GROUP SERVICES AVAILABLE THROUGH COMMUNITY AGENCIES:
A REVIEW OF THE LITERATURE

by

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CHAPTER I

INTRODUCTION

This paper is concerned with reporting the kinds of group work now being done with families in community service agencies. The intent has been to describe the numerous ways groups are employed and the agencies in which they are employed. The emphasis has been upon group work that provides services to families.

Since 1954 there has been a great deal of emphasis on using the principles of group dynamics in community service agencies giving service (Sherman, 1964). From a study of the literature reported in later chapters, it was apparent that before that time much of the work was done for purposes of research rather than service. People using group practices have not always had specific training in providing group services. They have often used principles found in general research in human behavior and applied it to the particular situation in which they happened to be working at the time. In some instances individuals have moved into group work as a result of service needs or as an outgrowth of their particular counseling theory.

As interest increases in therapeutic treatment, counseling and education, there are not enough trained people to see everyone who needs to be worked with or everyone who wants to be helped. Groups help meet a need for professional people to work with a larger number of people.
It is the conviction of some persons working in the field that many individuals benefit more (or as much) from group interaction of some sort, whether it be education, treatment, counseling or therapy, than from one-to-one contact.

The information concerning the group processes used in services to families has been recorded in a wide scattering of places—books, journals, periodicals, and bulletins put out by service or research agencies. An attempt has been made in this paper to draw together the information published in professional journals regarding the kinds of work done in group processes in the community agencies. No attempt was made by the author to evaluate the effectiveness of the work done. Note was made, where possible, of the evaluation efforts of others and of the reported effectiveness of a particular procedure. The writer's concern, however, has been to find out what is being done in the field now and to draw the information together in order to get an overview.

Although the use of groups has been expanding and the variety of techniques proliferating, no central source of information presently exists for reporting these activities. Furthermore, there has not been much attempt to draw together the literature presently existing on the subject of group processes as a service in a community setting. More particularly, the writer has not been able to locate any review that looks at the processes as they provide service to families.

The number of professional persons and agencies involved with services to families is large and is increasing. In addition to Family Service Agencies, there are churches, extension programs, military
installations, various industries (providing services for their own people), departments of social welfare and schools which in some way or another provide direct service to families. Thus the need for a paper bringing together in one document a summary of the activities relating to group processes employed in services to families seemed apparent. This report related to that need. The method of reviewing the literature and the rationale for its presentation is described in Chapter II.
CHAPTER II

METHOD

The writer approached the literature with a primary interest in the family. What group services were available to the family in community settings? Where were these services available? What functions were served by the groups and how were they served? For example, when the concern was with the latency aged child, who was treated--the child, the mother, the father, or the family?

The setting in which the group method was used was a criterion in the selection of articles to include in the report. The writer excluded group therapy in hospitals except when it was related to a service available to members of the community on an out-patient basis.

Treatment has been viewed by the author on a continuum from direct education in a group to intensive therapy involving personality change. Very few authors of articles for professional journals were concerned with reporting service activity and where the service was offered. This aspect usually had to be sifted from the context of the article. Rather, they were reporting research on method, or research on some phase of family processes. The writer was able to gain information regarding the place of group service, kind of service and function served only by looking through professional journals dealing with human behavior and reading each article on group treatment published from 1962
to 1967. Articles have been reported in this paper when information was related to a family in a community setting and when there was some indication of the function served by the group process.

The decision to use only information published in the last six years was made in order that the information be relative to what is being done now. Material from relevant articles has been presented in three ways in this report. In Chapter III there has been included an abstract of each article. The style used in abstracting was developed as a result of the aim of the paper. Theory, philosophy and the result of research were not included in the abstract. Such data were not the objective of this report. Each abstract includes a description of the kind of group service provided, the location of the service and something of the function served. In many instances these data were only a minor or incidental part of the journal article which had been written for another purpose.

Chapter IV is an overview of the data gleaned from the review of literature. This overview considered the kinds of group services employed in relation to various family needs. There is also a summary, in Chapter V, of the places in which such group services seemed most frequently to occur.

In the pursuit of information regarding group processes in family service, considerable material regarding family unit therapy was encountered. This is an activity which did not come within the scope of this report. It is a significant area of literature, however, for anyone interested in the topic of the paper. Because of its
relevance and the increasing professional activity in family unit therapy, an introduction to the literature of that field has been provided in Chapter VI.

Professional journals dealing with human behavior and education were resources. Use of the journal abstracts was of little help. The journals were looked through one by one for any reference to groups and service to families. Some articles in particular that were found in this manner were Love, in Children, Daniels in the YWCA magazine, and Gazda in Adult Leadership. Such articles would not have been located by use of abstracts and indexes. Journals in which the writer found the information of concern to this paper were: (1) Adult Leadership; (2) American Journal of Orthopsychiatry; (3) Children; (4) Family Processes; (5) International Journal of Group Psychology; (6) Journal of Individual Psychology; (7) Journal of Marriage and the Family; (8) Journal of Home Economics; (9) Mental Hygiene; (10) Personnel and Guidance Journal; (11) Social Casework; (12) Social Work; and (13) The YWCA Magazine.

Such journals as Journal of Counseling Psychology, Clinical Psychology, and Psychiatry contained articles on group processes but in settings unrelated to family services.
CHAPTER III

JOURNAL ARTICLES 1962-1967 WITH ANNOTATIONS

Allen, Ruth E.

Elderly patients attending the outpatient clinic of the hospital seemed to be using the hospital to meet needs of a non-medical nature. This was apparently a substitute for a vocation. The Social Service Department set up a group to meet social needs, to help make social contacts and give mutual support. The group was made up of from six to eleven men and women from sixty to seventy-five years old. Through their attendance at the sessions, social contacts increased and the participants were able to learn to release positive feelings.

Andrews, Ernest E.

The therapy discussed took place at a child guidance clinic. The groups consisted of seven to eight mothers whose children were in treatment at a child guidance clinic. They met once a week with a non-participating observer present in addition to the therapist. Therapy was directed to reconstruction or dissolution of the pathological patterns of the mother's personality which were dominant in her relationship
with the child. The group was viewed as the vehicle of treatment for its individual members. Structuring of the group was talked of in terms of group dynamics. Some of the dynamics listed were: group balance, extensive emotional support, extensive defense confrontation and experiential validation. Definitions of the dynamics listed were given and with examples for each.

Bailey, Margaret.  

The paper discussed research findings concerning groups of Al-Anon Families as a resource to the community. Al-Anon groups are made up of friends and relatives of alcoholics. Though most of the members are wives, a few are husbands of alcoholic wives as well as other relatives. Members ban together to deal with problems of fear, insecurity, lack of understanding of the alcoholic and of the family relationship. It was suggested that many disturbed women living with an alcoholic husband have developed emotional disturbances after marriage rather than their disturbance being an expression of psychopathology anedating the marriage.

Bell, Courtenay, W. Bell and Harvey L. Kaplan.  

A demonstration project was set up to provide group support from a neighborhood center for AFDC clients rather than through the agency. Staff members from the voluntary agency and the public agency
provided a group program for mothers. The mothers were referred to the program by AFDC workers. Its aim was to help them become more socialized, restore self confidence, and provide an opportunity for constructive activity.

