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Section I

As a Case Manager, I have worked with homeless individuals who are mentally ill and chemically addicted for several years. As a future, group leader, I anticipate working with populations that have experienced trauma. Major depressive disorder affects approximately 17.3 million American adults, or about 7.1% of the U.S. population age 18 and older, in a given year. (National Institute of Mental Health “Major Depression”, 2017). Approximately 38.1 million people or 11.8 percent of the U.S. population are currently living in poverty (Robbins, 2019). At least 567,715 people were homeless on a given night in January of 2019 in the U.S., according to the Department of Housing and Urban Development’s annual Point-in-Time (PIT) 2019 count. Homeless people have a life expectancy of fifty years old (NACH, 2020). Seventy percent are men and unaccompanied male youth. Subsequently, sixty percent of all people experiencing homelessness are male (Moses & Janosko, 2019). Research shows that CBT is the most effective form of treatment for those coping with depression and anxiety (Hedman, Bottela & Berger, 2016).

There are many contributing factors that may lead to homelessness which include sickness, mental illness, personal hardships and lack of

support systems. Cognitive-behavioral therapy has been a longstanding effective method of treating mental disorders such as depression. I believe homelessness is one of the key contributing factors to the number of homeless men that have depression. Persons with previous histories of mental illness and with extensive life event histories are more susceptible to distress (Gory, Ritchey, & Mullis, 1990).

These individuals tend to withdraw themselves from civil society, living as recluses abandoning societal norms and behaviors. These members of our society take on poor hygiene, little to no responsibility, and a lack of self-control which often times can cause and/or result in homelessness. Noted by many organizations like the Bowery Mission in New York and shelters across America, people who make up a large portion of those living in the shelter system are those with a mental diagnosis (Hopper, 1988). Having the effective measures to treat these individual's is imperative to their recovery.

Having identified a root cause of depression to be maladaptive thought patterns, it is fair to conclude that using a counter initiative will aid in the treatment of depression. It has been held by many researchers and practitioners that cognitive-behavioral therapy is an effective intervention for depression (López-López et al., 2019). CBT focuses on distorted cognitions about the self, the world, and the future, and on behaviors that lead to or maintain symptoms (Flynn, 2014). Using the strengths-perspective, service providers work together with clients to challenge their negative thought patterns.

Cognitive-behavioral therapy is a psychotherapeutic treatment that seeks to help people identify and change destructive thought patterns that have a negative influence on behavior and emotions (Flynn, 2014). This therapy model highlights emotions and thought patterns that stir negative reactions in behavior and seeks to address it in a collaborative manner. This would take the active participation of the depressed person as he/she navigates a pool of positive thoughts, ideas, and behaviors that would encourage healthy attributes. While this may be difficult in some cases, the idea of focusing on alternate ways of perceiving reality can be a tremendous benefit for the client. Cognitive and behavioral interventions focus on problem-solving, which draws on the client's strengths and can also include formative experiences, contextual factors, and cognitive factors that influence ways for treatment (Flynn, 2014).

As a group leader, I will employ CBT as a theory and technique to help the most challenged populations which are individuals who are homeless, chemically addicted and mentally ill. CBT will be effective since it will help to delve deep into the cognitive perceptions that contribute to negative thoughts and behaviors that stem from trauma.

Strength's Perspective

Working with a depressed homeless individual to find solutions to the problem can be daunting. However, when the clinician builds rapport with the client and welcomes the client's input, the client will respond favorably.

In a research sampling of several homeless men with mental illness, the issue was not only the mental diagnosis but the seclusion they felt in society (Hooper, 2021). Many homeless individuals have to combat the mental illness and the sense of abandonment they feel as a result. Having family, friends, and society at large label you can be overwhelming. This is why CBT as a treatment model is supported by many clinicians. CBT will not only employ identifying strengths collaboratively with the homeless person dealing with depression, but it also enables the therapist to connect with the client. The idea of being alone and marginalized seems to dissipate with every treatment session.

