# CHAPTER 6

**Case 6.1: Morning Meeting in a Psychiatric Inpatient Unit for Adults**

This 30-minute “morning meeting” orients clients to the schedule of the day. All clients are asked to introduce themselves, and they may choose to tell the group in a few sentences why they are in the hospital.

**Leader Dawn:**(*To Barry*) Would you like to introduce yourself?

**Barry:**Yes, I’m Barry, and I’m here for suicidal thoughts.

**Leader Dawn:**Thank you, Barry. I’m glad you’re here.

**Leader Dawn:**(*To Marie*) Could you introduce yourself to the group? It’s up to you if you want to say why you are here.

**Marie:**Okay, my name is Marie, and I’m here for medication management, and I’m voluntary.

**Leader Dawn**: Thank you, Marie. (*To Sam*) Would you like to share your name with the group?

**Sam:**Yes, I’m Sam.

**Leader Dawn:**Thank you, Sam. Do you want to share why you are here, Sam?

**Sam:**No, it’s private.

**Leader Dawn:**Okay, I respect that. I’m glad you came today.

**Sam:**I’m– not f-ingglad I came here! The judge wants me to stay for five days. I have stuff to do.

**Leader Dawn:**Could you please not use bad language? Did you just find this out, Sam?

**Sam:**Uh huh.

**Leader Dawn:**I understand that you are upset. Is it possible for you to sit down?

**Sam:**No, I ain’t staying. (Sam throws a cup of water against a wall)

**Leader Dawn:**Sam, you are scaring the other patients. You need to leave the group and talk to your nurse. I can talk with you after group if you are calmed down.

*(Some of the patients leave the group. Sam stands there, then sits down.)*

**Sam:**I didn’t mean to scare nobody. I’m sorry. Can I stay?

**Leader Dawn:**Yes, only if you can stay seated and talk in a calm voice.

**Sam:**Okay.

**Leader Dawn:**How is the rest of the group?

**Gwen:**I want to share why I’m here.

**Leader Dawn:**Go ahead and introduce yourself to the group.

**Gwen:** Oh, yeah, okay. I’m Gwen, and I used to be just like you, angry and ----- like that!

**Leader Dawn:**Gwen, words like that are not appropriate here. Why are you here now, Gwen?

**Gwen:**I got kicked out of where I was living. I don’t have another place to go now. I stopped taking my meds and got manic again. I’m bipolar, they say.

**Marie:** This is a good place to get your meds fixed.

**Leader Dawn** (*To Marie*): Thank you for reassuring Gwen. (To Gwen) Thank you for your honesty, Gwen. If you want, I can find some information for you on bipolar, but right now we need to hear from the others.

* What do you think about the opening to the group? Can you think of a better alternative?

Answer: Social workers doing group work will usually not censure language, allowing people to express themselves freely. However, they might reframe underlying feelings so people can identify and express their feelings more assertively. In this example, the leader could say something like, “It sounds as if you’re feeling frustrated you have to stay in here for so long when you have obligations to meet.” It might be more strengths-focused, if in morning group, members talked about a goal they had for that day. Goals would not (and probably should not) be lofty (such as “to cure my depression”); instead, they could be small and manageable, such as, “I’m going to spend some time in the common room today instead of just staying in my room.” “I’m going to call my parents today and tell them how I’m doing.” “I’m going to talk during group sessions.” This would orient participants not only to the unit, but also what kind of work was expected of them on the unit. Even people with mental illness facing an involuntarily commitment, who may feel hopeless and angry about their status, could learn that certain things are under their own volition and are more empowered as a result.

**Case 6.2: Veteran’s Administration Group**

This Veteran’s Administration (VA) 12-week open-ended group is for people who have been assessed as needing treatment, but who may or may not have stopped drinking or using drugs yet.

**Licensed Professional Counseling Intern (LPCI):**So, I just wanted to check in and see how everyone is doing. How’s life?

**Daryl:**Work is good. Cleaning house. Making cuts. Things are good, getting to spend time with my kids. Me and my wife are on a semi-okay plane.

**LPCI:**Guess that’s better than not. How’s sobriety?

**Daryl:**Good week for that. Hitting meetings. Helping people.

**LPCI:**So, Don, how’s your week?

**Don:**Been good. Didn’t really sleep last night, so I’m running on coffee and 5-hour energy. Probably just should have done the 5-hour energy.

**LPCI:**Oof, that’s a lot.

**Don:**Something interesting, the doctor doubled my medication dose. Way more than what I needed. So I panicked and emailed my therapist, and he told me to bring the meds into the hospital. I can’t have that many meds.

**Daryl:**What do the meds do?

**Don:**They balance me out.

**Daryl:**Like the alcohol shot?

**Don:**Yeah. They said it was a good sign for my recovery.

**LPCI:**Sounds like a big step.

**Don:**I don’t know how to take props for it. I don’t know how to take compliments.

**LPCI:**Let’s get back to that. I can relate. What about you, sir?

**Victor:**It’s fine.

**LPCI:**How’s sobriety?

**Victor:**Just fine.

* What do you think of the intern’s opening?
* Do you have other suggestions for how to begin the group?

