

Running head: THEORETICAL ORIENTATION TO GROUP COUNSELING

THEORETICAL ORIENTATION TO GROUP COUNSELING

Final Integrative Paper

SWK 658: Clinical Social Work Practice III with Groups

Maritza Grandison

Dr. Jean Carlton

4/22/2023

As I was reading chapter two of Corey's textbook, *Theory and Practice of Group Counseling*, the author makes a statement made that is awe inspiring and a bit troubling. The statement reads, "Group leaders can acquire extensive theoretical and practical knowledge of group dynamics and be skilled in diagnostic and technical procedures, yet still be ineffective in stimulating growth and change in the members of their group." Corey shares that leading or facilitating a group is more than just about knowing the theories that apply to groups. It is about being present in the process. A leader who is present, is able to listen critically to what is happening in the group process and give relevant feedback to his participants.

Not to mention that a group leader can disregard varied theories and approaches to group facilitation. If a clinician wants to implement successful leadership in group facilitation, then it is of utmost importance that the individual be well versed in the different theories and approaches and understand their purpose and application. In Corey's textbook, there are twelve group theories shared, psychoanalytic, Adlerian, psychodrama, existential, Gestalt, person-centered therapy, transaction analysis, cognitive behavioral therapy, rational emotive behavior therapy, reality therapy, and brief therapy & motivational interviewing. Each serves a purpose, and each has found a niche within the counseling community. It is about the situation and how comfortable the clinician is applying a particular theory. Fortunately, clinicians/therapists are not forced to determine which theories will become part of their services but are able to use the ones that they have an affinity to. In the field of counseling or therapy there is room for growth and change and that is a good thing. What may work for one may not work for another and modalities may have to be used interchangeably to arrive at expected results.

As an emerging clinician and after my relatively short exposure to engagement fields that are certain to become a mainstay in my practice, while others will remain in my toolbox, being reviewed occasionally for educational and perhaps application purposes. As I write this paper I have enjoyed and continue to enjoy group facilitation. The requirement of this engagement is to allow us as emerging clinicians/therapist/counselors, to recognize fully what our theoretical approach to counseling is at this specific moment. As I review all of the modalities shared, I am comfortable with saying that I lean towards using Rogers' Person-Center Approach as a core modality while adjusting the framework to incorporate other modalities such as Shazer & Berg's Solution Focused Brief Therapy (SFBT) and Beck's Cognitive Behavioral Therapy.

The Person-Centered approach is strong and evidence based. Rogers believed that "the individual has within him/herself vast resources for self-understanding. For altering the self-concept, basic attitudes and self-directed behaviors- and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided." (Roger's. 1979).

- I believe that to a certain extent I do practice Person Centered counseling, however, as I continue to read, I come to a place of greater understanding. There are important details from this modality that I will need additional training for me to implement this approach one day

in my practice.

### **Key concepts of Person-Centered Approach**

In Person centered Therapy members:

- Move from playing roles to expressing more directly. – As group members become more comfortable with the process and are able to see themselves through role playing, they come to a place where they are able to share more openly.
- Move from being relatively closed to experience to becoming more open to outside reality. – As group members experience freedom through their lived group experience, they become more willing to accept the reality by which they are surrounded.
- Move from being out of contact with internal and subjective experience to becoming aware of it – Life may not perfect but recognizing its fallacies and accepting that there are things that we can change and others we cannot allows the individual to be able to move forward with freedom.
- Move from looking for answers outside of themselves to a willingness to direct their own lives from within.
- Move from lacking trust and being somewhat closed and fearful in interpersonal relationships to being more open and expressive with others.

### **Key concepts of Brief Therapy**

In SFBT, the therapist/counselor, will focuses on the following:

- Looking for previous solutions. (What worked and what didn't)
- Looking for Exceptions. (What prevented the problem from happening before?)
- Focus on the present. (self-explanatory)
- Inviting the clients to do more of what is working

- Asking the Miracle Question, Scaling and Coping questions? – The miracle question poses a Paradox. It is not real yet can create reality. Scaling questions help the individual gauge the situation that they may be traversing, and coping questions help the individual to review and realize that regardless of what they are strong, resilient, and moving forward even if its slowly.
- Client validation – (encouraging client to value self)

### **Key concepts of Cognitive Behavioral Therapy**

- Conducting a behavioral assessment – Obtain information to develop a specific treatment plan.
- Precisely spelling out collaborative treatment goals – Goal setting is collaborative, but group members are responsible for choosing and setting their goals.
- Formulating a specific treatment procedure appropriate to a particular problem – Group members are expected to take an active role in set goals and tasks.
- Objectives evaluating the outcomes of therapy – Asses progress through assessments.

### **View of your role as a group counselor**

In person centered approach, the group counselor adopts the position of not knowing, placing responsibility of goals and outcomes on the individual. In solution-focused brief therapy, the group counselor becomes a facilitator. The group counselor is there to help not to teach or direct. In cognitive behavioral therapy group leaders take on the role of teacher and are expected

to become a supportive guide to their members. They also are tasked with helping group members to learn skills and techniques that will help with problem solving.

