Meeting Practice Needs: Conceptualizing the Open-Ended Group

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Open-ended groups are an important part of the everyday practice of social workers. In many settings, clients join groups in progress and attend as many sessions as their needs warrant. Professionals lead open-ended groups in general and psychiatric hospitals, social services departments, mental health centers and family service agencies, drug and alcohol rehabilitation centers, residential treatment facilities, nursing and maternity homes, and prisons. Further, many self-help endeavors such as Alcoholics Anonymous, Parents Anonymous, and Recovery, Inc. take place in open-ended groups. The professional literature and conversations with practitioners attest to the number and variety of open-ended groups.[1] Patterns of implementation and attendance vary from waiting-room groups with almost a complete turnover every session to groups that endure for years with occasional revisions in composition. The important theme of changing membership does, however, serve to link these groups together conceptually.

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Unfortunately, despite the extensive and effective use of open-ended groups there has been little attempt to refine this approach. Theoretical writings pertaining to groups tend to ignore open-ended characteristics and focus on the relatively long-term group with a stable membership. Only scattered attempts have been made to conceptualize the differences in the development of open-ended groups[2] and to denote implications for intervention.[3] Not only are there few guidelines for work with open-ended groups, but lower status has frequently been accorded to groups with changing membership. Practitioners meeting the often overwhelming needs of their clients may apologize to other staff and educators for not working with "real groups." Without recognition or guidelines to direct their efforts, social workers dealing with open-ended groups can find their work frustrating and fraught with unnecessary difficulty.

Our review of the descriptive and theoretical literature related to open-ended groups and our consultation with practitioners provide the basis for this framework for services to open-ended groups.[4] We discuss the purposes for which open-ended groups are appropriate as well as the special considerations that need to be given to composition and group arrangements. Then, we examine the group development, structure, and processes typical of open-ended groups and suggest guidelines for responding to the particular needs of groups with changing membership.

PURPOSES OF OPEN-ENDED GROUPS

Agencies provide services through open-ended groups for a variety of reasons. Open group systems ensure the immediate availability of services, particularly to people in crisis. Clients can begin treatment promptly, obtain information, or be screened to determine what response is most appropriate to their needs.[5] When ongoing support or therapy is required, members can remain in the group as long as necessary and departing members can be offered the option of returning if the need arises.[6] The provision of an open group experience can also be a practical and efficient way of providing support and maintaining chronic patients who return to clinics on a routine basis for medication.[7] In addition, agencies have found open-ended groups in walk-in clinics useful in outreach efforts to provide therapy to deprived clients.[8] Further, agencies committed to training find that ongoing, open-ended client and supervisory groups can offer valuable learning experiences without detriment to clients. The introduction of new facilitators in a

client group appears to be no more disruptive than the on-going change in membership;[9] and, supervisory or training groups easily accommodate to the turnover of staff and students.[10] Thus, agencies have developed open-ended groups as a way of becoming more responsive in both service delivery to clients and staff training.

The specific purposes identified in open-ended groups can be categorized as: (1) helping clients cope with transitions and crises; (2) providing other types of short- and long-term therapy; (3) offering support to clients with common problems; (4) assessing or screening clients; (5) orienting and educating clients; (6) training and supervising staff and students; and, (7) facilitating outreach efforts.[11] In some cases, groups appear to have a single purpose such as responding to severely depressed clients to prevent suicide[12] or helping cardiac patients deal with fears of death.[13] In other open-ended groups, multiple purposes are addressed. For example, a group for residents of a maternity home provided education and support as well as an opportunity for client assessment.[14]

Reports from the literature and practitioners indicate that the dominant purpose pursued in open-ended groups is helping clients cope with transitions and crises.[15] Through the open group system, mutual assistance and support are made available to clients who share similar life stresses resulting from: (1) a change in status, (2) change in physical condition, (3) a change in the family system, or (4) a change in the life cycle. Open-ended groups focusing on status changes ease entry into hospitals and nursing homes as well as prepare members for leaving prisons, psychiatric facilities, and residential treatment centers. Open groups dealing with changed physical conditions are offered to patients with cancer, progressive blindness, emphysema, burns, kidney disease, rheumatoid arthritis, as well as recent surgery and stroke patients. Family members meet in open-ended groups to obtain help in coping with stresses related to the birth of a normal or handicapped child, the illness, addiction, or emotional disturbance of a relative, as well as the hospitalization or death of a loved one. Further, open-ended groups are used to help both adolescents and the elderly in dealing with developmental crises.[16]

