

A PRACTICAL LOOK AT GROUP WORK:  
A FIELD PRACTICUM EXPERIENCE AT CATHOLIC FAMILY SERVICES

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## Introduction

The practice of group work can be found in the historical roots of the profession of Social Work. In 1873 at the National Conference of Charities and Correction, humanitarians gathered together to share their methods on assisting individuals with problems. The first approach was working one to one with individuals to address the psychological and social conditions that lead to the issue at hand. The second method was to target the larger social problem itself rather than focusing on the impacted individuals. The third tactic was to help individuals in their own communities where they could collectively find solutions to common problems. In modern times, these approaches of casework, social reform and group work still exist as integral parts of the Social Work profession (Papell, 2015; Schwartz, 2006).

Papel (2015) credits group work with maintaining the traditional Social Work value of joining together the individual and the social context. This is due to the fact that when individuals are brought together to form a group they become their own social system (Toseland & Rivas, 2005). The system provides a venue for individuals who have a common situation to share experiences, methods of coping, and strategies for problem solving. The group experience allows for the participants to build relationships, develop a support network and feel a sense of community (Sands & Solomon, 2004; Wodarski & Feit, 2012).

This paper summarizes my MSW practicum experiences with a specific focus on group work. Wodarski & Feit (2012) indicate that in order for Social Workers to be effective in facilitating groups they must be able create an environment that empowers the group to create change not only for themselves but for others that share in their common experience. I will outline four groups that I was involved in that assisted me in building skills and knowledge in this area. This outline includes the model and theoretical framework that structured the group content along with case examples. I will also discuss the importance of evaluation upon the conclusion of the group. The paper will conclude with a summary of how to incorporate issues of social justice into group work and ethical considerations when working with groups.

### **Rationale for Practicum Placement**

There were several contributing factors that led me to choose the agency of Catholic Family Services to complete my practicum experience. Professionally, for the past twelve years I have been working with a child and youth population. For the past seven years my role has been as a counsellor in an elementary school setting. Prior to this, I was a youth facility worker tasked with case management responsibilities in a residential facility for stabilizing and assessing behavior. There have always been opportunities to engage with the parents of the children and youth in which I have been involved. However, I was interested in gaining further knowledge, skills and experience directly working with an adult population. On a personal level, I wanted to explore whether in the future I would want to shift my career direction to working with an older population. I was aware that the agency provided a variety of support services for adults which would give me a wide range of practical experiences.

Another factor that led to my choice in practicum placement was my desire to increase my skill level in understanding the development, implementation and facilitation of group experiences. I was aware that Catholic Family Services offered groups for both adults and children. The decision to include the population of children and youth in the practicum experience was based on my desire to offer group work in my current place of employment. Prior to the practicum, I did not feel that I had enough knowledge in this area to develop and deliver a meaningful group experience which would create change. I also wanted to discover whether or not I appreciated the art of facilitating groups. Similar to gaining experience working with an adult population, I wanted to explore this as a potential avenue for my professional future.

## **Practicum Goals, Objectives and Activities**

### **Practicum Goal**

The learning goal of the field practicum was to gain knowledge and apply skills at a graduate Social Work level through individual and group counselling processes within the Catholic Family Services Agency. The practicum was completed on a part-time basis beginning in September of 2014 ending in the month of April 2015.

### **Practicum Objectives**

The overall objectives of the practicum experience were the following:

- To further develop clinical skills in both individual and group counselling settings.
- To further develop knowledge of individual and group counselling processes including relevant Social Work theories and models.
- To work with a variety of individuals who are experiencing difficulties in identifying strengths, defining problems and working toward solutions.
- To gain further knowledge and skills in developing, formatting and revising group counselling manuals and materials.
- To provide a critical analysis of the knowledge and skills gained through the field practicum experience.

### **Practicum Activities**

The following activities were completed by the writer to achieve the objectives stated above:

- Assisted in the intake processes of Catholic Family Services to determine appropriate services for individuals, families, youth and children who are requiring support.
- Participated in the 'Taming Worry Dragons' groups for children and parents, the 'Reaching Out: When Teens are Out of Control' parent group, and the drop in parenting groups at WP Bate and Princess Alexandra schools.

- Provided individual counselling services under the supervision of a Catholic Family Service team member. This included co-counselling sessions at the agency and at the Saskatoon Food Bank along with providing independent counselling support.
- Undertook tasks related to group counselling manuals as determined by Catholic Family Services. This included revising and updating various program manuals, completing observation notes of group session content for revisions to programming, researching and compiling information for a one day professional development workshop on working with children and youth facing anxiety and developing a comprehensive resource directory for a group program.
- Participated in supervisory sessions, team meetings, and training/knowledge building opportunities as determined by Catholic Family Services. Regular meetings occurred with the practicum supervisor to reflect on experiences and discuss theories and frameworks in further depth to increase understanding.
- Took part in further learning opportunities such as self-directed reading, dialogue with agency team members, and agency requested reading in order to build knowledge on theoretical models for individual and group counselling.

### **Agency Overview**

#### **Saskatoon Community Service Village**

Early in the practicum experience a tour of the Saskatoon Community Service Village was provided to all students working in agencies housed in the building. The Village is a three story structure connected to the YWCA and is incorporated as a nonprofit organization with charitable status (Saskatoon Community Service Village, 2010). Historically, there were six founding agencies of the Village that worked collaboratively utilizing a coordinated delivery model to achieve a common goal of improving the quality of life for individuals who were in need of multiple services (Atkinson, Doherty, & Kinder, 2005; Clark, 2002). The founding agencies are Catholic Family Services, Family Service Saskatoon, Saskatoon Crisis

Intervention Service, Saskatoon Sexual Assault Centre, United Way of Saskatoon and Area, YWCA Saskatoon (Clark, 2002). These organizations utilized the key factors to success of multi-agency partnering to establish their goal of a centralized service location. These factors are the commitment to being a part of the process; defining roles and responsibilities; a common vision; ongoing communication; leadership; involvement of relevant people and access to funding and resources (Atkinson et al., 2005, Clark, 2002). Through this achievement, the agencies increased the ability to provide integrated services to a broader segment of the population in Saskatoon and surrounding area (Saskatoon Community Service Village, 2010).

### **Catholic Family Services**

Catholic Family Services was created in the year of 1941 to fulfill the Catholic tradition of providing services to others. The agency delivers programs and services to individuals, couples and families that fall under five umbrellas. These include counselling, wellness and education programs, community capacity building/community development programming, teen parent/early childhood services, and professional training (Catholic Family Services, 2008; Catholic Family Services, 2014). All endeavors of Catholic Family Services fulfill the mission of “developing strong and healthy individuals and families by providing professional counselling, education and community programs, accessible to all” (Catholic Family Services, 2014, p. 1). A common misconception is that individuals who access services must be of the Catholic faith; however this is not the case. People of all religious backgrounds and beliefs are welcome to access services. Catholic Family Services is categorized as a not for profit community based agency and as such it is overseen by a volunteer board of directors. The organization receives funding from a wide variety of sources in order to develop and provide programming and services to the community. Financing is received from provincial government departments, municipal programs, community funding, Catholic organizations,

private donations and user fees (Catholic Family Services, 2008; Catholic Family Services 2014).

### **Programs and Services**

Catholic Family Services offers a wide variety of supports to the clientele that access the agency. One of the staple offerings is individual, couple, and family counselling. In the past year, the number of individuals obtaining counselling services increased by fifteen percent (Catholic Family Services, 2014). Staff providing counselling support services vary in discipline, including psychologists, registered psychologists, and social workers. Regardless of educational background all counsellors adhere to the ethical standards of their profession. Fees for counselling services are collected from avenues such as Employee and Family Assistance Programs, Extended Health Benefits or determined on a sliding fee scale based on family income (Catholic Family Services, 2008).

A partnership was established with the Saskatoon Food Bank and Learning Centre to provide no fee counselling support. Individuals who access this program do not need to be clients of the Food Bank, but rather community members who would like to receive this service, but do not have the extra funds in their budget to pay for individual sessions. According to one staff member who provides counselling at this venue, the program has been extremely successful. Counselling time has grown from one day a week to four days a week with clients from all socio-economic backgrounds. In the time period from 2013 to 2014, over five hundred clients were served with the no fee counselling program (Catholic Family Services, 2014).

The marriage preparation weekend workshop is also included under the umbrella of counselling programs and services. One hundred and twenty couples accessed this educational program in the year of 2013 to 2014 (Catholic Family Services, 2014) to learn about strengthening their relationship and communicating their feelings prior to becoming married (Catholic Family Services, 2008). On the opposite end of the spectrum, Catholic Family

Services partners with the Ministry of Justice to facilitate the family justice separation and divorce sessions. In the last year over two hundred people were assisted with the challenges that typically arise when parenting through a separation and divorce (Catholic Family Services, 2014).

The family education and wellness programs are provided for children, adolescents, parents and adults. Typically, children have to be in the age range of eight to twelve years of age to access the programs and their parents must attend a concurrent education based group. Catholic Family Services (2014) advises that they have found that providing programming in a group format ends isolation for individuals of all age categories as they connect with others who are having similar experiences. Through attending group sessions they learn strategies and skills to deal with their issues not only from the session content but also from the other participants (Catholic Family Services, 2014). One staff member shared that many adults and parents who attend the groups share contact information with each other so that they can maintain the supportive relationships that they have developed after the group concludes. The types of groups that are offered are dependent on two factors. Certain groups are developed and provided based on requests from the community and other groups are offered continuously due to high enrollment and feedback for the groups to be continued (Catholic Family Services, 2014).