Answer: This example shows a typical round of introductions in many groups. The intern doesn’t necessarily need to “relate” (self-disclosure), although he does appear to have rapport with the group. He assumes sobriety but based on the description of the group, that might not be the case for all members. There doesn’t seem to be a clear purpose to the session at this point. A more productive opening might involve the goal of the group overall. If presumably it is to build motivation to change substance misuse, an opening could be to rate 1-10 current motivation to stop problematic use (see Chapter 10) or one step that was taken to a sober lifestyle.

**Case 6.3: Batterer Intervention Group**

Facilitator: Last week we started talking about communication skills, including the use of “I” statements. Let’s hear from someone who tried this out over the last week.

Jim: Yeah, I tried it but can’t say it went any better than usual, which is to say pretty bad.

Facilitator: Could you tell us about the situation and what was said?

Jim: Sure. I told Melissa I resent always being the one to have to wash the car just because she never does. Then she goes all ballistic, said something like she didn’t “give a damn about the f’ing car” and things went rapidly downhill from there. So much for “I” statements.

Facilitator: (Turning to the rest of the group) What do you think? How might Jim have worded this differently and possibly gotten a more positive reaction from Melissa?

Carlos: Man, that’s not the way you talk to your woman. We learned that. For starters, she probably got all riled up because you said she never washes the car. That’s an attack, man, and she didn’t like it.

Jim: So how would you have said it?

Carlos: Telling her how you feel was a good start. How about something like, “Melissa, I feel resentful because it seems like I’m always the one washing the car.” I gather from what she said that washing the car isn’t high on her list of priorities? That’s fair to say, right?

Jim: Yeah, I’m sure it isn’t nowhere on her list of priorities.

Carlos: Then, how about if you say that and be happy if she just helps out a little? What if you say, “I know a clean car is more important to me than to you, but how about if out of three months, you wash it one month and I wash it two? I’d really appreciate that. It would mean a lot to me.” What do you think of that?

Jim: Yeah, that might have gone down better.

Facilitator: Carlos, you made some good suggestions, and they included the main points we talked about last week. Who can tell us what particular communication skills Carlos used in rephrasing this request?

Dan: He didn’t accuse his wife of doing anything wrong.

Facilitator: Good. Yes, that’s very important. What else?

Jim: The request is put into specific and measurable terms. I’d ask her to wash the car—that’s specific—and every third month—that’s measurable.

Facilitator: You got it! And the final thing we talked about? (Pause) Anyone? Okay, Jim’s request is for a positive behavior. He’s asking Melissa to do something positive, not to stop doing something negative.

* What do you think of the way the leader handled the homework?

Answer: The facilitator did a good job of checking in with the homework. The group member who responded was very negative about the result of his attempt to communicate differently with his wife. However, the facilitator led a nice discussion, drawing in other group members, so the particular member and other attendees could learn from his communication efforts.

**Case 6.4: Veteran Administration Group**

This is the same VA group as described in Case 6.2.

**Licensed Professional Counselor Intern (LPCI) Kevin** (*Jumping right in*): So, during our last group we talked a lot about preparing for the Super Bowl. How was that for everyone?

**Maria:**It was good.

**LPCI Kevin:**Did anyone have any problems with it?

**Walter:** Well, when the Pats were down, I wanted to take a shot.

(*Laughter*)

**LPCI Kevin:**What was it like being part of that environment and not drinking?

**Maria:**It was a sober Super Bowl for me.

**Samson:**I decided to stay home and not partake.

**Licensed Professional Counselor (LPC) Margarite:** So, for those who weren’t here last week, here’s what we did. We talked about some of the myths about alcohol we see on television, and especially in commercials for alcohol, like in the Super Bowl. Did anyone see any of those?

**Caesar:** Yeah, I saw some.

(*Sonny enters*)

**LPCI Kevin:**We also did a role-play about being offered a drink and trying to turn it down. How was that for everyone?

**Caesar:** It was kinda pressured. Like, I didn’t want to be rude, but I didn’t want to have a drink.

**LPCI Kevin:**Overall, how was the experience of not drinking during the Super Bowl?

**Walter:** It was good. I felt good. I feel good not drinking. I could focus on other stuff by not drinking. I was just focused on the game. Like, when the Pats were down, I was like, wow, I can’t believe this shit, but I didn’t drink.

**Social Work Intern (SWI) Sandy:**I’m glad to hear that everyone’s Super Bowls seemed to go well. But before we continue, I’d like us to do a bit of an introduction. We do have a new person.

**Samson:**Oh, I’m just soaking it all in.

**SWI Sandy:**Okay, so let’s go around the room, and say our name, our drug of choice, our military branch, and yes, let’s say the last time we used. I’ll start. I’m the social work intern.

Answer: In zeal to have interns get experience with co-leading, at times facilitators will allow this type of situation where there are two interns and herself leading the group. Chapter 2 discussed co-leadership and people going in different directions and this phenomenon is amplified here with three people. The counselor starts by checking in about media literacy (examining Super Bowl ads for alcohol content). Then the licensed professional counseling intern takes it in the direction of using refusal skills. Finally, the social work intern decides to do introductions that were very oriented toward the problem (giving drug of choice and last time of use). A general guideline is to have only two co-leaders; if there is a third that person may simply fill an observer role. And, again, co-leaders need to plan for sessions in advance.

