

Final Integrated Paper

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Clinical Social Work Practice III with Groups

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There are various theories that can be applied to group counseling to improve the lives of group participants. Group work offers its own unique benefits that differ from individual or family therapy. When combined with the appropriate theoretical approaches, the group environment allows for the change process to occur.

Working with Groups

The group work model has proven to be effective when implemented across multiple populations. Support groups can empower individuals and allow them to gain a community who understands aspects of their struggle. My experience facilitating a young adults bereavement group has allowed me to develop my skills in group work and utilize appropriate theoretical approaches with participants. During some sessions, we utilize cognitive behavioral approaches in order to help clients with problems or symptoms related to their grief journeys. My role as the social worker is to validate the emotions felt by participants and help them recognize their own resilience and strengths. When we are utilizing solution-focused brief therapy, the participants take on the role of the expert and are able to construct their own goals. Each participant has their own unique individual goals, but as a whole, the participants are all working towards relieving the symptoms of grief that negatively impact their functioning. This can be panic attacks, PTSD flashbacks, or feelings of loneliness.

Groups can also be referred to as reciprocal groups since the emphasis is on the reciprocal relationship between group participants. These groups are formed in order to enable members, who share a commonality, to provide mutual aid to one another. This can take place through the sharing of personal experiences or advice. Since the group members all have

something in common, they are able to show true empathy towards one another. For instance, in a spousal loss support group, a new member may have difficulty expressing their feelings regarding the loss of their partner. A member who has participated for several months may be able to share how they lost their partner. Often, hearing that others have experienced similar pain or symptoms of grief can help a new member to feel less alone in their journey. Even though this participant chose not to share in this meeting, they still benefited from listening. This may even encourage the individual to share some of their experiences and feelings.

This model can be used with individuals across different cultural and religious backgrounds. Since all participants within a group share a common struggle or situation, they can support one another even if they are from different backgrounds. It is important for the group facilitator and program as a whole to be culturally aware and have culturally relevant practice techniques. The facilitator must come from a place of learning when working with group members from different cultures or groups from their own. There are support groups also geared towards the needs of specific groups as well. Nearly any age group or population can benefit from self help group work. The possible exceptions would be very young children, who are not yet able to communicate or express their feelings or emotions fully. Also, some individuals who have suffered trauma may be triggered by what is shared in a group like this. However, others may find it healing to hear that others understand their pain.

Reciprocal groups can also be beneficial for individuals within stigmatized groups. The sense of community and having others who you can identify with, helps an individual feel less alone. An example of this is a support group for individuals with a mental health condition. Mental health struggles or those with a mental health diagnosis may feel outcast by society or their peers. It may be something they feel shame about. Participating in a self-help group where

they are surrounded by others who are experiencing mental health struggles can improve the individual's outlook. The others in the group likely have experienced the same shame and can relate to the struggle. This group can also act as a source of knowledge and resources for the individual. Perhaps they can benefit from another program in the community that other participants are attending. Facilitators or group leaders can also be a wealth of information on the topic as well.

The participant can gain advice from others who have experienced a similar situation or similar symptoms. Typically, participants are all at different points in their journey. This can allow for more experienced group members to provide comfort and guidance to newer members. Participants gain knowledge from other participants and the facilitator depending on their role within the group. Participants gain coping skills that they can turn to even when they close from the group. Depending on the group's purpose, the change can vary. However, the goal is to empower the participants and allow them to heal through the reciprocal relationships between them and the other members.

It is through the communal experience and reciprocal relationship between participants that healing can occur. The primary form of communication within mutual support groups is speaking, verbal communication. Throughout the meeting, group members take turns sharing their feelings and experiences with each other. Some groups, especially those for children, can have specific activities that participants can do during the group. The goal of these activities is to allow the participants to express themselves and how they feel about their specific situation. Having multiple ways for children to express themselves can be useful since it can be difficult to express complex emotions through words. Other forms of communication utilized in a self-help group are writing, drawing, game play, or other forms of art. This also shows how this model can

be used in combination with other intervention strategies such as play therapy or art therapy. It can be used in addition to a solution focused approach or strengths based approach as well. A goal of most support groups is to empower the participants which is true of the strengths approach.

Solution-Focused Brief Therapy

Solution-Focused Brief Therapy is one of the approaches applied to group work. SFBT is goal oriented and utilizes the strengths based approach with participants. It was founded by Steve De Shazer and Insoo Kim Berg in the early 1980s (Corey, 2015). This approach highlights the participant's strength and resilience in an effort to focus on successes outside of the presenting problem. The group member is the expert in this type of therapy. The group participants are able to construct their own solutions in this theoretical approach to group counseling. The role of the social worker is to acknowledge the strengths the person already possesses and help them recognize those as well. Through discussing their assets and possibilities for the future, the individual can become motivated to move towards their goals and find solutions to their presenting problem.