Not only does Catholic Family Service develop group programming based on feedback from the community, they also recognize that it is vital to offer services directly in the neighborhoods where families reside in order to build community capacity. Parent support groups are offered in partnership with the Saskatoon Catholic School Division and the Saskatoon Public School Division within schools that have identified a need for this service (Catholic Family Services, 2014). The teen parent/early childhood programs are also located in community venues rather than at the Catholic Family Services agency. This umbrella of programming focuses on the demographic of teen or young parents under the age of thirty

years who desire personal growth in the areas of child rearing, healthy family relationships, and managing daily living tasks and responsibilities but require guidance and support to reach their goals (Catholic Family Services, 2008). Program staff focus their efforts on facilitating educational sessions, parenting groups, referrals to community resources, case planning, and providing a venue for parents to develop supportive relationship with others who are in similar situations (Catholic Family Services, 2014).

Catholic Family Services also has the Early Childhood Center and Teen Parent Program located at Bishop Murray High School. This program is offered to parents under the age of twenty two who wish to continue their high school education. Children attend the licensed care center while parent(s) attend their classes. The service is provided with no fees to the parents as long as they are enrolled in high school or equivalency classes. There are also programs and activities available to the students to not only support their parenting skills but also their studies (Catholic Family Services, 2014).

The final umbrella of programming is providing professional development workshops. As indicated by a staff member, this is an area that the organization is attempting to grow and further develop. Currently, workshops are developed and delivered by staff or guest speakers are hosted by the agency to present on topics of interest to human service delivery professionals (Catholic Family Services, 2014).

## **The Intake Process**

### **Overview of Procedure**

In order to access the programming that is provided by Catholic Family Services, an intake form needs to be completed. The intake process for counselling and the family education and wellness services is completed on an ongoing basis by one employee and also partial by practicum students. Students complete the initial portion of the intake form including contact information, and initial information about the presenting issue that is bringing the individual into the agency for counselling services. A follow up phone call is made by a

staff member to gather demographical information; discuss the financial situation of the client; determine associated costs and to book the initial counselling appointment. When attending the agency for the first time a variety of additional assessment and consent forms are completed dependent on the services utilized.

### **Payment Model**

Catholic Family Services uses a fee-for-service model that incorporates a sliding scale for individual counselling. The range of payment amount is fifteen dollars to one hundred dollars per session. The scale is determined by asking the client an estimate of their gross household annual income and as well the number of members residing in their home. According to the staff member responsible for intake, families that make less than twenty thousand dollars (regardless of family size) would pay a counselling session fee of fifteen dollars. The fee is one hundred dollars for families making over eighty thousand dollars (regardless of family size), and if private insurers are responsible for payment. There is also the option of clients accessing free counselling through the Saskatoon Food Bank. The importance of offering affordable counselling services is crucial because many people who have mental health concerns are confronted with long wait periods for publically funded services. The cost of private counselling creates a financial barrier for many individuals who require support. Even when third party insurance benefits are available, the coverage is restricted (Health Intelligence Inc., 2013; Lines, 2007). This does not take into consideration the unique mental health needs of each individual that may require more sessions than the allocated amount.

### **Intake: Case Example**

There are a wide variety of requests that are received through the intake process. These include group counselling, general inquiries and individual counselling services. At times, people call in a state of crisis or identify events that potentially could lead to a crisis state. In these situations it is imperative that immediate support is provided, rather than advising that the

individual has to wait for a scheduled appointment time. An example of this occurred during the practicum experience when completing an intake. A woman called Catholic Family Services to schedule an appointment for counselling services for herself and her spouse. In exploring the presenting issue that was bringing the couple to seek support the woman identified that they had previously received counselling to address the volatile nature of their relationship. She noted that although there has not been physical violence, the arguments have escalated to a degree in which she feels that there is potential for this to occur. In the conversation, the woman described emotional and verbal abuse that had taken place in the relationship.

Public Legal Education Association (2013) categorizes the described actions as psychological abuse. These are actions such as inflicting emotional pain, undertakings to control another person, or verbal attacks. At this point, it was felt that this was a situation of domestic violence. James & Gilliland (2001) advise that when becoming aware of a domestic violence situation the primary task of the worker is to assess how critical the situation is and ensure safety. The authors caution that although the environment may appear stable, it is important to keep in mind that the couple may be in the honeymoon phase of the domestic violence cycle. This cycle has three distinct phases. The first phase is defined as the tension period. This is when the frustration and anger of the abuser builds up. It may last for a time period of days to months, and in some cases years. The second phase is when the explosion occurs. The abuse may be an event that takes minutes or continue over a greater period of time. The last phase of the cycle is referred to as the honeymoon period. This involves the abuser making amends to the victim and a relative state of calm within the household (PLEA, 2013).

The choice to stay or leave an abusive relationship is determined by many factors, such as the belief that the abuse will stop; traditional family values or beliefs; financial difficulties, or the feeling that there is no alternative (PLEA, 2013). It is important to have a non-

judgmental attitude and discuss services that are available to those who are in abusive relationships to manage the crisis until further exploration of the situation can be provided (James & Gilliland, 2001). By asking a series of information gathering questions it was determined that for the current time discussing a safety plan, providing emergency numbers for crisis intervention services and the YWCA women's shelter, along with discussing the option of calling the police and/or 911 was sufficient. An appointment for individual counselling support was also arranged.

## **Taming Worry Dragons**

### **Children and Anxiety**

Over the span of the past twenty years, the prevalence of anxiety in children has grown to epidemic proportions (Bourne, 2010; Foxman, 2004). However, accurate rates are difficult to estimate because anxiety is often hidden, overlooked or misdiagnosed (Foxman, 2004). According to the Public Health Agency of Canada (2009) 6.4% of children below fifteen years of age suffer from an anxiety disorder. There can be long term negative effects of anxiety and anxiety disorders in children if left untreated. These included issues with school attendance, low academic performance, declines in physical health, and decreases in social and emotional wellbeing (Foxman, 2004; Public Health Agency of Canada, 2009).

Everyone experiences anxiety and there are circumstances that arise in daily life where it is appropriate and reasonable. When an individual perceives a threat they enter the stress response. This response creates changes on a cognitive, physical and emotional level within the body that allows a person to respond to the threat by fight, flight or freeze. This response is typically mild and brief in nature because once the perceived threat is removed the body will return to a state of homeostasis (Bourne, 2010; Centre for Addiction and Mental Health, 2012). For some individuals, the body is not able to enter a state of rest. Instead, the cognitive, physical and behavioral symptoms of anxiety remain persistent and cause distress. The anxiety has moved beyond a normal range which negatively affects school, work, socialization and

daily tasks and may fall into the criteria for diagnoses as a type of anxiety disorder (Centre for Addiction and Mental Health, 2012).

There are many societal factors that contribute to the increased incidence of anxiety and anxiety disorders in children. Our world has become fast paced largely due to advances in digital technology. This rate of revolution does not allow for an appropriate amount of time for people to adapt to the changes which creates a state of uncertainty. The pace of life has become so fast that people are in a constant mind set of doing rather than being, leaving little to no time to relax and release stress from the body (Bourne, 2010; Leutenberg & Liptak, 2011). The state of our environment, the unstable nature of the economy and threats of terrorism produces anxiety (Bourne, 2010; Foxman, 2004; Leutenberg & Liptak, 2011). Along with this, a vague and shifting set of world values and views in our society leave people to generate their own moral codes and not feel a sense of cohesiveness in their community (Bourne, 2010). This is especially relevant to children who are the “shell shocked generation” (Foxman, 2004, p. 1) due to an escalation in incidences of family breakdowns, violence, substance abuse, traumatic experiences and a failure of our social systems to address these issues. These threats erode children’s’ sense of security and leave them in a consistent state of anxiety as they are focused on emotional and physical survival rather than developmental tasks and skill building (Bourne, 2010, Foxman, 2004).

Along with societal factors, research states that there are familial causes that contribute to the increase of anxiety in children. Foxman (2004) advises that the breakdown of the nuclear family model through divorce has impacted millions of children. Prior to the actual separation, the household contains conflict and tension which in turn creates stress for children. This stress lasts beyond the divorce as children have to adjust to the loss of their known family structure, familiar home environment and perhaps adjusting to step family members. Performance pressure can also elevate anxiety in children. With good intentions, parents can push their children towards high achievements in school and extracurricular activities. The

weight of parent's expectations can cause children to set lofty goals that may be unachievable and result in low self-esteem. Eventually, this may result in challenges with perfectionism and compulsivity. There is also evidence that supports those families who repress expressing emotions or those who overly vocalize negative feelings such as criticism increase the prevalence of anxiety in children. Along with this, the occurrence of child abuse within the home environment can lead to anxiety disorders such as post-traumatic stress disorder (Foxman, 2004).

There is also a pattern in families in which many parents who experience anxiety will engage in overprotective behaviors that increase worry in their children (Ginsburg, Siqueland, Masia-Warner, & Hedtke, 2004; Rapee, 2015). However, Lyons (2013) advises that it is not just parents who have anxiety that over protect children, it is all parents. This phenomenon is called helicopter parenting and is born out of society's preoccupation with safekeeping and predictableness. It is no longer socially acceptable to allow our children independence to engage in activities such as going to the park without adult supervision. This robs them of the experience of problem solving, as adults are always there to figure out dilemmas for them. Children become surrounded in an anxiety reinforcing system that includes reading typical situations as stressful, permitting avoidance of tasks, and controlling responses and actions of the child. As a result, children begin to over rely on their parents for guidance rather than independently manage tasks because they lack the skills to do so (Ginsburg, et al., 2004; Lyons, 2013, Rapee, 2015). Although further studies are required to determine if childhood anxiety decreases by only modifying parenting styles (Ginsburg et al., 2004), family units can learn that anxiety is a typically occurrence of life and not a feeling to avoid through supportive interventions (Ginsburg, et al., 2004; Lyons, 2013). It has been determined that seventy percent of children who receive support services no longer fall within the criteria for an anxiety disorder and a larger percentage report improvements in their condition (Rapee, 2015).