### **Techniques and methods**

The text shares Rogers' beliefs that congruence or the ability to be genuine, unconditional positive regard and empathy can't just be learned through or lectures, but must be experienced at, "a deeper psychological level" through intensive experiential workshops, something I am looking forward to.

### **Stages in the evolution of a group & a person centered group.**

Normally speaking, groups have six stages:

Stage 1: Regroup Issues – Formation of the group

Stage 2: Initial Stage – Orientation and Exploration

Stage 3: Transition Stage – Dealing with Reluctance

Stage 4: Working Stage – Cohesion and Productivity

Stage 5: Final Stage – Consolidation and Termination

Stage 6: Post group Issues – Evaluation and Follow-up

On the basis of his experience with numerous groups, Rogers (1970) delineated 15 process patterns that occur in groups that employ the person-centered approach." (Corey, 2015. Pg. 299).

The text shares that these process patterns do not necessarily happen in a specific order.

1. Milling around. – The initial lack of leadership creates confusion and questions.
2. Resistance to personal expression or exploration. – Members resist presenting their true selves.
3. Description of past feelings. – Members will share even though they are not quite confident of what they will encounter.
4. Expression of negative feelings. – Negative feelings usually directed at the leader for initial lack of leadership.
5. Expression and exploration of personally meaningful material. – The ability to express negative feelings without repercussions ushers in a sense of trust.
6. Expression of immediate interpersonal feelings in the group. – Members are able to express how they feel about each other.
7. Development of a healing capacity in the group. – Trust and camaraderie begin and spill over into members' external lives creating helping relationships.
8. Self-acceptance and the beginning of change – Participants begin to acknowledge their true hidden or distorted selves, becoming more accepting of themselves.
9. Cracking of facades. – Real selves must be presented, striving towards deeper communication.
10. Feedback. – Participants receive feedback enabling them to know how others perceive them, leading to new insights for change.
11. Confrontation. – Learn your truth, accept your truth, and let it help you become a better you.
12. The helping relationships outside the group sessions – Members connect outside genuine.

13. The basic encounter. – As community develops, relationships, relationships become more genuine.
14. Expression of feelings of closeness – Members become close.
15. Behavior changes in the group. – Acceptance, comfort, ease brings about outward visible changes as well.

### **Role of the group members**

“It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely to rely upon the client for the direction of movement in the process.” (Rogers. 1979). Group members know themselves best. They often have the answer but do not know how to arrive at the answer. If a group member is vested in the process, if he/she is co-operative and is willing to submit him/herself to the process then the therapeutic process will advance in an often-seamless manner, helping the member to arrive at a place of homeostasis over a designer period of time. There will be times when goals have to be reassessed and serviced review, but even when that does happen, the therapeutic service will readjust to continue serving the member.

## **PART 2**

### **Introduction**

I have a good time taking the Clinical Social Work Practice III with Groups course. In the first place, it was definitely an interactive class. It was a fun and at times challenging, particularly when we had played the part of lead facilitator or social worker or clinician. We

never quite knew how it would work out, but it always did with the leadership of Prof. Carlton. Not only a leader but also an excellent role model to all the students. He leapt right in there with us and made the classes even more interesting.

At the beginning of the course, we were split into groups, and advised that we were members of that group for the remainder of the semester. This was done so that we could become cohesive groups that could work together whenever a role play challenge was given, and whenever role playing was a part of the class our professor would familiarize us with the subject at hand. First a lecture would be given, then he would go over the material to make sure that we understood what was shared, then he would share the role play. Sometimes he would allow us to determine who would be the facilitator and who would be the participant, and at other times were assigned.

We learned about different types of groups, their purpose, and what is required to facilitate these groups. In Zastrow's, *Social work with Groups*, the author gives a comprehensive breakdown of the different types of groups, their purpose and what is needed to facilitate each type of group. One group may require Dialectical Behavior Therapy (DBT), while the next group may require Brief Interventions. There are social conversation groups, recreation and skill building groups, psycho-education groups, symptom management groups, anger management groups, life skills groups, social skills groups, process groups and stress management groups, as stated each group serves a specific purpose and therefore, we as clinicians need to know the difference and the different needs of those that become part of that temporary community.

A course requirement was that each of us had attend at least one group meeting. The choice of the type of meeting we could attend was left up to us. What was not left to us was the fact that we had to attend and then write about it.

On March 9, 2023, I have the opportunity and privileged to attend the Alcoholics Anonymous support group program on its online platform. Alcoholics Anonymous: is a fellowship of people who come together to solve their drinking problem. It doesn't cost anything to attend A.A. meetings. There are no age or education requirements to participate. Memberships is open to anyone who wants to do something about their drinking problem. They don't discriminate because of age. In Corey's, Theory & Practice of Group Counseling, pg. 38, the author shares that "The group format can assist people in breaking out of their isolation and offer older people the encouragement necessary to find meaning in their lives so that they can live fully and not merely exist". (Corey. 2015. Pg 38) "This support group is for anyone with alcohol dependency. A.A also sponsors 85 other support groups.

