**Psychotherapy Group Skills Demonstration Video Reflection**

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**Group Session**

I opened the group with a review of confidentiality and group rules, clarifying my role and the purpose of the group. I had the members do a round describing their week with an emoji. After this, I broke the group into dyads so the members could get to know one another. After the members came back together, I had each person in the dyad introduce the other person and their reason for joining the group. The members relaxed and opened up about their internal feelings as group cohesion formed. As the group grew more comfortable, I started to understand better how cohesion impacts the group, as Forsyth (2021) described. Next, I led an REBT exercise in which the members learned how thoughts affect feelings. I explained the methodology of REBT and asked one of the group members to explain what was causing their anxiety. I explained that her internal dialogue caused her feelings rather than the event that occurred (Jacobs et al., 2015). The other group members affirmed that her thoughts were not true and that she was being unkind to herself. One member had a moment of catharsis in which she realized that her self-talk was causing much of her anxiety. The other members seemed intrigued and joined in the conversation. I closed the session with a diaphragmatic breathing exercise. I encouraged them all to practice the breathing exercises at home and think about some of the self-talk they were experiencing.

**Group Members**

***Jamie***

 Jaime was quiet during the beginning of the session. She seemed to be warming up after we broke into dyads. She was still somewhat reserved, and her eyes were darting between the members. She opened up during the REBT exercise and was moved to share her own self-talk. She stated that she was often unkind and needed to work on how she talks to herself. She seems to lack confidence and struggles with her self-worth. She may need more encouragement to participate in group discussions.

***Danny***

 Danny seemed to be the most apprehensive about the group. He was more serious and skeptical about the exercises. He softened after the dyads and opened up about why he was there. The REBT exercise seemed to open him up to the rest of the group. He started to express frustration over having to care for his family. He showed internal anxiety and pressure. The other members interacted with him and encouraged him to share. He expressed the feeling of responsibility for caring for his siblings and family. Next week, I will encourage him to explore this further with REBT.

***Kenneth***

 Kenneth was extremely tired during the session, which was his main reason for attending. He often lost focus and would stare into space. He struggled to join the conversation. He did not appear to have any difficulty socially, he merely struggled to stay awake. I will need to follow up with him about his sleep. I encouraged him to practice breathing exercises to help him sleep.

***Sharon***

 Sharon was very talkative during the session. She took on a motherly role and tried to guide the conversation. She was less comfortable when the conversation turned to her negative feelings. The REBT exercise helped her open up about her fears and internal feelings. She realized she was telling herself she was a terrible mother, which is not true. She seemed uncomfortable receiving support from others.

**Reflection and Mentor Feedback**

 This exercise made me feel more confident in a clinical setting. I was very nervous going into the session but grew in confidence as the session unfolded. I appeared calm and collected in the video which was a relief when I watched it. I thought my video earned a six out of ten. I did well with imparting information and creating a sense of universality. The group members started to see that there were others experiencing the same things as them. The two women in the group were especially encouraged by their disclosures about their fears of failing their children. Throughout the session, my strengths were guiding conversation, using positive gestures, and leading group activities. The REBT exercise was well received and promoted catharsis and universality amongst group members. The exercise impacted each member in a different way and moved the group forward.

I did a poor job of guiding the conversation with Kenneth. I tried to encourage him to dig deeper into the causes of his insomnia. In doing so, I made some assumptions. Looking back, I would have let him come to his own conclusions instead of instilling thoughts into his head. I would also have allocated more time for my clients to discuss and reflect on the REBT activity. I rushed the session out of concern for the time limit and should have relaxed and let the members learn from one another.

My instructor was encouraging, and our debriefing meeting was productive. She helped me feel more confident in my clinical skills. She encouraged me to keep practicing and learning through experience. She encouraged me to use fewer leading statements and focus on helping the group members speak for themselves. She liked that I used REBT in the session and said I executed the exercises well.

**References**

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