Group Therapy Skills Self-Assessment Paper

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Transcription, Comments, and Corrections

Getting Started

Therapist: "Hello, I'm happy to see everyone as we start our group together today. Um, as most of you know, this is a group for women that have experienced domestic violence in the past. During this group, we're going to, um, have the opportunity to share with each other and kind of get into our thoughts and our feelings and some experiences we've had that, um, stem from the domestic violence we've all gone through. I'm Jaclyn. I'll be the therapist that leads our group. Before we get to know each other a little bit better, I want to review confidentiality. Because we're going to be talking about a lot of sensitive and emotional things during our time together. I want to make sure everyone feels safe and trusts the group. One thing that I think is really important to achieve that is making sure everyone upholds confidentiality. So basically everything we talk about during our time together in this group, stays in this group. We don't go outside of this group after our group time and talk to other people about anything we've shared or people have shared with us. Uh, Does anyone have any questions about that before we go on? Great! Can everyone give me a thumbs up? Alright! Great! Okay. Now let's get to know each other a little better. Okay. Before our session, I sent out a couple of worksheets. Did everyone get those? Okay. So, one of those is our emotional check-in, that it just says today I'm feeling blank because of blank. Does everyone have that one? Okay. So, I want to do a round were we go around to each person and there's going to be three things. I'll type them into the chat box just so it's easy to remember them, but I want you to introduce yourself by telling us your name, something you like to do for fun, and then also what you wrote on your emotional check-in. Does anyone want to start us off?"

Group Member: All members responded with introductions and emotional check in answers during the round.

Comment: For this section, I introduced myself, wanted to set a positive tone, address the purpose of the group, and explain confidentiality before letting the group members start getting to know each other. For a real group therapy session, I believe I would not include three different questions in the initial round. Instead it could benefit to do a short, easier, introductory round and then later an emotional check-in round after reviewing more of the purpose and focus of the group. I am satisfied with the content in this section but do wish I was more concise with my words. I can tell I am nervous at the beginning with how my voice sounds. I could have also added more in my introduction by at least adding something I also like to do for fun.

Correction: "...I want us to take some time to get to know each other. Let's go around and tell everyone our name and something we like to do for fun. I can start. As I said, my name is Jaclyn. Something I like to do for fun is hiking to waterfalls."

Group Member 1: "...I think for my emotional check-in, uh, today I'm feeling, um, maybe like a mix of like giddy and unsure, um, a little emotional nervousness. Uh, just because I'm new here and I'm excited to meet everyone."

Therapist: "...I think nervousness is a really common thing right now. Um, anyone else feeling nervous? Let me see a show of hands? Okay. Alright. As we get to know each other, I think that will kind of go away and we'll feel more comfortable with each other. Alright, glad you're here Hannah!

Comment: I am responded to initial nervousness of group members by trying to normalize that reaction starting a new group. I start to try to bring awareness and group cohesiveness to the group that all members have common feelings as we start, as well as hope that those nerves will shift to comfort as the group continues to learn each other. In a longer session, I could take the time at this point to do a short breathing or relaxation exercise to help calm all members before continuing.

Correction: "Thank you, Hannah, for being vulnerable enough to share that with us. I think it is common to have nervousness when we start new things. Nervousness is not always a bad thing too. Sometimes nervousness can tell us that we are alive and starting something important in our lives. Can you remember a time you were nervous about starting something that ended up being really fun or great for you?...Anyone else feeling some nerves starting this journey today and want to share?...I am really happy that you are all brave enough to show up today and start this journey of healing. Since we are all feeling some nerves, I would like to do a short breathing and relaxation exercise that might help us relax before we continue..."

Group Member 3: "So, my name is Erin. Um, something that I like to do for fun is watching movies. I'm really into romantic comedies. um, I actually got to watch one this weekend, so that was really fun."

Group Member 1 (Problem Situation- Chronic Talker/Distractor): "Oh my gosh, Erin, I love rom-coms. have you seen the notebook? It's like the best..."

Therapist: "I'm gonna interrupt us right quick. I know we could probably talk about movies forever, especially romantic comedies, and they're fun! I just want to make sure we all have the same amount of time to share so we cover everything that's going on in our session today. is that okay? all right, Erin, so you love movies, yes? great and all of us here do, we already know that much, yes."

