

SWK 658 Clinical Social Work Practice III with Groups

Alliance University

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April 20, 2023

Part 1**Introduction**

Throughout this semester there has been an abundance of information on various theories when it comes to working in a group setting. Some of these theories work well with one another and are used simultaneously with each other. From this course, I have found that the two theories that work best with the population I am currently serving at my internship are cognitive behavioral and solution-focused behavioral therapy. Within this integrative paper, I will discuss my theoretical orientation to group counseling. Cognitive behavioral therapy is based on changing behavior and not just understanding it. CBT is found to be productive as it can treat an extensive amount of problems as well as a diverse client population. From this course, I have found that some therapeutic approaches can work together or some of the techniques could be utilized to enhance another approach. One approach this paper will include with CBT is the use of solution-focused behavioral therapy.

Cognitive Behavioral Therapy & Solution-Focused Behavioral Therapy**Key Concepts of Approach of CBT & SFBT**

One theoretical orientation to group counseling that I feel I have grown to understand and implement in serving children, adolescents, and families is cognitive-behavioral therapy. Cognitive-behavioral therapy is founded on the assumption that our thoughts navigate our feelings and actions as such changing our thoughts could lead to changed behavior (Berg-Weger et al., 2020). Cognitive-behavioral therapy's goal is to educate clients to rebuild contorted reasoning and unrealistic cognitive judgments with realistic and adaptive assessments. This intervention is brief and time-limited however, clients can continually work on behavioral changes even when the professional relationship has ended. Using this approach I'm able to address the group's automatic thoughts through a cognitive conceptualization diagram to get to

the underlying issue of where the automatic thought stemmed from as well as accumulate some coping strategies with the group. Clients using CBT in a group setting can naturally express their initial responses and then actively work to replace those thoughts with positive thoughts to combat those negative thoughts.

What I found useful with CBT is that the groups maintain tangible, intricate, problem-oriented construction. CBT is effective with clients who experience various mental health challenges (Berg-Weger et al., 2020). Furthermore, it is extremely effective when working with clients in a group setting who have various diagnoses such as anxiety, depression, and PTSD, which the children, adolescents, and families I serve are diagnosed with. Cognitive behavioral therapy is helpful in group settings because it is a short-term intervention that was able to help the client find new ways to behave. With the use of CBT in a group setting clients can challenge their negative thought patterns while gaining support from various perspectives from other members of the group. Group members are also able to see similarities and differences amongst the group and develop and change positive automatic thought patterns. The use of CBT also allows group members to take the skills and knowledge from the group sessions to continually improve their lives even when this short-term group therapy has concluded. I've observed this to be effective with my clients who have engaged in group CBT and are in individual therapy as they tend to bring what they have learned and implemented from their group work into their sessions.

One commonality that I found between CBT and solution-focused behavioral therapy is that they are both relatively brief interventions. Furthermore, the SFBT concept is based on the notion that things can change, and can improve. Incorporating this notion into CBT group counseling provides clients with a sense of hope and allows members to see their problems from

a place of being able to find a resolution. SFBT place great emphasis on finding solutions to problems and not dwelling on the problem itself. SFBT focuses on what has been known to work for a particular situation which could relate to CBT when it focuses on challenging the member's automatic thought, the likely hood it would happen, and realistic outcomes of what they have experienced before. SFBT and CBT take that approach of positive outcomes to situations.

Role of a group leader

My role as a group leader using CBT consist of ensuring the group members can set goals that are limited and specific so that they can be achieved in the time allotted. Conducting a group using CBT my responsibility is to teach and motivate the members through the use of role-play and also equip the members with a diverse collection of adaptive behaviors to find resolutions to problems. In CBT in a group setting as the clinician I have to be able to lead by example and model what I would want the members to be able to successfully achieve. Something I've found to be successful with CBT in a group setting was being able to fortify the skills and behaviors that the members were learning in the group. It looked like, during a session the members began to discuss an issue that arose within the week that they were struggling with however, it was a behavior we had previously worked on.