Groups formed to deal with particular transitions or crises not only offer members the opportunity to exchange perspectives and obtain information in a responsive, nurturing atmosphere but also stimulate problem-solving and the development of coping behaviors. Members experience relief when they know others share their problem. Expressing pent-up feelings, that may be related to the burden of a sick child or

the embarrassment of a spouse's addiction, reduces member tensions. Exchanging information provides members with new strategies for dealing with problems such as adjusting to retirement or becoming a parent. As a result of this sharing experience, members feel more confident and able to confront their stressful situations.[17] Further, as members come and go, the group provides a model for dealing with transitions that can enhance each member's capacity for responding to external stress.[18]

While the most frequently mentioned purposes relate to coping with transitions and crises, many open-ended groups are designed for therapeutic purposes, support, and/or screening and orientation. Therapy may involve a psychotherapeutic examination of the past[19] or refer to a more present-oriented problem-solving approach.[20] For psychotherapy groups, changing membership is at times disruptive; and, the only negative description of an open-ended group experience involves traditional group psychotherapy.[21] Support is seldom the sole purpose indicated for a group and is more frequently listed in conjunction with coping with transitions and crises, screening, or therapy.[22] Some groups are designed primarily to assess clients or prepare them for therapy,[23] but screening groups also provide orientation and function as support systems,[24] and, at times, help clients resolve their problems.[25] Although client education or orientation[26] and staff training[27] are rarely mentioned as the main purpose of an open-ended group, it is apparent from the descriptions of these groups that clients are frequently provided with information and learn coping skills; and, that students from a variety of disciplines facilitate open-ended groups as a part of their training experience.

Open-ended groups currently are serving a range of purposes and seem to be a particularly appropriate response to people facing common life crises and transitions. Although the purposes of open-ended groups appear similar to those of groups with stable membership, the leadership demands are different. Knowledge and skills related to group composition and group arrangements in a closed group are not sufficient to deal with the ever-changing membership of an open group.

OPEN-ENDED COMPOSITION AND GROUP ARRANGEMENTS

One of the perennial frustrations of working with open-ended groups is the uncertainty about how many members will attend any given ses-

sion. Based on reports of open-ended groups, workers can typically anticipate about five to twelve members at a meeting. Workers need to be prepared, however, for as few as one or two members and as many as twenty.[28] Because there is no way to predetermine the actual composition of the group at any session, it becomes particularly important to have a sufficient pool of potential members; this increases the likelihood that enough members will be present at each session for group interaction.

Criteria for group composition are seldom discussed in the open-ended group literature, but self-selection appears to be the predominant mode of composition. The membership pool is defined by the purpose established for the group and individuals who are facing the crisis or problem expressed by the purpose are eligible to join the group. Many groups are completely voluntary and there seems to be an implicit assumption that if the group meets a need, potential members will come. Relatives of burn patients, for instance, are informed about a support group and it is expected they will attend if they are feeling a need to express their concerns or obtain information. Some groups, however, particularly those established for certain categories of clients in treatment centers or in-patient facilities, appear to be less voluntary. An adolescent entering a residential facility or a patient on a psychiatric ward would seem to have minimal choice about joining a group provided as part of the "prescribed" treatment program.

Since potential members may feel some pressure to become part of a designated open-ended group, either because of institutional directives or their physical presence in the meeting area (e.g., ward or waiting room), it is necessary to consider exclusion criteria. Although the purpose may clearly define the population for whom the open-ended group is available, people who are negative about becoming involved, particularly in a therapeutic endeavor, and those who are denying their problems should not be encouraged to attend. If these individuals have pressing needs, they should be addressed through alternative means, such as individual contacts. Attending sessions may induce undue anxiety or resentment and the presence of resistant or unwilling members may detract from the group's work.[29] Care must be taken, however, in excluding members since there are beneficial results from bringing together people with mutual concerns about impending crises or transitions. As with self-help groups, members dealing with a common experience become peers and differences in socio-economic status, education, and occupation often seem unimportant.[30] Facing the death of a

child or dealing with the aftermath of surgery can be important common denominators.

