

**Final Integrative Paper**  
**Clinical Social Work Practice III with Families**  
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**Part One:**

Cognitive behavioral therapy is an intervention that is common used with individuals suffering from mental health issues such as depression, stress and post-traumatic stress disorder, anxiety, trauma and other mental health diagnoses. The goal of implementing CBT, is to assist clients with changing the negative schema's that may be supporting a specific behavior that the client wants to change.

The goal of a social worker with using CBT as an intervention is to assist client with improving his emotional and mental health, by changing thoughts, and feelings in order for behaviors to change. The theory of CBT when working individually or in groups, is that if a group works on changing the thought processes of an individual, and assisting in removing negative thoughts, and feelings towards an event, then there is a likelihood for a better, and positive outcome.

Reality Therapy, also another form of CBT, focuses on the ideology that everyone is seeking for basic needs such as love. It also emphasizes that although we are not always in control of how we feel, we can work on how we think and the responses to our thoughts, such as our behaviors. The theory focuses on individuals taking control of their own lives, by implementing better decisions. During group therapy, the process would be each participant would report an example of something that they would like to improve in their life, by providing their initial thoughts, feelings and behaviors.

During the stages of the group the expected results, would be that their initial thoughts, feelings and behaviors, would shift to healthier thoughts, healthier feelings, and healthier behaviors, which would lead them to make better decisions, and actually have the life they wish to have. This specific process, I have had the opportunity to engage in a bit of reality therapy, is

conducting parenting groups at my field placement agency. One example is a group workshop where our client participated in Positive Parenting Workshop. The session focused on Maslow's hierarchy of needs for child development, however we engaged in parents understanding how both children and parents should aim to have their needs met, as well as how to obtain needs, that parents might have negative thoughts on, because of their own personal traumas.

The session's goals were to increase the knowledge of how parents can identify needs for children, which included physiological, safety, love, esteem, and self-realization needs. Client engaged in activity ice breakers, which explored individual childhood memories regarding client's met and unmet needs, and identified areas of improving healthier thoughts, in order to help meet the needs of their child/children.

I recall one client discussing her transition to the United States at 8 years old, reporting her experience of unmet love & ineffective communication within her family as a child. By the end of the session, the client had a positive effect on changes that she identifies that she can make towards the future.

Solution-Focused Brief Therapy focuses on changing the client's responses to questions. The theory focuses on quick solutions, by exploring what the client wants to achieve. Solution-Focused Brief Therapy's main focus is the goal, and solving the problem as quickly as possible. Hence with SFBT the group process is about asking questions, that can assist the client in exploring their problem, and solutions in the present, rather than the past.

A great example of a technique or question, is called the miracle question. Some example of the miracle questions is "if anything could happen to you right now, what change would you like to see" or "if your problem was gone, what would your life look like?" These questions, are to explore what the client's life would look like if the presenting problem, was no

longer a factor. Solution-Focused Brief Therapy, is a technique that I have practiced especially during my field placement. One of the forms of interventions that the agency follows is Solution Focused Based Case Work, which the goal is assisting our clients in identifying their problems, as well as assisting them with implementation of how to find solutions for their problems, by allocated the services they need. I am currently an MSW intern at Sheltering Arms, and I find these theories, especially SFBT very relevant to what we do at the agency.

Sheltering Arms family prevention FTR program's purpose is to help families preserved, by decreasing the child safety risk. They help to promote safety, permanency, and well-being for children and their families in their own homes and communities. There are many reasons why families are placed with preventative services. For the most part, they are mandated through the Administration for Children Services, and other child welfare/family service agencies, due to a risk factor(s), that present themselves. Family preservation agencies, receive the case to address & reduce the elevated risk factors, to assist the family with remaining together.

The services that are provided to families from preservation agencies are, mental health substance abuse, domestic violence, exploited youth, special medical needs, aftercare programs and home care services. Sheltering Arms Family Therapeutic Rehabilitation program implements steps that will assist families on working on their family functioning with family functioning therapy.

