Group Proposal Paper by New Hope Community Mental Health Center

John A. Saldanha

Alliance Graduate School of Counseling, Nyack College

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Dr. George J Ramos, Assistant Professor of Mental Health Counseling

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Adolescents in our country, especially in the inner-cities and in New York City Housing Authority (NYCHA) communities, face daily situations that contribute to them being angry. Parson (1994) coined a term called "urban violence traumatic stress response syndrome" (U-VTS) to express the intensity and uniqueness of the trauma that the children in the inner-cities and NYCHA housing face. This has resulted in school-aged children and adolescents exhibiting behavioral problems such as high temper, failure to follow instructions, arguing, or just being aggressive (Keil & Price, 2006 as quoted in Renner & Boel-studt, 2017). More harmful expressions of anger, such as verbal threats, vandalism, violence, and physical attacks (Hughes, LaGreca, & Conoley, 2001 as cited in O'Lenic & Arman, 2005) have become rampant. "That is because anger is the most dominant and difficult emotion to control, and entails additional "negative" emotions like disappointment, fear, anxiety, despair, awkwardness, pessimism, insecurity, jealousy, rejection, and sadness" (Garyfallia et al., 2016, para. 1).

Much of the mental health-related managed care for adolescents could be called "Reactive" care. Whether in a home, community, or school setting, it is only after an adolescent has acted out with outbursts or violence that mental health counseling is sought. That is because emotional expressions of anger are passed off as typical adolescent rebellion and left untreated (O'Lenic & Arman, 2005). However, as laid in my first paragraph because of the high percentage of trauma in inner-cities and NYCHA housing, anger appears to be the norm rather than the exception. Even though anger is not diagnostically classified as a mental disorder, the effects of not treating anger have led to an increase in violence and rage among adolescents in our cities. Alternatively, helping adolescents learn to control anger early on in their life can help stop intensely aggressive behavior before it starts (O'Lenic & Arman, 2005). Moreover, anger

management can become a very important tool for the internal transformation and spiritual maturity of adolescents (Garyfallia et al. 2016).

Therefore, in partnership with schools, New Hope Community Mental Health Center will sponsor several psychoeducational groups throughout the year in partnership with West Brighton High School to teach anger management skills to adolescents ages 14 to 17 years. Psychoeducation in groups is an evidence-based psychotherapeutic intervention that has individuals and particularly adolescents learn to manage their anger and develop coping abilities (THC Editorial Team, 2021). “These groups are typically time-limited, have narrow goals, are brief and cost-effective” (Corey et al., 2018, p.343) and therefore schools often use groups as the treatment of choice (Corey et al., 2018). Furthermore, the focus of these psychoeducational groups is on developing members, “cognitive, affective, and behavioral skills through a structured set of procedures within and across group meetings” (Corey et al., 2018, p. 343). The psychoeducation program will help and teach adolescents how to reduce and control the feelings and physiological arousal caused by anger (O’Lenic & Arman, 2005). Moreover, through these psychoeducation groups, participants will be taught “problem-solving strategies, developing interpersonal skills that can accelerate personal changes, communication, and social skills groups” (Corey et al., 2018, p. 343). Healthy anger management can help adolescents learn to identify and recognize the negative emotions behind their anger; learn to identify, challenge, and replace unrealistic expectations and conclusions; learn relaxation skills and stress reduction strategies; and develop problem-solving skills (Golden, 2004, as cited in O’Lenic & Arman, 2005).

The American Academy of Pediatrics explains that adolescence is a period of fast-paced development in five key areas: moral, social, physical, cognitive, and emotional (Youell, 2022, para. 1). This is the age where they seek to develop their own identity and assert independence. At the same time, they face growing pressure to be responsible and trustworthy, while they grapple with emerging issues like sexuality, drug use, and peer relationships. At this stage, the "American Academy of Child & Adolescent Psychiatry explains that adolescents are more likely to be impulsive, misunderstand emotions and social cues, have accidents or physical fights, and take risks or make dangerous choices" (Youell, 2022, para. 2). Therefore, this is an opportune time for adolescents to learn anger management.