Theoretical Framework: Cognitive-Behavioral Therapy During Acute Treatment of Depression

A recent meta-analysis of 10 trials where CBT had been provided to patients after acute treatment found that the risk of relapse was reduced by 21% in the first year and by 28% in the first 2 years (Chand, 2018).

In another study, 40 patients who had been successfully treated with antidepressants but had some minor symptoms of depression were randomly selected to receive 20 sessions of CBT (Chand, 2018). Among them, some were treated with anti-depressants, and some with CBT and anti-depressants. All patients were then followed for 2 years, during which time they received no treatment (Chand, 2018). By the end of the 20 sessions, all patients were tapered off the anti-depressants. Well, it turns out that after a

2-year follow-up, the CBT group had a relapse rate of 25%, compared with 80% in the antidepressant group (Chand, 2018). In other words, those who received CBT as an intervention fared better, while those who did not receive CBT were vulnerable to relapse.

Psychodynamic Approaches

Moreover, as a group leader, I plan to utilize psychodynamic approaches to address trauma. As a group leader, the psychoanalytic approach will serve as a therapeutic process which focuses on recreating, analyzing, discussing, and interpreting past experiences and on working through defenses and resistances that operate at the unconscious level (Corey 2016). By utilizing free association, as a Group leader I will use the “go-around technique” to allow my participants to feel free to openly discuss their feelings and thoughts in a safe atmosphere (Corey 2016). According to Corey, “free association encourages members to become more spontaneous and to uncover unconscious processes, which leads to the discovery of keener insights into their psychodynamics. This procedure also promotes unity and active participation in the group process” (Corey 2016).

Section II

Respective Spaces

The group session held on March 4, 2023 was very informative. As the group leader, I was able to allow the group members to express their thoughts. I was able to encourage the members by stating that it is alright to agree to disagree. The group members were torn between whether or not there should be monuments of the confederate legacy in public spaces. There were group members that felt that by allowing confederate statues in public space, it would symbolize white supremacy and continually immortalize the oppression of black people. On the other hand, there were group members that felt that the statues should be placed in a museum to preserve history. As a Group Leader, I feel that it is important to preserve history because if we don't learn from it, it is bound to repeat itself.

I recall traveling to Ghana as a young woman in college several years ago. I visited Elmina Castle in Ghana. As we stood in the lower courts of the Castle, we were informed that the slave masters would stand on the balcony and choose an enslaved woman to rape every night. This part of history was sad to learn about but it was eye opening. We visited the point of no return. The point of no return was the last point of departure before the slaves were taken overseas. This topic is sensitive to me. I studied history as an Undergraduate. Learning the dark parts of history makes me value my freedom. If I had been born in a different place and time, my life would be different. There was a plaque that stood outside of the castle that said

history is bound to repeat itself if it isn't changed. Concurrently, we are bound to repeat cycles in our own lives if we don't address our mistakes.

I have seen cycles in my life repeated. I have walked around the same cycle of abuse many times. Now, I realized that I don't want to hurt anymore. I was constantly rehabilitating myself, not due to addiction of some sorts but I was addicted to pain because it was all I was taught as a child. I remember crying myself to sleep every night as a child. Our own histories are bound to repeat itself, if we don't change but it is through the power of Christ that we can change our sad tears into joyful tears.

Today, there are still laws being passed to reinstate the Jim Crow laws, such as Lynching as corporal punishment. Slavery still exist in America. Black men are jailed at alarming rates. It is a new form of slavery. Sometimes, I wonder if African Americans are awakened. There is reason why African Americans are oppressed. African American people are strong, mighty and powerful. People of the African Diaspora have used the spirit of innovation to constantly reinvent themselves. This topic was appealing to me as a Group Leader because I have a deep love for my culture and its rich history. History has taught me in the face of adversity, there is incredible room for innovation. Sometimes, I reflect on my own journey as an employee. I reflect upon exploitation and mistreatment in the workforce. It makes me feel like a slave. I can relate to the slaves that Moses set free from the chains of bondage. I desire to work diligently in school so that I can own a private practice one day and help others. I want to work for myself one day. I have

an entrepreneurial spirit. I desire to be as innovative as my Ancestors. I have a vision to open a building that house my private practice, spa and dance school. I would like to utilize all of my talents to heal people as I am healing.

