
Groups in Social Work
A Workbook

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Chapter 5

Basic Leadership Skills

This chapter will discuss styles of leadership and the basic skills of a group leader. The next chapter will concentrate on competencies that are typically more challenging for beginning leaders. Additionally, Chapters 13 and 14 will discuss ways to manage potentially difficult situations that may arise in groups.

STYLE OF LEADERSHIP

The particular style of leadership may depend on the format of the group. Highly structured interventions, such as psychoeducational approaches, rely on the guidance and direction of the leader, but less structured approaches encourage members to take full responsibility for the purpose, goals, and interventions used in the group (Toseland & Rivas, 2009). In many groups, the facilitator essentially does individual therapy with one group member at a time. An example of this style of leadership is exemplified in the inpatient group treatment offered at the acute hospital setting (see pages 57-58). In this style, there is intensive leader-to-member interaction with other members saying little during the exchange. This type of leadership style, though not uncommon in practice, is ill advised; it fails to take advantage of the potential benefits of the group wherein the members take responsibility for the interactions. In the example of the inpatient therapy group with Harold and Marcus, Harold might have received valuable feedback from the other group members and/or he would have heard about other members' struggles with relationships with parents who had been maltreating.

Although one person might take center stage of any group for a portion of time, the leader can generalize the work to the group. For example in the woman's process group, the group leader says after a period of concentrated work with one of the members, Nicole, "We have been talking about the need for Nicole to get more support from other women when she is feeling lonely and reaches out to men for companionship. She then ends up feeling hurt after they have sex that doesn't fulfill her emotional needs. Are there others in here who can relate to what we've talked about today? Nicole has agreed to call at least two other members of this group when she feels lonely. Does anyone else want to agree to do this, as well?"

Overall, the leader's responsibility is to see that each person gets roughly equal attention in the group rather than one group member dominating with his or her problems each week. However, some leaders would say that it is the group members' responsibility to insure they get the time they need. For example, in the 15-member eating disorders group, when people complained about the size of the group and insufficient time to talk about their concerns, the group leaders said it was up to them to assertively get their needs met.

Question 5.1: What is your reaction to this response from the eating disorders group leaders?

FACILITATIVE SKILLS

There are some basic facilitative skills that group leaders must demonstrate so that members will share their experiences and feel understood. First, the group leader needs to respond empathically to members' concerns. The leader helps members overcome feelings of alienation, stigmatization, and isolation by validating, affirming, and normalizing their experiences (Toseland & Rivas, 2009). The group leader also facilitates members' hope in the future and motivates members to make changes through the mutual aid available in groups.

We will now take a closer look at the following leadership skills:

1. Attending skills
2. Asking questions
3. Allowing the group to have ownership
4. Finding commonalities and making linking statements
5. Structuring group material
6. Providing Information in a collaborative way
7. Structuring activities
8. Reinforcing desirable group behaviors

ATTENDING SKILLS

The ability to convey effective listening through body language and verbal communication is an essential skill in all types of helping relationships, as well as for group facilitation. The practitioner must listen empathically to clients' concerns, reflecting the content of the client's messages, as well as their feelings. In this way, the individual feels heard and understood, thoughts and feelings are clarified, and other group members learn about how to listen and respond to other people's concerns.

Since we are focusing on skills of particular salience to group work, we will touch on one particular technique, the use of "scanning" (as cited in Toseland & Rivas, 2009). When a facilitator scans the group, he or she makes eye contact with all the members, rather than directing attention at one or two people. This makes people feel as if the leader is interested in them and is including them in

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communications. It is easy for a group leader to stay locked in eye contact with someone he or she knows well (such as a client seen in individual therapy) or someone who seems particularly interested in the material, but the group leader must include everyone in his or her gaze, even those who seem disengaged or hostile.

In this scenario involving an open-ended sex offender group, devise reflective responses after each time the featured group member speaks, (you may write your answers in the space provided following the scenario). Recognize, that this exercise is for practice; you may not want to reflect that often as it may sound unnatural or forced. For now, do not attend to the questioning of the group leader. This will be the focus of an upcoming exercise.

The group leader begins by asking the group member to describe his family and how he gets along with them.

Group member 1: I don't get along with anyone in my family. They all hate me.

Group member 2: What about your brother? Didn't you say that you and he get along?

Group member 1: Yeah, he was the only one who loved me, but he died when I was eight.

Group leader: Who hates you?

Group member 1: My mom and the rest of my family.

Group leader: What has your mom done that makes you believe that she hates you?

Group member 1: When I was little, she locked me in a closet, or sent me away. She called me bad names.

Group leader: Why did your mom lock you in the closet?

Group member 1: She made me stay in the closet when she had men over. Sometimes I would cry and yell and she'd get really angry—she told me I had to be quiet because that's how she earned money to buy food and clothes.

Group member 3: Did you know what was going on?

Group member 1: Yes, I could see everything from the keyhole in the closet door.

Group leader: Where were your brothers and sisters when you were locked in the closet?

Group member 1: They were at my grandma's house.

Group leader: So you were all alone in the closet?

Group member 1: Yeah, because my brothers and sisters lived with my grandma. I was the only one who lived with my mom.

Group member 4: How come you didn't live with your grandma?

Group member 1: Because they all hated me—I was different.

Group leader: How did you feel that you were different?

Group member 1: I had a different dad.

Group member 4: Because your mom was a whore?

Group member 1: NO! Because my mom was raped.

- Group leader:** Okay guys, Carlos is sharing some really personal and painful things with us—it's important to show him the same respect that you expect when you're sharing. Carlos, it takes a lot of courage to be open about these difficult things that have happened with you. It sounds like being locked in the closet, and seeing your mom with men, and being treated like an outsider by your family were all really hard things that you had to deal with. Can you talk about what things were like for you when you didn't have to be in the closet? How did your mom treat you?
- Group member 1:** Well, she never hugged me or kissed me or acted like she loved me. But she was really nice to my brothers and sisters.
- Group member 3:** Why do you think your mom treated you differently?
- Group member 1:** I don't know—sometimes she said I looked like my dad.

Question 5.2: Devise reflective responses for each time a group member speaks.

ASKING QUESTIONS

Asking questions is another basic helping skill. As you probably already know, helpers strive to ask open-ended questions; that is, not answerable with a yes or no response or a one-word answer, but one in which the individual can respond in a variety of ways and explore further. In general, we avoid the following types of questions:

1. Closed-ended (those that can be answered with a one-word or brief information response.
Example: "How many sisters do you have?" when a group member talks about a difficult relationship with a particular sister.
2. Leading (those that pressure the speaker to respond in a certain way).
Example: "Did you enjoy the attention?"