Comment: This is my attempt at cutting off a chronic talker or distractor. This was a bit uncomfortable since it was all staged. I could have done better by being more concise and not almost rambling myself about the romantic comedies.

Correction: "I'm going to interrupt for a second. I am happy we are already finding common interests and feeling more comfortable with each other. I want to keep us on track today so we can let everyone have time to share. If you have time after the session, we can all stay later and

continue talking about our favorite movies, but let's go ahead and continue with the introductions right now."

Purpose, Focus, Rounds, and Yalom's Curative Factors

Therapist: "Alright. So we talked about this being a group for women that have experienced domestic violence. I want to talk a little bit deeper about what our general purpose will be with this group. Um, again, I want it to be a safe place that you all feel comfortable sharing your experiences. Um, we'll talk and work through things you're feeling currently, um, it could be emotional things you're feeling, problems you have in your relationships, all kinds of things you can bring to the table during our sessions. And we'll also process past trauma and, um, we'll talk a little bit more about trauma later on in today's session. But, since this is a therapy group there will be times where we go really deep into our thoughts, our emotions, and our feelings, and how they're connected to our behaviors. Um, anyone have any questions or comments about the purpose? Okay and it's also a closed group. Um, so that means these are the only people that will be in our group. It's not open to any other new members now that we've started and we'll go for 12 weeks and meet every Tuesday at 6 pm. Okay, um, and I've already said I'm Jaclyn. I'll be the therapist that leads the group with you guys. Another important thing is I want to get an idea of what everyone's expectations are from this group. I think that might help us to set everyone up for success, individually, and as a group collectively. Um, so I'd like to go back around, um, and just give me some expectations or things you would like to get out of the group. Uh, Nawal, would you like to start us?"

Comment: I think in a real session, I would not have covered all of these items in one spiel, but I felt that I was making sure I covered the rubric before getting into deeper focus. It might have helped to add the group details in the introduction too. I think it would have been effective to let members know research that shows how group therapy can benefit domestic violence members here.

Correction: "...But, since this is a therapy group there will be times where we go really deep into our thoughts, our emotions, and our feelings, and how they're connected to our behaviors. Research actually shows that group therapy can be helpful since it connects you to others' with similar experiences that you may be able to learn from. It also can help to rebuild trust in people and process past experiences in a group setting. So, this group may give you various different types of benefits that you will see are different from your individual sessions..."

Group Member 1: "...learn more from other people who have gone through similar experiences as me and just learn how other people cope with it."

Therapist: "Okay. Yeah, I think that's a really good expectation. I think an important part for us to succeed in that way is to be comfortable enough and vulnerable enough for everyone to share. So, thank you, Nawal. Hannah?"

Comment: I want to reassure that member's expectation is an achievable one and promote importance of eventually feeling safe enough to share in the group setting. I could have taken more time with the response and asked for details of what would make the member comfortable.

I could also encourage more member interaction during this expectation round with more overall session time.

Correction: "Nawal, I think this is a valuable part of group therapy. In order to really learn from each other, I think we all need to feel safe enough to be vulnerable to share. What do you think could make you feel safe in this group and motivated to share your own experiences?...Would anyone else like to add anything to what Nawal shared?"

Group Member 2: "Um, for me I think I'd really like to process some previous trauma that I think I've kind of buried, and then just really just focus on my mental health."

Therapist: "Hannah, have you ever been in therapy, whether individual or group where you did start to process any trauma or past things?"

Comment: I wanted to start acknowledging how common past trauma is for domestic violence survivors here since a lot of the sessions will focus on past trauma and distressing experiences. I already mentioned this some in the previous sections but could have reinforced it here after her sharing. I also could have acknowledged her sharing her past attempts with general practitioner skills before asking questions.

Correction: "First, I want to say how brave it is for you to recognize the need for this. It is really hard for most people to know and understand that confronting their past trauma is important during the healing and growth process. Hannah, have you ever been in any type of therapy were you starting working on processing your past trauma?"

Group Member 2: "Um, I did some individual therapy, but it felt really overwhelming. Um, and it was really hard to start to process trauma and I think I just kind of ran away from it."

Therapist: "Okay, yeah, and that's a common reaction, um, almost avoiding it, because sometimes when we go through our past and especially traumatic or stressful things that have happened to us, it kind of feels a lot worse sometimes or heavier before it starts to feel better in the long run. So that's something that we can all keep reminding ourselves when we get deeper into sessions too. Thank you, Hannah. Erin?"