As the leader of the group, I would support the client in recognizing their achievement in how they handled the situation even if it was just a small achievement. Furthermore, being a leader in a CBT group not only puts the responsibility on the leader but also on the members to be actively engaged and work on change inside and outside of the group sessions. One indicator for me that members have been actively involved outside of the group sessions would be members being able to challenge their negative thought patterns and be able to identify positive thought patterns to replace their negative thought patterns which could be assessed from the

members completing assignments. In both CBT and SFBT, the role of the leader is a collaborative partnership.

Role of members

One significant role of the members participating in the CBT group counseling is to be able to determine precise skills that they lack or would like to improve. According to Corey (2015) group members, “proceed through a series of training sessions that involve interventions such as modeling the skill, behavioral rehearsal and coaching, feedback, practicing skills both in the group sessions and through homework, and self-monitoring.” (Corey, 2015, p. 351). Furthermore, being a member of a CBT group is a partnership not only between the group leader and each member but also among each member. The group member's role is to be active participants in the sessions as well as active participants in applying the skills learned in the session to their everyday living. From my work with children, adolescents, and families group members provide each other with an increased support network. Members serve dual roles in CBT group therapy as they gain insight and support from the clinician and their peers however, they also provide insight and support for their peers.

Key developmental tasks and therapeutic goals

When utilizing CBT group counseling it is important to ensure that the therapeutic goals are specific, measurable, action-oriented, realistic, and time-bound (SMART). During the initial stage of CBT group work it is of great importance for members to formulate the goals that they want to achieve by the end of the group. One important thing I have learned is that in the process of setting therapeutic goals, it is the responsibility of the members to actively engage and determine their therapeutic goals while the group leader serves as a support. The role the group leader takes in this process is as a guide in the discussion of the goals while members construct

their goals. When I work with clients setting goals my approach is to hear what the client has to say and based on the conversation use statements and questions to assist the client with framing their goals in a way that will be SMART, especially in the time frame that is the designation for the group counseling sessions.

Techniques and methods

Cognitive behavioral group therapy is aimed at equipping clients with the ability to increase lead self-directed lives and learn to control behaviors. There are various techniques and methods in CBT. CBT is intended for clients to learn to change maladaptive and dysfunctional beliefs, interpretations, behaviors, and attitudes (Corey, 2015). With the use of CBT in a group setting the techniques used are disrupting beliefs, monitoring activities, automatic thought records, relaxation methods, relapse prevention, problem-solving, monitoring moods, risk assessment, Socratic questioning, and developing an arousal hierarchy (Corey, 2015). Clients recognizing their automatic thought is important as it is the foundation for understanding the client's catastrophic thinking patterns and their thought assumptions.

Working with adolescents as a group leader I'm able to openly discuss their automatic thoughts when it comes to extremely negative situations they encounter. We then can process the worst probable results of these negative situations. Then we can learn to engage in more practical thinking by the use of evidence to support or contradict those negative thinking patterns. Once members can gain insight into the evidence behind their negative thought patterns they come to an understanding that their beliefs aren't accurate and then we can explore an alternative set of beliefs to see if these new sets of beliefs are more accurate and functional for the members. Adolescents are then able to test their automatic thoughts against reality by analyzing and considering the evidence on the supporting and opposing sides. Using guided discovery members

can gain insight into the association between their thought patterns and how they members act and feel.

In using CBT in group therapy I have also found that implementing some techniques from solution-focused therapy has been beneficial. As in solution-focused behavioral therapy (SFBT), CBT emphasizes the present and the current issues at hand. Solution-focused behavioral therapy allows members to use their language to express what they are feeling just as in CBT members can express their automatic thoughts in their language which supports the member's ability to understand and ultimately can problem-solve. Furthermore, SFBT like CBT also utilizes giving homework assignments to the participants to allow the members to practice and reinforce the skills learned in therapy sessions in real life. One thing I incorporate even when using CBT from SFBT is the use of utilization. I incorporate it with the members of the group when it comes to correlating difficult situations members may be experiencing with a situation that they have been able to do well in. This allows me to pull from the member's strengths and interests to assist them with constructing change and a plan to come up with solutions to the problems they are facing.

