Group Work (England), and The Journal of Human Behavior and the Social Environment.

He has published 7 books and over 40 book chapters and articles dealing with the skills of helping, group counseling, professional impact, mutual aid, teaching, and supervision. His most recent books include The Skills of Helping Individuals, Families, Groups and Communities, sixth edition (Cengage Publishers, 2008); Interactional Supervision, third edition (NASW Press, 2010); Mutual Aid Groups, Vulnerable and Resilient Populations and the Life Cycle, third edition, co-edited with Alex Gitterman (Columbia University Press, 2005). A number of his books have been translated into Croatian, French, Swedish, Chinese, and Iranian and published in the respective countries.

Dr. Shulman's innovative empirical research formed the basis on which he has built his models of the helping process. During his academic career, he has received 13 research grants totaling $2,877,260 from federal (United States and Canada), state, and private foundations for research into individual and family practice, group counseling, classroom teaching, school violence prevention, child welfare, doctor-patient relationships, and other studies. His central research interest has been in method: What does the practitioner say and do, and how does that impact the working relationship (therapeutic alliance) with clients, group members, other professionals, and, eventually, the outcomes for clients?

Dr. Shulman has also used his own practice experience as well as the work of his students and other professionals in the field to develop practice models and to ensure they stay rooted in the realities of day-to-day practice. Over his academic career he has led at least one client group each year including support groups for married couples, single parents, students suspended from school for violence, persons with AIDS in early substance abuse recovery, foster parents, community center activity groups, and more. Many of these group sessions are described in this book.

While partially retired, he maintains an active consultation program providing workshops on group counseling, supervision, general practice, and teaching in the United States and other countries. Over the past number of years, he has provided training for thousands of practitioners in the United States and has presented in other countries including Cuba, Bermuda, France, Norway, Denmark, Hong Kong, and Australia, among others.

Finally, Dr. Shulman has produced a series of seven sets of video programs, containing multiple individual programs, that have been widely distributed on tape and DVDs. These include programs on group practice (e.g., the 1st and 19th sessions of his married couples group); classroom teaching, teaching about practice and diversity; the middle phase of practice; supervision for field practicum instructors; and research on individual, family, and group practice (e.g., a category observation system for analyzing group sessions).
Introduction: What Is This Book About?

This is a book about method. The focus is on the group leader’s understanding of the skills required to form and lead effective counseling groups. A simple definition of a group for our purposes is two or more people who meet, usually face-to-face, to pursue a commonly agreed-on purpose. Group method is defined here as more than a collection of “techniques.” Rather, it is a collection of skills that are integrated into an overall understanding of how groups work and how counselors help group members do their work.

Group counseling is an important practice modality that includes a broad range of specific arenas, including career, educational, college, school, guidance, community, marital, family, health, mental health, substance abuse, behavioral disorders, and gerontological counseling. Graduates of accredited counseling programs pursue careers in community mental health and human services agencies, educational institutions, private practice, government, business, hospitals, and industrial settings. Group counselors also lead different types of groups, such as educational, psychoeducational, task, support, single session, open-ended, activity, substance abuse prevention, and recovery groups.

The Association for Specialists in Group Work (ASGW, 2000) defines group work as follows:

A broad professional practice involving the application of knowledge and skill in group facilitation to assist an interdependent collection of people to reach their mutual goals, which may be intrapersonal, interpersonal, or work related. The goals of the group may include the accomplishment of tasks related to work, education, personal development, personal and interpersonal problem solving, or remediation of mental and emotional disorders. (p. 330)

Group leadership roles and personal styles also vary, and the setting of the group will have an impact. For this reason, this book is divided into two major parts. Part 1 consists of 13 chapters in which the core group dynamics and leadership skills that make up what I call the “constant” elements of group practice are presented and illustrated with detailed examples from different settings, group types, memberships, and group leadership styles. A central theme is that while setting, group purpose and structure, and population and group member issues may make up the “variant” elements of group counseling, a common core exists to all group practice. Another core concept is the idea of mutual aid, in which members of a group are helped to help each other. More detailed introductions to the core and variant elements are provided later in this introduction.
Core or Constant Elements in Group Counseling

