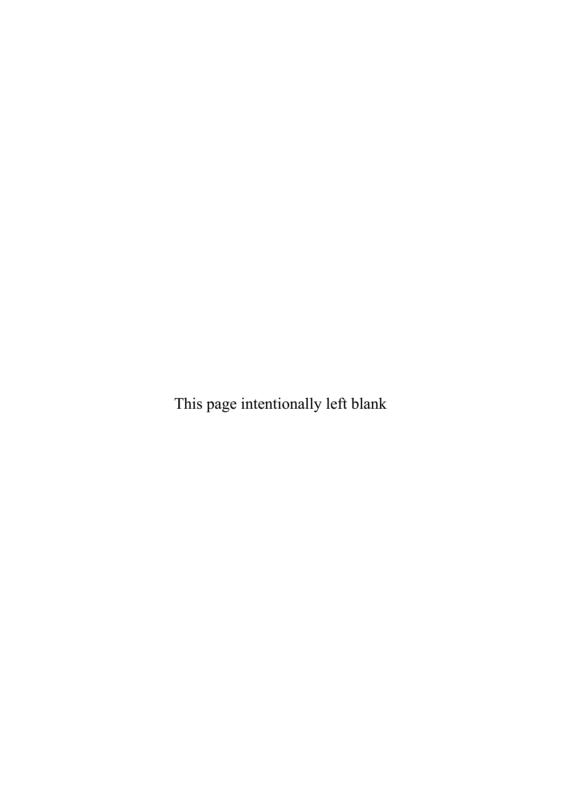# Group Work and Aging

## Issues in Practice, Research, and Education

Robert Salmon, DSW
Roberta Graziano, DSW
Editors

# Group Work and Aging: Issues in Practice, Research, and Education

*Group Work and Aging: Issues in Practice, Research, and Education* has been co-published simultaneously as *Journal of Gerontological Social Work*, Volume 44, Numbers 1/2 2004.

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Cover design by Marylouise Doyle.

This volume is for my own mutual aid group:
Sheila, who is always there and a constant source
of inspiration and support, and

| Julie and Glenn | Dena and Jonathan | Laura and Jerald |
| Elizabeth and Gary | Emily and Rachel | Leo |

-Bob Salmon

And for John, Laura, Paul, Will, Franklin, and Anna,
who illuminate and enrich my life every day.

-Roberta Graziano

# ABOUT THE EDITORS

**Robert Salmon, DSW**, is Professor at Hunter College School of Social Work. After joining the faculty in l971, he later served as Associate Dean or Interim Dean for 16 years. He has been a consulting editor for the *Journal of Gerontological Social Work* for over 20 years, and also serves in this capacity for three other social work journals. He has presented many papers on social group work practice nationally and internationally. He has published many articles on group work practice and other areas such as work with the aging, drug addiction, and issues in social policy. Two books with Roselle Kurland are *Teaching a Methods Course in Social Work with Groups* and *Group Work Practice in a Troubled Society: Problems and Opportunities.* He served on the board of directors of the Association for the Advancement of Social Work with Groups for 12 years, including nine years as treasurer of this international organization. He received the Hunter College Award for Excellence in Teaching in l998. He has received well over 125 grants for the school, including a number with his friend, colleague, and co-editor of this volume, Roberta Graziano.

**Roberta Graziano, DSW,** is Professor and currently Interim Associate Dean at Hunter College School of Social Work. She serves as a consulting editor for the *Journal of Gerontological Social Work* and the *Journal of Teaching in Social Work* and was for many years consulting editor for the *Child and Adolescent Social Work Journal.* For nearly 20 years she served in various capacities (including president and program chair) on the board of the International Conference for the Advancement of Private Practice. She has published numerous articles on clinical social work, with particular emphasis on trauma, and has served as co-author of articles on the use of group work by work-study MSW students for older adults and their families. Professor Graziano developed the Aging and Health Work-Study MSW Program at Hunter, the first of its kind, with her co-director, Robert Salmon.