In the following group scenario with adolescent sex offenders, identify the leading questions, the closed-ended questions, and the open-ended questions.

- Group leader:** So, what do you mean to stay away from little kids? All little kids in every situation?
- Group member 1:** No, I guess I just meant that I should not be alone with little kids.
- Group leader:** What was it about your victims that turned you on?

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Group member 1: I don't know.

Group leader: What do you mean you do not know?

Group member 1: I guess their butts. I guess that I picked two people that were almost becoming teenagers, and I liked the way their butts looked.

Group leader: What was it about them that made you want to offend them?

Group member 1: I liked the way their little butts were round and juicy.

Group leader: Okay, so you might want to stay away from children whom you feel like you might be attracted to their round, juicy behinds.

Group leader: What else about your victims made them appealing?

Group member 1: I don't know.

Group leader: Did you pick them because they were younger and you did not think that they would tell on you?

Group member 1: Yeah, I know that they would not tell on me.

Group leader: So, maybe you should stay away from children that you think might be vulnerable?

Group member 1: Yeah.

Group leader: What might make them more vulnerable?

Group member 1: I don't know.

Group member 2: What about kids that are in a room alone without their parents?

Group member 1: Yeah, I don't think I would do anything, but just so I can be sure and no will think anything, I should not be in the room alone with them.

Group leader: Okay, so we have identified a couple of different things here that might make being around children a little safer. You have identified what it is about your victims that made you attracted to them and how you were able to have access to them. Now that you know that, you can make your plan around those issues.

Group member 1: Okay.

Group leader: Do you see how that is more concrete than "I am just not going to be around kids at all?" I would imagine that not being around kids would be impossible, whereas the things that we just talked about will help you to have a plan to be around children safely and supervised.

Question 5.3: Devise an open-ended question that could take the place for each leading or closed-ended question in the scenario above.

Construct questions so as to elicit strengths. One strategic use of language is the use of definitive (also called presuppositional) phrasing that conveys the expectation that change will occur. Words such as “when” and “will” are used, such as, “*When* you are better, what *will* you be doing?” Definitive phrasing is contrasted with possibility phrasing, marked by words, such as “*if*” and “*could/can*” (e.g., “If you get better, what could you be doing?”). The latter phrasing implies doubt that the client can change. In an independent living group geared toward preparing older foster care youth to age out of the child welfare system, one of the group facilitators posed the question, “So can you think of things you can do to stay safe?” Group members met the question with silence. Instead the question can be phrased, “What things do you do to keep yourself safe?” This line of inquiry implies that the group members are already taking steps to ensure their safety and sets up a positive expectancy that they will have answers to share with the group.

Avoid the use of “why” questions as they can sound judgmental and accusatory (“Why did you do that?”). Additionally, “why” questions may produce rumination and intellectualizing, when in group one wants to elicit feelings, specific thoughts and behaviors, or resources. In general, use “what” and “how” questions because these open up the group members to more possibilities and resources.

One more pattern to guard against as a group leader is asking too many questions. In motivational interviewing, the general rule is that for every one question you ask, make three statements (Miller & Rollnick, 2002). The advantage of groups is that questions can be directed to the group rather than repeatedly to one group member (“Have others shared this experience?” “What do you think [group member] was feeling in this situation?”).

Question 5.4: Note the use of “why” questions in the open-ended adult sex offender group scenario described in the previous chapter. What is your reaction to them?

ALLOWING THE GROUP TO HAVE OWNERSHIP

This section could also be titled, “Let the Group Do the Work.” This can be quite a relief to beginning group workers. They do not have to be responsible for everything that happens in the group; they do not have to possess all the answers! These are methods to allow the group to “own” their group (Toseland & Rivas, 2009):

- Support members’ communications with each other rather than addressing the leader.

Example: As a group member reacts to Nicole’s story about yet another break-up with her

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boyfriend, she addresses the leader. The leader could say to the group member, "I wonder if you could tell Nicole directly what you are thinking."

- Promote mutual sharing and aid.

Example: In a parenting group, Pat talks about the difficulty of being able to discipline his children when they defy him. The group leader asks, "I wonder if anyone else in the room can relate to what Pat is going through with his children."

- Solicit members' input into how the group will proceed.

Example: During check-in for a social phobia group, Greta becomes emotional talking about her week. The group leader asks, "I wonder if we should deal with Greta's feelings now or should we continue with the check-in and come back to her?"

- When the group leader is asked a question, it can be redirected back to the other members.

Example: In a health education group for people with schizophrenia, the group leader asks what the members ate for lunch. Tom answers, "I didn't eat the cake. I ate the chicken and vegetables. Was that good?" In this case, the leader could ask the other group members, "What do you think of Tom's choices for lunch?"

- When two members or the leader and a member are at an impasse, the leader can open it up to the group.

Example: As part of an addictions program in a prison setting, group members prepare a "life story" wherein they share the story of their addiction and read it aloud. One group member, Debra, has just related that she and her siblings switched off care of their children with each other during the summer time. Debra has said that she spent a lot of time using cocaine and shoplifting during one particular summer. Another group member, Vera raises her hand too.

Vera: Well, I think they were enabling you. I think you need to look at that. I didn't have anyone to help me. I did it all by myself.

Debra: That's the way my family works. We would trade off. I get all the kids for two weeks, then my one sister, then my other sister, then my brother, so it ended up that we all got almost the whole summer to ourselves. We still did get-togethers and if the kids wanted to come home, that was okay, but they liked going to all their cousins' houses. It was fun for them, and it was like a vacation for me and them.

Vera: For you, huh? You didn't have to face reality, girl. You got to live in some fantasy world and didn't have to face motherhood like I did. I was here all by myself, no mother, sisters, nothing, not even a husband that was ever home, he was out partying. I think that your family just encouraged you to live a single person's lifestyle and you didn't face up or own up to your responsibilities, that just gave you more time to shoplift and drug it up.

In this scenario, Vera was becoming more insistent, whereas Debra didn't seem to think Vera's point had much relevance for her. Rather than continuing the interactional pattern between the two group members, the group leader could intercede and re-direct the focus to the group as a whole. As in, "What's the difference between people being enabling and people being supportive?"

Question 5.5: Refer again to the adolescent sex offender group scenario discussed on pages 63-64. In that scenario, how could the group leader get the other group members involved in the discussion?

Question 5.6: In the scenario, on pages 57-58, in the psychiatric hospital in which Harold kept inserting his opinion on the way Marcus felt toward his mother, how could the social worker have opened up the interaction to the rest of the group?

