"If This Is Week Three, We Must Be Doing 'Feelings' ": An Essay on the Importance of Client-Paced Group Work

Tom Caplan
Harle Thomas

ABSTRACT. This essay elaborates a primary assumption about client-paced group work: that if a treatment group operates as a microcosm of the relationship responsibilities in the real world, then the ownership of the treatment process through client-paced assimilation of treatment goals can be seen as a more appropriate reflection of and role model for healthy relationships. Whether a treatment group follows an open or closed format, the notion that all clients are expected to accomplish specified goals in a given amount of time may provoke client, therapist, and contextual resistance. This essay uses the McGill Domestic Violence Clinic's treatment group for men who batter as a model to illuminate the concepts of client responsibility and strong intra-group relatedness through client-paced treatment and emergent theme discussion. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2003 by The Haworth Press, Inc. All rights reserved.]*

Tom Caplan, MSW, is Adjunct Professor, McGill University School of Social Work, and Director and Supervisor, McGill Domestic Violence Clinic. Harle Thomas, MSW, is Crisis Interventionist, Traumatic Brain Injury Team, Montreal General Hospital site of the McGill University Health Centre. The authors are associates in private practice and co-founders of Canadian Group Work Training, Inc., 5845 Cote des Neiges, Suite 440, Montreal, Quebec, Canada, H3S 1Z4.

EDITORS' NOTE: The following essay by Tom Caplan and Harle Thomas reflects their point of view about an approach to group work practice. We thought it would be interesting and thought-provoking to present a response from someone with a different point of view. Toward that end, we asked Maeda Galinsky, a long-time member of the Advisory Board of this Journal, to put down the thoughts that the essay gave rise to for her. Her response follows immediately after the Caplan and Thomas essay. We hope that both the essay and the response will stimulate the thinking of readers.

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Roselle Kurland
Andrew Malekoff
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PREFACE

The authors of this paper have the experience of working in a wide variety of social work treatment groups including domestic violence, substance abuse, sexual abuse survivorship, anger management, gambling, and social skills for forensic and psychiatric populations. To concentrate on the concept of client-paced treatment, the authors have written this essay using domestic violence and domestic violence group treatment at the men's McGill Domestic Violence Clinic (MDVC) as the identified subject. But it is important to point out that client ownership of the process of assimilating treatment goals benefits all treatment groups, no matter what the treatment population is.

Additionally, this paper reflects strongly on the "open group" model of the MDVC men's group. This group runs all year with clients entering and exiting at their own pace. However, the essay supports the idea that client-pacing is a significant attribute in all group formats, whether "open" or "closed."

INTRODUCTION

Although there are a variety of ways to intervene therapeutically in cases where men are violent in their intimate relationships with women (battering), the small group format has emerged as the preferred treatment modality (Edelson and Tolman, 1992). While Jenkins' (1990) approach focuses on individual counselling for batterers, and the Ackerman

Institute (Goldner et al., 1990) works with couples experiencing difficulties with male violence against women, the treatment for batterers most often employed is the small group format (Adams, 1988; Thorne-Finch, 1992; Bennett, 1993). A small group can be described as typically having between six and twelve members. At least two assumptions describe group work's preferred status: First, group work economizes service delivery of this form of treatment (Brandler and Roman, 1991); and, second, group work minimizes power differentials by reality testing through peer group intervention (Yalom, 1995).

It is evident that a number of treatment groups for batterers employ a "didactic" model that offers prearranged themes for each successive week (Edelson, Miller, and Stone, 1983; Savage, 1988; Sonkin and Durphy, 1989; Russinoff, 1990; Russell and Frohberg, 1994; Dutton and Golant, 1995, are examples). A number of manuals for such approaches show exercise handouts for each consecutive session. The tongue-in-cheek humor of this essay's title reflects this concept. Further, many group formats include the expectation of a finite time period as well as a closed membership that pursues a linear path in which clients start and end the course of treatment as one group (Caplan and Thomas, 1997-1998).