Chapter 1 sets the stage for the rest of the book by exploring the underlying assumptions that guide this framework for practice. It begins with a brief description of what constitutes a practice theory and some comments on models, skills, and empirical testing. A view of our clients is presented that integrates an understanding of the impact of oppression (e.g., race, gender, sexual orientation, class, physical and mental ability) with an argument for resilience and a strengths perspective. A description of the elements of the *working relationship* or *therapeutic alliance* between the counselor and the group members and its crucial impact on the effectiveness of group leadership is presented and illustrated. In addition, more recent concepts and research around the impact of the group *members’ alliance* with the group-as-a-whole are also shared. Finally, an argument is made for developing the ability to integrate our personal and professional selves in our practice so that group members perceive and relate to us as real people. I will be suggesting this is a life long development task that allows us to “use” ourselves rather than “lose” ourselves in our professional tasks as group leaders.

### The Phases of Work

The framework of time can help us both understand how groups work and develop a model for intervention. Although the wording may differ, most group counseling authors also use time as an organizing principle (e.g., Corey, 2008; DeLucia-Waack, 2006; Gladding, 2003). The framework used in this book, made up of the following four phases, is effective not only for viewing the life of the group over time but for analyzing each individual session as well:

- The preliminary or preparatory phase
- The beginning or contracting phase
- The middle or work phase
- The ending and transition phase

#### The Preliminary or Preparatory Phase

This phase is addressed in Chapter 3 on group formation. With some exceptions, such as friendship groups in a high school, most counseling groups are formed by the leader. Chapter 3 explores group formation decisions such as membership, length and frequency of meetings, recruitment, whether a group is open-ended (new members can join) or has a closed membership policy, and so forth. The chapter also examines the skills involved in working with other professionals to encourage them to refer group members as well as the skills required for effective group member recruitment.

This preparatory phase is also a time for the group leader to develop a preliminary empathy about issues and concerns group members may bring to the first session. I refer to this process as “tuning in.” The concerns may relate to the group leader (*authority theme*), the group itself (*group themes*), or the content of the group (*work themes*). Because many of the most important issues brought by new members to a first session may be raised indirectly, the process of tuning in prepares the group leader to hear the indirect communications and to respond directly, when appropriate.
The Beginning or Contracting Phase

We know from our practice experience and research that two of the early questions on the minds of group members at a first session are “What is this group all about?” and “How does this group connect to my needs?” We also know that when group members are clear about the group’s purpose in a first session(s) and can see a personal connection, they are more likely to make an effective start in their work. This maxim is true for all of the groups described (e.g., psychoeducational, therapy). Given the importance of structure in creating freedom, a core set of skills for all group leaders is described in Chapter 4 as the contracting skills. These include clarifying purpose (whatever it may be), clarifying the group leader’s role, reaching for feedback from group members, and identifying the connections between the purposes of the group and the members’ felt needs. As discussed in Chapter 4, other issues need to be addressed in a first session, such as those related to confidentiality, which form part of the common core of group counseling.

We also know that another important question usually on the minds of group members in the beginning phase is “Who is this group leader, and what kind of person is he or she going to be?” This suggests that some attention to the authority theme—the relationship between the leader and the members—would be wise in a first session. For example, group members in a parent education group, noting a young group leader without a wedding ring, may wonder, “Does this leader have children?” It may be an unstated question that is just beneath the surface, or it may be raised directly. This apparently simple question may actually be raising other reasonable questions, such as “Will this group leader understand what it’s like for me as a parent?” or “Will this person be able to really help me, or just criticize and give me theoretical suggestions that are not practical?”

As discussed in Chapters 3 and 4, it is important for the group leader to be able to respond directly to the underlying issues, stated or implied, in a manner that is not defensive but instead opens up a discussion of the early concerns for all group members. A defensive response would cut off that conversation and indicate the group leader’s own anxiety. One common example of a defensive response is “We are here to talk about you, not me.” Another might be “I don’t have any children, but in my counseling graduate program we take a number of courses on child development theory.” Here is one alternative and less defensive response, though not the only one:

No, I don’t have any children. Why do you ask? Are you concerned that I might not be able to understand what it’s like for you as parents? I’m concerned about that as well since if I’m going to be helpful to all of you, I’m going to have to understand, and you will have to tell me what it’s like for you.