The Sheltering Arms agency has adopted an evidence informed approach named SBC, which stands for Solution -Focused Based Casework. Case Planners obtain the skills necessary to obtain behavioral tracking, parenting skills training that would benefit the parents, and introducing Solution Based Case Work, and conducting Solution Focused Family Therapy. "The

model is also designed to help clients understand how they were able to deal safely with parenting problems in the past, to promote hope for the successful parenting in the future and to build plans around pre-existing coping strategies (Christensen et al., 1999).

SBC assumes that even parents brought to the attention of child welfare agencies have previously solved many parenting problems and have some ideas of how to solve their current problems. In instances when a client does not have a previous solution that can be repeated, most have recent examples of exceptions to their problem. These are times when a problem could have occurred, but did not. (Schear, 2015)

This form of therapy is usually suggested as a recommendation for families referred by ACS, but rather than focus on the weaknesses of families, empowering them and focusing on their strengths are a great way to established solutions to their current problems. “One practice model that has been developed for and tested within the public child welfare system is Solution-Based Casework. Solution-Based Casework (SBC) (Christensen & Todahl, 1998; Christensen, Todahl, & Barrett, 1999) is a child welfare practice model based on three theoretical foundations: family life cycle theory (Carter & McGoldrick, 1980), relapse prevention/CBT theory (Irvin, Bowers, Dunn, & Wang, 1999; Marlatt & Gordon, 1985; Parks & Marlatt, 1999), and solution focused family therapy (Berg, 1994; DeShazer, 1988; Kelly & Berg, 2000).

These theoretical foundations translate to the following assumptions of casework: (1) that full partnership with the family is a critical and vital goal for each and every family case, (2) that the partnership for protection should focus on the patterns of everyday life of the family, and (3) that solutions should target the prevention skills needed to reduce the risk in those everyday life situations. These specific plans of action are not the typical service delivery plans that measure

service compliance, but are behaviorally specific plans of action that are co-developed by the family, provider, and caseworker. These plans target needed skills in critical risk areas that can then be demonstrated, documented, and celebrated.

Throughout assessment, case planning, and casework management, SBC builds on solution-focused tenets (see Berg, 1994; Christensen et al., 1999) that child welfare clients (1) need significant encouragement to combat discouragement, and that (2) they possess unnoticed and unrecognized skills that can be used in the anticipation and prevention of child maltreatment. Clients are assisted within a forward-looking partnership that searches for exceptions to problems in everyday life and recreates or builds upon their social network with supportive others (Berg, 1994; DeShazer, 1991; O'Hanlon & Weiner-Davis, 1989)." (Becky, 2009)

The intervention strategies after clients consent to preventative services are to meet with Case Planner/ intern for monthly face to face visits, for approximately four times a month, and two times a month by the Case Aid. If there is a client who is recommended for other services, such as anger management, substance abuse counseling, family therapy, and or mental health services. There are also case, where mothers, are referred to enroll with the domestic violence women's empowerment groups, and the goal of this group, is not only to provide women with resources, but to also improve the way that they view their current situation, and promoting & increasing their self-efficacy.

The goal of this group is the ideology that although it is not guaranteed that participants are going to end their relationship, because it is well known that it is difficult for individual involved in domestic violence to up and leave. However, if we can change the way the survivors view themselves, or remove self-blame for their abuse, one day, they will build up the courage to

leave, because they have been educated on how to improve their thinking, and feelings, which will eventually lead to a new behavior, which may be eventually leaving.

One common goal of group therapy using cognitive therapy, rational therapy, and solution-focused, in my opinion is equipping group participants with support in changing their lives, by changing the way that they think, and/or respond to their problem. The impact of using these techniques during group sessions, is the fact that most clients may have supporting ideologies by their peers, so you are essentially equipping multiple people who have the same process of thinking, which allows a safe space, but also can hinder the group from growing as well.

I chose these theories because I am a firm believer that our thoughts are our best and worst enemy. I believe that if individuals are equipped with how to shift their minds, they can feel better, and live better. All of these theories have a common goal, of equipping clients with the thought process that will help them be in full control of their lives.