Stages in the evolution of the group

CBT groups are comprised of three stages, the initial stage, the working stage, and the final stage. In the initial stage of CBT, group counseling is focused on orienting the client to the program as well as initial assessments. This portion of the process is a learning phase for clients and also serves as the space for the group leader and members to express their expectations.

When I work with my adolescents in a CBT group setting I utilize the initial stage as a foundation to acquaint members with acquiring the most from the experience of participating in a group setting. At this stage of the process as a group leader, I want to create a safe environment,

give a sense of hope that things can change, as well as identify problem areas that will be explored. Here we are laying the groundwork for the work that has to be done and the group is building a rapport with one another. This stage is important because you want the members of the group to feel comfortable and safe with sharing and expressing their feelings and thoughts. The best part about this stage for me is the component of checks-in during sessions which allows the group to identify similarities and differences in topics and issues within the group that could be explored.

The next stage, which is the working stage: treatment plan and application of techniques where the adolescents can explore different ways to approach topics and issues they may be facing. This stage is vital as it monitors the effectiveness of the intervention as well as if the treatment goals can be attained. When I work with the adolescents I serve during this stage I'm continually evaluating various aspects such as participation, member satisfaction, attendance, and completion of assignments which gives insight into the effectiveness of the intervention. In this stage, there are several strategies used such as modeling, behavioral rehearsal, coaching, homework, feedback, reinforcement, cognitive restructuring, and problem-solving. Throughout the CBT group counseling session, the adolescents utilize modeling often as they are always observing and imitating how to navigate difficult situations they face. In the group setting the adolescents have the time and space to practice behaviors that are new to them so they can utilize them correctly and efficiently outside of sessions. The strategy of coaching is an enhancement to assisting the members when they are practicing modeling and behavioral rehearsal.

From experience, I have seen homework as a great strategy in CBT group counseling as it allows the adolescents to explore what they learned and discovered during the session throughout the week and put it into practice with everyday living. I've found feedback to be beneficial as it

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supports the members with encouragement while also giving recommendations for improvements. The way that reinforcement shows up with the adolescents I serve is having social reinforcement from their peers and the clinicians support their tendency to continually repeat the changed behavior. One of the vital strategies used in CBT group counseling is cognitive restructuring, this is when the adolescents can rebuild their negative thought patterns into realistic, appropriate, and adaptive thoughts. When it comes to problem-solving I discovered that adolescents can work by analyzing the problems they are facing and developing solutions.

This portion of CBT group therapy correlates to solution-focused behavioral therapy in that it during the working stage in CBT members are focusing on solutions to their problems as a means to get a resolution rather than dwelling on the problem. Here clinicians can utilize the technique of exploring with the members what has worked for them and/or exploring when the issue(s) they are facing wasn't present in their lives. Two things that correlate to me between SFBT and CBT are one, the members are encouraged and challenged to experiment with doing things that are outside of their norm. Another part of the process that is similar is the collaborative efforts of the members and group leader in developing goals that are attainable and well-informed. Furthermore, SFBT explores when the members did not experience the current problem at hand. This could be used in CBT as it allows the clinician and the members to get an understanding of where this possible thought pattern or situation could have derived from. SFBT and CBT both utilize setting goals at the onset of treatment to keep the focus on the change that is desired.

The last stage is called the final stage, in this stage members need to be able to take what they have learned and implement it into their everyday living. I enjoyed the final stage of my internship as it promoted a safe space for members to be able to emulate real-life everyday

situations where they would need to utilize the skills and practice new behavior learned in the group. As the members were able to go through this stage the members and the clinicians were able to give feedback and coach the members through these situations to ensure that they had the tools they needed to be successful once leaving the group. What I think is vital about this stage of CBT group counseling is that it prepares members for the possibility of setbacks so that it doesn't come as a surprise and they can work through those setbacks. This stage also puts a demand on members to have an increased responsibility so they can navigate through their situations.