As discussed in later chapters, if this response is genuine and reflects an ability to empathize with the group members on issues related to the authority theme, my practice experience and research suggests that it will contribute positively to the development of the working relationship, also referred to in the literature as the therapeutic alliance. It is this relationship that creates the medium for the group leader to be influential.

I recognize that readers may have some questions about this issue: “Won’t the group members have less respect for me if I admit I don’t have any children?”; “I have been told never to share any personal information”; “I have kids, so does that mean I don’t have this problem?” Some of these questions, and others, will be explored in detail later. For now, the main point is that the authority theme will be one
of the constant elements in the beginning phase of work with all groups. The variant elements will be associated with how this theme is introduced. For example, substance abuse recovery group members may wonder if the group leaders have “walked the walk” (been in recovery) or “talked the talk” (been in AA); members of an activity group for the elderly in a community center may wonder if someone so young can really understand the meaning of loss; or African American teens in a school group for students suspended for violence may wonder what their white leaders from the suburbs could possibly know about their lives of racism, poverty, and community violence. These issues, all explored in detail in subsequent chapters, are introduced here as illustrations of how the constant or core elements of practice are elaborated differently as we introduce the many variant elements that affect our work.

The Middle or Work Phase

The middle or work phase is often described as the most complicated in group counseling. As one student put it, “I’m terrific at beginnings, and I handle endings well; it’s the part in the middle that gives me a hard time.” Chapter 5 will present a model I developed for understanding the role of the group leader in the middle or work phase group counseling sessions. The chapter will describe how the group leader helps individuals reach out to the group for help and the interventions required to help the group respond. Examples from a range of populations and settings will illustrate how the group leader helps the group become an effective mutual aid system, with members helping each other, and how the group leader can avoid the trap of doing individual counseling in the group. It will be argued that these concepts and skills—in particular, the potential for mutual aid—are important in all types of group counseling. In those situations where a particular evidence-based practice is employed, such as a cognitive-behavioral approach, these skills and the development of mutual aid can enhance the effectiveness of the group. A number of these evidence-based as well as emerging models will be described later in Part 1 with illustrations of how mutual aid can be integrated. In addition, the mutual aid model can serve as a stand-alone form of practice while still integrating strategies and skills from other models of group counseling.

Chapter 6 continues the discussion of the middle phase, focusing this time on the communication, relationship, and problem-solving skills required in a single session. Once again, I adopt time as an organizing principle, suggesting we think of each group session as having a preliminary, beginning, middle, and ending stage. Specific group member behaviors and leader interventions will be identified for each of these stages. The interventions or skills are applicable to all types of groups. For example, “sessional tuning in” for each individual meeting, undertaken by the group leader prior to the session, might involve thinking about issues raised in the previous session, specific life events for individual members or the group-as-a-whole, events in the community such as the drive-by shooting of a school friend or the impact of a community-wide traumatic event such as the 9/11 attack on the World Trade Towers.

A less dramatic event might be to tune in to how students in a school counseling group may feel on the day they receive poor report cards. As described in more detail in Chapter 6, this preparatory work prior to the group meeting will be helpful to the group leader in hearing what might be indirect communications by members or understanding the impact of the event on their thoughts and feelings. As examples drawn from group sessions for persons with cancer will show, the group leader’s anticipation of the impact on him- or herself and on the group participants of
a member’s death, symbolized by an empty chair, can help the group deal with the loss and its effect on concerns about their own illness.

**The Ending and Transition Phase**

The ending and transition phase is discussed in Chapter 9. The unique dynamics and group counseling skills required to help a group bring the experience to an end and make the transition to other experiences are explored. Common phenomena, such as “doorknob therapy” in which group members leave the most important issues to be raised during the last few sessions, are explained.

Another way I like to think about the phases of work is that in the beginning the group members have to make a “first decision” about whether they want to participate. Even in mandated groups where members are ordered to attend by a judge, they still need to make this decision rather than participating superficially—what I will be describing as the “illusion of work.” That’s why clear contracting in the first session is so important.

