CASEWORKERS WORKING WITH GROUPS

A Survey and Assessment of Casework Agencies
Using Groups of Clients and Relatives of Clients
for Educational and Treatment Work, Greater Vancouver.

by

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ABSTRACT

In many social agencies today, caseworkers are working with groups of clients or relatives of clients and there are increasing references to this development in the literature. The purpose of the present study was to discover; (a) the extent of the use of such groups by caseworkers in the Greater Vancouver Area; (b) the administrative policy on the subject; (c) the views and experience of supervisors in the group method, including problems of supervising caseworkers; (d) the experience and also the training of caseworkers in these groups.

Questionnaires were utilized to obtain most of the data. They were sent to the casework agencies of the Greater Vancouver Area, to the administrators of agencies with caseworkers using the group method, and to the supervisors of such caseworkers. An interview schedule was prepared to use in interviews with caseworkers who were "change agents" in a group.

The evidence is that increasing numbers of social workers in the Greater Vancouver Area are working with groups of people rather than singly. The administrative level reflects much uncertainty about the appropriate policy to develop in the use of group methods. Supervisors are on the whole not experienced in this technique, and questions on how to supervise caseworkers working with groups need to be answered. Caseworkers are favorably impressed with the usefulness of groups as a way of helping clients and relatives of clients, but most of them lack adequate training in group method. To improve services, there is now a need for a classification system of group services to be employed in casework agencies, and there is an urgent need for training, probably with the aid of Schools of Social Work Instructors, to help caseworkers become proficient in this new development of group method.

ACKNOWLEDGEMENTS

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CASEWORKERS WORKING WITH GROUPS

CHAPTER 1

SERVICE THROUGH THE USE OF GROUPS

IN CASEWORK AGENCIES

Casework and group work have been the two major social work specialties for over three decades. An observant reader of social work journals will have noticed that there are increasing reports of caseworkers working with groups of clients and relatives of clients. An early example (1956) from the Canadian journal, The Social Worker, is entitled Casework in a Group Setting With Wives of Alcoholics. The writer, Margaret Cork, a caseworker in Toronto with the Alcoholism Research Foundation, stated that it

> ... was recognized that often the stability of
> the home can be significantly affected if the
> wife is helped, regardless of whether or not
> the husband is still drinking, and that this
> is often a real factor in the alcoholics own
> attitude towards seeking help. Implementation
> of this part of our program brought evidence
> that, not only would it be possible to meet the
> demand for individual service, but that indi-
> vidual casework did not meet the needs of a
> large number of wives. These would seem to be
> mainly those whose defences were stronger than
> usual against recognizing their own part in
> the marital malajustment and who were unable
> or unready to form an individual relationship
> whose principal goal would be self-understanding

and adjustment to reality. Thus we set upon a
method of helping those individuals in a group,
which was neither group work nor group therapy,
though it had in it components of both.[1]

Margaret Cork decided to work with a group of nine wives on a

weekly basis. As a result of the group approach, the women quickly

identified with each other and were able to discuss their problems

and feelings. The results were apparently more productive than

working on a one-to-one basis:

Not only was the wife helped but the gains
were great for other members of the family, for
the alcoholic in treatment, for the alcoholic
still resistant to treatment and, above all,
for the children.[2]

Since 1956 an increasing number of articles by caseworkers

have appeared in both Canadian and American journals, about work

with groups of clients and relatives of clients. As this study

shows, there has been a growing movement in this direction on the

part of casework agencies in the Greater Vancouver area which

has not yet been recorded in social work literature. This study

will also briefly trace the developing interest in groops as a

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1 Cork, R. Margaret, "Casework in a Group Setting With
          Wives of Alcoholics", The Social Worker,
          February 1956, Volume 24, Number 3, p. 1.
          The title of this article indicates some of
          the confusion in this field. Margaret Cork
          was working with a group in a casework
          setting. She was not doing casework in a
          group setting.

2 Ibid., p. 6.

medium of change in North America. The bulk of the work in this
area has taken place in the United States, so the majority of our
sources are from American publications.

The Growth of Interest in Groups as a Medium of Change

All human beings are born into a group, the family. They are
educated in groups, play in groups and work in groups. Michael S.
Olmsted writes that a group may be defined

> "as a plurality of individuals who are in
> contact with one another, who take one
> another into account, and who are aware of
> some significant commonality".[1]

It is through groups that people achieve social and personal
satisfaction, that social and individual norms are changed, that
society maintains its controls, and through which society passes
on its values, customs and norms.[2]

It has been observed many times that social catastrophes such
as wars and depressions break and scatter families, small communi-
ties and other social groupings. The mass migration of millions
of farm families to the city has also broken group ties. In speak-
ing about American urbanization in this century, Raymond Corsini
says:

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1 Olmsted, Michael S., *The Small Group*, Random House,
        New York, p. 21.

2 Wilson, Gertrude and Ryland, Gladys, *Social Group Work*,
        Boston, Houghton Mifflin and Co. 1949, p. 36.

> there seems to be no question that society in its
> development has isolated people from one another.
> Paradoxically, increases of communication and of
> transportation appear to decrease intimacy of
> relationship.[1]

The consequence of such upheaval is that countless individuals

have lost their sense of belonging, and also have to contend with a

rising tide of psychological illnessess and social problems. The

very fact that many people have shattered their ties, or have only

tenuous ones, has helped to focus the attention of researchers on

the meaning and significance of the "small group" experience for

the individual.

The roots of the contemporary interest in the small group as

a medium of change are found in several sources. Insight and know-

ledge were derived from the social and behavioral sciences, and

from accumulated experience in social work practice.[2] Psychia-

trists, psychologists, social workers, anthropologists, sociologists

and educators have influenced, and been influenced by each others

experiments and observations.

Joseph H. Pratt, a Boston Internist, was one of the first

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1 Corsini, Raymond J., Methods of Group Psychotherapy,
         McGraw-Hill Book Company, Inc. New York,
         Toronto, London, 1957, p. 7.

2 Logan, Juanita Luck, "Social Group Work",
         Social Work Year Book.
         (New York; Russell Sage Foundation, 1960) p. 544.

people on this continent to use the group deliberately as a medium of change. In 1905, he organized special classes for tubercular, heart and diabetic patients. He noted that the beneficial influence that one patient had on another in the group helped to speed recovery.[1]

Before World War I, social workers helped groups and individuals without worrying about whether they were doing "group work" or "case-work". " Their focus was on problems of people and their external causes, much more than upon structures and methods of serving people".[2]

As early as 1909, Hull House had a successful group for young drug addicts, and Hull House Workers also experimented with group housing projects for the mentally ill.[3] The terms "group work" and "group worker" came into use in the 1920's to delineate people who had leadership responsibility within such agencies as the "Y" and settlement houses. The work of social worker Mary P. Follet in the dynamics of group process, created in these agencies interest in the discussion method as a means of encouraging and stimulating democratic group procedures. In 1923 for the first time, a school of social work started a course in the group method.[4]

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1 Sheidlinger, Saul, "Group Psychotherapy",
   Social Work Year Book,
   (New York; Russell Sage, 1955) p. 242.

2 Wilson, Gertrude, "The Use of Group Method in the Practice of
   Social Casework", Tulane School of Social Work
   Workshop, p. 13.

3 Coyle, Grace L., "Group Work in Psychiatric Settings; Its
   Roots and Branches", Use of Group in the Psychiatric
   Setting, National Association of Social Workers,
   New York, p, 12.

4 School of Applied Social Sciences, Western Reserve
   University.

The term "social group work" came into use in the early 1930's to distinguish it from the social casework method. In the 30's, group workers assimilated some useful ideas about groups from the educators. Helen Northen writes that a group worker "bases his activities on the philosophy goals, body of knowledge, and professional skills that comprise the profession of social work, and special knowledge and skills in use of groups as a unit of social service".[1]

While group workers were amassing knowledge and experience of groups (particularly the leisure time group), and sorting out their relationship to the social work profession in the 30's, a Vienna psychiatrist called Jacob Merene appeared on the American scene. He started an impromptu theatre for patients with mental disorders. He also developed sociometric analytical techniques, and applied them to "natural" groupings as widely diverse as Sing Sing Prison, and the New York Training School for Girls. His activities sparked a conference on the application of the group method to the classification of prisoners, reported on at the 1935 meeting of the American Psychiatric Association. Social workers, as well as psychiatrists, were present at what turned out to be the first organized meeting on the group method in treatment in North America.[2]

1[Northen, Helen, "Interrelated Functions of the Social Group Workers", Social Work, April 1957, p. 438.

2. Moremo , J.L., "Origins and Development of Group Psychotherapy", Group Psychotherapy, A symposium edited by J.L. Morene, M.D., Beacon House, New York, 1946. p. 263.