## **Program Overview: Children Group**

The Taming Worry Dragons program is one of the family education and wellness offerings at Catholic Family Services. It is a psycho-educational group that targets children from the ages of eight to twelve. Due to the popularity of this group it is facilitated three times during the calendar year and includes eight, sixty to seventy five minute sessions with homework assignments. It is designed to assist children in recognizing their anxieties; how it impacts their body, thoughts and behaviors, and strategies to manage these feelings. This information is presented in a format that allows children to use their imaginations to trap and tame their worry dragons alongside peers who are having similar experiences. Parents must attend a concurrent group as a part of this program (Catholic Family Services, 2008; Clark, 2008).

In the early 1990's, Dr. Jane Garland envisioned taking the theoretical components of cognitive behavioral therapy and developing a program that would be suitable for children who were suffering from anxiety. She indicated that cognitive behavioral therapy was an effective intervention but it was difficult to motivate children to use the strategies as they were more suitable for adults. In 1994, the Mood and Anxiety Disorders Clinic was established at the BC Children's Hospital. Dr. Garland had an opportunity to partner with Dr. Sandra Clark who was a child psychologist with knowledge in cognitive behavioral therapy. They worked jointly in creating the group program and in 1995 the first Taming Worry Dragons manual was published. They continued to develop their work and designed a children's workbook, therapist manual and training videos (Gregorowski & Garland, 2009).

The children's program begins with the group participants defining group rules such as respecting others, showing up on time, and moves forward to several relationship building activities. In the second week, the children learn the definition of anxiety and the different kinds of worries that people experience. The content focuses on positively reframing anxiety as a talent that individuals have for creatively thinking about challenging situations. Anxiety is

also normalized as a feeling that everyone has in their lives. The next topic is teaching about how worries affect children including the body alarm system and how thoughts impact their physical state. The children then discuss and share the different situations and experiences that bring about anxiety. When the children attend for the third time the focus is on externalizing their anxiety by imagining their thoughts as dragons and that they are dragon tamers. They have the power to recognize their anxious feelings and thoughts and take action to tame their worry dragons. The tools to manage anxiety are then introduced by explaining that all the different techniques that the participants are going to learn in the following weeks are traps that will catch and control their worry dragons. The children then take time to draw their different worry dragons and the visions they have of the traps that would contain their dragons. The group moves forward to discuss how worries can impact their sleep patterns and sleep tools to manage their thoughts so that the body can rest (Clark, 2010; Gregorowski & Garland, 2009).

The next three sessions are devoted to teaching a variety of tools that the children can use to tame their worry dragons. These topics include positive self-talk, laughter, exercise, developing a schedule, conquering procrastination, and relaxation techniques such as deep breathing and visualization. The importance of acknowledging feelings other than worrying is discussed along with valuing their friendships and taking time to have fun in their day. The second last session highlights that facing their worries is difficult and that they need to rely on both their internal and external support systems to facilitate success. The importance of taking the time to praise themselves for all the tasks that they undertake and accomplishments that they have made is outlined to the children (Clark, 2010; Gregorowski & Garland, 2009). The last meeting of the group includes the parents of the children. The adult's role model celebrating success for the children by having a pizza wind up party that includes discussing their favorite parts of the group and receiving certificates of completion. A final evaluation form is completed by the children with assistance from their parents to receive feedback about the group.

One part of the practicum experience was assisting with the Taming Worry Dragons group. This involvement included gaining further knowledge in the area of anxiety management for children, cognitive behavioral therapy and the Taming Worry Dragons program. Responsibilities also included group preparation activities such as gathering presentation materials, setting up the physical location of the group, and clean-up activities. Each week, an opportunity was provided to facilitate a portion of the group programming. There were also occasions to answer any questions or concerns that parents or issues that arose with their children before and after the group began.

### **Psycho-Educational Group Model**

The Taming the Worry Dragons children and parent groups are informed by the Psycho-Educational group model. Psycho-educational groups are suitable to use with a variety of age levels, client populations, and theme topics. Due to their versatility they are hosted in a range of venues such as schools, mental health facilities, hospitals and counselling agencies (Jones & Robinson, 2000). A psycho-educational group differs from other group models in five ways. The first distinction is that the focus is on providing education on a specific theme or topic area. The hope is that further education will increase knowledge, skill development and coping strategies to improve functioning (Delucia-Waack, 2006; Jones & Robinson, 2000; Hale & Cowls, 2009). This also empowers participants to make change in their lives (Hale & Cowls, 2009).

The overall goal for a psycho-educational group is more specific and behaviorally focused than those of other group models (Delucia-Waack, 2006). On average the facilitator spends two thirds of the total group time on determining the goal and designing the session content prior to the start of the group rather than have it unfold based on feedback from the participants (Delucia-Waack, 2006; Furr, 2000; Jones & Robinson, 2000). In order to ensure the delivery of an effective psycho-educational group, Furr (2000) provides a six step planning model. The first step is for the facilitator to have a statement of purpose that is based on a

theoretical perspective. Next is the development of goals that are reasonable, achievable, measurable and realistic for both the facilitator and participant. Thirdly, objectives are defined to identify the steps that need to be undertaken to achieve the specific goal of the group. The fourth task is deriving the session content from the outlined objectives and providing didactic, experiential and process components in order to fully engage the participants. The facilitator then moves forward to designing activities. These activities are categorized as self-assessment, cognitive restructuring, role playing, imagery, body awareness and homework which are out of group exercises (Furr, 2000). These must be chosen with the group stage in mind (Hale & Cowls, 2009; Jones & Robinson, 2000). In the beginning stage of the group, exercises are less intense and target introducing members and trust building. The middle or working stage of the group should have activities that are more intense. These assist members to become involved in the group process and learn new behavioral and thought patterns. During the ending stage the exercises concentrate on using the skills outside of group and termination (DeLucia-Waack, 2006; Hale & Cowls, 2009). The final stage of planning for the facilitator is the tools that will be used to evaluate the effectiveness of the group (Furr, 2000).

A third factor that delineates the psycho-educational model from others is that groups are shorter in number and length of sessions. Therapy groups will typically run for three months to an indefinite amount of time with the session being around one to one and a half hour in length. A standard length of time for psycho-educational groups to be active is six to twenty sessions with the length of each meeting being as short as thirty to forty five minutes. Fourthly, there is an element of structure in all group models to ensure group constancy and safety. However, psycho-education group sessions differ because they are highly structured. This is to ensure that the course content is completed in the allotted amount of sessions, and that there is enough time in each session to complete the education component and then a structured exercise (DeLucia-Waack, 2006).

The focus on group process is the fifth way that psycho-educational groups contrast from others. The emphasis in therapy groups is on the dynamics between participants. The facilitator observes the group process to highlight areas where work may need to occur. These observations are then used to facilitate discussions and interventions. In psycho-educational groups, the focus of the leader is on teaching the content and engaging the group in structured activities. The group process is used in the context of furthering learning opportunities and skill development rather than shaping the direction of the group. The leader accomplishes this by facilitating discussions with the group members about their learning process with the presented material and activities. These may include inquires about insights, thoughts, feelings and reactions about the group material and how these learnings can be applied to daily life experiences (DeLucia-Waack, 2006; Furr, 2000; Jones & Robinson, 2000).

Two studies conducted by Peled & Perel (2012) and Wickstorm (2012) question whether structure needs to play less of a role and group process more in the development and delivery of psycho educational groups. In their research, the authors found that facilitators felt pressure to complete the group manual within the allocated schedule. The cost of accomplishing this task was not spending enough time to nurture a therapeutic relationship with the participants or address feelings that would come up in the group. The authors also highlight that manual based curriculums leave little opportunity for leaders to incorporate their own style of facilitation in the delivery of the group. This may lead to the group content being delivered in a manner that is unengaging to the participants. It is suggested that feedback from participants and the facilitator be continuous and that flexibility be provided to change the content and time line if needed. However, adapting this approach is challenging as it calls into question whether or not facilitators are remaining true to the psycho-educational model rather than a therapy group. (Furr, 2000; Wickstorm 2012). Despite these potential limitations to using a psycho-educational model for group work, there are also several advantages. Many organizations feel pressure to provide interventions that are time effective to best utilize scarce

resources. Due to the structured nature of psycho-educational groups, this task can be achieved. The development process of the group content provides a clear and concise format towards meeting goals and evaluation. Pre-designed group manuals also allow for the facilitator role to be easily transferred between staff members or organizations (Peled and Perel, 2012).

### **Cognitive Behavioral Therapy**

The theoretical framework for the Taming the Worry Dragons children and parent groups is Cognitive Behavioral Therapy. In the early 1960's, Albert Ellis and Aaron Beck developed cognitive behavioral therapy (CBT). Through their work as clinical psychologists, they began to identify that thoughts and beliefs play a significant role in the development of psychological difficulties. Ellis and Beck argued that if people were taught how to think rationally about life challenges they would have a positive perception and interpretation of the issues that they were facing (Edelman, 2007). In the last few decades, CBT has become a widely adopted evidence based model of treatment (Edelman, 2007; Kingdon & Dimech, 2008; Muris, Meesters & Van Melick, 2002; Patterson, 2009). It is commonly used with mood disorders such as depression and anxiety, but is an effective form of therapy for substance abuse, marital difficulties, personality and eating disorders (Kingdon & Dimech, 2008; Patterson, 2009).

