

Group Therapy Skill Self-Assessment

Segment One:

Getting Started

Use of Rounds

Therapist: Hi everybody. Welcome back. It was really great meeting for the first the time last week. And just to kind of start out this week, I just want to hear from each of you, uh, one thing you enjoyed this week. So let's just go around again. You can remind everybody of your name. And just one thing you enjoyed since the last time we saw each other. This last week. So we can go ahead and start to my right and go around.

Comment: Starting the group with a positive tone and giving members a chance to get to know each other is especially important in the first couple of sessions. As the group leader, it is helpful to do this by showing warmth and enthusiasm and by directing the focus to positive topics at times. Thus, this was an effective way to start the group. However, I could have been clearer in what I asked for them to share. Also, it can be helpful to start group by briefly reviewing what was discussed in the previous group.

Correction: Hi everybody. Welcome back. It is really great to see you all again this week. When we met for the first time last week, we talked about the simple things that we take delight in from day to day, whether that be an activity, hobby, possession, view, memory, accomplishment or spending time with someone. To start off this week, I want to go around the circle and hear a couple of sentences from each of you about something that you delighted in this week. Let's go ahead and start to my right.

Purpose

Clarified the Purpose of the Group

Therapist: I love that. I want to talk a little bit more about that today. So that's, I like that you're bringing that up already. And it's the simple things. Going for a walk, getting together with friends, going out to the store. Even just the way we feel. So those are really good. I'm glad that we each had something inside of your week that you enjoyed. And so, just as a reminder, the purpose of this group is to provide a place for cancer, uh, patients to come and to process their journey together. And to be able to really just find support and to encourage growth together. So that's the purpose of our group. And, just as a reminder, we meet every Monday at 4:00 PM. And really our main purpose for our time together today will be to look at the changes that come with being diagnosed with cancer. The way it impacts your life from day to day. And, more specifically, we'll be looking at how that affects your relationships.

Comment: I could have improved this by being clearer in my wording, especially as I was seeking to transition to describe the purpose of the group and session. The group members may not have known what I was referring to when I said that we were going to talk a little bit more about "that" today. Also, I do not think that it was the most appropriate to respond by saying "I love that." The group is not about my preferences.

Correction: I am glad to hear that you were encouraged by spending time with a friend.

Relationships can make a powerful difference in our lives, and we are actually going to spend some time talking about our relationships today. Just as a reminder, the purpose of this group is to provide a place for cancer patients to come and process their journey together in such a way that support is found, and growth is encouraged. We will continue to meet every Monday at 4:00 p.m. Our main purpose for our time together today will be to look at the changes that come with being diagnosed with cancer and the way it impacts your life from day to day. As I mentioned before, we will also be looking at how the changes have affected your relationships.

Explaining Therapist's Role

Therapist: So that's sort of what we're going to be looking at today. And also, as a reminder, again, I just want to explain my role as the group facilitator. I am just here to keep the conversation going, and also to help to guide it so, to take it deeper. Um, at times I'll provide different educational pieces, different activities that will help us continue with the conversation. And also some, I am here to make sure the environment stays safe, and open, and a safe place to share. So what that will look like sometimes is keeping to the rules we set as a group. And also sometimes I'll have to gently cut you off just to make sure everybody has time to share. Or maybe that will look like asking you to share if you've been kind of quiet. So, um, I'm just here to kind of help keep the conversation going.

Comment: In seeking to be thorough and detailed in my description of the role, I became repetitive and unconcise. I could have improved this by being more intentional in the way that I chose to describe my role. I needed to be more confident and clearer.

Correction: My role as the group facilitator is to guide the conversation. I will do this by providing different prompts, activities, and information to discuss, as well as, by asking questions to take the conversation deeper. I am also here to help maintain an environment where you all feel safe to share and grow. In order to do this, sometimes I may have to encourage group members to respect the rules we set as a group and hold the group to them. This may include gently cutting off group members from sharing more or encouraging those who are quieter to share. I also want to encourage you to talk to the entire group when you are sharing to seek to make eye contact with each other.

Clarifying Group Rules

Therapist: And so just as a reminder, as, of the rules we set up the last time we met. Just want to remind everybody we want to keep this, uh, a safe environment so, again, we want to be respectful of the things we say. We want to respect each other's time. Uh, make sure you give everybody a chance to speak. And we want to keep our phones put away. That is something that was brought up last time. And also we, I just want to remind you all about confidentiality. That's really important to make sure everybody feels safe to share. So just as a reminder, everything you share today, or in this environment, we want to keep here. And not spread elsewhere. Uh, but that only is as confidential as we all agree to make it. So for each other's sake, I just want to ask again this week that you would verbally just agree, just say, "Yes, I will keep this confidential."

Comment: Although I did the correct thing in reviewing the rules, I stumbled over my words and was not clear and to the point. I could have said this better by stating the rules more clearly.

