

Strength-Based Practice in a Community Based Agency

A Field Practicum Report

Submitted to the Faculty of Social Work

In Partial Fulfillment of the Requirements

For the Degree of

Master of Social Work

University of Regina

by

Debra Lynn Down

Saskatoon, Saskatchewan

May 2011

Copyright 2011: D. L. Down

Abstract

This paper is a reflection of my clinical counseling experience during practicum placement at Family Service Saskatoon (FSS) for my Master of Social Work from the University of Regina. The practicum report presents and analyses strength-based group work, from a feminist, mutual aid perspective. Issues related to culture and social work ethics are discussed. Barriers to learning, practices that could enrich the practicum experience and visions for future social work group work are presented.

While I have chosen to apply the integrative practicum report framework outlined in the *University of Regina Faculty of Social Work Guidelines for the MSW Practicum* in a flexible manner for the purposes of this report, I have covered the suggested topics in the body of the report.

Keywords: strength-based, feminist, mutual aid, narrative therapy, group work

Acknowledgements

I wish to thank Bryan Woods, a skilled clinician and past Director and Professional Leader, Department of Social Work at the Saskatoon Health Region for his kind words of support and direction during the time I reflected on pursuing my goal of Masters of Social Work. I would also like to thank Terri Woods, who was a remarkable teacher, role model and mentor in the early years of my BSW, and in the clinical supervision she provided while I was employed as a contract worker with the Families First Partnership at Family Service Saskatoon. Terri's feminist strength-based approach and confidence in my skills and abilities encouraged me in my growth and development as a social worker. My thanks also to Ruth Anne Bell, Early Childhood Team Leader, Bryan Barker, Mid Childhood Manager at Child and Youth Services, and Joyce Tremmel, Supervisor of the Early Childhood Project I was involved in while on the Early Childhood Team. In addition, I would like to thank Margaret Woloshyn, Trevor Siemens and Melanie Grace, Managers of the SHR Social Work Department during the time I spent involved in the MSW program while employed in their Departments, for their permission and support to pursue my studies. Finally, I would like to thank the many coworkers I have had over the years of working on my MSW, most recently Senior Social Workers Anna Maria Buhr, Lorraine Marquis and Maureen Kachor; and peers, Jeanne Beaudoin, Karen Hanke and Joan Hergott for supporting me in my pursuit of the MSW program at the University of Regina.

Thanks also to my Practicum Supervisor, Deborah Bryson-Sarauer and the staff, volunteers and students at Family Service Saskatoon. I also wish to thank Judy White and Ailsa Watkinson at the University of Regina for their support and assistance throughout this journey.

Acknowledgment must also be given to Vivian Haskins and Bev Apostle, support staff at the University of Regina, for all of the assistance they offered to further the process.

I would also like to express my thanks to my partner Terry and our children and their partners, Terri-lyn and Doug, Kathleen, Carli, Shannon and Brett, and Andrew and Brina and my grandchildren Daniel, Zachery and Parker who have encouraged and supported me throughout my educational and work experiences. It was my dream to continue to pursue my education and without their support my dream, while possible, would have been a far greater challenge.

TABLE OF CONTENTS	PAGE
Abstract	i
Acknowledgements	ii
Overview of the Practicum	1
Practicum Setting	2
Ideology	4
Group Work	6
Group Development Models	7
The Mutual Aid Approach	10
Possible Barriers to Mutual Aid	11
Group Work with Abuse and Beyond	12
Setting the stage for mutual aid.	13
Group member demographics.	16
Group purpose.	17
Ethical considerations.	19
Early Group Process	20
Establishing common ground.	20
Establishing safety.	20
Establishing ‘group strength’	21
Establishing the communication process.	21
Establishing group purpose.	22
Mid Group Process	24
Problem solving with a mutual aid approach.	24

TABLE OF CONTENTS (continued)	PAGE
Group differences with a mutual aid approach.	26
‘Taboos’ with a mutual aid approach.	27
End Group Process	28
Staying connected.	28
Incorporating new skills.	29
Limits to growth.	31
Barriers to Mutual Aid	32
Group preparation.	32
Group differences.	32
Cultural issues.	33
Group evaluation.	33
Barriers To Professional Growth	34
Visions – Narrative Therapy and Group Work	37
Conclusion	39
References	41
Appendix A. Abuse and Beyond: Toward Healthy Relationships Intake Interview Guide ...	45
Appendix B. Abuse and Beyond Evaluation	49
Appendix C. Abuse and Beyond Evaluation	50

Overview of the Practicum

The overarching goal for my Master of Social Work (MSW) field practicum was to build on my social work knowledge and clinical skills, and to elevate my practice to the MSW level. To meet this goal, I chose to complete my placement at Family Service Saskatoon (FSS), a well respected and valued community based agency with a skilled multidisciplinary clinical staff. The agency practices from a feminist, strength-based approach in a community setting, which is quite different from the medical model that the majority of my work experience utilized.

My Field Supervisor, Deborah Bryson-Sarauer, is a MSW graduate with combined years of experience in the health care system and at FSS. Deborah has quite an eclectic approach to clinical work and an enthusiasm and energy to support the community and their needs that is catching. FSS encourages students to spend time with all of their counselors, to ensure exposure to a broad range of counseling styles and theoretical approaches.

As the agency provides the Employee and Family Assistance Program (EFAP) for the Saskatoon Health Region, my employer at the time of the practicum, my experience at the agency was restricted to ensure conflict of interest was not present and confidentiality was maintained (Canadian Association of Social Workers, 2005). I would not be involved in Intake, nor could I observe or provide counseling to EFAP clients. However, as FSS has a broad range of programs and client base to draw from, this ethical restriction did not limit my practicum experience to a great degree. Initial supervision sessions focused on establishing frequency and expectation of supervision. A process for selection of client/issues was developed, to ensure clinical growth. Limits were set on caseload, to ensure time for reflection, research and the incorporation of new skills in clinical practice.

The focus of the practicum was on individual clinical work and clinical group work, both of which would continue post practicum. Prior to my MSW practicum, my individual counseling skills had been enriched with classes and workshops. However, I had not taken a class or further social work training focused on group work, which is of interest to me. This was due in part to social work core course requirements that limit the number of electives to complete the degree. Part-time studies also contributed to limited class selections. I co-facilitated a domestic violence program, as group work at the MSW level was one of my learnings. Community development opportunities arose during my placement, as FSS partners with International Women of Saskatoon (IWS). The weekly interdisciplinary clinical supervision sessions, led by Klaus Gruber, and the involvement with the immigrant and refugee community, through IWS, further enriched the practicum.

This practicum report discusses the gains made in clinical knowledge and skill in strength-based group work, from a mutual aid perspective. Issues related to culture and social work ethics that arose during my practicum are also discussed. Barriers to learning, practices that could enrich the practicum experience and visions for future social work directions will also be presented.

Practicum Setting

Founded in 1931, Family Service Saskatoon is an accredited member agency of Family Service Canada, Family Service Saskatchewan, Family Services Employee Assistance Program and the United Way of Saskatoon and Area (FSS Annual Report, 2009). The agencies' Mission Statement is to "offer programs, services and leadership, which develop and support individuals, families and communities to have safe, healthy and respectful relationships" (FSS Annual Report, 2009, p. 1). FSS promotes individual, family and community health and wellbeing,

empowering clients by utilizing a holistic, collaborative and gender sensitive approach. The agency values equitable accessibility to services they offer, regardless of race, religious beliefs, sexual orientation, age or financial status. Both staff and clients have diverse cultural backgrounds, and FSS has a close working relationship with immigrant and refugee serving agencies and their clients. Accommodation for those with disability or reduced income is available.

FSS encourages further training to ensure the professional development of staff and students at the agency. While on practicum, I benefited from in-services that focused on assessment, legal issues and mental health issues. Volunteers are valued, and professional support is available for volunteers. The agency values a non-hierarchical working environment; staff reports they find the workplace supportive. Relationships between staff and between staff and administrators are very positive. Staff meetings and team consultation have an open, trusting, and inclusive atmosphere.

FSS offers a number of services and programs to the community (FSS Annual Report, 2009). Counseling with individuals, couples, families and groups is offered at times that accommodate peoples' needs. EFAP programs focus on personal, couple and family counseling, crisis counseling, Critical Incident Group Management, training and wellness seminars, conflict resolution, management coaching, policy development, and return to work support.