Comment: I wanted to normalize the member's past responses to processing trauma. I could have been more concise and utilized motivational interviewing to further the conversation here.

Correction: "I appreciate your honesty, Hannah. Working through past trauma is a really difficult task. It does often feel worse before it starts to feel better. It sounds like you have some experience with trying to work through your trauma and you are motivated to learn better ways to help you try it again. Thinking about your past therapy attempts, what are some challenges you think you might encounter as we work through the trauma now?...How would you like things to be different during this time?...Can anyone else relate to Hannah right now?..."

(Problem Situation/Negative member) Group Member 3: "I actually have done group therapy before and had a really bad experience. I had, um, while I was trying to process my trauma like

Hannah mentioned, um, other group members would talk over me and interrupt me and I could never really you know get through what I was feeling."

Therapist: "Okay, I really hate you had a bad experience, um, with past therapy. Do you think it's possible instead of focusing on kind of the negative things that have happened in the past, we can, um, make a little bit more positivity out of them for our current group? And if you don't care, I'd like to open it up to the other group members to see if they may have some comments or similarities or even tips for you."

Comment: This felt too staged for the purpose of dealing with a negative member in the group. I can tell I am nervous and not fully present. I could have helped validate the member's negative experience more before forcing to change it to a positive tone. I also wished that I had opened it up to the group for input on how to make the group more positive instead of singling this one group member out, since this is a common experience for all group therapy members.

Correction: "I really hate you had a bad experience in the past. I can understand how hard that probably was for you. I know how frustrating it can feel when you feel like people are not genuinely hearing you as you share such personal things. You bring up such a good point too. It does take a little extra effort when working in groups to understand the group dynamic. I really want this group to be a positive experience for you and everyone else. Do you mind if we open this up to the rest of the group and ask if anyone else has had any similar experiences?... Does anyone have any insight on how our group can avoid making members feel like that during our time together?"

Group Member 2: "Yeah, I feel like the best thing for us is kind of like what Jaclyn was doing in the beginning of just, like, you know, making sure we all had equal amounts of time to share..."

Group Member 3: "...because I mean I can only speak for myself, but I think we're all really happy to have you here in the group so, um, hopefully just communicating that with us if it is you know starting to feel that way, um, so we can all work together to solve that problem."

Therapist: "Yeah, definitely, that's a great point, Nawal. Um, you can always talk to me before or after or we can schedule a time outside of group or you can bring it up during group if you feel comfortable with that. Um, does that feel kind of better going in to this group experience, Erin?"

Comment: I did want to acknowledge that anyone can bring up these feelings to the group or to me individually sooner than later so that they may be corrected and still have the opportunity for a positive group experience.

Correction: "Great idea, Nawal. I want everyone to feel comfortable bringing up feelings like this to the group or one-on-one with me. It is better to bring them up when you start to feel that way so that we can address them immediately. This will still give everyone the opportunity to still have a positive group therapy experience."

Group Member 1: "Yeah, I actually am happy that the other group members kind of addressed that. I already feel more comfortable being here, so thank you guys."

Therapist: "Yeah, and I think, like, I think you guys are having a lot of the same feelings and concerns, um, right now, because it is common to feel that way starting a new group. um, so that's kind of a good thing to feel like everyone is on, you know, a certain same page as you going into it. so, yeah, great, okay."

Comment: I continue to promote group cohesiveness and normalizing common reactions and feelings in the group. I wish I had been more concise with my wording. I can tell I'm nervous throughout the session.

Correction: "It is helpful to realize that a lot of things we are feeling and thinking are probably also happening for other group members. It can be refreshing to realize that others feel the same way you do. I think that will continue to be a common theme during our time together."

Therapist: "So another part of setting us up for success is we do need to set some group rules and I think this will also help, Erin, for this to be a positive experience for you and everyone else. Um, this is y'all's group, so I want you guys to be a part of making the group rules. the only main rule and expectation I have, I want to make it a safe place for everyone and so by doing that confidentiality is my main concern, which we already went over. um, so I'd like to go around one more time and just get your opinion on what some good group rules might be."

Group Member: All group members shared what group rules they wanted to prioritize.

