IS GROUP TREATMENT FEASIBLE FOR THE SMALL AND INTERMEDIATE JEWISH FAMILY & CHILDREN'S SERVICE? *

by SOLOMON M. BROWNSTEIN

Senior Caseworker,
Jewish Family & Children's Service, Paterson, New Jersey

A REVIEW of the group treatment literature published during the past ten years discloses that this particular method of helping is gaining increased attention and acceptance in the family and children's casework field. In contrast to this relatively recent experience in our field, inpatient and residential treatment settings (medical and psychiatric) have a much longer history of use of group treatment methods.[1] This difference seems to be due to the fact that patients tend to organize themselves into natural groupings in congregate institutions, and the usefulness of these groupings as a therapeutic milieu is clearly visible. Professional staff is also more comfortable in relating to groups as part of their work.

In 1955 Sanford Sherman described the beginnings of the group treatment program at the Jewish Family Service of New York.[2] In his paper he noted that "the slowness with which family agencies have moved toward the use of group treatment is a paradox, since not only has casework for so many years had a close kinship with social group work which deals exclusively with groups, but also historically casework has often moved beyond the medium of the individual interview to joint interviews and family visits."[3] He further notes that family agencies have been offering family life education programs, and therefore do in fact have some direct experience in work with groups, also.

In Sherman's paper, as well as in others[4] written during this period, the underlying causes of the "paradox" noted above are revealed. It appears that in initiating group treatment programs, caseworkers were confronted with the task of reliving the difficult process of integrating knowledge and technology from another field, namely, analytically oriented group psychotherapy, with the knowledge and technology of social casework practice. This task was reminiscent of our former integrative struggle with individual psychotherapy and psychoanalysis. It is evident in the past ten years that group

* Presented at the Annual Meeting of the Natural Conference of Jewish Communal Service, Philadelphia, June 2, 1965.

[1] Joseph J. Peters, M.D., "The Developments of Group Psychotherapy Programs in Various Settings," *Devereux Foundation Reprint* (1958).

[2] Sanford N. Sherman, "Goals and Techniques of Casework Oriented Group Treatment," *Casework Papers 1955*, F.S.S.A., New York, pp. 123–36.

[3] *Ibid.*, p. 123.

[4] Hanna Grunwald, Ph.D., "Group Counseling in Casework Agency," *International Journal of Group Psychotherapy*, Vol. IV, No. 2 (1954), pp. 183–92.

treatment in casework agencies has come into its own.

In addressing myself to the task of determining the feasibility of group treatment for the small and intermediate Jewish family and children's service, I plan to deal with two questions: one, do existing rationales for group treatment programs apply for our group of agencies and two, if so, can a group treatment program be implemented in the small and intermediate agency? In considering these two questions, I am presupposing a general familiarity of the reader with group treatment concepts.

Concerning rationales, I will begin by assuming that there is commonality in our acceptance of casework as the core method in the treatment program of our agencies.[5] I would venture also to say that in employing this core method we are all plagued with a number of concerns, among which are, reaching the inaccessible client, improving the quality of our service, and meeting the rising cost of service.

It should be of interest to us, therefore, to learn that many of the descriptions of rationale for beginning and ongoing group treatment programs also relate to these concerns.[6] In some agencies the impetus to experiment with group treatment developed from the concern that a significant number of clients were not being reached by individual casework. These same agencies reported later that the introduction of group treatment enabled many of these clients to become involved and make progress toward essentially casework goals. In addition to reaching previously inaccessible clients, group treatment programs have also been rationalized as a means of enhancing the total range of services in a family-centered program and offering an additional treatment modality to be considered in treatment planning for *all* clients. The literature is also "evangelistic" in its testimony to the fact that group treatment enriches an agency's program and frequently serves to strengthen individual casework practice as well.

