

Counselling experiences of a Master of Social Work student at Family Service Saskatoon

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ABSTRACT

This report discusses the counselling experiences and agency involvement of an MSW student at Family Service Saskatoon. Formal individual counselling sessions are highlighted and depict the theoretical components of Cognitive Therapy and Solution-Focused Brief Therapy as they were utilized with two clients of the agency. Examples of strategies incorporated into an eight week Intimate Partner Violence Program is discussed and the importance of therapeutic alliance is examined. Other important learning aspects related to the practicum are described in relation to values, ethics skills and visions.

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1. Introduction

The primary reason I chose to complete my Master of Social Work Field Practicum Placement with Family Service Saskatoon (FSS) was to further my professional development within the field of clinical counselling through direct practice. The source of my interest in this area stems from both my academic learning and employment experiences. My graduate course work has provided me with an opportunity to gain a deeper understanding of the many theoretical frameworks and complementary counselling applications available and utilized. My former position as a frontline crisis counsellor at a women's shelter proved to be very rewarding as I had many opportunities to provide informal counselling, support and advocacy to individuals and families in crisis. As my interest in this area grew it made sense that I would blend my academic learning and practice within the broader context of a formal counselling agency such as FSS.

I was drawn to FSS because they are a full service agency with a long history of providing counselling programs and services to the community, and an equally long history of valuing student interns. When I thought about the additional experiences I wanted to acquire during my placement four objectives were clear. Firstly, I wanted to learn more about theoretical application as it relates to formal counselling; secondly, I wanted an opportunity to participate in formal group work to strengthen my facilitation skills; thirdly, I wanted to gain a deeper understanding of the important elements of a client/worker relationship; and lastly, I wanted to have some community involvement as a representative of the agency. In collaboration with Bernie Holzer, Program Manager, and

my clinical supervisor, Klaus Gruber, Executive Director, my practicum duties were established to meet my learning objectives.

Over a three month period, I managed thirteen direct service clients for a total of thirty one completed sessions. My duties with relation to case management included meeting with clients on an individual basis and ensuring that assessments and session reports were prepared in a timely manner and kept up-to-date. I co-facilitated an eight week domestic violence group for women and spent time researching and preparing aspects of the educational components for the program. I studied various theoretical models and frameworks with a specific focus on Solution-Focused Therapy and Cognitive Therapy.

When I was not seeing clients or involved in other agency activities I used my time to read literature about theoretical models to enhance my understanding of various frameworks. Through practice and reflection I became aware of the components of therapeutic alliance, and my objective of community involvement was met as a result of interagency collaboration and community presentations.

Other valuable learning was achieved through clinical observation sessions and supervision meetings with FSS counsellors, individual supervision meetings with my supervisor, and through the acquisition of knowledge regarding agency operations, programs and services, community and governmental partnerships and funding initiatives. This report highlights my experiences, observations and personal reflections throughout my practicum placement under the following eight categories: Ideology, Theory, Values, Ethics, Relationships, Strategies, Skills and Visions.

2. Ideology

Mission statement: Family Service Saskatoon offers programs, services and leadership which develop and support individuals, families and communities to have safe, healthy and respectful relationships (Family Service Saskatoon, 2009).

FSS has a long history of providing counselling services, advocacy, educational and preventative community programs and initiatives within Saskatoon and surrounding areas. Founded in 1931, FSS is a non-partisan, non-profit organization which is governed by a volunteer, community-based board of directors and is subsidized by local, municipal and provincial funders and donors (Family Service Saskatoon, 2009). FSS maintains partnerships with “other public sector agencies and businesses, non-profit organizations and municipal and provincial governments” (Family Service Saskatoon, 2009). The collaborative efforts of all involved partners allow FSS staff to work within the community while reducing duplication of community services (Family Service Saskatoon, 2009). FSS is also very active by way of “community coalitions, research collaborations and planning groups to ensure paramount community services, advocacy and action” (Family Service Saskatoon, 2009).

2.1. Image of client population

The client population whom FSS serves is very diverse. The agency works hard to make their services available and accessible to individuals regardless of age, race, religious belief, sexual orientation or financial status (Family Service Saskatoon, 2009). The client population may contact FSS directly and request individual, couple or family counselling, and/or psycho educational and psycho therapeutic support. These services are offered directly to clients on site at FSS. Many areas of programming are at no cost to

participants while subsidy and sliding fee scales are available for individuals who may have difficulty paying for services, which I observed to be in the best interest of the client as there are no financial barriers to service.

FSS staff and contract workers collaborate with community agencies and organizations to provide educational and preventative programming, referral information, advocacy and support services to at-risk youth and families in the community. Initiatives such as Youth Exposed to Violence, Teen and Young Parent Program, Families and Schools Together Program, Performing Arts for Youth Program and the Domestic Violence Outreach Court Worker Program are imperative as many at-risk individuals who do not access the agency itself still receive crucial services (Family Service Saskatoon, 2009).

2.2. Beliefs about determinants of problems

People access counselling at different times in their lives for various reasons. The clients I worked with requested individual counselling sessions for issues related to anxiety, depression, grief, loss and trauma, relationship and domestic violence concerns, family conflict and self-esteem issues. During my placement, I was challenged by my supervisor to think critically about the issues and concerns that my clients spoke about not necessarily as singular problems, but as results or symptoms of many layers of possibilities and causes. It became evident to me that many of the behaviors I observed were reactive and maladaptive coping mechanisms related to larger societal issues and ideologies.

Some of the identified concerns were very straightforward and appeared to have a direct cause and effect, while some were more subtle and layered within an

interconnectedness of micro, mezzo and macro related issues such as poverty, oppression, sexism and violence. I share in the philosophy of FSS that personal problems do not always occur in isolation, and also Gil (1992) who states: “A person’s personal issues are deeply entwined within political structures which seek to “fix” the individual, and not examine and change the deep rooted ideologies and policies within society that fuel and sustain inequalities (p. 109). An awareness of influential factors which may overtly or covertly affect people is an imperative source of knowledge and I feel it is my responsibility as a social worker to provide education related to larger systemic issues as a means of presenting another perception of a personal problem. I took the opportunity, when appropriate, to share some of this knowledge with my clients.

3. Theory

Prior to my placement at FSS, my exposure to formal clinical counselling was limited in the sense that my main employment experiences revolved around the provision of crisis services and often consisted of very brief and immediate crisis intervention strategies. For example, during my employment as a crisis counsellor at the YWCA Crisis Shelter and Residence in Saskatoon, I assisted women and their children in need of immediate safe shelter and support. Many of the women and children who passed through the doors were in need of safe lodging due to causal factors such as Domestic Violence, lack of affordable housing, addictions and mental health concerns. My role was to provide relief to their immediate crisis. As described by Aquilera and Messick (1982), “The minimum therapeutic goal of crisis intervention is psychological resolution of an individual’s immediate crisis and restoration to at least the level of functioning that existed before the crisis period” (p.21).

Once the women and their children were in the shelter they often felt a temporary sense of relief, yet I recall feeling frustrated at times. Although my services were important, I often felt that I was merely providing band-aid solutions to their current crises, since many of these women would continue to live in what James and Gilliland (2005) call a trans-crisis state. The authors define this term as representative of individuals who continue to revolve in and out of crisis without finding concrete resolutions to the issues which cause and/or maintain their crisis state (James & Gilliland, 2005). It was during this time that I became interested in becoming more knowledgeable and experienced in clinical counselling, because I often felt that the women left the shelter without the tools, resources and sense of empowerment needed to create positive and lasting changes in their lives.

Aspects of my graduate coursework, specifically Models of Social Work for Direct Practice and Social Work Practice with Couples and Groups, provided me with an opportunity to gain a deeper understanding of various counselling theories and frameworks which I had not previously incorporated into my practice as a Social Worker. The following sections will briefly describe the underpinnings of Cognitive Therapy (CT) and Solution Focused Brief Therapy (SFT). The examples of application, technique and session outcomes illustrate my use of the theories and will be a valuable source of reflective learning as I continue to expand my knowledge base in the future.