The focus in this approach is on the assets and solution rather than the problem itself. Many therapy approaches focus on describing and analyzing the presenting problem, but SFBT theorists argue that those forms of therapy can cause the person to relive the problem over and over which can lead to more distress. It also invites participants to present and explore all sides of themselves, not just their side that relates to the problem they are facing.

Motivational interviewing and SFBT have some similarities and can be utilized in conjunction to help group participants. Motivational interviewing was developed by Miller and

Stephen Rollnick in the early 1980s. This approach is client centered, but with the purpose of helping the client be open to the idea of change and the change process. By using both SFBT and motivational interviewing, the group facilitator can help participants focus on their strengths while also exploring the concept of change. This will help participants form their own solutions to their problems.

Incorporating Cognitive Behavioral Group Therapy

Cognitive Behavioral Group therapy techniques can be combined with Solution-Focused Brief therapy in order to aid participants. Both fall within the cognitive behavioral approaches for group work, and have some similarities. They both involve goal-setting and scaling questions. Through CBGT, a social worker can help group members identify distorted and negative thoughts. By guiding participants to shift these to more realistic thoughts, they can become more present and focus on the future ahead. If we utilize this reframing technique from CBGT, our participants will be more prepared for the Solution-Focused Brief therapy approach which is future focused. Participants will be more equipped to construct and accomplish goals which can improve their lives.

Transactional Analysis

Much of Transactional Analysis was developed by Eric Berne. He challenged some of Freud's concepts. One of his main contributions was the idea that children develop a personal plan for their life which is known as a script. It is a strategy for how they can physically and psychologically survive. He concluded that children develop this script in the first few years of life which they follow sporadically throughout the course of their life (Corey, 2015).

Transactional analysis theory states that current decisions are based on our early experiences in life. This could possibly hinder or obstruct a client from moving forward or reaching their potential in life (Corey, 2015). For instance, if a young child or baby was struggling to have their needs met in the early years of their life, they may still make decisions today based on that prior feeling of struggle or powerlessness. These choices may not be self-serving today since the client may no longer be facing these same struggles. The social worker can help the client rethink these choices based on their current situation.

In TA, awareness is the first step. In order for participants to understand how their choices may not be the most self-serving, they need to explore why they made those choices. It is important for a group facilitator to help participants recognize the power they have to make substantive changes in their lives (Corey, 2015). In groups, TA helps bring past issues to the present with the goal of finding appropriate decisions for their current situations. It allows participants to explore their past dynamics and why it made sense to make certain choices at that time. It also encourages them to compare their current situation to that of the past and see what the best decisions are for them currently.

Transactional analysis techniques can be utilized in conjunction with solution-focused brief therapy as well. Like CBGT and SFBT, TA falls within the cognitive behavioral approaches to group work. As previously mentioned, a key role of the facilitator in TA is to help participants recognize their power to make substantial changes in their lives. Since SFBT is future focused and goal oriented, it is important that the participants feel empowered and know their own ability to impact change in their lives. Without that confidence and motivation, change will likely not occur.

Personal Experience with In-Class Group

Throughout the semester, we were assigned to meet and role play group scenarios while utilizing aspects of theories we had learned in class. This portion of class allowed us to put the lecture into action and gain a better understanding of how key concepts can be applied to group work.

What I learned About Myself

Through this experience, I was able to learn more about myself as a group facilitator. I recognized my strengths and areas for improvement. As social workers, we all have our own worldview and biases. Those can impact how we work with others. We had one session in particular that involved a conversation about whether or not to remove Civil War statues and other symbols that are offensive to some groups of people. This was difficult for me to resist trying to educate the other participants on how certain symbols are being weaponized by racist Americans, such as the Confederate flag. I realized that it was more important to have the group members share their feelings and thoughts than it was for me to get my point across. As the facilitator, I had to find a neutral space where I was able to step in if anything inappropriate was shared, but also validate the group members feelings and experiences. I am passionate about certain political topics, and I recognize that I need to keep a neutral stance when working with groups and individual clients. I do not want my moral, religious, or political views to cause me to dislike a participant of the group who had a differing view or opinion. That would be a prime example of countertransference that could negatively impact the relationship I have with my participants.

I feel I refined my skills as a facilitator by being a solo facilitator. In the young adults bereavement group, I co-facilitate with a retired LCSW. She is very experienced, but I have noticed that she tends to be long-winded and sometimes goes on too long to make a point that relates to her experience. Sometimes this is helpful, but it typically takes time away from the participants in the group. Since our group is only an hour, I always strive to be sure each participant has the opportunity to check-in/introduce themselves and also dive deeper and share if there is something they are struggling with. Since working in the small group in class, I have gained more confidence in redirecting the group. I have found opportunities in the bereavement group where I am able to diplomatically shift the conversation back to participants who have not yet shared as much as others in that particular session. This has allowed our members to all have the opportunity to share in each session.