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# Foreword

It is with great pleasure that Dr. Dobrof and I present a special volume on group work with older persons to JGSW's readers. Drs. Salmon and Graziano are to be commended for their success in producing this comprehensive and insightful collection. The authors include both well-known leaders in group work practice and those on the brink of their professional careers. Together, they provide a careful look at group work from the macro and micro perspectives.

All social workers, whatever their area of interest or chosen practice method, become involved, in one way or another, with group leadership, coordination or facilitation. Whether it is leadership of a group therapy session, development of a community activist team, facilitation of a support group, direction of a poetry workshop, or management of a volunteer Board, social workers, everywhere, are called upon to utilize group work skills. This special volume, directed at group work with older persons, is thus a valuable publication for each one of us.

The very experience of reading the articles gives one the impression of becoming a group participant in a group populated by the authors. The reader learns specific knowledge and skills from peers, gains mutual support and validation for his/her own work, and is inspired and challenged. Welcome to the group.

*M. Joanna Mellor, DSW*

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# Introduction

This volume includes a series of articles that describe the complexity, diversity, and particular usefulness of social group work practice in the service of older adults-the aging and the aged. Some of the articles present examples of direct practice with specific groups of older clients. Others are concerned with the group work practice with caregivers or workers who devote their efforts to serving the elderly. The implicit foundation for all of the work is that social group work practice, throughout its history, structure, and approach, is a positive and optimistic way of working with people. "It is truly empowering and affirming of people's strengths . . . and in the contribution that each person can make to others' lives. In today's troubled world, effective group work is needed more than ever" (Kurland and Salmon, 1998, p. IX).

Social workers understand this, and they form and work with many kinds of groups including support groups, reminiscence and life review groups, socialization groups, cognitive behavioral groups, behavior modification groups, activity groups, therapy groups, task groups, supervisory and administrative groups, and psychoeducational groups, to name but a few. A common theme in all is the principle of mutual aid.

> Mutual aid is at the very heart of good group work practice. The expectation that members of a group will be able to help one another-in fact, they will be expected to do so-is a statement to each person in the group that she or he has strengths to offer to others . . . Mutual aid means that client strengths are called upon and empha-

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> sized, a feature that makes group work special and unique and wonderful. (Steinberg, 2004, p. XI)

A mutual aid approach to working with groups will be seen throughout the articles presented in this volume. It is inherent in the work.

Two articles buttress and reinforce all the other work that appears in this volume: the lead article by Ron Toseland and Victoria Rizzo, *"What's Different About Working with Older People in Groups,"* and the ending article, "*Remembering With and Without Awareness Through Poetry to Better Understand Aging and Disability,"* by Andrew Malekoff. Toseland and Rizzo, with great care and perceptiveness, discuss the adaptation of group work techniques and strategies for work with older adults and their unique developmental needs. They are educators and gerontologists. Toseland has published extensively in the group work literature. Their scholarly and comprehensive article reflects positively on the years of work, thinking and writing about group work with the aged.

Malekoff also has published extensively, and his subject matter is more likely to be about group work with adolescents. His poetry/article in this volume is personal and literary. It evokes his experience with his grandfathers and their disabilities. This shaped the interactions he has now with the aged and disabled. His poems about the death of his father in a hospital underscore the stress of making life-and-death decisions about another, and the need for the development of short-term, hospital-based mutual aid groups that could help in that painful process.

The category of support group provides a rubric for a broad range of groups with different purposes and populations. Four articles by Helene Ebenstein, Harriet Goodman, Ann Goelitz, and Smith, Toseland, Rizzo, and Zinoman describe diverse populations and varied client needs and issues. Their commonality is that the group members discussed in the articles all are caregivers of the aged. Goelitz, and Smith, Toseland, Rizzo, and Zinoman discuss telephone support groups. Caregivers, in particular, may find it difficult to come to meetings, and technology is used to conduct the work of the group. Even the Internet is being used at times for this purpose. These articles show the opportunities as well as the difficulties of offering effective help in a different way.

Over thirty years ago, Garfield and Irrizary (1971) wrote an article introducing the Record of Service (ROS) as a tool to be used by group workers for the examination of their practice. Hunter College School of Social Work group work faculty added to this tool over the years and use it now for the major assignments for advanced group work students. Kris Drumm led a support group with older women who are lesbians.