Read the following scenario and answer the question that follows:

This social skills group takes place at a middle school for youth who have been categorized as "emotionally disturbed" and is facilitated by a social worker and the social work intern. Group members consist of one boy, Brian, who has been diagnosed with Asperger's, Evelyn and Jill who have both been diagnosed with Anxiety Disorders. This group session adds a new member to the group, Diedre, a 12-year-old girl with Asperger's. The members, up until this point, are working on how to initiate contact with others and how to respond to overtures from others.

Leader: Well, as I said we have a new student who is joining our group. Everyone, this is Diedre. Diedre, what are you doing this weekend?

Diedre: Nothing.

Leader: Nothing, or nothing you want to talk about?

Diedre: Just nothing!

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Leader: Okay, you don't have to talk about it if you don't want to, but we do have to talk to each other with respect. Let's take a few minutes because we have a new group member, and review so that we all can know and remember our rules for group. First, we always treat our group members with respect. What we say in group, we don't talk about outside of group, because this is a safe space to talk about—

(Evelyn raises her hand.)

Leader: Evelyn, is this something related to what we are talking about?

Evelyn: Yes, um. We shouldn't talk about what happens in here because—

Diedre: What? Your name is Evelyn? But that's a girl's name!

Evelyn: I am a girl.

Diedre: No, you're not.

Evelyn: I understand that because my hair is short that sometimes people think that this might be a boy haircut, but I am a girl.

Diedre: Are you sure?

Evelyn: Yes.

Leader: Diedre, you have asked that already. Now you heard her name is Evelyn, and that's a girl's name, and that should tell you she is a girl, and she's told you she is a girl.

Diedre: But I thought he was a boy!

Leader: Well, she is a girl. Now our other rules for group are—

(Diedre raises her hand.)

Leader: Yes, Diedre?

Diedre: *(pointing at Jill)* What's wrong with her?

(At everyone's attention turning to her, Jill's face crumples, and she begins to tear up.)

Leader: Diedre, there is absolutely nothing wrong with Jill, and we have talked about how you need to respect people.

(Jill is crying now.)

Leader: Jill, are you—

Diedre: Look! There is something wrong with her!

Leader: Jill, was there something wrong?

(Jill shakes her head.)

Leader: Were you just bothered by Diedre's saying that?

(Jill nods.)

Leader: Okay, Jill, why don't you and I step out of the room for a minute?

(Jill and the leader leave as the student intern takes over.)

Question 5.7: How could the social work leader have gotten the group more involved in the work of the group?

An additional way to push members to take ownership is when they test the guideline that was set up about handling issues as a group. Individuals may contact you individually and voice a complaint about the group or make a suggestion. Your job is to refer the member back to the group: "You make an excellent point. Be sure to bring it up next time we meet so we can discuss it as a group." The member may insist that the issue is too sensitive. You must recognize that if a person takes the risk of bringing up a sensitive issue in group (e.g., "I'm trying to get what I can from the group, but it's hard when the rest of you are giggling and whispering all the time"), they are vulnerable to rejection or anger from other members. Therefore, you, as the group facilitator, have to be able to protect the individual group member; otherwise, the group member will feel unfairly exposed, and other group members will decide it is unsafe to show vulnerability in the future.

Protecting the group member involves first, complimenting the person for coming forward and expressing him or herself, emphasizing that it takes a lot of courage to do so. The group facilitator can then ask whether other people in group share the same concerns. If others do agree, the discussion can move forward from there. If there is no response, the group facilitator can suggest that the person brought up an important issue and might be speaking for other people, who at this time are unable to risk giving voice to their concerns. The facilitator can then ask what specific behaviors the group member would like to see from others.

FINDING COMMONALITIES AND MAKING LINKING STATEMENTS

An important way to help build group cohesion—the sense of community and togetherness within a group (Corey & Corey, 2006)—is to find the commonalities between group members' feelings and experiences. The leader may choose to remind the group as they begin to share feelings: "Our experiences may be different, but we all have feelings, and have all felt shame, guilt, doubt, sadness, anger. While we all have different paths and experiences that got us here, the one thing everyone shares in this room is that we are here now."

In addiction recovery groups, for example, there are many different types of people, but the clear commonality is the painful struggle with addiction and the feelings of helplessness and guilt that often accompany such a struggle. A member sharing about an experience may touch on feelings of guilt, giving the leader an opportunity to note how this feeling, while possibly precipitated by a different situation, sounds similar to the guilt described by another member. Or, the leader can bring in the other member by asking: "Does the feeling he describes with this experience sound familiar to what you shared last week?" Although these are different experiences, universal emotions are invoked.

Yet one more example involves how people feel about their parents. A 20-year-old male and a 50-year-old woman may both discover that they continue to seek approval from their parents. Although they may have different approval-seeking behaviors, they can come together around the pain related to not receiving the approval they both so clearly desire. When the leader emphasizes the communication, the members feel less alone, and see more similarities rather than differences, between themselves and others.

Group leaders will often make statements to link different group members' experiences. In the following

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example, the members of an inpatient substance abuse treatment group respond to the leader's question about times they were able to refrain from using drugs. The first group member talked about wanting to keep his job so he could make child support payments. The social work intern then enlarged upon his statements about caring for his child. See how the student intern linked his statements to the concerns of the rest of the group.

Social Work Intern: Has anyone else not used for similar reasons?

Sue: Yeah, I can relate. I have two kids and one that CPS already took because of my using. I can remember one time I was on the street and had my last bit of money. I was going to give it to the dope man, but something in me just stopped. I had a picture of my daughter in my mind, and I knew she needed food. So I went on home.

Social Work Intern: So it sounds like for both of you, your children were big factors in stopping you from using on that occasion. How about the rest of you?

Robert: I didn't use one time because my mom was in the hospital, and I knew if I used I would never go see her. The doctors said it was serious, and I didn't want her to die and never see her again. So I went to the hospital, and I was real glad I did.

Social Work Intern: What about going to the hospital made you feel good?

Robert: It was just seeing my mom's face when I walked in the door. She was really happy to see me. Now I did go out and use right after that, but not before.

Social Work Intern: Can you see any common themes in what kept you all from using?

Susan: Family members—kids, mom.

Social Work Intern: What can we learn from that?

Susan: That family is real important and people count on us.

Robert: We're supposed to be responsible.

John: It's important because they love us.

Social Work Intern: So how might knowing that family members count on you and love you help you the next time you want to use?

John: Just remembering their faces sometimes get me through.

Social Work Intern: How about the rest of you? What do you think?