**Part Two:****A.**

The group experience was not as challenging as I thought it would be, when I heard that the semester would require ongoing group work. Entering the MSW program, participating in group assignments, was my least favorite experience prior to this course, and I truly believe it was because there was not actual research, and assignments due, as a unit.

I really enjoyed working on the role play's especially because one of the main goals of the group leadership process, is that everyone in the group has to be granted the opportunity to be the leader. It gave everyone the opportunity to shine in an area that they felt the most comfortable, and if they were not, what I enjoyed most, was how we collaboratively encouraged our group leaders, in building the confidence to lead, in an area that they actually are comfortable in, but don't like engaging in public speaking.

The interesting part of the group experiencing is the realization of how much I actually struggle in trusting people. I realized that this is one of the main reasons in which I prefer leading in groups, because I often lack the trust of believing that my colleagues can lead a group that I am involved in. In other courses that I have taken, I either automatically am delegate as the group leader, or nominate myself. I think subconsciously I projected thoughts that another person could falsely reflect my own thoughts, since communication is always translated differently, which would result in a bad grade. I also have had bad experiences of group members not pulling their weight, which forces other group member to pick up their slack, so naturally I try my best to avoid that by doing everything, and not letting other people attempt to lead.

■ **What specific attitudes and behaviors could either help or hinder you as a group leader?** The attitudes and behaviors that could help me as a group leader, is that I great at preparation, which I think is very important it setting up a group. It is important to be able to identify the goal of the group, because it allows the group to function and flow by remaining on task, as well as setting the expectations of the group. I think another attitude that I have as a group lead is my approach in engaging with participants, and making them feel safe, which is very important for every participation. One thing that I think could possibly hinder me as a group leader, is wanting to solve problems. I don't necessarily think that is a bad thing, however, it is very important for a group leader to know their goal is to assist clients with navigating and solving their problem.

Another thing that might hinder me as a group leader, is being more comfortable at being in the backseat in a team, and allow my colleagues to step up to the plate. It is easy to take on the leadership role other people are not interested in being led, but in a team where other people may want to take lead, it could appear that I am never presenting the opportunity for other people to be in the front. This is something that I find myself consistently trying to work on in not only my professional life, but in my personal life as well.

■ **Review your personal goals that you identified at the first session and assess the degree to which you have met these goals in the small group. Where might you want to go from here? Describe a brief action plan for working on the changes you wish to make.**

Participating in this group, has truly helped me not be as pessimistic about working with others. It has allowed me to trust working with others, and collaborating with other opinions. It has taught me that I am not the only one who can resolve issues, and that there are other ways to

solve the same problem. Working in a small group, also increases my ability to pick up on personality traits, as well as learning flexibility in working with different ideas.

■ **What are some potential countertransference issues that may have surfaced? Any unresolved personal concerns that you still need to explore? Any plans regarding where you can go from here?**

There were not no experiences of countertransference issues, however during one of the role play in which we broke out into groups with one classmate, there were series of questions that we discussed about our childhood. One of the questions I was asked, is name one thing that a lot of people do not know. I feel like most of the things that individuals don't often share are experiences of trauma. I think any other time that I would have been asked something like that I would probably be reluctant to answer, or probably share something that is actually something I am used to sharing, because the truth is, who can debate my life experiences. However, to self-disclose, I have been taking therapy for the past few months, and I have been actually open to sharing more experiences of trauma, as a form of breaking through the shackles of my own experiences.

■ **What are some specific skills that you acquired (or that you refined) that will be useful to you as a group leader? What about as a group member? How, specifically, might you go about continuing to work on those skills that most need work?**

The specific skills that I acquired as a group leader, is trusting my team to support me, which is something I struggle with. There were moments where it felt really good, to sit back, and watch people take the initiative, and ask minimal support from me, expect small feedback. The skill that was refined as a member is creating treatment plans. As a group member, having

multiple members in a group implement different ideas and feedback, allowed multiple perspective on how to identify a problem. Moving forward, I have increased my problem-solving skills, by thinking of multiple lenses to use rather than my initial lenses.