CBT joins together the basic theories of cognition and behaviorism. Cognition focuses on how people think and decipher events in their lives, while behaviorism is based on how people learn (Edelman, 2007; Patterson, 2009). A staple notion of CBT is that a person's thoughts shape their experiences in life. Therefore, the process of recognizing and examining thoughts, beliefs and attitudes is vital (Turner, 2011). Then the method of reframing these cognitions into more positive and healthy ways can be undertaken (Edelman, 2007; Patterson, 2009). Another central concept of CBT is that all behavior is learned and therefore problem behavior and the conditions under which it exists can be recognized and changed (Turner,

2011). By learning new adaptive ways of behaving in challenging situations, thoughts and feelings will be influenced in a constructive way as they are all influenced by each other (Edelman, 2007; Patterson, 2009; Turner, 2011).

Creating cognitive and behavioral transformation requires a systematic methodology. This includes completing an assessment of the targeted problem for intervention, ongoing evaluation to ensure the effectiveness of the interventions, and developing a therapeutic relationship in which the professional and individual work together to develop a plan (BC Partners for Mental Health and Addictions Information, 2015; Compton, March, Brent, Albano, Weersing & Curry, 2003; Turner, 2011). Although past experiences and emotions can be a part of the therapeutic process, CBT has a central focus on how people are functioning in the present moment. The weight of sessions is dedicated to psychoeducation, problem solving and designing interventions to improve functioning in the target area (Compton, et al., 2003; Kingdon & Dimech, 2008). The interventions are also called homework because people will undertake these exercises on their own in between sessions (BC Partners for Mental Health and Addictions Information, 2015; Kingdon & Dimech, 2008). Having homework serves two purposes. One is to identify which interventions are successful in reducing distress and creating helpful cognitive and behavioral changes in real life situations. The second is to empower the person to make decisions and take responsibility for implementing the strategies to create transformation in their lives (Kingdon & Dimech, 2008).

Although CBT can be used for a variety of problems, there are several limitations that are important to note. CBT is designed to be a short term intervention that is delivered over a limited amount of sessions. This becomes a preferred treatment option for many professionals to manage their caseloads in workplaces that are dedicated to time efficiency (Turner, 2011). However, in situations of prolonged or recurrent illness, an individual may need to attend therapeutic sessions for a longer duration of time with an approach that concentrates on exploring past life experiences as a root cause to their present issues (Kingdon & Dimech,

2008). Another shortfall of CBT is presented by Turner (2011) who advises that this approach does not take a strength based perspective. The role of the professional is to point out flaws in cognitions and behavior. The author indicates that this does not empower individuals to make change as stated by Kindon & Dimech (2008), but rather deflates their enthusiasm in engaging in the treatment process and may enable them to continue with the same patterns of behavior. Lastly, CBT is a structured approach that focuses on providing education and setting goals. Some feel that this approach is too rigid to allow the fluidity to explore emotions, relationships, family and other causes that may be contributing to the presenting issues (BC Partners for Mental Health and Addictions Information, 2015; Kingdon & Dimech, 2008). Despite these limitations, CBT is an effective and versatile approach that offers an array of delivery methods such as in person or through printed and online materials. It can be offered through individual and group formats to a broad range of ages (Patterson, 2009; Rapee, 2015).

### **Children Group: Case Example #1**

It was apparent when the group first began that the participants were apprehensive and perhaps scared to attend the session. This was anticipated due to the fact that it was a group for anxious children. Many parents had to stay for the first few minutes in order to transition their sons or daughters to the new environment. As the weeks passed, the participants became observably more comfortable to interact with each other and the group facilitators. At the beginning of one group, a female participant shared how helpful she has found the deep breathing technique that was taught in the last time she attended.

The technique of deep breathing also can be called “diaphragmatic breathing, abdominal breathing, belly breathing and paced respiration” (Harvard Health Publications, 2015, p. 1). According to Bourne (2010) there have been several studies that have found differences in the breathing patterns of people who are anxious to those who are calm. When an individual is anxious, their breathing becomes more shallow and from the chest. Shallow breathing constricts how much the diaphragm can move resulting in the lower part of the lungs

not receiving the full amount of oxygenated air (Harvard Health Publications, 2015). This causes the rate of our breathing to increase and we take in more oxygen and breathe out more carbon dioxide creating an imbalance in the levels. The changes in the amounts of oxygen and carbon produce feelings of being anxious and create tension in the body. When people are relaxed they breathe more slowly and deeply from the abdomen filling the lungs. Full oxygen exchange occurs in which the levels of oxygen and carbon dioxide in the body are balanced (Bourne, 2010; Harvard Health Publications, 2015; Psychology Tools, 2014). Deep breathing triggers a number of body responses such as increasing oxygen to the brain, stimulating the parasympathetic nervous system that is responsible for a feeling of calmness, lowers blood pressure, decreases heart rate and improves concentration. All of these responses help the body release tension and operate in a relaxed state (Bourne, 2010; Harvard Health Publication, 2015).

In the Taming Worry Dragons program, the children practice a deep breathing exercise as a part of the relaxation tools. This exercise involves the children finding a comfortable place to sit or lay down, closing their eyes and taking deep breaths like they are blowing large bubbles (Clark, 2008). In some instances, bubble solution is provided to the participants in order for them to practice this technique. The female participant described that she often becomes worried before completing assignments and tests at school. Each week, she is required to complete a spelling test. Prior to writing her test, she felt herself starting to become anxious and so she began taking deep breathes. She noted that by practicing this relaxation tool she felt less “stressed out” and was able to write her exam.

### **Children Group: Case Example #2**

Another participant shared an example of how strategies to address procrastination worked effectively in managing some of her worries. Milgram and Toubiana (1999) outline that people procrastinate because they have a fear of failure and lack the coping skills to deal with these feelings. The authors note that individuals become anxious about undertaking

endeavors which results in a negative pattern of procrastination and task avoidance to assist in reducing their symptoms of anxiety. Raudsepp (1988) states that along with those that have a fear of failure, there are also those that have a fear of success. They will start tasks but as they become near completion, procrastination and work avoidance will begin as they do not want to enter the stage of completion. There also needs to be consideration paid to those who suffer from perfectionism. Perfectionists set high standards for their work that are often difficult to achieve and as such delay beginning tasks as they do not know where to start to accomplish the goals that they have set out for themselves.

A study conducted by Hsin Chun Chu and Nam Choi (2005) states that procrastination has been seen as a negative and dysfunctional behavior, but there is a certain type of procrastination that produces positive outcomes. Specifically, there are passive procrastinators and active procrastinators. Passive procrastinators are those who are unable to produce results due to their fears and worries. There are also active procrastinators. These are people who make a choice to delay undertaking tasks because they work better under pressure. Both groups procrastinate but active procrastinators do not struggle their coping styles, belief of abilities, and control of how they allocate their time. Their procrastination is a deliberate action rather than a negative pattern of behavior to avoid tasks and anxiety.

The participant of the Taming Worry Dragons group would be categorized as a passive procrastinator. In describing her anxiety about school work and assignment completion, she explained that she often worried that her work would not “be good enough”. These thoughts led her to delay beginning projects as she would become anxious about thinking whether or not the finished result would measure up to the standards that she had put in place for herself. A recommended strategy for addressing procrastination is time management. This includes breaking down the work into manageable tasks, organizing the different steps into a schedule and then rewarding yourself for completing the work (Clark, 2008; Hafner, Oberst & Stock, 2014; Raudsepp, 1988). In one of the group sessions the children undertake an activity of

completing a schedule. This schedule includes prompts that you need time for work, but also for rest and play as a reward to yourself (Clark, 2008). The participant noted that upon completing the chart, that she had too many tasks listed to allow herself time to relax in her days and that perhaps this was contributing to the stress that she felt about school work. She also noted that she included time in each day to work on a small portion of her assignments up until the due date and this made her feel less anxious as she could see that she had enough time to complete the tasks needed to finish the project.

### **Program Overview: Parent Group**

The concurrent Taming Worry Dragons parent group focuses on providing participants with an overview of anxiety and how parents can assist their children with managing worries. A highlighted concept is that childhood anxiety is an issue to address through examining the familial environment. The structure of the group content is less formal than the children's group in that topics are discussed using a series of articles and group discussions rather than having the content laid out in a manual. The session content is concurrent to the lessons that the children are learning, so that the parents are able to have further discussions with their children at home throughout the week.

In the first session, the participants begin by introducing themselves and identifying some of the concerns that brought them to the group. A discussion occurs about the definition of anxiety and what this looks like for their family and child. The second session focuses on distinguishing the difference between worries that are either typical or beyond the normal development stage that their child is in. The group moves forward to looking at some of the signs and symptoms of worries and the causes of childhood anxiety. In session three, the participants learn about the power of thinking patterns and how to assist their children from switching negative thoughts to positive ones. This leads to the next group topic of building self-esteem. Parents are provided with materials on the symptoms of low self-esteem and the characteristics of high self-esteem. Ways to build self-esteem is discussed with an emphasis on

the use of encouragement as a building tool rather than praise. In the fifth week, the parents take a closer look at the amount of stress their family unit is experiencing. This includes looking at the expectations of parents in scheduling lessons and activities versus having down time. Program material also includes an introduction into the process of making decisions as a family through having meetings and problem solving. The next topic centers on exploring feelings. Parents are provided with tools to open up conversations with their children on feelings and also how to have effective listening skills. The seventh session is the last group that the parents meet independently of their children. This session outlines the importance of friendships and how to assist children with building skills in this area such as introducing yourself to potential friends, dealing with bullying, and how to deal with conflict (Garland & Clark, 2000).

The practicum experience included opportunities to facilitate portions of the group session content and research supplementary handouts if required. The weekly group preparation activities such as ensuring that there were handouts, materials such as pens, and the set-up of the physical space were a part of the practicum responsibilities. Ongoing dialogue with the group facilitator about concepts and framework of the group sessions occurred in order to increase the understanding of the presented materials. There were occasions in which one to one conversations occurred with parents in regards to inquiries about the presented materials, or situations that arose with their children.