3.1. Cognitive Therapy

Cognitive Therapy (CT) is a direct practice modality which helps individuals rationalize their thoughts with relation to the conclusions they make about themselves and the world based on external evidence (Lantz, 1996). Unlike psychoanalytic theories

which view meanings as being based in the unconscious, psychotherapies such as CT assume that meaning is based on conscious thought, and therefore; an individual can make links between symptoms, conscious beliefs and current experiences (Beck & Weishaar, 1993).

Beck and Weishaar (1993) describe cognitive, affective, motivational and behavioral structures as schemas which interact together to create an individual's personality as well as the way they come to interpret information. The authors explain that cognitive schemas are very influential with respect to how a person processes information, how they perceive themselves and others, their goals and expectations, memories, fantasies and previous learning (p. 239). The cognitive system is further described by the authors as being responsible for a person's basic beliefs and assumptions, and therefore; CT aims to adjust maladaptive information processing which may be rooted in psychological disorders such as depression, anxiety and obsessive compulsive disorder (Beck & Weishaar, 1993, p.238).

Beck and Weishaar (1993) explain that Beck (1963) developed a theory of emotional disorders and a cognitive model of depression based on his research, and continued to advance his research data with relation to emotional disorders and assessment scales such as the Beck Depression Inventory. The authors also describe the work of Ellis (1962), who presented his cognitive behavioral based theory known as Rational Emotive Behavioral Therapy (REBT), which became a compelling and influential therapy setting the stage for further behaviorists such as Bandura (1977), who become known for the development of social learning theory, and Meichenbaum (1977), who developed cognitive-behavior modification (Beck & Weishaar, 1993, p. 242-243).

A merging of cognitive and behavioral models known most commonly as Cognitive-Behavioral Therapy (CBT) has proven successful for many emotional and psychological disorders and has become a very popular form of therapy (Butler, Chapman, Forman, & Beck, 2004). CBT pays attention to thoughts and behaviors to treat various psychological disorders, whereas pure CT is more concerned with thoughts and suggests that behaviors are naturally affected and corrected through cognitive restructuring (Leahy, 1996). The target therapeutic intervention of cognitive based therapies is to address an individual's negative thoughts or biased assumptions, which in turn alleviate emotional distress and behavior.

Literature and outcome studies support the success of CT and therapies rooted in and/or used in combination with CT to treat psychological disorders. A review of 16 meta-analyses of CBT, which consisted of 332 studies and a total of 9995 subjects, suggest overall that CT is a highly effective therapy for psychological disorders. Butler, Chapman, Forman and Beck (2004) describe its overall effectiveness for issues such as: "...adult and adolescent depression, generalized anxiety disorder, panic disorder with or without agoraphobia, social phobia, post-traumatic stress disorder and childhood and depressive anxiety disorders" (p. 28). Further research has found that the effects of CT as a therapeutic intervention results in lower rates of relapse after treatment has ended than other forms of therapy, specifically; treatment for depression and anxiety (Beck & Weishaar, 1993; Butler et al., 2004). The concept that how a person thinks fundamentally determines how a person feels and behaves is prominent in CT.

It has been observed that the relationship between thoughts, feelings and behaviors is strongly interrelated and as a result, an activating event produces a belief or thought,

which in turn produces an emotion or action (Beck, 1995). As a means of addressing and initiating positive change, strategies are employed between the therapist and client to address voluntary thoughts, automatic thoughts and assumptions which may attribute to or maintain psychological distress and undesirable behavior. Beck and Weishaar (1993) describe the goal of CT as:

The goals of Cognitive Therapy are to correct faulty information processing and to help patients modify assumptions that maintain maladaptive behaviors and emotions. Cognitive and behavioral methods are used to challenge dysfunctional beliefs and to promote more realistic adaptive thinking. Cognitive Therapy initially addresses symptom relief, but its ultimate goals are to remove systematic biases in thinking and modify the core beliefs that predispose the person to future distress. (p. 250)

The techniques and applications used by Cognitive therapists may be diverse based on practice styles, characteristics of the client and the goals of therapy, although the underlying objectives are similar. The following section will provide a few examples of how I utilized various CT strategies and techniques throughout six weekly counselling sessions with one of my clients. I had numerous discussions with my supervisor regarding my initial and ongoing assessments, therapeutic applications and case management regarding this client and was able to obtain valuable guidance and resources with relation to CT. A transcribed audio-recording of a session with this client was also used as a reflective learning tool for myself and provided my supervisor with an opportunity to give me constructive feedback in relation to my practical counselling

skills. In order to protect confidentiality, a pseudonym has been used and possible identifying information has been omitted.

3.2. Cognitive Therapy Session Examples

Sara was in her early twenties and lived alone after relocating from out of province for educational training. Sara stated that she had no family nearby and was unsure if she wanted to stay in her current relationship with her partner who was originally supposed to move with her but had changed his mind. Sara stated that she had not attempted to make friends in the two months since she had relocated out of fear that no one would like her. Sara stated that she was initially excited about her studies and newfound independence, but considered dropping out and moving back home because she felt very lonely. Sara stated that she tried to remain positive but could not control her racing thoughts and felt very anxious and unable to sleep. Sara's stated goal of therapy was to alleviate her emotional and physical distress so that she could make rational decisions about her immediate and future plans.

CT emphasizes that elements of a first session consist of relationship building, information gathering and symptom relief (Beck & Weishaar, 1993). During my initial session with Sara, a comfortable dialogue emerged as we spoke about her reasons for seeking counselling. I was curious about Sara's perceived inability to control her thoughts and her subsequent undesirable behaviors. I explained to her that CT might be an effective model to help her identify, interrupt and modify negative thought patterns and consequently alleviate some of her distress and she decided it would be worth a try.

CT asserts that homework is assigned at the end of an initial session to help clients begin to make connections among their thoughts, feelings and behaviors (Beck and

Weishaar, 1993). Sara had mentioned that she used to journal as it helped her to get her thoughts out and made her feel better, so I asked her to start doing this again in the hopes that it would provide some symptom relief and also to help us to observe any negative cognitive patterns for future exploration. The focus of the next five sessions was based upon three fundamental concepts of CT: Collaborative Empiricism, Socratic Dialogue and Guided Discovery.

Collaborative Empiricism is a relationship between the client and therapist in which they act as co-investigators who together examine the evidence to support or reject a client's cognitions (Beck & Weishaar, 1993). An example of one of the issues we explored was Sara's feelings of loneliness and her belief that people might not like her. This belief held her back from meeting new people, gaining new supports and feeling less lonely. To learn more about how her current beliefs evolved, we talked about how her thoughts may have developed based on influences or experiences in her past.

One of the strategies used in CT is the inclusion of a person's learning history to gain an understanding of how they may have come to evaluate or perceive an event to be distressing in the present (Beck & Weishaar, 1993). Sara's belief that people may not like her stemmed in part from having few friends in high school and past relationship breakups in which she developed feelings of insecurity and low self-esteem. Sara had been in her current relationship for one year and hoped that it would lead to marriage. When her partner decided not to relocate with her, Sara felt very rejected which further fueled her belief that people did not like her. Sara internalized that there was something wrong with her and stated that negative self-talk such as "I am stupid" and "I am ugly" were prevalent in her thoughts. Sara did provide examples which she perceived supported

her current beliefs, however; they were being maintained by cognitive distortions, more specifically; an error in reasoning termed “personalization” and described by Beck and Weishaar (1993) as meaning that all external events are attributed to one’s self (p. 247). Sara had not examined other possibilities or external evidence which may have shown her beliefs to be false in relation to her experiences, and as a result she maintained the core belief that she was somehow flawed and unlikable.