The original leader, director of the center, later turned the group over to a volunteer with some social work training. The AFDC participated by having a worker attend many of the meetings as well as by serving as a link between the agencies. Group activities included orientation of feelings, education, and opportunities for recreation and socialization.


The article reports a part of the research being done on a project within the Division of Family Study of the University of Pennsylvania's School of Medicine, Department of Psychiatry. The Unit is known to the public as the Marriage Council of Philadelphia. Discussion in the article is based upon the experience of co-therapists with three groups of alcoholic husbands and their wives. Four couples in each group met weekly for a minimum of thirty weeks.

Patients' reports of crisis in the marriage or family were considered from four perspectives: the use each spouse made of the crisis, the motivation of each in reporting his version and part in it, the way the group reacted to the report and the roles the co-therapists played during the report to the group. Crisis was defined
as any situation that leads to intense argument or conflict that was unresolved. The article included a report of a single group session to illustrate the four areas considered.


The author discussed an aspect of the counseling done at the Marriage Council of Philadelphia which is the operational unit of the Division of Family Study of the Department of Psychiatry, University of Pennsylvania. The agency has been interested in group counseling since 1954. The groups counseled provided an opportunity to study patterns of interaction among married pairs. Some of the advantages of group counseling discussed were the authority represented by the counselor, the fact that the Counselor was female, as well as the presence of the spouse in the group. In a group situation, which included his wife, the alcoholic did not feel alone and neither the husband nor the wife felt they might receive full blame.


The Community Child Guidance Center used the group to serve as the milieu in which observations of the children could be made. The group sessions fell anywhere in this diagnostic process. Primary concern was with the individual not the group itself. The group was
planned to help the worker understand the social behavior of the children. The functioning of each child was measured against expectations for children of his own age, sex, and cultural group.

In the first meeting crafts and games were used. During the second meeting the demand for peer interaction was increased. The third meeting tested the social behavior of the members in the outside community; there was a trip to a store, to a museum or to a ball park. Any observations that were still necessary were arranged for the fourth meeting. The children were then placed in the proper therapy situation.

Chwast, Jacob.
Group process in leadership training for older adults.

The clubs discussed were under the auspices of a Neighborhood Community Center. The clubs made up of Senior Citizens had become rigid with patterns of dominance and submissiveness. Meetings were focused upon efficiency and order rather than upon meaningful social participation among the group members or participation in the agency or in the community at large. A weekend institute for leaders of groups was held. Included in the group were the executive director, assistant executive director, and the consultant used with the staff. Members enjoyed having contact in the group with these prestigious people. During the session "the lid blew off." After hostility toward the staff and delegates was vented, the validity of the crisis and the acceptance of the outpouring of reactions was a vote of confidence to all including the staff members themselves. The group gained confidence in its ability to work things out as a group.
Crother, Marie Lauwrence.  

The group of seven girls was referred to the Girls Service League by the New York City Youth Board, the Children's Court, or the Department of Welfare. They met for a period of three years. All of the girls came from broken homes. The girls whose fathers were living saw their fathers at least once a year.

The sexual theme of the discussion supports Ruth Mack-Brunswick's description of the preoedipal phase of libido development in which a girl must replace attachment to her mother by turning to her father. In adolescence this earlier development is then replaced with a nonincestuous love object. These girls started by talking about their anger at the mother. Later in that year they began to see their mothers as sexually suspicious and accusing. They later saw the mothers as less forbidding and punishing and more as people. There was not much discussion of fathers. The image of the father was displaced onto male teachers, and they began groping toward a more mature relationship with boys. By the last year they had grown in awareness of their own sexual feelings.

Cyrus, Ada Shew.  

The group was organized through a Family Service Agency in metropolitan Detroit. Its goals were therapeutic and educational. Depth and breadth were added to the therapeutic dimension through
the group process. The women through education acquired tools needed to achieve a healthier family life. The group provided a positive symbolic family experience where they learned to give to one another, share the mother figure as well as deal effectively with current problems and reach out for help when unable to cope with difficulties.

Daniels, Ada M.

The purpose of this demonstration project was to increase the nurses' skill with group discussion, to broaden their understanding of adolescents, and to increase the nurses' ability to deal with them sensitively. The goal was to help adolescents better understand their physical, emotional, and mental development. This understanding should result in more thoughtful behavioral choices.

During the training session, the nurses lead four to eight meetings of fifteen to twenty girls. They discovered they were not equipped to deal with serious family problems in such groups. They decided that their group discussions were not intended for this.

The follow-up program was concerned with how the nurses had put the discussion method to use as well as what they had learned when working in the school system. It was found that some of them had gone overboard in exploring feelings rather than offering factual information. The way nurses perceived social and economic differences in a group affected their skill as leaders. They were shocked at the degree of stress shown in some middle class families and found it
difficult not to identify with parents, authority or the young people.

Davis, A. Jack.

Dependents of the military turn to military hospitals for help especially when stationed overseas. The wife cut off from the usual community resources, finds herself more dependent upon her husband while she is living overseas.

Women under forty coming with emotional problems to a military hospital in Japan were organized into discussion groups. The groups were formed of twelve persons each. The emphasis was on discussion rather than didactic instruction. These groups allowed the staff to serve a larger number of patients. In some instances help was given to individuals who had not been able to respond to individual help. The groups served a diagnostic function for patients that needed long term follow-up. The groups helped some women enough that they could remain with their families. For others it helped prepare the groundwork to get additional help on their return to the states.

Husbands reported their relationship with their wives was more meaningful as a result of the group discussions. Many of the wives were better able to deal with children and other problems.

Davis, Ida J., Gerald Ellenson and Ronald Young.

The article specifically described a conjoint family group therapy group. The project was carried on in a psychiatric day center.
located in a general hospital which also serves as the county mental health center. The first purpose of the program was to observe the patient in a variety of situations and feed back the information to the patient. The second purpose was to provide a varied milieu for therapy. Improved family communication became a primary goal of therapy.

In a group with other families, families could increase awareness of other families' processes and apply their knowledge to understand their own family. It is possible this learning best takes place in a group with other families.


The groups were set up as an attempt to reduce the agency's waiting list. They were organized at the time of application. The applicants most willing to accept the intake group were mothers of disturbed children. At the time of application they felt the problem lay outside of themselves and they welcomed the opportunity to communicate with other mothers. The two groups formed were made up of mothers of children eleven years or younger and mothers of children twelve years or over. There was no selection of cultural, social, economic, status, race, nationality, education or intellectual capacity. The procedure created no barrier to the depth of communication. The groups contained about 8 members with a secretary assisting the counselor. During the one and a half hour session information about members
was secured and information about the agency was given. The counselor spent sometime with each member discussing her decision whether or not to accept the service and the mother's acceptance of the idea that she is the client rather than the child.

Group intake seemed to have a good effect on communication with the family and offered an introduction to counseling. Continuing groups were formed out of the intake groups.

Eshbaugh, Mark and James Walsh.
A group approach to parents of children in trouble.