### **Parent Group: Case Example #1**

A part of the parent group content included a conversation on peer relationship building skills. Rapee (2015) indicates that anxious children typically have friendship difficulties. This group of children typically has fewer friendships that are less supportive than those of non-anxious children. It is common that they are often the victims of exclusion or bullying by their peers, which contributes to the continuation of their worries.

Some ideas on ways to build friendship skills and manage conflict in relationships with children were presented to the parents. As a precursor, the concept that each child has a different personality and as such has a unique preference as to what qualities they look for in friends and relationships was highlighted. This included letting go of the idea that a child is socially successful if they have numerous friends as some prefer to have one or two close friends rather than be a part of a large social network (Nelsen, Lott & Glenn, 2007). The parents were encouraged to gain an understanding of where their children are at with social skills such as introducing themselves, joining in play, taking turns, negotiating and sharing and asking for help. The next step was then to develop a plan to teach children friendship skills such as role modeling or practicing in a safe environment of one or two children (Lowe, 2006).

The group discussion progressed to assisting children in managing conflict with their peers. Two key points included teaching the child how to address the conflict using problem solving skills and to allow children the opportunity to use the skills independently rather than rescuing them (Stanberry, 2012). One couple indicated that they have gained insight into how they can help their child in a different fashion than they have been. They indicated that their daughter has a friend who they are not particularly fond of because of frequent arguments that happen in the relationship. They noted that they have come to the realization that they have been projecting their feelings about this friend onto their daughter's relationship. The parents have been discouraging the continuation of their friendship, which in turn has resulted in an increase of anxiety for their daughter because she wanted to remain friends with the girl. To manage the anxiety, the mother had been phoning the parent of the friend to manage the conflict rather than supporting her daughter with problem solving skills.

### **Parent Group: Case Example #2**

One father spoke about the struggles that his daughter had with negative and self-defeating thinking. For many years, they enrolled their daughter in a variety of lessons such as gymnastics and dancing. After attending a few classes, their daughter no longer wanted to go

and became emotionally escalated when they tried to force the issue. When they would ask her what was creating her feelings about not wanting to attend she would advise that “I am terrible at it because the teacher picks on me” or “I cannot go, because none of the other girls like me”. The father noted that they were at the lessons and knew that these statements were not true, but it felt impossible to convince their daughter of a different perspective.

Foxman (2004) indicates that there are cognitive patterns that are common in most children that suffer from anxiety. The most typical thought pattern is worrying about what may occur in the future. Anxious children think that future events will happen rather than the event might happen. This is a cognitive mechanism attempting to prepare and feel in control of situations that they find frightening and stress provoking. Other identifiable thought patterns are perfectionism, should or must do statements, focusing on past mistakes, all or nothing comments, and a focus on negativity. Anderson (1982) breaks down the pattern of negative thinking into four categories which she coins “junk thoughts”. These include demands, cop outs, overgeneralizations, and catastrophizing.

The statements that the daughter was making about attending lessons would fall into the category of cop outs. These are comments that place blame for actions on others rather than taking personal responsibility for the choices that are made (Anderson, 1982). The parent’s role in supporting their children with negative thought patterns is to assist their child in recognizing the thought and then replacing the thought with one that is positive in nature (Anderson, 1982; Foxman, 2004). The group facilitator highlighted that there are six different types of positive self-talk that parents should attempt to inspire in their child. Statements that focus on feeling competent, expecting success, not worrying, accepting mistakes, crediting and complimenting yourself are ideal (Berg, 2003). When the father came back to future group sessions he spoke about working with his daughter on picking out junk thoughts and encouraging the replacement of these ideas with more positive statements. Although he felt

that there was progress in this area, group discussion included that this would be a process rather than an event as it would take time to alter an existing pattern of thinking.

## **Reaching Out: Connecting with Your Children**

### **Program Overview**

This process focused group is a part of the community capacity building/community development portfolio. Currently, it is offered at St. Micheals, W.P. Bates, and Princess Alexandra Community schools in Saskatoon. The parents meet together once a week to discuss any topics that the members wish to receive feedback or guidance on. This assists with building an interpersonal network with each other and also with the school and CFS staff. At the end of each session, the children come down from their classrooms and have lunch with their parents. The facilitator role is to support and maintain the group, but they are also available to provide one to one assistance to families outside of the group context. These services may include advocacy, referrals to agencies, case planning, attending meetings with parents that have involvement with mandatory services, and guidance with education and employment planning (Catholic Family Services, 2014).

The program received positive feedback from parents, children and staff to a degree that a few of the schools decided to create designated spaces called parent rooms. These rooms provide a physical location to host the groups, but also allow the opportunity for parents to have a place to come and build relationships with other people in the community. It was evident that the parents valued the creation of the space through their active participation in determining the supports and services that would be provided in the room. Some of these included having free beverages such as coffee, a donation space for household items and children's clothing, and computers that are free to use for parents (Catholic Family Services, 2014).

The practicum experience involved building relationships with the participants of the parent groups in W.P. Bates and Princess Alexandra community schools. This included

engaging in the dialogues that occurred at the weekly sessions and locating further resources or information for the parents who needed assistance in accessing services. Tasks such as food preparation and the setting up of the physical space were also a part of the practicum responsibilities.

### **Process Focused Group Model**

The Reaching Out: Connecting with Your Children group follows a Process Focused group model. This model regards group dynamics as the primary intervention that facilitates growth and change for participants. The actions of experiencing, examining and reflecting on group process in a safe surrounding facilitates conscious and unconscious therapeutic work on both personal and interpersonal levels. Members are encouraged to give support and feedback to others, and to work with the reactions and responses that other participants' offerings bring up for them. (Peled & Perel, 2012; The University of Wisconsin-Madison, 2013). There are two approaches that are utilized in leading a process focused group. The analytic group is seen as replicating the past childhood dynamics of the participants onto the facilitator and group members. The therapeutic component is derived from the security of the group and participating in the group process. An interpersonal approach attempts to increase the psychological and social functioning of the group members by talking about the issues at hand. The therapeutic element comes from connecting and helping other people (Peled & Perel, 2012). Process focused groups are unstructured and typically there is not a specific topic area for each session. There are some groups that will be centered on a common theme such as a parent group. The overall goal of the group is more general in nature and often becomes apparent after the group discussions start (Toseland & Rivas, 2005).

All groups are social systems that are made up of people and their interactions. In any social system there is a basic structure that includes the roles and norms that influence the behavior of the individual members and the collective system (Toseland & Rivas, 2005). The term group dynamics refers to the study of this behavior and the interactions between group

participants (Johnson & Johnson, 2003). The facilitator is tasked with assisting the development of group dynamics to meet the social and emotional needs of each group members but also the group as a whole. In order to accomplish this task, group leaders need to have an understanding of four components that contribute to effective group dynamics. These include patterns of communication and interaction; cohesiveness of the group; acceptance of members into the group; and the overall group culture (Johnson & Johnson, 2003; Toseland & Rivas, 2005).

Group facilitators also need to have knowledge of the stages of group development. The stage that the group is in will determine the type of the dynamics between the participants. Many research studies have been conducted about the different stages of groups, but consensus has not been reached on the types and number of stages that exist (DeLucia-Waack, 2006; Johnson & Johnson, 2003; Toseland & Rivas, 2005). This may be due to the fact that the stages of group development are dependent on several factors such as the needs of group members, the type of group and the style of the leader. It has been determined that every group has a beginning, middle, and an end stage (Toseland & Rivas, 2005).

The beginning stage of group development is focused on planning and organizing. The participants will experience mixed feelings as they are excited to take part of the group, but may feel apprehensive as well. The group members begin exploring their relationships with other participants and establish the norms within the group and the role of each individual. Participants will approach and engage with others, but they will also maintain their distance as they are determining how comfortable they are within the current dynamics of the group. In this stage it is typical that conflicts will occur between the group members. This is a normal part of group development process and it is the leader's role to work through and resolve these conflicts (DeLucia-Waack, 2006; Toseland & Rivas, 2005).

The middle stage of a group is called the action stage as most of the work is accomplished during this time period. Healthy patterns of interaction should become apparent

as the group has worked through the conflict in establishing the norms and roles. The participants continue to deepen their relationships within the group as they support each other on accomplishing tasks and working towards goals.

The ending stage involves the completion and evaluation of the group's endeavors. The leader's role is to enable the process of separation. This process involves the group discussing what they have learned, how they will carry forward once the group ends, and a celebration of the accomplishments of the group. The leader's role during this time is to assist the group with the feelings of grief and loss that come from the group ending (DeLucia-Waack, 2006; Toseland & Rivas, 2005).

### **Family Systems Theory**

The Reaching Out: Connecting with Your Children group is based on the understanding that the family unit plays an important role for children as it provides safety, care and protection. It is also where they learn how to socialize with others and gain valuable life skills (Christian, 2006; Turner, 2011). Family systems theory views the family as an interconnected system. The interdependence that exists among family members creates predictable and reoccurring patterns of behavior (Christian, 2006; Kerr, 2000). Therefore, therapeutic interventions concentrate on the behavior of the family rather than the actions of an individual (Christian, 2006). Within the family system are four major subsystems. These are the spousal, parent-child, sibling and individual. The family system is also a subsystem of the larger environment and as such helping professionals must consider how the community impacts the family on micro, meso, and macro levels (Turner, 2011).

Every family has boundaries that exist around the whole family unit, the subsystems and separate members. Enmeshed families have a closed system with boundaries that tend to be more constricting. The parents may be overly involved and attempt to control their children's interactions outside of the family unit. It is not unusual that parents use discipline to maintain the boundaries. The family values emotional ties, togetherness, and conformity. At

the most extreme level, the family sees independence as an act of disloyalty. The boundaries within the family can also be described as disengaged. These boundaries allow an open exchange of interactions with people outside of the family unit. Although the family members live in the same house, they encourage and respect each person operating as a separate entity. The family values separateness, autonomy and making their own decisions. They do not bond with each other on an emotional level and as a result do not feel connected to one another (Christian, 2006; Turner, 2011). Typically helping professionals are involved with families whose boundaries are too open or closed to allow for optimal functioning of the family members (Turner, 2011).