At about the same time that Moreno began his work in America,
S. R. Slavson developed a method known as "activity group therapy"
to be used in the treatment of emotionally disturbed children. He
drew upon social group work method, and he was closely associated
with social workers at the Jewish Board of Guardians Child Guidance
Clinic. He trained individuals from several professions to be
therapists, among them, caseworkers. Joyce Klein writes that "his
program can be regarded as one of the definite beginnings of the
use of the caseworker as the change agent in treatment groups".[1]

Both Jacob Morene and S. R. Slavson were instrumental in
developing the treatment method known as "group psychotherapy".[2]
This method has been defined by Saul Sheidlinger as a "psycholog-
ical process wherein a trained specialist utilizes the emotional
interaction produced in small, especially planned groups to effect
repair of personality malformation in individuals carefully selec-
ted for this purpose".[3] Sheidlinger goes on to say that the group
therapy practitioners come, in general, from the three related
fields of psychiatry, psychology and social work.[4] It is not

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1 Klein, Joyce Gale, Adult Education and Treatment Groups in
       Social Agencies, The Catholic University of
       America Press, Washington, D. C., p. 34.

2 Morene is credited with being the first person to use
       this term.

3 Sheidlinger, op. cit. p. 242.

4 Ibid., p. 245.

uncommon for caseworkers closely associated with psychotherapists, to become involved in working with a group of patients, often in the role of observer-recorder. Although group psychotherapy was used by a number of practicioners in the 30's, it was a minor stream in the main current of individually oriented theurapeutic activity.

World War II brought millions of individuals into close contact with each other in the Armed Forces. Research projects on the small group mushroomed, and much of our knowledge stems from this wartime activity.

In order to cope with the great numbers of psychological dis-- orders suffered by members of the forces, group methods of treatment were brought into use. General Marshall approved a program for army psychiatrists to start treating soldiers in groups. These groups proved to be so successful that Veterans Hospitals became leaders in this field after the war. A key research project in group psycho-- therapy was financed by the U. S. Veterans Administration and was carried out by the Washington School of Psychiatry. The research was conducted by psychiatrists, psychologists and social workers.[1] In the 40's a unit of University of Pittsburg group work students were

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1 Powdermaker, Florence B. and Frank, Jerome D., Group
Psychotherapy, Report of a group psychotherapy
research project of the U. S. Veterans Assoc-
iation. Harvard University Press,
Cambridge, Mass., 1953.

trained in the Veterans Hospital at Aspinwall. At about the same time group workers became active in the psychiatric wards of Crile Veterans Hospital.

The Use of Groups in Casework Agencies

In the last decade, staff shortages and large numbers of clients have led some child welfare agencies to establish pre-intake groups for foster parents and adoptive parents. Their purpose is to help the client decide whether or not he wants to make a formal application for the agency services.

According to Joyce Klein, caseworkers were working with treatment and counselling groups in the 30's and 40's, but reports of these experiments were not published.[1] Articles by caseworkers about these kinds of groups began to be published in social work journals in the early 50's. The first reports showed little recognition of the use of group process, or of skills needed in addition to casework skills. Current articles show a more sophisticated knowledge and understanding of group process, and of the role of the change agent in the group. Group treatment programs have been developed more rapidly by caseworkers in psychiatric settings, than by caseworkers in other agencies. Perhaps the reason for this is their close contacts with psychiatrists and psychologists working with groups of patients.

There have been five articles by caseworkers about groups, published between 1948-1962, in Canadian Welfare and the Canadian Journal, The Social Worker. We have already referred to the article written in 1956 about a group of wives of alcoholics.[2]

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1 Klein, op. cit., p. 35.

2 Cork, R. Margaret, op. cit.

The only Canadian Welfare article about this topic appeared in 1957,
and described group activity for unmarried mothers. In 1958,
The Social Worker published an article about work with groups in
psychiatric clinics. In 1961, the same journal had an article about
activity group therapy in a children's outpatient department.
Finally, in 1962, a report appeared on an experiment with a group of
seizure patients. Klein found sixty-one articles written by case-
workers on working with treatment groups between 1948 and 1959, when
she searched six major social work journals published in the
United States.

In her doctoral thesis on caseworkers working with treatment
and educational groups of clients, Joyce Klein concluded that there
is a vigorous movement underway among social workers to apply know-
ledge and techniques from the two specializations, casework and
group work.[1]

Purpose, Scope and Method

The purpose of this study was to enquire into:

(a) The extent to which caseworkers are working with groups of
clients and relatives of clients.

(b) The extent to which voluntary agencies and government
agencies are involved in this movement.

(c) The kinds of settings in which these groups are found.

(d) The agency policy regarding the use of these groups.

(e) The reasons caseworkers begin to work with groups, instead
of using the traditional one-to-one interview method.

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[1] Klein, op. cit., p. 157.

(f) The supervision received by caseworkers working with groups.

(g) The caseworkers' preparation for work with groups.

(h) The criteria for member selection.

(i) Some implications for social work education.

(j) Some implications for casework agencies planning to use the group method.

The scope of the study was limited to the following:

(1) Eighty-two casework agencies in the Greater Vancouver area were studied.[1]

(2) Education and treatment groups were studied. Family interviews were not included.

(3) Only such agencies which used groups since November 1, 1959 were studied.

(4) The caseworker and his experience with a group of clients, or relatives of clients, were studied. There was no attempt to question the group members, nor to evaluate the effectiveness of the caseworker as a change agent in the group.

In order to fulfill the stated purposes within the scope of

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1. All agencies listed in the Directory of Services, prepared and issued by the Community Chest and Coucils of the Greater Vancouver area, 1962 were contacted, except those listed under "recreation" and "education" headings. This eliminated the traditional social group work settings.

of the study, the following methods of social work research were used:

(1) The two Canadian social work journals going back to 1948, were searched to discover what had been reported by caseworkers working with groups of clients and relatives of clients.

(2) Questionnaires were sent to administrators of the eighty-two agencies previously mentioned, to find out how many of them employed caseworkers working with groups.

(3) A second questionnaire was then sent to all agency administrators who had answered that they had caseworkers working with groups, to discover the agency policy in regard to groups.

(4) Questionnaires were sent to the supervisors of the caseworkers working with groups, to find out what kind of supervision was being given to these caseworkers.

(5) With the permission of the supervisors, twelve available caseworkers were interviewed. An interview schedule was prepared for this purpose, and it was tested before it was used.

THE ADMINISTRATOR AND THE SUPERVISOR

OF CASEWORK AGENCIES

QUESTIONNAIRE NO. 1

Some Duties and Functions of an Administrator

It can be assumed that at the administrative level of an agency,
policies and procedures will be clearly defined and that the adminis-
trator will have an awareness of the policies and goals of his agency.
Inasmuch as working with groups by caseworkers is one method employed
to attain these goals, it would be expected that administrators would
find themselves prepared to answer policy questions referring specif-
ically to the matter of caseworkers working with groups.

Two questionnaires referring to matters of policy and goals were
directed to agency administrators. The first contained quantitative
material; the second contained qualitative material.

Rate of Agency Participation in Questionnaire No. 1

From the questionnaire sent to eighty-two agency administrators
in the Metropolitan Vancouver area, we specifically wanted to deter-
mine if the administrators of these agencies had employed caseworkers
working with groups in the past three years (since November 1959) and
whether or not they will use this method in the next year or two.
See Questionnaire No. 1 (Appendix No. 1). Sixty-seven agencies res-
ponded. Twenty-eight or 34.14% said that they had employed case-
workers working with groups in the past three years. Ten, or 12.19%

of the agencies reported that they intended to use this method in the next year or two.

Participation in Use of the Method According to Type of Agency

The eighty-two agencies have been classified (see Table 1) as federal, provincial, municipal, voluntary and private. Our findings are tabulated below.

Table No. 1:   Participation According to Type of Agency

| Type of Agency | Agencies Canvassed | | Agencies Working with Groups | | | |
	No. N - 82	%	Past 3 years No.	%	Next 2 years No.	%
Federal	5	6.00	1	20.00	1	20.00
Provincial	22	27.00	12	55.00	3	14.00
Municipal	17	21.00	3	18.00	3	18.00
Voluntary	33	40.00	12	43.00	3	9.00
Private	5	6.00	--		--	
Total	82	100.00	28		10	

Although it has been traditional in social work for voluntary agencies to provide leadership in developing and in experimenting with new methods of meeting needs, Table No. 1 indicates that in the matter of caseworkers working with groups it has been the provincial agencies which have provided leadership in the past three years. The table indicates also that in the next three years the voluntary agencies will fall still farther behind. The matter of leadership will be explored further in Chapter 4.

Participation in the Use of the Method According to Type of Service

The eighty-two agencies have been further classified (See

Table 2) as to type of service as set up by the Community Information

Directory.

Table No. 2:   Participation According to Type of Service

Type of Agency Service	No. Agencies Canvassed N - 82	Agencies Working with Groups			
		Past 3 years		Next 3 years	
		No.	%	No.	%
Services for Families & Individuals	16	3	19.00	3	19.00
Services for Delin- quents & Offenders	11	4	36.00	3	27.00
Vocational Guidance & Employment	1	-	----	-	----
Health Services:					
(a) Mental Health	11	10	90.00	1	10.00
(b) Other	16	2	12.50	2	12.50
Special Voluntary Services	21	8	38.00	-	----
Services for Aged	1	-	---	-	----
Services for Children	2	-	50.00	-	----
Private Residences for Children	2	-	----	-	----
Special Services for Children	1	-	----	-	----
Total	82	28	----	10	----

Table No. 2 shows that it is Mental Health agencies and those

offering services to children who use the method of caseworkers working

with groups most extensively. The classification of Services to Child-

ren would have shown one hundred percent participation in the method,

had the reply from one of the two agencies canvassed been received in

time for inclusion in this study.