Socratic dialogue is defined by DeRubeis, Tang and Beck (2001) as a formulated series of questions used by the therapist to promote new learning. This type of questioning defines the problem, identifies thoughts and assumptions, examines meanings and evaluates the consequences of maintaining maladaptive thoughts and behaviors (Beck & Weishaar, 1993, p. 363). Sara’s belief that people may not like her was identified as a problem. This was a problem because it contributed to emotional and physical distress and isolating behavior. An example of two questions I developed to help Sara alter aspects of her maladaptive thinking were: “Who are some of the people in your life that you currently have friendships with?” and “I am wondering if you would describe to me some of the amazing qualities that your friends might say you have?” Sara was able to talk about a few long-lasting friendships and provide answers such as “I am pretty, I am super funny, and I am very kind.” These answers offered new information based on external evidence and allowed her to begin the process of cognitive adjustment with new and healthier interpretations.

When I asked Sara what she thought it would mean to her to have friends in the city it was quite an insightful moment. Up until then, Sara had not thought of “having friends,” but obsessed about “not having friends.” Having friends for Sara meant feeling safe in her

new environment. Having new friends meant it was okay for her to stay and develop a sense of independence and also to realize her goals. We examined possible solutions through the use of a technique called redefining. Redefining is explained by Beck and Weishaar (1993) as a method used to help clients who believe that their problems are beyond their control to fix, to become aware that they can alleviate their perceived sense of helplessness by changing their perception of the problem. For example, instead of Sara maintaining the belief that she was unlikable which she perceived as a problem that she could not change, we moved the blame off of her personal character and redefined the problem as “isolating behavior,” which then became something practical that she could change.

Sara and I talked about replacing this behavior with something more positive such as reaching out more to others and accepting coffee invitations by her classmates which she stated she had turned down in the past. Sara was able to make the link between her negative thoughts and how they held her back from meeting new people. This understanding helped Sara begin to alter her beliefs and assumptions which gave her a sense of control.

Guided Discovery is described by Beck and Weishaar (1993) as the way in which a therapist gently assists a client to clarify errors in logic through testable hypothesis (p. 253). This technique is not intended to prove a client wrong or dismiss their thoughts and feelings in relation to their perceived problem, but is used as a means of providing safe learning opportunities for clients to acquire new skills and perspectives, which in turn creates new experiences and alters maladaptive or negative behaviors (Beck & Weishaar, 1993).

I helped Sara acknowledge that some of her interpretations and beliefs were errors in logic and assisted her to correct her automatic thoughts with voluntary thoughts that were more realistic based on evidence she was able to provide. For example, her automatic thought of “I am stupid” was corrected with “I am in a university program therefore I am not stupid.” Her automatic thought of “I am ugly” was corrected by her concrete examples of times when she received compliments on her looks and times when she felt she looked pretty, and “I have no friends” was corrected with “I am a good friend to myself and my self-worth is not based on others opinions.” Sara started to make connections between other cognitive distortions and began to understand that she could interrupt her negative self- talk with positive and reality tested facts and affirmations, which caused her to begin to feel better about herself which then caused her to start altering some of her described negative behaviors.

Sara stated that she found our sessions together helpful. Prior to an initial session and sometime after the third session, FSS asks that clients fill out an outcome questionnaire known as OQ45. The questionnaire developed by Lambert and Burlingame (1996), is a brief self-reporting tool and consists of 45 questions used to track and measure the level of symptom distress, interpersonal functioning, social role and well-being. Sara’s initial score was just over one hundred prior to our first session and scores were spread quite evenly across all domains. At the onset of our fifth session, her scores remained evenly dispersed but had dropped by over half- indicative of a normal range and minimal distress.

Although my examples relate to one area of concern, Sara had tremendous insight and personal growth overall. Sara’s initial thoughts of inferiority were replaced with

confidence and excitement about being on her own. Sara recognized that the way she perceived an event made a huge difference for her. Sara was very engaged within our sessions and did a great deal of journaling and self-reflection on her own time. We talked about possible setbacks and reviewed coping strategies such as self-monitoring and positive self-talk. Sara stated that she was going to join a local running group as a means of getting out and trying to meet people and also to help alleviate her nervous energy.

CT was an effective model to use with Sara in part because of her motivation to do a great deal of personal work both in and out of our sessions, and also because the model and techniques specifically addressed her negative thought patterns and interpretations, which were stated by Sara as being one of her primary problems. I also feel that the examination of Sara's history in relation to how she came to develop her negative beliefs and low self-image were helpful as it allowed her to work through many suppressed feelings and emotions which she described as feeling as though a weight had been lifted off of her chest.

My theoretical learning and practice skills were greatly enhanced as a result of my exposure to this model and I appreciated the structure of the incorporated frameworks. I was aware of the fundamental theoretical elements of this model from my academic learning, however my initial thoughts that the concepts would be easy to apply in direct practice were proven to be false. It is not so simplistic as to suggest to a client that if they change their negative thoughts to positive thoughts all will be well. It is more realistic to move through the experiential process with them and gently test their thoughts and beliefs in relation to their lived experiences and the contexts of their realities.

3.3. Solution-Focused Brief Therapy

Solution-Focused Brief Therapy (SFT) is a form of psychotherapy which was developed by Steve de Shazer and associates in 1985. It is a behavioral and goal-directed strengths-based model which examines a person's current resources and hopes for the future, as opposed to examining present problems and problem histories (Robbins, Chatterjee & Canda, 1998). The premise of SFT is that regardless of how severe or persistent a problem is, there are always exceptions as to when the problem is less troublesome or non-existent and these exceptions are stated as being key in the client's own solution (de Shazer et al, 1986).

Early in his career, de Shazer was intrigued by Milton Erickson's (1954) approach to psychotherapy (DeJong & Berg, 1998). Battino (2007) explains that Erickson was known for his use of metaphorical techniques and strategies used to promote second order change, also termed "ambiguous function assignment." The author further describes how Erickson encouraged his clients to carry out tasks in an often peculiar or exciting manner with an explanation that the task would result in a personal learning experience. Such assignments were used to promote metaphorical symbolism which helped clients change their life story through new living and new experiences, and gave clients the anticipation that something new was going to happen in the future (Battino, 2007). This particular future orientated focus is similar to the rationale of the miracle question used in SFT.

The miracle question asks a person to describe what would be different in their lives, if by miracle, they went to bed one night and when they woke up their problem was gone, however; they were unaware that the miracle had happened (DeJong & Berg, 1998). This question enables a person to start thinking about the changes they want to see in their

lives and also allows them to anticipate what those changes might look like. This technique moves clients away from problem talk and instead incorporates a future-focused dialogue.

Operating from strengths based perspective, SFT empowers clients and views them as being the experts in their lives who possess a wide range of capabilities that enable them to continue to function even through times of hardship or distress (Hanton, 2009). Through a collaborative working relationship, solution-focused counsellors explore the strengths and resources available in the context of a client's life, and remain respectful of a client's expertise about what they require to solve their problem based on their personal and unique lived experiences. The skills used within SFT create an atmosphere for change through the use of solution-building procedures.

The primary stages of solution-building are described by DeJong and Berg (1998) as: "...problem definition, goal development, exception exploration, evaluation of client progress and session feedback" (p.18-19). They also explain that minimal time, in some cases none, is spent on problem-talk as therapists create solution-talk and encourage clients to provide detailed descriptions of what their lives would look like if their problems were resolved. The descriptions are then transformed into concrete goals and constructed solutions. Exploring times when the problem is less severe or non-existent enables a client to think about the relevant factors related to their problem as well as the behaviors and meanings associated with problem-free periods. Problem-free periods are also termed exception periods, and Walter and Peller (1992) suggest that these phases provide hope and suggest solutions. Scaling questions are also used to rate a client's perceived progress, future goals and behavioral and emotional distress (Walter & Peller,

1992). Compliments and observations are constructed by the therapist during a ten minute session break near the end of a session, and are then related back to the client as positive feedback (DeJong & Berg, 1998). The importance of language used within SFT sessions is important and is a prominent feature of this therapeutic modality and Social Constructionism aids in understanding why.

Social Constructionism is described by DeJong and Berg (1998) as being the theoretical perspective which most aptly describes how a person's perceptions and definitions shift during the solution-building process. An individual's perception of what is real in relation to their personal problems, skills and potential solutions are constructed through interactions with other people throughout their lives, and the meanings that they make as a result of those interactions (DeJong & Berg, 1998).

