

SWK 409
TREATMENT GROUP MODELS AND DYNAMICS
(Ragg, 2010, Garvin 2011-2013)

	GROUP PSYCHOTHERAPY	STRUCTURED GROUP APPROACH	MAINSTREAM MODEL
THEORY BASE	<ul style="list-style-type: none"> • based on psychoanalytic theories of personality • group is used to create change in the individual personality 	<ul style="list-style-type: none"> • based on social learning and behaviorist theories • some based on social exchange theories 	<ul style="list-style-type: none"> • based on field theory and systems theory with a strong influence of empowerment theory • good fit with feminist paradigms
CRITICAL GROUP PROCESSES	<ul style="list-style-type: none"> • uses anxiety to create transferences in clients • heavy use of interpretation and use of transference reactions • tries to recreate the primary group (family) dynamics in members so dysfunctional behaviors and attitudes can be brought out and reworked in the group 	<ul style="list-style-type: none"> • active participation in group activities • often a pattern of an activity or presentation followed by group discussion and application • frequent use of homework or application of material outside of group 	<ul style="list-style-type: none"> • group decision making and democratic processes are important where the group decides goals, activities, expectations etc. • must develop mutual aid and involvement • can explore member relationships or engage in activities based on expressed group needs
ASSUMPTIONS ABOUT CLIENTS	<ul style="list-style-type: none"> • clients are seen as deficient in their personality structures • it is assumed that the personality deficiencies are expressed in the interpersonal relationships • these processes occur outside of conscious control of the client and tend to control them 	<ul style="list-style-type: none"> • clients are seen as lacking in some area • the program is designed to help correct the identified deficiency in client skill, attitude or behavior • many programs take a re-learning type of approach to help the client learn skills etc. that they missed in their development 	<ul style="list-style-type: none"> • clients are seen as competent and complete • it is assumed that they basically know what they need but do not always know how to achieve their goals • clients negotiate their needs with an environment that may affect goal achievement
ASSUMPTIONS ABOUT THE WORKER	<ul style="list-style-type: none"> • the worker is able to see the dysfunction in the client and can interpret accurately and force the client to deal with their needs differently • the worker knows what is needed and guides client into the new insights and conscious control • the worker needs to create dependence or transference in the client so the dysfunctions can emerge in the group 	<ul style="list-style-type: none"> • the worker need to conduct the program that has been developed to cure the problem • the worker, as instructor or developer of the program, is expert in the skills that are needed by the client • workers are often considered interchangeable given the cure is inherently in the program 	<ul style="list-style-type: none"> • the worker needs to help the clients meet their own goals through the group • the worker clarifies group needs and helps them use their strengths to achieve goals • the worker is facilitative but the expertise lies within the group membership • the worker helps the strengths within the membership evolve

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DESIRED OUTCOMES	<ul style="list-style-type: none"> • change the personality of the clients • increase conscious awareness and control of needs, emotions and impulses 	<ul style="list-style-type: none"> • development of focal skills or changes in focal attitudes • acquisition of knowledge • evidence that program concepts are learned 	<ul style="list-style-type: none"> • combined action to achieve both the member's and the groups expressed goals (whether attitude, behavior or outcome based)
POWER DYNAMICS	<ul style="list-style-type: none"> • the worker is always in control of the interactions and processes in the group • the worker says things to increase discomfort and to bring out the anxieties in the clients • the clients are as young children and have no say or sense of what is really going on 	<ul style="list-style-type: none"> • the worker is the expert and brings knowledge to the group • the client is somehow deficient and needs to learn the information that the worker brings to the group • the clients need to do what the worker asks of them 	<ul style="list-style-type: none"> • the clients are the experts in what they need to accomplish • the worker needs to use their skills to help the clients better achieve the goals that they decide • the worker is facilitative and assists the group membership through helping them mobilize themselves
WORKER ACTIVITIES	<ul style="list-style-type: none"> • create anxiety through non responding to expressed needs • interpret the anxieties of members • deal with the here-and-now interactions and expressed needs of members • push members to go deeper into their emotional needs 	<ul style="list-style-type: none"> • highlight the deficits and need to change • present information to the clients • conduct learning exercises and activities • assign tasks and homework to be completed by the clients • evaluate progress and provide feedback 	<ul style="list-style-type: none"> • help clients to identify their goals • clarify problems and options • identify potential outcomes and consequences of decisions • bring in resources, activities etc. as the group desires • motive the members to take action and to enact their decisions
EXPECTATION OF CLIENTS	<ul style="list-style-type: none"> • clients should express themselves openly in the group and work with the therapist to explore their full range of needs • clients should not see each other between group sessions because the worker is not present • should follow worker's lead 	<ul style="list-style-type: none"> • to attend the meetings and participate in the activities • to do the homework as assigned • to practice the focal skills or attitudes both within the group and in the rest of their lives • report back on how the skills are being applied 	<ul style="list-style-type: none"> • to actively participate in making decisions and clarifying problems for work • to assume responsibility for enacting the decisions made by the group • to help others in the group to achieve their goals
TYPES OF PROGRAMS	<ul style="list-style-type: none"> • Group Psychotherapy • Tavistock Groups • Transactional Analysis • Psychodrama 	<ul style="list-style-type: none"> • Encounter Groups • Assertiveness Training • Parenting Groups • Anger Control 	<ul style="list-style-type: none"> • Treatment Groups • Community Action Groups • Consciousness Raising Groups • Clubs • Support Groups

(Papell & Rothman, 1980; Dies, 1994; Garland, Jones & Kolodny, 1973; Alissi, 1980; Glassman & Kates, 1990)