Using the ROS as a tool for accountability, practice examination, and skills enhancement, her article provides an exemplar for practicing group workers.

Substance abuse among older adults is discussed in the article by Guida, Unterbach, Tavolacci, and Provet. Their article includes the extensive research that led to the development of social group work as their primary treatment model.

Two articles concern mutual aid groups. Tim Kelly discusses his direct work with groups of older clients with a mental illness, and Sister Maria Theresa Amato wrote about her work with a group of home attendants employed to care for Alzheimer's patients by their families. Both groups, each in their own way, were vulnerable and unappreciated. The mutual aid approach was crucial for them in learning to deal with the issues and problems they faced.

The need for quality educational programs to produce the next generation of skilled group workers to work with the growing older population is imperative. Barbara Rinehart and Roberta Graziano discuss the effectiveness of using group supervision as the primary teaching tool with their experienced work-study MSW students who were providing services to the aged. Here, too, the mutual aid approach was essential to the learning process.

The use of program and activity always has been an intrinsic, albeit a sometimes controversial part of group work practice. Grace Coyle (1946) addressed this issue when she wrote:

> . . . Program and relationships are inextricably intertwined. Social group work method developed as we began to see that the understanding and the use of the human relations involved were as important as the understanding and use of various types of programs. (pp. 202-203)

Articles by Sarah Stevenson, Irene Chung, and Cusicanqui and Salmon discuss the use of program and activity as the means to achieve the goals of the group. The groups described were diverse. They include older homeless adults, Asian-American elderly immigrants, and an intergenerational group of older adults and children. Each article describes the group's sociocultural reality, and the practice problems involved in achieving the group's purpose. The achievement of their goals was inconceivable without the skillful and purposeful use of program activities.

This volume was also inconceivable without the willing participation of the authors of the fine articles in this collection. Roberta Graziano, a friend and colleague at Hunter, asked me to be the senior editor. Other Hunter colleagues, through their writing, contributed their wisdom and talent. Other contributors are group work graduates of Hunter, and several were my students over thirty years ago. Some are recent graduates, and one extraordinary participant (the youngest of the authors) will not graduate with her MSW degree until June 2005. Others are group workers who have contributed to the group work literature for many years. Several of the authors brought in their colleagues to work with them. Collectively they have created a very useful volume on group work and aging, which will have a positive effect on group work practice for years to come.

*Robert Salmon, DSW*

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# What's Different About Working
# with Older People in Groups?

Ronald W. Toseland, PhD
Victoria M. Rizzo, PhD

**SUMMARY.** Group work is a modality that is used extensively with older adults. This article reviews the literature about group work with older adults and describes adaptations that may be needed when working with groups of older people. These adaptations include considering the influence of age-related changes on members' abilities to participate in the group, how cohort effects change group dynamics, and understanding the impact of age-related developmental changes. The article then reviews themes that are frequent topics of interaction in groups of older persons. The article concludes with a review of indications and contraindications for group participation, how leadership may need to be adapted for work with certain groups of older persons, and how stages of group development are affected by the participation of older group members. *[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> © 2004 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Elderly, old age, age-related adaptations, adult development

Group work is a service modality that is used extensively with older adults in many different settings. A review of the literature from 1970 to 1996, however, revealed 451 articles, dissertations, and other publications about group work practice with older adults, a rate of only about nine published documents per year (Aday & Aday, 1997). Despite the modest amount of literature about group work with the elderly that appears each year, group workers facilitate many different types of treatment and task groups with elderly members in community and institutional settings.