Correction: Let's review the rules that we set together last week in order to make this an environment where you all feel safe to share. We will seek to show respect in listening to what each other has to say. We want to respect each other's time and give each other the opportunities to share. Another rule that we agreed on is to keep our phones put away during this time if at all possible. It is also very important that we keep what is shared here confidential. Everything shared in the group should stay in the group, but this group is only as confidential as we all agree to make it. So for each other's sake, please show that you agree to respect each other's confidentiality by saying, "Yes."

All Group Members: Yes.

Therapist: Thank you. And, uh, I also am held to that. I will also keep what you share confidential. But there are some limits to that. If you share about wanting to hurt yourself, or somebody else, or if you share about wanting to, um, or... sorry. If you share about, uh, some, a

child or an elderly person, or somebody mentally disabled being in harm's way, I am a mandated reporter. Which means I would have to let the appropriate people know to make sure everybody stays safe. Does anybody have any questions about that?

Comment: Again, it was good that I shared the limits of confidentiality; however, it is likely that I would have already covered this in the first group therapy session. Technically, I would not have to explain this again. If I did, I could have worded my explanation more clearly.

Correction: I will also keep what you share confidential, but there are some limits to that. If you share about wanting to hurt yourself, or somebody else, or if you share about a child or an elderly person, or somebody mentally disabled being in harm's way, I would have to let the appropriate people know to make sure everybody stays safe. Does anybody have any questions about that?

All Group Members: No.

Help Members Verbalize Expectations

Therapist: Okay. Good. So, now that we've kind of gone over all the housekeeping for today, I just want to hear what your expectations are for our time together today. What you're hoping to gain. So let's actually split off into, we're going to do some pair and share. So let's just split off into to two's. Um, so maybe if you two want to talk and you two want to talk. Uh, but just about what you're hoping to gain from today.

Comment: Some group members may have been confused by what I meant by using the word "housekeeping." I was also unnecessarily repetitive.

Correction: Now that we've reviewed some of what we discussed last week, I want to hear what your expectations are for our time together today and what you're hoping to gain. Turn to the person next to you and share what your expectations are for group today.

Focus

Exercise

Establish and Maintain the Groups Focus

Introducing the Exercise

Therapist: Yes. So, like I said to you, uh, again, our focus for today is we're going to be looking at the changes that come with being diagnosed with cancer. And so this next exercise we're going to do is going to be kind of introducing that. Kind of just beginning to look at, uh, those changes. So I'm going to start by giving you each one of these rocks. These stones. You each can pick one. I want you to hold it for now. And, yes. Perfect. Mm-hmm. So I want you each to close your eyes. And just hold the rock in your hand. And I want you to imagine you're standing next to the side of a lake. And as you're standing next to this lake, you kind of are just looking at the water perfectly still. Maybe it's at sunrise. And there's kind of maybe a gentle breeze blowing through the trees. You're just standing there. And I want you to look at the stone in your hand in your mind. Uh, feel it between your fingers. How hard it is. It's real. It's there. Now I want you to imagine that this stone represents your diagnosis with cancer. That it's real. It's something that is affecting you, it's touching you. And I want you to look at this lake in front of you. Maybe it's really big. Maybe it's really small. Maybe it's surrounded by trees, or mountains, or birds. But I want you to imagine these waters represent your life. And now I want you to see yourself in your mind taking this stone and throwing it in to the middle of the lake. And I want you to imagine the perfectly still water and just see the ripples that start ra- going across the surface of the water. And I want you to think of those ripples as the different changes, the different things that have occurred in your life because of this diagnosis. Okay. So you all can open your eyes.

Comment: I could improve this by not using filler words. I needed to be clearer about the purpose of the exercise in the introduction. Also, I should not have told them that they could

choose a stone because part of the illustration was about the fact that they did not get to choose cancer, yet at the end they do get to choose their stone, signifying that they do have the power to make choices to impact their lives. It sounds confusing when I ask them to look at the stone in their hands in their mind. I needed to rephrase this. I could have also improved this activity by giving the group more time to reflect before having a discussion.

Correction: Again, our focus for today is going to be looking at the changes that have come with being diagnosed with cancer. The purpose of this next exercise is to prompt each of you to think about the different changes you have encountered so far and process what those changes have been like for you. I'm going to start by giving you each one of these stones. I want you to hold it for now and to close your eyes. I want you to imagine you're standing next to the side of a lake. And as you're standing next to this lake, you gaze across the water that is perfectly still, like glass. Maybe it's at sunrise, and there's a gentle breeze blowing through the trees. Maybe the sun is high in the sky, and you can feel the warmth on your back. Maybe you can see the reflection of the mountains in the water. Now direct your attention back to the stone in your hand. Feel it between your fingers. How hard it is. It's real. It's there. Now I want you to imagine that this stone represents your diagnosis and the waters that you see before you represent your life. Now imagine taking the stone and throwing it into the lake. See in your mind the ripples that start moving across the surface of the water. Watch the ripples move until they reach the shore. Think of those ripples as the different changes that have occurred in your life because of your diagnosis. Take a few moments to reflect on this and feel free to write a few things down if you would like. In a couple minutes, we will discuss our reactions to this as a group.