In groups where painful and difficult issues must be discussed—for example, moving past denial and accepting that one has a substance abuse problem in a court-mandated DWI (driving while intoxicated) group—members must make a “second decision,” which is to address real issues in a nondefensive manner. In an example in Chapter 14, in Part 2, this involves an honest examination of the triggers that lead to drinking or drug use—those feelings that members have been able to avoid by using alcohol or drugs to dull the pain. In the ending and transition phase, group members must make the “third decision,” which is to deal with the most difficult and painful issues before the group ends. In the DWI example in Chapter 14, Pete, who has been the “gatekeeper,” preventing the group from dealing with painful discussion, and who also is the most resistant group member, finally faces and shares the fact that his trigger is when he thinks about the time he drove under the influence and crashed his car, killing his wife.

Thus, the first nine chapters will focus on the underlying assumptions, core dynamics, and skills that I believe apply to all group counseling efforts. Many of the ideas, concepts, models, and research are from my own practice, teaching, and research over the years. These are supplemented with material from other theorists and researchers dealing with group practice. These ideas will be central to each chapter.

Some variations will be introduced as the core concepts are illustrated in Chapters 10 and 11. Chapter 10 examines the impact of group structures including the dynamics and skills involved in leading a single-session group, or an open-ended group in which the membership may be constantly changing, as well as the use of activity in groups (e.g., art, games). The recent emergence of the use of the Internet and technology in group work is also examined. The discussion and illustrations in the first nine chapters introduce these unique elements, but they are brought to the forefront in Chapter 10.

It is not possible to consider group practice without understanding the impact of cultural and ethnic diversity. Gladding (2003) points out that “[b]ecause many different groups of people live in the United States and other pluralistic nations, most group work is multi-cultural in nature. Indeed, the term multicultural, which stresses this diversity among people, has become quite common in the professional helping literature as well as society at large” (p. 204).

DeLucia-Waack and Donigan (2004) emphasize the importance of attention to cultural diversity as both a potential problem for a group as well as a potential strength: “[W]e think it is essential for group leaders to recognize how the purposes of task groups, psychoeducational groups, and counseling and therapy groups may
interact with different cultural values and expectations. Group leaders must learn how to effectively utilize the inherent power that rests within the collective diversity of the groups they lead” (p. xix).

Chapter 11 addresses crucial issues in recognizing and addressing diversity in group membership and leadership such as race, ethnicity, sexual orientation, age, and class. Illustrations allow the reader to see how respect for difference requires adaptation by the group leader but not abandonment of the core concepts described in Part 1.

The second half of Chapter 11 addresses what I refer to as intercultural and intracultural issues that may be evident between the group leader and the members and between the members themselves. Intercultural refers to differences between people (e.g., a white leader with a group with clients of color; a female leader with a group of men); intracultural, to similarities (e.g., a Hispanic leader with a group of Hispanic members; a gay leader with group members who are gay).

Issues of race, ethnicity, gender, sexual orientation, and so forth can be both powerful and taboo in our society. When these concerns and stereotypes remain under the surface, they can impact the development of the working relationship. In one illustration in Chapter 11, two white female middle-class group leaders must address intercultural issues as they work with a group of inner-city African American girls in trouble with the juvenile justice system. In an example of an intracultural issue, an African American male group leader working with African American high school students in an inner-city school may face complicated and painful feelings the first time an angry group member calls the counselor an “Oreo”—black on the outside and white on the inside.

Both inter- and intracultural issues can also emerge as forces that affect the relationship among members, what I refer to as the “intimacy theme.” The resulting dynamics need to be addressed. It is not enough to intellectually understand these powerful forces; specific interventions are needed to bring these issues to the surface, address them, and hopefully remove them as barriers to effective group practice.

In Chapter 12, the focus is on different models of practice, including some that have been designated as evidence based because of their consistent support in research (motivational interviewing, cognitive-behavioral, and solution focused) and others that have not yet been acknowledged as such but have been supported by practice experience and some research evidence (e.g., feminist, spiritual and religious, and crisis intervention).