Unfortunately, group practice does not yield to measurements of effectiveness any more easily than does casework practice, with the result that the above noted assumptions have never been accurately tested. However, one feasibility study was done by the UCS in Detroit in 1962[7] and produced several important conclusions, two of which are of particular relevance to this discussion: "(A) In summary the evaluative components of this project indicate that the vast majority of clients made progress during the group counseling experience; a large number, who would probably have dropped out of casework service remained and derived benefit from group counseling; the method is efficient both in terms of the client's time and the caseworker's time; and the increased volume of service which can generally be provided in an equivalent period of time through group counseling is largely consumed by clients retained in group counseling who probably would have been dropouts in casework service.[8] (B) Compared

[5] *Range and Emphasis of a Family Service Program*, F.S.A.A., New York, (1963).

[6] See the following reports: *Group Counseling in Family Service Agencies*, United Community Services, Detroit, (1962); *Group Treatment in Family Service Agencies*, F.S.A.A., New York, (1964); Mildred M. Kilinski, Emanuel Hallowitz, Charles H. King, "Integrating Group Therapy in a Family Agency Program," *The Use of Group Technique in the Family Agency*, F.S.A.A., New York, (1959), pp. 17–30; Elsa Leichter, "Scope and Versatility of Group Counseling in Family Casework," *The Use of Group Techniques in the Family Agency*, F.S.A.A., New York, (1959), pp. 5–16.

[7] *Group Counseling in Family Service Agencies, op. cit.*

[8] *Ibid.*, p. 16.

against the casework norm of 80 units a month this study suggests 135–140 units of service could be provided through a full-time workload of service to groups, or about 70 percent more than through case service.''[9]

Interestingly, cost is rarely mentioned in the literature as a rationale for introducing group treatment, though we are sometimes cautioned conversely not to consider this factor in our planning.[10]

It is my impression that in the small and intermediate agency the questioning of feasibility is not really related to our doubting the rationale for group treatment at all. In this connection our experiences, desires, concerns and interests are not unique. We want to serve people, serve them well, creatively and efficiently, and do accept that group treatment can be employed to this end. I suspect rather that the majority of our questions are related to the feasibility of attempting to *implement* this program in our respective agencies. In this query we can identify with the apartment dweller as he considers an attractive large piece of sculpture for his living room and reflects, ''I like it, but will it come up the stairs, and fit through the door?''

In order to develop some framework within which we might consider this latter question I will set forth some practical principles and suggestions which are basic to the organization and integration of a group treatment program in a family service agency, and follow this with a brief description of my own agency's experience.

The recent F.S.A.A. publication ''Group Treatment in Family Service Agencies''[11] is an excellent introductory guide for any agency considering this program. My suggestions are drawn from this publication, other readings, and my own experiences.

1. Involve the total board and staff in initial discussions concerning the purpose and goals of the new program. Clarify that group treatment is an integral part of the casework program, and not a separate department within the agency.

2. Determine if there are at least two staff members interested in the program. This number should be trained in order to insure continuity of service to clients.

3. Review the caseload to determine the general availability of specific client groups to draw upon for the groups. Groups can be composed according to sex, age, social role, similarity of problem, with attention to balancing the group rather than to clinical diagnosis.

4. Develop a total training and operational plan with clear channels of communication, assignment of responsibilities, statement of size of program, fee policy, and budget.

5. Employ a qualified group treatment consultant qualified to train the group therapists, and provide supervision for the ongoing program if necessary. I would recommend that the consultant be from the family casework field.

6. Plan for regular integrative conferences to include all staff members involved with a particular family, supervisory and training personnel. These conferences and the training seminars are your major educational media.

The JFCS of Paterson had limited past experience with groups. Several groups of adoptive parents were formed in the past, and some group treatment was done with adolescents. Our current program developed out of a long standing conviction on the part of the board and executive in introducing new treatment approaches and improving the program wherever feasible, and out of the interest of one staff member using

[9] *Ibid.*, p. 9.

[10] Kilinski et al., *op. cit.*, p. 17.