The agency also provides support services through programs such as the Domestic Violence Court Case Workers, Families and Schools Together, Youth Exposed to Violence, Teen/Young Parent Support Worker, Performing Arts for Youth, Mentorship Program, Childcare and Supervised Visits, Parenting After Separation and Divorce, Support Worker Program and Abuse and Beyond Program (FSS Annual Report, 2009). FSS also offers a number of

conferences, workshops and seminars to the community each year, focusing on topics of interest to the community.

Ideology

As a practicing BSW social worker, I have established a grounding in feminist strength-based practice. I continue to utilize the strength-based perspective as a “sense-making framework... [that focuses on] ... the ways in which people manage to survive and thrive in less than optimal circumstances” (Witkin, 2009, p. xiii) in my professional work. The strength-based perspective asks us to reflect on how we relate to the people we serve (Witkin, 2009, p. xiv) and challenges us to approach individuals and communities that are struggling with difficult situations as resourceful and resilient heroes with opportunities in their lives for growth. Feminist approaches, based on the strength perspective, also stress egalitarian relationships between therapist and client, the formation of a supportive therapeutic environment, and suggest that the work focus on where the client is at in their journey (Tower, 2007).

Saleebey (2009, p. 15) goes on to suggest a number of principles of the strength perspective that guide the practitioner. These principles include the recognition that every individual, group, family and community has strengths they bring to the work. The practitioner should spend some time exploring the client’s narratives, to learn more about these resources and the useful role they may play in working through the present experience. Continuing with a focus on strengths, feminist practice recognizes the importance of attachment and connection for women in developing a sense of self and in how women approach the world (Schiller, 2003). From a feminist perspective, the desire for relationship and connection, and increasing capacity for both is a goal in therapy, and a focus for the practitioner when working with clients.

Saleebey (2009, p. 16) notes that “clients want to know that you really believe that they can surmount adversity and begin the climb toward transformation and growth”. The strength-based approach focuses on the duality of trauma and struggle, and sees difficult situations as both injurious and opportunities for growth. From this perspective, clients are seen as having an unlimited capacity for growth and possibility. In keeping with Saleebey’s (2009) principles, the practitioner utilizes a collaborative or consultative approach with the client. From a feminist perspective, “relational concepts of mutuality, interpersonal empathy, and the sharing of power” are key factors in empowering clients (Schiller, 2003, p.5).

In addition, the strength perspective and feminist practice reach beyond the individual, taking the broader environment into account. Feminist theory notes the impact patriarchal social structures and cultural norms have had on women’s and minorities lives (Schiller, 2003; Tower, 2007). Supporting the social work ethic of equality for all (CASW, 2005), Saleebey (2009, p. 18) notes that the strength perspective calls on us to ensure that all who need care receive care. Communities of interest working together to change oppressive practices can assist the broader community to become a resource to individuals. The community is then able to contribute its strengths to the client/situation, and in return benefits from client contributions.

Building on my desire to improve my practice skills, I incorporated strategies in my practicum to deepen my skill in establishing empowering and strength-based therapeutic relationships with clients in counseling. At my request, my supervisor ‘sat in’ during session, offering feedback. During individual sessions, I incorporated scales that measured client satisfaction (Duncan, Miller & Sparks, 2000; Miller, Duncan & Johnson, 2002) and change that was occurring during the course of therapy (Duncan et al., 2000; Miller & Duncan, 2000). Reflection and incorporation of the feedback into following sessions improved skills and assisted

with development of new skills. Based on client feedback, I was increasing my skill in hearing and respecting the client, focusing on what was important to them, and choosing an approach that felt right to the client.

These strategies increased my skills and my confidence in my practice in individual session, which was one of my goals for my practicum. However, I also hoped to take these enriched skills and incorporate them in group work. I facilitated group work prior to my MSW practicum, and while I felt the psycho-educational model used was a good fit for social work practice, I felt I could strengthen and enrich my group practice with greater understanding of group theory/models and with applied group work practice in a supportive learning environment. I also hoped to incorporate a more strength-based style of group facilitation, utilizing the strengths of group members to a greater degree.

Group Work

Historically, group work is rooted in the social work values of “social justice, client-centered practice, and the integration of individual and social goals for change” (Aronoff & Bailey, 2005, p. 24-25; CASW, 2005). Furthermore, group work has been noted to ‘facilitate change in the midst of complex social realities’ (Aronoff & Bailey, 2005, p. 23) and to limit oppression and be a powerful tool for social reform (Andrews, 2001).

Social work values such as social justice and fairness, defending the rights of the most vulnerable in society and respect for autonomy and dignity for all can be practiced in all social work practice modalities, including group work (CASW, 2005; Brandler, 1999). In addition, concepts such as citizenship, participation, community, mutual aid and democracy are important societal values that are embodied in group work and are also core values of social work practice (CASW, 2005).

Group work has been identified as a preferred therapeutic approach for a number of issues. Group work has focused on chemical dependency (Gilbert & Beidler, 2002; Saulnier, 2003), domestic violence (Wood & Roche, 2001; Tower, 2007) and other issues of trauma, oppression and loss (Schiller, 2007). Issues such as homelessness (Rebmann, 2006), individuals on social assistance (Anderson-Butcher, Khairallah, & Race-Bigelow, 2004), and issues arising for adolescents while attending school (Hannah, 2000) have also been explored through group work. Group work is a popular intervention for individuals with similar concerns, as the group offers the participants an opportunity to learn new coping strategies and offer support to others in the group (Anderson-Butcher et al., 2004). Group participation has resulted in reduced isolation, increased connection, improved coping skills and self-sufficiency. In addition, once established, group work is also low cost and low maintenance which is a benefit in times of fiscal and human resource restraint.

Group Development Models

Group work is a “powerful methodology in social work practice... [that has its own] theoretical framework and skill base that is fundamental to the social work profession” (Drumm, 2006, p. 17). In order to understand the process that occurs in group work, practitioners have developed models of group development.

One model of group development, commonly called the ‘Boston Model’, has been credited to Garland, Jones and Kolodny (Schiller, 2007; Schiller, 1997). Another group development model has been proposed by Tuckman, and later revised by Tuckman and Jensen (Schiller, 2007). A third model of group development, the relational model, which is based on feminist theory, has been proposed by Schiller (1997). The three models identify stages of group

development and propose that the group moves through these stages of development as the group work progresses.

The model developed by Garland, Jones and Kolodny identifies the stages of group development as “pre-affiliation, power and control, intimacy, differentiation-cohesion and separation-termination” (Schiller, 2007, p. 12). Tuckman and Jensen’s five stage model of group development identify the stages as ‘testing and dependence, intragroup conflict, development of group cohesion, functional role relatedness and termination’ (Schiller, 2007, p. 12). Schiller (2003) notes the Garland, Jones and Kolodny model and the Tuckman and Jensen model are based on patriarchal theories of group process. The two models of group work are similar in that they suggest the group deal with conflict prior to developing intimacy and cohesion within the group (Schiller, 2007). Schillers’ (2007) model acknowledges that group development progresses through stages, just as the other two models propose, but suggests that with groups with women and other marginalized populations, the stages occur in a different order.

Schillers’ (2007) model of group work grew out of feminist theory and research on women’s growth and relationship. The model is based on self-in-relation theory, which focuses on the importance of connectedness (Lesser, O’Neill, Burke, Scanlon, Hollis, & Miller, 2004). Self- in- relation theory suggests ‘that individuals form internalized images of relational patterns built from ...experiences with others [, and t]hese relational images actually represent a mental picture of how relationships are and what must be done in order to maintain them’ (Lesser et al., 2004, p. 76). In this model the relational patterns or connections that are formed in life are seen as the base for the main organizing aspect of group life.