Problem Situation: Crying

Therapist: I'm noticing that Kate, how was that process for all of you? Because I'm just noticing that this may have been, uh, especially meaningful for you. Do you want to share with the group?

Comment: Honestly, I was caught off guard by a group member crying in response to this exercise. Instead I should have either asked the group to discuss their reactions to this exercise in dyads and paired up with the crying member, or I should have responded with a different question in a less awkward manner. My discomfort and uncertainty with her tears set the tone for the group in a way that was not the best. Instead, I should have set the tone that the group is a safe place to express and process emotions related to the focus of the group.

Correction: Kate I am noticing that you are crying, is there something you want to talk about as a group?

Kate: I just feel really sad because there's been so many changes in my life because of cancer. It's hard to name them. But it's just really had a ripple effect. And it's just, cancer's really hard.

Shifting Focus from a Person to a Topic

Therapist: Mm-hmm. Okay. Yeah. So what makes change so difficult?

Comment: I could have improved this response by showing empathy before transitioning to the next question.

Correction: Seems like the changes that have come with cancer have been really hard for you. Change can be challenging to face at times. I am curious to hear from the group. What do you think makes change so difficult?

Kyle: Because it's uncomfortable. You get comfortable. You know? In a routine. And then all of the sudden something changes. And it's not as comfortable and you're out of your comfort zone.

Robert: I think what makes change in this situation, um, uncomfortable especially is because it's, it's the kind of change that we, um, didn't make on our own. It just kind of was brought on to us.

Just, um, yeah. We didn't choose to have these diseases obviously. But it's, um, they're present. And it's just really difficult because of that.

Bernice: It's like a loss of control.

Deepening the Focus

Therapist: Mm-hmm. Yeah. I'm definitely hearing that it makes the change even more difficult when it's out of your control. And it's uncomfortable. Like you were saying. So would anybody be willing to share maybe some of the uncomfortable changes that you've been encountering?

Comment: In order to improve this, I could have rephrased it in order to communicate more effectively. I am deepening the focus by asking the member to share on a more personal level.

Correction: I am hearing that change is uncomfortable because it is unfamiliar and, in this case, out of your control. Would anybody have the courage to share an uncomfortable change they have or are facing since your diagnosis?

Robert: One thing that's been hard for me is, uh, with going through chemo, losing my hair. And just, um, I don't know. Just the way people look at me now in public is a lot different. They look at me and just, "Oh yeah. Ooh. He's a cancer patient. You can tell." You know? They just look at me funny. And it just, um, I don't know. Makes me feel uncomfortable and like they just see me as a different person than what I was. Even people that I'm close to. The way they look at me has kind of changed. So, uh, it's hard.

Therapist: So the way people see you.

Comment: I could have improved this by asking a question to encourage the group to reflect more.

Correction: So having people see you differently has been difficult. What is it about the way that people see you now that makes you uncomfortable?

Robert: Mm-hmm

Therapist: Can anybody relate to that?

Comment: I think that this can be an okay question; however, it can be awkward when no one responds. I could improve this by wording the question to make it sound more relatable.

Correction: Can any of you relate to having a hard time with the way people see you now?

Kyle: Mm-hmm.

Kate: Chemo was really hard. I just hate how I feel when I go to the chemo. It lasts a long time. I don't feel like myself. I'm very weak. I can barely walk. Even to the bathroom. Just having someone have to help me makes me feel so ashamed. I just, it's so frustrating. I wish I could take this rock and I could throw it on the window.

Therapist: Okay.

Comment: I started to gently interrupt, but I did not speak quickly enough, so it sounded like a verbal affirmation. Instead I should have quickly reflected her feelings and asked a question.

Correction: Okay, Katie, I am sensing that you have a lot going on inside right now. Would you be willing to share with us some of the emotions that you are experiencing?

Kate: And it could break. And, um-

Problem Situation: Chronic Talker

Cutting Off Member

Therapist: Yeah. Katie, I just want to gently interrupt you right there. I just really appreciate that you're so willing to be open and to share with the group. But we just want to make sure everybody has a chance to, to share evenly throughout this time. But I know that this is something you feel really strongly about. These changes have been hard.

Comment: This group member tended to ramble on if allowed. However, I could have handled this in a way that would have validated this member through reflecting her feelings and then inviting the rest of the group into the conversation. I should have discreetly jumped in instead of telling her that I am interrupting her. If it seemed needed, I could have privately addressed this group member later about oversharing. Also, it seems like I shy away from strong emotional expressions when instead I need to lean into these to take the group deeper.