A review of the literature since 1996 for this article revealed that group work with older adults can be focused on many different purposes. For example, treatment groups with elderly members can focus on activities (Pinquart, Wenzel, & Soerensen, 2000; Link, 1997; Yaretzky, Levinson, & Kimchi, 1996), education (Ersek, Turner, McCurry, Gibbons, & Kraybill; 2003; Brody, Williams, Thomas, Kaplan, Chu, & Brown, 1999; Ramos, Toseland, Smith, & McCallion, in press; Toseland, McCallion, Smith, Huck, Bourgeois, & Garstka, 2001), growth (Brown & Abby, 1999; Dube, Lapierre, Bouffard, & Labelle, 2000; Tennstedt, Lawrence, & Kasten, 2001), socialization (Ryan & Doubleday, 1995), support (Mueller & Barash-Kishon, 1998; Greenberg, Motenko, Roesch, & Embleton, 1999), recreation (Erwin, 1996), and therapy (Cooper & Doherty, 2000; Evans, Chisholm, & Walshe, 2001; Klausner, Snyder, & Cheavens, 2000; Molinari, 2002). Group work skills are also used when facilitating advocacy, service, and other types of task groups, such as committees, councils, and teams composed of older people.

Historically, most group work practice with older adults occurred in long-term social, recreational, and therapeutic groups in community and institutional settings (see, for example, Konopka, 1954; Kubie & Landau, 1953; Linden, 1953; Woods, 1953). More recently, however, there has been an increase in short-term psychoeducational groups (Toseland et al., 2001), reminiscence and life review groups (Link, 1997), self-help groups, and support groups (Mueller & Barash-Kishon, 1998; Greenberg et al., 1999) for older persons residing in community and institutionalized settings.

## *PREPARING FOR GROUP WORK WITH OLDER ADULTS*

Most group workers lack personal experience with the developmental issues faced by older adults. When working with younger people,

group work practitioners can draw from their own life experiences. But, when working with older persons, most group workers can only draw upon vicarious experiences with grandparents and other elders. Because of this lack of personal experience, it is often necessary for group work practitioners to sensitize themselves to the positive and negative aspects of aging, and to the developmental issues typically faced by older adults. To begin this process, it is helpful for workers to identify their own attitudes and feelings about aging. Like some other young and middle-aged persons who are not group work practitioners, group workers' images of aging may be distorted by negative stereotypes.

It is important for group workers to be aware of their own negative reactions to aging and how this might affect their group work practice. Grappling with age-related changes in physical appearance, reduced physical functioning, death, and so forth, can be challenging. Negative reactions and stereotypes can be exacerbated because group workers often work with older adults who are frail or disabled. Although groups of well older adults meet in senior citizens centers, senior housing and many other settings, in general, healthy elderly who are enjoying life are less likely to use group work services than are frail elderly living in community and institutional settings. Therefore, group workers should begin by examining their own stereotypes about aging, and their own reactions to growing older.

## AGE-RELATED CHANGES

It is also important for group workers to understand the impact of age-related changes on the older people they are working with in groups. There is tremendous variability in age-related changes. Therefore, those who work with older persons in groups should be aware of the possibility of age-related changes, while at the same time carefully assessing individual variation. Physically, for example, the young-old who are in their 50s, 60s, and early 70s are often not appreciably affected by age-related physical changes. With increasing age (beyond the early 70s), however, the prevalence of chronic disabilities increases, and functional limitations become more common. With advancing age (85 years of age or older), there is a gradual slowing of reaction time and speed, and the acuity of the senses declines (Fozard & Gordon-Salant, 2001; Madden, 2001). Working memory also declines, but older people compensate with a storehouse of experience about how things work. Thus, these decrements in physical functioning often do not become se-

vere enough to affect the day-to-day functioning of older adults until they reach advanced old age. Still, they can affect the pace of group meetings.

With respect to mental health, with the exception of dementia, older adults have lower rates of mental health problems than other age groups (Zarit & Zarit, 1998). Older adults may suffer, however, from a higher level of symptoms of depression than previously thought, and their rate of suicide is the highest of any age group (Department of Health and Human Services, 2003).

Emotionally, there is some evidence that older adults are more difficult to arouse, but that they also have more difficulty returning to a calm state once they are aroused (Woodruff, 1985). This suggests that older persons may avoid becoming emotionally aroused in groups, but when they become aroused, group workers may have to take more care to assure that they have returned to a calm state before leaving the group. There is also some evidence that older people's emotional lives are more complex than younger persons' with new experiences reminding older people of previous experiences that have a mix of positive and negative feelings attached to them (Schulz, 1982; Knight & McCallum, 1998). In this way, older people may be more able than younger persons to understand and appreciate the complexity of emotional feelings that can result from an emotionally charged event.