Schiller (2007) notes that while groups move through stages in their development, “intimacy actually precedes conflict or challenging behaviors in groups, and ...that cohesion and

connection are often the pre-requisites for the emergence of conflict” (p. 13). In Schiller’s (2007) model, stage one, or preaffiliation, focuses on identifying the common issues the prospective group members face and then recognizing the value of coming together to offer support to each other. It is important at this stage that a sense of safety is established prior to engaging in some of the more difficult group work, such as exploring taboo subjects, taking risk by engaging in new behaviors, or working through conflict in a productive manner. Schiller (2007) suggests that establishing safety in group is especially critical when working with vulnerable populations that have experienced some form of oppression. Stage two, establishing a relational base, suggests that members of the group focus on establishing relationships with peers, “discover shared experiences and seek approval and connection from the members and the group leader” (Lesser et al., 2004, p. 78). Stage three in Schiller’s (2007) model focuses on establishing mutuality and interpersonal empathy, through the process of developing trust and coming to respecting differences. Challenge and change is the fourth stage, when group members “begin to question themselves, each other and the leader” (Lesser et al., 2004, p. 78). The group is better able to express anger and disappointment at this stage, if the connections with other members and the leader are secure. The middle three stages in this model focus on developing connection through commonalities, maintaining connection through differences and finally continuing to remain connected through conflict and confrontation (Schiller, 2007, p. 13). Stage five in this model focuses on termination, through acknowledging and consolidating the gains made throughout the process, determining what life after group will be like and voicing goodbyes.

Schiller’s (2007) model supports the use of group work with women as a venue to meet women’s need for connection, validation, and awareness of cultural standards regarding gender

roles and empowerment. The group also offers opportunities for mutual aid and social action, which fosters personal growth and development. The mutual aid approach:

emphasizes individuals' growth by valuing others, using deep empathy, and recognizing individual and collective commonalities, as well as a restorative interactional process.

The mutual aid approach to working with small groups provides the foundation of practice philosophy, theory, and skills found in most current group work practice.

(Aronoff & Bailey, 2005, p. 25)

The Mutual Aid Approach

Rooted in the strength-based perspective, group work from a mutual aid approach is one setting for social work practice that allows individuals strengths to be identified, acknowledged and drawn upon while the individuals “ [help] one another as they think things through” (Steinberg, 2004, p. 3). As with feminist strength-based social work practice, a mutual aid approach calls on workers to reflect on their authority and how they use that authority in their group work. In this group work approach, worker authority is used to assist the group to spontaneously communicate and interact with one another. The worker also supports an exchange of strengths between and among members and establishes an environment that acknowledges that “everyone has the right to be heard and ... everyone's needs and feelings are taken into account in all of the group's decision-making processes” (Steinberg, 2004, p. 3).

Steinberg (2004, pp. 4-7) proposes that there are conditions that must be present to ensure mutual aid occurs. First, the workers that facilitate the group must be willing to consider that while they bring their own training and expertise to the group, the participants also bring their own experience and knowledge to the group. It is the participants' experience and knowledge that helps them to identify their strengths and forms the basis for the mutual aid process, where

they help both themselves and one another. Secondly, if mutual aid is to occur in a group setting, all of the participants must have a say in what occurs in the group and the decision making processes of the group must consider all of the participant's feelings when decisions are made. This process requires that the workers share authority with the group members, to both acknowledge and foster the leadership abilities of group members. In order to do this, members of the group must have some ability to communicate and interact with one another and the leaders of the group.

It is also necessary for the group to have a purpose that both brings them together and unifies the members and their individual goals into a community with a common cause. Steinberg (2004, p. 6) proposes that it is through this "sense of community [...that] members come to acknowledge and accept one another as potential sources of help".

Finally, Steinberg (2004, pp. 6-7) proposes that workers require group-specific skills. Facilitators must attend to group process in such a way that relationships are built within the group. These relationships allow the group to develop decision making and problem solving processes that both originate in and support the mutual aid approach. The facilitators' group practice skills influence the nature and direction of the relationships within the group, assist in the discovery of common ground among and between the group members, and use the group differences in a constructive manner. Finally, the mutual aid focused worker evaluates the group's success with a consumer based and process-oriented approach.

Possible Barriers to Mutual Aid

Steinberg (2004, pp. 126-132) notes there are barriers to the mutual aid approach. Utilizing a round robin approach for the duration of the group limits group participant interaction. Limited group participant interaction is more likely to create a didactic approach

with facilitator as ‘expert’ and interferes with participants learning from each other. Steinberg (2004) suggests it may be necessary and beneficial to use this round robin approach while the group is still early in its maturity to establish some order or during certain activities such as introductions. However, as soon as possible the group should be encouraged to move into a more interactive process.

Another barrier identified by Steinberg (2004, pp. 126-132) is the process of placing a participant on the ‘hot seat’. During this process, the facilitators and/or participants target one participant with questions or comments, which creates a tension or implied/direct criticism of the participants’ stories of strength and coping. This sets up an oppositional stance between facilitators and participants, rather than a stance of cooperation and learning from each other.

Group Work with Abuse and Beyond

As one of my goals for my MSW practicum was to increase my skills in program development, intake and group counseling, I requested to be involved in the Abuse and Beyond: Toward Healthy Relationships (A&B) program during my practicum. The A&B program is a closed eight week group program funded by the Ministry of Social Services, offered by FSS several times throughout the year. The number of women enrolled for each group is limited to ten. Group participants have been women who self identify as being in or having been in an abusive relationship.

The A&B program has been facilitated for some years at FSS, generally utilizing a paid counselor and a student to co-facilitate the group. For my MSW practicum, Sherrie Michalishen, M.Ed., a Master of Clinical Psychology student that had completed her Field Practicum at FSS was the contract staff hired to conduct interviews of prospective group participants and co-facilitate the group with a practicum student. Co-facilitation by two women is supported in the

literature as providing stronger role models to the women attending, while also allowing one facilitator to attend to group content and the other to group process (Tower, 2007). Sherrie and I met for a few hours prior to the group starting to discuss our thoughts about the group and our approaches to group work. We also met with Bernie Holzer, Program Manager, at times for further discussion and direction. During these discussions I felt both Bernie and Sherrie treated my comments respectfully. While I was experienced enough to know that more time to 'get to know' each other and our approaches would have been beneficial, I also was able to recognize the constraints on FSS financially and to accept limits on the time Sherrie and I had to develop our team approach.

Setting the stage for mutual aid.

Steinberg (2004, p. 55) notes that pre-group planning sets the stage for mutual aid. Pre-group preparation results in other benefits such as increased efficacy, enhanced empowerment, increased group work processes, enhanced support and increased faith in the group as a helpful resource (Hannah, 2000). While not present for the initial plans for this type of group process, I can see from the work that FSS has done that the agency is sensitive to those needs. Setting is key and the location of FSS in a community setting, within a building of community based agencies that do outreach and support, assists with building a sense of comfort and welcome. In addition, the atmosphere at FSS is 'homey' and warm, which assists with participants feeling comfortable and welcomed. Based on my observations and experience during practicum, FSS staff approach clients in a strength-based way, which contributes to the opportunity for mutual aid to occur. The agency also encourages clients to address their needs with community activism if necessary. The agency itself participates in community activism linked to domestic violence

issues by participating in Take Back the Night, and so on. All of these factors influence the extent to which mutual aid occurs at FSS.

The need for participants to have the ability to communicate is also met in A&B (Steinberg, 2004, p. 59), as the participants are drawn from the general population of the community and for the most part, from the general Intake of clients at FSS. The necessity of calling in to Intake, completing the general Intake Questionnaire with the counselor over the phone, and then responding to the group Intake counselor for an A&B Intake interview ensures members have an ability to communicate and to interact with others. While I did not experience any negative comments about the Intake process, on reflection, it may be beneficial to explore if the process, with all of its many steps, is a barrier to service for some participants.

In addition, the number of participants permitted to register in the group also has an impact on the ability to develop mutual aid. Steinberg (2004, p. 62) recommends that groups with a core membership of five to seven participants, initially formed with seven to nine members, are optimal. Our group registered twelve members, with the knowledge that generally one or two will either choose to not attend or drop out at some point. Two members did not attend the first group and when contacted, indicated they were not going to attend. Another member left at break during the first session and did not return to the group. Follow up calls were made to this individual, with no response. This meant that nine participants attended the majority of the sessions.

From my perspective, the number of participants in the group was high. We struggled most nights to cover the topics the women had identified as of interest to them, allowing for discussion. We went over time most nights, and had the participants not had childcare responsibilities, the sessions could have gone longer. In addition, the sessions did seem a bit

short for optimal sharing, again perhaps due to numbers. This was reflected in the participants' comments in the evaluations, where all of them noted they would have benefited from more sessions. However, agency issues such as the cost of running groups play a role in determining numbers for groups, a complicated balance between cost/efficiency and benefit.