Correction: I am hearing that you are experiencing shame and frustration. These can be very strong emotions. Can anyone else relate to responding to changes you have encountered because of your diagnosis with shame and frustration?

Kate: I do.

Drew Out Member

Therapist: Yeah. Has anybody else struggled with chemo and, um, difficulty of facing that? [silence] It's okay if nobody has. Okay. So what other changes have you encountered? I, I haven't heard too much from you over there. Do you want to share anything Bernice?

Comment: Instead of being uncomfortable with the silence and moving on quickly, I should have addressed this topic further. I could have improved this by first asking if the others had been through chemo. Then I could have asked them how they were coping with the changes that have come with chemo in a such way that they were not struggling. I could have drawn out a response from Bernice in a more discreet way such as using rounds or dyads though asking her directly may have worked with this member's direct communication style.

Correction: Can anyone else relate to the difficulty of struggling with chemo? [silence] Has anyone else had chemotherapy? [After moving on to a more general question, I could have used the following to draw out this member] Bernice, we haven't heard much from you in a while. We would like to hear what you have to share if you are comfortable.

Problem Situation: Insensitivity

Bernice: Um... can you put your phone away?

Kate: I'm sorry. It was my mom.

Therapist: Oh okay. Um, yeah. You know what? I, as a group, we want to be respectful of the rules we set and keeping our phones away. But we also want to be respectful and kind to each other because different things do come up and sometimes it is necessary to communicate. Yeah. Would you be willing to share with us maybe what change you've encountered?

Comment: I could hear the insensitivity of this group member towards the other and attempted to address this. However, I was uncomfortable with confronting the group member, and this can be heard. I could improve this by still being kind while being more assertive in the way that I speak to the group. Handling this with confidence and courteousness is important in setting the tone for the group. If hostility grew between these two group members, I should seek to speak with them privately before seeking to work things out during group.

Correction: As a group, it is important that we respect the rules that we created together. While we do want to try and keep phones put away, it is also important to be respectful and kind in the way that we speak to each other. Sometimes circumstances come up where you may have to use your phone, and that is understandable. Bernice, would you be willing to share with us a change you have encountered?

Bernice: Hm... I guess like my family kind of like looks at me differently. Like my husband.

Like he doesn't know how to help me because he's not medical so he doesn't understand. And he kind of is like, he's more distant because he wants to help but he doesn't know how. So it's, it's

hard to like talk with him. I'm tired a lot more. And so I can't take as much stress as I used to. And now that I'm not working it's hard.

Kyle: For me, I, I tend to be an independent kind of person. And I want to do things for myself. And I want to like take care of myself. And it's hard when like, because of cancer, like I can't just like go to the store because I can't be around sick people. You know? Or you never know what you might catch in the store. So I have to have either my friends or, you know, relatives go to the store for me to get my stuff. And it makes me just feel kind of useless.

Therapist: So that loss of independence and purpose in a sense.

Comment: I could have instead asked a question to clarify the deeper message in what Kyle was sharing.

Correction: So in having to depend on others much more, you feel like you have in a sense lost your purpose?

Kyle: Yeah.

Processing the Exercise

Therapist: Those are deep things. Thank you for sharing those. So what was this activity like for you guys? Thinking of, imagining this scene and then discussing the changes that you've encountered?

Comment: I could have pivoted off of the information this member shared with another question to potentially take the group deeper. I instead could have asked about what gives life purpose. Then we could have discussed how their purpose may have changed, and though possibly different--they still have a purpose.

Correction: From what Kyle shared, I have a question for the group, what do you think gives life purpose?

Bernice:

Honestly it was kind of like, it was really broad. Because, because like my lake for me was like really big. So it like just kept on going. And I used to think like long term. Like that's just who I am as a person. So I guess my lake was really big because of that. And then I was thinking all the different things that could happen. And it's kind of like an open wound situation because you realize how big things get. You know, because there are so many different things. And then since like we talked about like control and with things changing so quickly I don't know how I can contain that.

Checking Comfort Level

Therapist: Mm-hmm. That's deep the way you pulled in that illustration. Tied that to the way you see your life. How you think it had... thank you for sharing that. So on a scale of one to 10... if one was like the most comfortable you've ever been. Like totally, um, easy to talk about and 10 is like the most uncomfortable. Like you just don't want to go there. It's really hard to talk about... Uh, where would you say you were during this activity on that scale? Let's actually go around and yeah. Each just share. And we'll start with... would you actually like to start again?

Comment: I could have improved my response to this group member in order to show her that I was listening. I also could have used clearer language.