Socially, older adults lose roles as they age. For example, when older people retire they lose work-related roles. With advancing age, other losses occur, such as the death of longtime friends and spouses. At the same time, older adults often take on new roles, such as becoming grandparents, volunteering, or serving as caregivers. Social group work has an important role to play in helping older persons to cope with and adjust both to lost roles and to newly acquired roles.


### COHORT EFFECTS ON GROUP DYNAMICS

Group workers should be aware of both the uniqueness of each older person they work with, as well as common developmental tasks and themes shared by older persons of different chronological ages. It is important for group workers to understand that with increasing age chronological age becomes less important because of the variable rates by which individuals age. Still, one way that chronological age plays a role in group dynamics is through cohort effects (Knight, 1996; Toseland, 1995). For example, a group of 80- to 90-year-olds share the experience

of going through the economic depression of the 1930s. Because of this experience, these individuals may place more emphasis on thrift and economic security than those in their 60s. They also share other experiences, such as a world without television or computers and memories of World War II. In addition to shared memories and experiences, other cohort effects can affect group work. For example, older cohorts tend to be less well-educated than younger cohorts. Group workers, therefore, should check the reading level of handouts and should use less complex terminology when working with older cohorts than when working with younger cohorts. Similarly, mental health issues, counseling, etc., were less available and more stigmatized for older cohorts than for younger cohorts. Therefore, older cohorts are less likely to have a psychological worldview (Knight, 1996). Furthermore, they may be more hesitant to join group meetings and engage with others in groups because they do not want to be stigmatized or be seen as needing help. For example, one of the authors facilitated a cardiac education/support group in an inpatient rehabilitation setting. When she approached patients on the day of the group, many older patients would say, "I do not need to go to this group. I know some people need help, but I don't. I handle my problems on my own." However, when they agreed to go, participants were often surprised that they liked the group and learned how to better deal with stress using relaxation techniques and new coping strategies.

## *UNDERSTANDING DEVELOPMENTAL CHANGES*

It is essential for group workers to understand developmental changes that occur with age. The literature clearly indicates that although personality continues to develop in old age, there is a great deal of continuity in personality traits over time (Ryff, Kwan, & Singer, 2001). This suggests that group leaders should make a point to find out about older adults' personality traits and build on them using a strengths-based, empowerment approach, rather than try to change traits established and set over a lifetime.

Despite a great deal of continuity, there are some developmental changes that occur as individuals grow old. For example, environmental mastery and autonomy become more important as people age, whereas purpose in life and personal growth tend to exhibit downward age trajectories (Ryff, Kwan, & Singer, 2001). Group work has an important role to play by helping older people to discuss and meet the challenges of maintaining environmental mastery and autonomy in the face of

physical and psychological losses. Also, although ruminations about purpose in life and personal growth wane with age, the importance of group work for helping older people to view their lives as meaningful increases.

There are also differences in coping styles between young and old persons that have important implications for group work with older persons. Diehl, Coyle,  and Labouvie-Vief (1996), for example, found that older people tended to use more varied coping strategies, to have greater impulse control, and to have a more positive appraisal of conflict situations. Younger people tended to use more aggressive and undifferentiated coping strategies, indicating lower levels of impulse control and less insight. There is also some evidence to suggest that older persons use more emotion-focused coping skills such as seeking social support, positive reappraisal and distancing, whereas younger people tend to use more problem-focused coping skills such as confrontation, information seeking, and problem solving (Folkman, Lazarus, Pimley, & Novacek, 1987). These findings suggest that there is likely to be less aggression and confrontation in groups of older persons than in groups of younger persons, and that the elderly may be less willing to accept suggestions for the use of active and assertive coping skills. Both of these observations are born out in our clinical experiences with groups of older persons.