The classification of Services for Delinquents and Offenders indicates a high participation rate. (See Appendix No. 2). It turned out, however, that three of the four agencies who said they had been working with groups were in fact talking about group workers working with groups and not caseworkers. It may be that this confusion is reflected in their statements about potential use of the method.

Summary of Findings

(1) 34.14% of agencies canvassed say that they employ caseworkers working with groups. 12.19% say they will be, in the next year or two.

(2) Leadership in the field for the employment of this method comes from provincial agencies and specifically from the field of mental health.

QUESTIONNAIRE NO. 2.

Participation by the Administrator

Questionnaire No. 2 was addressed to the administrator of the twenty-eight agencies that said they were using caseworkers working with groups in the past three years. We have assumed that agency administrators would be concerned with the "means" by which the goals of an agency were achieved and the first three questions asked about the "means". Specifically, we asked the administrators for:

    (1)   their reasons for starting groups
    (2)   their reasons for selecting the caseworker
    (3)   their reasons for selecting the supervisor

The last question asks if the program of caseworkers working with

groups was evaluated and if so, did this lead to an administrative decision to continue the program, to abandon it, to expand it, and/or to modify it.

There were replies to twenty-four of the twenty-eight questionnaires. One-third of these came directly from administrators and two-thirds came from some functionary in the social service department of the agency, hereinafter referred to as non-administrators. A review of agency structure indicated, in all cases but one replies received from non-administrators came from multi-discipline settings. The other reply from a non-administrator was from a large organization whose function is to provide social work services but whose size and complexity result in departmentalization.

Administrative Reason for starting Groups and Findings

From question 1 we hoped to find out from the administrator if he had made a decision to employ this method because he thought:

(a) the method might be more effective than the casework method?

(b) that a combination of the two methods might be more effective?

(c) that more clients might be served?

This kind of decision making involves a comparison of the merits of the two major methods in social work.

Only one of the six replies that came directly from the administrators reflected a decision based on the above mentioned factor. The remarks of this administrator are highly relevant. He gives his reasons as follows:

"To test for any therapeutic advantages over
the one-to-one method.
To test for any administrative advantages in
the light of excessive demand for services
and inadequate resources to meet such":

Five respondents gave answers that reflected a mixture of goals for the

group as well as agency policy in a comparison of the methods. An ex-

ample of this type of response is quoted in full:

"It was our opinion that a number of families
were presenting problems in the area of
communication among themselves. We felt we
could be of help to them through the group
method.
In addition in our work with children we found
that problems relating to their relationship
with their peers could be more effectively
handled in group sessions."
Some saw the method as being a useful adjunct
to the casework method.

A representative sampling of the replies of the non-administrators

will also be reviewed. Two agencies simply stated that they had been

approached by specific caseworkers in the agency to employ this method.

One administrator had stimulated the caseworker to try this method. An-

other non-administrator reported that this method was "... the most con-

venient way of dealing with problems". Three replies indicated that they

saw the method as being fashionable. A sample of this type of answer is

given in part:

"Group work in corrections is an accepted process
in progressive institutions."

The other thirty-eight answers that we received have been classified and

a typical example of the replies is given in three classifications:

1. Help to Individuals: This category accounted for
twenty-four answers. Most of them refer to the

group method as being helpful in improving the
social functioning of the individual.
e.g. "... facilitates development of inter-
personal skills in patient, can be supportive,
can provide identification, etc."
Some saw it as a way of improving the diagno-
stic and treatment skills of the worker.

2. Help to Families or Relatives of Clients: This
category accounted for eleven answers. They saw
the goals of the group to be to increase social
functioning through a sharing of problems and
experiences; aiding family communication; and
for parent eduacation.
e.g. "Group work was as a way in which
(a) relatives of psychiatric patients and
(b) mothers of children attending speach therapy
could share their problems and experiences with
others in similar situations, work through their
feelings, with professional leadership."

3. Help to People in the Community: This category
accounted for three answers. These groups are
formed primarily for the purpose of lay and
professional groups.
e.g. "... the extent of our group work is con-
fined, generally, to community groups. For in-
stance, a meeting with foster parents once a year,
participation in lay and professional groups on
specific problems ...."

Findings

When the reasons are set out as to why the administrators

started to employ this method we find that only one of the twenty-

four respondents gives an answer that involves a comparison of the

major methods. A few make decisions that confuse agency policy with

the goals of the group while the greatest majority of administrators

ignore decisions that reflect agency policy but instead talk about

the goals of the group.

Administrative Reasons for Selection of Caseworker

Question 2 asks the administrator if there were any special

reasons for the selection of the caseworker to work with groups. Such

a selection would be predicated on a knowledge of the skills of the

caseworker and his capacity to work with groups.

Nineteen of the twenty-four respondents said that there were

special reasons for the selection of the caseworker. Five of them re-

plied that there were no special reasons for the selection. There were

twenty-nine answers to this question and the special reasons that they

have given are classified.

Special Reasons for the Selection of Personnel and Findings

(a)	Special interest in working with groups	10	answers
(b)	Special experience working with groups	5	"
(c)	Special knowledge working with groups	2	"
(d)	Special skills working with groups a particular group	1	"
(e)	Special training working with groups	2	"
(f)	Demonstrated skill in casework practice	1	"
		21	"

Eight other reasons given by non-administrators are that the

caseworker was attached to a specific ward or unit; or that he was

selected as a matter of "administrative convenience"; or he was

"selected by the administrator".

Question 3 has two parts:

(a) Did the caseworker working with groups have the
benefit of supervision, and if so,
(b) On what basis did the administrator select the
supervisor?

The data indicates that one-quarter of the caseworkers working

with groups had no supervision at all. Twelve of the respondents ind-

icated that the supervisor for the caseworker was the departmental

supervisor; in three cases the departmental supervisors were the persons

working with the groups; two respondents indicated that they had "no choice" in the selection of the supervisor; three supervisors had the services of a group work consultant; and one supervisor of the case-worker working with groups was a group worker. Three answers refer to the special qualities of the supervisor, i.e. his formal education, training, and experience.

We found that the dominant reason given for selecting the caseworker working with groups was some special interest, experience, knowledge, skill, and/or training. We note, however, that the res-pondents have failed to relate these qualities to specific elements in the group process.

By constrast, the supervisor is selected by the administrator predominantly for reasons related to the administrative structure of the organization. It may be that the capacities of the supervisor to help the caseworker working with groups is taken for granted as being inherent in the position. But, again, we note the lack of any spec-ific reference to knowledge of group processes.

From the replies to the questionnaires it would appear that agency policy regarding the employment of this method was not clearly set forth and that the selection of personnel was not clearly thought through.

Evaluation of Program

Question 4 asks the administrator if he has evaluated the program of caseworkers working with groups; if so, did the evaluation result in any program changes; and, if so, what form did the changes take.

(a) <u>Criteria for Evaluation</u>

No definitive criteria exists for evaluating the program nor was a specific criteria spelled out in the questionnaire.

(b) <u>Processing of Data</u>

Seven of the twenty-four respondents said that they had made no evaluation of their program. They gave 8 answers for not doing so and their answers have been classified as follows:

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3 answers - the program is too new to evaluate
1    "    - the program is too old to evaluate
3    "    - no formal evaluation has taken place
1    "    - "not yet".
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Five of the respondents who say that they have made no evaluation also say they have made no change in their program. Two of them, however, do make decisions about changing their program. We think their remarks are highly significant to the findings in this section and we quote their remarks in full:

> Program too new to assess from a research point of view. However, subjective assessment would seem to support continuation and even expansion of group program involvement by caseworkers.

> This group has been functioning for over twelve years with the parents moving out of the group when their child starts to school and new parents entering the group whenever they are ready.

One respondent said that the program was subject to an "on-going" evaluation but this led to no change in programming. Sixteen respondents said they did evaluate their program but three of these reported that their evaluation led to no change.

These thirteen respondents, together with the two respondents who said they had not evaluated but who made policy decisions about their programs, gave twenty-one answers. They are classified as follows:

4 answers - the agency decided to <u>continue</u> the group
4   "   - the agency decided to <u>expand</u> the number of groups
3   "   - the agency decided to <u>expand</u> the training program for caseworkers working with groups
3   "   - the agency decided to <u>expand</u> the use of family interviewing technique
1   "   - the agency decided to <u>make changes</u> in procedures regarding the organization of subsequent groups

The thirteen respondents also gave six answers that reflected decisions about the group rather than the policy of the agency. They made minor changes related to the time of the group meeting, composition of the group, choice of room and furniture, etc.

The answers to this section reflects a wide variation in the relationship between evaluating the program and the policy decision to continue, to expand, to abandon, and/or to modify the program. While most of the respondents say that they do evaluate and that this leads to policy changes some who evaluate make no policy changes. Sometimes the policy decisions are confused with the goals of the group. Of those who do not evaluate most of them make no policy changes but some of them do.

<u>Summary of Findings of Administrative Function</u>

The employment of caseworkers working with groups as a means of meeting defined goals of an agency should be a reflection in policy-making at the administrative level. Our findings suggest that

such is not the case. We have found that:

- (1) Administrators have largely confused agency policy with the goals of the group.