Correction: You are right that we really cannot fully see all of the changes that are taking place in life. I appreciate all of your willingness to share thing about the ripples that you can see. Now I am curious to know how you felt about discussing those changes. On a scale of 1 to 10... if 1 is the most comfortable you've ever been, and 10 is the most uncomfortable, where would you say you were while talking about change together? Let's actually go around, starting on my left.

Introducing the Exercise

Therapist: Okay. So it's like everybody's sort of in a different place. And if you're sort of feeling uncomfortable with it, nobody's a one when it comes to talking about change. It can be very uncomfortable and very difficult. Like we were saying in the beginning. Especially when it's out of our control. So thanks for being open with each other. The next thing I want to kind of shift over to talking about is something that I actually already heard a few of you bring up was how this diagnosis has changed things with the relationships in your life. Maybe in some ways it makes you more dependent. And like you need the people to do things for you that you never had to do before. Uh, in other ways you may be feeling more concern in general. So I'm not sure what that looks like for each of you individually. But, for this next exercise, I want us to start thinking about the relationships in our life. And I want you to think about the person in your life that this diagnosis has changed your relationship with then the most. And what I'm going to have us do is I want us to start to process that and so what we're going to do is we're going to write a letter to that person. And this isn't necessarily a letter that you're going to send to them. The purpose of this letter is more for you to start developing the insight on how this is impacting you. So in this letter, it can be simple. But I want you to write them a letter telling them what it was like to have the, like your connection with them before cancer, and what it's been like since then. So if you want to just take a piece of paper. Just take a few. A few quiet moments. Like I said, it doesn't have to be long or too detailed. All right. You can each just...

Comment: I think I could have improved in this area by being more concise and saying less. Otherwise, I can lose the interest of my group. I also could have included more about why I was having them do this exercise. I could have also let the group know how long they had to write the letter.

Correction: No one is exactly in the same place on this, and if you're feeling uncomfortable with it, you can know that nobody's totally comfortable when it comes to talking about change. Facing it can be uncomfortable and difficult. However, it can also be helpful in processing how you see and feel about your life now. I want to shift now from talking about change in general to the changes that you have encountered in your relationships since your diagnosis. For this next exercise, I want you to start thinking about the people in your life and determine who you think this diagnosis has changed your relationship with the most. I am going to pass out pieces of papers and pens for you to write a letter to this person that you are not going to send. In this letter, I want you to write about what your relationship was like that person before your diagnosis and after. Again, the purpose of this letter is not to send it to the person, but to help you develop insight. I am going to give you the next five minutes to write your letter.

Processing the Exercise

Would anybody be comfortable enough to share with the group maybe one or two things you realized when you were writing this letter?

Comment: I am satisfied with what I said here. I was sensitive to the groups comfort level while inviting them to share in an open-ended way.

Kate: Okay. Um, I realized that I used to like hanging out with my mom. And that now I don't really like it. And we don't really have a good relationship anymore because she makes me feel like a kid. And I am an independent teenager.

Therapist: Okay. Okay. So you, so it kind of helped you see that, since you have cancer, it's, it's created this difficulty in spending time with your mom.

Comment: I could have paraphrased more accurately.

Correction: Since you have cancer, you do not enjoy time with your mom as much because you feel like she does not treat you your age.

Kate: But I still love her. I still want the best for her.

Therapist: I see. Thanks so much for sharing that. Anybody else that would be willing to share something they realized while they were writing this letter?

Comment: Instead of moving on so quickly from this comment, there could have been more to unpack through asking questions. However, it is helpful to go around and hear everyone's answer to a question like this before going deeper into what one person shares. In this way, I would be able to better determine what would be the most relevant area to focus on for the group as a whole.

Correction: Thank you for being open about your relationship with your mom. If there is time, I would like to come back to what you are sharing. I believe that there may be more here to talk about that the whole group could benefit from.

Kyle: Hm. I wrote to my wife that I, I realize that I have some, uh, feelings of guilt and shame. Uh, before my diagnosis, you know, we were very active. And traveling. And adventuring everything. Now since I just feel like she's always at home taking care of me. You know? I, I, I'm like hindering her from going out and adventuring, and doing things. Like I just feel a sense of guilt. Like she's kind of roped into this with me. And instead of getting to do fun things like we used to.

Therapist: Hm. So it's almost like you feel like you're taking responsibility. For this thing that... kind of what we were talking about earlier. Since cancer isn't in your control, should the responsibility, should this guilt be on you? What do you think as a group?

Comment: I could have first validated his feelings and then asked a question that does not sound as confusing.

Correction: Seeing how your diagnosis is impacting your wife sounds really difficult. I heard you mention feeling guilt and shame over this. I want to come back to what you just shared, but first I want to ask the group, what is the difference between guilt and shame?

Bernice: Can you say the question again?