Finally, Steinberg (2004) notes the members must have “needs, desires, goals, and expectations[that] will provide a group purpose both clear and strong enough to bond with one another and to outweigh whatever differences they will inevitably bring with them as well” (p. 56). This requirement is met to some degree by the participants need to self refer to the group. By self identifying as a woman that has experienced abuse in a relationship in the past or present, and as having a desire to move towards healthier relationships, prospective participants identify their common goal(s).

While preparations for group were taking place, FSS staff noted that some women requesting to attend indicated they had been mandated to participate in the program by other professionals involved in their situation. While not involved from the ‘ground up’ with program development, I was able to assist with determining the direction the A&B program would take on this issue.

Discussion involving myself, Sherrie and the Program Manager arose regarding the impact this might have on the program and the participants. I was able to participate in developing a revised Intake Questionnaire (Appendix A) that would capture changes that were occurring in the population the program was serving. We also discussed the likely impact these developments would have on the group process. The co-facilitator and I brainstormed ways to manage what might occur, further strengthening my group skills and our team approach to group. It should be noted that the need to self refer is also present for women who are referred to

the group by other agencies or are mandated to attend. This requirement to self refer assures that at some level the woman is acknowledging some difficulties in relationship and a need to explore what is occurring in those relationships.

Unfortunately, I was not included in the Intake interview with the mandated client, who was a previous client of Sherrie's. The interview was done in one of their sessions. Sherrie knew the client quite well and felt that their involvement in the group would not be disruptive to the other members. After reflection, the agency may wish to consider having both facilitators attend each Intake interview, to increase the sense of team, level of connection and comfort for the participants, and to assist with problem solving decisions regarding possible group member conflicts. Again, the practicalities of agency and client schedules and funding may be barriers to this goal.

Group member demographics.

The group participant's gender plays a role in developing mutual aid. Gender may impact the group members' ability to find common ground, offer support to each other, or level of comfort in discussing taboos (Steinberg, 2004, pp. 59-60). Schiller's (2007) relational model supports gender having an impact on group development, including during the establishment of the relational base. As the A&B group is restricted to women, the program offers a supportive environment to the women who have been victims of domestic violence, generally from partners who are male. It should be noted that while we did not have a woman identify a same sex abusive relationship in the group I co-facilitated, domestic violence does occur in the lesbian community. I am not aware what the response of the agency would be if a woman self identified as a lesbian partner experiencing abuse and requested to attend the A&B group. However, as

FSS does provide counseling service to the gay and lesbian community, services would be provided.

Age is another factor that impacts group development (Steinberg, 2004). Our group ranged in age from the older twenties to the early fifties. The program manager and I discussed another possible member who was a bit younger than the majority of the prospective members. We choose to exclude the participant, as we felt they could be better served with the Teen Parent Program, another program offered at FSS. Supported by the literature (Steinberg, 2004), our concern was that she would feel excluded or in some way different from the majority of the group, or that the group might feel in some way negatively impacted or restricted by her age. A woman who left the group the first night and did not return was one of the youngest members, and while we cannot be certain that age was a barrier to her comfort with the group, it is possible that it contributed to her decision to leave the group.

Group purpose.

The Intake Questionnaire explores the women's goals and objectives prior to coming to the group (see Appendix A, Question 15). The majority of the women identified they wanted increased support, increased self-confidence, to learn about resources and know their rights better, to learn from others and to move ahead and be happy. The mandated participant identified a need to explore emotions and the manner in which they were expressed, which could be seen to broadly fit in with the other participants' goals and objectives. This participant also identified the need to fulfill the requirement to attend, which the others did not. This difference could impact the degree of mutual aid experienced by the group, as mandated clients might be less likely to participate willingly and share openly. In turn, others may not feel they have goals in common with this individual, due to the mandate.

Having the interviewer explain the purpose of the group from the agency perspective to each prospective member ensures the goodness of fit between the woman's goals and objectives and the purpose of the group (Steinberg, 2004, p. 61). There is an opportunity for the prospective women to reflect on the presented purpose to see if it aligns with their goals and needs prior to the group. They can then decide if the group is still meaningful for them. Steinberg (2004) proposes this goodness of fit or sense of commonality helps the group to work through times of crisis, such as when the group is new and still forming as a group, or when difficult issues or topics arise, such as when participants identify different perspectives on an issue. Schiller's (2007) relational model also supports the need for identifying common issues, prior to dealing with conflict.

Two prospective group members self identified as immigrants and also as having language barriers. However, initial interviews with the women indicated a good ability to both speak and comprehend the English language, which supported the decision to include the women in the group. Both women disclosed situations of abuse they had experienced in their country of origin and while living in Canada. Sherrie and I recognized that while the experiences of the women in their home country were impacted by cultural norms and societal roles (Burnhill et al., 2009), the situations that had occurred in Canada were similar to many of the situations other participants had described. In addition, the women both expressed an interest in learning about services and laws that would support their goal of living in healthier relationships. They also spoke of needing increased support, as their extended families had remained in their country of origin. We felt these factors fit in with the goals of others in the group. There is also evidence to show that mutual aid within group, and the resulting empowerment process, is beneficial to

immigrant women, assisting them to deal with issues that compound their social isolation (Harley, 2009; Lee & Diaz, 2009; Saino, 2003; Tower, 2007).

Ethical considerations.

The two members that were immigrants were friends in the community, which had an impact on both the Intake process and the group. Initially, it presented a challenge to me ethically, as the women each wanted to know if the other had called and completed an interview, to assure they would both attend the same group. While this had occurred, I was ethically called to refer them to each other to sort this out, as disclosing information about other participants without consent would be a breach of ethics (CASW, 2005). I also knew the decision to not disclose information without consent could impact my relationship with the two members, even though I sensed the friends would not feel it was inappropriate to disclose. I explained the ‘rules’ around disclosure to both women individually, and sensed that while the rules did not appear to have a clear purpose to them, they recognized my sincerity. I normalized their concern with needing support to attend and encouraged them to talk to each other to receive the information they needed to feel comfortable in attending the group. I consulted with Deborah around this ethical issue, and received positive feedback regarding my decision and process. While comfortable with what I had done, I still had a bit of concern that my relationship with the women would be impacted in a negative way. I spent some time reflecting on the possibility of variations in cultural perceptions of boundaries and practices in social work and how that might impact my work with multicultural populations (Burnhill et al., 2009; Lee & Diaz, 2009, Saino, 2003).

Early Group Process

Establishing common ground.

Steinberg (2004, p. 77) notes there are many tasks that we must attend to early on in the group session. We worked to put the members at ease, welcoming them to the group, smiling, showing interest in them and their children, providing snack and so on. We also incorporated some 'ice breakers' to have them get to know each other. Schiller's (2007) model also suggests that the identification of common issues occur early in the group, at the preaffiliation stage. One of the ice breakers was a sociometric exercise that was to focus on commonalities. In that exercise, we also included some questions that highlighted differences in their relationship experience, which upon reflection, did not go well. I feel this focus on differences occurred too early in group process, and could have challenged the establishment of common ground and sense of safety. A member left the group at the break that session, and this question may have been a contributing factor to her decision to leave. However, overall, I felt the group did connect with each other and the facilitators fairly well. Group members were fairly active in offering their comments and insights, becoming noticeably more comfortable as the evening went on. Facilitator recognition of the courage it took to attend group was helpful. I believe the establishment of group connection was also supported by all but one member returning for the second session.

Establishing safety.

In the first session we both talked about and demonstrated the norms we hoped to establish in the group. We demonstrated sharing from our own experience, through comments and modeling (Steinberg, 2004, p. 82). We modeled respect, cooperation and help, in our interactions with each other and with the women. We reflected some of the decisions back to the

group at times, asking for input to determine what information the sessions should cover. We also talked about how important the group was, both to us, and we hoped to the women who had committed to attend. We were inclusive, attending to all of the women in the group as much as possible.

We checked in at the end of group to see how it went for the members, and received positive responses. We supported the importance of the group by being ready, commenting on the need to stay on time, letting someone know if they would be late/miss and so on. We also congratulated the group for the work they did frequently throughout the course of the group. We spoke about confidentiality and identified the need for this in the community during and after the group. In keeping with Schiller's (2007) model, these activities assisted the participants in recognizing the value of support and established a sense of safety.

Establishing 'group strength'.