SFT has associated itself with Social Constructionism due to the belief that language is used to construct reality, and therefore reality can be reconstructed through language, such as future and solution-focused dialogue which is prominent in SFT (Robbins, Chatterjee & Canda, 1998, p. 314). As stated previously, SFT views the clients as the expert. SFT does not turn to scientific explanations or lead the counselor to suppose that they know what is best for the client but rather encourages the therapist to trust that individuals can create their own goals and find their own solutions. As a social worker, I relate to this perspective and believe that it is imperative to be acutely aware of a person and their environment and not to assume that I know what is best for someone else. During my placement I did not attempt to be an expert in the client/worker relationship and this important point is aptly described by Roy-Chowdhury (2010):

Social Constructionism invites us to eschew notions of a fixed individual identity, a personality that may be assessed and subjected to objective scrutiny by social scientists and clinicians alike. We are discouraged from imagining that individuals have characteristics that are observer independent, unmediated by language and which can be decontextualized from social and cultural contexts. (p. 2)

SFT respects a client's uniqueness and the contexts from which they develop their meanings. Solution-focused therapists work as guides to assist clients in envisioning and developing a new future (Walter & Peller, 1992). The authors also state that, "SFT incorporates the use of presuppositional language with the intention on shifting an individual's problem-talk of past and present into future and goal-orientated dialogue" (p.46-47). Solution-focused therapists try to shift conversations, meanings and relationship patterns into a state of solution. When people begin to talk and behave differently, it is thought that the people around them will also begin to take on these new interactional patterns. New experiences occur as a result of acting as though the problem is gone.

The notion of the importance of language in the context of a person's life has also been identified by Miller and de Shazer (2000) as stemming greatly from the works of Wittgenstein (1967) and his philosophy in relation to "language games." The authors describe language as an activity that people do collectively and suggest that the ways in which people use language and the realities that are created through interactions are strongly associated to the circumstances of their lives. The ability of a person to reshape and shift their perceptions and meanings through words is stated by DeJong and Berg

(1998) as being an effective and vital resource for the way in which people deal with their problems.

A review of fifteen controlled studies was undertaken by Gingerich and Eisengart (2000) to determine the effectiveness of SFT client outcomes from all of the empirically based studies available at that time. The authors describe client outcome measures as being based on client behavior or functioning, and found favorable and effective results evident for the following issues and groups: "...depression, parenting skills, offender recidivism, adolescent offenders, problem drinking, counseling high school students and school groups, couples therapy, mental health training, family environment, public social services, and outpatient family and mental health counseling" (p. 470). Although these studies illustrate effectiveness, the authors further report that methodological concerns such as poorly designed studies and lack of consistency in relation to the incorporation of structural steps of the pure form of the model, resulted in only five studies being credible which did report significant positive effects. No other psychotherapies were used as a comparison group and as a result the findings are limited to success of SFT versus no intervention (Gingerich & Eisengart, 2000, p. 470).

A recent study by Wehr (2009) compared qualitative differences between solution-focused interventions and problem-focused interventions to determine the outcome of a moderate problem described by the study participants. Results found that the sample group who was engaged in future-talk and were encouraged to describe exception periods exhibited a stable or higher level of mood and self-confidence than those who were engaged in problem talk (Wehr, 2009). SFT has risen in popularity over the years and

while some might say the model is difficult to compare and not structured enough, others have found that it works as a brief therapy model.

The following section provides examples of my introduction to SFT with a client whom I saw over an eight week period. Once again, I had discussions with my supervisor regarding my assessments, therapeutic applications and case management which proved to be very helpful. In order to protect confidentiality, a pseudonym has been used and possible identifying information has been omitted.

3.4. Solution-Focused Brief Therapy Session Examples

Casey was in her early fifties and was going through a divorce. Casey stated that she had not wanted the divorce and felt very angry. Casey had adult children and a few friends whom she saw regularly and although they were supportive, she stated that they were getting tired of listening to her talk about the breakup and encouraged her to get on with life. Casey stated that she had recently retired and spent her days at home where she spent hours crying over old photographs. Casey's goal of therapy was to figure out how she could let go of the past and get over her feelings of loss.

When I first met with Casey I was unsure as to which therapeutic model we would use and as a result, our first session was used to build rapport and provide her with an opportunity to talk about her concerns and goals of therapy. At this point, Casey blamed her husband for "destroying her life." After some reflection and discussion with my supervisor, I chose to use SFT in the session to follow because I felt it was an appropriate method to facilitate a shift in Casey's perception of past and present problems toward future goals and solutions. In our initial session together, I noticed that Casey's language was problem-focused and rooted in her past. Statements such as "he destroyed me" were

suggestive of the end of her perceived “self,” while her behaviors, such as the continuous habit of looking at old photographs of herself and her husband was symbolic of “what used to be,” and maintained her focus on the past. Her language and behaviors may have been factors in her continued sadness and a constant reminder of what she perceived she had lost.

I explained to Casey in our second session the concepts and methods of SFT and she felt it was worth a try. To gather more information, I returned briefly to the problem and asked specific questions about it, who was involved, and if it was present all of the time. Casey described her problem as “feeling stuck” because she did not know how to let go of the past. Casey described this as a problem because she talked about her divorce a great deal when her children and friends came over to visit, and she stated that this was beginning to affect her relationships with them in a negative manner. Casey stated that there were times when she did not talk about her divorce, however the conversation somehow always came back to it.

I asked Casey the miracle question as a means of finding out what she envisioned her future to look like and an attempt to move her away from problem-talk. Her reply was similar, “I would not be thinking about my past and I would be happy and everyone would know I was happy because I would not be talking about my past!” I used Casey’s terminology and asked her what letting go of the past would look like. Casey described this as “moving forward.” I was interested in her shift in perception of time as well as the future-focused language she used. In response, I began to ask presuppositional questions such as, “How will you know when you have moved forward?” and “How will other people know that you have moved forward?” and “What will you be doing differently

when you do not have this problem?” Some examples of Casey’s answers were, “I won’t wonder what he [husband] is doing anymore” and “My kids will have fun with me because I won’t be talking about my divorce” and “I will be doing things I enjoy and not sulking around the house.” I continued to ask Casey if she could describe what those scenarios would look like and what she would be doing “instead.” Some responses were, “I’ll be laying on a beach in Mexico” and “I’ll be talking with my children about their lives instead of always talking about mine” and “I will start sewing and scrapbooking again.”

These types of responses were more concrete and became some of Casey’s short and long-term goals. Goal setting is significant in SFT and is described by DeJong and Berg (1998) as being important to the client because it represents the start of something different. The use of future-focused language in my questions and in Casey’s responses enabled her to begin to visualize alternative feelings and behaviors, and anticipation of problem resolution.

To begin constructing solutions we spoke about exception periods. Casey was able to describe the times when she did not talk about her divorce with her children and friends as happy and less tense. From there, we explored what was being talked about instead, the behaviors of those involved, and her thoughts and feelings during these times. Casey tended to revert to problem-talk periodically such as “I’ll never get over this,” at which times I gently redirected her focus back to what she was already doing as a reminder that she had already begun to construct her own solutions.

After forty minutes I informed Casey that I would be taking a ten minute break and would return with reflections about our session. This is described by de Shazer et al.

(1986) as an important step in SFT as it raises a client's interest and anticipation about what the therapist's messages and observations will be. I commended Casey for her honesty, determination and strength to overcome her perceived loss and move forward as an independent woman. As an intervention strategy, I encouraged Casey to continue to do what was already working for her, and to pay close attention to the things that went well for her until our next session together at which time we would examine the exception periods in terms of further goals and solutions.

I had asked Casey initially to rate her level of distress as it related to her concern on a scale of one to ten, with ten being the least level of concern. Casey stated she was at a two. However at the end of our second session she stated she was at a three. This was not a huge difference but it was a change. Casey was still concerned, but felt some emotional relief as a result of her switched perception from the past towards the future. Casey stated she felt hopeful and not so helpless as a result of the second session.