This psychoeducation group will be for ages between 14 to 17 years of age and will be a closed homogenous group of 12 people each. "Closed group offers a structured framework, is consistent and predictable and offers a time limit" (Corey et al., 2018, p. 161). It also allows participants to feel safe and secure from start to finish because of the relationships they build with each other and, provides opportunities for creating greater bonds and a sense of security (Corey et al., 2018). An open group might be disruptive, and adolescents may have difficulty with changing relationships, especially with sensitive issues like anger management. All of them will be screened for anger management issues. At the beginning of this psychoeducational group, members will be asked to complete a questionnaire on how well they are coping with the area of concern.

Homogeneous groups are made up of people with the same presenting diagnosis, complaint, or life problems. Since this group will be specially focused on anger management issues it will be a homogenous group. The reason for a homogenous group will be so that the adolescents will be able to relate to one another and feel comfortable sharing their problems and

challenges. Since they will be from the community, they can also form close relationships after the group is done and continue to encourage and help one another. Furthermore, this will be a co-ed group. Boys and girls will be in the group if they fit the issues that the group is going to discuss.

College therapeutic groups generally run about 15 weeks— the length of a semester (Corey et al., 2018). Therefore, for high school students, the same length seems ideal (Corey et al., 2018). 15 weeks is long enough for trust to develop and for work toward behavioral changes to take place. It will also allow for cohesion and productive work and members can then continue practicing newly acquired interpersonal skills with a new group of people. Because adolescents generally have a shorter attention span the session will be for one and half hours each session. The psychoeducation group therapy will involve learning about the following: a) Aspects of anger, rage, aggressiveness, hostility, resentment, and aversive verbalizations. b) The effects of anger both physiologically, psychologically, and emotionally. c) The reason for anger includes human needs, unmet needs in childhood and otherwise, frustration in childhood, criticism in childhood, guilt and shame, and family influences. d) Approach to different anger situations including the difference between anger and violence, anger and assertiveness, anger and depression, narcissism, and anger. e) Body signs in anger situations. f) Communication and social skills g) Conflict resolution techniques h) how to make SMART goals for life. i) The importance of forgiveness and reconciliation. Since many adolescents are more visual learners, visual material will be widely used (Garyfallia et al., 2016). Participants will involve themselves in interactive activities in every session. All this will be done within the context of training with a group-centered approach where unconditional positive regard, empathy, and congruence promote a climate of change.

Cognitive behavioral therapy (CBT) has been known to be effective at reducing anger problems and may be most effective for patients struggling with expressing their emotions (Garyfallia et al., 2016). "Participants will learn the reconstruction of thoughts and beliefs to reduce anger through cognitive-behavioral therapy since excessive anger usually attracts negative thoughts" (Corey et al., 2018, p. 127).

"Groups often fail because of their physical setting" (Corey et al., 2018, p. 161). "If they are held in a day hall or ward full of distractions, productive group work is not likely to occur" (Corey et al., 2018, p. 161). While deciding the location, the privacy concerns of the adolescents will be considered. The question will be how to keep the identity of the attendees a secret.? "Other issues to consider will be, whether they will be able to roam around freely and not have to be continually asked to talk softly so as not to disturb others in an adjacent room" (Corey et al., 2018, p. 345). Moreover, the group room should not be cluttered and should allow for a comfortable seating arrangement, that enables the group to sit in a circle (Corey et al., 2018). Considering the above, the group will be held on the high school premises itself. This will help students be comfortable because of the familiar surroundings. The groups will be run after-school so that the adolescents have complete privacy during their group time. Also, the room for the groups will be decided based on the size and location so that it is in a place where the adolescents will not have the fear of anyone overhearing their conversations.