Conclusion

In cognitive behavioral therapy, members learn to identify, question, and change their negative thought patterns, attitudes, and beliefs related to the emotional and behavioral reactions that cause them dilemmas. Furthermore, cognitive-behavioral therapy is considered to be an evidence-based practice intervention that is useful in group settings to treat a wide range of diagnoses. From working with adolescents I've found that at some stages of the process, it was difficult for the members to process the information that was being presented. However, the members understood the benefit of the intervention and wanted to continue the process of learning and developing positive thought patterns. Members were able to develop new positive core beliefs and learn that their negative thoughts had no concrete evidence behind them. Gradually I was able to notice the reduction of the member's symptoms as the sessions progressed as well as the increased support they provided to each other throughout the sessions. Cognitive behavioral therapy and solution-focused behavioral therapy have similarities and differences. However, I've discovered that utilizing some techniques from other approaches could be beneficial for the treatment outcomes.

Part 2**Introduction**

My participation in this semester's group has allowed me to discover some new things about myself as far as how I engage with others and it has also highlighted some things that I have known about myself. One thing I have discovered is that I tend to wait around to see if someone else would take the point before I decide to begin to speak and guide the discussion. I have realized that when I don't agree with something being said and it is a lot of talking going on I will be quiet until there is a moment for me to express my disagreement with what was being said or the approach that the group wanted to take on certain group assignments that were given. The major qualities that distracted me from being an effective group leader are being an introvert and not wanting to be the focal point in the discussions. In part, this group has prepared me to be more outgoing and assertive when in a group setting. After my weekly participation, I have found myself wanting to lead the group in my internship more often, something I told myself I was not interested in at all.

Attitudes and behaviors

There are a vast majority of attitudes and behaviors that could either help or hinder me as a group leader. If I had a choice of what could help me as a group leader it would be my ability to be consistent, have good active listening skills, and be able to earn the trust of the members of the group, which in return creates a safe space for sharing. One of my strengths when it comes to leading groups is that I am able to hear a variety of perspectives without judgment while also making correction when needed that is not taken offensively. One major attitude I feel hinders my ability as a group leader would be my confidence level. Being in a group with others who have a wide range of knowledge and experience either participating or facilitating groups

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definitely contributed to my having low confidence in my ability to facilitate a group with clients or even in our small group setting.

Personal Goals

The two goals I set at the onset of this group were to find my voice, to actively participate in every weekly discussion, and to be more social with my peers. I can honestly say that I was able to achieve all three of my goals before the end of our last group practice assignment. I have taken classes with the same peers for three years and I usually stick to myself and only interact when it comes to the group presentation. However, the conversation would be strictly regarding assignments. This semester I allowed myself to interact on a more intimate level which I was proud of. Since I am an individual who is introverted finding my voice in a group where there are so many outspoken individuals was a task however, I learned to still get my ideas and points heard in the group as well. From this new place, I am in I would want to carry these things with me as I return to work at ACS and will be met with some of the same challenges.

The continued use of building my ability to have better interactions with colleagues as I embark on this new journey as an MSW. My brief action plan would consist of just one goal which is to network with colleagues from school as well as at work. This will be evident by my getting contact information from my classmates as we graduate from the program and also contact information for new colleagues I may meet along my journey in a wide array of settings. I can comprise an Excel sheet and input the contacts on a weekly basis and this is to start happening by April 22, 2023, after three months I should revisit and see if there has been any progress with the Excel spreadsheet.