By comparison, the McGill Domestic Violence Clinic's (MDVC) treatment group for men who batter (see Caplan and Thomas, 1995) employs an "open group" model, which refers to an indefinite time period of treatment (the MDVC recommends a minimum of fifteen consecutive weeks) and the inclusion of new members immediately following their assessment interview. The MDVC approach espouses an atmosphere of flexibility through its use of universal themes (Thomas and Caplan, in press) and its downplaying of the power-based hierarchy between client, group worker, and institution (Thomas and Caplan, 1997).

It could be argued that the "closed/open" status of group work is more closely related to a state of mind than it is to the concrete parameters of a particular group's existence. Time-limited groups with closed memberships are certainly capable of functioning with a great deal of openness. However, while it is important to understand that the underlying "closed-ness" or "open-ness" of treatment groups for batterers has a lot more to do with the atmosphere within the group setting than it has to do with chronological structures, this essay proposes the idea that the degree of rigidity or flexibility demonstrated in the treatment of men who batter may have a substantial influence on the treatment experience for these men. Preplanned, short-term, closed format groups may have a higher risk of promoting high expectations for all concerned with re-

gard to treatment success. Inflexibility may stem from status quo, institutional patriarchy and, further, may even be a determining factor in reinforcing such attitudes for the very men who seek treatment to modify such problematic aspects of their world view (Thomas and Caplan, 1997; Goldberg-Wood and Middelman, 1992). World view refers to one's perception of self in relation to others and one's meaning in society; it is one's personal philosophy, and it mandates one's behavior (Caplan and Thomas, 1995).

A variety of treatment situations exist and call for different approaches within a wide range of community contexts; however, this essay focuses specifically on treatment groups for batterers because ownership of the treatment process through client-paced assimilation of treatment goals is of significant benefit to the effective treatment of men who are violent in their intimate relationships (Edelson and Tolman, 1992). Batterers who enter treatment present self-statements of emotional powerlessness and relational dependence, and yet believe they are entitled by society to use violence (and/or other inappropriate behaviors) as a means of establishing and maintaining power and control in their lives (Dutton, 1995). The authors observe that this dynamic is inherent across all treatment populations, so it is important that such perceptions are not in any way reinforced in therapy.

DIDACTIC MODEL

This writing considers the possibility that a number of organizing concepts underlying the closed group format are not compatible with basic principles of feminist theory; where such a condition exists, one has to ask whether effective therapeutic treatment is being delivered to men who are violent against women. Goldberg-Wood and Middleman (1992) state that until a batterer's world view changes, behavioral changes may be cosmetic and not long-lasting. It has been indicated by Lindsay et al. (1994) that when physically violent behaviors are modified, other forms of violence (psychological, financial, emotional) take their place. To consider that a world view which has been shaped over decades of life experience can be changed with short-term treatment may be unrealistic (Jacobson and Gottman, 1998).

A treatment group structure that recapitulates problematic institutions in the "real world," such as power-based hierarchies, instant success, and conformity to arbitrarily created standards, cannot escape the pitfall of reinforcing a batterer's view of a world in which problems are

solved by the same principles that reinforce male entitlement. For a therapist to be an appropriate role model for a client, a new way of solving problems must be modeled.

In a didactic group model, inasmuch as a specific structure must be adhered to (a different topic is assigned for each week), the following two practical problems arise: (1) the group facilitator is clearly designated as a leader (teacher) who must assume control of the group, if only to present the assignment and guide the group in learning the material; and (2) the clients can develop the expectation of being led, and this perception can inhibit their taking responsibility and feeling some ownership in the process. This dynamic reestablishes power differentials that already exist in society.

Having a fixed agenda for each session tends to establish several precedents. Even though it appears to give therapists an easy method of managing a group and sharing didactic information, it may also disenfranchise members from becoming invested in the treatment process by limiting their capacity to take responsibility for making changes. Although it appears that this "concrete-sequential" format offers a comprehensive presentation of all the major issues and strategies involved in stopping batterers from continuing their violence, the conformity implicit in connecting to a predetermined plan disallows group members the opportunity to make connections at their own pace. Within a dynamic that inhibits self-determinism, it could be suggested that what might be designed as comprehensive may in practical terms lend itself to a superficial assimilation of ideas by the group participants.