The chapter starts by discussing the criteria for determining if a practice model could be considered evidence-based practice (EBP). Three examples of current EBP models are selected because of their wide use: motivational interviewing, and cognitive-behavioral practice. A number of other models of practice not yet formally designated as EBP, are briefly presented too, including feminist practice, religion and spirituality, and trauma and extreme events. Elements from all of these models have been introduced and integrated when appropriate into Part 1 of this text; however, the brief summaries in Chapter 12 bring them to the forefront of discussion.

A central theme of the chapter is the way in which mutual aid processes described in Chapter 2 can be integrated into group practice within any of these distinct models. In addition, techniques and strategies from different models can be combined into an integrated approach that is not limited to one framework. Over the years of my own practice, I have come to believe that group leaders need to be open to a range of interventions and models and not be too rigid in adopting one.

Chapter 13, the last chapter of Part 1, returns to a number of issues introduced in earlier chapters that relate to values, ethics, and legislation. This chapter provides a more detailed discussion of ethics, ethical dilemmas created by conflicting values as well as
social changes (e.g., managed care), and the impact of legislation and court decisions. For example, while Chapter 3 dealing with group formation and Chapter 4 dealing with first group sessions both explain the importance of confidentiality and informed consent, these concepts are presented in more detail and with background in Chapter 13. These 13 chapters in Part 1 can stand alone as a group practice textbook.

Part 2 of the book contains six chapters that focus on the implementation of the key concepts presented in Part 1, organized according to counselor specialties, settings, populations, and problems. The central themes introduced in Part 1 are now adapted, each in their own chapter, to working in the following settings and problem areas:

- Substance abuse
- Schools
- Marital and family
- Community mental health
- Job and career
- Medical and rehabilitation

These chapters are not designed to be in-depth discussions of practice in these different settings. That would be beyond the scope of this book. Each setting deserves a book of its own, and the reader can find books that focus on these unique aspects of practice. Each chapter does provide a brief introduction to the area and then a number of illustrations of how the core dynamics and skills of Part 1 are varied in group practice. The six areas chosen for inclusion appear to be the ones most often involving group practice.

While the chapters focus on different forms of setting-specific group counseling, readers are encouraged to explore each of them for concepts and examples that may be relevant to their work in another setting. For example, if you work with children, you can find illustrations of practice with children in chapters with schools and, substance abuse prevention and treatment settings, as well as in the other setting-specific chapters. The case example index at the end of this book will help you identify age and stage of the life cycle examples (e.g., children, adults, the elderly), problem-related examples (e.g., AIDS, substance abuse, school violence), and types of groups (e.g., short term, open-ended) throughout the book. Although group practice is influenced by the setting, the core of the practice presented in Part 1 remains the same.

**Mutual Aid in Group Practice**

Another central question explored in this book is “Why do we work with people in groups?” Yes, we can serve more people if we use a group modality rather than individual counseling, but I do not believe this is the most important reason. Instead, I argue that there is something very distinct, unusual, emotionally moving, and powerful about helping when it takes place in a group. This is mutual aid, defined as the process in which members are helpful to each other in a way that is different and supplemental to the help provided by the leader. Mutual aid involves giving and taking help in a reciprocal manner. In most cases, as group members provide help to an individual member, they also help themselves.

Most group counseling authors who address the question of why use groups cite the unique advantages of group practice. Jacobs, Masson, and Harvill (2006) point to efficiency, commonality, a greater variety of viewpoints, sense of belonging, an
opportunity to practice skills and receive feedback, vicarious learning, real-life approximation, and commitment (pp. 2–5). These processes are central to mutual aid and are described using different terms in some detail in Chapter 2.

Corey (2008) points out that as a microcosm of society, the group provides a sample of reality—members’ struggles and conflicts in the group are similar to those they experience outside of it—and the diversity that characterizes most groups also results in unusually rich feedback for and from the participants, who can see themselves through the eyes of a wide range of people.