As a group leader, I have realized that I am tired of the narrative of the oppressed. It comes a time in our lives when we realize our power in Christ. We are not just a race but we are heirs to God's kingdom. As a future group leader, I would like to empower my group members to see their identity in Christ. As a society, layers upon layers of the wrong identity have been placed on us. As a group leader, I want members to see their own power. God has given us the power to gain wealth and to break generational curses. As a people, we are mighty because the holy spirit dwells in the inside of us. Sometimes, it's a matter of reflecting upon who God says we are, but to know who we are in Christ, we need a relationship with God. I recall as a child; I saw myself in the image of who my Step-Mother said I was which was nothing. I carried this identity as a young woman. My self-esteem suffered and my confidence fell apart as I remember the beatings at night. My life had been shattered and my self-image had been broken. I never knew how to receive love, let alone accept it. I played small and never embraced my beauty and I never loved who I was because I had grown accustomed to self-hatred.

In the future, as a Group Leader, I will empower people who have been through trauma to find their strength in Christ to overcome their pain. Trauma has caused many issues in people. I have realized that if I don't deal

with it, it will deal with me. Sickness and disease has a way of teaching us, how much we so desperately need to love ourselves. The love that we seek, is the same love we need to give ourselves. We cannot give from an empty well. Oftentimes, we need to set boundaries in order to love freely. As a group leader I will teach group members who have endured trauma to love within boundaries as a rule of life. Somehow, I feel that I have been through darkness to help others find light at the end of the tunnel. As a group leader working with people who are mentally ill and chemically addicted has been a calling. My step-mother was a victim of abuse, so she continued that abuse onto me. It was hard to survive the abuse. As the old adage goes, hurt people hurt. At some point in a person's life, you say enough is enough and you pick up your cross and walk forward. It takes strength to leave addictions and afflictions and the past behind, but God is pruning us and developing us for the future which is great, only the horizon stands before us. Healing is a journey.

As a group leader, I want to embark on this journey with my group members by revisiting the dark places that hurt and apply God's word to the wound and scar. One must know the power of the word and the holy spirit that lead us to truth. The truth about who we are in him. The journey of forgiveness has been long and tiring. Forgiving others seems easier than forgiving yourself. It seems like the one person I haven't forgiven was me. I never used my voice to speak against injustice in my life. I was always afraid to defend myself because I was weak. So many people are defeated by life.

As a group leader, I will encourage my group members to fight but after fighting, just stand. God will fight our battles and go before us. Sometimes, I wonder why was I under such attack as a child, the only reason I can think of is my destiny is great. A robber doesn't go to an empty house to steal, neither will the enemy attack God's beloved if they are not a threat to hell and the forces of darkness.

On 3/9/2023 at 2:00 pm at the Children Rescue Fund located at Hope House, I attended a Women's Empowerment Group. The group was conducted by the Recreational Specialist at Hope House located at 170 East 206 street. As a Case Manager, I wanted to show support to the group members. The group was located in a room on the 1st floor of the shelter. The room was medium sized. There were boxes of can foods and clothing on tables and stacked in the corners of the room. There were brown chairs set in a circle for the members in the middle of the room. Members were greeted as they entered the room. The Women that attended reflected different races, ages and religions. One Muslim woman from Russia attended the event with her daughter. At the beginning her daughter was fearful to enter the room. The daughter was shy as the mother recounted. A second member arrived who was of Hispanic and African-American descent. The Women were encouraged to peruse through the boxes of clothing, canned goods and hygiene products. The Muslim woman was hesitant to pick up the clothing since she needed long dresses as were traditionally worn by the women in her culture. I helped her to find dresses that were long in length. The Muslim

woman and her daughter retrieved a bag full of items before the session began.