Therapist: Sorry. It kind of came out confusing. But so what he just shared with the group is that he feels this guilt. Uh, about sort of the way that the diagnosis has changed his life with his wife. The things they can do and can't do. And so what I'm curious to know from all of you is is this response of feeling guilt, is that the appropriate response for him to be feeling? And it's very, I'm sorry. It's very valid. Like your feelings are valid. But I also want to challenge like the way we're looking at that.

Comment: In the moment, I felt like I needed to address this, but I did not know how to go about it. In hindsight, I should not have delved into this without feeling more competent because I feel that this ended up being more harmful and confusing than helpful. Instead I could have asked the group how to respond to the guilt since asking what feelings he should have responded with invalidated his feelings.

Correction: Thank you for seeking to clarify that question. What do you all think is the best way to respond to guilt in Kyle's situation?

Kate: I think it's easy to feel like it's my fault for having cancer. But you have to remember that you didn't do anything to earn yourself cancer or deserve having cancer. Every single person could get cancer. And so, I don't think it's right for you to be like, "This is my fault." Or to feel too much guilt and shame because of it. Even though I think it's natural to feel a little bit that way.

Drew Out Members

Therapist: Good. Thanks for sharing that kind of, once again, like we were talking about, something out of your control. So it's not something you did to her or... but you're kind of feeling that with her, the pain over like the loss that she might be experiencing with it. Expressing, expressing that. Thank you for sharing. So... um, like we've been talking about, having cancer can cause a lot of changes to life in general. It can also create a lot of changes in our relationships and you were sharing the two of you. Would either of you like to share before we sort of transition and move towards wrapping up? I want to give everybody the opportunity.

Comment: I could have responded better to the point that Kate made.

Correction: You are right that it is important to be aware of what we can and cannot take responsibility for. Sometimes negative emotions do come naturally, and it is up to us how we will respond to the negative emotions. Would either of you like to share one or two things you realized while writing your letter before we start wrapping up? I want to give everybody the opportunity to share.

Robert: I wrote a letter to my wife as well. And, um, something I'm struggling with is that she used to see me as such a strong figure. And just felt very protected and safe around me because she knew I'd always be there for her, to support her. And now she has so much anxiety and worry because she's afraid that, um, of what might happen to me and she just, just doesn't feel like she is supported as much now because I'm, I'm weak from my cancer. And just- Um, so that's been hard for me because I like to be that supportive figure. But just physically, I just haven't been able to. It's been extra hard on me just to see her, the worry that she's feeling because of it.

Therapist: Yeah. Thanks for sharing that. I'm, I'm not sure if any of you can relate to just the shift in purpose. Or not purpose but in roles. In your relationships. too for both sides. Yeah. Thank you for sharing.

Comment: I was seeking to normalize what he was sharing, but it did not come out right. I could have done this more effectively.

Correction: I am sure that you are not alone in the difficulty of watching your role change at home and feeling concern for your loved ones because of your diagnosis.

Bernice: I think for me like realizing since, uh, everything happened, like I haven't talked to my husband the same way. So either like we don't have any communication so it's kind of like this like the distancing and I realize that like I just want to like talk to him again. I just want to tell him that, you know, I'm still the same person. Like that he married. And that just because things are a little different now I still want to be there for him. And so I don't know how to like. Restore our relationship.

Therapist: Mm-hmm. So you're really looking to kind of restore that bond. The relationship that you had before. The communication, the openness. And I would just challenge you to think about what is getting in the way. What is interfering with having that? What created that change?

Comment: Since I was seeking to wrap up after Bernice shared, I should have kept the time in mind and not followed what she shared with questions. If I were going to ask questions, I should not have asked two questions. Also, I feel as though these questions were straying for the focus of group. Instead, I should have responded empathetically.

Correction: Seems like you've seen some changes to your communication between you and your husband since you diagnosis.

Bernice: Um, he like stays away a lot. He just comes home at night.

Therapist: Maybe that's something we can process together more. Either as a group if that's helpful for all of us to discuss next time. Or maybe after, even after we can continue to process that more. What I love about what you're, you brought up is it kind of helps us move into this

very last thing I just want to challenge you all with to take away, and to think about for this next week. And that is to, not only to process and to look at the changes in your relationships. But also to look for the things we, we can do. The things we can do to improve them and to make changes in them. And so I want you each to take another rock. But this time it's going to be different. Because last time, like you pointed out, the cancer was out of your control. The, the rock was thrown. The ripples were made. And there was nothing, like, that you could necessarily do to control that. The changes were made. But this time I want to empower you all to think about the stones that we can choose in life. The things we can choose. So I want you to think of, take a stone, and, uh, take it with you this week to remind you to think about, uh, what are the things you can do in the relationships that we've talked about today to make changes that we intend to make? What ripples do we want to see in our life right now? So I'm going to pass around the stones. And if any of, of those come to mind for you right off the top of your head and anybody wants to share right now, feel free to. But I really want you to give this some thought for this next week. And we'll come back together and we'll start talking about that next week. What, what we can take the initiative to do to make those changes.