Comment: I wanted to establish group rules to increase success of group. I also wanted to have each member contribute to creating the rules to make it feel like their group. I wish I had not singled out Erin after her last round of sharing but instead focused on the group as a whole. Again, I wish my wording was more concise.

Correction: "Creating some group rules could help us be more successful. Since this group is for everyone, I want you all to have an active role in making the rules. As we go around the room, you can all share a group rule that you think is important."

Therapist: "Okay, another thing I would like to point out before we go on is a part of giving our full attention to everyone when they have the floor to speak is eye contact. Um, I think eye contact goes a long way, whether we realize it or not, it makes the other person feel really heard and appreciated. So, I would like to just kind of put that on our group rule. To be considerate enough to pay attention including our eye contact when people are sharing. Does that sound okay? Okay, well, these are our group rules for now. As we continue with our sessions, some of these group rules may change. We may add some, um, if you feel like it. We can always bring it back to the table, discuss it as a group or you can get with me one-on-one afterwards if you think we need to review the group rules in any way. Is that okay?"

Comment: I could have made this part shorter. I only wanted to let members know that group rules can change as the members and group grow. This was also my opportunity to add

importance of eye contact since no other group member suggested it during the round. Eye contact could have been address earlier when the group discussed how to make it a positive experience after Erin shared her past negative experience.

Correction: "The only other thing I would like to add is the importance of eye contact. This means we just give our attention and eye contact to members that are speaking. This will help each member feel heard and appreciated. Also, keep in mind that our group rules can change as we continue to grow as individuals and a group. Feel free to let me know if anyone wants to add or change any of these set rules."

Deepened Focus and Exercises

Therapist: "So, today we're going to focus a little bit on what trauma is and you may have heard some of these definitions before, so I'm going to review them quickly. So trauma is defined as when something occurs to an individual that is an upsetting or disturbing event. Trauma in that sense can be like a singular event. Complex trauma, on the other hand, are numerous experiences that are traumatic over time or if a loved one or family member was a part of that traumatic event. Um, because of the background of our group, it is likely that complex trauma is going to be a common theme that we talk about a lot as we kind of dig deeper into our experiences of the past. Um and sometimes some symptoms that you'll notice of complex trauma can be sort of like reliving the event, even kind of flashbacks that go through your head, nightmares, sometimes people avoid certain behaviors, it could be going to the store or going out with friends just because it reminds them of something that was traumatic in the past that happened to them. Sometimes your relationships with others struggle because you just can't open up after something so stressful happened in past relationships. And other times, you'll have, um, like body experiences that could be like headaches, being dizzy, certain pains, or just really fatigue. Those are called somatic, which just is a fancy word for body symptoms. Um, so it's really interesting and I hope as we go on, we learn so much that trauma controls and how a lot of symptoms, um, what we think are mental or physical can be a result of some of our unresolved trauma from the past. Um, anyone have any questions? No? Okay."

"So, a lot of times when we're talking with trauma, you kind of will feel overwhelmed with emotions. So, a good way to sort of approach it is being mindful. Mindful really just means when a person can be focused in the now and on their thoughts and feelings and just kind of accept themselves. And it sounds like a simple thing, but I'm sure we all here know that that is not so simple to do. Um, but when you can be mindful and sort of practice some exercises that we're gonna do, um, during the rest of the session, it can reduce your stress, and anxiety, depression or even kind of turn negative thinking into more positive moods and thinking. Any questions? Okay."

Comment: I wanted to offer some educational information and imparting wisdom on trauma and how trauma symptoms can be experienced. I think with a longer session, I could have taken more time on this part and not rushed through so much information so quickly. I also hope to be more comfortable in the future and omit so many "um", "okay", "great", and other filler words. With more time, I could have also opened up the floor for members to share any experiences that they are thinking as we talked about trauma and its effects.

Correction: (Adding) "...As we just heard about what trauma is and how it affects our mind, body, and actions, does anyone want to share how they were feeling as they heard me talk about it?...Was anyone thinking of a specific time or experience?"