More pronounced developmental changes occur in the very old. Tobin (1999) indicates that while the task of the earliest years is to become oneself, and the task of the adult years is to fulfill oneself, the task of the oldest years is to preserve the self. In order to maintain control and mastery, the oldest old tend to contract their personal environment and their interactions with others so as to maintain a sense of control and mastery albeit in a smaller physical and social arena. For example, an elderly woman in the Northeast may choose to store her car for the winter because she no longer feels she can go out alone in the ice and snow without falling or hurting herself. Another example is an individual's decision to no longer use the second floor of a home because she can no longer climb stairs easily and can better maintain her independence and her home by only using the first floor. There are also downward social comparisons, where older people compare themselves to those that are sicker or no longer alive. That is why older people will often say they are in good health or very good health even though they may have a number of chronic health problems. Another characteristic of the very old is their religiosity. Religion is a very important coping mechanism for many of the oldest old and they are more likely to discuss in groups

the importance of religion in coping with stressful life events than are younger people.

Interiority is also more pronounced in the oldest old. The oldest old are concerned with accepting life and making sense of it as they have lived it. There is more blending of the past and the present than among younger persons. For example, an elderly group member who retired from a career as a carpenter some 30 years previously may still refer to himself as being a carpenter. Interiority also means that older people are often more concerned about bodily functions and physical changes than are younger persons. For example, in many of the groups conducted with individuals in hospital settings, the authors often found that frail elderly patients spent a great deal of time discussing changes in bowel movements in group sessions with each other and they placed great importance on this topic. Clinical experience suggests that the oldest old group members listen politely to others but are more concerned about what is going on inside them than what is going on with other members. In some groups, the interaction is akin to parallel play in children where children at certain ages play together but do not really interact. For example, when one group member describes a relationship issue she is having with her daughter rather than responding with problem-solving suggestions to the group member, older group members are more likely to describe relationship issues with their children without making a connection to the first group member's comments. Therefore, group work with older adults often requires leaders to be active in making connections between members and helping members to listen to and comment on each other's concerns. It also means giving older persons time to talk about their intrapersonal concerns.

Interiority can also take the form of reminiscence, placing previous life events in positive context, and even mythicizing the past and distorting past events to make them acceptable (Tobin, 1999). For example, their adult children may not view a group member as a very good parent. Nevertheless, the group member may view herself as a good parent, and parenting as one of the positive accomplishments of her life. Seeing herself as a mediocre or bad parent may simply not be an acceptable way of viewing her life. Through reminiscing, reflection, and group discussion, groups can help older people place their lives in a positive context. The implication also is that it may not be helpful for group workers or group members to challenge apparent distortions, or revisions of historical facts, but rather to help the very old consider and reflect on accomplishments, achievements, and how well they are coping in the face of losses.

## THEMES IN GROUP MEETINGS

Although the experience of aging can be quite diverse, there are some themes that frequently come up when older adults meet together in groups. These themes include: (1) continuity with the past, (2) understanding the modern world, (3) independence, (4) physical and cognitive impairments, (5) loss of family members and friends, (6) spouses and other family of origin relationships, (7) children and grandchildren, (8) resources, (9) environmental vulnerability and adjustment, (10) religious conviction and ethnic pride, and (11) leisure pursuits (Toseland, 1995).

The theme, continuity with the past, means that many older adults enjoy talking about their past accomplishments and what life has been like for them. Recalling, reliving, and reminiscing about past experiences enables older persons to share their experience and wisdom with others. Many selectively remember those events that were particularly pleasurable and that give their life meaning (Tobin, 1999). Groups can serve as a useful forum for reminiscence and for selectively remembering and reframing past events.

The theme, understanding the modern world, means that older people often use groups to help themselves understand and adapt to the world, which has changed so dramatically from when they were young. Groups help by enabling older persons to interact with peers who share similar historical experiences, and who affirm the importance of these experiences.

The themes, independence, physical and cognitive impairments, and loss of family members and friends, are interrelated. Older persons worry about becoming dependent, and physical and cognitive impairments are threats to their independence. Similarly, losses of family members and friends are also viewed as threats to independence. Loss is a theme that frequently comes up when older people meet in groups (Burnside & Schmidt, 1994). Therefore, group work practitioners who work with older people should be familiar with grieving processes and healthy adjustments to loss.