A pilot project was set up attempting to give a more comprehensive approach to probation and supervision. The program was brought to the parents in their housing project. This approach helped to break down barriers between court personnel and parents. A letter sent by the Juvenile Court Judge invited parents and outlined the purpose of the program. The parents were invited to bring along a friend.

The program consisted of four monthly meetings. Each meeting was divided into three segments of fifteen to twenty minutes of a film, ten minutes of comments about the films by the judge and other members of the staff. Thirty minutes was set aside for group discussion. Tables, with cloths, were set up for six to eight persons and one staff member. Coffee and donuts were served. The staff member stimulated conversation when necessary.

Parents relaxed during the film and stayed after the program or came early after the first meeting to talk with the staff individually.
It was concluded that parents were willing to meet to discuss children's problems and had the ability to help and be helped by each other.

Evans, Ruth W.

After a six week summer project in which they met regularly to discuss the significance of Head Start on child development, twenty-five out of ninety mothers asked to continue their meetings.

There was no formal organization, but they had the guidance of a social worker and a counselor. Everything from sex education to recipes was discussed. When there were unanswered questions, the mothers called in an expert. The mothers in this group overcame shyness and increased their confidence in homemaking, as well as in family and community life.

The focus of the mother instigated meetings was on the interests and development of the mothers themselves. The leaders of the YWCA felt they, themselves, had learned to plan with, not for, people.

Finck, George H., Simcox Reiner, and Brady C. Smith.

Service to two groups of unmarried mothers by a public agency of a county in Florida was described.

The goals of the two groups, discussed by the authors, were to help the unmarried mothers clarify and understand their situation and make more realistic plans for the future. The case worker sat in with
the group, at the Florence Crittenden Home, as an observer. A reciprocal effect was found between the group and individual interviews. The caseworker encouraged group participation. The girls took the discussions back to the dorm so that other girls who had not joined the group became involved as well.

The second group of unmarried mothers met at a Negro YWCA. The caseworker made the contact with school dropouts for whom individual therapy was out of the question. Pregnancy had robbed them of the vital peer group and damaged their self-image. The group process offered them an opportunity to gain social contact with their peers as well as counseling.


The author discussed research which took place at a guidance center. A means was sought to use group methods in outpatient treatment for inaccessible children and their parents. In these instances institutional treatment had been recommended because the child or its family were inaccessible for individual therapy as outpatients. It was found that as a result of group treatment, the children could enter individual therapy. This method is a promising alternative to institutional placement.

The organization working with the groups discussed is the Group Work Department of the Boston Children's Service Association, Boston, Massachusetts, Department of Neighborhood Clubs. Children were referred to the group by a therapist not involved in the organization. The group was relatively structured in terms of activity. The activities were designed to increase self-confidence as the member learned to master physical and social skills in the presence of his peers. The leader was active in limiting transference. He worked in collaboration with the therapist. The adolescent was provided with group experience which he would not obtain because of his own selectiveness. It enhanced the process of individual therapy.


The parents of bright, underachieving fifth graders met in groups for discussion. This program was planned to help improve the academic level of their children. The parents were willing to volunteer for group counseling when they were allowed to set their own pace as well as receive information about child development and behavior. After their parents' counseling terminated, the children were retested and were found to have made some of the predicted positive changes.
Hunter, Kathryn.

The author did not discuss under whose auspices the project described was held. The purpose of the program was the re-orienting of mature women to a job or educational opportunities available to them in the community. A group counseling program was used as the method. The program was set up as a ten week non-credit course. A panel representing business, university, women combining career and family, a family counselor, a physician and a psychologist was used as a resource. The class was encouraged to read about new horizons open to women over thirty. Self-analysis was encouraged.

Kaufman, Charlotte.

Applicants to the child guidance center were invited by a secretary to join a group. After the group explored the resources of the clinic, the majority of the clients in the group decided in favor of accepting the resources of the clinic. They were referred to an intake group which met for four sessions. The author suggested for those not ready for therapy, the intake group served as a transitional experience. For some it provided a therapeutic setting and was enough. Others entered into an exploratory relationship with the clinic and went into a treatment group where both fathers and mothers might receive treatment.
Leichter, Elsa.

The group was made up of couples seeking treatment at a Family Service Agency. This was an effort to combine the method of treatment of the individual by the group method and the treatment of the family as a unit. In a married couples group each member's treatment is similar but not identical to an individual's treatment within a group of strangers. Each couple represents a sub-group within the group, thus the presence of the marital partners influences the process of the group. The anxiety responses of the mate when the partner begins to change, even though the change is desired, can slow up the progress of the group. If in some significant situations the marriage partner speaks of the mate's conflictual material in a supportive manner, the mate appears to be able to face and deal with the material as if he had brought it out himself. In this way the partner speaking becomes the alter or auxiliary ego.

Love, Susan E.

The YWCA in Miami undertook a community action program to give service to socially isolated girls and attempt to modify practices in the social institutions to which these girls relate. These institutions included the YWCA. The goal was to minimize some of the negative effects of the environment and maximize the girl's ability to function in it.
The YWCA worked with twenty-one different agencies to develop the program. Group dynamics was one of several methods used to implement the program and affect the social milieu of these girls as well as their relationships.


The groups were made up of applicants to a Family Service Agency. The applicants were referrals from Travelers Aid Service. They were acutely disturbed individuals. During the group meeting, information sheets were filled out, service and fees were explained. Clarification of applicant's problem and identification of aspects of it on which he should work took place. There was interaction among members of the group. It has been concluded that group application accomplished the same goal as individual application.


The study was made with couples applying for group therapy at a Mental Health Service. The group was made up of six couples. The women were called in and asked to participate with the husband in a group. An evaluation of the study suggested that couples seek therapy because a specific event occurs which upsets the neurotic equilibrium from which each partner is deriving gratification.
Pollak, Gertrude.

Cooperation between the school district and the family life education program of the family Service Agency was described. The group discussion method was used in a group made up of low-income mothers of acting-out children. It was presumed that the acting-out behavior exhibited by the child reflected acting-out behavior of the parents. These parents could not be brought into counseling or psychiatric treatment for a variety of reasons. One possible reason may have been that individual contacts were too threatening. Many of the mothers in these families responded to invitations to participate in group discussions on family life education. Parents were contacted by letters sent by the group leader from the Family Service Agency. The principal or school counselors followed up on them when necessary.

The interaction of the family life educator and group members who have similar problems within their life sphere resulted in an improved self-image. The mother having received more for herself through interaction with the group could give more help to the growing up processes. The child in turn could give to the mother, and then to the school, and eventually society.

Richmond, Alvin H. and Shirley Schecter.

A natural adolescent peer group had begun to disintegrate; they had not been able to develop a leader. As a result of the crisis
situation the group contacted a therapist through a school counselor.

The group met about twelve times during a period of several months. The rapid growth of individuals within the group may be accounted for by the fact that group members had already undergone some of the basic steps in group cohesion.