[11] *Group Treatment in Family Service Agencies,* F.S.A.A., *op. cit.*

group treatment. These motivations led to some general discussion with board and staff about the possibility of reactivating and formalizing our group treatment program, and after our interested staff member had attended a week long seminar on group treatment we decided to embark on the program. Our initial plan was to provide a limited program and accumulate experience. The goals of the program were outlined and it was decided that in all situations in which one family member was to be seen in a group, the total responsibility for individual and group service would be carried by the same group therapist. The then current caseload of the agency was reviewed and we discovered that we were serving a large number of older adolescent girls (16–21), most of whom were experiencing various problems in their emancipation from their families, and all of whom were being seen with minimal involvement of relatives. We selected our first group from these clients utilizing established group treatment selection criteria. The worker met with this group for 18 sessions with supervision from the casework supervisor and psychiatric consultant.

The group experience was valuable for all of the clients involved, the members attended with greater regularity than was true in individual sessions, and improvement in social functioning was seen in all but one case.

Following the termination of this group we evaluated the program, as planned. Our evaluation resulted in two decisions, one, to employ a group treatment consultant; and two, to extend our program to at least one other client group. The first decision was based on our recognition that though we did have some accumulated experience and training in group treatment, qualified and specialized direction was needed if our program was to move forward. We also concluded after considering group treatment consultants from the disciplines of psychiatry, psychology and family casework, that the individual with casework background was most "tuned in" to our needs. Our second decision to extend the program to another client group was based on the lack of additional clients in the caseload for the adolescent girls' group and our conviction that all of our client groups could benefit from group treatment. This time we selected mothers of younger adolescent children, a client group usually well represented in our caseload. We also arranged to have other professional staff members sit in on the group sessions as recorders. This was intended as a motivational and training device. Out of this involvement another professional worker expressed interest in the program and organized a group of elderly women who were living alone, and experiencing various situational difficulties. The one staff member who was receiving direct supervision from our group treatment consultant undertook to supervise this worker.

In reviewing our recent experiences for this paper I concluded that our experience in working with a group treatment consultant was beneficial and successful. Our plan of single assignment of caseworker to families in which one member is in a group is realistic and helpful. Our plan to use professional staff as recorders produces the desired motivational results. Our major problem seems to remain one of finding suitable candidates for the groups, and we are continually seeking solutions to this problem. Though our intake is consistently high, it is by the nature of our service, also quite diversified, *without* large clusters of similarity in terms of presenting request, general characteristics (sex, age, family composition), degree of pathology, and readiness to use counseling help. Most recently our group treatment consultant recom-

mended that we, (a) restructure our mothers group to include mothers of children of all ages; (b) broaden the focus to include roles other than the parenting role; (c) consider including women experiencing marital problems, other relationship difficulties, and lone women. Our aged group needed to be terminated due to the lack of eligible clients in this age group, and we determined that we will need to broaden the focus of future aged groups also.

Despite the problems noted above we have been invigorated and stimulated by our experience with group treatment. It has added a new dimension to our service program, and the integration process has crystallized the staff's perceptions of casework practice. We are committed to our group treatment program, and plan to continue it.

In summary, of the many factors considered above, I believe that two particular problems need to be overcome in order to make this program feasible for small and intermediate agencies. The first is the availability of staff interested in group treatment. This is not yet a treatment method taught in schools of social work, nor is it considered part of the "regular equipment" of professional caseworkers. In small agencies we have fewer professional staff, and therefore less of a diversity of interests to draw upon. Without interested staff, this program understandably cannot get "off the ground."

Second is the availability of clients. This can be a serious pitfall in the smaller agency unless groups are composed initially which reflect a fairly regular supply in the client population of the agency.

I believe from my experience that the other aspects of building new program, i.e. planning, training and integration should present no problem unique to the small and intermediate agency.

With group treatment as with other innovations, though we would like to believe that we are limited only by the distance of our own horizons, there are times when the panorama of reality intrudes all too sharply.