

Leadership Reflection 1 (Jenna Lee)

1. *Summarize the group session activities. What did your group discuss? How did everyone participate?*
2. *What were some of the key insights that your group members shared? Be sure to include 5 examples or quotes to highlight these learnings.*
3. *What are your thoughts about your ability and comfort level with leading this group during your assigned week? What strengths did you bring as a leader? What challenges did you experience in your role as leader?*

At today's group meeting, we discussed the assessment and evaluation of the psychoeducation group for social workers and other helping professionals. During today's meeting, all four group members were present.

As part of the group intervention, an evaluation of the group was necessary in order to determine whether or not the therapy was effective in achieving the goals. Our planning meeting consisted of a discussion about the methods of assessment that will be used.

To measure the effectiveness of the group intervention, I have prepared a number of assessment scales in my role as group leader. I looked for evidence-based scales that could be used to measure the effectiveness of group interactions on depression, anxiety, and stress among group members.

There are four of them: the Patient Health Questionnaire 9 (PHQ-9), General Anxiety Disorder 7 (GAD-7), the Perceived Stress Scale (PSS) and the Compassion Fatigue Scale.

PHQ-9 is a self-administered questionnaire used to assess depression severity in adults. Nine questions are asked about symptoms such as sadness or hopelessness, loss of interest in activities, sleep disturbances, fatigue, appetite changes, and thoughts of self-harm or suicide. Higher scores indicate more severe symptoms. The questions are scored 0 to 3. 5 indicates mild

depression, 10 indicates moderate depression, 15 indicates moderately severe depression, and 20 indicates severe depression. In primary care settings and other medical settings, the PHQ-9 is commonly used to diagnose and monitor depression. In addition, it can be used to track treatment progress over time (Kroenke et al., 2001; Kroenke et al., 2003).

GAD-7 is a self-report questionnaire that assesses and screens for generalized anxiety disorder symptoms. GAD-7 asks about symptoms such as excessive worry, restlessness, irritability, and concentration difficulties. Symptom severity is measured from 0 to 3. Mild, moderate, and severe anxiety symptoms are indicated by scores of 5, 10, and 15. The GAD-7 is widely used as a screening tool in primary care and mental health settings. Further, it can be used to monitor treatment progress constructs (Child Outcomes Research Consortium a (n.d.)).

The Perceived Stress Scale (PSS) measures a person's perception of stress. Developed to assess perceived stress in one's life, and how well one perceives one's ability to cope with it. Higher scores indicate higher perceived stress levels, with scores ranging from 0 (never) to 4 (very often). In research and clinical settings, the PSS monitors perceived stress levels. It has been shown to be reliable and valid for a variety of populations and settings, including students and caregivers (Child Outcomes Research Consortium b (n.d.)).

I created a Google document and listed potential candidates for the assessment scale. The document was shared with the remaining three members of the group. I expected the members to read them first and discuss them in the meeting today. By creating a Google document and sharing it with the group, I was hoping to give everyone the chance to become familiar with the evidence-based scales before our discussion. This would allow us to make an informed decision about which one to use for our assessment.

Despite my expectations, I ended up presenting the assessment and evaluation for fifteen minutes as I explained them to the members of the group. It was of importance to me to acquire more insights and ideas from them, so I invited them to take part. We had different expectations for group leadership today, based on what I gathered. Afterward, we discussed the implications of our different expectations, and I was able to draw some valuable conclusions from the insight I gained. For instance, I was able to recognize the importance of communicating expectations to the group at the outset of our meeting in order to ensure that everyone was on the same page. However, not every meeting is going to go as planned. There will be times when expectations are not met, and this is acceptable. What is important is that the group is able to communicate openly and honestly about what did and did not work well. This way, the group can learn from its mistakes and become even more effective in the future.

As a result of the discussion, we agreed to use standard scales. Group members disagreed, however, over which scales to incorporate for pre and post-evaluations. A member suggested we include the Compassion Fatigue Scale in a session on self-care and stress management, which would inevitably be excluded from the pre- and post-evaluations. I agreed that we should discuss the idea in a session. Additionally, members suggested including only PHQ 9 and excluding GAD 7, as both measure similar psychological constructs.

Moreover, we intend to compare the depression, anxiety, and stress levels of the group participants based on their pre- and post-tests. A SPSS program was used to compare raw scores, percentages, and statistical significance.

The four members of the group were unanimous in their decision to use PHQ-9 and PSS. It was also debated whether to include subjective and qualitative feedback from participants in the group along with standard assessment measures.

I was able to take on more responsibility today as I led the group. My experiences in previous groups were quite different from this one. My position as a leader provided me with the opportunity to prepare for the leadership role within the group. For group assessment and evaluation, I spent more time finding valuable resources and comparing different options.

In group dynamics, it is inevitable that there will be some differences and conflicts. They will, however, serve as valuable learning opportunities as I will be able to listen and compromise with others. I didn't quite understand why group members wished to add the compassion fatigue scale to one of our group intervention sessions. I discovered that we could use assessment as a therapeutic tool. This insight could be used as an effective intervention topic in sessions. We discussed the scales, their utility, and potential therapeutic value.

I also learned that all four members of the group were working toward the same goal of developing and preparing for our psychoeducation group. Leading a productive discussion and considering the group's common goals are of importance to me.

Moreover, I learned that group therapy assessment and evaluation are essential tools for me to determine the effectiveness of the intervention and to improve my group practices. It is crucial to assess the effectiveness of group therapy in order to establish whether it is meeting participants' expectations and achieving its intended goals. In order to monitor progress and adjust their approaches as necessary, social workers should guide interventions through

assessment and evaluation. I must also identify areas where I can improve my approach to group therapy. I will need to learn from participants' feedback to make changes to the format, content, and structure of group therapy to better meet their needs. The NASW code of ethics requires me to adhere to ethical standards as a social worker. As a result, I will be able to demonstrate accountability to stakeholders, such as funders, patients, and their families.

Even though we have some different ideas and suggestions, there is no doubt that our meeting was highly productive. Also, we gained a great deal of knowledge about group assessment methods and structures. As a result, we were able to refine our ideas and help each other to create greater cohesion and solidarity. Through this experience, I have been able to reduce my anxiety and uncertainty about leading a group in the future. As a result of this, I am more confident about offering group interventions in my current role.

It was uncomfortable for me to lead the group membership assignment today because it was outside my comfort zone. My first language is not English, so I have some limitations as well. It is more comfortable for me to write than to speak. Despite my anxiety and discomfort, I managed to turn it into a valuable learning experience. In order to serve clients not only in individual therapy but also in group therapy, I think I need to develop more leadership and communication skills. My strengths are that I am organized and dedicated to the success of my clients. To nurture these strengths, I would need to develop effective group leadership skills and expose myself to leadership opportunities. To build on these strengths, I plan to challenge myself by taking on roles of increasing responsibility in group settings. This will allow me to gain confidence as a leader and hone my communication skills in order to better serve my clients.

References

Child Outcomes Research Consortium a (n.d.). Generalised Anxiety Disorder Assessment (GAD-7). Retrieved from <https://www.corc.uk.net/outcome-experience-measures/generalised-anxiety-disorder-assessment-gad-7/>

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