Subsequent sessions with Casey consisted of identifying the things that went well for her in the week prior, and how she could continue to have those things happen through feeling, acting and behaving. One of the things that Casey had started to do near the end of our sessions together was to make scrapbooks for all of her children of old family photographs. This was described by Casey as being an activity that kept her busy and provided some closure for her with relation to her divorce. Casey began to do more of the things she enjoyed such as spending time with her grandchildren, going for walks and having friends over for supper. During these times she had specifically asked her children and friends to switch the topic and immediately tell a joke if she brought up the subject of her divorce. This new way of interacting with her family and friends created new

experiences for Casey which provided solutions in the context of her life. Although Casey stated during our final session that she still felt hurt, she began to develop a new perspective and stated that she had nothing to lose and only new experiences to gain.

My exposure to SFT was interesting and I enjoyed learning and implementing the steps of the therapy. I found it challenging at times to remain solely focused on the future because of Casey's described feelings of loss and sadness related to her divorce. I did provide Casey with supplemental materials and information about the stages of grief in an attempt to normalize her perception of her feelings, and informed her about an emotional strength building group for women which is held at the agency and suggested she might like to attend.

4. Values

Social work values are rooted in the belief in the dignity and worth of every human being. As a registered member of the Saskatchewan Association of Social Workers (SASW), I am guided by the Core Social Work Values and Principles as declared in the *Canadian Association of Social Workers (CASW) Code of Ethics* (2005). During my practicum placement I became aware of the professional values of FSS as stated in *Family Service Saskatoon Annual Report* (2009). I observed the professional values of FSS to be similar to those set forth by the *CASW Code of Ethics* and was guided by both throughout my placement.

As mentioned in the ideology section of this report, the values described by FSS demonstrate high regard to equitable service provision regardless of race, religious belief, sexual orientation, age or financial status (Family Service Saskatoon, 2009). This value is closely associated with Value 1 of the *CASW Code of Ethics* (2005) which is entitled

Respect for the Inherent Dignity and Worth of Persons. A portion of this value statement reads: “Social workers recognize and respect the diversity of Canadian society, taking into account the breadth of differences that exist among individuals, families, groups and communities” (p. 4). Throughout my field placement, I had the opportunity to work with individuals from varying walks of life and also witnessed the agencies service provision to individuals, families, groups and community members who possessed a wide range of personal characteristics, cultural backgrounds and unique life circumstances- all of whom were treated with respect and dignity.

4.1. International Women of Saskatoon

One of the insightful learning opportunities I had in relation to values occurred when I was asked to co-facilitate two discussion groups for newly arrived immigrant and refugee women and men at International Women of Saskatoon (IWS). IWS is a non-profit agency which assists newcomers with various aspects of settlement issues as a means of helping them to become fully active members in Canadian society (I. Udemgba, personal communication, March 29, 2010). The discussion groups took place over two afternoons as part of a guest speaker series for a Skills Development Program, and stemmed from the community agency partnership between FSS and IWS.

The focus of one of the discussions related to how newcomers might adjust to Canadian values and culture without losing their own value base and identity. I was fascinated by the diversity among the participants as some had relocated from as far away as Egypt, Iraq, Congo and Columbia. Although my supervisor and I had prepared an outline, our plan was quickly abandoned to one of shared laughs, concerns and heartfelt stories told by the participants about their former and current life experiences. This

happened when I asked if they would like to share something about their values and culture with the rest of the group. Some were reserved at first, but soon stories about “life back home” emerged with examples about the similarities and differences between Canadian values and those of their homelands.

In reflection, this experience broadened my knowledge base as a social worker due to the candid discussions about personal, cultural and societal value clashes which had caused, or had the potential to cause distress and misunderstandings in the lives of the participants. It is not my intent to describe such clashes within this report; instead I prefer to relay the importance of cultural sensitivity when working with ethnic and minority individuals, groups and communities.

As described by McMahon (1996): “An understanding of the values and behaviors of diverse cultures is valuable to a worker who is trying to communicate and interact in a meaningful way with different systems” (p. 46-47). The meanings which stemmed from my interactions with the participants served as a reminder that although I was aware of diverse aspects of values and beliefs held by different cultures through general knowledge, I was not sensitive to how I may be influenced by Western philosophy and how I may unintentionally impose my value base upon others.

I agreed to co-facilitate this particular group because one of my learning objectives was to represent the agency through community involvement, and because I thought I could be helpful to the participants with my “Canadian” information. I may have been helpful in some aspects such as providing resource information and common elements of our values and beliefs, however I feel that it was the participants who reminded me that it is not how they can adjust, but how we can accommodate their diversity. This point is

summed up by McMahon (1996): “Workers demonstrate an understanding of minorities and an appreciation of cultural diversity by working for cultural maintenance and parity rather than expecting acculturation or conformity to exploitation” (p. 48). As social workers, we advocate for self-determination in the sense that individuals have knowledge of their world and are able to act on that knowledge freely (Sachs & Newdom, 1999, p.17). The discussions at IWS were a good reminder that many individuals are unable to achieve self-actualization as they are restricted by Western values, policies and mainstream ideologies which limit their potential and individuality (Gil, 1992). Being mindful of the person and their environment is vital as not all people have the same opportunities regardless of certain institutions in society which suggest that they do.

Although many of the group members described their reasons for coming to Canada as an opportunity to have a better life, many felt restricted by language barriers and the inability to secure meaningful employment in their professional fields, and also felt nervous or fearful due to stereotypical and racist remarks they had experienced since being in Canada, and feelings of isolation due to prominent individualistic Canadian ideologies. Although Canada is thought to be the land of opportunity, the same opportunities are not offered equally to everyone.

5. Ethical Considerations

I experienced an ethical dilemma with a client during our second last individual counselling session. My client stated that she might like more counselling in the future and asked if we could meet for coffee once I was done at the agency. I explained that our relationship was of a professional nature and that I would not meet her for coffee. My client appeared upset by my refusal and stated that she would have liked to have had me

as a friend. The dilemma I experienced was whether to continue to see this client or to terminate our sessions due to her disclosure. I was concerned that an abrupt termination might set her back, or that she may misinterpret our professional relationship as a friendship if I continued to see her. To resolve this dilemma I referred to the *Guidelines for Ethical Practice* (Canadian Association of Social Workers, 2005).

Guideline 2.0 Ethical Responsibilities in Professional Relationships

- *(2.1.1) Social workers maintain appropriate boundaries throughout the course of the professional relationship and after the professional relationship (CASW, 2005, p. 11).*

I was very careful to maintain appropriate client/worker boundaries throughout our session and clearly gave no indication to my client that our relationship was anything other than professional.

Guideline 1.8 Practices for Termination or Interruption of Services

- *(1.8.3) Whether the decision to renegotiate or terminate is that of the client or the social worker, social workers (where appropriate) initiate a discussion with the client to appreciate, and if possible, address any difficulties or misunderstandings that may have occurred. If the client desires other professional services, the social worker may assist (CASW, 2005, p.10).*

I initiated a discussion with my client and explained that the nature of our relationship was strictly professional as a means of addressing the possibility of any unintentional misunderstanding regarding my role as an MSW student counsellor.

- *(1.8.4) Social workers discuss client's needs, options and preferences before continuing or discontinuing services, offering to seek transfer or referral (CASW, 2005, p.10).*

My client and I discussed her future needs and options as they related to counselling. In the best interest of my client, I chose to complete our final scheduled session so that my client would have appropriate end stage treatment. I chose this option because no harm was done as a result of the disclosure and the boundaries of our relationship were concretely redefined, understood and accepted by my client. As a result of our discussion, we were able to explore and identify other supports in my client's life which she could access in the future when she felt the need to talk to someone. I also asked her if she would like to be referred to another agency counsellor after our last session together and her preference at the time was that she would call the agency in the future if she needed more support.

The ethical dilemma I experienced gave me a broader understanding about the sensitive nature of a client/worker relationship and how I need to be very astute to potential issues which may arise during counselling sessions. To further explore client/worker relationships the next section is focused on "therapeutic alliance."