Potential countertransference

During one particular week when we had a practice CBT group with people suffering from anxiety and depression, the issue of countertransference surfaced for me. To be more specific, the topic of losing a child was discussed, and because this is a subject that had directly impacted me before I found myself emotionally reacting to the client instead of therapeutically responding. What that showed me was that it was still an unresolved issue I was dealing with since I decided not to take the time to properly handling the situation when it occurred which in turn made some unresolved issues surface. From this experience, I learned that I had not dealt with my own personal issues that can show up in how I engage or your lack of engagement with your clients. I also learned that for me to have a positive impact on my clients and not let my personal life interfere, it would be of great importance to deal with my personal issues as they come and not prolong processing those situations. My plan, after this semester is over, is to contact a therapist I previously worked with and process this life even that I wasn't able to process while in school.

Skills acquired

Two skills that I feel were refined during this group process were active listening, and my ability to be empathetic. These two skills allow me to be a great group leader as I will have to ability and capacity to properly assess and evaluate the members of the group throughout our engagements. One skill I feel I acquired as a group leader is being flexible. Being flexible is something I struggled with because I feel like everything needs to be in a particular place. It was important for me to understand that in group settings there are so many factors and things could shift at any moment. I had to understand flexibility is an important skill to poses so that when things are changing it doesn't negatively impact the group. As a group member, I feel like I was able to acquire being able to be vulnerable to share my life experiences to help another member

who was struggling with a similar issue. To continue to enhance my capacity to be a therapeutic group leader it is important for me to work in group settings, and get feedback and pointers from my supervisor and colleagues. Furthermore, it would be vital to continue to practice group leadership skills on my own as well as take additional training on how to effectively use certain modalities in group settings.

Group personality

The overall group personality was laid back and easygoing for the most part. There were occasional times when the group would be a little more uptight with the presentations and the role of each group member. Our text and class discussion spoke to different types of groups and since being at Alliance University I have been a part of various groups. What I discovered is that this group for this class was a little more intimate and connected than previous groups I have been a part of. I've found that when we had to complete our task group practice we were able to combine our ideas to identify the client's needs and develop a treatment plan for the client. In week one it was clear who the leader of the group was and how she asserted her leadership role at the onset of the group. Zastrow (2018), spoke about how a designated leader and leadership are different in that leadership speaks to influential behavior overall and a designated leader embodies particular obligations within a group.

During one particular week when we had to role-play a therapeutic group, we utilized one of our classmates who have had experience facilitating a group in her internship placement and the remaining classmates supported the facilitator. In this group practice, we functioned as a treatment group which group designed as a CBT treatment group for individuals with anxiety. For this task, my group asserted leader appointed a classmate as the facilitator knowing her strength and background from her internship. I think this showed how the leader was a

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democratic leader and believed that we all shared the power amongst ourselves. According to the text, a democratic leader pursues the collaboration and engagement of the group members when it comes to constructing decisions that would impact the group. A democratic leader does not take on all the responsibility to distribute it amongst the group members. Seeing how each member has different expertise and when they can provide more knowledge and information on various topics has been crucial in our engagement.

Effectiveness of group

From my participation in this small group, I believe what makes groups work effectively would be the group being built using the strengths of its members. In order to be an effective group there has to be a great leader, whether self-appointment or voted in as the leader.

However, even if a group has a great leader in order to function effectively the members have to be active participants in the process. Working in this small group has taught me that in order to function properly the group has to have ground rules and effective and respectful ways to communicate when facing issues or problem-solving. Furthermore, this small group setting has taught me that if your group is malfunctioning it will make it difficult to complete the assigned task and reach desired outcomes. From my learning experience, I feel it would be beneficial to my future group endeavors to apply cohesive collaboration with team members and the group leader as it allows the group to flow more effectively.

Stages of your group

Throughout the semester the Zoom group went through the first four stages of groups. In one activity, we had to develop and implement psycho-educational skills groups for students surrounding bullying and physical violence among members of the community and some incidences in the school itself. This assignment caused us to have to start at the pre-group stage

in which we had to prepare how we would implement a useful and successful group for the middle school students. During this stage, we had to brainstorm the type of group and our desired outcomes for the participants. According to Corey (2015), the pre-group stage is where the formation of the group takes place as far as the planning in detail which would be crucial to the outcome of the group. This spoke to how our group practice was designed to get us to complete the formation of the group we would potentially be running in a middle school to have the appropriate information and strategies in place.

