



GROUP LEADERSHIP

COLE'S SEVEN STEPS

Initially, students often learn best by experience. They are anxious to know how to “do” occupational therapy. They are both eager and afraid to begin working with clients. To the beginning student, occupational therapy is just a label. Only when students are put in the role of a professional do they become aware of what needs to be learned. Acting like a professional is often difficult for students, whose only experience in group leadership is often with groups of their peers. Part of making the transition to a professional role is learning that it is different from a social role. Professionalism carries with it an authority and a directness of purpose that will need to be practiced by students before they begin interacting with clients.

This book begins with a technique that is a concrete form of group leadership training. This allows students to practice the role of a professional. It is as generic as any technique can be and is intended as a beginning experience for students entering the profession. As the educational process continues, it is expected that the technique will be modified many times over to match the needs of each unique group. It is changed in content to meet new goals and address different age groups and health conditions. It is changed in process and structure to align with different professional models and frames of reference.

Depending on the goals and contexts, these seven steps may occur in different sequence from the one presented here. Aside from introduction, activity, and summary,

the experienced leader allows the group to flow naturally and self-organize, making sure the necessary elements of processing, sharing, generalization, and application are appropriately addressed. The seven-step model is holistic and incorporates the basic dynamic occupation and client-centered process of the American Occupational Therapy Association’s (AOTA) *Occupational Therapy Practice Framework: Domain and Process, Third Edition*, “achieving health, well-being and participation in life through engagement in occupation” (AOTA, 2014, p. S4). All seven-step group interventions described in this text are client centered. The primary purpose for which this method of group facilitation was designed is to enable the participation of members in doing a shared task or activity and to reflect upon its meaning for each of them. Every step in the process calls for the group leader’s therapeutic use of self to enact the principles of client-centered practice. While the seven steps can be adapted for use with different frames of reference and occupation-based models, their basic approach remains client centered. Chapter 3 reviews some basic principles of client-centered occupational therapy practice as they relate to group interventions.

But, learning has to begin somewhere. Therefore, it is recommended that students practice the seven steps in their original sequence, even though it may seem somewhat stilted. Just as motor development precedes cognitive awareness in the infant, a concrete experience in group leadership

becomes the forerunner of the knowledge and understanding of its purpose and application in practice.

Leading therapy groups represents only one of many applications for the leadership skills inherent in the seven steps. Professional leadership includes participation in professional organizations and promoting the occupational therapy profession with others and with the public. Focus group leadership has been added because of its usefulness in assessing the needs of community groups and populations and its role in marketing occupational therapy programs (in addition to its use in qualitative research). Some more advanced leadership skills apply in professional leadership, such as group decision-making strategies and conflict resolution. These leader roles supplement the basic skills in therapeutic use of self, which are covered in Chapter 3.

SEVEN-STEP FORMAT FOR GROUP LEADERSHIP (COLE'S SEVEN-STEP GROUPS)

These seven steps can meet the needs of the highest level groups and so are very appropriate for student groups. They are chosen for maximum integration of learning by the members. Clearly, this format will not fit every need, goal, or client population. However, the format is easily adapted to meet the goals of any group. How and why it will be modified will be described later. The steps in group leadership are as follows:

1. Introduction
2. Activity
3. Sharing
4. Processing
5. Generalizing
6. Application
7. Summary

The original idea for this format comes from Pfeiffer and Jones' *Reference Guide to Handbooks and Annuals* (1973), which presents a five-step format that is expanded and adapted for occupational therapy here.

Step 1: Introduction

Let us assume the occupational therapist is leading the initial session of a group. The therapist does not know the members well, although it is presumed he or she knows who they are and something about their disability and the reasons they have been assigned to the group. (In many settings, the occupational therapist would select the members him- or herself.) The members may not know one another. Once the group is gathered, the occupational therapist introduces him- or herself to the group. This introduction includes the therapist's name and title and the name of the group that is about to begin. Then, even if people know one another, the

therapist asks the members to greet the group by saying their names in turn. This procedure does more than just help the members learn one another's names; it acknowledges their membership in the group and invites them to be a part of it. In subsequent groups, it may not be necessary to say names around the room, but each member's presence should still be acknowledged. A friendly "hello" or "welcome back" from the therapist may accomplish this.

Warm-Up

The next thing the leader should be concerned with is the receptivity of the members. How alert are they? How preoccupied are they? How are they feeling? Are members ready to begin a new experience, or do they need to be "warmed up"? A warm-up is an exercise that captures the group's attention, relaxes them, and prepares them for the experience to follow. Warm-ups can be structured or casual and impromptu. An example of a structured warm-up is "Grandma's Trunk" (Rider & Rider, 2000). Each member says, "Grandma has an old trunk up in the attic and in it I found ____." Members fill in the blank by saying the name of something that begins with each letter of the alphabet in order. All items must be repeated each time. For example, the first person says she found an acorn, the second found an acorn and a bonnet, etc. If there are eight members of the group, the eighth one must remember the seven items preceding his or her contribution.