- (2) Administrators, are, on the whole, making policy decisions primarily based on subjective opinion rather than on objective evaluation.

- (3) Administrators are only minimally involved in the development of this method in their agencies.

QUESTIONNAIRE NO. 3

The Supervisors of an Agency:

Some Duties and Functions of a Supervisor

The employment of the method of caseworkers working with groups within an agency affects the supervisor of the caseworker employing that method. We believe the use of the method affects the supervisor specifically in the area of her teaching function. To fulfil the teaching function in the employment of this method we believe the supervisor would ideally have:

(a) knowledge in the processes of group dynamics (theoretical training)

(b) practice in the skills of applying the method under supervision (practical training)

Secondly, we believe that a differential type of recording would facilitate the teaching function of the supervisor. We would expect that a separate file would be kept of the group and that a summary of the movement of the individual-in-the-group would be placed periodically in the case file of the individual.

Numbers of Supervisors Participating

The administrators gave us the names of twenty-nine individuals who were supervising caseworkers working with groups. Questionnaire 3 was sent to them. (See App. No. 3). Thirteen replies representing eleven agencies, were received. One of these was a psychiatrist and not a caseworker as observer-recorder for the group and this group was eventually studied at the caseworker level.

Development of the Use of the Group Method

Question No. 1 addressed to the supervisors was an attempt to ascertain when the agency started to use the method of caseworkers working with groups. The replies of the thirteen respondents have been classified in the following table which shows the extent to which this method has been used and the rate of increase in the use of the method since before 1950:

Table No. 3;   Use of Method and Rate of Increase in Use of Method

Time Interval	Use of Method No. of Agencies	Use of Method No. of Groups	Rate of Increase No. of Agencies	Rate of Increase No. of Groups
Before 1950	2	2	---	---
Between 1950 - 1955	2	4	---	-2
Between 1955, Nov.1/59	5	12	3	8
Since Nov.1/59	11	31	6	19

Two voluntary agencies started using this method before 1950 and they had four groups in operation by 1955. In the next four year period another voluntary agency and two provincial agencies enter the

field. Since Nov. 1/59 six agencies enter the field, two of them being voluntary agencies, two provincial and two municipal. The eleven agencies reporting are made up of five voluntary, four provincial and two municipal agencies. The number of groups for each as reported by the supervisors is 14, 14, and 3 respectively.

Combining the information received from the administrators and the supervisors about agency participation in this method we can compile the following table:

Table No. 4: The Number of Agencies Working with Groups since Nov.1/59:

Type of Agency	No. of Ag. Canvassed N - 82	Number of Agencies Working with Groups since Nov.1/59			
		Past 3 years	Next 2 years	Total	% of Total
Federal	5	--	1	1	20.00
Provincial	22	4	3	7	32.00
Municipal	17	2	3	5	29.00
Voluntary	33	5	3	8	24.00
Private	5	--	--	--	-----
Total	82	11	10	21	

Differences or Problems in Methods of Supervision

In question 4 we asked supervisors to tell us of any differences or problems they experienced in supervising caseworkers working with groups. We asked them to be specific about the nature of the differences and/or difficulties encountered.

Three of the twelve respondents reported there were no special problems or difficulties for them. One of them answered "no" to the

question without any elaborative remarks while another replied that

she operated in the joint capacity of caseworker-supervisor without

elaboration. A third one said the group process was easier as

"... the members are the therapeutic agents. The worker is only a

catalyst."

Nine respondents saw the process as being much more complex.

Three said that they, as supervisors, needed additional knowledge

regarding group dynamics and some of them referred to their lack of

skills in applying this method. The concern of these three people

is reflected in the following statement and there are indications

that this may be a widespread concern of supervisors. We quote:

> "I feel that being a Caseworker, I do not have
> the proper qualifications to either do group
> work myself, nor to give good supervision to
> another caseworker engaged in working with groups,
> in spite of the fact that I had some experience
> in this field myself. The School of Social Work
> gives one course in Group Work during the B.S.W.
> year, in which only the very basic elements of
> group work can be touched, but there never is an
> opportunity to do any group work under super-
> vision. What knowledge we had in this respect
> after leaving school, could therefore be theore-
> tical only, and on a pretty superficial level,
> which I find most regrettable. Would there be a
> possibility to have this School of Social Work
> institute evening classes for caseworkers,
> e.g. group dynamics."

Another three supervisors stated that their specific help to the

caseworker was in the area of increasing his awareness of group

dynamics. The specific elements referred to in the group process

were either member interaction or worker-member-of-the-group

interaction. One supervisor, who used a group worker as a consultant
quotes the consultant as saying , "... the worker leading this group
does not use classical group methods". The supervisor thought, how-
ever, that the method employed was "... a highly individualized and
effective technique which is more akin to casework method." Two
supervisors saw their chief problem as the need to give the caseworker
additional support because of the anxiety the caseworker felt in work-
ing with this method. This is the first glimpse we get of "anxiety"
of the worker and as this factor is elaborated upon later in the text
we think it worth while to quote the full remarks of this supervisor:

> "Worker's own feeling of insecurity are more pro-
> nounced in the group setting than in the case
> setting and this requires more support and inter-
> pretation by the supervisor. Feelings of insecur-
> ity are particularly displayed when the worker
> starts first group."

In summary, we see that three supervisors desire further know-
ledge in theoretical and practical training for themselves; three
supervisors report that the differences or problems they experience
in supervising caseworkers working with groups is in helping the case-
worker to become aware of group dynamics; two supervisors experience
the problem of having to support the caseworker in his anxiety in
working with this method; two supervisors saw no particular problems
or difficulties; one supervisor thought the method was easier to
supervise and one supervisor thought the method was different from
"classical group methods". What is the meaning of such a wide variety
of answers? Does the fact that members support each other in the

group make the work of the caseworker working with the group easier
than the work of the caseworker in the face-to-face method? Is this
the meaning of the supervisor who calls the method highly effective
even if it does stray away from "classical group methods"? It
appears that caseworkers and supervisors are confused about the group
method as an entity in itself and about the relative merits of the
group and casework methods.

Special Skills and Training of Supervisors Participating

Question 5 is an attempt to ascertain the degree of training
and practice of supervisors of caseworkers working with groups and
is an extension of the question raised in relation to the knowledge
and skill of the supervisor in handling this method. Their answers
have been classified as follows:

```
1 supervisor  - no training in theory or practice
3     "       - not specified (question not answered)
2     "       - training in theory. (Course(s) in
                School of Social Work)
1     "       - training in practice. (Experience in
                working with groups)
3     "       - training in theory and practice
                (Course(s) in School of Social Work
                and experience in working with groups
1     "       - Same as above along with theory in
                conference seminars.
1     "       - Same as above along with " the oppor-
                tunity to learn from experienced group
                therapists of other disciplines."
```

It is evident that the emphasis on training is fairly evenly
distributed between theory and practice, with a slightly heavier
emphasis on theoretical training. Only one supervisor indicates that
she has learned about working with groups under an experienced group
therapist.

Types of Records Kept

It has already been indicated that the type of recording kept

can be an aid to the teaching function of the supervisor. We have

thirteen respondents to this section of our questionnaire. Three

supervisors said that there was no difference in the type of recording

done and two said that they did not record at all, making no further

elaborative remarks. Eight supervisors said they thought there was a

difference but one of them did not elaborate. Of the seven who said

there were specific differences in recording one keeps a separate

file on the group processes and makes an entry on the movement of the

individual in the case file. We think his answer on the type of rec-

ording set up for use in his agency is worthy of a full quotation.

He reports that a recording of each group meeting is kept and says:

"The structure of the recording is usually around:

      (a)   attendance and seating arrangement
      (b)   statement re overall content of discussion material
           and the main theme of this
      (c)   process recording of the discussion and inter-action
      (d)   comments re shifts in roles of various members
      (e)   summary interpretation or assessment of the meaning
           of the material, the group dynamics, progress, changes
           in goals or group treatment, planning, etc."

The other six respondents agreed that elements of the group process

would have to be recorded. Specifically, they mentioned the need to

record on such elements as group participation, group interaction,

the worker's participation, and interaction between the worker and

individual members in the group.

In summary, we find that about 60% of the respondents use

recording to help them in their teaching function while 40% either see no need to record or see no difference in the type of recording done in the two methods.

Summary of Findings

(1) The actual training of supervisors is fairly evenly distributed between theory and ethical training and practical training with groups.

(2) Sixty per cent of the supervisors use recording as an aid to their teaching function while 40% either see no need for it or do not differentiate in the type of recording done in the two methods.

(3) One-quarter of the supervisors feel that they need help in learning about group dynamics in both theory and practice.

Chapter 3 will be devoted to a discussion of the material obtained in interviews conducted at the level of the caseworker who gives direct services to the clients of an agency.

CHAPTER 3

THE CASEWORKERS AND THEIR GROUPS

Twenty-one replies were received from the supervisors, and they listed the names of the caseworkers who had been working with thirty-one groups in the past three years. The supervisors were telephoned for help in selecting the caseworkers for interviews, and the results were as follows:

(1) One agency had reported nine groups, and of these one group was selected for further study.