Another characteristic of the family system is that every member has a role that they play. The dynamics in a family change over time and the role that an individual fulfills also adapts to these changes. Often the role that an individual has in the family will transfer into other environments. For example, if a child is the peacemaker within the family unit they will resume this position at school with their peers. The roles that family members have work together in positive and negative ways. When a family member fills a role it assists in building competency with the responsibilities. However, if a family member always maintains the same role then they hinder the ability of the others to learn skills in this area (Christian, 2006; Turner, 2011). Role conflict can also occur for family members. This is when one person is required to fill two roles that have incompatible expectations (Turner, 2011).

One role that exists in the family system is the head of the hierarchy. This is the person who maintains the power and control over decision making. Each family unit is unique with regards to who is the head of their family. For most families this decision is based on factors such as gender, age, economic status and/or cultural considerations. Typically, when there is a change in the family structure (such as a death) there is a transformation in the hierarchy (Christian, 2006). The head of the family determines the rules that the members are

expected to follow. The rules can be both stated and unspoken and direct what is or is not acceptable behavior in each family system (Turner, 2011).

All family systems attempt to maintain a state of equilibrium. When change occurs in the functioning of one member then the other members of the family will also be impacted. The change can result in the family becoming more united or it can have the opposite effect and heighten tension. This may cause one or more family members to feel overwhelmed as they take on the responsibility of reducing the stress levels within the family structure. These are typically the family members that are vulnerable to engaging in negative coping mechanisms (Christian, 2006; Kerr, 2000; Turner, 2011). The emotional intensity of the family may also cause cutoff. Papero (2014) states that cutoff is when a person distances themselves from their family to gain relief from the challenging relationships. The distance can range from slight to severe. In the most serious forms, a person decides to not have any contact with their family of origin. Helping professionals can use a working document called a family diagram or genogram to collect information such as people, events, processes and adaptations to assist in stabilizing the family system.

### **Reaching Out: Case Example #1**

One parent in the group spoke about the ongoing challenges that she was having with her landlord. When she had initially rented the house there were several broken windows. The landlord ensured her that these would be replaced before winter. Based on this information she signed a contract to lease the property and moved in. Unfortunately, the windows were not replaced but rather covered in cardboard. This resulted in the parent having to pay inflated heating bills to keep the house warm throughout the cold winter months. After numerous conversations with the landlord, he refused to honor his agreement as he felt that covering the windows was an adequate fix. Many of the participants in the group encouraged the parent to move and find a house that was better maintained. The parent felt that she had no choice but

to stay in her current residence. She required a house with a large amount of bedrooms for all her children and this was the only one she could find in her price range.

The facilitator told the group that there are rights that a tenant has when dealing with disputes with their landlord. The Residential Tenancies Act (2006) outlines the obligations and rights of both landlords and tenants and neither party can state that it does not apply to their rental agreement. If a landlord or renter does not follow the Act they may be responsible to make financial restitution. One obligation of a landlord is that the rental property must be kept in a good state of repair. This includes repairs that were noted at the time of rental along with those that occur from daily wear and tear or accidental damage. If a landlord and tenant have discussed the repairs and there is not a satisfactory resolution for both parties they can ask the office of the Residential Tenancies to become involved. This agency will review the dispute and determine the appropriate amount of financial restitution up to twenty thousand dollars. If the case warrants more than twenty thousand dollars in restitution it will be forwarded to the Court of Queen's Bench (PLEA, 2014).

After reviewing this information with the group, the parent felt empowered to contact the office of the Residential Tenancies to discuss her situation. The participants discussed that perhaps this would compel her landlord to replace the broken windows in her rental home or maybe she would be entitled to financial compensation for her heating costs. Unfortunately, the practicum experience with this particular parent group was not long enough to hear if the parent was able to receive assistance from the agency. However, the whole group benefited from finding out about their rights in regards to renting properties. In the future, they may find themselves in a similar situation and they will have knowledge on where to turn for support.

### **Reaching Out: Case Example #2**

Another participant shared her many challenges with becoming a single parent to her grandchild. Several years ago she received a call from the Ministry of Social Services to inform her that her grandchild was in care. She decided that she would take on the

responsibility of parenting her grandchild rather than have him grow up in the foster care system. She explained that her daughter is homeless and suffering from addictions issues. Her grandchild has been diagnosed with multiple disabilities due to substance abuse that occurred in-vitro. Her daughter will come to the residence to visit her child, but this often leads to arguments as the grandmother does not like her daughter visiting when she is under the influence of substances. She advised that she feels guilty because when her daughter was a young child she suffered from alcoholism. The grandmother has often wondered how her parenting style contributed to the choices that her daughter has made.

In their research, Goodman, Tan, Ernandes & Silverstein (2008) highlight that an increasing number of grandparents are becoming surrogate parents to their grandchildren. This can be contributed to changes in family structures and problems that the parent generation is faced with such as divorce, incarceration, unemployment and addictions. Professionals need to acknowledge that they are a vulnerable population. They have more struggles meeting financial obligations of not only themselves, but also their grandchildren. Social isolation from peers and friends is common because the grandparents are dealing with different issues than those of their age group. Many are embarrassed by their children's inability to parent and do not want others to know that they have become responsible for this task. In some situations there is a conflictual relationship between the grandparent and parent which contributes to a lack of familial support and elevates stress levels eroding emotional well-being (Goodman et al., 2008; Kresak, Gallagher, Kelley, 2014).

The grandmother in the Reaching Out: Connecting with Your Children Group indicated that she has little to no informal support network so she decided to join the parenting group at the school along with a faith based parent group at her church. She noted that although she finds strength in participating in these programs, the content does not focus on some of the particular issues that she faces as a grandparent such as physically keeping up with a young child when you are elderly. It is important that professional services meet the unique

needs of this population by ensuring that programs and services are designed to support grandparents fulfilling parenting roles. Several interventions are recommended to accomplish this task including strengthening family and peer support networks, providing educational programs on reducing family conflict, and considering social context when designing health prevention and protection services (Goodman et al., 2008; Kresak, Gallagher, Kelley, 2014).

### **Reaching Out: When Teens are Out of Control**

#### **Program Overview**

Another program offered in the family education and wellness series through Catholic Family Services is the Reaching Out: When Teens are Out of Control parent group. Over a ten week time period, parents meet once a week to gain further knowledge and skills for engaging with their teen. The group is designed for people who are having challenges with managing severe behavior and/or have a conflictual relationship with their adolescent (Catholic Family Services, 2008). The program receives funding from the Ministry of Social Services and as such it is offered free of charge to the participants. There is no requirement for parents to have involvement with the Ministry; however the agency does refer parents to the program. Other referrals come from a wide variety of sources such as self-directed, schools, and community based agencies.

The group content was originally developed by Terry Lowe (a Catholic Family Services employee) utilizing an Adlerian approach. However, the current facilitator has been re-developing the group content using Attachment Theory as a framework. The same group format was followed each week. The participants would provide updates to their stories including any challenges or successes that occurred from the time of the last session. After the participant's updates, the group would move forward to the facilitator provided educational component. A vast amount of information was also provided to the parents in the form of handouts to read independently. The group facilitator would often determine the next weeks educational components based on the updates that were provided by the parents. There were

important concepts that the facilitator presented several times throughout the duration of the group in order to ensure that the participants had acquired a solid understanding of how these ideas related to the challenges they were facing with their teenager. These core topics included the importance of self-care, exploring the past to understand attachment styles, effective ways to communicate during conflict, the secure base/safe retreat ideology, the impact of shame, and the survival emotions.

One of the first tasks of the practicum experience was to take a list of one hundred reference books related to the group content and create an annotated bibliography. This directory would be used by the facilitator to find appropriate resources for parents. Undertaking this work also provided an avenue to become acquainted with some of the subjects that come up in the group sessions. It also assisted with becoming familiar with resources that are available to parents who are struggling with behavioral issues of teenage children. The materials were varied in writing styles such as humorous, self-reflective, and research based. They also covered a wide range of topics from how to deal with beginner drivers, brain functioning of teenagers, self-harming, alcohol and drug abuse, and talking about sex with your teenager. Another task of the practicum was to compile group session notes. These notes summarized the handouts that were provided to the participants, updates of the parents, educational topic areas, emotional reactions of the attendees and if it appeared that they understood the presented material. The facilitator requested the notes as a framework to refine the group session content. Additional responsibilities were reading the weekly handouts in between sessions and assisting with the set up and clean up jobs of the group.

### **Educational Group Model**

The Reaching Out: When Teens are Out of Control group is informed by the Educational group model. Literature often uses the labels of psycho education and education interchangeably, but there are differences between the two types of group formats. Both groups focus on providing education to participants to increase their knowledge base and

copied skills. However, the core function of a psychoeducational group is treatment for a pathological condition. An educational group has a healing quality, however the intent is not to provide direct therapeutic interventions to the people who attend the group (Sands & Solomon, 2004).

Another difference is that educational groups provide a unique blend between the sharing of information between the participants and the facilitator presenting material. All group frameworks incorporate these two elements to some degree, but the structure of the educational group ensures that there is equal opportunity for both. This creates an optimal balance between structured and incidental learning opportunities. The facilitator has occasion to impart knowledge and skills, but the participants also have time to share their wisdom in dealing with issues that may be common to all group members (Sands & Solomon, 2004; King & Hunt, 2015). The story telling aspect brings an opportunity for the participants to understand that they are not alone and establish a support network of peers. This component also strengthens participant engagement in the change process as a portion of group content is based on their own personal experiences (King & Hunt, 2015).