The therapist's ability to withstand the group's joint attack, made it possible for some of them to do the same. They learned to express their independence and found they were not rejected by the group. The boys made the decision to end therapy after a mature discussion. They reported they were feeling and doing better. A report from the school confirmed this. It was suggested that groups that adolescents form naturally, could be a way of dealing effectively with adolescent problems as well as one way to deal with the hard-to-reach adolescent who needs treatment.

Rogers, Murul Nelson.

Family Life Education groups were established for two groups, middle income and marginal income families. (The marginal income families having little formal education and overwhelming economic and social problems.) The participants in both groups were chronically tardy in paying rent.

The sessions were held for eight weeks and titled "Money Problems and Your Family." Education was the goal with an underlying demand that participants change their behavior as tenants.
Behavior did change toward meeting obligations not only as tenants but also as husbands, wives and parents in family relationships.


The therapy discussed was adapted to institutional living and the age of the group. The group was made up of nine males and three females with a mean age of 75.6 years. Because the aged person is less likely to manipulate the immediate environment, the therapist took an active role offering information and answering questions. The therapist at times took an active role as liaison between patients and their children. The emphasis of therapy was upon relief from emotional stress rather than upon insight. It was upon better adjustment to institutional living, relationships with others in the home and members of the family, as well as strengthening healthy defenses to increase feelings of self worth.

Illness is a special problem of therapy with the aged because it can be used as a form of resistance. The therapist met with patients to help them overcome resistance when it developed.

As a result of group therapy, members of the group appeared more outgoing.


The first year of a two year project, five low-income families were selected for a program in parent-child education. The group of
mothers and their children met once a week. In one part of the room a program was set up for the children who ranged in age from eight months to three and a half years. The mothers were encouraged to contribute to the project as part of their education. They found their own way there, cleaned up, and developed materials to use in the project. Encouragement and support necessary to develop these skills came from the mother's discussion group.

As a result of the program the children were freer, able to accept sharing, and were cooperating with adults other than the mothers. The women enjoyed a common purpose and received assurance and support from the staff. They learned that their problems were common to many families as well as their own.

New horizons were opened to the families. It was found that they need to learn to want before they can accept middle class values, but too much conscious education is a mistake. It was demonstrated that a feeling of belonging to a community as well as a change in parent management can be brought about by concerned professionals.

Scott, Edward M.
A suggested treatment plan for the hostile alcoholic.

The article described a specific psychotherapeutic treatment plan tailored to the hostile male alcoholic. The group therapy took place in an alcoholic clinic and involved both spouses. The couples were able to develop a better relationship as a result of confrontation
and sharing with the group and each other. The therapist supported
the wife in her role. As the alcoholic worked through his hostility
and his wife was able to become more independent, a more firm base
for the marriage was created. The alcoholic was then better able to
control his hostility along with his drinking.

Shaw, Merville C. and Rosemary Wersten.
Research on group procedures in schools: A review of the
September, 1963.

The literature from 1953-63 had been reviewed. Most of the
research dealt with children. Group counseling was concerned with
remediation of problems such as behavior, reading, conflict with
school authorities as well as self-understanding and preventive tech-
niques. Research of group procedures in the classroom included out-
comes and methods with emphasis placed on outcomes. Group procedures
in vocational guidance include career days and courses on occupations.
Special group procedures were student activities, movies, and parent
forums. Group procedures with parents was a recent development. Group
procedures with teachers was practically nonexistent but was recommended.

Speers, Ken W. and Cornelius Lansing.
Group psychotherapy with preschool psychotic children and
collateral group therapy of their parents. American Journal

The therapy discussed took place at the University of North
Carolina, School of Medicine, Department of Child Psychiatry. The
four children between three and one-half and four and one-half years
of age were referred from several psychiatric facilities. A nanny
was introduced into the home to give complete and constant attention to the child. The mother could then be rested enough to handle the child after nanny's working hours. As the mother's group therapy progressed they began to take pressure off of the children and place it on their husbands. This resulted in the father's developing a therapeutic group of their own.

Steidemann, Elthea Gill.  

The article described the use of a leader-recorder team with group treatment taking place in a Family Service Agency. The aim of the group was to influence child development through treatment of a mother whose children showed evidence of behavior problems. The recorder, an experienced caseworker, relieved the leader of process recording and aided in catching innuendoes in affect or side comments. It was found that group treatment as opposed to one to one treatment did not save agency time. A minimum of five hours was spent in recording and planning. For some clients the group was most effective for securing diagnostic data. Group counseling was recommended when the client is tightly defended and threatened by the one to one relationship.

Thomas, Elizabeth.  

The aim of the group was to clarify the goal of each girl. A goal of which she might not have been aware. Emphasis was placed upon
the here and now. It was hoped she might gain better understanding of the reasons for her choice and find more useful and appropriate compensations for feelings of inferiority. The therapist, representing authority, gave the girls an opportunity to accept interaction with authority without danger. The therapist also held group conferences with the teachers to explain the purpose and what was happening in the group. As a result, the girls were able to express feelings of strength and worth in replacement of anger. This was reflected in peer and home relationships as well. Eighty-six per cent of the group improved their academic grades.


A method of using the group process for decision making was described. The program was developed by the Center for Youth and Community Service (CYCS) functioning within the academic framework of Howard University.

The program made use of the group discussion method to prepare disadvantaged youth for aid positions in the human services. The goal of the program was to help the youth discard the attitudes and coping methods that had proven ineffective. The group as a whole had the responsibility for each other; they were to help each other work out problems. The confidence of the staff was communicated to trainees and they gained in confidence as they learned new ways of functioning.
Hbal, S. Theodore.

The group was made up of six students who were active counseling cases. The group was called a club and the words counseling and guidance were avoided. The only contact between parents and the school was to gain consent of the parent. Twenty-eight weekly meetings were held.

The club represented a sympathetic forum where problems were discussed. It resulted in achievement, gratification, and success. The members reduced the number of failures on their report card. The increased alertness and interest of the teachers aided this development. The students felt more relaxed in the school atmosphere as a result of the objective of no contact with the parents. This appeared to have reduced a sensitive area in the student-school relationship.

Wohl, Theodore H.

The focus of the paper was on the contributions that can be made by group psychotherapy with mothers of asthmatic children toward understanding family processes, helping mothers face and accept relevant emotional factors and insuring that the patient gets the optimum benefit from his hospital and post-hospital experience. The women joined the group more by necessity than choice. It was their last hope. Social Service visits were easier to arrange with group members and they were more willing to discuss problems during visits with social workers.
Zilbach, Joan J. and Margaret G. Gruenbaum.  

Activity group therapy as conducted at the Judge Baker Guidance Center, Boston, Massachusetts was described in this article. The therapy was described from observations of two girls during the group therapy. The authors concluded that if group therapy had not been conducted a full understanding of the nature of the girls' unresolved problems of psychosexual development would not have been possible.
CHAPTER IV

PROBLEM AREAS AND TARGET CLIENTELE

The types of services and the clientele involved in the services were major objectives for the report. Problem areas to which service was focused were early childhood, adolescence and adulthood. Table 1 lists the number of articles published in relationship to the clientele served.

Early Childhood

Group processes were used as a tool in the prevention or treatment of child developmental problems. These processes might be directed to a parent, both parents, or the family as a whole.