**B. What did you learn about group process from participating in this group?**

■ **Group personality. How would you describe the "personality of your group?" How did you tend to interact with one another?**

The personality of my group was very interesting, because I think all of us have different personality traits, but if I could describe it, I would say that the group of my personality was very relaxed. We never really stressed any group assignment that we had. We all brought comic relief into each breakout segment. Majority of the assignments that we had, we were able to complete it within minutes. We flowed very well off of each other's ideas, and I think that it made each assignment so much easier.

■ **What makes groups work effectively? What did the experience of the small groups teach you about how groups function and malfunction? What have you learned from this experience that you can apply to some future group you may lead?**

Group works effectively when everyone is open to feedback. Constructive feedback, allows room for growth. Another thing that worked well for the group that I was in, is the everyone was open to being delegated as group leader, no one debated when they were chosen, even if they were not interested in leading. We all trusted each other's reason for choosing each other in leading group topics.

■ **Stages of your group. What stages did your group go through? What helped or hindered your group in moving through the various stages? Describe in clear terms your**

**main learnings based on the exploration of various approaches in your labs. Discuss the characteristics that applied to your group and show how your group did or did not fit the characteristics described in the readings.**

My group stages went from trying to figure out how to work together, not necessarily due to conflict, but more so, how to implement all of our different ideas into one. One thing that really worked for us, is not only delegating after we were provided with the role play information, instead of at first, but delegating roles, such as the note taker for each activity. The group characteristic, we were all strong leaders, however for different reasons. Our group characteristics ranged from assertiveness, laid back, shy, and laissez-faire, but yet sometimes present- personality, I think in front of a room, it would be clear who is who.

- **How did trust develop?**

In our group there was actually only one colleague who we were not familiar with in previous classes, so the goal was to establish rapport with her, and make her feel welcomed and comfortable being in a group with the rest of us, who have become well acquainted. Once we were able to develop comradery between us all, the trust was easily developed. We also engaged in a lot of conversations that were related to our developmental goals, which allowed more trust to be established when it came time to actually participate in the activities.

- **What about formulation goals?**

Each and every activity/role play that we participated in we focused on identifying who the individual or who in the group was in immediate risk and crisis, and then we created S.M.A.R.T. goals, that were relevant theory that we were focused on.

- **How did the supervisors impact your group process?**

This question does not apply to our group process because there was no supervision during these activities. We did enjoy the constructive feedback that we would receive from our other colleagues, which was usually positive.

- **How did the shifting of co-leaders each week impact the group?**

Shifting of co-leaders did not impact the group functioning, I think that everyone did a great job leading, and one thing that we consistently did is treat each activity as a treatment team, so regardless who was leading, everyone worked together each week, at creating a treatment for the activity, and simply delegated one person to emphasize what we discussed to the rest of the class.

- **How did your group deal with conflict? What did you learn?**

There actually wasn't any conflict during the group, so this did not apply to us. However, what I learned, is that when a group communicates effectively, there is a decreased risk for conflict.

- **How did your group deal with resistance? What did you learn that you can apply to future groups?** There was no resistance in this group, but in future groups, one thing I can apply is support for everyone in the team. Develop strategies in addressing what works and what doesn't work in order to implement better groups.

- **What turning points characterized your group?**

I think the turning points that characterized the group was when we would go into a breakout room, and have our own perception of the assignment. For example, I think there were two occasions where we didn't realize we had to actually conduct a role play, and return and see the other groups do just that, when we simply created treatment plans. We were really quick on our feet, and easily adapted on whim, and facilitate a successful role play.

- **How did focusing on a different theory each week influence your group?**

I think working on different theories each week influenced my group to rearrange our group processes and well as group structure. Each theory allows a different way to develop group expectation and goals. I think it provided us with structure on how we were planning creating a treatment plan. I also think learning a new theory, allowed us more research on the design of the role plays.

- **What did you learn about using group techniques?**

My group did a great job at brainstorming, and voting on the best treatment plans. I think overall voting on things as a unit made an effective group. It is very easy for ego's to be found in a group, but we didn't do that. We laid out the foundations of our group early on, and it worked for us. Whatever we felt made sense to the majority was what we chose.

## References

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