People become members of open-ended groups for varying lengths of time. Some groups, such as an aftercare group designed to ease the transition from hospital to community, are available as long as members feel they have a need or reason to come.[31] In other groups, situational factors may determine attendance. An open-ended group on a psychiatric ward had constant turnover because of patient discharge;[32] and, a waiting-room group involved relatives only for the duration of their family member's stay.[33] Further, there may be variable expectations about the number of sessions members should attend. In an open-ended screening group at a community mental health center, members were asked to attend three to six sessions,[34] while a psychiatric walk-in clinic offered ten sessions in an open-ended group to clients coming for short-term treatment.[35]

These examples from the literature emphasize the unpredictable character of attendance in open-ended groups. Although the general presumption is that members attend as long as they find the experience useful, there are no data on why members terminate from open-ended groups.[36] They may leave the group because their needs are met, because they are no longer affiliated with an institution, because they have attended the prescribed number of sessions, or because they do not find the experience helpful.

Changing membership is a dominant force in open-ended groups and practitioners must be prepared to cope with the arrival and departure of members. Members may come and go continually or infrequently but the change in composition is often unplanned. The consequence of changing membership at different points in time is, however, only vaguely defined in the literature and not all of the accounts are in complete accord. Despite the inadequate conceptualization, there are some helpful descriptions of techniques which can ease the impact of change.

Paradise, assuming that open-ended groups progress through defined stages of development, examines the meaning of bringing new members into an ongoing group at different stages. He suggests that any member who enters the group during the first "Pre-Affiliation" stage makes little difference since the group is still forming. During the second "Power and Control" stage, he assumes that a new member is likely to cause frustration and regression since members' relations are tenuous and filled with conflict; thus, it is more appropriate to delay increases in membership until the end of this phase or some point during the third "Intimacy" stage when members may again join with relative ease. Par-

adise warns that members added during the fourth "Differentiation" stage may be overwhelmed because the group is cohesive and has a defined structure, but indicates the group can incorporate newcomers during this time. In the fifth and final stage of "Separation," he predicts that new members will be poorly accepted since the group is dealing with ending; thus, any change is contra-indicated.[37]

Although there is no research regarding the impact of new members on group development, the literature does provide two descriptive accounts of member entry at different points in time. Duke et al. use Paradise's formulation to discuss movement of an open-ended self-help group through the stages of Pre-Affiliation, Power and Control, Intimacy, Differentiation, and Separation. They conclude that their observations of membership change affirm Paradise's predictions to some extent.[38] Another illustration is given by Scher, who reported on an open-ended aftercare group which met for a ten-year period. He observed that the group took six weeks to adjust to a new therapist or a new member no matter what phase of development members had reached when composition changed. He further noted that members who were in the "middle phase" of their group experience (which might correspond to Paradise's stage of "Differentiation") were the most resentful of any changes.[39]

Ziller's conceptualization is probably the most helpful approach to understanding the phenomenon of changing membership. He proposes that the components involved in assimilating a new member must be examined. These include the characteristics of the newcomer, the characteristics of the group at time of entry, the interaction of these characteristics, as well as the basis for changing membership and the orientation procedures used.[40] Thus, a highly motivated new member with positive group associations whose entry into a receptive group is planned and handled through established orientation procedures should receive a better response than a resident newcomer who arrives unannounced in a group with no mechanisms for assimilating members.

Although Ziller's formulation has not been formally tested, other authors support the need for maintaining a core group or nucleus of members to pass on group traditions and assist in the assimilation of new members;[41] and, a number of authors make suggestions for helping groups deal with membership alterations. When possible, it is recommended that membership changes be paced at regular intervals, rather than adding members at every meeting.[42] Individual group members can share responsibility for "sponsoring" new members and introducing them to the group, a mode used in some self-help groups;[43] and, depart-

ing members can be given the opportunity to return if they feel the need.[44] Further, a restatement of the group's purpose and transition exercises for welcoming newcomers and terminating with members who are leaving can lessen the disruption of changing members.[45]

Since practitioners often have little control over who comes to an open-ended group or how long members will attend, it is imperative to define and communicate the purpose of the group to potential members and to determine, in advance, expectations for members and procedures for handling membership change. Further, it is necessary to make arrangements for a meeting place that will be easily accessible and conducive to interpersonal exchange. If the only convenient location is in an open area such as a waiting room, then care must be taken so that the group does not invade the privacy of people who do not wish to attend. To ensure support for group efforts, others who may have contact with potential clients, such as medical personnel and relatives, should be involved. Attending to compositional differences and making appropriate group arrangements lay the groundwork for an effective open group system, but facilitating growth of an open-ended group also requires knowledge of the factors impacting on its development.