First Exercise – Thoughts, Feelings, and Body Worksheet (Cognitive)

Therapist: "Okay, so the second worksheet that you guys got was labeled thoughts, feelings, and body worksheet. Can you guys bring it up for me? So, this is going to be our first exercise. Um, this is going to help us just realize what we're thinking, what we're feeling, and how your body reacts to it. Those three things are really related to each other and it's something that if we don't realize, we don't notice how it impacts us every day or really every hour sometimes throughout our days. So this exercise is just going to help us try to identify those things and also how they're related. Okay, does anyone have any questions before we do this exercise? Okay, I'm going to give you guys about a minute or a little more if you need it to fill out the form and then we'll go over it...okay, Hannah I think I saw you were done first do you want to start us off?"

Comment: I was ok with the content I covered in introducing the exercise. I wish it had been smoother and more concise. I also think I talked really quickly throughout this video trying to be mindful of time. I could have also reviewed the form a little better before having members complete it.

Correction: "For this exercise, we will be using the thoughts, feelings, and body worksheet. Does everyone have that handy? This exercise will help us notice and be mindful of our thoughts, feelings, and physical reactions. We have already mentioned some about how these three things are related to each other. If we don't take the effort to see how these things are all related, we don't realize how much our thoughts can impact us so easily. You will notice that the worksheet has a place for you to write something under thoughts, feelings, and body sections. I want you to think of a time this past week that you had a strong emotion or feeling and use that for this worksheet. Does anyone have any questions about the exercise?"

Group Member 1: "Uh, yeah. Um, so I felt anxious...I felt like my whole body, like, heart racing and I felt like my chest was pounding. Um, I even had like shakes going on."

Therapist: "So yeah, okay. Thanks for sharing. Um, before we just kind of talked about the somatic and how our body can be affected in the moment. When it was happening did you kind of realize all of that was connected already?"

Comment: Again, I can tell I'm nervous because I consistently use "um", "yeah", and "okay" as filler or transition words. I could have used some active listening skills of reflection or paraphrasing.

Correction: "Hannah, that does seem like a stressful experience. I'm hearing that you were able to identify a lot of physical reactions to how you were feeling. Did you notice these physical reactions in the moment when it was happening?"

Group Member 2: "...I had a knock on the door and I instantly started feeling like something wrong happened. Um, that I was soon gonna get some bad news and I noticed that I was sweating and my heart was racing really fast. Um, so it's nice to be able to realize that those things are all connected."

Therapist: "Okay, that's gonna be something else we get into. Like, it's actually called automatic thoughts, but it's when our brain goes somewhere, um, that often times is negative but is not correct You know, kind of, like jumping the gun about something. Um, so I'm glad you brought that up, because honestly a lot of us do that every single day multiple times a day. So, yeah. That's something when we get deeper into some of our sessions, you'll notice we'll talk about that a lot too. Okay. Thank you, Erin. Nawal?"

Comment: This felt like a good opportunity to talk about automatic thoughts. I wish I had been more concise. If time were not an issue, I could have tried going deeper into this response by teaching more about basics of automatic thoughts and CBT.

Correction: "I can tell that was a scary situation for you. You also bring up a good topic for us to cover. Did you notice how you immediately started thinking something wrong happened?...That immediate thought is called an automatic thought. We all have countless automatic thoughts throughout our days. A lot of the times we don't even notice we are thinking these automatic thoughts. It can be helpful to learn how to identify those automatic thoughts as they occur though, so you can evaluate whether they are true or not, especially if they are negative thoughts. In your case, your automatic thought was something must be wrong when you heard the knock on your door. Do you mind telling us the rest of that story so we can all see how your automatic thought compared to what really happened?..."

Group Member 3 Responded: No new skills or information present in response

Second Exercise- Safe Place Meditation (Somatic)

Therapist: "Next I want to do something that is more of a bottom up approach, which means we're going to focus on the body more than the brain in the beginning. Does that make sense before we start? Okay, okay. So, this one I'm not going to make you write anything, but it is it's going to be helpful. I want us all to try to relax while we do it. It's going to be a breathing exercise and a little bit of a safe place meditation. So I'm going to kind of guide you through it and then give you, also, time on your own to be creative of the things that I'm guiding you through. But, I want us to imagine somewhere where we feel really safe at some point in this meditation. Okay, alright everyone, we're gonna start by taking five deep breaths in, holding it for five seconds, and then exhaling for five seconds. And then I'm gonna count you off the first time. I want you to try to continue to breathe with the five, five, five for the rest of the meditation, okay. Okay, and you can close your eyes or keep them open, whatever feels most comfortable for you. Let's go ahead and breathe in, two three four five, and hold two three four five, big exhale, two three four five, continue breathing on your own slowly and holding. I want you to start trying to imagine a safe place. This can be any place. It can be somewhere you've known in your childhood, you know now. It can be a totally made up place, an island, a forest. A