We expressed uncertainty or not knowing, both by acknowledging my 'student' status and at other times throughout the process when questions arose (Steinberg, 2004). As facilitators, we also acknowledged individual group member strengths and skills (Steinberg, 2004, p. 88; Schiller, 2007). Some of the woman brought information about other activities or resources they had found helpful in their journey, and we encouraged the sharing of those resources and the stories of the benefits. We verbally, and with body language, acknowledged times when the use of humor or a display of kindness or compassion as a coping strategy was demonstrated.

Establishing the communication process.

We encouraged free form interaction, increasing this style of communication as the group progressed (Steinberg, 2004, p. 89). I noticed that near the end of the session, even when the

talking stick was used, the women often commented back and forth in free form style. I felt this was a positive expression of the benefit and development of the group, rather than ‘breaking the rules’, as facial expression, body language, and tone indicated no one appeared irritated or left out of conversation.

While generally all of the group members seemed to be quite willing to share, at times we encouraged more participation from some members who were quieter. While language barriers could have been an issue, it is possible that the quietness of the women was based on cultural norms of protecting family or saving face (Saino, 2003), issues which we did not explore. It is also possible that attending the group, identifying domestic violence issues in their home and the resources available for support met their goals, and so further comments were not needed.

Establishing group purpose.

While efforts were made prior to group formation to identify personal goals and objectives and share these with the prospective participants, efforts to clarify purpose were also made after the group started to meet. The literature shows that having a common cause binds the group together (Steinberg, 2004, p. 68; Schiller, 2007). This group did indeed have a cause, articulated within the group goals and objectives. The cause was identified in the Intake Interview as “to increase understanding of domestic abuse and their lived experience and develop a support system” (see Appendix A). The participants were aware of the cause and agreed with the cause, as could be seen from their own goals and objectives they identified in the Intake process. The individual goals they identified fit in nicely with the group cause and allowed them to be resources to each other.

It would have been helpful if the woman that left group during the first session had been willing to share why she had made the decision to leave. It may be the purpose of the group did

not fit her purpose in attending. Of course, it could have also been for other reasons not related to the purpose – for example she was a mother of three, who had identified the need for childcare, and it may have been too demanding on either her and/or the children to attend in the evening. In addition, the two women that decided not to attend after the interview did not indicate if it was due to incongruence with the group purpose, but this may have influenced their decision. Without further exploration the reasons remain undetermined. The agency may wish to include follow-up calls or evaluations to these women, to benefit the evaluation process of the program.

Furthermore, there are a number of skills that have been identified to assist a group to work towards fulfilling the identified purpose (Steinberg, 2004, p. 71). As facilitators, we encouraged the group to talk and interact with one another, rather than addressing all comments to us. We would often ask the group for feedback to one person's comments, prior to our making comments. Again, this encouraged the women to talk with each other, rather than through us. After a few sessions, this type of conversation process occurred more frequently. We made statements that connected comments one participant had made to comments others had made, at an emotional level. We drew attention to times when they felt similar emotions, such as doubt that the relationship was abusive, responsibility for their partners' behavior, and so on. We asked for suggestions of topics of interest to the women, related to the purpose of the group, and then linked topics together, when appropriate. Common interests became more apparent. We also summarized comments and ideas, noting group themes and encouraging collective decision-making. We made suggestions encouraging them to enlarge upon others comments or contributions, asking if they remembered situations that were similar in their relationships, and

encouraged sharing similarities. These activities helped to establish the group's relational base (Schiller, 2007).

Mid Group Process

In time, and with effort, members become more open to each other and the possibility of mutual aid (Steinberg, 2004, p. 98). While we had experienced a situation where I believe we as facilitators had asked for a bit too intimate of information early in the first session, the damage to the group development did not appear too great. We used the skills and techniques that provide an opportunity to build on the mutual aid concept in ways that strengthened the availability of members to build community and find common ground. With time, members started to see the wisdom they and the other members brought to the group, and I noticed them listening more attentively to each other.

Problem solving with a mutual aid approach.

Steinberg (2004, p. 128) notes the benefits of individual problem solving from a mutual aid perspective, if the group is able to avoid doing "casework in a group". Case work in a group occurs when individuals in the group present an issue and then the facilitator(s) address(es) it one to one. The rest of the group listens and hopefully learns something helpful from the case work. Another possibility in case work is that other group members may try to 'solve' the issue by offering advice. While this did occur in the group at times, we worked diligently as co-facilitators to avoid advice giving from anyone, and moved from individual issues to common ground as quickly and as much as possible.

Steinberg (2004, p. 129) notes that "[t]wo common approaches to individual problem solving cause workers to fall prey to casework in a group: the "equal time" approach and the "squeaky wheel" approach" both of which have to do with the concept of how time is divided in

a group setting. I believe we were able to avoid both problematic approaches to use of group time for individual problem solving due to our ability to develop a strong common bond, as suggested by Steinberg (2004). This allowed members to reflect on issues brought forth by others and to identify with the issue emotionally at some level, which increased the benefit to themselves and their personal growth and understanding.

A situation of individualized problem solving by mutual aid occurred when one of the women expressed concern about upcoming court dates and the anxiety she had about facing her spouse in court alone. Another woman asked if she was involved with a Court Worker, and when it was determined that she was not, a number of them talked about the support and assistance they had received from that program in the past. This moved the topic from an individual issue to one that more women could relate to, or, if they had experienced it before, to a position of being a resource for others. In the discussion it became apparent that some of the other women were also not familiar with the Court Worker program. We suggested a worker come and speak to the group about the program. While the presentation and connection to the Court Worker program provided this woman with support, the women who had not experienced police involvement in their lives to this point also learned of a resource that was available if this occurred in the future. All of them showed interest in the discussion and problem solving at some level.

After the group presentation, one of the women asked for further information about legal issues and legal counsel. This indicated to me that she had incorporated the information provided during group in a meaningful way in her life experience and was now realizing there may be more support that she was unaware of. The group was becoming a resource in her life (Schiller, 2007). However, she had approached the facilitator, which showed she still felt the

facilitator was a better resource than the group, to some degree. We could turn that question back to the group, to further encourage mutual aid, or as it happened, deal with it individually. The decision to deal with it individually was in part due to the group ending at that time.

Group differences with a mutual aid approach.

An issue that arose that I feel was dealt with in the true spirit of mutual aid was over the topic of how domestic violence affects children. While most of the participants had young children, some had older youth or adult children. Those with adult children were very open about their belief that their decision to stay in the relationship had an impact on their adult children's ability to emotionally regulate and how they chose to express their anger. The younger mothers were able to hear the stories, and ask questions. They did not appear to feel pressure to agree that this was likely to occur in their lives or that they needed to leave to ensure it did not happen. The complexity of the issue was acknowledged and discussed, at both the personal and the societal level, as was the right to choose what the response to the possibility would be. We were supporting respectful discussion and the recognition of 'agreeing to differ' in decisions (Schiller, 2007). While some of the women may have been struggling with the reality of this occurring, respect for 'where they were at' in their process was shown by the facilitators and the other women. This was also a demonstration of purposeful use of self by the women, which is crucial to mutual aid (Steinberg, 2004, pp. 86-87).

We also had opportunity to explore the relationships the women had in their life and the decisions they had made to keep themselves and their children safe. All of the women identified their present or past relationships as abusive. At the time of group, some women had left the relationship permanently, some had left the relationship at times but were back in relationship at the time of group and some had stayed in relationship all along. All of the participants were able

to identify with struggles in relationship and the difficulties experienced with any decision made regarding staying with their partner. The ones who stayed were able to identify with the thought of leaving and the ones who left could identify with the difficulty of making that decision and the times they had changed their mind and stayed. Issues of culture and faith arose in the discussion, and more differences in these areas were noted and resolved in much the same way – recognizing common struggle and individual uniqueness (Saulnier, 2003; Schiller, 2007). Over time, I noticed the group could live with the tension of differences more easily.

‘Taboos’ with a mutual aid approach.

At one session the topic of being pressured into sexual activity arose. While we had spoken generally about sexual abuse when we talked of types of abuse, a participant chose to share more specific information on this issue. We tried to balance support for the honesty of the woman in raising a topic that could be seen as ‘taboo’ with the need to contain the sharing to some degree (Steinberg, 2004, pp. 41-42). We felt the relatively brief length of the group and the group purpose, which was not identified as therapeutic, limited sharing of some issues. While we did want the group to be educational and supportive, we did not want the group to be a venting ground for ‘horror stories’, which could lead to vicarious trauma for the women.