Susan: Sometimes if I just concentrate real hard on thinking about my baby and how I really do want a better life for her, and I don't want her to go down the same path I went, sometimes that helps me.

Social Work Intern: So it sounds like for all of you, a family member in need played a big part. John, your son needed child support. Susan, your daughter needed food. Robert, your mom needed to see you when she was sick. All of you said earlier that using drugs makes you feel like a loner, but you've all described people in your lives that really need you and love you. So maybe if we can work on building the relationships with the people that matter most to you, perhaps you can find ways to feel more connected and not so alone.

Group Members: Yeah, that makes sense.

As this example illustrates, one important task of the group facilitator is to connect different members' experiences with each other to build group cohesiveness. In this way, people learn that others share their experiences and that they are not "crazy," "alone," or "different."

STRUCTURING GROUP MATERIAL

We have referred to the fact in Chapter 2 that social workers, depending on the population with whom they work and the setting where they are employed, will often lead structured groups, those that revolve around the provision of information and the use of activities that help group members learn about particular topics germane to their problem (Toseland & Rivas, 2009).

Many groups possess an emphasis on educational material; for instance, educational groups, psychoeducational groups, and treatment groups that are structured in nature, such as cognitive-behavioral groups, all have information to present. However, limit the delivery of lecture-type format; instead, present material in collaboration with clients (Carroll, 1998). We will discuss certain ways to do this below. Finally, in this section, we will discuss how to relate activities to the purpose of the group.

Providing Information in a Collaborative Way

Here, certain strategies for imparting information collaboratively will be outlined, illustrated with examples.

- Elicit group members' knowledge of information.

For example: In a group of non-offending mothers of children who have been sexually abused, mothers learn information about sexual abuse dynamics (Corcoran, 2003). One dynamic many of them have difficulty understanding is why their children did not come to them immediately once the abuse first occurred. In order to begin talking about this dynamic, the group facilitator first asks the mothers to come up with possible reasons why children do not always disclose abuse right away. Some of the reasons might be easier for mothers to list, and for others, the group facilitator prompts the group members for responses, asking deductive questions that ultimately result in the following list (Deblinger & Heflin, 1996):

1. Fear for the child's safety
2. Children don't want to get the offender in trouble
3. Fear of blame and punishment
4. Loyalty to perpetrator
5. Fear for the effect on the family
6. Shame and embarrassment
7. Confusion/helplessness

After the list is formulated, the group leader asks the group members their reactions to it.

Group member #1: I guess there's a lot of good reasons why children might keep the abuse a secret.

Group member #2: And what might make it even more confusing to kids is that a bunch of these reasons may all be happening at the same time.

Group leader: Very good point.

(The group leader then moves into information about how long it takes children to reveal sexual abuse, again beginning by eliciting group members' knowledge on that topic.)

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Group leader: Does anyone want to guess how long the research tells us it takes before a child will disclose sexual abuse?

Group member #3: Sometimes not until they're adults. I didn't tell anyone that I was sexually abused by my father until all this came out.

Group leader: Sometimes people don't talk about it until they are all grown up. Fortunately, there is now more attention to sexual abuse, so hopefully people won't wait as long. Despite all the awareness, though, children still delay telling an average of 1.5 years. If the offender is a family member, it is even longer: 2.6 years (Wolfe, 2006).

In this example, the facilitator asks the group members about their knowledge of sexual abuse, so they can be actively involved in the presentation. A second benefit is that the group leader might adjust a presentation according to the extent of member knowledge on a topic. Finally, when people have been given an opportunity to first reflect on what they know about a certain topic, they are then usually more receptive to information.

- Elicit group members' reactions to information

For example: in a brain injury support group, the student intern led a session featuring depression. She began by discussing that depression was a common result of brain injury.

Intern: The research shows that anywhere between 30 to 49% of people with brain injuries have depression. Today, we're going to talk about your experiences with depression. What's your reaction to these statistics?

John: That seems too small of a number. What I have experienced is not just depression, but frustration that becomes anger that becomes depression. And sometimes I just can't handle it because I get so tired.

Pam: Me, too, plus what worked to get rid of depression before the accident doesn't work any more. So I'm left trying new things with what seems like half of the original equipment.

Intern: That's a very good point. The brain regulates your moods and emotions, but with the brain injury, this system is altered and one must find new strategies to address all of the anger, frustration, and fatigue that come with brain injury.

- Ask group members to describe information in their own words: *Note the following exchange in an open-ended educational health group, which is held weekly at a residential facility for people with schizophrenia.*

Social Work Intern: Today we've been talking about calories. Let's review what we discussed. Can someone tell me what an empty calorie is?

Mary: It's sodas, candy, pie, ice cream, candy and that sort of thing...like Snickers, M&Ms, Butterfingers, cookies, pies, Mars, Coke, Root Beer, ice cream, chocolate, hard candy, Ginger Ale, Pepsi, Mountain Dew—

Tom: It's sugar. I don't eat a lot of sugar.

Social Work Intern: Exactly, empty calories are basically sugary foods that don't have much nutritional value. People tend to use them for a source of quick energy. But what happens then?

Sally: What comes up, must come down.

Social Work Intern: Yes, your blood sugar goes up, then comes crashing down, making you feel worse than you did in the first place.

- Have group members apply information to their own experience:

Returning to the example of the health group, the intern says, "Let's discuss what you all had for lunch today. Were there any empty calories served?"

Henry: We had cake.

Tom: I didn't eat the cake. I ate the chicken and vegetables.

Another group member explains that the cake was an example of empty calories. In this way, the group members are engaged in the information that is being provided and make it applicable to their own lives.

Structuring Activities

As the group leader, provide succinct, yet clear directions on how to complete an activity. For example, in the psychoeducational group for mothers of sexual abuse victims, the group leader, after discussing information on "I" messages, said, "In order to get some practice on using 'I' messages, I want each of you to think about a person in your life with whom you are having some difficulty." She paused here, scanning the group to see that she had everyone's attention and that they understood her so far. She allowed a little time for reaction as some members laughed or nodded, recalling a particular conflict they were having. Here, she continued, "You each have a sheet of paper before you. I want you to write an 'I' message to that person, using the format we have talked about." Here she indicated a large poster board sheet tacked to the front of the room in which the elements of "I" messages were presented. "After you have some time to do that, we will go around and share our 'I' statements, and I will write them on this poster board. Does everyone understand what we're doing? Let me answer any questions you have."

As this example illustrates, the group leader provides instructions on the activity and how it relates to the information that has been provided. After the activity has been completed, the group leader can process with the members what they learned from the activity. Such a discussion can relate the activity to the purpose of the session.