This warm-up obviously requires members to have a good short-term memory. The occupational therapist should choose a warm-up that challenges members enough to hold their interest but is not beyond their capabilities. Warm-up activities accomplish several important goals. The game creates an atmosphere of spontaneity and fun. It also refocuses members' thoughts from whatever they came to the group thinking about to this group right here, right now. If a warm-up works properly, it gets the members listening for what will come next and encourages their cooperation in the group experience to follow.

All groups do not need a formal warm-up. Sometimes the best warm-up is a casual conversation about how members are feeling today. If the group is to engage in a discussion, just getting the members talking may prepare them adequately. If the agenda is more creative in nature, an imaginative warm-up may be in order. Remembering what happened last week may be an appropriate warm-up to an activity that will be the next step in a sequence. It is important to make the warm-up relevant to the activity to follow. One does not set a mood of fun and games when the agenda for the group is a serious issue like coping with loss or finding new employment.

Setting the Mood

Setting an appropriate mood is an important objective in choosing the most appropriate warm-up. However, setting the mood for a group is not only accomplished

with a warm-up. The environment, the therapist's facial expression and manner of speaking, and the media used all contribute to the mood. Care should be taken before the group begins to set up the environment accordingly—this includes proper lighting; getting rid of clutter; setting out equipment, supplies, and the correct number of chairs; and avoiding distractions as much as possible.

Expectation of the Group

The therapist's manner and expression should generally reflect his or her expectation of the group. A therapist cannot expect group members to take an activity seriously if the therapist does not appear to do so. The therapist will always be a role model to members, whether or not it is his or her intention. If the therapist begins by saying, "Okay you guys, listen up!" the members will be expecting a pep talk before a football game, rather than a serious discussion about managing their time. A direct and authoritative presentation of the group is one of those skills students must learn that make up the role of the professional.

Explaining the Purpose Clearly

Clearly explaining the purpose of the group is a primary task in the introduction phase. How this is done depends on the type of group and the clients' level of understanding. This is a step that should never be left out. The intent of the group and why he or she was assigned to this particular group has undoubtedly been explained individually to each member. But it should not be taken for granted that the clients remember, or even fully understand, the purpose of a group from a previous explanation. The purpose should be reiterated by the occupational therapist in a way clients are likely to understand. A higher-level group of clients will want to know why they are being asked to perform a particular activity. If they are asked to do calisthenics, it will be helpful to tell them that physical exercise has been known to change brain chemistry, to relieve stress, to elevate their mood, and to energize their muscles. Clients who understand and believe this will be much more motivated to participate.

Clients with mild to moderate cognitive disability are unlikely to understand such abstract explanations of purpose. For them, a modified explanation, such as, "These exercises will make you feel better so you can do more for yourself," may suffice. For clients with severe cognitive disability, a friendly expression and a gentle touch that says, "Trust me, this will help you," may be all it takes to engage them in the group activity (Allen, 1999; Allen, Earhart, & Blue, 1992).

We started out assuming that the occupational therapist is introducing a new group experience to a new set of clients. In an initial session, more time is taken in explaining the purpose than in subsequent sessions. In describing the purpose of the group, the goals of the whole series of group sessions should be outlined in the initial session. If possible, the goals should be spelled out in concrete terms.

For example, money management is an activity of daily living that occupational therapists often help clients work on improving. In a money management group, members may be expected to plan and carry out a realistic budget for 1 month and keep accurate records in a notebook. Therapists often use behavior change as a measure of progress in their clients. When clients are informed about the behavior that is expected to change, they can keep track of their own progress. This becomes motivating when clients in groups start measuring each other's behavior change (or lack thereof). Peer pressure is a powerful motivator of change in human behavior.

Describing the purpose of each session will not take as much time as the initial explanation. However, the goals for each activity should always be stated clearly at the beginning of each session. Clients need to be reminded of how the group is expected to help them. As the therapist gets to know the members better, explanations can be more individualized and related to the problems each member presents. For example, in introducing a stress management session, the therapist might mention that, "In the previous sessions, you've been complaining about how difficult it is to carry out daily activities when you're feeling so much stress. Today's activity will give you some new strategies for reducing the stress in your lives." Generally, when clients understand exactly how an activity will help them, they are much more interested in doing it.

Brief Outline of the Session

Finally, the introduction ends with a brief outline of the session to immediately follow. The time frame, the media, and the procedures are included. For example, if the activity for a 1-hour session is "draw yourself," the therapist might say, "We will be using the paper and markers provided to do a drawing for the next 20 minutes. After we are finished, I will ask each of you to explain your drawing to the group, and we will discuss the activity for the last half of the session." This explanation serves several purposes. It tells the client how long he or she has to complete the activity. A complex artistic drawing cannot be done in 20 minutes, so if he or she is to finish, he or she knows he or she must keep it simple. The explanation also warns him or her that he or she probably should not draw anything he or she does not wish to discuss. Although this may be seen as inhibiting the client's creativity, it also allows him or her to control the image of him- or herself that he or she projects to the group. How the therapist handles this will depend on the goal of the activity. If self-awareness is more important than social awareness, the clients may be given the option not to explain everything about their drawing. They need only say as much as they are comfortable sharing.

As well as understanding the purpose of the drawing activity, clients will want to know what is to be done with it afterward. When they know they will be expected to talk about their work, their drawing may be more focused, and they will be more prepared to speak when it is their turn.