I find myself a bit conflicted with this issue. I have past group facilitator experience with groups for survivors of sexual abuse. I have witnessed the relief and comfort sexually assaulted women feel after sharing their story of assault and then finding they are not blamed, and are still respected and valued. I wonder if those supportive emotions would be felt to a similar or greater degree in a mutual aid group that allowed for stories of experience of abuse, and what supports and conditions would ensure the process was non-traumatizing. I continue to reflect on this issue.

Another ‘taboo’ issue that arose in group was participants questioning if they themselves were abusive. Schiller (2007) notes that members do question self and other once they feel secure in group. Participants struggled with identifying who was responsible for starting a physical fight with their partner. At times, they had hit first in an altercation, and participants identified that when this occurred they blamed themselves for the fight.

It should be noted that women do use violence as a response to violence in situations of domestic abuse, however the motivation and context is quite different than for that of their partners (Tower, 2007). With exploration of the situation, it was determined that there was a great deal of emotional and psychological abuse from the partner prior to the woman striking sharing him. After some exploration of the situation, we then turned the conversation back to the group for comment, which was more of a mutual aid strategy.

Identification as an abuser could have created a divide between the participant and the other members. However, the group shared times when they had either been called the abuser for engaging in a similar behavior or had questioned if they were abusers due to some of their behaviors. While most indicated they had determined they were not to blame for the abuse, I believe it was the secure connection established within the group (Schiller, 2007) that allowed the group to be comfortable with a self declared abuser in their midst, while the issue was worked through in the group.

End Group Process

Staying connected.

As facilitators, we also assisted the group to stay connected until the last group (Steinberg, 2004, p. 111), which was important as if we wanted the group to continue to engage in mutual aid. We reminded the group how many sessions we had left, and worked with the

members to determine what we should cover in the last few sessions. We reviewed what we had done during the previous sessions, celebrated their strengths and also explored the skills they had learned in group that would benefit them in the future. In Schiller's (2007) model this occurs in the stage of termination.

Incorporating new skills.

Situations occurred where the members did take risks, demonstrating new skills and consolidating gains (Schiller, 2007). Participants that had chosen to remain in more comfortable pairings started to feel comfortable in broader discussion. Nearer the end of group, participants who had identified feeling uncomfortable with speaking demonstrated greater comfort in presenting their thoughts to the group. In response, the group offered encouraging comments throughout the presentation. All of the participants shared that they felt a bit nervous with presentation as well, which assisted in normalizing the anxiety, strengthening the common bond, and assisting with incorporating the new skill. I felt that after this occurred opinions and comments were offered more freely to the group than in the past, possibly due to increased confidence. In addition, participants that had relied on connections they had made in the community prior to attending chose to attend group session even when participants they felt close to were not able to attend. I felt this decision demonstrated feelings of inclusion and support, and that group was a safe place.

As the group progressed I noted that the members were relying more on each other to provide answers and aid to questions they brought forth. While lateness or missing group did not become an issue, likely due to the short eight week time frame, I did notice near the end of group that there were more interruptions and times when members were talking all at once during group time. This may have been a challenge to group leadership (Schiller, 2007). Members

were quickly brought back to the group discussion, however, and used the more structured communication process learned in group.

While we had incorporated some review in each session, we increased the focus on this for the last few sessions (Schiller, 2007). These last sessions were focused on what they had learned and what they found helpful. On reflection, I felt we were fairly general in our exploration and perhaps due to this, participants were fairly general in response. They may have benefited more from questions that focused attention to specific skill improvement.

In addition, handouts of information were evaluated, and eight of the nine women said the handouts were most useful to them. I found it interesting that the handout identified as most useful in discussion focused on identifying different types of abusive personalities or approaches to relationships (Bancroft, 2002, Ch. 4). Participants indicated a desire for increased understanding of why individuals chose to act abusively in relationship. I believe the information was helpful in assisting the participants in naming the behaviour as 'abusive', rather than minimizing the impact.

Another indicator of the group carrying their experience of mutual aid forward occurred near the end of the group, in the sixth session (Steinberg, 2004, p. 110). The group was expressing some sadness at the upcoming termination. Members of the group challenged the 'system', noting the need for another group to continue supporting women in their journey to healthier relationships. Acknowledgement was made of the benefits received from the group. We acknowledged the women's needs and the system failure, which we identified as due to lack of funds. We also noted that there was another group starting at the agency, focusing on emotional strength building, and that this group might fill some of the need. A group member responded by encouraging others in the group to register, noting that the group was a good

experience and that it would be helpful to continue to support each other. Identifying the lack of appropriate services is an important step in both identifying ‘the problem’, which is social/political rather than personal, and in empowering the members to advocate in the community for the resources they need to move on. Schiller (2007) also notes the group explores life after the group, in the termination stage. I remain hopeful that the women will continue to develop their community activism in some manner.

Limits to growth.

I noticed at times that the members did not make demands on each other that may have deepened the level of mutual aid (Steinberg, 2004, p. 114). When participants responded to questions on a more surface level or chose to not comment, fellow participants did not challenge them. Some would indicate they noticed the behavior, such as with a look of surprise, however, they did not outwardly challenge. We as facilitators did not challenge the behavior either, as we believed it would centre the individual out and therefore be insensitive. However, not raising the issue may have created tension, perhaps making confrontation or challenge a taboo, or limiting the opportunity for others to identify if they felt pressured in any way to attend (Schiller, 2007). Participants that felt pressure from another service involved in their situation, perhaps the law, may have benefited from discussing pressure they felt to attend group.

Many of the participants identified that seeing their story in the stories of others was helpful to them. This may indicate that increased sharing of experiences of abuse may increase the common bond. In addition, most of the women had identified increased support as a goal for them in attending the group and that they would benefit from more time in group.

Barriers to Mutual Aid

Group preparation.

While I believe mutual aid did occur in the group, I recognize that we as facilitators did not do as much preparation as we could have for this to happen. We did not clearly discuss the dynamics of mutual aid with the group members as is suggested by Steinberg (2004, p. 141), nor prepare them as much as we could have for the process (Hannah, 2000; Schiller, 2003). Our work to encourage mutual aid was more subtle. We included questions that focused on emotional reactions to what was said, encouraging sharing of feelings and common themes. We assisted all of the members to participate, and encouraged them to assess the group work. Mutual aid occurred with the common bonds we forged early on and the strengths the women brought to the group. The mutual aid that occurred was perhaps as much due to the strengths the women brought to the group as it was due to the skills the facilitators brought to the group.

Group differences.

On reflection, it may have been a richer experience for all members of the group to separate non-mandated and mandated clients into two separate groups, as wanting to be part of a group could be seen as critical to forming a mutual aid group (Steinberg, 2004, pp. 60-61). It would seem likely that the two groups could have some need or desire that they would see as different, such as the need to express how they feel at being required to attend the group, limiting their sense of commonality in such a way that they may struggle with developing to the full extent of mutual aid (Steinberg, 2004, p. 62; Schiller, 2007). If the participants were separated, the issue of being mandated and how the clients felt about that could be discussed with this group of participants. Separating the two groups would hopefully increase the depth of mutual aid for both of the groups, mandated and/non-mandated.

We did spend time in our debriefing sessions discussing the impact of the requirement to attend on group. We noted a lack of depth in comments that were less emotionally and experientially based, when compared to the women's comments. There may have been less commitment to the group; evidenced by late attendance for some sessions. While we did not broach the issue directly in group, Sherrie and I agreed that the rest of the group seemed to accept differences in relational styles. Discussion with members individually, rather than in group, seemed to assist with making positive changes. The decision is complicated for the hosting agency as at this time, as few mandated clients register and so a group may not be possible for these women. However, for the benefit of the clients, restricting participation in the group based on mandated to attend or not may be the better decision.

Cultural issues.

I also reflected on the experience of having multicultural group members, in a group led by facilitators that were not members of a minority. With group work theory stressing the importance of establishing commonality and shared experience, it may be helpful to partner with an agency like IWS when facilitating groups. This would allow for a duo of facilitators that have a lived multicultural perspective. In addition, it may be difficult to have sufficient numbers of multicultural clients interested in attending a group at only one agency. Partnering in the community with an agency whose work focuses on offering support to immigrant and refugee communities might ensure adequate numbers. Partnering with an agency that is familiar to group members might also increase the group member's sense of safety.

Group evaluation.