The educational group is time limited. The amount of sessions is pre-determined to provide enough time for the new concepts and skills to be presented and allow a period for the sharing of experiences and building emotional support amongst the participants. In order to maximize the group experience, the facilitator must have a clear understanding of the knowledge base that individuals bring to the group. This ensures that the presented material is building on the skills that they have already acquired. The structure of the group sessions should focus on one or two key concepts and the material should follow a logical pattern based on what has been discussed in the past sessions (Sands & Solomon, 2004; King & Hunt, 2015).

## **Attachment Theory**

The principles taught in the Reaching Out: When Teens are Out of Control group is based on Attachment Theory. The term attachment refers to a human's capacity to form emotional bonds with other individuals. The need to feel connected to people is derived from an internal system that exists in all human beings (Schimmenti, Passanisi, Gervasi, Manzella & Fama, 2014). Attachment theory was developed from the idea that the type of relationships that occur in childhood create a lifelong impact. A child needs to have a close connection with a caregiver in order to survive and feel safe from perceived and real threats to their well-being (Fitton, 2012; Goldsmith, 2010; Schimmenti et al., 2014). The relationship with the child influences personality traits, emotional regulation, mental health and molds expectations of future relationships (Bettmann & Friedman, 2010; Fitton, 2012). Most times, when parents are not involved in an attached relationship with their child it is due to their own insecure attachment history (Goldsmith, 2010). This impairs their child's ability to have meaningful relationships, creating a generational pattern of attachment issues (Bettmann & Friedman, 2010; Kindsvatter & Desmond, 2013). In teenage years through to adulthood the internal system directs people to search for a safe retreat and a secure base within their attached relationships (Schimmenti et al., 2014).

The secure base is an important concept in attachment theory. An attachment figure that provides security to a child is defined as the secure base. The secure base is viewed by the child as a safe and sound place in which they can discover the world (Fitton, 2012). As children grow older, they seek out independence which is defined as the safe retreat. The ability to have a safe retreat into the world and go back to the secure base for guidance and support is a crucial part of adolescence and moving towards adulthood. When parents are comfortable with their role as the secure base, they are open to providing refuge to their children after they independently make decisions whether positive or negative. This is demonstrated in constructively solving conflicts or challenges that arise. If parents are

uncomfortable with the freedom that teenagers desire, it often signifies that they are feeling a sense of loss for dependence that their child once had. This can result in parents trying to control or avoid their adolescent's behavior (Ruiz, Rodrigo, Hernandez-Cabrera & Maiquez, 2013).

There are three different types of attachment styles. These include secure, anxious and avoidant. Anxious and avoidant are recognized as insecure attachment forms. Individuals that display anxious attachment will desire close relationships but are reluctant to engage in one as they fear rejection. Those with an avoidant attachment style will feel uncomfortable in close relationships and avoid intimacy or sharing emotions with other people (Schimmenti et al., 2014). Children with these two forms of attachment will often face challenges with effectively exploring the world. This results in anger and sometimes rage toward their caregivers as the parent-child relationship is not meeting their emotional needs (Goldsmith, 2010). Individuals who were subjected to severe abuse in childhood can show a blend of both insecure attachment styles which is called disorganized or dual. This arises due to a prolonged exposure to rejection of affections, lack of empathy and absence of closeness that exists in attached relationships. Typically, people who fall into this category tend to be defensive and act out with aggression as a protection method (Schimmenti et al., 2014; Fitton, 2012).

Securely attached people tend to have a strong sense of self. This aids their ability to engage in close relationships, share feelings and pursue social support when they are struggling with issues in their lives (Schimmenti et al., 2014). A study conducted by Fitton (2012) advises that past research has focused on the role of the maternal caregiver in creating securely attached individuals. However, it is important to highlight the importance of nonmaternal caregivers as well. Although every caregiver has the potential to form a nurturing and supportive relationship in a child's life, Fitton (2012) specifically looks at the importance of fathers. Both mothers and fathers have distinctive ways of building attachment relationships. A mother's style of attachment centers on social interactions which builds social skills,

empathy and sensitivity in children. Father's tend to focus on play interactions which shapes cognitive growth. Relationships with both mother and fathers play an equally important role in creating securely attached children.

Often interventions to assist with challenging behavior focus only on the child when in reality the source of this behavior is rooted in the parent-child relationship. The helping professional's role is to assist the parent to develop insight into causes that are preventing effective responses to their child's emotional distress. This includes past experiences, traumas and conflicts from their childhood that have shaped their parenting style. Undertaking this work allows the parent to look beyond the surface of the child's behavior and focus on the emotions that fuel the behavior. The professional then can assist the parent with how to respond to the child in a way that builds the secure base (Goldsmith, 2010; Kindsvatter & Desmond, 2012).

### **Reaching Out: Case Example #1**

From the information shared by the participants during the first group session it was evident that there were complex situations occurring with their teenager. One parent described that her son had sporadically attended school for the past several years. Whenever she would try to initiate a conversation with him about finishing his education it would lead to an argument. The end result was that he would leave the house and not return for several days. This created a considerable amount of stress for the mother as she would have many sleepless nights wondering if he was safe. This was combined with her questioning her aptitude as a parent, possible substance abuse on behalf of her son, and conflicting parenting styles between herself and her husband.

The group facilitator highlighted that in the complex situations such as the ones that the parents were facing there were many factors not in their control. One area in their control was the ability to practice self-care. Research in the area of sleep advises that most people need an estimated eight hours of sleep a night, but only fifty percent of people are resting for this

amount of time (Laber-Warren, 2006). Sixty percent of people in Canada state that they feel tired most of the time and thirty percent indicate that they sleep less than six hours per night (Boesveld, 2012). Sleep is important for a variety of reasons. The brain uses this time to repair cells, process new information, reduce inflammation, regulate emotions, build memory and flush away toxins (Sponagle, 2014). When people do not get enough rest it can create a myriad of difficulties such as weight management, diabetes, heart disease, cancer, and emotional regulation (Boesveld, 2012; Sponagle, 2014).

An acronym of “Be ZEN” was provided to the group participants to remember the steps of self-care. The z stands for getting your zzz’s or sleep; the e for allowing yourself the opportunity for exercise each day; the n for proper nutrition. The facilitator discussed that by practicing these three self-care techniques, the parents will feel more emotionally ready and engaged to manage the conflicts that arise with their teenager. When parents are tired and not feeling well, their patience is lacking. They are not able to deal with complex situations in a way that encourages emotional responsiveness and connectedness with their children. When the mother first heard this material, her response was “I will sleep when my son moves out”. Interestingly, after several weeks she reported to the group how beneficial she had found this information. She had started to implement these strategies into her daily routine and noted that she was starting to feel more energy to deal with the challenges with her son.

### **Reaching Out: Case Example #2**

A couple attending the group indicated that they are seeking guidance on how to deal with their son’s escalating challenging behavior. Their teenager will become extremely angry and confrontational when asked to go to school or help around the house. The parents have noticed that most of the anger that he displays is directed towards his mother. The mother thought this was because she was the parent that was responsible for managing the daily family and household tasks and therefore she was the one who had to engage in arguments with the son to honor his responsibilities. The relationship had deteriorated to the point where any

attempt to initiate a conversation would illicit anger from the son. The mom stated that she now ignores her teenager in order to avoid ongoing conflict. The husband felt that he was often left dealing with unresolved issues between the mother and son when he came home from work.

In order to have effective communication in a relationship both parties need to feel that their needs, desires and opinions are heard. This does not mean that parents agree with what is being said or approve of the choices that are being made. It demonstrates that there is mutual respect in the relationship to understand what is truly going on for the other person. When parents can role model this type of listening, the more likely children are to reciprocate this approach to when parents are trying to express themselves (Giggans & Levy, 2013; Kastner & Wyatt, 2009). The group facilitator created an acronym for effective listening called SLICK. The s stands for shhh....(be silent and listen); listen for the feeling and state it back; invite further discussion by showing interest no opinion; clarify to make sure that you understand; and know that you are the adult in the conversation (Adlerian Society, 1998).

After the group session ended, the couple remained back to speak to the facilitator. The mother said that she was not in agreement with the effective communication approach as she felt that it was allowing her son the opportunity to be disrespectful to her and to control the situation. She did not return back for further group sessions but the husband continued to attend. In the fifth group session, the husband shared with the group that he had decided to try this approach with his son. By remaining silent and inviting further elaboration his son had disclosed to him that he was upset with the mother because in the summer she had told his older brother that he was no longer welcome to live at the family residence. The brother moved to a location that was far from the family home and as such was not able to see his sibling on a regular basis. The father felt that this was one of the underlying issues that had created the escalation in his son's challenging behavior as the siblings had a close relationship.

## **Group Evaluation**

### **Role of Evaluation**

The evaluation process plays an essential role in the group work experience for both the facilitator and the group members (Furr, 2000). When the group is underway, the leader is often busy with presenting the group material and unable to observe whether the information is being received by the attendees in an effective way (Delucia-Waack, 2006). In order to ensure that the group content is achieving the projected outcomes, the facilitator must receive feedback from the participants (Furr, 2000; Sands & Solomon, 2004). This feedback should encompass both positives and negatives about the activities, interventions, and behavior of the leader (Delucia-Waack, 2006). It is also beneficial for questions about logistics to be included in the evaluation. Asking questions in regards to the location and scheduling of the group sessions can provide information to the facilitator about whether these areas posed any attendance issues for the group members (Sands & Solomon, 2004). Some agencies need to apply for finances to operate group programming. A formal evaluation process provides concrete information to valid the need for ongoing funding (Delucia-Waack, 2006). For the participants, the evaluation process provides a time to reflect on the information acquired, whether their needs were met by the group and the personal growth that they achieved (Sands & Solomon, 2004).