The group offers understanding and support, which foster the members’ willingness to explore problems they have brought with them to the group. The participants achieve a sense of belonging, and through the cohesion that develops, group members learn ways of being intimate, of caring, and of challenging. In this supportive atmosphere, members can experiment with new behaviors. As they practice these behaviors in the group, members receive encouragement as well as learn how to bring their new insights into their life outside of the group. (p. 6)

Even in a single-session, education-focused group structured to provide a significant amount of information through a presentation format, mutual aid processes can be tapped to increase the possibility that what is said will be heard, understood, valued, and remembered. For example, anxious new students in a school or college, or in a professional counseling program, may find much of their concern diminished as they discover they are not alone and, in fact, are “all in the same boat” with shared feelings. The potential for mutual aid will be described as another constant element in all groups regardless of the specific group type, practice model, or setting. The different ways in which group members can help each other are described in Chapter 2 and then illustrated with detailed examples throughout the book. Mutual aid is not presented as a separate practice model but rather a powerful process that can be integrated to enhance all forms of group counseling.

This understanding of the mutual aid potential on the part of the group leader can help avoid the trap of doing individual counseling in a group, and it may increase the possibility of the group itself becoming a powerful force for learning and healing. Although the potential for a positive group counseling experience exists in all groups, there are many obstacles, including unhelpful past group experiences, that may impede the process. That is why the group leader needs to clearly understand his or her role, group development, and group processes. Central to this role are the skills required to help group members help each other.

Case Examples Used in This Book

The examples used in this book come from a number of sources and are presented in three basic formats. First, some of the examples are in straight dialogue format with the first names of the participants or “group leader” or “group counselor” indicating who was speaking. My commentary is identified as Practice Points in the text, and when appropriate, a Practice Summary may be provided at the end.
The second format is a simple process recording in which a description of the actual group conversation is provided in paragraph form, and it may include remarks by the group’s leader as part of the record as well as my comments on content and relevance to the section.

The third format is a more formal structure entitled a record of service (ROS). The structure of the report includes a description of the group, its membership, the particular issue the group was dealing with (formation, developing a culture for work, dealing with a “deviant member,” scapegoating, etc.), and the time frame for the series of meetings. This record includes excerpts of the work selected by the group leader addressing the identified group problem over a number of sessions. The material often includes the retrospective analysis of the group leader and a description of the leader’s thoughts and feelings over time. At the end of the ROS, the group leader may describe where the problem defined in the introduction stands at the end of the last reported meeting and in some cases what next steps need to be taken.

A major reason for including the ROS report is that it allows the reader to see the change in practice over time as the group leader gains insights and develops new strategies and interventions. These examples make a strong argument for reflective practice where beginning and experienced group leaders are continuing their learning process.

Examples also include some of my own work from early and more recent practice. I clearly distinguish when the illustration is from my own practice. Examples of my work with married couples, single parents, teenagers, and persons with AIDS and in recovery from substance abuse, among others, are used to illustrate key concepts such as the dynamics of first meetings. Other examples come from seasoned professionals as well as students illustrating a range of levels of practice skill. I believe the reader can learn as much from an analysis of mistakes as from a more sophisticated practice, so I have included illustrations of both. It is also encouraging for beginners to see how quickly a group leader can catch a mistake if willing to examine the work with a critical eye.

For all of these examples, normal Health Insurance Portability and Accountability Act (HIPAA) rules of confidentiality were followed so that clients could not be identified. In addition, I asked each person submitting an example for permission to include the record or a modified version of it in my future teaching and publications. In most cases, the writer was pleased to have the report selected and included in this text.

The illustrations are particularly helpful to students who may not have concurrent group counseling practicum experiences. They are also reassuring. A constant theme in this book stresses the importance of having the courage to be imperfect and to learn from mistakes. The process recordings can be used to help students understand the dynamics and skills required in classroom group leadership exercises. I believe the numerous illustrations are one of the strongest elements of the book, and each helps bring life to the theory and research. Each one has been purposely selected to illustrate major concepts associated with the chapter.