Beach. Just somewhere where you feel safe where you are there. I want you to take time to imagine how it feels in this place. How it feels to feel safe? How does it smell? How does it sound? Is it sunny bright? Or dark? Take a moment to see how your body feels in your safe place. How does your heart feel? How are you breathing? How do your muscles feel? Take a few more breaths in your safe place. Okay. You can slowly start to move around a little bit as you open your eyes. Give you a little bit time. Okay, all right. Now I want to kind of go around and just see how that exercise felt for everyone. Um, Erin, would you like to start us?"

Comment: I wish the explanation of the exercise was smoother and more concise. I also wish I had elaborated on how these types of exercises can help the body calm down first which may lead to calmer thinking. I did not include the dialogue about the top-down approach in this transcription since I did not feel it added any skills not already mentioned.

Correction: "Next I want to do something that is more of a bottom up approach, which means we're going to focus on the body more than the mind in the beginning. Sometimes when we have physical reactions like shakiness or racing heartbeat, these types of exercises will help regulate and calm the body. After we can calm our bodies down, we have a better chance at thinking a little clearer. This will be a breathing and calming exercises, as well as an opportunity to create a safe place in your mind. This may help you especially in those moments you may not feel safe. I'm going to kind of guide you through it... Now I want to kind of go around and just see how that exercise felt for everyone. Um, Erin, would you like to start us?"

Group Member 1 and 2 responded

Group Member 3: "Yeah, I definitely feel so much more relaxed. I honestly feel like I could take a nap. Um, and I feel like this is something that I would do before bed, because I have a hard time sleeping sometimes."

Therapist: "Um, yeah. I like that. Um, did anyone have any trouble actually imagining their safe place during the exercise?"

Comment: Although I felt like I needed to be mindful of time for the video's sake, I did want to process the exercise while also doing a short emotional check-in with each member. All members responded with positive and calmer check-ins, but this would have given me the opportunity to still address any lingering nervousness about starting the group. I wanted to also see if members were able to actually imagine a safe place after just doing the exercise once.

Correction: I am happy you feel calmer now, Hannah. I want to talk more about the safe place part of the exercise. Did anyone have any trouble imagining a safe place for themselves?"

Group Member 3: "I did in the beginning. I kept jumping around with a couple different places."

Therapist: "And that's okay. And it's also okay if it takes a while. If you do the exercise on your own to find it, or your safe place keeps changing. You know, as you evolve during therapy, so can your safe place and what makes you feel safe. So that's great! So, these are kind of things when you do some of you mentioned like having the body reactions of racing heart and just

feeling you know a little bit tense um this is also something to keep in mind for those moments just to kind of stabilize those bodily reactions you may be having to stress at any moments great."

Comment: I could have elaborated with more time and even asked members if they felt comfortable sharing some details of their safe place and go deeper into how being in that safe place for the exercise provided comfort.

Correction: "And that's okay. And it's also okay if it takes a while. Does anyone feel comfortable sharing some details about what their safe place looked like for them?...Did you notice anything change in your thoughts while you were in that safe place?...As you evolve during therapy, so can your safe place and what makes you feel safe..."

Closing

Therapist: "Okay, um, before we close, I just kind of want to summarize, because I feel like we went through a lot of important things. We got to know each other. Um, we voiced our expectations, and also holding each other accountable by group rules that we think will help each other individually and collectively as a group. Um, I already started seeing a lot of common themes of stuff you guys have experienced and emotions that you shared. I think that will be really helpful as we go on deeper into our sessions. Um, and we also even started getting in how to help members have a more positive light on things. So, I think that's amazing. You guys are a very amazing group. Okay, um, does anyone have any questions or feedback about the session? No? anything anyone feels uncomfortable with or would like done differently in the future? No? okay. That's great. Alright, well, I will see everyone next Tuesday. Thank you!"

Group Member: No one had feedback to offer.

Comment: Since the first session covered a lot of information, I wanted to summarize so that members might better remember everything. I am ok with the content of this section. With more time, I might could have gone into specific rules and expectations that were agreed upon, as well as some of the educational information on trauma, automatic thoughts, and mindfulness.