### **Types of Evaluation**

Furr (2000) outlines two different types of evaluation that can be undertaken. A process evaluation is conducted on an ongoing basis throughout the group and will highlight the effectiveness of each session's activities. The facilitator can implement this evaluation on an informal basis by asking group members what they thought of the session, recording the information and making minor alterations to the group content as required. A more formal evaluation can also implemented at the midpoint of the group. The leader requests that the members provide feedback on the group thus far and any changes that they feel need to occur

to make future sessions more useful. An outcome evaluation is used to measure the level of individual change that occurred by being a part of the group. One way of obtaining this type of feedback is to implement a pre-test based on the overall objectives of the group and then administer a post-test when the group is ending. The other method is called a member satisfaction questionnaire. This tool is used to collect information based on the subjective experiences of the group participants. The questions will provide further understanding of whether the group was satisfied with their own personal achievements and with the overall group process.

### **Evaluation: Case Example**

Catholic Family Services has a standard outcome evaluation form that is administered at the end of each group that the agency hosts. The Impacts of CFS Service form is available in an adult and a children's version which uses simplified language. Rather than having individual's complete a pretest and then implement a post test, the form directs the group member to rate their functioning at the beginning of the group and also to rate their level upon completion of the group process. There are four areas main areas in which data is collected. These included inner peace, belonging and inclusion, social interest and independence.

The practicum experience provided three opportunities to observe the evaluation portion of the group. One of these moments was in the Taming Worry Dragons children group. The parents take part in the last session of the group to have a pizza party and celebrate the success of completing the program. The families then have time to complete the evaluation form. One parent provided feedback in regards to the user friendliness of the documents, specifically the children's form. It was noted that the adaptations that were made to the children's form did not accomplish the task of making it understandable for them to complete. A discussion occurred amongst the facilitators that this feedback has also been received in past group experiences, and perhaps the content of the form would need to be revisited. This would be beneficial in ensuring that the information received in the evaluation process was accurate

rather than having group members avoid or incorrectly fill out questions because they were not able to understand what was being asked.

## **Social Justice and Group Work**

### **Connecting Values**

Professionals involved in group work and social justice fields interact with marginalized and oppressed populations to create empowerment, growth and change. However, group work leaders have not always acknowledged the role of social justice values in the historical roots or ongoing development of the field. This exclusion may be created by the belief that therapeutic work and social justice are mutually exclusive rather than interconnected. Many group facilitators have the impression that they have to participate in political action to justify that they are incorporating social justice in their work with individuals (Singh & Salazar, 2010a). This is not the case, as group work has been and can continue to be an effective network for implementing change on both individual and systemic levels. However, further opportunities need to be created to educate group leaders on how to incorporate principles of social justice into their daily practice. This includes ongoing research to advance frameworks, theories and guidelines to undertake these activities (Burnes & Ross, 2010; Hays, Arredondo, Gladding, Toporek, 2010; Singh & Salazar, 2010a).

### **Incorporating Social Justice**

One way that facilitators can incorporate social justice into their direct practice with groups is to have multicultural competency (Hays et al., 2010; Singh & Salazar, 2010b). This involves gaining an understanding of the diverse groups that exist in our society and the issues that impact their well-being. Without this knowledge, professionals may engage in well intended social empowerment and advocacy efforts that are disadvantageous and possibly unethical (Singh & Salazar, 2010b). Group leaders can also build an awareness of multicultural issues by selecting participants that have a diverse range of backgrounds (Burnes & Ross, 2010). This will provide an opportunity for group members to discuss their

experiences and bring up topic areas such as values clarification, power and control, gender status, along with consciousness raising (Burnes & Ross, 2010; Hays et al., 2010).

Before entering into discussions about social justice issues, a leader needs to assess the group's ability to manage these topics. It is also important for the group leader to contemplate their personal biases and how these shape their professional endeavors. This is a preventative measure to ensure that marginalization and oppression do not occur within the group (Burnes & Ross, 2010; Hays et al., 2010; Singh & Salazar, 2010b). Conducting an assessment of the group members prior to and during the first few group sessions will identify any concerns and/or strengths with handling this subject matter (Burnes & Ross, 2010; Hays et al., 2010). There will be situations where the facilitator determines through the assessment process that an individual is not able to conduct themselves in a manner that is welcoming for all participants. These conditions may warrant offering individual support rather than group therapy (Burnes & Ross, 2010).

Another way that social justice issues can be connected to group work is through expanding the scope of the group. Therapeutic work involves teaching positive coping skills to manage symptoms, however there are social injustices that generate and maintain the presenting issues (Hays et al., 2010). The role of the group facilitator needs to be two fold in that they help with internal needs but also address the larger external factors that impact the members of the group. In group sessions, leaders listen to the stories and the discussions of the participants. In these dialogues there will be common threads of social justice issues that can be highlighted by the group leader. By identifying these linkages, group members may wish to set goals around learning about self and community advocacy so that they can take action steps to address these concerns (Hays et al., 2010; Singh & Salazar, 2010b). Through a social justice lens individual change best occurs through social change. By broadening the range of helping interventions to outside the confines of the immediate group, the leader is guaranteeing that systemic needs are being dealt with to increase therapeutic results (Hays et al., 2010).

In addition to facilitating steps towards advocacy, leaders can also empower group members to create change in their lives on two different levels. Typically in a therapeutic group, participants feel a sense of empowerment for personal change through the group process and working together to reach individual and collective goals. When social justice is included in group work this sense of empowerment grows further. Through the act of consciousness-raising, the facilitator increases the members understanding of how power, privilege, oppression, and marginalization have impacted them individually and collectively as a group. With this understanding, individuals are empowered to create change on a broader level outside of the group (Singh & Salazar, 2010(b)). The facilitator can further empower group members by exploring solutions, building on strengths, and making connections with social, financial, governmental and cultural resources. There may also be opportunities to collaborate with the group to identify gaps and barriers to resources and develop plans to address these areas (Hays et al., 2010).

### **Ethical Considerations**

#### **Confidentiality**

The Canadian Association of Social Workers (2005) outlines that Social Workers have an ethical responsibility to maintain confidentiality with regards to all services and information related to an individual. Social Workers may disclose information to third parties when informed consent is provided by the individual, their legal representative or necessary by court order or law. There may also be times where a Social Worker feels that there is risk of harm to the individual or others and needs to report these concerns to the appropriate agency. In both of these instances, the Social Worker will release only the relevant information for the situation at hand.

Social Workers that facilitate groups need to ensure that they are following the ethical guidelines for confidentiality as helping professionals, but also need to consider issues of confidentiality amongst the group members (Congress & Lynn, 1997). There are certain types

of group experiences that lean more towards the sharing of personal information. Northen (1999) highlights that due to the structured nature of an educational groups there is little opportunity for disclosing personal information whereas in a process orientated group members are expected to share their personal stories, feelings and issues. Regardless of how much information will be shared Social Workers have an obligation to protect group member's privacy. However, there is an ethical dilemma that occurs because group members have no professional obligation to uphold confidentiality (Congress & Lynn, 1997; Northen, 1999).

It is imperative that Social Workers explore the area of confidentiality in the first group session in order to “demonstrate transparency with respect to limits to confidentiality that apply to their professional practice by clearly communicating these limitations to clients early in their relationship” (Canadian Association of Social Workers, 2005, p. 8). Not only should the group facilitator outline the limitations to their ethical obligation of confidentiality, they need to advise that they cannot ensure that group participants will keep information confidential. With this in mind, it is up to each individual member to decide how much information they wish to disclose to the group. At times, this may prevent group members from fully participating in the group experience or they may withdrawal from the group due to a fear of sharing information (Congress & Lynn, 1997).

### **Confidentiality: Case Example**

Catholic Family Services developed two forms that outline ethical responsibilities around confidentiality. The first is a Client Information leaflet that explains that information provided to the agency whether verbal or written will be kept confidential. The second form is called the Receipt of Information and Conditions of Service for Counselling. There are four areas that the helping professional need to go over with the individual and have them initial prior to implementing services. These areas include the individual's rights and responsibilities, limits of confidentiality, limits of service, and follow up contact.

The practicum experience provided three opportunities to observe group leaders outlining the limits to confidentiality in a group setting. The two forms were handed out and explained to the group members. The facilitator discussed with the participants that although they are ethically bound to confidentiality as outlined on the forms, they could not ensure that the group members would maintain this level of privacy. Each person had to reflect on their own comfort level with sharing personal information and act accordingly. A part of this conversation, was requesting that the group members respect the privacy of the other people and not discuss their personal issues outside of the context of the group.

Through observation of the group members sharing their stories, it was evident that there were different levels of comfort in disclosing personal information. One participant discussed ongoing issues of co-parenting between her and her former partner. When she was talking about her experiences, she would carefully stop herself from revealing the first name, but rather would say “my ex”. Another participant was discussing challenges that were arising with her daughter’s involvement in an after school sport team. A group member asked her what school her daughter went to in which the individual stated that she was not comfortable in disclosing that information. The group facilitator took these opportunities to reiterate that everyone has different comfort levels in sharing information and that confidentiality could not be assured amongst the group members.

### **Conclusion**

This paper has provided a summary of my MSW practicum at Catholic Family Services with a specific focus on group work. The purpose of the practicum experience was to gain knowledge and apply skills at a graduate Social Work level through individual and group counselling processes. The practicum provided the opportunity to accomplish this goal with adults, children and youth. One discussion that occurred with my practicum supervisor left a lasting impression on me. In this conversation, it was highlighted that the knowledge, skills and abilities that professionals bring to the helping experience are the same regardless of the

client's age or whether it is delivered in an individual or group format. The focus should be on interpersonal communication and relationship building to facilitate change and growth in the person seeking support.

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