"A variety of unique ethical dilemmas perpetually confront psychotherapists who treat adolescents" (Koocher 2003, para. 1). "AMHCA's (2010) guideline reinforces this responsibility: "In a group setting, mental health counselors take reasonable precautions to protect clients from physical, emotional, and psychological harm or trauma" (1B. 3f. as cited in Corey et al., 2014, p. 447). "Informed consent is a process of presenting basic information about

group treatment to potential group members to enable them to make better decisions about whether to enter and how to participate in a group" (Fallon, 2006 as cited in Corey et al., 2014, p. 442). "It is a good policy to provide a professional disclosure statement to group members that include written information on a variety of topics about the nature of the group, including the therapists' qualifications, techniques often used in the group, the rights and obligations of group members, and the risks and benefits of participating in the group" (Corey et al., 2014, p. 447). Group therapies involving adolescents raise the ethical issue of confidentiality. "The group therapist is expected to safeguard the members' right to privacy by judiciously protecting the identity of the members and protecting the information of a confidential nature" (Corey et al., 2014, p. 449). "Under the Health Insurance Portability and Accountability Act (HIPAA), psychologists must usually cede to parents or legal guardians of adolescents all rights that the adolescent patient would normally exercise concerning the teenager's health information (e.g., consenting to disclosure, having access to and the right to amend their records)" (Koocher G. P. 2003, para. 3). "Further, there are mandated breaches of confidentiality intended to protect children from harm, or from harming others" (Koocher G. P. 2003, para. 3). One implication of this fact includes the right of a minor client to know that information disclosed during the therapeutic exchange is not necessarily subject to absolute privacy (Koocher G. P. 2003). From an ethical perspective, however, the key task in respecting the adolescent's secrets is to raise the issue early and directly in a manner that fosters a therapeutic alliance (Koocher G. P. 2003). "To safeguard group members' confidentiality, some group leaders have developed a written contract in which each participant pledges to keep confidential other group members' identities and disclosures" (Corey et al., 2014, p. 450). The treatment setting may also demand special confidentiality considerations when working in a school setting (Prout, DeMartino, & Prout,

1999 as cited in Koocher, 2003). “Group leaders have a responsibility in groups that involve children and adolescents to take measures to increase the chances that confidentiality will be kept” (Corey et al., 2014, p. 72). “Moreover, it is useful to teach minors, using a vocabulary that they are capable of understanding, about the nature, purposes, and limitations of confidentiality” (Corey et al., 2014, p. 72). “Such practices can strengthen the child’s trust in the group counselor” (Corey et al., 2014, p. 72).

“When it comes to the ethics of competency, therapists who treat them must have a greater knowledge of developmental psychology than the clinician who works primarily with adult clients” (Koocher 2003, para. 4). “This is because adolescents move through a wide range of cognitive, emotional, physical, and social changes at a rapid pace” (Koocher G. P. 2003, para. 4). “A core ethical responsibility of every human service provider is to do good on the client’s behalf” (Parsons & Dickinson, 2017 as cited by Scott, 2018, para. 1). “Without the caregiver sufficiently trained to facilitate a group care session, regardless of the size, the core element of doing good and cause no harm, will stand in jeopardy of not being fulfilled” (Scott, 2018, para. 1).

“Another issue dealing with the ethical factors of group counseling revolves around the responsibility of the group leaders to establish through proper screening and identifying the group's participants rights, compatibility for the group, and if the group is an appropriate fit for the client” (Scott, 2018, para. 3). This screening is done to assess the eligibility of the participants for the group. It is also a continuous process throughout the time of the group, to check whether any member needs to leave the group (Scott, 2018). Another ethical issue to consider when it comes to group therapy is the participant's right to equitable treatment (Scott,

2018). It is right for each member of the group to expect that they will be able to make use of all the resources within the group (Scott, 2018).

The Record Keeping Guidelines (APA, 2007) lays down proper procedures for practitioners regarding the proper handling of the records (Scott, 2018). Since the psychoeducation groups will be held in schools, proper procedures will have to be documented to see that the adolescents' records are taken away from the school premises after every session and kept safely in the clinicians' office. A separate record for each person participating in group therapy is to be maintained (Scott, 2018). I will also contact the high school to know whether they or the school district have any policies and procedures in place that I will need to follow as a therapist as regards record keeping, confidentiality, and informed consent.