Shaw and Werstein (1965) reported on a review of the literature on group processes from 1953 to 1963. According to Shaw and Werstein's review, the bulk of the literature described research done with children in the school system. There was similar work through group processes done with parents with less group work reported having been done with teachers.

Mothers. - The concern of group work has often been directed to the mother. When this was done, she was given the opportunity to learn about and to understand her needs within the group. The focus for groups of mothers was usually directed to help her function more effectively as
a person. It was hoped that this would result in her increased ability to deal effectively with the job of child rearing.

One method of evaluating treatment of the mother was to determine how effective she was in dealing with her task of child rearing. An example of this was in a group of military dependents (Davis, 1963). One of the results of the group therapy described by Davis was the increased ability of the mother to deal with her child rearing problems. This was described by Cyrus (1967) in her discussion of treatment of disadvantaged mothers. The treatment was a discussion group. As a result of the treatment, mothers achieved healthier family life and dealt more effectively with current problems. The aim of a program directed to mothers receiving AFCD was to help the women become more socialized, to restore their self-confidence, and to provide an opportunity for constructive activity. It was hoped that family relations would improve as the result of the program (Bell, 1964).

Pollak (1964) used the group method with mothers of acting-out children. The premise was that the acting-out of a child reflected the behavior of its parents. As the self image of these mothers improved they were able to give more to their child and the child, in turn, could give more to the mother, school, and, hopefully, eventually to society.

The parent-child education project described by Samenfink (1967) was another aspect of therapy directed to mothers. Although the emphasis in that instance was placed on the child as he entered the nursery school, the program for the mothers was considered a significant function. The
program resulted in the changed behavior of the children. In some group programs the function was to deal with the child by dealing with the child-rearing problems faced by the mother or by both parents. A direct example is Moll's (1963) discussion of therapy for mothers as a re-habilitating approach to juvenile intractable asthma. As a result of their experience in the group these mothers understood the medical goals and procedures more thoroughly than non-group members. They were more willing then, to carry out procedures necessary to the health of the child.

Dillon (1965), in her description of intake procedures in a family casework agency, found that mothers of disturbed children were the most willing to accept the group intake situation. Since they felt that the problem lay outside of themselves, they welcomed the opportunity to communicate with other mothers. This also gave the staff of the agency the opportunity to help the mothers accept the idea that they were the clients rather than the children being the clients.

Group therapy described by Andrews (1962) put the emphasis on the mother and the patterns of her personality which were predominant in the relationships with her child. The project for Headstart mothers, described by Evans (1967), was also evidence of the emphasis placed on the importance of the mother to the healthy development of the child. In that instance the mother's attitude and competence in dealing with everyday living in a community was shown to affect directly the development of the child. The mother's experiences and relationships within a group was seen to enhance her ability to contribute to her child's development.
Both Parents.—In parent education many parents have experienced working in groups dealing with childhood behavior problems. It was found that when parents were allowed to set their own group goals in group counseling and receive information they were seeking about child development and behavior, they became willing to volunteer for counseling. Gazda (1966) reported that this counseling resulted in a change in the academic behavior of the children of the parents who received the counseling.

Kaufman (1963) described intake procedures in a child guidance clinic. These intake groups were a transit experience for those not ready for treatment. It also provided a therapeutic setting for some of the parents and an exploring relationship for the clinic. Both mother and father were treated and it was found that they were more willing to go into group treatment as a result of their experience in the group intake procedures.

Inaccessible children, apparently, may be reached through group methods of treatment with their parents (Gantner, 1965). In that instance individual therapy for the child was the goal. Eshbaugh's (1964) experience in dealing with the parents of children in trouble also pointed to the usefulness of this approach to the child. When parents received information and support, they accepted and dealt more effectively with their roles in relationship to child-rearing and its problems.

Fathers.—Little group work with fathers has been reported in relation to child development. Spears (1964) reported on a fathers' group that developed as a result of the pressure put on the fathers by
wives in group therapy. In that program, the children were in one group, mothers were in another group and the fathers were in a third group.

Children.—Children are often worked within group therapy without bringing the parents into therapy with them. Most of the articles published on group therapy for children were articles describing research or describing theories of group therapy. Little reference was made in those articles as to where the research had been done or how it was a service to families in a community setting. Only two articles dealt with children in group treatment. The work discussed by Churchill (1965) was done at a child guidance center. Social group work was used as a diagnostic tool in child guidance. The group sessions would occur anywhere in the diagnostic process. They were perceived to help the worker to understand the social behavior of the children. Zilback (1964) described observations in therapy of two latency-aged girls who had experienced precocious sexual intercourse of an incestuous nature. Certainly one can expect that much more group therapy with children in community agencies is being done than is reflected by the number of the articles found. For example, Dr. Kathleen Sinnett has done work with groups of children at the North Central Guidance Center in Manhattan, Kansas.

Adolescence

The adolescent is treated by his culture as a more autonomous member of his community than the younger child. In the articles reviewed less importance was placed upon changing the parent to help
change the adolescent. The emphasis of group work with adolescents is usually placed on the here and now. Most of the group work is work done with the adolescent as an individual who is considered capable of changing his own behavior as well as changing his relationships with others in the community, in the school system, and within the family.

**Community Agencies.**—Several articles reported efforts to use cooperative community services to aid the adolescent in his development.

Love (1967) reported on the first year of the project conducted in Miami by the YWCA. In that project a variety of services available to families in the community were organized with a focus upon young, adolescent girls. The group method was used in several instances. Twenty-one private and public agencies cooperated in making themselves available to adolescent girls. Daniels (1966) reported a method of training school nurses in group processes to work with groups of adolescents. The emphasis was upon helping girls understand their own physical growth and development. The training of the nurses was done by the Child Study Association of America at the request of the Colorado State Department of Health and was supported by the Children’s Bureau. Nurses were trained in the group method by using the group method. A follow-up study was done to examine the applications the nurses made of this experience in their work in the public school system. Some of the nurses had begun to lead groups of unwed adolescent mothers, others had brought school nurses and professional people together in a school system, and a few had worked with retarded girls.
Normal Adolescents.—Toma (1964) described counseling with a group of girls in which the aim of the group was to help the girls clarify goals of which they may not have been aware. As a result of this counseling, improved relationships were reflected by the girls at home as well as in school.

The overview of the literature showed less concern with influencing or changing the parents of adolescents in comparison to the interest shown in the parents of the young child. One example (Woel, 1964) was found in a report of a group of junior high school students who were not told that they were in counseling and whose parents were not contacted except to give their consent. The group itself was called a club. These adolescents responded to the interaction with each other and the counselor and were able to become more effective in the school atmosphere. The boys apparently came to trust the school as a result of increased interest of teachers and the fact that the parents were not contacted.

A naturally formed adolescent peer group contacted a therapist through the school counselor. Richmond (1964) reported that the group was able to become involved in therapy more quickly than newly formed groups because they did not have to become acquainted with each other and to build a group relationship as a part of the therapy.