As the women trickled in, everyone was encouraged to sit in the circle. The group leader introduced herself first, afterwards all staff members introduced themselves. The group members introduced themselves. Afterwards, the group leader asked the members, "What makes you feel empowered?" One group member replied that her daughter empowers her. She said her daughter empowers her by giving her strength. The group member explained that she will be leaving the shelter soon to move to Wyoming. The group member said she is transitioning emotionally. She feels excited and fearful of the new changes that are developing in her life. The group member shared her personal story. She stated that she was raised in a group home due to trauma she had faced at home that she has now disclosed to her Mother. The group member said she signed herself out of the group home when she turned 18 years old. The group member said she had been on her own for a long time. I observed she is highly resilient. The group member wanted a better life for herself which is commendable. The group leader shared how her children give her strength. I feel that my daughter gives me strength as well.

A third group member arrived late. She arrived with her two-year-old daughter. She was seven months pregnant. She hugged her daughter during the group, as her daughter sat on her lap. The group member shared how she is pregnant but doesn't want to keep the child. The young woman was

unsure about her due date. She said she had been on methadone treatment for several years. She stated that she grew up in a healthy home but was triggered at a young age to consume drugs. The young woman said she had been raised by her grandparents. She felt abandoned and isolated. The young woman turned to men and drugs to fill the void of not having her parent's love and affection. I thought about the psychodynamic theory and how it applies to this case. It seemed that her childhood made a major impact on her decision to turn to men and drugs for security and love. I felt that she exhibited anxious attachment due to feeling non-secure as a child. It made me think about my childhood and how I would have made better choices as a young adult if I had grown up in a nurturing environment. As a child, I always felt unwanted by my parents. I could relate to the group member. I experienced countertransference. It made me reflect upon my own life and choices that have led to certain outcomes.

A fourth member came into the group session. She shared how she was a survivor of domestic violence five years ago. The young woman has two children that she raises alone as a single mother. She shared that the father of her children was the batterer. She has severed all communication with him. She shared that she has a new budding romance in her life which makes her very hopeful about her future. By utilizing the strength perspective, the Group Leader encouraged all the women on their great sense of resiliency. The group leader asked them to share what were their major strengths. The group leader shared how they were all survivors of

trauma but through perseverance they were able to overcome their struggles. I reflected on my own life and how I was knocked down several times in life but always seemed to persevere. The group leader encouraged the members to help themselves to the free items in the room. Ending session, the group leader asked the members if they had a magic wand, how would their lives be different.

I pondered about the question while in deep reflection. I would be much happier if things magically changed, but at the same token, my testimony would not be the same. God is the final author and writer of my life. Moving forward, I realized God has the final say and his will must prevail at the end. I was encouraged by all the stories recounted by the brave Women. I realized that God empowers me to keep going when it seems hard to go on. I will trouble my troubles and continue to fight the good fight of faith. Through perseverance all things are possible. In the face of adversity, your will to survive all trials and tribulations will make you stronger and more powerful. It is your will to survive that surpasses all adversity.

The groups sessions led throughout the semester were creative and impactful. I experienced countertransference when we discussed bullying. I was triggered by events that occurred in my childhood. Overall, the group sessions helped me to reflect on my life and gain a deeper understanding of myself and my journey with God. Through the healing journey, I have grown to be gentle with myself and to protect myself from toxic people and through deep reflection, I have identified toxic behaviors within myself. Change is

constant and inevitable. We will be transformed by the renewal of our mind. The mind is a powerful tool that must be nurtured and strengthened through the power of the word of God. I have been transformed by Groups and this is course as a whole since I was able to revisit past wounds and to see how God healed me. I can only move forward and trust God who is the author of my life.

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