"Steen, Bauman, and Smith (2007) suggest that counselors give presentations to parents, teachers, and administrators about the therapeutic factors involved in small group work to increase their understanding of how groups work and the value of small groups in the overall mission of the academic program" (Steen, Bauman, and Smith, 2007 as cited in Corey et al., 2018, p. 345). This is necessary if support is to be gained for the group from the main constituents who will be involved in decision-making. "Getting input from parents and teachers about their concerns can be an important step in gaining needed support for doing groups in the school" (Corey et al., 2018, p. 345).

Since these groups will be run in partnership with the high school, a presentation will be made to the school principal and counselor and any other persons in authority at the school who will be involved in decision-making. Presentations will also be made to community leaders to enlist their help in encouraging and influencing parents to allow their children to join the psychoeducation group. Parents will be informed of such a group through fliers made to inform

parents or guardians. Asking parents, community leaders, school counselors, and other stakeholders for their suggestions reduce the chances of encountering defensiveness on their part (Corey et al., 2014). Information handouts will be given to parents describing the groups providing parents with an outline of the goals of the groups, the topics that will be covered, the activities that children will be involved in even providing them with sample activities so that they will wholeheartedly support the group and become partners with the mental health center in the endeavor of helping teens manage their anger.

Regular feedback will be provided to parents or guardians through a session involving one or both parents/guardians, the child, and the group leader. The session will also involve discussion questions and topics between parents/guardians and the child. Even though this will be a voluntary group, participants will be screened for their ability to participate in such groups. “Screening should not be done for the comfort of the group leader, nor should it be done arbitrarily to unfairly discriminate against certain members” (Corey et al., 2014, p. 442.

The ACA (2005) identifies the counselor’s ethical responsibility for screening prospective group members as follows:

> Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience (A.8.a. as cited in Corey et al., 2014, p. 442).

Each adolescent who wants to participate in the group will be interviewed to evaluate terms of motivation, and the ability to focus and participate in group activities. Licensed counselors who are specialized not only in group therapy but also in leading adolescents' groups

and specializing in running anger management psychoeducation groups will be appointed to run these groups in the high school.

The effectiveness and outcomes of the therapy group will be measured after every 4 weeks. Research indicates that the earlier the changes are made in the therapy approach and strategies, the better the outcome of the group therapy (Walton, 2012). Early evaluation gives time to the participants to suggest changes if they are dissatisfied with their participation or with the direction the group is taking. They have the time to take responsibility and do something to change the situation (Corey et al., 2018). The parents and the school counselors will be asked to fill out evaluations initially after 4 weeks and after that every two weeks. Further, the participants will themselves fill out evaluations to report the progress that they see in their own lives.

At different points in this 15-week group, members will be challenged to review their progress, both individually and as a group. “Measuring progress, effectiveness, and outcomes also helps determine when therapy is done, i.e., when a person has achieved what they wanted from therapy and the treatment can end” (Walton, 2012, para. 2). “Most groups use what are known as summative evaluations, where data is gathered following the conclusion of a series of sessions and then analyzed” (Corey, Corey, Dwivedi, MacGowan, & Mymin, n.d. as cited in Celestine, 2021, para. 2). This data can point to gains experienced by participants in the areas of learning, behavior change, and attitudes (Celestine, 2021). New Hope Community Mental Health Center will use Quenza’s end-of-therapy evaluation activity sheet to measure the effectiveness of the program.

New Hope Community Mental Health Counseling Center

Is your Child struggling with issues of ANGER and RAGE?

Do you desire to help your child to overcome and use their energy for POSITIVE

New Hope, Community Mental Health Centre in Partnership with West Brighton High School will be conducting a FREE 12-week Educational Group session for students ages 14 to 17 years old starting 10/17/2022.

PARENT ORIENTATION on 10/5/2022 at 5:00 PM. Location: West Brighton High School, Room No:220

Please Contact John Saldanha at 7187203579 or West Brighton High school counselor Ms. Martinez at 7183475780.

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