OPEN-ENDED GROUP DEVELOPMENT, STRUCTURE, AND PROCESS

There is some question about whether groups with transient members move beyond the initial phases of group development.[46] Certainly, given the great disparity in patterns of attendance, there is ample justification for practitioners' concerns that some open-ended groups never move beyond formative issues. There is, however, substantial evidence that these groups progress and change, even though the changing membership in open-ended groups affects the character of development.

In the open group system, despite the constant turnover in membership, the group itself makes gains over time. There are reports of increased intimacy and interaction. Cohesion develops and members have less need for direction, more ability to make self-disclosures and provide mutual assistance.[47] In Hill and Groner's comparison of the verbal interaction in the development of open and closed groups, there were apparent differences, but a clear indication of movement in open-ended groups when a nucleus from the previous group was maintained. They observed that ongoing open groups made developmental changes (both gains and losses) during periods of stable membership; each time mem-

bership changed, however, there was a "continuation effect" so that the newly composed group maintained a developmental level near or slightly lower than the level attained prior to membership change. They concluded that any open group that continued for a long enough period might approximate all the stages of normal development.[48]

It would appear that group development in open group systems, under favorable conditions, goes through a cyclic progression. Depending on how much membership changes and on the stability of the previous grouping, the new group may start from the base established by former members. Within this cycle, Scher points out that individual members vary in their identification with the group and its process. In his observations, newcomers were caught up in becoming part of the group; members already engaged carried on the work of the group; and, terminators began to withdraw.[49] From Scher's portrayal of individual differences in attachment to the group, it might be assumed that a core of engaged members may promote stability and development while a preponderance of incoming and/or outgoing members may slow development.

Ziller discusses the members' time perspective, the group's need for equilibrium, and the frame of reference as factors which can offset the disruptive effects of changing group membership and push group development forward. Because the focus is on the present in open-ended groups, members reach group decisions with greater haste and form attachments to the group, not individuals. Procedures are developed to minimize disequilibrium induced by membership change so the group's work can continue; and, the group profits from the constant reminders of reality and the broader frame of reference offered by new members.[50]

Obviously, not all open-ended groups benefit from the transient nature of their membership. Some find development impeded because of a lack of openness[51] and others are overwhelmed at times by the constant influx of new members.[52] Nonetheless, most of the descriptive accounts of open-ended groups in the literature affirm developmental progress. The mechanisms these groups develop to survive and grow stem from what Ziller might describe as the "group's need for equilibrium." The group's purposes are kept alive by defining goals for newcomers and evaluating departing members' progress.[53] Norms maintain the structure of the group through transitions as established members model and communicate behavioral expectations to new members.[54] In addition to the group factors that aid growth, the development of groups with changing membership can be promoted by a supportive milieu[55] as well as member contacts outside group sessions.[56] Further, leadership, al-

ways a critical factor in group progress, is especially important in open group systems. The centrality of the leader is greater than in closed group systems because the leader can carry forward group traditions, provide the structure and information necessary for decision-making, and is often the only constant in the ebb and flow of members.[57]

Over time, open-ended groups may replicate the stages of development that occur in long-term, closed group systems, but they do not move through the stages in an orderly progression. These groups evolve a structure for dealing with changing membership through intermittent and repetitive stages of growth, assimilation, and stabilization. Within open systems individual members or subgroups within the group system can represent different stages of group development; thus, issues related to formation and termination may surface even as the group is dealing with concerns related to the middle phases. For this reason, group development frameworks which stress the repetitive and cyclical nature of groups are particularly useful. For example, Schwartz's framework for group development (tuning-in, beginnings, work, transitions) points to significant phases that occur within a single session as well as the overall process of group development.[58] Sarri and Galinsky's presentation of group development further conveys the cyclic nature of group growth and, if their intermediate and revision stages are repeated continuously, can encompass a substantial part of the pattern of development of open-ended groups.[59]

Practitioners dealing with open-ended groups would be advised to keep in mind both the overall development of the group and the individual progression of members. Every session involves preparation or "tuning in" to the particular demands of change. New members may need to be introduced or departing members may need to deal with separation; and, the work of the group must go on. Since change may be an almost constant phenomenon, the leader must help the group establish mechanisms for dealing with turnover, adapt a leadership style appropriate to the group's development, and create a supportive environment.