Often, batterers are heard to describe treatment as "taking a course" with weekly "classes." Although a treatment structure focussed on efficiency and education may encourage men to join and stay in a program, such a premise can foster a dangerously false sense of completion by clients (and perhaps by some therapists and administrators as well). The assumption that a client has "graduated" may create a perception that further work in redistributing power and control in relationships is not necessary or not important.

Several politically oriented issues within a didactic group model merit discussion. The diminishing of a client's capacity for self-determinism in treatment creates a situation where power-based hierarchies can exist. Whenever a therapist begins a session by stating (or even thinking!), "O.K., here's what we're going to look at in this session," control of the process and consequent power over others is more likely to be placed in the hands of the therapist. One could also argue that a fixed agenda is representative of those in power describing other peo-

ple's needs before they emerge. It is important to model that, while certain attitudes and behaviors are never acceptable, each person's unique manner of connecting to new ideas and making changes is always acceptable. If one accepts Yalom's (1995) premise that every group is a microcosm reflecting the macrocosm, then one has to question whether the acceptance of power-based (as opposed to merit-based) leadership is politically appropriate in a batterer's group, if indeed anywhere (Schiller, 1995). Merit-based leadership would refer to qualities of appropriate modeling, tolerance, accessibility, and active listening (Almeida and Bograd, 1990).

CLIENT-PACED GROUP MODEL

The MDVC's group work model aligns itself with feminist-informed theory in offering treatment for those who are violent against women. This essay highlights three questions that form a foundation for the client-paced group model: (1) From where does the group get its power? (2) In what ways are clients in this group invited to take responsibility? (3) If the group acts as a microcosm of what occurs in the real world, what metaphor is appropriate for describing such a group?

Power

Therapeutic resilience (Caplan and Thomas, 2002) is based on two assumptions. First, clients rarely achieve long-lasting success in a coercive treatment environment. Second, effective therapy places the responsibility for behavioral change in the hands of the client through the use of group process. The client-paced format distances itself from a power-based hierarchical structure, promoting acceptance and inclusion through mentoring and modeling (Caplan and Thomas, 1995). These principles underscore safety and authenticity by promoting the client's own strengths in reaching treatment goals at each individual's pace. This is not to say that clients are free to do or say (or not do or say) whatever comes to mind. The purpose of facilitation by the group worker is to ensure that appropriate focus is maintained (Thomas and Caplan, 1999).

The locus of power is centered within this type of group because of the immediacy given to client issues as they arise. The client-paced model develops each session's agenda based on the themes that emerge in the group's discussion, and by this process insures that clients are be-

ing heard. Their needs become the center of importance within group treatment (Thomas and Caplan, in press). It is the facilitator's challenge to listen carefully to a variety of individual clients' statements with a mind to help develop a theme(s) contained within the group's mandate, which is to address issues of men's violence against women.

Responsibility

One could argue that treatment involves different aspects of responsibility. For example, there is a responsibility to express as well as a responsibility to listen. There is a need to support as well as to challenge. A client-paced group, by working without a structured framework for goal achievement, creates an atmosphere where clients are allowed to embrace these aspects of responsibility as they are prepared to do so and not to meet the needs of an imposed agenda. It is an important distinction in terms of the longevity ("success") of behavioral change that clients own as much of the process as possible (Jenkins, 1990). A didactic group format challenges the group animator to cover a certain amount of ground within a specific time frame, which is reflective of a traditional educational model where a student's ability to perform is measured chronologically and by standardized tests. Because of this pressure, clients may be: (1) singled out; (2) left behind; (3) pushed ahead; or (4) inclined to give up in disgust. Ironically, the facilitator may be concerned about these same outcomes for him/herself, particularly if treatment is conducted in institutions that espouse conformity and power-based hierarchy in their programs and staff.