**Case 6.5: Anger Management Group**

In this anger management group, the group leader hands out a packet on anger styles and managing them. She asks for a volunteer to read the sections on “stuffing” and “escalating” anger styles and then asks the men to identify their style.

**Mike:** I am absolutely the escalating type. I know that I have extreme responses to situations, but in the moment, I do not know how to stop myself.

**Chad:** I escalate, too. You don’t want to encounter me when I am pissed off. I snap about the smallest things.

(*Everyone concurred that they are the escalating anger types*)

**Dylan:** I had a situation last week when I went to an interview at a recovery house and the driver had to pick someone up from jail. While waiting for him, I got out to smoke a cigarette. A guard started charging for me and told me I wasn’t allowed to smoke there and said I needed to get back in jail. I freaked out and started yelling back at him. He called for backup and other guards started coming out. But then I realized what I was doing and I calmed down. In the past, I would have been violent toward him, but I was able to think through the consequences and stop myself. I ended up getting in the van and the driver went and handled it. I was really lucky. I could have ended up back in jail because I could not handle my escalating behaviors.

**Chad:** Good for you, man. I would not have been able to do that. Especially with a guard. I don’t do well with authority.

**Kevin:** Yeah, Dylan, that’s really great.

**Intern:** That is also a good example of a time where letting anger escalate can lead to some severe consequences. Have you all seen this in any situations in your lives?

**Fred:** I mean all of us probably can, that’s why we are here.

**Intern:** What are the situations and consequences where you find your anger escalating?

(*People share stories and explain their consequences*)

**Intern:** So now that we have a better understanding of what causes your anger to escalate, in what situations do you find that you stuff your anger?

**Ben:** I think I am both. I can sometimes escalate if it’s a guy that did something messed up, but if it’s my mom or girl, then I definitely stuff my anger. Especially with my girl, it just isn’t worth the drama it brings if I were to get angry.

**Intern:** That is an interesting distinction to make. Chris, I see you nodding your head, do you agree with this?

**Chris:** Definitely, if my girl is making me mad, I bury my anger because I don’t want to deal with it.

**Kevin:** I never really realized that is what I do, but I do that as well. I think it is because I don’t know how to deal with my emotions.

**Mike:** I would say that is true with me, too. I get aggressive really quickly because it is easier to be angry at someone than deal with what I am actually feeling. The part on the “escalating worksheet” that talks about the escalator blaming and shaming the provoker really sticks out to me. My wife accuses me of cheating, which most of the time she is right, but instead of facing the sadness, guilt, and consequences, I just get angry. I tell her that it is her fault for nagging me so much and always telling me that I am useless. I turn it on her so that she feels bad, and I don’t have to.

**Intern:** That is a good point. It sounds like multiple people agree that no matter what type of anger style you have, anger can be a way to mask the emotion that you are feeling.

**Fred:** My dad always told me that only girls talk about their feelings, so I never talked about my feelings. I’ve never shared this in group before, but my dad was really angry all the time and would beat us if we said anything wrong. So, I learned to just not say what I am thinking or feeling. Now, whenever someone makes me upset, instead of talking about it, I just fight them.

**Ben:** Glad that you shared that man. I know it isn’t easy for you to open up to people.

* How is the information of the group shared among members?
* What is the leader’s role?

Answer: The information is first read and then the group members are asked to apply the material to their own patterns. For the most part, the group members steer the interactions, but the facilitator paraphrases (“That is also a good example of a time where letting anger escalate can lead to some severe consequences”), asks a linking question (“Have you all seen this in any situations in your lives?”), and attends to body language (“I see that you’re nodding…”). She also gets the group members to consider another style of dealing with anger. In other words, the group leader refrains from lecturing and allows the men to process the information so that it is more personalized to their own experiences.

**Case 6.6: SMART Recovery Group**

This is the same group discussed in Case 5.3. In this example, focus on the closure process used.

**SWI:** Okay, we are running out of time. Now it is time for our “check-out.” We’re going to go around the circle again and talk about what we may have learned this week, and if anyone was particularly helpful to you in your recovery tonight.

**Mitch:** I mean, I’m really thankful for Chris. I feel really encouraged. And I think I’m going to come back next week.

**SWI:** We will look forward to having you.

**Sarah:** I’m going to come back, too. I like the tools. I like feeling like I’m actually learning something I can use when things get bad.

**Jessica:** Yeah, it was great to see how my thinking has changed. I really like this tool.

**John:** Like I said earlier, this is really helpful for me. It’s encouraging.

**Steven:** I’m glad I come to SMART. Even on the tough weeks. It really has helped me.

**SWI:** Well, I’m glad tonight was helpful for all of you. I hope to see you next week.

* In what way did the intern close the group?

Answer: The “check-out” was apparently a standardized closing in the SMART recovery groups and is an excellent way to get closure to solidify learning that has taken place, to end on a strengths-based note, and to build cohesion for the group.