Emotionally Disturbed Adolescents.—The work reported by Garland (1962) was concerned with helping the emotionally disturbed adolescent. This subject was often dealt with in journals in relation to hospitalized individuals. The group reported by Garland was under the auspices of a
group work department of a neighborhood club. The adolescents were referred to the group by the therapists. The youth was provided with a group experience that he could not have obtained as a result of his own initiative. Crother (1963) described group therapy provided in a girls' service league. The sexual themes expressed in these discussions enabled the girls to move beyond their pre-oedipal stage of development.

These articles are examples of the kind of group therapy with emotionally disturbed adolescents done outside of the hospital setting. Though each article discussed a selected aspect of the behavior, the relationships with peers and therapists would be of interest to persons concerned with other areas of development besides those stressed in the article.

No references to conjunctive therapy involving parents with adolescents were found, except in reference to family unit treatment. Some therapists suggested that the family unit treatment was a particularly effective way to work with adolescent problems. An overview of literature of family unit treatment has been included in Chapter V.

Adulthood

Women.—One article (Hunter, 1965) reported on a program of re-orientation for women which was set up to help them plan for their lives after thirty. The method used was one of group counseling. The program was offered as a course and required payment of a fee. The women were encouraged to read about new horizons open to women over thirty. Self
evaluation and self-analysis were also encouraged. Knowledge about resources, as well as about themselves, gave the women a new basis for the decision-making process. This is again an example of cooperation from different areas of the community, such as a university, a business community, and from physicians, psychologists, family counselors, and modeling school representatives and from women who have been successfully combining family and career.

Assisting in opening new horizons to women is a service suggested in articles already discussed in this paper. The articles by Evans (1967), Cyrus (1967), Pollak (1964) and Samenfink (1967) dealt with this in their discussions of group work with mothers.

Married Couples.-The review of the literature reflects little group work done in marriage counseling. This may result from the concern for the privacy of married couples. There is some work reported concerning conjunctive therapy with both spouses but in this report this was not considered group therapy.

Group work in marriage counseling was reported by McGee (1964). He found that married couples sought treatment because of a specific event that upset the neurotic equilibrium of the marriage. The partners were no longer able to receive gratification of a need. The women usually asked for treatment but the therapist asked they participate with their husbands in a group. Lechter (1962) found that the marital partner influenced the processes of the groups. In some instances the partner could speak for the spouse in a manner that the spouse could accept and was able to face and deal with the material as if he had brought it out
himself. As the group progressed, partners were better able to define personal identity and accept changes in their partners.

**Unmarried Mothers.**—One article concerning the use of the group process with unmarried mothers was found. This area of concern was frequently dealt with in the journals but little work employing group processes with unmarried mothers was reported.

The article by Finck (1965) was another example of cooperation among community agencies. Three agencies cooperated in giving the service. The group counseling was reported as coming under the auspices of a public service agency of the county. This service was extended to two different groups. The first group was in a Florence Crittenden Home. It was found that the effect of the group experience extended beyond the members participating in the group. The girls attending the group sessions took the discussions back to the dorm and as a result other girls who had not cared to receive the services of the group became involved in a continuing discussion of issues raised in the group.

The second group met at a Negro YWCA. In this instance individual therapy for these girls was out of the question. The group offered these girls contact with their community and their peers that had been lost to them as a result of their pregnancy. In both instances the groups were concerned with similarity of interests of the members as well as with differences resulting from varied social circumstances.

**Alcoholics.**—All the articles found concerning group work with the alcoholic have been discussions of the male alcoholic. Treatment of the alcoholic in a group which includes the spouse as a group member is described by Scott (1963). This method was suggested as particularly appropriate to the treatment of the hostile alcoholic.
Burton (1962a, 1962b) described her work with the alcoholic and his spouse in two articles. In both of these articles the emphasis was on the understanding gained about the marriage problems through the group discussions. Help and support to both the alcoholic and his wife was given by the group as well as by the therapist. The marriage problems of others in the group helped the members to analyze their own marriage problems. Neither partner felt alone with his or her problems nor did any couple feel alone in the group.

Al-Anon groups are self-help groups. Bailey (1965) discussed the philosophy of such groups and the type of person belonging to them. She gave the results of research concerned with contributions made by the groups to the individuals. She also summarized the attitudes of the individuals involved in such groups. She called for the cooperation of the social worker in using the resources of Al-Anon for their clients.

Elderly.—The elderly were considered as a family or a part of a family although they were often alone. An individual is always a part of a family—real or remembered. Group work with the elderly showed a similarity to group work with adolescents. Both groups were concerned with the here and now. For the elderly the past cannot be changed and is not relevant to the future. There is no future in the sense that there is during the middle years. Though the adolescent has a future, the here and now is the most pressing.

A group of elderly men and women living in a home for the aged was described by Rustin (1963). The therapist offered information and answered questions. Because the older person is less likely to attempt
to manipulate his own environment, the therapist took on the role as liaison between parents and children as well as with the staff and home when it was necessary.

The emphasis of the group work was on helping the patients adjust to their lives. Their lives included the institution, relationships with others, and their families. This was done by helping them increase their feeling of self-esteem and self-worth and the development of stronger, healthier defenses. Patients responded to the group treatment by becoming more outgoing. A group with similar goals was discussed by Allen (1962). He reported that some elderly patients attending an outpatient clinic seemed to be using the trips to the hospital to meet needs other than physical ones. A group helped to increase their social contacts. It also gave them a place to release their pent-up feelings.

Chwast (1963) described a leadership training program for adults. A number of clubs for senior members of the community neighborhood center had become rigid with patterns of dominance and submission. Meaningful social participation was no longer the focus of the meeting. A weekend training program was set up and included the staff of the neighborhood center. After a crisis during which the leaders of the group dealt with their hostilities concerning the staff, the staff members as well as the group leaders felt confident in their ability to work things out. The mutual acceptance of the outpouring was seen as a vote of confidence to all including the staff members themselves. As a result of the staff's acceptance of one another and acceptance by the leaders, the leaders felt more self-esteem.
The theme running through those articles was that of the importance of self-esteem to the elderly. Group processes appeared to be an effective method of helping them to rebuild and enhance the self-esteem that they had developed through the years.

**Family Groups.** Treatment of a family unit in groups of family units is an interesting development in the area of group work.

The article by Davis (1966) discussing family unit treatment with a group of families gave insight into the philosophy of the treatment of families in groups as well as family unit treatment. The groups met in a day care hospital which also served as a community mental health center. The hospital staff decided that it was necessary to know the family better. Too often the question arose during diagnosis as to who was sick—the patient or the family. Improved communication within the family became the primary goal of this therapy. This goal is typical of family unit treatment.

The opportunity for families to gain clarity of other family processes and apply this knowledge in the situation was reported to be the real advantage of this type of therapy. In family group therapy, no member of a family is alone because he is a member of the group as well as a member of his own family. No family is alone because it is able to feel a part of the group as a whole family. Working with family units in groups of family units is one of the newer techniques discussed in the literature.

An example of adult education for groups of families is described by Rogers (1962) in her discussion of a group education program. In this
program education was a primary aim. Then it was a demand for tenants to change their behavior as tenants. It was found that not only did behavior as tenants change, but also behavior as husbands, wives, and as parents in their family relationships changed.