Although the support groups are open to anyone, there are a few requests that should be observed and follow. They stated "new alcoholics, college/university students who needs to observe one of our support groups as part of a class assignment, you are welcome to attend open meetings as an observer.

The group started at 9PM. There were three facilitators, one counselor and two volunteers, and one peer advocate, Maria, asked everyone to please mute our phone, so that she could read the group expectations and guidelines, which I think that was very important for the group to run smooth. Everyone in the group meeting introduce themselves. I introduce myself as an observer, instead as a college student. There was a total of 9 participants in the support group. Celia, join the support group from: Atlanta Georgia, I was surprise but very attentive. Four of the participants were Puerto Rican, two males and two females. Five participants were African American 3 males and 2 females.

Maria, asked if anyone wanted to share the reason, they join A.A support group. Janet, mentioned being in recovery of alcoholism and doing great. She also shares staying sober is a daily fight but with the support of love ones and the A.A support group she is doing well. Al, who also in recovery appeared to be obese, he stated about continuing to reach out to others in need and doing all he could do to help others. Margarita, shares and was super excited because she is not in the shelter system any longer. She finally found an apartment and cannot wait to move in. The support group was overjoyed for her and wishing her all the best in her new home. She said: Thank you to everyone. A gentleman was next to speak but did not feel like talking in the moment. Maria, encourage everyone to keep seeing their therapist whenever they have too much on their mind and the importance of taking care of themselves. On the other hand, I observed the dynamics of hoe the A.A. deferred to the peer advocate, yet stayed completely engaged in the process. In the book of (Corey. 2015. Pg 381) “Group leaders are expected to assume an active, directive, and supportive role in the group and apply their knowledge of behavioral principles and skills to the resolution of problems”. Corey’s also states it is important that group participants know that the individual working with them are both knowledgeable and empathetic. In Zastrow’s Social Work with Groups, states that social workers considerably and extensively prepare for action with individuals, families, groups, organizations, and communities; by using the tools and resources available for a better outcome. (Zastrow. 2015.Pg 84).

**What did you learn yourself from participating in this group?**

Observing the support group at A.A., was very interesting and it motivates me to want to join again. I had facilitated few groups before at my first Internship but the A.A support group are better organized and that makes a big difference. It was great for me to see the interaction between participants and how this group has become so united. Corey & Zastrow’s readings are

very important because it provides me with a better understanding of how support groups really works and function professionally. As a future social worker and clinician, I hope to utilize and implement all that I am learning in A.A support groups which will comes with practice and experience (Zastrow. 2015.Pg. 82).

**What specific attitudes and behaviors could either help or hinder you as a group leader?**

I did not experience any countertransference; however, I was triggered by a behavior I encountered in one of the role plays. I facilitate a group where there was discord between mother and daughter. When things heated up and there was a lot of back and forth and yelling my body got hot and my heart stated racing, although I remained calm. I was reminded that I am non-confrontational person learning how to maneuver courageous conversations. How will I handle situations like this in the future.

**What did you learn about yourself from participating in this group**

Role playing this semester was truly helpful to me. Beginning with the very first role play. I learned that I truly dislike confrontation and arguments. Although I am aware that things like this can happen and that I will have to learn to deal with it. This role play makes me feel like my blood was shooting to my brain very fast. It really had me thinking about myself. Confrontation or arguing is not for me, I prefer to stop talking and relax. Since I got Safe in 1998, I have learned to keep my emotions under control. I am happy to say that I learned a lot in this class. There are time to remain quiet in spite of knowing or understanding what the outcome may be. For me, I truly enjoyed all the role playing. It provides the opportunity to interact with my classmates. It is a fantastic tool for groups if used appropriately.

**Group personality/What makes a group work effectively**

Concerning the groups that we were placed in at the beginning of the semester, our group worked well. We had experienced case workers; we all wanted to learn and present clear and concise cases. We were effective in our presentations because egos were set aside, we were willing to defer to one another. We went with whosever's idea was best and put our all into it. Whether we are facilitating or a part of a group, it will be beneficial to us to remember what we learned during this period of our academic studies, since in my experience, clinicians tend to forget that the group composition of treatment can be very helpful and beneficial to the participant.

Learning about the groups, role playing, sharing in life experiences of others who are also facilitating groups has been a good experience. I was able to ask questions and gain clarity on how to resolve some issues, and what questions could possibly gain me the best answers. I have also learned that what I have learned is but a drop in the toolbox of my social work experience and that there are many courses to be taken, many certifications to be obtained and many hurdles to cross on my way to becoming an excellent group facilitator. There may be some difficulty, but it is altogether achievable.

## REFERENCES

Corey, G., 2015, January 1. *Theory & Practice of Group Counseling*., Cengage Learning 9th

Ed., Boston, MA

<https://www.thriftbooks.com/w/codependents-guide-to-the-twelve-steps-by-melody-beattie/248052/item/3978589/?mkwid=%7cdc&pc> Received 1998

Rogers, C.R. (1979). The Foundations of the Person-Centered Approach. *Education*. 100(2), 98.

Zastrow, C. (2015). (9th ed.). *Social work with Groups: A comprehensive worktext*.

Belmont, CA: Thompson/Brooks