Appendix A includes a description of my research methods and findings and provides a framework for understanding and judging my studies shared in the book. Other appendices provide summaries of other research and of the best practices guidelines and professional standards from major group counseling associations together with accreditation standards. A glossary, index of topics and authors, and an index of case examples complete the book.
The “Fear of Groups Syndrome”

Finally, I want to address an issue that is often under the surface when beginning and even experienced counselors begin to consider working with groups. In my group leadership training workshops, a moment arises—usually early on the first morning—when I sense a general unease in the group. Sometimes the first clue of what I call the “fear of groups syndrome” emerges during their personal introductions, when some participants indicate they have never led a group. Their tone of voice suggests that if they could have their way, they never would. When I explore these clues, I often hear that some counselors were sent to the workshop by an administrator or supervisor who decided that group work would be a good idea. More recently, the pressures of managed care and requirements to meet performance goals have pushed settings to expand their group services, often for the wrong reasons.

Whether participants are in the workshop voluntarily or not, and whether they are experienced or new counselors, the underlying feelings are often the same: They are scared of leading a group if new to this modality of practice. As one experienced counselor said of group members, “There are so many of them and only one of me!” A commonly expressed concern relates to working with a group of people who are judging your work. The counselor is more exposed in group practice than in individual work. If an individual client does not return after a few interviews, the counselor can always chalk it up to the client’s “lack of motivation.” However, if five clients don’t return to a group session, the counselor may feel that he or she was off track or failed in some way.

Another concern involves the potential for direct negative feedback from members. Anger from a single client is one thing, but an angry group is something else. Of even greater concern is the possibility of a boring group. Counselors tend to feel completely responsible for the success of a group and dread the possibility of long silences, rambling conversations, individuals who dominate the discussion, or the sight of 10 pairs of eyes glazing over.

Beginning group counselors often raise their fear about losing control. One workshop participant put it this way:

When I’m conducting an individual interview, I know where it is going and can keep track of what is happening. In a group session, the members seem to take control of the session away from me. It feels like I am on my motorcycle, pumping the starter to get going, and the group members are already roaring down the road.

It takes some experience and time for a group counselor to realize that moments such as this may mean that the group is actually well on its way to success and that members have accepted the leader’s invitation to “own” the group. One of the benefits for group counselors who also do individual work is that they realize they can relinquish some control in their one-to-one interviews by following the client rather than the other way around.

The complexity of group practice also intimidates less experienced counselors. In individual counseling, they needed to concentrate on the relationship between themselves and the client and the content of the conversation; with a group, they now have to concentrate on the relationships among group members as well. As they gain group counseling experience, they become more conscious of the entity called the group-as-a-whole, which is discussed in detail in Chapter 8. I describe the ways in which one can become more observant of this entity—the group—which is more than the sum of its
parts—the members. In one-to-one interviews, counselors have to concentrate only on the individual; now they also must pay attention to the group and develop the ability to observe both the “one” and the “many” at the same time. The reader should not be discouraged. This is a skill that can be learned and learned quite quickly.

In Chapter 7, which focuses on the individual in the group, I suggest that the common concern that the leader must choose between the individual or the group—for instance, by paying attention to an individual's behavior and thus ignoring the needs of the group—can be resolved by examining the connections between the individual's behavior and the group-as-a-whole. A teenage girl in a group for survivors of sexual abuse, for example, may act out and disrupt the group when the discussion turns to a painful area such as the disclosure of the facts of one of the other member's abuse. She may actually be acting as a “gatekeeper” for all of the members who share these feelings. This can be a signal to the group leader of a need to open up a discussion of how hard it is to address such painful memories—not just for the individual but for the whole group. In an example in Chapter 7 drawn from just such a group, we find that the acting-out member turns out to be the one teenager who had suffered the worst abuse, in part explaining why she plays the gatekeeper role. This chapter looks at the most common individual roles in the group, such as scapegoat, deviant member, monopolizer, silent member, and others.

These concerns of new group leaders are understandable. On reflection, however, beginning and experienced counselors soon realize that their concerns are similar to those they felt when they first began as counselors. Skills in work with individuals, with which they now feel more comfortable, seemed beyond reach during their first interviews. Group leaders continually learn more about the dynamics of the relationships between themselves and clients, as well as the dynamics between group members. Confidence in the skills they have allows them to worry less about the skills they still need to learn and to better tolerate areas of ambiguity. They are better able to resist the understandable desire to come to closure quickly, sometimes adopting techniques and oversimplified or rigid and controlling models of group leadership, and instead remain open to the challenge of continued learning. I also believe that when using manualized approaches to group practice that have been developed through research, the group leader keeps in mind the need, at times, to innovate and depart from a prescriptive intervention. This is the element of the art of group leadership that should be strengthened by the science (the research) and not extinguished. In learning the skills to work with groups, counselors often start with no confidence at all; as happens in their individual practice, they build confidence through experience.