In addition, mutual aid research suggests evaluation by the participants that focuses on their own growth and learning can be helpful (Steinberg, 2004, p. 248). We did include a group

evaluation that highlights to some degree strategies that the women found useful (Appendix B). We also incorporated individual evaluation of the steps the participants had taken on their journey to healthier relationships and increased support in our group discussion. However, we did not formalize this process with written evaluation. After the group ended and I left my practicum placement, I discovered the individual evaluation for the A&B group that is included in Appendix C. I believe this evaluation would deepen the reflective mutual aid benefit of the group, while still receiving information about the facilitators. The questions ask the women to reflect on the goals and objectives they identified prior to the group, and the steps they have taken to achieve those goals during the group process. They are also asked if sharing stories is an important part of their group experience, which may raise facilitator awareness as to the importance of this part of group experience. I also appreciate the move into the future, with question seven, assisting the women in recognizing how the group experience, and the gains made, will continue in their lives. I recommend the agency use this evaluation rather than the one we adopted for our group.

Barriers to Professional Growth

While my practicum experience was quite positive overall, there were barriers that impacted my clinical social work experience and growth. Prior to starting my practicum, I had identified that I would benefit from a part time practicum spread over two semesters. This longer period of time would have allowed me to incorporate a slower pace of work, including more time for research and reflection. It also would have allowed for greater appreciation of the complexity of the agency and the workload demands, increased time for research and most importantly perhaps, the benefit of pacing direct client work and supervision over the six month period of time.

I believe my practicum setting was open to this type of experience, as they were already supervising two psychology students on a part time basis. However, my paid work, from which I was required to take a leave from for my practicum, requested I complete the practicum on a full time basis, due to workplace demands. Having to complete the practicum experience in three months was limiting to my experience. In addition, returning to work once the practicum was complete, necessary for financial reasons, also limited the time available for completing the process of reflection and the report.

While I was provided with weekly supervision, I had identified a desire to be directly observed in my clinical work. I hoped this would provide me with comments and feedback that were more specific, to assist with deepening my clinical skills. I noted I was anxious about the request and asked to defer the observations to later in my practicum. When I identified my readiness at a later date, it was very difficult to come up with a time that worked for both my supervisor and I. My supervisor tried to accommodate my request; however, we were unable to easily identify times that were available to both of us. I believe this challenge was partly due to a number of agency related issues that arose during practicum.

Formalized requirements of supervision during practicum, with a specific number of observed sessions or process recordings required, would ensure increased opportunities for growth (Royse, Dhooper, & Rompf, 2010, p. 156). University involvement would also assist the social work student with negotiating with their supervisor, addressing in part the power imbalance that is present, even in feminist agencies such as the one where I did my practicum. As a student, I was aware that my evaluation would be completed by the person I was negotiating with, however supportive and friendly she was in supervisory sessions. While I appreciate that evaluation was done at many levels, with staff, students and community agencies

as well as clients that I worked with providing feedback, I do feel increased direct observation or process recording analysis would have been helpful.

In addition, I question if group work and the opportunity it provides for supervision and student growth is undervalued to some degree. As noted, a contract worker facilitated the group that I participated in. While permanent agency staff facilitated this group in the past, it appeared at the time of my practicum to not be the common practice. This situation may in part be due to a small permanent staff at the agency and the need to have this group occur in the evening, to allow clients that are working to attend. In addition, a drop in group for women that are experiencing abusive relationships held during the day was co-facilitated by only students. I believe this decision to allow students to facilitate the drop in group alone was due to a high percentage of either no one in attendance or limited numbers in attendance. This seems to suggest that group work might not receive quite the same consideration and status as clinical work.

Having permanent staff facilitate with a student might allow for a greater degree of connection and team building during practicum time at the agency, as both student and staff would be present throughout the practicum. If that staff is also the student supervisor, direct observation of clinical social work skill occurs during the group. As noted in my research, working in front of other professionals takes courage and strength (Drumm, 2006). Supervised group workers are vulnerable to evaluation by clients and co workers, and are required to be flexible, working on the 'fly'. They are also required to deal with difficult topics and confrontation, while under observation. While contract staff are able to participate in this observation, their input into evaluation is likely more limited than the comments of the student

supervisor. However, I should note that I did not suggest co-facilitation of group to my supervisor.

As a mature student with previous work experience, I also found that perhaps I was too understanding of the demands placed on my supervisor by the agency situation. This awareness of agency demands limited my comfort with making demands, in light of workload. I also found myself considering the challenges agencies face with administration demands in my reflection time. When I identified an issue that impacted my experience I often found myself identifying the constraints felt by the agency that limited their response. My previous experience also impacted my expectations of time spent with other staff developing presentations and group work, which on reflection may have limited my growth to some degree.

Visions - Narrative Therapy and Group Work

Another strength-based approach to social work practice that I had hoped to explore more fully during my practicum was the narrative approach to therapy. Prior to my practicum, I had done some reading on the approach and had benefited from a one day workshop on narrative therapy as well. I find the approach quite complex, and was hesitant to include the techniques beyond what I would describe as a beginner level in my work prior to practicum. During my time at FSS, I participated in two interviews utilizing the narrative approach with a mother/adult child in session. This opportunity confirmed both the complexity of the approach and the interest I feel in continuing to include narrative techniques in my practice.

Acknowledging my limited knowledge of this approach, narrative therapy is “ a respectful, non-blaming approach to counseling and community work, which centers people as the experts in their own lives” (Morgan, 2000, p. 2). The approach “views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments

and abilities that will assist them to reduce the influence of problems in their lives” (Morgan, 2000, p. 2). Narrative therapists approach their work as a collaboration with their clients, asking questions from a stance of curiosity and the ‘unknown’, identifying the problem as external to the client, looking for stories of strength and resistance to the identified problem, and working with the client to ‘thicken’ the alternative stories with fine detail. A number of therapeutic techniques that are helpful in work with clients have been identified by narrative therapists, including certificates, pictures, letters, rituals and celebrations and inclusion of family and supports in the work of resistance to the identified ‘problem’.

One possible application of narrative therapy is to include the approach in group work with women who have experienced domestic violence. Feminist research suggests that incorporating the narrative process in group work with women experiencing domestic violence in their lives will:

help women exchange their stories of personal experiences with violence through a process that uncovers and undermines the oppressive beliefs socially embedded within their telling. This *narrative process* unfolds as a series of conversations that unsilence women’s own truths and free them from dangerously subjugating culture-political discourse about who they are and should be....With the help of the worker they can renegotiate the meaning of their experiences as *insiders* among women whose group culture affirms each other’s wisdom and agency. (Wood & Roche, 2001, pp. 6-7)

Research also shows that a narrative approach in group work can benefit chemically dependent mothers, allowing the women to “connect with each other, receive understanding and validation, and claim their unique identities” (Gilbert & Beidler, 2002, p. 105). Using narratives in group work can also increase understanding, support, education, skill development and

problem solving abilities (Gilbert, & Beidler, 2002). The focus of the work is on recognizing, supporting and ‘thickening the description’ of past stories of resistance and protest, both at a personal and social/political level, and then encouraging the members to continue to challenge the oppressive societal beliefs.

We certainly heard some pieces of the women’s stories in our group, and asked some questions that drew attention to their strength or resistance. However, we could incorporate narrative techniques to a greater degree to ‘thicken’ the stories of strength and resistance that the women shared. In my future social work practice, I hope to focus on this process of drawing out increased detail and then authenticate stories of preferred identity. In my paid work, clients are for the most part older adults with diverse health issues. There is some recent research, interestingly Canadian, which supports using group work, and in particular narrative therapy group work, with this population (Poole, Gardner, Flower, & Cooper, 2009). Addressing issues of isolation and lack of support networks is vital in our practice with older adults, and group work supports these goals. The research suggests that using narrative therapy in group sessions allows the group to become a team of supporters for each individual member, which is one of the tenets of narrative therapy. Incorporating narrative approaches in my group work would be the next exciting step in my social work practice.

Conclusion

This MSW Practicum Report is a reflection of the process of clinical social work development and growth I experienced during my MSW practicum at FSS. While I had identified quite broad learning objectives for my practicum experience, for the purpose of this report I have chosen to focus on social work group work from a mutual aid perspective. The benefits of adopting a strength-based, feminist mutual aid approach to social work with groups

include lessening isolation, identification of individual strengths, increasing positive coping strategies and communication skill development, increasing support, seeing self as a resource and building communities of strength and advocacy. Furthermore, the strength-based mutual aid model can be utilized with the immigrant and refugee communities, and is supported by social work ethics. Incorporating a narrative approach to group work is suggested as an area for further development in group work from the strength-based perspective. Finally, student practicum experience would benefit from the requirement of direct supervision during clinical therapy sessions or clinical session recording and evaluation.