(2) Ten of the caseworkers listed as having worked with a group had since left the agency, and were therefore not selected for an interview.

(3) There was some confusion with one supervisor about whether the worker with a group was a caseworker or a group worker, and the worker was not interviewed.

Twelve caseworkers who had been working with groups within the past three years were selected for interviews, and they were employed by eleven different agencies. Five of these caseworkers had a group in a provincial agency, two caseworkers had a group in a municipal agency, and four had a group in a voluntary agency.

Classification of the Groups

It has been shown in this study that work with groups is being increasingly used in casework agencies. A fundamental problem for these agencies is the classification of their group services. Peter Neubaurer writes:

> In the conduct of groups, it is important to
> distinguish between education and therapy.
> These terms are often used loosely and are
> not clearly understood or differentiated.
> Yet they represent widely different methods
> employed for different ends.[1]

Joyce Klein has worked out a typology for the classification of groups used in casework agencies which will be used as a frame of reference in this study. She comments that the confusion evidenced by caseworkers about their groups "brings to mind Neubaurer's words that a group can have only one primary purpose."[2]

In order to discover how the twelve caseworkers interviewed for this study classified their groups, they were asked: How would you describe the type of group that you had? Several of the workers were hesitant about the way in which they would describe their group.

Illustrations:

> I don't know what to call my group. Its aim is
> educational, but there is also a definite ther-
> apeutic element. Would the right word be coun-
> selling?

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1 Neubaurer, Peter, "Basic Considerations in the Application of Therapy and Education to Parent Groups," I J G P Vol. Xl11 (1955) p. 315, cited in Klein, op. cit., p. 88.

2 Klein, op. cit., p. 87

> Our group is an adult treatment group.
> I guess you would call it group therapy.
>
> I used to call it my "acting-out" group.
> I think it's a discussion group.

The following table will show how the respondents classified their groups:

Table No. 5: Classification of Groups By Respondents

Classification of the Group By the Worker	Number of Groups N - 12
Education and Counselling	3
Education and Treatment	2
Discussion	1
Treatment	4
Therapy	2
Total	12

The groups classified by the respondents were reclassified using Klein's three part typology, under the headings of Group Education, Social Group Treatment and Group Psychotherapy.

Group Education

This is how Klein defines this classification:

Education groups for clients, their relatives
or prospective clients of social agencies are
established primarily to impart knowledge....
The manner in which the worker disseminates
this knowledge through the use of her skill
and understanding acquired in her professional
life, her recognition of conscious and uncon-
scious behavior mechanisms, the setting of
limitations, and her active, creative guidance,
distinguishes the education group from the
usual adult work. Therapeutic results of such
groups, although important, are incidental to
the primary purpose of education.[1]

Five of the workers had reported that their group had a dual

purpose, education and counselling, and education and treatment.

Illustrations:

We help parents to cope with difficulties and
problems, sometimes by giving advice and some-
times by encouraging the group members to give
the advice. A few parents modify their atti-
tudes by means of the group atmosphere.

We want to educate the mothers of the handi-
capped Grade 1 children, on how to handle
school problems. We also hoped to provide
an opportunity for ventilation of feeling.

The five groups mentioned above, and one treatment group, were

reclassified as "group education" using Klein's typology, as education

was their primary aim. Joyce Klein comments that:

Any confusion between education and treatment
(Counseling or group therapy) hinders the
application of the appropriate skill and
knowledge to carry out the purpose, without

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1 Klein, op. cit., p. 132

"dilusions and confusions." This bewilderment
may reflect that a therapeutic activity gener-
ally is accorded a "higher status" for the worker
than is an educational one."[1]

Social Group Treatment

Four respondents said that they worked with treatment groups.

Joyce Klein gave the name "social group treatment" to one of the

classifications in her typology, and she defined it in the following

way:

> These are groups in the social work agency
> which have been suggested as the method of
> treatment choice. Here a social worker is
> involved in working with a number of clients
> collictively, for each of whom she has a
> tentative psycho-social diagnosis and treat-
> ment plan. A diagnosis made of the group
> before the client is invited or required by
> doctor's prescription to join. The social
> worker consciously affects the group process
> and makes use of her knowledge of individual
> behavior and the dynamics of both the group
> and each individual as an aid to treatment
> in the group situation. Social group treat-
> ment is used along, or in combination with
> casework at various stages of the present-
> ing problem....
>   Social group treatment objectives should
> parallel those of individual casework treat-
> ment, remaining within the area of the worker's
> competence with individuals and groups, agency
> purposes, and mutually agreed upon goals.
> Only a careful assessment of the client's
> situation will enable the worker to understand
> (1) whether the group treatment aim is the
> supporting and maintaining of, or the chang-
> ing of adoptive patterns classification, and
> (2) how this goal can be reached ——
> individually or through a group service,
> or combination thereof.[2]

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1 Klein, op. cit., p. 85

2 Klein, op. cit., p. 134

Thus, two groups classified as treatment groups by the respondents, and the discussion group, were reclassified as social group treatment. A psycho-social diagnosis was made of each member by a clinical team before he joined these groups. The aim of the group was the changing of adoptive patterns of behavior of the members, and casework interviews were used concurrently with the social group treatment method.

Group Psychotherapy

Two respondents said that they were working with therapy groups. Joyce Klein included "group psychotherapy" in her typology, and she writes:

> Group Psychotherapy An analytically oriented group treatment aimed at personality reorganization in an individual who has a psychiatrically diagnosed emotional problem. It is conducted under psychiatric supervision by a person professionally trained to handle individual unconscious material, fantasy, dreams, free association and transference in depth beyond the scope of the usual social work training. Like individual psychotherapy, aimed at personality reorganization, it is not included in the selection of treatment aims in social agencies except under very rare circumstances.[1]

The two groups classified by the respondents as therapy groups had a psychiatrist as well as a social worker as a change agent. One of the treatment groups in a psychiatric setting with two social workers as change agents had basic personality change for its members as a goal, so it was reclassified with the two therapy groups as group psychotherapy, using Klein's typology.

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1 Klein, op. cit., p. 137

The next table shows the ways in which the groups were classified by the members, and also the ways in which these groups were reclassified for this study, using Klein's typology.

Table No. 6: Classification of Groups By Respondents and Reclassification of Groups Based On Klein's Typology

Original Classification by Workers	Number of Groups N - 12	Reclassification Based on Klein's Typology	Number of Groups N - 12
Counselling and Education	3	Education	6
Treatment and Education	2	Social Group Treatment	3
Discussion	1	Group Psychotherapy	3
Treatment	4		
Group Therapy	2		
Total	12		12

For the purposes of the following sections, the social group treatment and psychotherapy groups were classified together under the heading of "treatment groups." Altogether, there were six treatment and six education groups studied.

Overview of the Subject Groups

Most of the material in this section is of a factual nature. It will give some idea of the caseworkers' groups, and will include such information as the size of the groups, the frequency of meetings, and the criteria for member selection.

Frequency of Meetings

It would be expected that since a more intense group experience takes place in a treatment group, that they would meet more often. In general, the respondents reported that the treatment groups met more frequently than the education groups.

Table No. 7: Frequency of Group Meeting of the Education and Treatment Groups

Frequency of Meeting	Education Groups N - 6	Treatment Groups N - 6
Semi - Weekly	0	2
Weekly	2	4
Semi - Monthly	3	0
Monthly	1	0
Total	6	6

Length of Meetings

Corsini found in his study of groups in forty institutions, that the usual length of time for one treatment group is ninety minutes.[1] Klein found that the one hundred and fifty-six education and treatment groups in her study met for one hour or less.[2] The twelve groups in this study met for ninety minutes, a period in line with Corsini's findings.

1 Corsini, Raymond, Methods of Group Psychotherapy
                    New York, Ronald Press, 1954, p. 118

2 Klein, op. cit., p. 71

Size of Groups

Klein writes that "it is reported in the literature that education and treatment groups generally are small."[1] The groups in this study were all small enough to allow member-to-member relationships, and member relationships with the change agent. As would be expected, the treatment groups tended to be smaller than the education groups, as will be shown in the following table:

Table No. 8: Number of Members in the Education and Treatment Groups

Number of Members	Education Groups N - 6	Treatment Groups N - 6
5 - 8	2	2
8 - 10	1	2
10 - 12	0	2
15 - 20	2	0
30	1	0
Total	6	6

The maximum number of people in the treatment groups is twelve, while the maximum number in the education groups range much higher.

_____

1 Ibid

Open and Closed Groups

Three education groups were open to new members at any time and three were closed to new members after the group had met once or twice. Three treatment groups were open and three were closed.

Group Composition By Sex

Four of the six treatment groups had members equally balanced between the sexes. Two treatment groups had only male members, because the members were drawn from two male wards in a psychiatric hospital. Three of the education groups were composed of females—— mothers of handicapped children and wives of prisoners. The other three education groups were composed of both the parents of handicapped children and both parents of adopted children.