Therapist and client anxiety may be diminished if group expectations are open-ended rather than finite. For example, didactic lessons do not have to be mastered on the first try. The client-paced model allows many opportunities for "lessons" to emerge and be processed. It encourages each client to do the best that he can within his present context, without projecting the feeling that he is not measuring up.

Accountability is best exemplified in the "newcomer/veteran" dynamic. Veterans provide convincing proof to newcomers that consistent attendance in long-term treatment can produce effective results (Pressman, 1989; Almeida and Bograd, 1991). The presenting problems of newcomers provide convincing proof to veterans that they have made measurable progress through treatment. Veterans often relate to the struggles of the newcomer with great empathy. There are significant benefits to this collaborative dynamic. First, the appropriate sharing of group leadership by the veteran ("co-therapy") equalizes the power dis-

tribution in the group. Second, "mentoring" increases the client's ability to assimilate new information during the process of helping others. A third important benefit of such collaboration is that it establishes a sense of connectedness among men within the realm of emotional vulnerability.

Metaphor

It could be argued that the client-paced format embodies a metaphor for a behaviorally more appropriate world (Caplan and Thomas, 1995). Traditional concepts of masculine socialization show that men, as a group, tend to concretize and individuate within most emotional situations. Men, as a group, more readily express happiness because the "football team won" than because they enjoyed the shared experience of watching the game. The latter expression may be seen as a contradiction to a socialized perception of masculine identity, and many batterers tend to be "hard-wired" in their perception that masking authentic feelings within relationships is a "manly" way of behaving. In all relationships the issue of emotional intimacy is paramount; men who batter go to the extent of violence and control to secure what they perceive as this form of intimacy. It would be reasonable to assume that a group model that functions with power-based leadership and standardized progress conveys a much different message about trust-building than a group that promotes mutuality, emotional vulnerability, and client-based rates of progress. Surrey (1991) emphasizes the importance of the understanding of self-in-relation as a way of describing the formation of identity, but many batterers have difficulty with this concept. One underlying message of the open group model is that it is okay to connect with others when feeling emotionally vulnerable and to do so at one's own speed.

CONCLUSION

While recognizing that there are a variety of methods for organizing and facilitating group work, this paper has offered some ideas about the benefits of maintaining client-paced process in group treatment for men who are violent in intimate relationships. Didactic groups, in general, offer possible advantages of easier access, economy, and transfer of psychoeducational information. However, they may be limited in their effectiveness through the assumed identification with patriarchal concepts, such as power-based hierarchies, short-term "success," and the

feeling of being controlled. These disadvantages are experienced by the therapist as well as the client.

Client-paced process represents the strongest component that engenders change regarding the distribution of power between men and women. Reciprocity is achieved through centering power within the group rather than within a specific individual. Responsibility is encouraged by the dynamic of supportive challenge in the group, which allows each client to make progress at his own pace. Finally, client-paced process in a group more appropriately establishes a model for intimacy, emotional vulnerability, conflict resolution, and power distribution.

If it is true that the "medium" (the organizing structure of the treatment modality) is the "message" (how one behaves appropriately in relationships), then the quality of client-paced process would appear to be an essential element in the format of treatment groups for men who are violent against women in intimate relationships.

REFERENCES

Adams, D. (1988). Treatment models of men who batter. In K. Yllo, and M. Bograd (eds.) *Feminist Perspectives on Wife Abuse*. Newbury Park, California: Sage Publications.

Almeida, R.V., and Bograd, M. (1990). "Sponsorship: Holding men accountable for domestic violence." *Journal of Feminist Family Therapy*, 2(3/4), 243-259.

Bennett, L. (1993, October). Batterers are not just men, and batterers groups are not just men's groups. Paper presented at XVth International Symposium of the Association for the Advancement of Social Work with Groups, New York City.

Brandler, S., and Roman, C. P. (1991). *Group work: Skills and strategies for effective interventions*. Binghamton, New York: The Haworth Press, Inc.