References

- American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th Ed.). Washington, DC: Author.
- Anderson-Butcher, D., Khairallah, A.O., & Race-Bigelow, J. (2004). Mutual support groups for long-term recipients of TANF. *Social Work, 49*(1), 131-140.
- Andrews, J. (2001). Group work's place in social work: A historical analysis. *Journal of Sociology and Social Welfare, 28*(4), 45-65.
- Aronoff, N.L., & Bailey, D. (2005). Partnered practice: Building on our small group tradition. *Social Work With Groups, 28*(1), 23-39.
- Bancroft, L. (2002). *Why does he do that? Inside the minds of angry and controlling men*. New York, NY: Penguin Group.
- Brandler, S. (1999). The small structured group: A tool for teaching social work values. *Social Work With Groups, 22*(1), 79-97.
- Burnhill, D.A., Butler, A. L., Hipolito-Delgado, C.P., Humphrey, M., Courtland, C.L., Munoz, O., & Shin, H. (2009). Elements of culturally competent counseling in the 21st century. In C.C. Lee, D.A. Burnhill, A.L. Butler, C.P. Hipolito-Delgado, M. Humphrey, O. Munoz, & H. Shin (Eds.), *Elements of culture in counseling* (pp. 245-247). Upper Saddle River: NJ: Pearson Education.
- Canadian Association of Social Workers. (2005). *Social work code of ethics*. Ottawa, Canada: Author.
- Drumm, K. (2006). The essential power of group work. *Social Work With Groups, 29*(2), 17-31.
- Duncan, B.L., Miller, S.D. & Sparks, J.A. (2000). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy*. San Francisco,

CA: Jossey-Bass.

Family Service Saskatoon. (2009). *Annual report 2008-2009*. Saskatoon, SK: Author.

Gilbert, C. M. & Beidler, A.E. (2002). Using the narrative approach in groups for chemically dependent mothers. *Social Work With Groups*, 24(3), 101-115.

Hannah, P. J. (2000). 'Preparing members for the expectations of social work with groups: An approach to the preparatory interview. *Social Work With Groups*, 22(4), 51-66.

Harley, D. A. (2009). Multicultural counseling as a process of empowerment. In C.C. Lee, D.A. Burnhill, A.L. Butler, C.P. Hipolito-Delgado, M. Humphrey, O. Munoz, & H. Shin (Eds.), *Elements of culture in counseling* (pp.127-147). Upper Saddle River, NJ: Pearson Education.

Lee, C.C. & Diaz, J. M. (2009). The cross-cultural zone in counseling. In C.C. Lee, D.A. Burnhill, A.L. Butler, C.P., Hipolito-Delgado, M. Humphrey, O. Munoz, & H. Shin (Eds.), *Elements of culture in counseling* (pp.95-104).Upper Saddle River, NJ: Pearson Education.

Lesser, J.G., O'Neill, M.R., Burke, K.W., Scanlon, P., Hollis, K., & Miller, R. (2004). Women supporting women: A mutual aid group fosters new connections among women in midlife. *Social Work With Groups*, 27(1), 75-88.

Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Adelaide, South Australia: Dulwich Centre.

Miller, S. D. & Duncan, B.L. (2000). Outcome rating scale (ORS). Institute for the Study of Therapeutic Change. Retrieved from <http://www.talkingcure.com>.

Miller, S.D., Duncan, B.L. & Johnson, L. (2002). Session rating scale (SRS V.3.0). Institute for the Study of Therapeutic Change. Retrieved from <http://www.talkingcure.com>.

- Poole, J., Gardner, P., Flower, M.C. & Cooper, C. (2009). Narrative therapy, older adults, and group work?: Practice, research, and recommendations. *Social Work With Groups*, 32(4), 288-302.
- Rebmann, H. (2006). Warning-there's a lot of yelling in knitting: The impact of parallel process on empowerment in a group setting. *Social Work With Groups*, 29(4), 5-24.
- Royse, D., Dhooper, S.S. & Rompf, E.L. (2010). *Field instruction: A guide for social work students*. (6th Ed.). Boston, MA: Allyn & Bacon.
- Saino, M. (2003). A new language for groups: Multilingual and multiethnic groupwork. *Social Work With Groups*, 26(1), 69-82.
- Saleebey, D. (2009). Introduction: Power in the people. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 1-23). Boston, MA: Pearson Education.
- Saulnier, C. F. (2003). Goal setting process: Supporting choice in a feminist group for women with alcohol problems. *Social Work With Groups*, 26(1), 47-68.
- Schiller, L.Y. (1997). Rethinking stages of development in women's groups: Implications for practice. *Social Work With Groups*, 20(3), 3-19.
- Schiller, L.Y. (2003). Women's group development from a relational model and a new look at facilitator influence on group development. In A. Mullender & M.B.Cohen (Eds.), *Gender and groupwork* (Chapter 2). New York, NY: Taylor & Francis.
- Schiller, L.Y. (2007). Not only for women: Applying a relational model of group development with vulnerable populations. *Social Work With Groups*, 30(2), 11- 26.
- Steinberg, D.M. (2004). *The mutual-aid approach to working with groups: Helping people help one another*. (2nd Ed.). Binghamton, NY: Haworth Press.
- Tower, L.E. (2007). Group work with a new population. *Women & Therapy*, 30(1), 35-60.

University of Regina. (2007). *Guidelines for the MSW practicum*. Regina, SK: Author.

Witkin, S. (2009). Foreword. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. xii-xiv). Boston, MA: Pearson Education.

Wood, G.G. & Roche, S.E. (2001). Representing selves, reconstructing lives: Feminist group work with women survivors of male violence. *Social Work With Groups*, 23(4), 5-23.

Appendix A

}

**ABUSE AND BEYOND:
TOWARD HEALTHY RELATIONSHIPS
INTAKE INTERVIEW GUIDE**

Name: _____ Date: _____ Interviewer's initials: _____

1. Do you see a counsellor here at Family Service Saskatoon? Yes No
Name: _____

2. Has anyone required you to attend the Abuse and Beyond group? Yes No
Who (role)? What are the circumstances?

3. What current threats exist to your safety/life from a past or present partner?

4. How do you keep yourself safe from harm? (Explore both self-harm/harm from partner or ex)

5. Are there particular resources – people or places – that have helped you keep safe in the past?

6. What else might you need to keep yourself safe in the future?

Appendix A (continued)

Abuse and Beyond Intake Interview Guide

7. Relationship abuse: Sexual Yes No
Emotional Yes No
Physical Yes No

How has the physical and sexual abuse affected your life? How did you cope? How do you cope now?

Emotional and Psychological Abuse

8. What types of emotional/psychological abuse have you experienced and what impact has this abuse had on your life?

Appendix A (continued)

Abuse and Beyond Intake Interview Guide

Page 4

14. What do you see as your strengths and assets – your best qualities? (What would others who know you [girlfriends, children, etc.] say they see as your best qualities [strength, assets])?

Goals and Objectives

15. What are you hoping to gain from being part of the domestic abuse group?

Purpose of Group (for us)

1. To provide women the opportunity to explore their experience of domestic abuse.
2. To examine the larger societal context in which woman abuse happens.
3. To invite women to place responsibility for the abuse with their partners.
4. To encourage women to recognize the choices they can and do make.
5. To facilitate the development of a support system.

Appendix B

ABUSE & BEYOND EVALUATION

Number of Evaluations:

1. Overall, how helpful was the Abuse and Beyond Group?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

2. How organized and helpful were the facilitators?

3. How did you find the length of each weekly sessions and the length of the group overall?

4. What aspects of the group were most helpful to you?

Emotional Information:

Handouts:

Boundaries:

Self-Care:

Appendix C

ABUSE AND BEYOND EVALUATION

1. What were your goals and objectives in attending group?

In what ways did you move forward in reaching these goals?

2. What did you find most helpful in attending group?

Least helpful?

3. Was it important for you to share some of your relationship experiences with the group? Explain.

4. Was it important to hear the experiences of the other woman? Explain.

Over...