Criteria for Member Selection

John Wax spoke of the difficulty of establishing criteria for member selection when he said at the workshop on "Group Process in the Psychiatric Setting":

> It seems to me that we need to approach this
> subject with appropriate humility, inasmuch
> as in our present state of knowledge we find
> ourselves with very few rules and an apparently
> unlimited number of exceptions. We appear still
> to be in the stage of learning by trial and
> error, a stage in which every conceivable combi-
> nation of patients and criteria is being attempted
> in a healthy atmosphere of experimentation. I
> hope we'll make the most of this stage and that
> we will use this opportunity to extend the area
> of exploration rather than to make binding judg-
> ments which might prematurely close off any type
> of experimentation or in any way limit the scope
> of our inquiry.[1]

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[1] Wax, John "Criteria For Group Composition," paper presented at the Workshop on Group Process in the Psychiatric Setting, Lansing, Michegan, (June 13 - 16, 1958) p. 1 (Mimeographed), cited in Klein, op. cit., p. 54

In writing about member selection in education groups, Klein comments that "screening can be done to prevent the inclusion of those individuals with personal conflicts so evident that they may prove disruptive to the group purpose."[1] Klein goes on to say about treatment groups that:

> Criteria for member selection are extremely complex. The tentative diagnosis of both the individual and the group, with the problems, needs, motivations, capacities, present stage of development, available groups and their purposes, as well as the workers capabilities are taken into consideration.... Criteria are proposed, with the recognition that these must be tested in practice. These are intended merely as tentative guides.[2]

The respondents were asked: What were the criteria for membership in your group? All the workers reported that members of their groups shared a common problem which was the basis for their membership in the group.

Table nine will show the number of groups, the types of common problems around which the groups were formed, and the recipients of the service.

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1 Klein, op. cit., p. 51

2 Klein, op. cit., p. 134

Table No. 9: Type of Problems Around Which Groups Were Formed

Type of Common Problem	Recipients of Service	Number of Groups N - 12
Education Groups		
Handicapped child	parents	3
Adopted child	parents	1
Male Prisoners	wives	1
Psychiatric patients	relatives	1
Treatment Groups		
Epilepsy	patients	1
Parental conflicts	patients	2
Mental Illness	patients	1
Predischarge group	patients	1
Psychoneurosis	patients	1
Total		12

Physical availability of the members was quoted as a factor in the selection of members in all but two of the groups.

Illustrations:

> We formed a group from the six mothers who regularly brought their child to the clinic on the same day.

> Our group was composed of patients who lived close enough to the clinic to attend evening meetings.

> A number of patients from the two male wards made up our group.

It will be seen from the above what an important role availability of members plays in the composition of groups in this study.

All the members of the treatment groups were assessed by a clinical team before they joined the group. The members of three education groups were assessed briefly by a caseworker, and there was no assessment made of the members of the other three education groups.

The next table will indicate the kind of assessment made of the prospective members of the various groups.

Table No. 10: Assessment of Group Members Prior to Joining the Group

The Groups	Number of Groups N - 12
Education	
No Assessment Made	3
Brief Assessment by Caseworker	3
Treatment	
Brief Assessment by Clinical Team	3
Extensive Assessment by Clinical Team	3
Total	12

Some workers with education groups responded to the question about assessments in these ways:

> I glanced through the children's files and

> had a general idea of what to expect
> from the mothers. I met most of the
> mothers only once before inviting
> them to the meeting.

> I met the prospective group member
> once and sized her up. If she seemed
> O. K. (not too high class), I sent one
> of the group members around to visit
> her, as the members can tell better than
> I can if a new member will fit in.

> I asked the patient whether he had a close
> relative in town whom he would like to
> attend a group meeting. If the patient
> liked the idea, I invited the relative to
> come along. Sometimes I first met the
> new group member briefly in the ward, and
> sometimes I had only spoken to him by
> telephone

It is interesting to note that all the treatment group members

were assessed by clinical teams. This points up the close connection

between caseworkers working with treatment groups, and the psychiatric

profession.

Illustration:

> All the patients were briefly assessed
> by the clinical team with the group in
> mind. The main emphasis was on excluding
> the more disturbed patients.

All the treatment groups which were classified as psychotherapy

groups had an intensive assessment done on each prospective member

before he joined the group.

Illustration:

> A psycho-social diagnosis was made in
> every case. Usually there were several
> casework interviews first. Each potential
> group member was examined by a psychologist
> and also had one interview with the psychi-
> atrist. We screened out those patients with

low intelligence, a poor employment
history and those who had character
disorders or who were overtly psychotic.

There was very little known about most of the members of the
education groups before they joined the group. Only one worker with
an education group said that he tried to screen out severely disturbed
people.[1] Four of the six workers with treatment groups said there was
an effort made to screen out individuals who were highly impulse
ridden or overtly psychotic.

One of the two major criteria for member selection in the
twelve groups was to bring together people with a common problem. The
other major criterion was the availability of the prospective members.

Apart from choosing easily available patients with common
problems, the main emphasis in the clinical assessments of prospective
members was on "whom to screen out" (severely disturbed individuals),
rather than on "whom to include in." The findings in this study agree
with Klein, who writes that in seventy-three of her ninety-three subject
groups, the purpose of the group was the prime consideration in member
selection."[2]

Use of Group Method and Casework Method

Two workers with education groups said that individual members
were seen in casework interviews as well as in the group situation. The
remaining four respondents with education groups reported that they only
saw the members in the group situation.

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1 See page 19 for Klein's comments on the screening of disturbed
        individuals from education groups.

2 Klein, op. cit., p. 104

All six workers with treatment groups said that they saw the
group members in individual casework sessions as well as in the group.

The   Caseworkers
Respondent's Training

It had been planned that only professionally trained workers
would be interviewed. One of the education group caseworkers turned
out not to have attended a school of social work. The remaining eleven
workers all had a B.S.W. or M.S.W. degree. This is what the training
background of the workers looked like:

Table No. 11 School of Social Work Degrees Held By Respondents

Degree Held	Number of Workers	
	Education N - 5 ☆	Treatment N - 6
B. S. W.	2	1
M. S. W.	3	5
Total	5	6
☆ One not listed as he was untrained		

Eight workers had an M.S.W. degree, and five of these were workers
with treatment groups. · All the respondents took a course in the theory of
group work in their B.S.W. year, but they said that they had been too busy
learning to be caseworkers to pay much attention to the group work course.
If they had known they were going to be working with groups some day, the
workers said, the course would have had much more meaning for them.

Three respondents took courses in the theory of groups after they left a school of social work. One worker with an education group was currently attending a ten week course in group psychotherapy given by a psychiatrist. Another worker with an education group spent two weekends with several other caseworkers learning about groups from a social group worker. A worker with a treatment group had attended a Lake Wilderness Institute on family interviewing techniques.

What Respondents Have Read About Groups

The respondents were asked: What reading have you done about groups since you left a school of social work? This is how they replied:

Table No. 12 Reading About Groups Done By Respondents

Type of Reading About Groups	Workers with Education Groups	Workers with Treatment Groups
Social Work Journals	2	0
Books about Social Group Work	0	0
Books and Journals About Group Psychotherapy	2	4
No Reading About Groups	3	2

Five workers have not read about groups since they left a school of social work. Not one of the workers read a book about social group work. Six respondents read about group psycotherapy, and four of these workers had treatment groups.

What Respondents Would Like Schools of Social Work to Teach About Groups

The workers were asked: What do you think should be taught about groups in schools of social work?

Illustrations of the replies received:

> Ideally, students should be trained in both methods, casework and group work. Many agencies should be able to include students in groups as recorder observers, to give them the "feel" of work with groups.
>
> I know there are great difficulties in training a student in one method, let alone two, but the time is rapidly coming when many caseworkers will have to be competant in both methods, so we should start thinking now about how to achieve this.
>
> I think the School of Social Work should give a night course for caseworkers on how to work with groups. I am attending a course on group psychotherapy given by a psychiatrist simply because there is no social work course available to me.

Four of the workers with education groups, and four of the workers with treatment groups, thought that the schools of social work should teach caseworkers the theory of group work along with practical experience in groups under supervision. Three workers with education groups and two workers with treatment groups thought that schools of social work should offer night courses and institutes for caseworkers about work with groups.

How the Respondents Started to Work With Groups

It was already pointed out in chapter two that the majority of the administrators reported that the caseworkers initiated the groups themselves. The findings in this chapter contradict the statements of the administrators, as will be seen by the following table:

The respondents were asked: Whose idea was it that you start to work with a group?

Table No. 13:   How the Respondents Started to Work With Groups

How the Groups Began	Workers with an Education Group N - 6	Workers with a Treatment Group N - 6
Respondent's Own Idea	2	1
Casework Supervisor's Idea	2	1
Psychiatrist's Idea	0	4
Other (Speech Therapist and Social Group Worker)	2	0
Total	6	6

Only three of the twelve respondents started to work with groups on their own initiative. (Two of these three workers were former teachers who said their teaching experience had given them confidence with a group.) Three workers began because their supervisors wanted them to work with a group.

Illustrations:

> My supervisor wanted me to take over the group as he didn't have time to lead it himself any more. I didn't really want to, but he finally persuaded me.

> I started to work with a group because my supervisor thought it would save time.

Four workers with treatment groups started to work with a group because it was suggested by a psychiatrist.

Illustrations:

> I started to work with a group because the clinical team, particularly the psychiatrist, expected it.