Family relationships, including relationships with children and grandchildren, take on added importance for older persons because of the loss of other social roles and relationships, changes in marital relationships brought about by retirement, and increased dependence on family for help with chronic health problems. Groups can be helpful by encouraging members to reflect on changing family relationships. They can also help older adults consider what can be realistically expected

from spouses and other family members in the present and the future. Groups can help older adults to explore how relationships can be improved or strengthened, and when it may be helpful to supplement or extend informal care with formal care by professional caregivers.

Living on fixed incomes makes many older persons keenly aware of the resources they have at their disposal. Inflation and health problems that have a negative impact on budgets are frequent topics of conversation when older people meet together in groups. Groups can help by making older people aware of programs such as Supplemental Security Income, food stamps, meals on wheels, home heating assistance, reverse home loans, home repair, and other aid programs. Group members and the leader also can share information about other programs that may indirectly affect older adult resources. These programs include case management, congregate meals, day care, health screening programs, home care, senior center, senior transportation, and other government, voluntary, and for-profit programs designed to help older people to maintain their independence for as long as possible.

As people age they become more vulnerable to perceived changes in their environment. In groups, older people discuss changes in their community and their individual life circumstances that threaten their well-being. Issues such as losing one's ability to drive and difficulties in maintaining one's residence, are frequently discussed when groups of seniors meet. Support groups can provide an empathic environment where older adults can discuss their feelings of vulnerability and gain support from one another. Groups can also help older persons to sustain feelings of mastery and control by providing them with a social support network, and a place where mutual aid can be exchanged.

Religious conviction and ethnic pride lend resiliency to elderly group members who may be burdened by disabilities and losses. Groups provide an opportunity for members to discuss their religious conviction, and their pride in their ethnic backgrounds and traditions. Clinical experience from listening to hundreds of audiotapes of group sessions resulting from research on group work with older people, leads us to conclude that, too often, group workers do not pay enough attention to the role of religion, spirituality, and ethnic pride in the lives of older group members.

Leisure pursuits are also an important theme in groups of older persons. Educational and recreational groups are common in senior centers and other community agencies. Groups enable members to spend time productively, following up on interests and hobbies that they may not have been able to pursue earlier in life, and to engage in new social roles.

## INDICATIONS AND CONTRAINDICATIONS
## FOR GROUP PARTICIPATION

There are many benefits for older persons who participate in groups. These include: (1) belonging and affiliation, (2) consensual validation and affirmation of one's experiences, (3) ventilation, (4) satisfying and meaningful roles, (5) interpersonal learning, (6) information, (7) problem solving, and (8) support. Groups are particularly well-suited for older persons who are socially isolated and for those who need help in identifying and participating in new social roles. Groups enable older people to interact with each other and to take on new roles. Groups are also particularly helpful for those who have interpersonal problems. Peer feedback, reality testing, role models, and suggestions for how to behave can all be helpful for older people with interpersonal problems.

There are at least three barriers to group participation among older adults including: (1) practical barriers, (2) certain therapeutic needs, and (3) disabilities. Practical barriers are probably the single most important reason why more group work is not done with older persons. With increasing age, it is harder for older people to get to face-to-face groups. They may no longer drive, they may not feel they have the physical stamina to attend group meetings, or they may feel that they are needed at home to do informal caregiving for a spouse. In recent years, there has been a growing interest in teleconferencing, and web-based technologies to overcome these practical barriers (Rizzo & Toseland, 2003; Galinsky, Schopler, & Abell, 1997; Schopler, Abell, & Galinsky, 1998; Kaslyn, 1999; Smokowski, Galinsky, & Harlow, 2001; and Stein, Rothman, & Nakanishi, 1993).

Certain therapeutic needs may also contraindicate or place barriers on the receipt of group work services. For example, older persons who are in crisis may be served more effectively in individual therapy, at least until they can get the concentrated help they need to stabilize a crisis. Older people who have highly personal or idiosyncratic problems may be better off in individual therapy.

Although cognitively and physically impaired older persons can be successfully served by participating in social work groups, disabilities can present problems and challenges for group workers. For example, in most cases, cognitively intact and cognitively impaired older adults should not be placed in the same group. Separate groups often need to be developed to meet disparate needs of these two populations. Similarly, although people with visual and hearing impairments can be successfully served in groups (see, for example, Horowitz, Leonard, &