I realized the importance of such a rationale when I was leading the group for adolescents involved in the criminal justice system. I worried initially that if I spent too much time talking, I would lose the boys' attention. One time, I assigned the boys a collage activity representing their lives as they wanted them to be after they had worked to free themselves from illegal activity. The members were compliant, but as one boy cut and glued, he commented, "Why are we doing this, just to keep busy?" I had to laugh at myself, because he had pinpointed my neglect to make clear to him and the other group members the link between the goal of the group and the activity. I certainly didn't want them to think I was just having them do busywork rather than activities that would have value to them.

REINFORCING DESIRABLE GROUP BEHAVIORS

The group leader must be vigilant for behaviors that he or she would like to reinforce in group members, such as:

- Sharing feelings (e.g., "I know that was difficult stuff to get into, LaShawn, but you were able to talk about your own reactions instead of being angry at someone else. That shows a lot of progress on your part.")
- Asking for specific feedback (e.g., "Did you see how Jenny asked for the group's reaction about how she managed the conflict with her sister? She didn't just tell the story, leaving us to wonder, she told us what she needed.")
- Being open to hearing feedback (e.g., "Tarryn, I'm sure some of the feedback you were getting about how you come off to others was difficult to hear, but you listened very well to what your fellow group members had to say.")
- Being willing to try out new ways to approach problems (e.g., "I'm hearing that it felt very awkward to talk about your feelings with your girlfriend rather than yelling at her, but it's wonderful that you were willing to do something different this time when you found yourself getting mad.")
- Reflecting other members' feelings (e.g., "That's great, Trish, rather than telling Paul what he should do, you were able to reflect back what he was feeling when he saw his dad.")
- Keeping people on track when they seem to drift into tangential speech (e.g., "Thank you, Lee, for getting the group back on focus.")
- Pointing out strengths and giving positive feedback (e.g., "Robert, I'm impressed how you're able to see the good in other people.")

Not only do you benefit members by complimenting them, you also let the group know what behaviors you want in group and model for them how to find strengths in others.

De Jong et al. (2008) suggests a form of complimenting called "indirect complimenting" in which positive traits and behaviors are implied. Examples of indirect complimenting include: "How were you able to do that?" "How did you figure that out?" These questions push the client to figure out the resources they used to achieve success.

SUMMARY

This chapter has focused on some of the basic skills social workers need to demonstrate when they lead groups. Many of these skills, such as showing empathy and asking questions will be familiar to the reader because they are also shown when working with clients individually. However, others of these, such as making linking statements to join members of the group together and to create cohesiveness, and letting the group take ownership are specific to group work. In the next chapter, we will turn to more advanced group work skills.

Chapter 6

Advanced Leadership Skills

This chapter will focus on group leadership skills that the beginning social work leader might find somewhat challenging. These include: 1) asking members to be specific and concrete; 2) inviting members to talk about their feelings and reactions; 3) ensuring that group members give appropriate feedback; 4) maintaining the focus in the group; 5) providing advice; 6) attending to the here and now; and 7) appropriate self-disclosure as a leader.

ASKING MEMBERS TO BE SPECIFIC AND CONCRETE

As we have discussed when formulating guidelines for group behavior, some people are more comfortable talking in generalities about "you" or "they" when they are talking about themselves. A guiding principle in therapeutic situations is to stop people when they talk about "you," and ask them to whom they are referring. This will get them to speak about themselves more personally. In addition, people tend to describe situations or experiences in general terms ("My boss has it in for me"), but in order to get more in-depth, they have to describe specific circumstances and explore what happened. Questions such as the following can be asked:

- When you talk about "people doing bad things," can you tell me what you mean by that?
- Can you give a specific example?
- Can you explain what happened in this instance?

This example relates to the process group for adolescents that was run in a residential treatment program (see question 3.1). After the initial railing about the way the group would be run, the teens began to set the course for the particular group session.

Group member 1: Okay, the topic today is going to be teen relationships. How do you know if a person is right for you?

Group member 2: Well, I think that boys are busters¹.

Group member 3: Sometimes you just sense it and that's when you know it is wrong.

Group member 4: You can tell by the way a person acts around you. You can tell if they just flirt with you or if they are flirting with everyone else too.

Group leader: I am interested to know how is it that you can tell if they are being real or just faking it?

Group member 2: You need to talk to them on the phone and get to know them that way.

Group member 4: I will ask their friends if they are being real with you.

Group member 2: They're fake if they act different around you when it's just you than they act towards you when there are other people around.

¹ "Buster" means fake.

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- Group member 1:** This person has to be someone you can consider getting close to, someone sensitive to your needs, someone you can take the next step with.
- Group member 2:** You can give them a little truth about yourself and see what they do with it.
- Group member 4:** I give them a little of my life story.
- Group Leader:** How would telling your life story help you to see if they are real or fake?
- Group member 4:** Well, once they find out I'm in foster care if they pull away and get freaked out, then I'll know they are fake. But if they try to understand and talk to me, then they are real.
- Group member 2:** What would you do if your boy or girlfriend was cheating on you?
- Group member 3:** I'd try to set him up so that I could catch him in the act.

In this example, after the first group member brought up, "How do you know if a person is right for you?" the conversation from there remains on a fairly superficial and general level. To deepen the dialogue, the group facilitator could ask if the initial group member was considering a specific situation or an actual relationship that spurred his question. The exploration of the feelings and experiences associated with a concrete situation has much to teach about abstract questions, such as "How do you know if a person is right for you?"

The following scenario involves an open-ended support group for mothers in recovery (all members have both a substance use disorder and a mental health disorder). For now, we will ignore the tendency of client #2 to try to take over the group (see Chapter 13) and will focus on how to get the group members to talk in more concrete terms about their concerns. How would you do this as the group leader? (Write your response in the area provided following this scenario.)

- Leader:** Who would like to start?
- Client 1:** Well, I just reconnected with my kids this weekend for the first time in months. I mean I had them at my house. They was gettin' on my nerves. I just felt so overwhelmed. I was like "am I ready for this?" I'm just not sure I am ready to be back with them again.
- Leader:** So you have been apart from your children and you are just starting to get used to them again?
- Client 1:** Yeah. We had a sleepover. All four of them were there and we made popcorn and watched a movie. It was fun but they were also gettin' on my nerves. I was starting to feel overwhelmed.
- Client 2:** You know, Client 1, you're doing a good job. Having kids can be stressful for anyone but especially because you are just getting back with them and reestablishing your relationships. Plus, you are going through your own stuff, you know? You've been clean now for what, 60 days? That's tough, you know? But you just have to take it a day at a time. When I'm with my two kids I get stressed out. They work on me and get on my nerves. But I have to remember myself and my own needs too, you know?
- Client 1(nods):** Yes, I still focus on myself, too.
- Client 3:** I'm trying to get my daughter back. I don't have custody of her no more. She will be 18 soon though. I'm hoping I can get her back.
- Leader:** Let's focus on what Client 2—

Client 2: Client 3, you have a tough situation, you know? I don't know what it's like to have custody taken from me but it must be very hard, you know? You have to remember that you have an illness, though, and your needs are important, too. I think if you just keep working on yourself and your own issues you will be able to get your daughter back. That's what I did in my situation. I just worked on myself, and I keep working on myself everyday and now things are getting easier with my kids.