> Our psychiatrist-consultant wanted me to be a co-leader in his group.

How Respondents Saw Themselves in the Group

Because of the need to find out how the workers saw their role in the group, they were asked: Do you think of yourself as a casewroker or a group worker when you act as a change agent in the group? Some of their replies were as follows:

> I certainly think of myself as a caseworker,
> even if I do have a group. I think of a
> group worker as someone who runs around be-
> ing jolly and "groupy" in a place like the "Y".

> I am a caseworker working with a group. No
> group worker has been taught the necessary
> knowledge of human behaviour to do what I am
> doing in this group.

The two workers who made the above comments have an outdated view of the social group worker. One of them at least has failed to notice that group workers take courses in human growth and behavior along with the caseworkers. Five other workers also saw themselves as caseworkers when they worked with a group.

Not one of the workers saw themselves as group workers when they acted as change agents in the group.

Five of the respondents replied that they did not see them-selves either as caseworkers or group workers, but as social workers. Illustrations:

> I think of myself as a social worker. The time
> is fast going when social workers can claim to
> be only caseworkers or group workers. They will
> have to be proficient in both methods.

> I am a social worker. I intend to be able some
> day to use the casework or group work method
> where it seems appropriate.

The Respondents' Awareness of Group Process

Group records were not read, and groups were not observed,
so the respondents' subjective replies about their own work with
their groups was the only source of data in this part of the study.
The workers were asked: What goes on within your group? If they
seemed hesitant about answering this question they were asked:
What went on in your group at the last meeting?

Six of the twelve workers answered this questing in terms of
the individuals in the group. They persisted in describing case
histories of particular members. One of these workers said that the
group was "a kind of macrocosm of the individual, with one member
acting as the super-ego, another as the ego, two as the id, and so
on." One half of the workers with education groups and one half of
the workers with treatment groups spoke of the group mostly in terms
of group process. It was possible to pick out the elements of group
process which the workers touched on in their remarks about what went
on in their group [1]

Illustrations:

> The girls controlled each other better
> than I could do it on an individual basis.
> (Control)

> I always watched for the interaction
> between the group members. (Interaction)

---

1 See appendix C for list of elements of group process used in this
study.

The group gets a very strong "we" feeling.
(Cohesion)

The elements of group process mentioned by the workers will

be seen in the following table:

Table No. 14: Elements of Group Process Mentioned by Workers

Elements of Group Process	Number of Times Mentioned	
	Workers with an Education Group	Workers with a Treatment Group
Decision Making	0	1
Group Norms	4	1
Group Control	5	2
Group Climate	3	4
Interaction	3	6
Structure	4	6
Cohesion	6	4
Total	25	24

The seven elements of group process in the table are not an

exhaustive list, but the elements included are mentioned by most theorists.

Out of a possible total of eighty-four elements (the number of

elements - seven - multiplied by the number of workers - twelve) the

respondents mentioned forty-nine elements of group process.

There were four workers who mentioned between five and six elements

of group process. Two of these workers had education groups, and two had

treatment groups. All four talked about the group in terms of the group,

and had read books about group psychotherapy.

Group Records Kept By Respondents

Only two respondents (both with education groups) did not keep records of any kind on the group meeting. Four workers with education groups kept attendance records and a brief report of the meeting. All six treatment group workers kept a progress report of group interaction in a special file.

Some Feelings of Caseworkers About Working With Groups

All the workers expressed having some apprehension before working with a group. Several said that they had been afraid that they would lose control of events in the group. Two workers mentioned how gratified they were to discover how much control was exerted by the group members themselves. Two respondents said they were surprised at how much the group members helped and supported each other, and that they as "leader" did not have to do all the "work."

Several workers expressed themselves as surprised and delighted with the progress made by individuals in the group. All the workers said that they thought that the group method was a valuable tool for coping with a variety of problems in a casework agency. Some of the implications of the findings in this chapter will be found in chapter four.

CHAPTER 4

SUMMARY AND FINDINGS

IMPLICATIONS FOR PRACTICE

Limitations of Study

.The findings of this study are based on answers received from:

(1) Administrators:
      Questionnaire 1 - 67 respondents out of 82 canvassed
      Questionnaire 2 - 24 respondents out of 28 canvassed

(2) Supervisors:
      Questionnaire 3 - 24 respondents out of 29 canvassed
      They reported thirty-one groups in the Greater Van-
      couver area since November 1, 1959.

(3) Caseworkers: 12 groups were selected for study out of a
                  possible 31 groups. These were selected on
                  the basis that one group would be studied
                  in each of the eleven agencies reporting
                  the use of this method. The interview was
                  conducted at the level of the caseworker.

The fact that all of the groups were not studied necessarily

precludes broad generalizations being drawn in the results of our

study.

The Development and Growth in the Use of the Group Method

Since November 1, 1959 over one-third of the eighty-two agencies

canvassed say they have been using the method of caseworkers working with

groups and in the next year or two over twelve per cent of the agencies

canvassed say they intend to employ the method. There are a total of

eleven agencies working with thirty-one groups since November 1, 1959.

Before 1950 there were two agencies with two groups. This represents

an increase of nine agencies and twenty-nine groups in a twelve-year

period. If this trend were to continue we would expect that by 1974

there would be twenty agencies employing the method with sixty groups.

In order to hold this rate nine agencies would have to adopt the use

of this method by 1974. Ten agencies indicated that they would be

using this method in the next year or two. We would anticipate that

the rate of employment of this method is going to increase six times

more rapidly in the next twelve years than it has done in the past

twelve years. If our estimate holds, this means that sixty-five

agencies will be employing this method by 1974.

Participation in the Use of Group Method by Type of Agency

The twenty-one agencies that indicate they are or will be using

this method from November 1, 1959 to 1965 are fairly evenly distributed

between provincial, municipal, voluntary, and federal agencies. It is

significant, however, that the voluntary agencies are in this case not

the leaders in experimentation with this method.

Participation in the Use of Group Method by Type of Service

Leadership in the field for the employment of this method comes

from the provincial agencies and specifically from the field of Mental

Health. Since November 1, 1959 ninety percent of the agencies in the

Mental Health Services have been using the group method and by 1965 the

other ten percent expect to be using the method.

The Agency Policy regarding the Use of Group Method

Our findings are that the administrators are only minimally

involved in the development of caseworkers working with groups. Only one-third of the administrators replied directly to the second questionnaire.

In all cases but one the administrative reasons for starting groups reflects the goals of the group rather than the policy goals of the agency.

The administrative reasons for the selection of personnel to work with groups are not related to the specific knowledge or skills of the caseworker or of the supervisors skill in the dynamics of the group process.

There is little relationship between the evaluation of the program of caseworkers working with groups and the administrative decision to continue, expand, modify or abandon the group method.

The Reasons that Caseworkers Begin to Work with Groups

In the future a caseworker working with groups has an almost equal chance of 1) being stimulated from sources external to the profession, and 2) being stimulated from sources internal to the profession. The fact that the stimulation external to the profession comes almost wholly from psychiatry suggests that there may be some correlation between it and the fact that provincial Mental Health services are the current leaders in the use of this method.

The fact that 1) caseworkers are stimulated from outside the profession just about as much as they are from within and the fact that 2) the stimulation from within comes equally as much from super-visors as it does from caseworkers contradicts the statements of the

administrators who, on the whole, state that the stimulation has come from the caseworkers.

The Caseworker's Preparation for Working with Groups

Caseworkers state that there are gaps in their preparation. Their theoretical training consisted of one three-unit course in group work in a School of Social Work. Not one caseworker did post-graduate reading in social group work method. The bulk of their reading was related to group psychotherapy.

Only a few caseworkers interviewed had had previous practical experience in working with groups.

Some caseworkers were using the method without the benefit of supervision and/or records of the group meetings to aid them in their tasks.

Nearly all of the caseworkers and some of the supervisors acknowledged that they were anxious about using the method, especially in the beginning phases. It is probable that the anxiety they felt is related to their lack of preparation.

The Supervision Received by Caseworkers Working with Groups

It has been traditional in all the methods of the profession of social work that social workers have learned their job by applying the skills learned in theoretical training under the guidance of a skilled practitioner. Supervisors take this learned skill to their jobs and use it in their teaching function. Casework supervisors should therefore have had practical experience with working with groups

under supervision in order to be qualified to supervise the group method. The study reveals that only one supervisor had the necessary qualifications.

While, on the whole, supervisors see the method as being more complex to supervise than the traditional face-to-face method, it is important to note that forty percent of them make no use of recording as a teaching aid.

Some supervisors had the services of a group work consultant available to them but his services were not used.

The Criteria for Selection of Members of the Group

In this study "the common problem" of the group members was the main criterion used in member selection. Other criteria are still in the process of being worked out, with the main emphasis on the exclusion of disturbed individuals. This agrees with the findings reported in the literature.

Some Implications for Social Work Education

Some caseworkers expressed their opinion that the course in social group work taken in the Bachelor of Social Work year of study should be geared to their probable experiences with working with groups in casework agencies.

Some caseworkers and some supervisors have felt that they are ill-prepared to work with groups and to teach about groups. They felt the need for extra training in the dynamics of group processes. They asked specifically for:

(a) night courses and institutes for practicing
caseworkers in social group method.