Correction: "... I already started seeing a lot of common themes of stuff you guys have experienced and emotions that you shared. We started talking about how trauma affects so many parts of our thoughts, emotions, behaviors, and relationships. We will learn more next week about how to identify and evaluate those automatic thoughts we mentioned in today's session too. Exercises like the safe place meditation we did today may really help the next time you start feeling physical symptoms of trauma or stress..."

Reflections and Issues

Social Justice Issues

No specific social issues surfaced during the session. Still, due to the nature of domestic violence, there is a possibility of this being discussed in the future. Domestic violence is not

solely an issue for women, but most reported domestic violence cases are targeted towards women (NCADV, n.d.). Since the group is for women domestic violence survivors, it would be appropriate to address and process the social injustice of violence against women in society. These women have already struggled with domestic violence in their lives but may also face other social issues that marginalize women. These include difficulties with childcare and being single mothers, establishing employment, wage inequity, and other societal discriminations that treat women as the secondary sex.

Since women endure stressors specific to their social status in society, the group may need to discuss various topics. It would be important for members to process and learn ways to advocate for themselves. It could also be essential to create safety plans for each member if their perpetrator were ever to attempt future attacks. I would also advocate on the macro-level for change to occur in how the legal system deals with domestic violence cases. Depending on each member's comfort level during treatment, it might also help them to advocate and be active in community resources available for domestic violence victims. There is a dire need for legal and community change for domestic violence victims that deserves activism.

Practitioner Growth

I am thankful for this class and my cohort mentor this semester. I have learned a great deal about the structure of group therapy and strengthened practitioner skills. I noticed an increase in comfort and skill in my final video compared to my initial group session video for this class. Group therapy involves additional layers to consider and nurture that are not always present in individual sessions. One main component is having to learn and approach various personality styles. I think when done efficiently, this diversity provides a deeper therapeutic platform for the client and therapist.

I am both excited and motivated to continue advancing my practitioner career. I have recently been hired at my agency as the Level 3 Therapist for foster children. I have worked with this population for five years but now have the opportunity to provide therapeutic interventions instead of complex case management. I will seek specialized training on trauma for foster youth. I will also have the chance to have a minimum of four hours of monthly supervision with a seasoned LCSW.

Technology

While utilizing technology as the primary platform for school and therapy sessions has been a challenging transition since 2020, I feel there are some benefits. I am thankful that such advances in technology allow us to continue connecting, continuing our education, and providing therapeutic resources. These connections are likely more important this year due to the many challenging issues each person is experiencing. Connecting virtually with clients and school has offered me more time for self-care too. While self-care is essential in our field, managing a full-time job, school, and practicum is consuming and often leaves little to no time for personal reflection or care. The virtual platform has offered a slower pace of life in various ways since I do not have to spend time traveling to specific physical locations throughout the day. I would also like to add that telehealth can offer resources to people that typically do not have them available close to their homes.

Telehealth does require some additional attention. One is exercising patience with learning and working technology. It has also been necessary for me to teach some clients how to use technology. I have been mindful of my surroundings at home during virtual sessions, including who else is in my home and my video's actual background. I have created a clean and clutter-free space in my house for sessions. I believe the computer video angle and lighting are also critical so that the client can clearly see you. Confidentiality must be kept by ensuring no one in my home can hear the video sessions. At times, I have had to use a specific room and earbuds so that others in my house could not hear the client or the session.

While technology has many benefits, it is not without its flaws. Some obstacles that I have encountered are technological issues of a client's device or internet not working during sessions. Some people may also feel more disconnected using video instead of being in person for a session. I have focused on specific listening, interviewing, and reflective skills that might encourage the client to offer more to the virtual conversation. Many clients may not have the advantage of finding a place to be away from family to focus solely on themselves. This lack of privacy may also interfere with them sharing everything they would like to discuss with their therapist. I have even met a few clients in my practicum that did not have internet access in their homes. I have connected these clients to the Electric Power Board of Chattanooga's free internet services that are available during the pandemic. Despite these obstacles, I still am thankful that technology has allowed us to continue to connect during such an isolated time for the world.

References

National Coalition Against Domestic Violence. (n.d.). Statistics. https://ncadv.org/STATISTICS