Furthermore, I try to reassure counselors that they already know more about group counseling than they realize. Much of what they have learned about helping can be applied to the group situation. The ability to listen, to hear and understand indirect communications (e.g., the teenage client who begins by saying, “I have a friend with a problem”), to empathize, and to communicate caring and concern are all important skills in the group counseling context. Areas of uncertainty represent exciting opportunities for new learning that can take place over the course of their professional lives. I have seen many students develop quickly while working in the group medium, particularly when they chose to see the group and its members as a source of their own learning.

With both new and experienced counselors, I try to point out that the root of their fear is a misconception about their complete responsibility for the group process. When they realize that they have responsibility only for their part, and that group members will do some of the most important work, counselors can view group practice from a proper perspective. Certainly, they will become more effective
throughout their careers as they develop group skills and gain knowledge and confidence. They can, however, still give a great deal to their first early groups.

A key concept that often helps is that skillful group counseling involves shortening the time between when the group leader makes a mistake and when he or she catches it. In the earlier example of the counselor responding defensively to the question “Do you have any children?” the counselor might revisit this question in the next group session, this time addressing the underlying issues. An example of such skillful practice follows:

Last week, when Mrs. Smith asked me if I had children, I was taken aback. I have thought about it, and I realize you were all probably wondering if I, without children of my own, could actually understand what you go through as parents and whether I could be helpful.

Catching the mistake in the same session would be very skillful indeed. I also suggest to new group leaders that they will make mistakes, learn from them, and then make more sophisticated mistakes. The important idea is to free group leaders from the misconception that they have to be perfect at all times. Group members can forgive mistakes and in fact are impressed by group leaders who can own up to them rather than be defensive. The first time I respond to a student who shares an example or does a class role play and say, “That was a beautiful mistake since you can learn from it,” they have trouble with the concept. Once they understand it, they are free to risk more, make mistakes, learn from them, and not be so hard on themselves.

When new group leaders reflect on situations where they feel they could have handled things much better, and they no longer have the group to catch the mistake, I urge them to “sign the painting” and hang it up. The suggestion is that they should admire what they did well, recognize areas for improvement, and begin a new “canvas.” They can’t hold themselves responsible for making mistakes that at the time they did not understand or not using skills they had not yet developed. They are, however, responsible for continuing to grow in their knowledge and skills.

My research has indicated that new counselors tend to underestimate the amount of help they can give to their clients. Group leaders face this same problem. Continued group experiences help correct this misconception. The marvelous feeling a counselor experiences when he or she sees the power of mutual aid in a group helps make up for the group leader’s anxiety along the way.

Finally, a counselor’s fear of groups must not interfere with the clients’ right to receive the modality of service that is most appropriate to their particular needs. Consider, for example, populations of oppressed and vulnerable clients such as battered women, for whom groups may well be the service modality of choice, providing a crucial complement to individual counseling. These clients should not be restricted to what may turn out to be less effective service simply because their counselor did not receive training in group counseling or feels more comfortable facing one client at a time. As the reader explores the many examples in this book, the obvious healing power of groups makes the case for overcoming the fear of groups syndrome.

Conclusion

The development of this book was guided by theory, empirical research, and the practice wisdom of colleagues, my own group practice, and my teaching efforts over the years with thousands of group leaders who were students in my classes or participants.
in training workshops. It provides a structure that allows the group leader to use a wide range of models and group types. It offers a clear format on how to run a group and is practical in nature. Detailed illustrations including dialogue from actual groups are used to connect theory to practice and to address the day-to-day realities of leading counseling groups. It is written in a form that can be helpful for the beginning group leader as well as for one with more experience. Both will take something out of the content based on their current levels of understanding and skill. The book is written in a conversational rather than a strictly textbook mode, as if I were responding to the natural questions and concerns of the reader. The conversation continues with a discussion of underlying assumptions in Chapter 1.