Intervention Guidelines for Open-Ended Groups

The practice wisdom derived from this review of the literature on open-ended groups points to the importance of the leader, the group, and the environment. For effective outcomes, it must be recognized that the development of open-ended groups is often dominated by the transient nature of their membership. Leadership skill, a strong group tradition, and a supportive milieu are needed to transform an open group

system in a continuous state of flux into a productive, problem-solving network.

Leadership demands. The leader(s) must be prepared for an ever-changing membership, must be attuned to multiple developmental needs within a single session, must be able to define relevant purposes and establish meaningful expectations for members that encompass procedures for dealing with transient membership, and must be able to develop a supportive environment for the group system. Any leader who can meet these demands must have skill in rapid individual and group assessment as well as a leadership style that is adaptive to changing conditions. At any point in the group's development, the leader must have the ability to move into a central position to support group purposes, to activate group traditions, or to ensure the effective operation of mechanisms for dealing with transition. Further, the leader must be able to play a less active, facilitative role if the group is able to manage its own activities.

Group demands. While open-ended groups can be sustained through formative phases with professional guidance, they cannot be expected to progress beyond this phase unless they develop a strong tradition which includes a sense of purpose, expectations for members' behavior, and mechanisms to respond to change Members can ensure that the group's legacy is passed on, and it is especially helpful if a core of members is maintained when old members depart and new members enter. When the group's memory fails, the worker must prompt members to engage in rituals related to welcoming newcomers and evaluating the progress of members who are terminating. Through these exercises, the group reaffirms and clarifies its purposes and expectations.

Environmental demands. A supportive milieu is necessary to an open-ended group system. Membership depends on consistent referrals and reinforcement for participation. Related staff must comprehend the group purpose and their own relationship to the group, if they are to make referrals and promote the group's potential. Members' friends and relatives may need to be alerted to the group's importance if they are to encourage member involvement in the group. Cooperation of significant people in the group's environment can ensure that members attend and benefit from the experience. Even facilitative room arrangements and scheduling may depend on the agency's approval and understanding of the group. Workers need to be sensitive to agency policy and prepared to adjust their plans while advocating for the needs of the group. The smooth operation of an open-ended group and its positive effects on members require supportive relationships.

CONCLUSION

Open-ended groups are an important part of social work technology. There is a dynamic quality about the open group system which is an asset in providing services to clients. In an era of societal stress, open-ended groups provide a mutual aid system which is adaptive to changing membership demands. They serve a variety of purposes and seem especially suited to helping members deal with transitions and crises. Leading a group with changing membership requires an understanding of the multifaceted, cyclic progression of open group systems. Practitioners who hope to obtain successful outcomes must have the ability to assess and adapt to divergent individual and group needs, must be comfortable with a central role in structuring expectations for members and for the group, and must aggressively work to develop a supportive milieu. Transient membership poses a challenge, but the spontaneous relief and creative solutions produced in the interaction of open group systems seems well worth the effort of structuring these experiences. Open-ended groups deserve further conceptual clarification and research attention to support social work practice efforts.

NOTES

1. In our review of the social work, group therapy, and behavioral science literature, we found that most of the articles were primarily descriptive (see Bibliography). Our discussions with practitioners greatly facilitated our conceptualization of open-ended groups and we appreciate their willingness to share their experience with us.

2. H. J. Grosz and C. S. Wright, "The Tempo of Verbal Interaction in an Open Therapy Group Conducted in Rotation by Three Different Therapists," *International Journal of Group Psychotherapy*, 17 (October 1967), pp. 513-523; W. F. Hill and L. A. Gruner, "Study of Development in Open and Closed Groups," *Small Group Behavior*, 4 (August 1973), pp. 355-381; E. L. Hoch and G. Kaufer, "A Process Analysis of 'Transient' Therapy Groups," *International Journal of Group Psychotherapy*, 5 (October 1955), pp. 415-421; and, R. C. Ziller, "Toward a Theory of Open and Closed Groups," *Psychological Bulletin*, 64 (September 1965), pp. 164-182.