Leader: Client 2, I would like to hear what Client 3 thinks—

Client 2: And if you just stay on task and keep focusing on yourself, that's the only way you will get your own issues resolved so that you can reunite with your daughter again. You know? Are you taking your medication, Client 4? You know it's important to keep taking your meds so you can keep your illness under control, right? If we don't all keep following with our own treatment, then we are going to keep having difficulty with our relationships with our kids.

Leader: I would like to go to Client 1 for a minute—

Question 6.1: How would you do this as the group leader?

Read the following scenario involving a psychoeducational group for people who have been diagnosed with depression. The group meets in a crisis care residential facility where all members have been staying for the past few days. The topic for the session is medication management.

Gina: You know, I take these meds and I just don't feel like myself.

Group leader: Yes, medications do affect people in ways that may seem highly unusual to the person who is taking them.

Kim : *(responding to Gina)* Yeah, I used to be so much skinnier, look at me, I've gained 20 pounds and I just don't feel attractive like I used to.

Group leader: Does anyone relate to how Gina and Kim feel about the effects of their medications?

Michelle : *(after about 20 seconds of silence)* Well, for me being on these antidepressants has made life pretty unpredictable. I don't know how I'll feel when I wake up in the morning.

Group leader: So the medication seems to affect your self-concept?

Stephanie: Yes, I feel like a different person when I'm taking my meds.

Group leader: So, you too feel like the medication changes who you are.

Question 6.2: After reading the scenario, what is the group leader attempting to do after people speak? How could the group leader go deeper with people's concerns?

INVITING MEMBERS TO TALK ABOUT THEIR FEELINGS AND REACTIONS

One of the ways that people become vulnerable in group, share of themselves authentically, and take ownership of their own reactions is to talk about their feelings. Although there is a nuanced language for feelings, I like to keep it simple when I'm working with clients and talk about the main four: "happy," "sad," "scared," and "mad." Often, the group leader will ask members directly, "How are you feeling right now as you talk about this?" or reflect upon what they seem to be feeling, "I notice that you seem to be swallowing back tears of sadness as you talk."

There are some groups in which anger is a predominant theme, such as anger management and domestic violence intervention, conduct disorder treatment, and so forth. In such groups, members will easily admit feelings of anger and groups can stay focused on this emotion. However, other emotions often underlie the anger, such as sadness and fear. Therefore, in such groups, there could be a rule set up that people can talk about any other emotion but anger. Group members with such problems are often using anger defensively. By removing this possibility, you force them to get in touch with other feeling states. Many times, for example, anger is used in place of fear or hurt.

Social workers and other mental health and social service professionals often believe that people need to talk about their feelings in group about the difficult circumstances they have been through. There are some people in groups who are less likely to go along with this plan, however—for instance, adolescent and young men with conduct problems, especially when they attend open-ended groups in which participation is time limited. These group members may resist talking about feelings and become uncooperative or uncommunicative instead. Rather than getting into a struggle with clients about what they "should be dealing with" and pushing them into a direction they may find intrusive and irrelevant, coping questions are suggested. These imply that the client has shown resilience in surviving difficult life circumstances, and help clients figure out what qualities, resources, and supports were used (De Jong et al., 2008). Coping questions involve the following:

- "How have you coped with the problem?"

- "How do you manage? How do you have the strength to go on?"
- "This has been a very difficult problem for you. How have you managed to keep things from getting even worse?"
- "What do you tell yourself to keep going?"
- "What do you say to yourself to keep your sanity and hope when things are really hard?"

Question 6.3: In the adult sex offender group discussed previously (page 62), how would you ask coping questions? How might the featured group member have responded to them?

An additional opportunity for group members to share their feelings is when they blame or criticize others in the group. Often, when people experience painful feelings, they are more comfortable talking about someone other than themselves. Group leaders must be alert to this tendency and re-focus the discussion to personal experiences: "What are you feeling right now?"

The excerpt involves an open-ended group called "Relationship Skills" that takes place at a day treatment program for people with chronic mental illness. Group members are completing a worksheet identifying problem behaviors.

Client #1: What does the word super-dependence mean? Isn't it good to depend on others? It's not healthy to do everything on your own.

Social Work Intern: You're right. It's definitely beneficial to rely on others for support. Super-dependency is being overly dependent on someone, not being able to do things for yourself.

Client #1: Well, I depend on my husband for everything. We've been together for twenty years, and he does a lot for me.

Client #2: It's a sign of weakness to depend on others too much. I am at a point in my life where I only depend on myself. I am the only one I can trust.

Client #1: Are you saying there is something wrong with me because I depend on my husband a lot? There's nothing wrong with that. Is there, Social Work Intern?

Social Work Intern: Being able to depend on your spouse is an important part of marriage. It's when you become unable to do things for yourself that the dependency becomes problematic. It is also unhealthy to isolate yourself, and not be able to rely on anyone at all.

Client #2: I think anyone who relies on anyone else is pathetic. It is sick the way some people use their mates for money and other things. I will never make the mistake of marrying again. Worst thing I've ever done.

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Social Work Intern: Client #2, you have some very strong opinions about dependency in quality relationships. What would you like to talk more about with the group?

Client #2: Nothing. It's really no one else's business about my failed marriage. It's just pathetic, though, how some people have to rely on others for everything. It's disgusting really.

Client #1: Who do you think you are? Are you calling me pathetic? My husband and I have been together for a long time. Just because he gives me money doesn't mean I'm using him. And it doesn't mean I'm super-dependent. I can't believe you have the nerve to say that about me--in front of my face, too. You white girls have no idea what it is like to be a black woman in this city. You just have no idea.