People Seeking Help from Agencies.—Some community agencies are using groups for their intake processes. Intake into an agency was discussed in the literature with some urgency. A means of serving more people was being sought. Group intake may serve this function but it also serves other functions as well, such as education, counseling and short-term therapy.

Dillon (1965) discussed the procedures used in a casework agency. She found that those with marriage problems are more likely to reject the group intake procedure. Mothers of disturbed children were found to be willing to join such a group in an agency. Feeling that their problems were outside of themselves, they welcomed the opportunity to communicate with other mothers. The agency was able to see more people sooner and as a result it reduced their waiting list. The services offered by the agency were discussed in the group and the staff was able to find out if the mother cared to accept the service. Self-awareness was achieved through group intake. Group intake had a good effect on family communication and was an introduction to the counseling services. From these intake groups, continuing groups were formed.

Kaufman (1963) described a similar use of group intake procedures. After four sessions some did not need to come back. The majority accepted the resources of the clinic after exploring them in the group. Both
mothers and fathers were included in these groups. The members of the intake group discussed by Mabley (1966) were not told that they would be in a group. No plan was made to continue this group. She concluded that the group application accomplished the goal of the individual application and was another way of helping clients as well as reducing agency pressures.

Group intake procedures are varied in the method used but seem to be a way of serving the needs of both the client and the staff of an agency.
<table>
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<td>People seeking help from agencies</td>
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* The number of articles listed is different than the number of abstracts because some articles are listed under more than one problem area.
CHAPTER V

AGENCIES REPORTING USE OF GROUP PROCESSES

An attempt was made to identify the various kinds of agencies in which group processes were being employed or experimented with in services to families (Table 2). It is difficult for professional people working with families to do better than to make a generalized statement concerning what is being done and where. This information is not readily available in the literature. In a review of the literature one gets a sense that group work is expanding rapidly, but it is difficult to discover where it is done.

The greatest number of agencies represented in the literature was public schools and universities, and family service agencies. Of the ten articles cited concerning schools and universities, five were concerned with the normal adolescent, two with children, two with parents, and one with mothers only.

Family service agencies were represented by 10 articles. Three of these were in relation to mothers and two concerned people seeking help from agencies. One each was concerned with women, family groups, married couples, children and the elderly.

Child guidance centers were represented by three articles. Two of these articles dealt with mothers, and one dealt with fathers.

The work of the YWCA was discussed in relation to its work with mothers and with adolescents. Public agencies of the courts were
represented by two articles. The concern was with unmarried mothers and mothers of young children. Two articles discussing group work with alcoholics and their wives grew out of work at the Judge Baker Clinic at Boston.

Al-Anon and the Oregon Alcoholic Clinic were represented by one article each concerned with service to male alcoholics. Instances of group work were reported from a children's service association; and a girls' service league was concerned with adolescent behavior problems. The Colorado State Department of Health served as the agency for the education of group leaders dealing with adolescents in group discussion.

The overview of the literature may to some extent indicate not the agencies which do the most group work, but the agencies which encourage the most writing. Some agencies have interns fulfilling the requirements for degrees. This may increase the number of articles dealing with the functions served in the agency.

A noteworthy contribution might be made to the profession through a questionnaire survey of representative community agencies regarding the kinds of experiences they have had with group work. The writer has the impression that many agencies, short in staff and removed from more academic professional procedures, may be so busy working with groups that they do not have time to prepare articles on what they are doing.
<table>
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CHAPTER VI

FAMILY UNIT TREATMENT

Because family unit therapy was found to be a closely related area to that of group processes in family services, a brief discussion and a few references have been included. It is an area of significance to the study of family services and the literature is so extensive that it merits a report in its own right. Search and analysis of that literature could not be included in the present report.

The term family unit therapy or treatment was used more frequently in literature that appeared after 1962. In many instances it was used in preference to the term family group therapy. Family unit treatment seemed a more accurate term than family group treatment although all of the terms appear without qualification in the literature. When working with the family as a whole, certainly group processes and group dynamics must be considered as individuals in the family unit interact. However, it seemed obvious that people working with these families were looking at the unit as the object of treatment rather than looking to an individual or to individuals in the family.

It was difficult to trace the origin and evolution of family unit treatment. The work has been done under many auspices in the psychiatric-social work field. Many social workers have been looking at the family as a whole almost from the beginning of the profession. When people in the psychiatric field consider the family, it is most
often seen as a part of the milieu that their patients must deal with.
As they have worked with these families some therapists raised the question
as to who is sick, the individual or the family. Out of this concern has
grown an interest in treatment of the whole family as a unit. This work
is being done both in the field of social work and in psychiatry. As
the work in family therapy has progressed and increased, the results of
more research have become available. The emphasis seems to have shifted
from the traditional one of the caseworker relationships between the
client and the worker, to interaction of family members. It has shifted
from inter-psychic phenomena to inter-personal phenomena and from past
experiences to current experiences. It has moved away from the function-
ing of the personality system to the functioning of the family system.

An adolescent, for instance, who is exhibiting behavior problems,
disrupts his family. In treating this family unit, the actual behavior
systems involved within a family can be examined and discussed, then
the opportunity can be given for the family to change in a situation
where it is safe to try out new ways of doing things and new ways of
thinking about things.

This work is not group work. This is work with a whole family
unit. Of course, there are individuals within a family unit. The
treatment procedures that have been developed in group therapy certainly
are relevant when working with a family unit. Families are made up of
individuals and individuals can be worked with as individuals within a
family unit. This may mean working with them as individuals when the
the family is seen together. An individual may need to be taken out of the unit for individual work.

Each person in a family is playing a different role within the family as well as within the society. These roles may need to be investigated. The individual may need to have an opportunity to develop some of his skills away from the family unit. But this is still a family unit. In terms of definitions set up for this paper in regard to work with groups and community services to families, this writer does not consider the family unit as a group, but rather as an entity. When there are several family units together in a group, group work with families has begun.

It appeared that the social worker and therapist outside of the hospital setting were the professionals most involved in family unit treatment. It was found that the interest of the psychiatric field in the family unit has re-emphasized the original interest of the social worker in the family unit. The field of social work originally oriented to working with families as a whole, has re-emphasized the importance of the family unit.

The importance of family therapy was emphasized by the fact that the Journal of Family Processes was set up specifically to report this area in the professional literature. The first publication of that journal was in 1962. Social Casework published a complete issue on family therapy in April, 1964, emphasizing the importance of that discipline. Family unit therapy was found, generally, to be most effective in work with children's problems (Sherman, 1966), adolescent behavior problems and marriage problems (Bardill, 1963). Working with a family
unit on this basis was extremely useful. Often individual therapy was an adjunct to family unit therapy, with different individuals receiving individual therapy at different times.

Family unit therapy was effective in working with marriage problems. The marriage counselor at times found himself concerned with the ethics of direct intervention within a family. Family unit treatment included the whole spectrum from using the family as a unit for diagnostic procedures only, to actual intervention within the home where the therapist was concerned with family interaction in its own environment (Speck, 1964).