3. S. Bailis et al., "The Legacy of the Group: A Study of Group Therapy with a Transient Membership," *Social Work in Health Care*, 3 (Summer 1978), pp. 405-418; R. Paradise, "The Factor of Timing in the Addition of New Members to Established Groups," *Child Welfare*, 47 (November 1968), pp. 524-529, 553; and, B. Sadock et al., "Short-Term Group Psychotherapy in a Psychiatric Walk-In Clinic," *American Journal of Orthopsychiatry*, 38 (July 1968), pp. 724-732.

4. Our review of the social work, group therapy, and behavioral science literature on open-ended groups (see Bibliography) covers the period from 1970-1980 with inclusion of a few significant contributions prior to 1970. In addition to articles focused

on descriptions or beginning conceptualizations of open-ended groups, we reviewed articles on co-therapy and hospital groups which mentioned or described characteristics of open-ended groups. Further, we found a few articles on self-help that elaborated on the open-ended quality of these groups. The framework we have developed is directed toward professionals who lead open-ended groups but could be useful in consultation with self-help groups.

5. See, for example, H. Copeland, "The Beginning Group," *International Journal of Group Psychotherapy*, 30 (April 1980), pp. 201-212.

6. Although many authors refer to open-ended groups as an ongoing, available source of support, it is impossible to determine how frequently members return. Dube et al. indicate that in one of their six groups, all members were specifically given the option to return but only one came back for more than a "keep in touch visit." See B. D. Dube et al., "Uses of the Self-Run Group in a Child Guidance Setting," *International Journal of Group Psychotherapy*, 30 (October 1980), p. 474.

7. See I. M. Lesser and C. T. H. Friedman. "Beyond Medications: Group Therapy for the Chronic Psychiatric Patient," *International Journal of Group Psychotherapy*, 30 (April 1980), pp. 187-199; and, C. O. Levine and G. C. Dang. "The Group within the Group: The Dilemma of Cotherapy," *International Journal of Group Psychotherapy*, 29 (April 1979), pp. 175-184.

8. See A. Brooks, "Group Work on the Bowery," *Social Work with Groups*, 1 (Spring 1978), pp. 53-63; and, I. Weisman, "A Natural Group as a Vehicle for Change," *Social Work with Groups*, 1 (Winter 1978), pp. 355-363.

9. Scher found that it took the group about as long to adapt to a change in therapists as to membership change. See M. Scher, "Observations in an Aftercare Group," *International Journal of Group Psychotherapy*, 23 (July 1973), pp. 322-337.

10. J. Gotland, "A 'Hello' and 'Goodbye' Group," *International Journal of Group Psychotherapy*, 22 (April 1972), p. 258.

11. Our review of purposes reported in the literature on open-ended groups indicated that the frequency with which these purposes were mentioned, either singly or in combination, varied. Almost half of the articles reviewed cited coping with transition or crisis as a group purpose. Therapy, support, as well as screening and assessment were mentioned with almost equal frequency, and each was cited as a group purpose in about a quarter of the articles; educating clients, training and supervising staff, and outreach were rarely mentioned as purposes.

12. B. S. Comstock and M. McDermott, "Group Therapy for Patients Who Attempt Suicide," *International Journal of Group Psychotherapy*, 25 (January 1975), pp. 44-49.

13. L. C. Mone, "Short-Term Group Psychotherapy with Post-Cardiac Patients," *International Journal of Group Psychotherapy*, 20 (January 1970), pp. 99-108.

14. N. E. Kaltreider and L. D. Lenkoski, "Effective Use of Group Techniques in a Maternity Home," *Child Welfare*, 49 (March 1970), pp. 146-151.

15. Schwartz identifies the characteristics, modes of functioning, and problems of leadership in groups formed to deal with stressful life situations. His conceptualization of these groups is applicable to the many open-ended groups formed for this purpose. See M. O. Schwartz, "Situation/Transition Groups: A Conceptualization and Review," *American Journal of Orthopsychiatry*, 45 (October 1975), pp. 744-755.