I also was able to consider specific theoretical approaches and techniques within the group model. I utilize different skills and techniques such as empathy, validation, silence, and motivational interviewing while facilitating the bereavement group, but this class exercise has helped me broaden my skill set. One concept I have now been utilizing is cognitive reframing. I enjoyed learning more about cognitive behavioral therapy in a group environment. Many of our participants in the young adults group have negative narratives that have formed from either childhood or from the recent death of a family member. Most of our participants go through a period of anger and resentment of the fact that they even have to attend our group. Participants often joke that our group is “the club nobody wants to be in, but we are glad it’s here for us.”. We acknowledge that anger and resentment because it is natural after a loss. However, I am working with participants to take that a step further and find gratitude, when they are ready. That requires a shift in their mindset.

Group Personality

Our group dynamic began with some humor in the initial sessions. It seemed that many group members embraced their roles per the prompt provided. Some tried to portray a disruptive or difficult participant in order to see how the facilitator handled it. We also had one group member that wanted to be sure she was heard and understood at each session. This is understandable, but the way she went about became frustrating for the facilitator and other members as the weeks went on. The facilitator would continue to remind participants as a whole that we should not speak over one another or interrupt. However, the disruptive participant would then just explain herself and that she just wanted to be sure she was being heard. At some points, this participant even insulted other participants by stating that her degree was superior since she attended a prestigious institution. The facilitator stepped in at that moment to state that we are not competing here and everyone has their own credentials and strengths. I feel that this participant created the most obstacles within the sessions, and the facilitator role continued to attempt to speak with them. If this was a real group within a program, the facilitator would have likely spoken to the disruptive participant individually to explain the appropriate etiquette for the group environment. If that discussion did not help, perhaps the member would be met individually again to be asked to not attend the group. Perhaps individual therapy would be more effective for this individual since she felt she was not being heard even when she was given the space to share frequently.

Group's Function and Malfunction

Our group went well when we were able to stay on task. It seemed to take us some time each week to decide who the facilitator would be and what approach we would utilize. If the

facilitator was confident and engaged enough to mediate and keep the group on topic, the sessions were more successful. Some weeks, the person in the facilitator role was more laid back. These sessions were more chaotic and we were less effective in achieving our goals. Since we had a group member who was disruptive at times, the group required a facilitator who could step in and calmly mediate or redirect the group. Through this experience, I learned that the best way to handle a disruptive group member is to be a more engaged facilitator. Disruptive behavior cannot be ignored when it happens repeatedly. That sends a message to the other participants that the group is not a safe space for them to be heard.

Stages of the Group

Our in class group can be examined based on Tuckman's stages of group development. In the forming stage, our group had some humor. We were still all getting used to our roles and embracing the characters we were portraying. Our first facilitator acted as a leader which helped keep us on task. In the storming stage, group members had some arguments about interrupting and feeling insulted by one particular group member. This was difficult since I feel it would have been appropriate for this member to be talked to outside of the group for her repeated disruptive behavior. In order to move past this stage, the group tried to refocus on our goals and the purpose for the session each week. We then moved into the norming stage, where we were finding new ways of communicating and developed more cohesion. The disruptive member did manage to interrupt less and stay focused on the issue at hand. This may be because this member had to be the facilitator and then understood the challenge of that role. She perhaps had more empathy for the facilitator and did not attempt to be difficult during future sessions. We were able to achieve goals and demonstrate the theories discussed in class more effectively during this stage. As we entered into the performing stage, the members were able to take the lead in the group since we

now had cohesion and had developed good habits. Group members showed empathy for one another and the facilitator role seemed more collaborative. The facilitator was able to gently lead the participants and they would develop conversations that helped work towards goals. We did not do the final stage, adjourning, since we did not know at the time that it would be our last in class group session. However, I feel the group was ready for this stage since our group had become a team that was adaptable and had a shared sense of leadership.

Group Process Issues

One of the main process issues we faced each week was who would be the facilitator. In the beginning, we were trying to switch off each week so that each person would have a turn. However, it became difficult when some individuals clearly felt more comfortable in a participant role. When we pushed those individuals to take a turn as facilitator, they tended to be not as engaged and let the group members lead the session. This is not always a problematic strategy. Once a group reaches the performing stage, the facilitator can typically step back and let the group model play out with some guidance. However, this was done when the group was still in the forming stage. It was frustrating for the other participants since it felt like there was no focus for the group. As students, it was also stressful since we knew the facilitator was the one who was supposed to implement the theoretical approach we had discussed in class. The way we dealt with that conflict was by leading the conversation to a productive place as group participants. I took some initiative to ask the facilitator to help us with our specific issue we faced that week. That reminder helped the group to refocus, but it was still somewhat chaotic.

Focusing on a different theory each week was helpful in strengthening my skills as a group facilitator. It allowed me to put into practice what we had just reviewed in class. I do think

some weeks, our group was unsure that we were supposed to implement the specific theory from the lecture. However, as the semester progressed, we recognized the way in which the group activity allowed us to implement these theories. It was helpful for me to have a space where I could practice utilizing these theories and group techniques in a setting where it will not impact my participants in the bereavement group I facilitate. After feeling more comfortable putting these to practice, I have been able to apply aspects to the participants of the bereavement group in order to improve their symptoms of grief.

References

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