We journeyed through stage 2, the orientation phase, which is a time of exploration during the initial sessions. During the first couple of weeks in our group, we had to figure out the structure of the group and get acquainted with one another, and we also had a conversation about our expectations as members. I can remember one conversation in particular when we discussed the participation of each member in regards to leading one of the sessions weekly so everyone was able to get a chance to facilitate. In stage 3, which appeared in week three, there were a lot of disagreements on which powers were appropriate for the professor and the student. I found it interesting how some of the group members were more inclined to follow the lead of the leader of the group of classmates who was more vocal during the group sessions. In my opinion, I believe this is due to unequal power which leads to mistrust and members starting to agree with other members they deemed as experts.

Since the Zoom group had been working effectively for a few weeks I believed we are at stage four, which is the working stage. According to Corey (2015), the working stage is when “members have truly become a group and have developed relationship skills that allow them a greater degree of autonomy, they are less dependent on the leader.” (Corey, 2015, p. 97). I’ve observed this because this week our group leader was not present for class, however, the group

was able to directly converse with one another and accomplish the task at hand. When it comes to therapeutic factors of a group, one of the factors that I feel are important in our Zoom group is trust and acceptance. We came to a place where we felt comfortable enough to trust one another opinions and ideas as well as be able to freely share meaningful information.

Towards the end of our group practices, we went into stage 5, the consolidation stage, which focuses on applying what has been learned in the group and putting it to use in everyday life. This is true when we had to utilize the material that we read in our text, and the information provided in the lecture to apply to us being able to role-play various interventions to utilize in group therapy settings. I think what was a great help in the group being able to move through the stages was our group leader and also the fact that most of the group already had a previous relationship to some extent which expedited some stages so the group didn't have to stay stuck in stages for too long of a period.

Specific Group Process Issues

Trust appeared to be evident amongst the rest of the group besides me at the onset of the group practices. However, as the weeks passed and I was more comfortable sharing my personal information it showed that I trusted my group members with the sensitive information and was able to let my guard down. Our ability to formulate goals for the various scenarios we were given went well as we were able to set goals that were attainable. Furthermore, we were able to set SMART goals as group members in our practices and achieve positive outcomes. Our group outside of the practice sessions' role play main goal is to have everyone be actively engaged and work as a unit to achieve the weekly task.

From my perspective the shifting of co-leaders each week was empowering. Having the shift allowed for everyone to play a lead role and be able to have the support of a positive

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environment to work through nerves and flaws as well as gain insight into how to be more effective as a group leader. The biggest conflict we had was deciding weekly who was going to play which part and when we had to just do presentations who would speak for the group. From this experience, I have learned that some of my peers enjoy public speaking and some do not. However, I also learned that some people have great insight and just do not like to openly share their thoughts in large settings.

If I remember correctly, my group only experienced resistance one week when we could not agree on which powers were appropriate for the professor and the student. At this particular time, we had been discussing the topic and it was only one minute left before we had to present to the class and the group was in refusal to come to an agreement. At that point, the group leader had to interject and get the group to come to a consensus. What I learned from this experience is that sometimes the group leader has to take charge to redirect the group and allow the task to still be able to get completed even when there are disagreements amongst the members.

One of the main turning points that characterized my group was when we would have various in-person members join our Zoom group for a variety of reasons. Another of the main turning points was when we lost a group member from Zoom who joined the in-person group. My group being able to focus on a different theory each week from my perspective was fun. We were able to put into practice our readings and lectures which allowed us to assimilate what leading a group with actual clients would look like while having the support of our peers to assist us when we needed or couldn't quite grasp a concept or technique. Furthermore, I believe it also reveals which theories each member felt more comfortable with and had more experience utilizing.

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