Family unit therapy is based on the process of group dynamics. Contributing to the development of family unit treatment have been the theoretical field of sociology, the study of the family and the experiences of the social worker and counselor as they have worked with the family through the years. The therapist must be able to relate to his own family experiences in such a way that he does not bring them into the client's family as he is working with it.

The writer feels that the importance of the work with the family unit can not be overemphasized. The individual can never be divorced from his family, nor can the family be divorced from the individual. Although family unit therapy seemed to be outside the scope of this report, a few references from the rapidly accumulating literature on that topic have been included. They have not been treated in the same way as the literature on group processes reported in Chapter III. The following references have been included only as an introduction to this related field.
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Bell, John E.

Bell, John E.

Bardill, Donald R.

Bardill, Donald R. and Joseph J. Belvilacqua.

Boszormenyi-Nagy, Ivan and James L. Framo. Editors.

Grosser, George H. and Norman L. Paul.

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CHAPTER VII

SUMMARY AND IMPLICATIONS

Agencies supported by the community are expected to do the best job possible in their area of service. For example, the public school system is expected to deal as effectively as possible with students in the academic area. When problems arise in this area the school system may find it necessary to work with, for example, parents of students in order to help them better understand student development problems. This is essentially a program in education.

Education is a function of all community agencies; the agency to which people come for service, as well as the agency that finds itself in a position requiring it to meet the needs of people who may be relatively inaccessible. The common problem for all community agencies is how to reach and communicate most effectively with people in order that the process of education can take place. The literature reflects a growing attempt to give opportunities to people to discover, develop, and try out new ways of doing things.

An interesting approach to service was suggested. Rather than setting up a program and advertising it and asking people to come to it, professional people from service agencies were asking people what they wanted in a program offering professional services to families. In some of the intake procedures in community service agencies people were
oriented to the kinds of services the agency could provide. In many instances after this kind of discovery process people were willing to ask for the service of group treatment or therapy or discussion within the agency. It was found that people, when they were able to set their own goals, and get some of the things that they felt they needed for themselves, were ready to listen to new ideas and new ways of doing things suggested by the professional people.

Rather than acting as experts with knowledge to disseminate, community action agencies were seen to be offering their resources for use to the community. Out of this there seems to be developing an inter-community-service feeling. These community services, in order to offer as many resources as possible, are cooperating with other agencies within the community. In this cooperative effort different community services are beginning to develop a feel for their own roles and their individual skills in comparison to what other agencies have to offer. As a result of this process new skills and different skills are being evolved to use in working with people. Cooperation among community agencies increases the user's ability to find the service or the knowledge most useful to him in his own growth and development.

The importance of working with people in groups is emphasized by the literature concerned with group work in community agencies. It is suggested that what is done in a group may become generalized into the larger community. As individuals are able to enlarge their horizons and develop skills, they then extend themselves into their families and their community. The Headstart mothers described by Finck (1964) became
active as individuals in their community. The group was an active factor in the community also.

This generalizing effect is deliberately used to effect behavior changes in children. Parents of children were brought into counseling with the hope that the behavior of their children would be changed. This change in children may effect changes in the children's schools as well as their community. In effect, not only is the behavior of the helped individual changed, but through him a new dimension may be added to society. Learning is an interaction process. As people within a group learn about themselves and others, so does the agency or the staff member working with the group learn.

The knowledge we have as home economists about family patterns is a starting point for knowing a family in particular, but it should be taken farther and work within the family itself should be considered. Persons working in the area of family should be attuned to working with families as a unit. Limiting this technique to family unit therapy is short sighted. All areas of development and growth should be considered in terms of the family as a unit. Care should be taken to see that research concerned with family process can be applied to the family as a unit. For instance, when concerned with discipline, it could be handled most effectively by discussing the problem with the whole family. The knowledge gained from knowing the whole family and interacting with them as a unit would seem to be the most effective way of helping a family develop the best possible childrearing patterns. It could be
one of the better methods of helping the family change its attitudes and thus its behavior.

It may not be enough to study and understand the individual alone or the family alone. The individual must deal with himself in terms of how he perceives himself in his perceptual world as well as how others see him. Helping him to understand the whole within which he functions can help him develop himself to his greatest potential.

The cooperation of community services in helping an individual develop or giving the individual the kind of world in which he can develop to his best potential is encouraging.

In summary, the literature in this area reflects two things. It shows that relatively little writing has been done concerning group processes as a service to families in community agencies. It furthermore reflects that the writers reporting group processes feel this is a significant and effective approach. Working with groups is seen by some as an effective method of treating developmental problems of education, as an effective use of staff time, and as an effective method of social change. Working with individuals in groups does not necessarily replace counseling with individuals in a one-to-one relationship. What is suggested, however, is that the group process can be an effective tool for the individual to use in developing self understanding and skills of coping with his environment. Personal involvement of the individual with others is basic in all the benefits of group work.

The learning that takes place does not stop with the individual in the group. The group itself may learn and become an active agent in
the community. The agencies and the staff working with groups in the community learn along with the learner that goes on within the group.

Working with groups will become more and more important as the threat of anonymity increases through technological and population explosions. Community agencies in larger communities are already finding that they must discover ways of facilitating the processes of community in the more existential sense of the word. Group processes offer potentialities whose possibilities have only begun to be explored in this respect. Professional persons working with families may well set the pace in this area. Departments of Family and Child Development can contribute through stimulating research and writing on this topic.
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GROUP SERVICES AVAILABLE THROUGH COMMUNITY AGENCIES: A REVIEW OF THE LITERATURE

by

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AN ABSTRACT OF A MASTER'S REPORT

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MASTER OF SCIENCE

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1968
Literature from the last six years was reviewed and relevant articles were abstracted for this report. A total of thirty-six articles were selected to be abstracted. Criteria for selection of articles were that the articles dealt with group processes employed in services to families in a non-clinical setting. Abstracts for each article were prepared to include a description of the group procedure, a statement of the psychological function served and a statement of the kind of setting in which the service was offered.

One of the most frequently served functions was that of facilitating child development through treatment or education of mothers, parents, fathers, or children. Other areas in which group processes were used included work with adolescents, unmarried mothers, the elderly, adult education, marriage counseling, alcoholics, groups of families and intake procedures in service agencies.

The functions discussed were served by the public schools, child guidance centers, the YWCA, a church agency, an alcoholic clinic, public agencies of the courts, Al-Anon, a girls' service league and a state department of health.

Since family unit treatment was found to be a closely related area a brief discussion concerning its use and application was included. Twenty-six references related to family unit treatment were listed with the discussion.

Some implications were drawn from the literature. In general, group procedures not only make it possible for staff to serve a larger
number of people but they also provide a kind of developmental experience not possible in one-to-one contacts. The benefits of group procedure seem to be not only that individuals are strengthened but also that the groups formed by these individuals were often able to contribute to the community. The literature reflected an increasing tendency in service agencies to give to people opportunities to discover, develop, and try out new ways of doing things through group discussion. Some professional people were seen to be asking what people want in their program. Group processes offer the method by which community agencies may facilitate the processes of community as the threat of anonymity increases.