Comment: As noted before, I should not have asked follow up questions because then I was in an awkward position where I did not have time to finish processing this. Furthermore, the questions I asked were more targeted at helping solve relationship issues rather than processing the changes in relationships, as was the purpose. I needed to regulate my need to help, and instead continue guiding the group by staying on focus. I needed emphasize that they got to choose the stone more the second time. Since I was wrapping up, I should not have mentioned that they could share answers that came to their heads in that moment, especially since I was encouraging them to give this thought over the whole week.

Correction: Now that we have processed the changes that have occurred in your relationships because of a diagnosis that you could not control, I want to challenge you to think about the changes that you can control. I want you each to choose a stone this time. Look through the bag and select the one that you want. Instead of having a stone handed to you and seeing the ripple effect of what you could not control, I want you to think about the metaphorical stones that you can choose to throw. Take the stone with you this week to remind you to think about the things you can do to make positive changes in your lives. What ripples do we want to see? I'm looking forward to hearing what you think of when we meet again.

Closing

Summarizing Main Point

Therapist: So as we are wrapping up today... thank you. I just want to take some time to summarize sort of what we've talked about. Um, we did some housekeeping at the beginning. Kind of went over, uh, the different roles, and rules, and purposes. All of that. And then after that we talked about, about the changes we've encountered since having cancer. The process to that, um, and how it can be very difficult. Especially when it's out of our control. Then, after that, we sort of transitioned into talking more specifically about our relationships and how cancer has made changes in those dynamics. And then we finished up with this challenge looking at what we can do to make changes in our lives right now. Especially within the context of our relationships.

Comment: The summary sounds vague and scattered. I could have summarized more effectively by being more specific in some areas. I need to be more intentional in choosing to highlight the most significant items that were discussed.

Correction: As our time today is coming to a close, I want to take a moment to summarize what we've discussed. We reviewed the group purpose, rules, and my roles. We talked about the aim for group and your expectations for group today. We did an activity that got us thinking about the changes we've encountered since being diagnosed with cancer. You all brought out how change can be very difficult, especially when it's out of our control. Then we transitioned into talking more specifically changes that have occurred in relationships since being diagnosed with cancer. To finish we went from talking about changes that have occurred because of a diagnosis that was outside of our control to being challenged to consider what we can do to make positive changes to our lives right now.

Checking Comfort Level

Therapist: And so I just want to check in again with you all, right as we're finishing up. Uh, how, I want to ask, because that same scale, we talked about this in the middle, sort of how comfortable we are feeling. So one being really uncomfortable- or really comfortable, easy. 10 being really uncomfortable. How comfortable do you feel, just in general, sharing in this group environment? Now that we're kind of at the end of our second session all together. So you, this time you can just hold up on your hands. So like if you're a two, just hold up two. Or 10, you're really uncomfortable. So you can do that now. Just show the group kind of where we're at. Fours, fives. Some twos. So but from last time it has improved significantly. I'm seeing a lot more comfort. But we still have room to grow and to grow as a group. So that's really good. Um, yeah. And so to kind of close out, why don't we go around and each share one thing will remember from our time together today. And this time Kate, would you like to start?

Comment: I could have improved this by not only checking their current comfort level but asking them to compare their comfort level with where they were at in the beginning of group. I believe having the comparison gives more information to go off of. If comfortability has decreased, it can be addressed. If it has increased, growth can be recognized.

Correction: Therapist: Before we finish today, I want to check in again with how comfortable you are sharing with the group. On that same scale of 1 to 10, where 1 is very comfortable and 10 is very uncomfortable, how were you feeling at the beginning of group today, and how are you feeling now? [would ideally have all members share before asking the next questions]. What is one thing you want to remember from our time together today?

Kate: Yes. Um, I want to remember that I'm not the only person whose life has been changed by cancer and that I can make positive choices that, even though not everything is in my control, like the cancer and stuff, there are some things that I can control. And so I can hold my rock and think about those things.

Kyle: Oh. It's nice to hear about other people... well, that sounds wrong. It's encouraging to hear that other people also struggle. It's not just me. Myself. That might sound wrong.

Yalom's: Universality

Therapist: No. That's actually one of, a very like well accepted benefit of group therapy is realizing that we're not alone in this. So I'm really glad that's you're benefiting from this in that way.

Comment: I could have specified what I was saying no to and explained universality in a way that could have been even more understandable to the group.

Correction: No, that is not wrong. Realizing that there are others who also struggle with similar concerns is one of the well-accepted ways that group therapy is beneficial to those participating.

Robert: Just like Kyle said, I, I feel guilt too at times but I know I shouldn't feel guilty. You know? It's out of my control. And so just that was helpful to kind of hear he's feeling that too and that I don't have to feel that way. Even though it's easy to.