Client #2: Me being white has nothing to do with being too dependent on people. I have made the choice to only depend on myself. That is my personal choice, and I have a right to it. Just like you're free to keep your relationship with your husband as it is. It is not my business to tell you that things should change. It's your problem, not—

Social Work Intern: Okay, okay, I understand that you both have very important things to add to the group discussion, but I'm going to have to ask you to keep your comments to yourself, if you can't respect what others are saying. In order to keep this group a safe place for everyone to voice their ideas and opinions we need to make sure everyone's views are heard and respected. That does not mean you have to agree with them—just that you respect them.

Client #1: How am I supposed to respect someone who is insulting me in front of my face? I can't believe this B**H! Do you know what I've gone through to get my marriage to where it is today? Did you know he used to hit me? Did you know that? Did you know we used to use together? We'd use and then he'd beat me up. And he has a baby with someone else! Do you know how close to using again I was when I heard that? I've been clean for three months now, and I've been coming here to help me with things. You have no idea how things are for me.

Client #2: I know that you are a pathetic woman if you really think your husband loves you. He's probably cheating on you because he knows how you need him for everything

Social Work Intern: Ladies, there's a better way to handle this. It is inappropriate and absolutely disrespectful to—

Client #1: Whatever! Screw all of you! F*** this place! I'm getting the hell out of here.

(Leaves and slams the door behind her)

Client #2: I don't know what her problem is. Sometimes the truth hurts. She just needs to—

Social Work Intern: Please, Client #2. This is not the time to bad mouth Client #1. We can talk about what happened at the break, but right now in front of the rest of the group is not the time.

Client #2: Fine, I don't have anything else to say anyway.

She folds her arms across her chest and slumps down in her seat for the remainder of group.

The student intern in this situation must be given credit for tolerating a difficult and uncomfortable situation. She tried to get the group member who was railing about dependence being "pathetic" to talk about her own experiences by saying, "Client #2, you have some very strong opinions about dependency in quality relationships. What would you like to talk more about with the group?" Unfortu-

nately, the group member rejected this gambit and the conflict escalated. When it did, the leader reminded the group members about the necessity of maintaining respect for each other.

Perhaps the group member would have responded to a simpler and more direct question, "What are you feeling right now?" If she could start talking about hurt over a previous relationship betrayal, the focus would then be on her, rather than the conflict with the other group member.

Question 6.4: Recall the anger management session on "compassion" (see pages 32-33). How would you approach this interaction in the group after reading the previous material?

ENSURING THAT GROUP MEMBERS GIVE APPROPRIATE FEEDBACK

Following from the above discussion, a valuable aspect of the group process is that people share their reactions towards each other. In this way, the recipient can learn more about how he or she relates to others, and the giver of feedback can learn about how to communicate assertively.

The leader's responsibility is to teach people to give feedback in a way that is both honest and authentic *and* is sensitive to the other person's feelings. One important way to structure feedback is to suggest that the speaker talk from a personal position using an "I" message. Further, the person should speak in specific terms about a person's behavior rather than making characterological references (e.g., "You're mean."). Note this example of feedback to a group member that encapsulates this structure: "When you say you don't care about having a relationship in your life, I don't believe you because otherwise why would you keep coming to this group? I think you should admit that you want a relationship and then you might be more open toward it. When you keep saying that, it makes me not want to have a relationship with you, and you might be turning other people off, too."

When feedback is vague or given inappropriately, the leader can also invite group participation: "What do others hear in this message?" or "Are there any other ways this could have been said?" Group leaders can also *reframe* an inappropriate reaction (more on reframing will be offered in Chapter 11). For example, in a group for women who were involved in intimate partner violence, one of the members related that she had returned to her violent husband. One of the other members responded, "Are you crazy? You know he's going to end up killing you!" The group leader, in this situa-

tion, said to the woman who had first spoken, "I think what she's trying to say is that she is worried about you."

In addition to monitoring the content of the feedback, the leader must also attend to the *amount* of feedback any one person receives. Not uncommonly in groups, people go on "the attack" with a member who is vulnerable. The group leader might have to intervene in such a circumstance: "Let's hold off for now and check in with [the recipient of the feedback] and see how you're feeling and your reaction to what you heard people say."

MAINTAINING THE FOCUS IN THE GROUP

Sometimes group conversations may veer off in tangential or unproductive channels. This happens for a variety of reasons. Some people tend to be storytellers and monopolizers of the group's time, wanting a lot of attention on themselves and finding it difficult to share group time. This particular challenge will be discussed in Chapter 13. Other reasons for tangents is that the group members do not want to deal with uncomfortable material, and by keeping the group off-focus they do not have to face the hard work of confronting material directly. By being tangential, people might also succeed in keeping the group at a superficial level rather than getting into more depth. People sometimes are scared to risk the authentic sharing that depth entails and are afraid of getting hurt or rejected. Before they can risk, they may need to feel that sufficient safety exists in the group.

There are many options for dealing with tangents that group members take (for individuals with these behaviors, see Chapter 13):

- Redirect the tangent.

For example, in the teen "self-esteem" group at the inpatient hospital unit, one of the group members mentioned a family meeting that had taken place the day before and complained about a therapist, who made statements in family meetings that she didn't make at other times. Other group members shared their experiences about her doing the same thing. In this case, the group leader allowed the members a few minutes to speak. When each member had the opportunity to speak once, and the discussion seemed to be gaining steam, she redirected the group, by saying, "We aren't here to process about the therapist and have a group about her. Let's get back to our topic."

- Ask the group if the tangent is an avenue worth pursuing.

For example, in the teen group perhaps the members could be asked if they want to turn their attention on communicating assertively with adults.

- If a pattern of storytelling emerges in the group, the group leader can point out this pattern and ask the group members both what they are getting out of this (they don't have to face painful subjects, they protect against change) and what they may potentially lose (i.e., is the group going to be able to meet its goals?). When presented with a cost-benefit analysis, the group members can be challenged to decide if they want to do something about this pattern.

- If the group leader senses that the group may have veered off after sensitive or deep work was being discussed, she might stop and ask for group members' observations of the transaction.

In the example of the teen group, perhaps before the group member began criticizing the family therapist, she was getting into some important family work. If this was the case, the leader could draw the group members' attention to this point. We will talk more about process observations in the next section.

Question 6.5: Recall the scenario of the teen group in the residential treatment center (see page 22): What technique did she use to try to get the group back on track? What other techniques from the above list might she have tried?

PROVIDING ADVICE

As discussed, people in groups (and in all social situations) easily move into advice-giving mode, and the group leader must ensure that people's feelings and experiences are processed first: "Before we tell Denise what we think she should do, let's hear more about the struggle she's having with her elderly mother." Recall the example of Nicole in Chapter 4 and how group members' attempts to solve her problems only increased her feelings of pain.