Caplan, T., and Thomas, H. (2002). "The Forgotten Moment: Therapeutic resiliency and its promotion in social work with groups." *Social Work with Groups*, 24(2), 5-26.

Caplan, T., and Thomas, H. (1997-1998). "Don't worry it's just a stage he's going through": A reappraisal of the stage theory of group work as applied to an open treatment group for men who abuse women. *Groupwork*, 10(3), pp. 231-250.

Caplan, T., and Thomas, H. (1995). "Safety and comfort, content and process: Facilitating open group work for men who batter." *Social Work with Groups*, 18(2/3), 33-51.

Dutton, D. G., with Golant, S. K. (1995). *The batterer: A psychological profile*. New York: Basic Books.

Edelson, J. L., Miller, D. M., and Stone, G. M. (1983). *Counseling men who batter: Group leader's handbook*. Albany, New York: Men's Coalition Against Battering.

Edelson, J. L., and Tolman, R. M. (1992). *Intervention for men who batter: An ecological approach*. London: Sage Publications.

Goldberg-Wood, G., and Middleman, R. (1992). "Recasting the dye: A small group approach to giving batterers a chance to change." *Social Work with Groups*, 15(1), 5-18.

Goldner, V., Penn, P., Sheinberg, M., and Walker, G. (1990). "Love and Violence: Gender paradoxes in volatile attachments." *Family Process*, 29(4), 343-364.

Jacobson, N., and Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships*. New York: Simon and Schuster.

Jenkins, A. (1990). *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*. Adelaide, South Australia: Dulwitch Centre Publications.

Lindsay, J., Ouellet, F., and Saint-Jacques, M. C. (1994). "Pour une intervention plus efficace auprès des conjoints violents." *Le Travailleur Social*, 62(3), 104-108.

Pressman, B. (1989). Treatment of wife abuse: The case for feminist therapy. In B. Pressman, G. Cameron, and M. Rothery (Eds.), *Intervening with assaulted women: Current theory, research and practice*. Hillsdale, New Jersey: Erlbaum.

Russell, M. N., and Frohberg, J. (1994). *Confronting abusive beliefs: A group treatment program for men who abuse their partners*. Vancouver, British Columbia: University of British Columbia Press.

Russinoff, J. S. (1990). *Men's treatment handbook* (Second edition). Minneapolis, Minnesota: Domestic Abuse Project, Inc.

Savage, S. (1988). *Group treatment for abusive men and their partners: A family service approach*. London, Ontario: Family Service London.

Schiller, L. Y. (1995). Stages of development in women's groups: A relational model. In R. Kurland, and R. Salmon (Eds.), *Group work practice in a troubled society: Problems and opportunities*. (pp. 117-138). NY: The Haworth Press, Inc.

Sonkin, D. J., and Durphy, M. (1989). *Learning to live without violence: A handbook for men*. Volcano, California: Volcano Press.

Surrey, J. L. (1991). The self-in-relation: A theory of women's development. In J. Jordan, A. Kaplan, J. Baker-Miller, I. Stiver, and J. L. Surrey (Eds.), *Women's growth in connection*. New York: Guilford Press, Inc.

Thomas, H., and Caplan, T. (in press). "If we're all in the same canoe, why are we using separate paddles? The effective use of universal themes in diverse group populations." Paper presented at XXIII International Symposium of the Association for the Advancement of Social Work with Groups, Akron, Ohio.

Thomas, H., and Caplan, T. (1999). "Spinning the group process wheel: Effective facilitation techniques for motivating involuntary client groups." *Social Work with Groups,* 21(4), 3-21.

Thomas, H., and Caplan, T. (1997). "Client, therapist and context: Addressing resistance in group work." *The Social Worker,* 65(3), 27-36.

Thorne-Finch, R. (1992). *Ending the silence: The origins and treatment of male violence against women*. Toronto, Ontario: University of Toronto Press.

Yalom, I. D. (1995). *The Theory and Practice of Group Psychotherapy* (4th Edition). NY: Basic Books.