(b) practical experience in working with groups
under supervision with the use of such tech-
niques as one-way screens and audio-visual
aids. These social workers recognized the
difficulties in arranging this but they
thought it was necessary.

Part of the impetus for caseworkers working with groups

comes from psychiatrists. The pressure will, no doubt, increase

as current training for psychiatrists includes learning how to

help individuals in groups.

The concept of the generic social worker in current think-

ing is that the different methods in social work have a common

body of knowledge but they also have a unique body of knowledge

and this lies in the ability of the social worker to apply specific

skills. Nearly one-half of the caseworkers interviewed saw them-

selves as being the generic social worker because they were working

with groups. Others who called themselves "therapists" saw them-

selves as having learned about group processes from psychiatry and

they saw themselves continuing in this orientation and they asked

for no help from the method of social group work. They will con-

tinue to learn from psychiatry providing no channel is open to them

from their own profession. The practice in social work education

is that the student has to pick his "specialization" before he

enters graduate training. These social workers think they

should have training and practice in both of the major social work methods in social work.

Some Implications for Practice

The implications for practice will be discussed at the administrative, supervisory and casework levels.

The data indicates that if there are to be improved services through the use of the group method, the process would be greatly helped if the following steps were fulfilled:

1. ### Implications for Administrators

(a) Encourage the personnel to get theoretical and practical training in the use of the group method.

(b) To make available the services of a group work consultant wherever possible.

(c) To set up criteria to test the effectiveness of the method.

(d) To classify the group services offered in relation to the primary aim of the group and in relation to the criteria for membership.[1]

2. ### Implications for Supervisors

(a) To encourage only those caseworkers in the use of the group method who are adequately prepared.

(b) To learn about the group method through available channels.

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1 We recommend Klein's classification of group services. (See Chapter 3).

(c) To make use of a group work consultant when his services are available.

(d) To see that there is an adequate classification of group services.

(e) To develop criteria for the selection of members of the group in relation to the primary goal of the group.

(f) To keep a record of group processes that will reveal the development of the group and the development of the individual-in-the-group.

3. Implications for the Caseworker

(a) To use the group method only if adequately prepared. Adequate preparation means theoretical and practical training in the use of the method under supervision.

(b) To make use of a social group work consultant when his services are available.

(c) To see that there is an adequate classification of group services.

(d) To develop criteria for the selection of members of the group in relation to the primary goal of the group.

(e) To keep a record of group processes that will reveal the development of the individual-in-the-group.

(f) To make full use of the help of supervision.

The personnel should write about their experiences with groups in the casework agency for professional journals.

Suggestions for Further Study

This study is a beginning one in a very broad field. Some of the areas in need of further research are as follows:

(1) The role of the voluntary agency in the new development of the use of groups in casework agencies.

(2) There is need to discover if social workers can be taught at schools of social work in both casework and group work methods.

(3) A study should be done of the clients and relatives of clients who have been involved in such groups.

APPENDIX A, 1

THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work

CASEWORKERS WORKING WITH GROUPS OF CLIENTS AND RELATIVES OF CLIENTS TO CASEWORK AGENCIES

Name of Agency ....

Name of person answering questionnaire ....

....

Title of position ....

....

Has your agency held any kind of group meetings for clients or relatives of clients led by a caseworker during the past three years?   Yes ....

No ....

If not, does your agency plan to initiate the use of groups led by caseworkers in the next year or two?   Yes ....

No ....

THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work

CASEWORKERS WORKING WITH GROUPS OF
CLIENTS AND RELATIVES OF CLIENTS
TO ADMINISTRATORS OF CASEWORK AGENCIES

1. Why did your agency start working with groups?

2. (a) Were there special reasons for the choice of the
caseworker who would work with the groups? Yes.......
No ....

(b) If your answer is "yes" to 2(a), what were your
reasons for the choice of the caseworker who would
work with the groups?

3. (a) Was there a supervisor for the work that the case-
worker does with groups? Yes ....
No ....

(b) If your answer is "yes" to 3(a), what were your
reasons for the choice of the supervisor?

(c) What is (are) the name(s) of the supervisor(s)?

4. (a) Did you evaluate your program of caseworkers working
with groups? Yes ....
No ....

(b) Were there changes made in your program as a result
of the evaluation? Yes ....
No ....

(c) If changes were made, what for did they take?

APPENDIX A, 3

THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work

CASEWORKERS WORKING WITH GROUPS OF
CLIENTS AND RELATIVES OF CLIENTS
TO SUPERVISORS OF CASEWORKERS WORKING
WITH GROUPS

1. Name of Agency ....

2. Name of Supervisor ....

3. Did your agency start using caseworkers working with groups?

  (a) Before 1950? Yes ...... How many groups? ....
          No ......

  (b) Between 1950 & 1955? Yes....... How many groups? ....
            No ......

  (c) Between 1955 & Nov.1, 1959? Yes..... How many groups?.....
               No .....

  (d) Since Nov.1, 1959? Yes .... How many groups? ....
          No .....

4. Are there any differences or special problems in supervising the
caseworker working with the individual and the caseworker work-
ing with groups?

   Please specify:

5. Were you prepared for the above mentioned differences or special
problems because of your own:

  (a) Practical experience with groups?.......................

  (b) Courses in a School of Social Work?.....................

  (c) Both? ....

  (d) Other? .... Please specify ....

6. Is there a difference in the kind of recording done by the case-worker working with the individual and the caseworker working with groups?

    Please specify.

    Please give us the names of the caseworkers currently employed in your agency who have been working with groups since November 1, 1959.

INTERVIEW SCHEDULE FOR CASEWORKERS

I.   <u>Assessment of the Individual and of the Groups</u>:

   (a) <u>What were the criteria for membership</u>?

       1. <u>Personal qualities of the member</u>?

         (a) Leadership abilities?
         (b) Isolation of the member?
         (c) Common problem(s) of the member(s)?

       2. <u>Descriptive factors of the member</u>?

         (a) Within a specific age range?
         (b) Within a specific intelligence range?
         (c) Race?
         (d) Religion?
         (e) Sex?
         (f) Socio-economic class?

       3. Physical availability of members?

       4. What, if any, were the contra-indications for membership in the group?

   2. How did you determine the group method as being the appropriate method in treatment for this client?

        (a) Used following a psycho-social diagnosis?
        (b) Was group method used exclusively?
        (c) Was group method used in conjunction with the casework method?
        (d) Was casework method used prior to the group method?

II.   <u>Factual Information</u>:

    1. Was it an open or a closed group?

    2. How long has the group been in existance?

    3. How long do you anticipate meeting to achieve goals?

    4. What is the frequency of meeting of the group?

       (a) Weekly?
       (b) Bi-weekly?
       (c) Monthly?
       (d) Other?

5. How did you get started?

6. How many members are in your group?

III.

1. How would you describe the type of group
you have?

IV. **Groupwork Method:**

1. What training do you have? Do you have any special
training or practice in working with groups?

2. What have you read about groups since leaving a
School of Social Work?

3. Did you see yourself as groupworker and/or caseworker?

4. As a caseworker what did you anticipate as you went
into a group?

5. What have you learned from your experience?

6. What do you think you should be taught about groups
in Schools of Social Work?

V. **Implementation of Plan:**   7 elements of group process.

1. What happened in your group at the last meeting?

2. What kind of records did you keep?

SOME ELEMENTS OF GROUP PROCESS

1. **Process of group cohesion:**

   "The total field of forces which act on members to remain in the group."[1]

2. **Process of decision making:**

   "It is concerned with the process through which a group approaches and solves its problems and the effect of these decisions show how pressures, standards and norms within the group change."[2]

3. **Process of group structure:**

   "Structure concerns patterns of relationship that are relatively stable and continuous."[3]

4. **Process of group norms:**

   "The norms of a group are the culture values, beliefs and ethical standards of the group."[4]

5. **Process of group control:**

   "Informal and formal authority patterns which operate to enable the group to work towards its goal. These patterns are pressures which may be established by the setting, by the change agent, or by the members themselves."[5]

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1 Olmsted, Michael S., _The Small Group_, Random House, New York, p. 112.

2 Klein, Joyce Gale, _Adult Education and Treatment Groups in Social Agencies_, The Catholic University of America Press, Washington, D. C., 1960, p. 179.

3 Foulkes, S. H., Anthony, E. J., _Group Psychotherapy_, Penguin Books, p. 31.

4 Klein, _Ibid_, p. 178.

5 Klein, _Ibid_, p. 178.

6. <u>Process of interaction</u>:

"...every action is treated as an interaction .... It is conceived to fall between, to connect, or to relate a subject to some aspect of situation or object."[1]

7. <u>Process of group clumate</u>:

"Every group, after a varying period of life, develops its own characteristic "atmosphere". The members begin to show a consistency in their attitudes and feelings. The "atmosphere" is not there to begin with, but is created by the process of interaction itself."[2]

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1 Cartwright, Darwin, and Zander, Alvin, (Editors), <u>Group Dynamics</u>: <u>Research and Theory</u>, Evanston, Illinois. R. W. Peterson and Co., 1953, p. 29.

2 Foulkes and Anthony, <u>Ibid</u>. p.36.

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