At the same time, members often seek out groups because they want to know what to do about certain situations or problems and may want to know about what has been helpful for others. Before the group leader enters into advice-giving, here are some guidelines to follow:

1. Make sure that the person's feelings and situation have been understood and validated.
2. Ask other group members what they know or what has worked for them. They are less likely to share their ideas if the group leader speaks first on the topic, so allow group members an opportunity to share (Toseland & Rivas, 2009).
3. Be tentative about giving advice: "I think I understand your perspective on this. I wonder if it would be okay for me to tell you a few things that occur to me as I listen to you, which you might want to consider" (Miller & Rollnick, 2002).

Chapter 12 will cover how to teach group members about the problem-solving process, which can

channel people's advice-giving tendencies.

ATTENDING TO THE HERE AND NOW

The most valuable aspect of groups according to Yalom (2005) is that one can work on interpersonal functioning on a here and now basis. For example, an open-ended support group for men with serious mental illness focused a session on "men and emotions." A leader and a social work intern facilitated this group.

Leader: Hello, how's everyone doing this morning? Today we're going to talk about men and emotions.

Jeff: You mean like crying? Is it okay for men to cry?

Leader: Good question, Jeff. What do you think?

Jeff: I cried when Mary died. She committed suicide. I'm mad at her. Do you think she's going to hell?

(Mary was Jeff's best friend. She had died by suicide about two weeks prior to this group session.)

SW Intern: You seem very sad about your friend's death, and you miss her. You're also angry she took her own life.

Jeff: Yeah.

Diego: I think it's hard for men to show their emotions. They are supposed to be strong, you know? Women expect too much of men. They want us to be strong, you know? We're supposed to take care of them, give them money, but we don't get much in return.

Leader: So you're saying that women have an image of men being strong, non-emotional providers. Can someone tell us where we get this image of males being stoic providers from?

Steve: The movies. James Bond.

Jeff: *(with a bright affect)* I like James Bond. Did you see that one called...um...I don't know, but it was good. *(Affect suddenly darkens.)* I'm mad at Mary. Why did she do that? *(Slumps down in his seat.)*

Diego: Was she a Christian?

Jeff: She went to church. I don't think she's going to hell.

(Alex mutters something unintelligible.)

Leader: What was that, Alex?

Alex: I'm leaving here. I have a big house. You can't make me stay.

SW Intern: *(deciding to ignore Alex)* Diego, your religion is very important to you.

Diego: Yeah, suicide is a sin.

Jeff: What are you saying—that Mary's going to hell?

Diego: Suicide is a sin.

Jeff: What? Stop saying that, Diego. You're upsetting me.

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Diego: It's a fact, man. The Bible says that if we kill ourselves, we're going to hell.

Jeff: *(starts crying)* Why are you saying that? Mary was my best friend!

Leader: Hey, guys, it's all right. We can have different religious beliefs. Jeff, what's important is what you think about Mary.

Jeff: You mean if I think she's not going to hell, she isn't?

SW Intern: Jeff, what do you believe?

Jeff (smiling): Mary was a good person. She wouldn't hurt a flea. I don't think she's going to hell. She's an angel. Sometimes I see her with wings and a gold circle over her head. She's smiling at me.

SW Intern: Jeff, Mary meant a lot to you. It's good that you have fond memories of her that you carry around with you.

At that point, the group went in a different direction, talking about movies that promoted stereotypes of men.

Since the theme of the group was "men and emotions," the leaders could have stayed with the emotions Jeff was sharing and the group members' reactions to him. Instead, they turned the group's attention away from the present moment and to the past when the leader asked where group members received their messages about men being "strong," which eventually led to a discussion about movies. After Diego said, "I think it's hard for men to show their emotions. They are supposed to be strong, you know? Women expect too much of men. They want us to be strong, you know? We're supposed to take care of them, give them money, but we don't get much in return," the leader could have asked, "Diego, what are you picking up on how Jeff is feeling right now?" We will continue here with a hypothetical response.

Diego: Well, suicide is a sin.

Leader: What does Jeff seem to be feeling? Mad, sad, scared?

Diego: Sad.

Leader: Could you tell him that?

Diego: Jeff, you seem really sad.

Jeff: *(nods and start to tear up)* Why did she have to do that?

(The men seem uncomfortable and Alex mutters a statement that is unrelated to the group discussion.)

Leader (to everyone): What are you all feeling as Jeff shares his sadness?

Diego: I don't like it. She shouldn't have done that to him.

Leader: Diego, how are you feeling? Mad, sad, scared--

Diego: I feel mad at his friend.

Leader: How do you feel towards Jeff?

Diego: Like he must feel like he wants to run out of the room.

Leader: So you're embarrassed to see him upset? Embarrassment is a type of fear. What are you scared of?

Diego: That he's going to break down.

Leader: Can you tell him that?

Diego: I'm afraid you're going to break down, man.

Jeff: I'm okay. I'm not going to kill myself, if that's what you mean. I wouldn't do what she did to other people.

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This type of conversation could take the group members to a deeper level about the experience of showing emotion as men as their feelings are explored and reflected.

After the dialogue has played itself out, which may bring the group to the end of the session, the leader could bring back the theme of the group, "How does what we have been talking about relate to men and emotions?"

Part of working with the "here and now" is that the group leader stays attuned to the interactions and patterns in the group, focusing not on what the group was talking about (its content), but instead on its patterns of communication (its process). Focusing on process might be particularly important if a troublesome interaction pattern emerges in the group. See example of Nicole (page 59), and the teen group that got waylaid when the leader left the room, leaving the intern alone to cope (see question 6.5).

APPROPRIATE SELF-DISCLOSURE AS A LEADER

We will talk in Chapter 14 about managing challenging group moments, which include members asking leaders to disclose inappropriate personal information about themselves, but in this section, we will start with Yalom's (1985) general principle for self-disclosure. He reminds us that the main purpose of a group is to discuss "here and now" feelings. Therefore, in service of this goal, group leaders can make statements about their reactions to material being shared by group members. For instance, in the women's process group, the group leader shared, "Nicole, sometimes I feel a lot of responsibility for relieving you of how badly you feel, and I sense that you're disappointed with my efforts." This type of self-disclosure models the sharing of authentic feedback and risk-taking (Yalom, 1985).

SUMMARY

This chapter has covered skills that beginning group leaders might find more challenging to master. The examples and exercises have been placed so that readers can practice with different situations before they actually arise in a group setting and hopefully the presented scenarios will also stimulate further discussion and role plays in your classroom. Additionally, Chapters 13 and 14 will go into other potentially difficult situations group leaders may encounter.