6. Relationships

When I first began to see clients at FSS I became somewhat frustrated with my perceived inability to engage them in what I felt was meaningful conversation. My first few sessions felt rather rigid, filled with questions and answers and I felt somewhat "stuck." Through discussion with my supervisor about my concerns, I recognized that my

frustrations were a result of being overly focused on the structure and delivery of a chosen framework and the anticipated outcome, and as result, I was not actively engaged in the process. I also spoke with individual counselling staff about my concerns as I noticed, through consensual clinical observations, that their sessions appeared to flow much more easily than mine.

The counselling staff at FSS are knowledgeable and skilled individuals who practice from specific and/or integrative theoretical frameworks and possess unique skills and abilities. Although their skill sets are diverse, the common denominator shared between them is the belief that they are not the experts in the client/worker relationship. The encouragement and advice I received was pivotal in my comprehension of my role as counsellor. It was recommended that I try to slow down and become more involved in the process, and believe that my clients had the answers.

The recommendations were somewhat unfamiliar to me as a former crisis counsellor as I was quite comfortable in a fast-paced environment where I was expected to provide rapid solutions. Yet I began to also see the importance of working “with” a client as opposed to “for” a client. I became less interested in rushing through the steps of my theoretical applications and respected the client’s readiness to move through various stages at their own pace. My sessions became much more intentional in regards to client collaboration but I was still curious. Due to my never-ending questions about client/worker relationships, my supervisor suggested that I read *The Heart and Soul of Change* by Hubble, Duncan and Miller (1999), and it was then that I was introduced to the concept of therapeutic alliance.

6.1. Therapeutic Alliance

The collaborative relationship that exists between a client and a therapist can be traced back to Freud's (1910) concept of the working alliance in which he suggested that attributes from a therapist such as warmth and encouragement towards a client were important and helped to form a partnership against a patient's problem (as cited in Weinberger, 1995). Therapeutic alliance was described by Bordin (1976) as a vital factor in the client/worker relationship and consisted of three essential elements: "...an agreement between therapist and client about goals of treatment, an agreement about therapy tasks needed to accomplish those goals, and the emotional bond developed between therapist and client that allows the client to make therapeutic progress" (as cited in Asay & Lambert, 1999, p. 35).

A strong therapeutic alliance has been found to be a common denominator in successful therapeutic outcomes regardless of the theoretical model utilized (Hubble, Duncan, & Miller, 1999; Luborsky, 1995; Weinberger, 1995; Tallman & Bohart, 1999; Bachelor & Horvath, 1999). More specifically, the development of a positive relationship between a social worker and a client has been described by Kadushin and Kadushin (1997) as being significant:

It frees the clients to reveal themselves without defensiveness or distortion because a good relationship promises acceptance, understanding, and freedom from punishing criticism, rejection or reprisal. Such a relationship reduces the possibility that the interview will become a competitive struggle and increases the likelihood that it will become a collaborative endeavor. (p. 100-102)

The common features of a healthy therapeutic alliance are described by Hubble, Duncan and Miller (1999) as: "...caring, empathy, warmth, acceptance, mutual affirmation, genuineness and respect, and the client's perspective of the professional relationship is vital" (p. 417). Through a detailed examination of client satisfaction outcome studies, Tallman and Bohart (1999) report that clients found four factors to be important: the character of a therapist, knowing that they had an arranged time and location to talk about their problems, having someone listen and show concern, and having a therapist to assist them in understanding their problems. Theory is obviously a crucial aspect of psychotherapy; however it has been found that theory alone does not necessarily produce change, but rather common elements of all theories may be more predictive of positive outcomes (Weinberger, 1995).

When I began my placement, I was slightly concerned about knowing which theories I wanted to use and how I would know which ones were best suited to my individual clients. As I began to develop a new perspective on client/worker relationships, I became curious about the importance of the balance between theory and alliance within my sessions. The "Dodo Bird Verdict" is explained by Hubble, Duncan and Miller (1999) as the term which represents the inability of comparative studies to prove one theory or model more effective than another in relation to positive psychotherapeutic outcomes (p.6). Inspired by a quote from *Alice in Wonderland*: "Everyone has won and so all must have prizes," this term suggests that all theories work, and some are more or less appropriate for specific psychological distress and disorders, however; therapists should be more interested in the effective common factors that underlie theories as opposed to comparing those that are not as effective (Hubble, Duncan, & Miller, 1999, p.6).

Four common factors related to positive therapeutic outcomes regardless of theoretical choice is described by Asay and Lambert (1999) in percentage of importance:

“Client/extratherapeutic factors (40%), relationship factors (30%), placebo, hope and expectancy (15%) and model/technique factors (15%)” (p. 9-10). Client/extratherapeutic factors refer to the elements that make up a client’s world outside of therapy such as personal strengths, supports and environmental factors (Asay & Lambert, 1999). The authors further explain that a positive relationship between a therapist and a client is second only to what a client brings to therapy and consists of “caring, empathy, warmth, acceptance, mutual affirmation and encouragement of risk taking” (p. 9). Lastly, placebo, hope and expectancy are described in relation to the client’s knowledge that they are receiving treatment and the anticipation of the effects of treatment, and model/technique factors are described as the actual theory or framework utilized within therapy (Asay & Lambert, 1999, p. 9-10).

According to Asay and Lambert (1999), a client’s personal strengths and resources, as well as their view of the therapeutic relationship is most important in terms of effective client outcome. Hubble, Duncan and Miller (1999) agree and state: “The client’s view of the relationship is the “trump” card in therapy outcome, second only to the winning card of the client’s strengths” (p. 412).

As I began to see more clients, I recognized the positive effects of a strong therapeutic alliance early in the professional relationship. Clients appeared to be more responsive to me once I slowed the process down and became genuinely interested in what they had to say, and once they trusted that I believed they had the strength and the answers to conquer their stated problems and concerns. I quit talking as much and began to listen

and validate their perceptions and experiences. I stopped “doing” theory to them and instead utilized chosen frameworks in a more balanced manner. I had always recognized the importance of relationship factors and felt that I applied them in my various social work positions in the past, yet my practicum experience enabled me to gain a deeper understanding of the importance of common factors and adapting a more flexible working style.

7. Strategies: Abuse and beyond program

One of the programs offered by FSS is a psycho-educational group for women who experience or have experienced Intimate Partner Violence (IPV) in their lives. The Abuse and Beyond Program is a no-cost closed group which consists of eight weekly sessions that are two and a half hours in duration. The central goals of this group are to provide women with information and education on topics associated with IPV as well as support related to personal experiences. If a group member asks for individual counselling or the facilitator feels it may be appropriate, a referral is made to the agency and the participant may still attend the group. The intention of the group is not to sway a woman’s decision about her relationship but to empower her to make healthy choices. Facilitators remain neutral and supportive regardless of a woman’s choices. One of my practicum objectives was to gain exposure in the area of group work and I was honored to have been involved with the *Abuse and Beyond Program* as a co-facilitator for the entirety of an eight week program.

7.1. Group Members

Interest in the *Abuse and Beyond Program* resulted from FSS program pamphlets, FSS information drop-in sessions, phone calls to the agency from participants looking for

support and information, and interagency community referrals. Face to face pre-screening interviews were done with participants who voluntarily contacted the agency and requested to partake in the group. The general purpose of the interviews was to provide and acquire information related to group participation. It was important to assess the women's problems as they related to IPV as well as gain an understanding about what they hoped to get out of the group. The interviews provided women with an opportunity to ask questions about the possible group experiences as well as a chance to meet with us and develop a sense of security and trust prior to meeting as a large group.

Eleven women were initially enrolled in the group. One did not attend, one chose to leave the group after a few sessions, and nine remained for the full eight sessions. The members varied in age, race, ethnicity, and socio-economic background and all shared an experience of past or current violence within their personal relationships.