16. The more specific delineations of transitions or crises under each category of purposes related to life stresses were obtained from our review of the literature. In

many cases, such as helping relatives deal with the illness of a family member, there was more than one report of an open-ended group serving this purpose.

17. Schwartz, pp. 746-748.

18. Collard, pp. 258-261.

19. For descriptions of open-ended groups with a psychotherapeutic orientation, see, for example, E. L. Edelstein and P. Noy, "Open Groups within a Changing Psychiatric Ward in Israel," *International Journal of Group Psychotherapy*, 22 (July 1972), pp. 379-383; J. Fleischer and C. Capellari, "Benefits of Co-Therapy in a Group with Schizophrenic Patients," *Group Analysis*, 12 (August 1979), pp. 117-126; H. J. Grosz and C. S. Wright, "The Tempo of Verbal Interaction in an Open Therapy Group Conducted in Rotation by Three Different Therapists," *International Journal of Group Psychotherapy*, 17 (October 1967), pp. 513-523; A. Manikoff, "Long-Term Psychotherapy with Puerto Rican Women: Ethnicity as a Clinical Support," *Group*, 3 (Fall 1979), pp. 172-180; J. Rosenburg and T. Cherbuliez, "Inpatient Group Therapy for Older Children and Pre-Adolescents," *International Journal of Group Psychotherapy*, 29 (July 1979), pp. 393-405; R. Shapiro, "Working Through the War with Vietnam Vets," *Group*, 2 (Fall 1978), pp. 156-183; and, D. S. Whitaker. "Some Conditions for Effective Work with Groups," *British Journal of Social Work*, 5 (Winter 1975), pp. 423-439.

20. Groups pursuing therapeutic purposes with a more present-oriented approach such as problem-solving are described in F. Canter, "A Self-Help Project with Hospitalized Alcoholics," *International Journal of Group Psychotherapy*, 19 (January 1969), pp. 16-27; J. K. Haaken and F. B. Davis, "Group Therapy with Latency-Age Psychotic Children," *Child Welfare*, 54 (December 1975), pp. 703-711; and, J. Williams et al., "A Model for Short-Term Group Therapy on a Children's Inpatient Unit," *Clinical Social Work Journal*, 6 (Spring 1978), pp. 21-32.

21. Whitaker, pp. 423-439.

22. See Dube et al., pp. 461-479; and, Levine and Dang, pp. 175-184.

23. For examples of screening groups, see E. F. Canton and E.1. Rawlings, "A Procedure for Orienting New Members to Group Psychotherapy," *Small Group Behavior*, 6 (August 1975), pp. 293-307; and, C. H. Hodgman and W. H. Stewart, "The Adolescent Screening Group," *International Journal of Group Psychotherapy*, 22 (April 1972), pp. 177-185.

24. See, for example, N. D. Bloom and J. G. Lynch, "Group Work in a Hospital Waiting Room," *Health and Social Work*, 4 (August 1979), pp. 48-63.

25. Copeland, pp. 201-212.

26. R. Roth, "A Transactional Analysis Group in Residential Treatment of Adolescents," *Child Welfare*, 56 (January 1977), pp. 776-786.

27. Golland, pp. 258-261; B. Stuckey et al., "Group Supervision of Student Companions to Psychotic Children," *International Journal of Group Psychotherapy*, 21 (July 1971), pp. 301-309; and, Williams et al., pp. 30-31.

28. Although average attendance is only discussed in some accounts of open-ended groups, consultation with practitioners supports the range indicated in the literature and confirms the need to be prepared for occasional meetings with only one or two members present. Average attendance is reported by Bailis et al., p. 407, who report 1-10 members; P. R. Balgopal and R. P. Hull, "Keeping Secrets: Group Resistance for Patients and Therapists," *Psychotherapy: Theory, Research and Practice*, 10 (Winter 1973), p. 334, who report an average of 6 members; Bloom and Lynch, p. 51, who report from 2-20 relatives attending their waiting-room group; A. B. Druck, "The Role of

Didactic Group Psychotherapy in Short-Term Psychiatric Settings," *Group*, 2 (Summer 1978), pp. 100 and 103, who reports 5-10 members in one group and 6-10 in a second group; Hoch and Kaufer, p. 415, who report from 10-20 members in attendance; Sadock et al.. p. 726, who report 2-8 members attending; Scher, p. 323. who reports 6-12 members attending over 90 percent of meetings; and, Williams et al., p. 23., who report 4 or 5 children typically at each session.