Yalom's: Group Cohesiveness

Bernice: Yeah. I just like, I just want to remember that this is like another family for me. Kind of thing. And in my family is to, I can still be there for them because of gaining support from this family.

Therapist: Well thank you all for being open today and for sharing with each other. I'm really glad to hear that a lot of you are benefiting from the connection with each other and hearing that you're not alone and that you can share similar struggles and be a support. So I'm really glad. Thank you all for your time. We'll see you next week at 4:00 on Monday.

Comment: I could have improved this by acknowledging what Bernice shared and again highlighting the Yalom's Curative Factor that she brought out.

Correction: Bernice, that is great that you see this as a family that will empower you to be there for your family at home. Feeling a closeness between each other is another powerful benefit of group therapy. I hope that you all are able to experience that more as we continue to meet. Thank you all for coming today. See you next week at 4:00 on Monday.

Segment Two:

Cultural Issues

In facilitating group therapy, it is imperative to be aware of potential cultural issues and differences. Culture can influence the way that individuals communicate, relate to each other, and view different topics. During this session, culture did surface in covert ways. One group member was Cambodian; thus, the way that she communicated was more direct. This contrasted with the manner in which those who were raised in the South communicated. Therefore, the other group members could misinterpret the assertive communication for hostility. An example of this was exhibited when the Cambodian group member asked another group member to put away her phone in an assertive tone. The group member with the phone appeared offended in her facial expression and tone. I gently interjected and explained that it is important for the group members to be respectful and kind in the way that they speak to each other. Although it was important to maintain an environment where all feel safe and welcome, I failed to recognize the cultural differences in my response. I could have better explained that individuals in groups with those of another culture must be sensitive to communicate in ways that comes across appropriately within the other respective cultures.

In order to work with groups effectively in the future, it is essential to increase cultural competence. Within a multicultural group for those who have been diagnosed with cancer, cultural competence will be relevant in multiple ways. Different cultural perspectives will influence views on relevant topics such as, relationships, medical treatments, family, values, and death. Because of this, it is important to present material and to ask questions in a manner that is open to a variety of perspectives. Having an adequate understanding includes being able to work with people from a variety of different cultures, ethnicities, races, sexual orientations, religions, and ages. In interacting with group members, the worth and dignity of each person should be honored. Cultural competence can be increased by attending relevant workshops and trainings. Books and articles can also be helpful resources in increasing cultural competence. Another way to increase cultural competence is by gaining more experiences interacting with those from diverse cultures and walks of life.

Growth and Performance as a Practitioner

I have gained knowledge and skills that have improved my work as an advanced autonomous practitioner. Over the semester, I have learned to be more intentional in what I choose to include in my plans for group therapy sessions. I also am more mindful of how I respond to members during group therapy. I am more equipped with ideas for more effective and appealing exercises. I also now see the importance of introducing and processing exercise well. I have learned techniques for dealing with problem situations. In the video, I effectively demonstrated my ability to guide the group therapy session from beginning to end with all of the required elements. I used thought-provoking questions and asked group members to share more personally in order to take the focus of the group deeper.

Although I have improved over the semester, there are many ways in which I still need to grow. While I have gained head knowledge and opportunities to put knowledge into practice, I greatly need more experience in order to grow as a professional. For example, I have read about how to handle problem situations, but I feel uncomfortable addressing them even when I am just practicing with pseudo clients. I believe that I will become less uncomfortable in these situations as I gain more experience. Another area where I need to grow is in my ability to maintain the focus of the group, while actively listening and responding to what group members share. At times, I found my mind distracted by where I needed to guide the group next while group members were talking. This inhibited my ability to tune into group members and respond effectively. In the future, I need to practice prioritizing listening to the group members over the agenda. In general, I will need to continue reading, watching examples, and practicing in order to maintain and grow my skills.

Technology

Learning to competently utilize technology in a therapy setting can be necessary and useful. Not only is this true when it comes to responding to situations like quarantining due to Covid-19, but it also has the potential to provide resources to those who may not have the opportunity to receive services otherwise. During this semester, I only had to run a practice group session via technology once. This was a positive experience in that it gave me the opportunity to connect with people that I could not have otherwise. In running the group, I was able to focus on their words and tone of voice, and I felt that I had to focus more on what I was communicating through my words with limited help from body language. I felt more able to utilize notes and to be in a comfortable setting.

While technology is in many ways convenient, it did create obstacles in running group therapy. I found it more difficult to read the group members' facial expressions and nonverbal cues. In general, it was more difficult to connect with group members and foster a sense of group cohesiveness. Making eye contact was not as feasible. I also felt limited in the types of exercise I could plan since I could not be there to provide supplies. Although there were challenges, I believe that utilizing technology to facilitate groups can be effective in some contexts.