7.2. Theoretical Approach

The organizational belief of FSS in relation to violence is: "No person has the right to use violence to impose their will on another" (Family Service Saskatoon, 2003, p.1). FSS describes violence as, "...emotional, psychological, spiritual, economical, sexual and physical abuse" (Family Service Saskatoon, 2003, p. 1). I observed Feminist theory to be incorporated into the strategic group approach as a means of education and empowerment for group members. One of the central aspects of Feminist theory is described by Robbins, Chatterjee and Canda (1998): "Feminist Theory recognizes the existence of multiple experienced realities based in different vantage points, and supports women and other oppressed groups in the formation of their self-understandings and life aspirations" (p. 94-95). The backgrounds of the participants was diverse as well as their unique

experiences in relation to violence. I found Feminist theory to be an extremely appropriate framework to work from as it allowed members to examine violence in the context of their personal lives and the lives of other group members, as well as gain an understanding of larger societal issues and influences which fuel and sustain violence and oppression towards women globally, and act as a detrimental force in their personal lives.

7.3. Group Strategies

In order to meet the goals of the program, the main facilitator and I met weekly to plan and discuss the outline for group sessions. A different topic directly related to IPV was presented each week to promote awareness and education, and to create an atmosphere for interactive discussion, personal reflection, support and healing. Three examples of the weekly topics we presented and specific strategies used around these topics are described.

1. Facts about Abuse and The Cycle of Violence: To initiate this topic, we asked the group members to say words or phrases which they associated with abuse. I wrote their examples on a large whiteboard and we began to develop themes of violence and abuse. Some of the themes which emerged were physical abuse, emotional and psychological abuse, economic deprivation, social isolation, and sexual abuse. We then provided more in-depth information about each theme and provided handouts which also described types of abuse and its effects on women. The Cycle of Violence was introduced and all stages were discussed inclusive of the tension building phase, the explosive incident and the remorse phase (Family Service Saskatoon, 2003). The women were able to personally connect with the phases and much discussion and personal sharing resulted from this information.

2. Myths about Intimate Partner Violence (IPV): Common myths were examined to depict societal misconceptions about IPV. Some examples of the myths we spoke about were: abuse only happens to undereducated or poor women, women provoke their partner's violent outburst, children need their father and therefore women should stay in an abusive relationship, injuries rarely occur, men only batter when alcohol is a factor, and it cannot be that bad or women would leave. The goal of unraveling these myths was to provide factual information which might help the group members recognize how societal factors such as acceptance, minimization and/or denial related to issues of abuse and violence affect them personally. The main facilitator presented literature, research and statistics about the myths which clearly proved them to be false.

Some of the common concerns shared by group members was that they minimized the abuse because it was not physical, they felt ashamed, they were fearful, and they worried that no one would believe them if they sought help. Some of the participants believed that if they only tried harder their relationships would get better, while some accepted it as part of the prevailing female/male stereotype which suggests that the man is dominant and holds all the power. A documentary on Domestic Violence was shown and included interviews from women who had been in abusive relationships and stories of their personal journeys. The information provided in this group was intended to take the blame off of the participants, to recognize their experiences as abuse and validate their feelings, and to provide them with a sense of empowerment through knowledge acquirement.

3. Analysis of Male Violence: To deepen the discussion of societal misconceptions about IPV, some of the beliefs and practices related to sexism were examined. Hart (1998) states: "Institutions ...religious, economic, educational, social, legal, cultural, and

communication systems all support power, privilege and prestige of men's control over women and of a husband over his wife" (Family Service Saskatoon, 2003). Group members were encouraged to come up with examples about how women may be affected by such institutions and how they could begin to challenge prevalent ideologies and practices in the contexts of their personal lives. One of the examples which generated a great deal of conversation was the role of the media. Gendered advertising, music videos and movies were examples of social consumerism which sustains the culture of sexism. Representations of sexuality, violence, power imbalances and gendered stereotypes are overtly and covertly incorporated within the media where women are portrayed as helpless and tolerant, while males are portrayed as powerful and heroic.

To examine the media's sexist influence on society, one of the activities we did as a group was to gather large quantities of magazines which were tailored to various interests and demographics. We looked through the magazines and cut out advertisements which we felt were sexist, stereotypical, or made us feel uncomfortable. We then took turns and described to one another how the advertisements made us feel, and how we might have developed unhealthy beliefs about ourselves and our roles as women and in our personal relationships as a result of influential advertising and societal expectations.

Other imperative topics included information on Barriers to Women Leaving Violent Situations, How and Why Women Leave, What Women can do to Help Themselves, Stages of Grief, Fear, Strategies for Improving Self-Esteem, Anger, Healthy and Unhealthy Boundaries, Developing Healthy Relationships and Equality and Personal Rights. The members were encouraged to be interactive throughout the group and to ask

questions or provide examples which reflected their lived experiences in relation to the weekly topics.

Additional strategies used within the sessions included activities such as sharing circles, deep breathing exercises, meditation, poetry, videos and small group engagement. I observed one of the most powerful incorporated strategies during the last session. At the beginning of the first group, the women were asked to write a confidential letter to themselves detailing their hopes about what they would gain from the group and wishes for their future. In the final session, the women were asked if they would like to read their letters aloud. As the women read their letters, the apparent personal growth, confidence and healing which evolved over eight weeks was evident and this was a very emotional moment for all of us. One of the participants described it as feeling free and having a sense of strength to move forward, but also feeling a sense of loss in leaving behind her former self because regardless of her decisions in the future, she would forever be a different person because of the group. The agency provided a pocket sized healing stone to all members in the final session that they could keep as a reminder of their strength and courage.

7.4. Group Observations

I was pleased to be able to participate in the Abuse and Beyond Program as it helped me to become more aware of group dynamics, particularly the roles of group members and of my role as a co-facilitator. All of the participants were very respectful to one another and brought individual strengths and perspectives to the group. Although this program was primarily a psycho-educational group, I observed it to also be psycho-therapeutic as the members were very supportive, accepting and helpful to one another.

This type of group process is also known as mutual aid and is described by Brandor and Roman (1999) as being beneficial to group work:

Sharing ideas and experiences fosters an atmosphere in which many positive changes may occur; there is a sense of belonging, of universality, of experience and feeling, the member not only feels entitled to the full range of emotion but is then helped to move beyond mere feeling to a more objective understanding and ultimately resolution (p.4-5).

The members of the Abuse and Beyond Program were able to develop a bond with one another due to their shared experiences and feelings of safety within the group, and as a result were able to gain new perspectives about their personal situations while helping one another. Their interest in continuing to meet after the program was completed was evidence to the fact that they found member support meaningful.

The staff member whom I conducted the group with was helpful and encouraged me to actively participate in the planning and co-facilitation of the group. Once we became accustomed to our unique working styles and roles within the group our sessions flowed well. One of the issues I initially felt uncomfortable with was my concern that the members would view me as having power over them due to my professional role. As a social worker, I do not agree with power imbalances and strive to create egalitarian working relationships. I observed my working partner and realized that the group members were counting on her to adhere to the limits and guidelines of the group. It was okay to respectfully and gently move away from a member who was monopolizing group time in order to hear from other members or to stay on task with the educational elements of the group.

Another issue I experienced was remaining mindful of the fact that although the group offered support, it was not intended to have a strong counselling component. I often found myself wanting to create a meaningful dialogue with a group member who shared a story or an experience during our sessions but refrained from doing so. I did not want to appear to be dismissive, however the group was primarily psycho-educational and as stated prior, individual counselling was available if the need was identified. If I was concerned about a member, I would speak to them privately after the session was over to ensure that they were okay.

I spoke with a senior counsellor at the agency who has had many years of group facilitation experience during the latter part of my practicum to further inquire about group process. I questioned whether my decision to engage in further conversations with individuals about their concerns after the group was over was appropriate. Her suggestion was that unless a client was in obvious distress, I might choose in the future to let clients continue to work through their issues or concerns within the group only, as a means of allowing them time to benefit from mutual aid and to receive support and gain strength from the group experience.

I feel that the Abuse and Beyond Program was a good introduction to formal groups as the members were amazing women and I believe they made my role as a co-facilitator quite uncomplicated. I also feel that the freedom I had within the group as a practicum student allowed me to challenge myself and gain confidence in my abilities within this setting. I would like to have more exposure to group work in the future.