29. Bloom and Lynch, p. 56; Copeland, p. 209. Although not discussed in the literature, it may be helpful to invite reluctant members to observe a session before making a decision about membership, since exposure to the group experience may overcome negative attitudes and denial.

30. See L. H. Levy, "Self-Help Groups: Types and Psychological Processes," *Journal of Applied Behavioral Sciences*, 12 (July-August-September 1976), p. 315; and, Sadock et al., p. 730.

31. Scher reports that 230 patients used the aftercare group over a ten-year period. The average member remained for 20 sessions; two came for 80 sessions; and, some dropped out after only one session. In a number of cases, members did not attend continuously but returned after leaving the group. See Scher, pp. 325-329.

32. Grosz and Wright reported patients' average attendance was 5.5 sessions with a range of 1-23 sessions attended. See Grosz and Wright, p. 514.

33. Bloom and Lynch indicate members typically attended for a few days, but a few were present for up to two weeks. See Bloom and Lynch, p. 53.

34. Copeland reported that 75 percent attended all six sessions. See Copeland, pp. 202 and 212.

35. Ten of the twenty-eight members (35 percent) remained for all of the sessions. See Sadock et al., p. 726.

36. Ibid., p. 731.

37. Paradise draws on Garland, Jones, and Kolodny's stages of development and provides illustrations from children's groups. See Paradise, pp. 524-529 and 553.

38. Dube et al., pp. 470-474.

39. Scher, pp. 328 and 332.

40. Ziller, pp. 177-180.

41. Hill and Grimes, p. 381; and, Bailis et al., pp. 414-415.

42. J. R. Singler, "Group Work with Hospitalized Stroke Patients," *Social Casework*, 56 (June 1975), pp. 354.

43. T. J. Powell, "The Use of Self-Help Groups as Supportive Reference Communities," *American Journal of Orthopsychiatry*, 45 (October 1975), pp. 756-764.

44. Dube et al., p. 474.

45. Williams et al., pp. 26-28.

46. In a very early account of open-ended groups, Hoch and Kaufer identified four stages of development following the entry of a new member in an open-ended group but stressed that these might really represent the initial phases of more complete processes in stable, longer-term groups. See Hoch and Kaufer, p. 421.

47. Bailis et al., pp. 408-409; Copeland. pp. 204-209; and, Grosz and Wright, p. 517.

48. Hill and Gruner, pp. 375-380.

49. Scher, pp. 326-329.

50. Ziller, pp. 165-169.

51. Balgopal and Hull, pp. 334-336.

52. Singler, p. 354.

53. Sadock et al., p. 727.

54. Bailis et al., p. 414; Grosz and Wright, p. 519; and, Sadock et al., p. 728.
55. Bailis et al., pp. 414 and 418; and, Bloom and Lynch, p. 59.
56. Scher, pp. 336-337; and, Williams et al., pp. 23-24.
57. Bailis et al., pp. 413-414; and, Druck, p. 108.
58. For a description of each of Schwartz's phases of group development, see W. Schwartz, "On the Use of Groups in Social Work Practice," in W. Schwartz and S. R. Zalba (eds.), *The Practice of Group Work* (New York: Columbia University Press, 1971), pp. 13-18.
59. Sarri and Galinsky's framework for group development includes seven phases: Origin, Formative, Intermediate I, Revision, Intermediate II, Maturation, and Termination. In open-ended groups, the group may encounter a revision phase each time new members are added and/or old members leave. As the group repeats cycles through the revision and intermediate phases, it may gradually develop more and more characteristics of the mature group. Some open-ended groups may, however, never attain full maturity. For a description of these phases and the accompanying treatment sequence see, R. C. Sarri and M. J. Galinsky, "A Conceptual Framework for Group Development," In P. Glasser, R. Sarri and R. Vinter (eds.), *Individual Change Through Small Groups* (New York: The Free Press, 1974) pp. 71-88.

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