8. Skills

My practicum placement with FSS strengthened my social work abilities and presented me with an opportunity to gain new skills. One of the areas which offered me tremendous professional growth was my exposure to individual counselling. My communication skills were greatly enhanced once I developed a deeper understanding of the counselling process, the roles of my clients and of myself as a student counsellor. I found it challenging at the start of my practicum to listen more and talk less during my individual counselling sessions but have since become more aware of the importance of active listening, and the significance of respecting a client's readiness for change.

My interviewing and assessment skills became more purposeful as I evolved through various stages of theoretical application and understanding and observed that positive session outcomes were a result. My critical thinking skills also became stronger due to supervision and peer support meetings which encouraged me to purposefully reflect upon facts, observations or circumstances which may or may not have been evident related to client cases, and from there determine an action plan.

Intercultural awareness and sensitivity were personal attributes which were strengthened as a result of my interagency involvement with International Women of Saskatoon, and my interpersonal skills were enhanced as a result of the interactions and conversations I had with group participants. My involvement with this agency as well as my group facilitation work with the Abuse and Beyond Program provided me with more confidence to speak in front of groups, and the ability to adapt and think quickly when formal plans or outlines veered in an unexpected direction.

The collaborative working environment at FSS was beneficial as it allowed me to participate in shared learning and planning and I gained a deep respect for the diverse and unique working styles of staff members. I also found the belief in my capabilities to work independently by my supervisor and program manager from the start of my placement helpful as it strengthened my ability to problem solve and encouraged me, through personal accountability, to be extremely efficient in all aspects of my agency duties.

9. Visions

One of the observations I made while at FSS was that the counsellors and myself did not often get the opportunity to learn about client outcomes once they no longer utilized the services of the agency. This fact was important because I realized that every interaction I had with a client may be the only or last one, and that I needed to be mindful of the impression I left with them and the impact of my services in their lives. I feel it is important not to minimize the affect I can have on someone else through direct services and will continue to recognize my potential as a social worker and advocate. My interest in clinical counselling and group work has increased as a result of my practicum and I look forward to future opportunities of practice in this area. I will continue to learn more about various theories and applications as I believe this will be an essential element which I can utilize in various practice domains. My interest in community work, and work with women and families, has led me to accept two positions with FSS: Teen and Young Parent Worker and Intimate Partner Violence Outreach Worker. The primary objective of both of these positions involves community outreach support in both an immediate and ongoing capacity.

As a social worker, I hope to make a difference in the lives of those who experience distress. Strategies which will help me achieve this goal are based on awareness of current community resources and initiatives, governmental policies, and evidenced-based practice and research. I feel that challenging oppressive practice in my personal working environment and within the community are also fundamental aspects of my role as a social worker. Prevention through awareness and education is vital and I will continue to be involved in community action initiatives with other social workers and community members who seek to create positive social changes through social action.

10. Conclusion

My learning objectives were met during my practicum placement. I wanted to challenge myself as social worker through exposure to new practice situations and experiences, and feel that my direct involvement with the variety of programs and services offered by FSS enabled me to do so. The agency staff were very supportive of my learning and I appreciated the continuous professional development which was offered to me by the agency through personal and group supervision sessions. I found these sessions to be a critical component of my learning because it provided the opportunity to receive feedback about client cases in a non-judgmental environment with other counselors who had years of diverse practice skills and experiences. I also appreciated the access I had to the many learning resources available within the agency such as literature and audio and visual materials. The diverse backgrounds, experiences and concerns of clientele provided me with many opportunities to broaden my knowledge and cultural awareness and sensitivity, and reminded me of the importance of working with individuals within the contexts of their personal understandings and life experiences.

My learning curve in relation to formal individual counselling was steep and my prior knowledge of theory and the counselling process was definitely broadened as a result of my clinical interactions and individual caseload. I had initially wanted to try out numerous theories however recognized that before I could practice from an integrative perspective, it was imperative that I became skilled and knowledgeable about individual theories in a more purist form, and so concentrated on Cognitive Therapy (CT) and Solution-Focused Brief Therapy (SFT) as a starting point. Becoming more deeply informed about the historical progressions and theoretical underpinnings of both theories was vital to my comprehension of clinical application.

Beck's link between the cognitive system and an individual's personality and basic beliefs provided me with more insight as to how an individual such as Sara may have come to develop her maladaptive thinking which caused and maintained personal distress. As I gained a more comprehensive understanding of structural schemas and how they are suggested to be highly influential in shaping a person's self-perception for example, I was able to recognize that part of my role with Sara was to promote new learning through the use of concrete applications such as collaborative empiricism, Socratic dialogue and guided discovery. Sara and I were able to examine her negative beliefs and assumptions about herself based on her previous experiences and develop more positive and realistic interpretations based on reality tested facts and observations.

My initial confusion around the fundamental elements and application of SFT was reduced as I developed a deeper understanding about de Shazer's ideas as they relate to future-orientated goals and dialogue, and how these principles can be effective and lead a person to discover their own solutions. The main elements of this model relate to the

anticipation of something new or different in the future and exception periods which allow the client to recognize their strengths and resilience. The incorporation of a social constructionist view which sees language as a primary factor in the way that people make sense of their lives was important for Casey as she began to redefine her relationships through future-focused dialogue, personal interactions and behaviors. Casey was able to begin to reshape and alter her perceptions of her feelings and problems by focusing on the future as opposed to remaining stuck in the past.

Although both theories are based on elements of conscious thought, the main difference is that CT encourages exploration of a client's problem history where as SFT is more concerned about a client's problem-free periods. I enjoyed learning about the theories and feel that my client's developed new perspectives about their concerns as well as symptom relief as a result of the chosen models and my ability to adequately understand and apply both models.

The opportunity to co-facilitate an eight week session group enhanced my collaborative working skills and problem-solving abilities. I initially struggled with the concept of providing a balance between psycho-educational and psychotherapeutic support, however came to understand that in order to respect group process I needed to allow members to work through their issues more independently of me. I was able to educate group members about the interconnectiveness of micro, meso and macro related oppressive issues which are prevalent within society in relation to violence against women and found the strategies incorporated within the group to be effective.

Learning about the common elements of therapeutic alliance was helpful and I feel that my sessions became more purposeful and successful as a result. I found Hubble,

Duncan and Scott's (1999) research and information on relationship factors to be very interesting and trust that regardless of the theories I choose to practice from in the future, I will remain mindful of the importance of positive and effective common factors within the therapeutic relationship.

My involvement with community agency partners led me to develop new relationships with community members and human service professionals which I may not have had the opportunity to do had it not been for my placement at FSS. I enjoyed going to another agency to learn about their offered services and programs and was able to become involved in an area of social work which I had not experienced prior.

The conversations that I had with newcomers was a humbling experience and evoked personal thoughts about my values and privileges as a Canadian and how anti-oppressive practice is critical in my role as a social worker. I find interagency collaboration to be especially important as it helps to eliminate the duplication of community services and enables a larger demographic of people to utilize various community service agencies in one location. My professional observations in the past have found that there is sometimes a subtle ownership attached to clients from human service professionals or agencies that do not promote interagency collaboration, or are very selective about the agencies they will partner with. I feel that clients might be better served if they had more options available to them and human service professionals would experience agency benefits as they would be able to compile their resources and services.

The ethical dilemma I experienced was also a good learning experience as I was able to incorporate the CASW guidelines within my practice. The importance of the CASW Code of Ethics and accompanying guidelines was very useful and I developed a deeper

awareness of how they are beneficial to the broad range of practice circumstances within the social work profession. I will continue to be guided by this document in my future practice.

Overall, my practicum placement at FSS was a positive experience and enabled me to grow as a social worker through self-awareness and professional practice. I found the environment conducive to meeting all of my learning objectives and specifically enjoyed the direct exposure I had in relation to direct counselling. I feel it is especially important to thank the client's of FSS for allowing me to share in their healing journeys because without them, my experiences would not have been possible.

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