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The Forgotten Moment: Therapeutic Resiliency and Its Promotion in Social Work with Groups

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ABSTRACT. This paper looks at the importance of modeling attitudinal resiliency within group therapy contexts. A schematic model is presented that outlines maladaptive and resilient scenarios in response to emotionally anxiety-producing interpersonal exchanges. Maladaptive scenario focuses on the mechanism of avoidance termed the "forgotten moment." Resilient scenario outlines exercises for clients, therapists, and supervisors that promote responsibility, intimacy and clarification through remaining present in emotionally difficult situations. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Group work, modeling, supervision, resiliency, facilitation, process

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PREFACE

When discussing concepts such as resiliency, tolerance, flexibility and acceptance, it is crucial not to misinterpret the meanings of these terms, confusing them with acts of collusion with inappropriate attitudes and actions of abusive clients. The approach discussed here does not tolerate such inappropriate attitudes and behaviors; this model agrees with the caveat that abusive behaviors are most often the result of maladaptive choice making and not the incapacity to control impulses (Rosewater and Walker, 1985). The concepts of resiliency are promoted to establish a working relationship that best minimizes frustrations and confrontations that present barriers to effective change-making (Thomas and Caplan, 1997). This paper's focus on remaining emotionally present in anxiety-producing moments should not be misconstrued as a message to those who find themselves in a dangerous situation to remain there to try to work things out (Follingstad et al., 1988). Safety is the predominant value in engaging in therapeutic work (Caplan and Thomas, 1995).

INTRODUCTION

Group workers take pride in the fact that they will enter their group work setting with a professional stance appropriate to helping their clients achieve as much as possible during the course of treatment. Group facilitators understand the difficulties caused by bias, projection, preconceptions and judgmentalism, and they will often incorporate some form of supervision into their work to address these obstacles to successful treatment. Nonetheless, most therapists who have led groups are familiar with the unsettling experience of interacting with a difficult client and suddenly hearing themselves using some "knee jerk" defensive reaction. The practice of therapy, in general, has its uncomfortable moments and for those who work with involuntary clients, in particular, can produce situations that send the forthright practitioner into a tailspin of doubt and discouragement. Even with a concerted effort to remain centered, one can be caught off guard and find oneself in the midst of potentially counter-therapeutic turmoil. This struggle can cause a group worker to inadvertently avoid, punish or even engage in a hostile confrontation with the client, all of which compromise the therapeutic relationship

and impinge upon the cohesion of the group (Thomas and Caplan, 1997).

One goal in training effective group workers is to develop an attitudinal resiliency–the ability to maintain a professional relationship in difficult situations with clients. Resiliency assumes that some event has occurred which has threatened to or has actually destabilized the equilibrium of the therapeutic experience. The theory of therapy promotes a spirit of mutuality where common ground is established and collaborative efforts are made between therapist and client (Orlinsky, Grawe, and Parks, 1994). In practice, therapy often consists of lopsided interchanges between individuals with differing perspectives of the world. This process of interpretation, by definition, challenges the centeredness of all participants; it also influences the way participants reflect on the group experience itself (Yalom, 1995).

For the client, two important therapeutic objectives are an awareness of her/his defensive reactions to moments of emotional conflict as well an assimilation of the techniques for appropriately staying emotionally present during such anxiety-producing events. All people struggle with moments of emotional conflict in their exchanges with others in society, including clients, intern therapists, experienced therapists and supervisors (Kadushin, 1985). However, the distinguishing variance noticeable is in the level of experience and skill each has acquired to remain present in such events. These critical moments are more likely to be avoided when defensive maneuvers are used by those less practiced in these skills. The inexperienced tend to filter these events out of their conscious awareness. In effect, they become "forgotten moments."

It is equally important to recognize the context of the therapeutic experience. Clinical practice includes the therapist, the client, the partnership of therapist and client or clients, as well as the influence of supervision upon this work. This paper will use examples from the McGill Domestic Violence Clinic's (MDVC) treatment group for men who abuse women to illustrate techniques that will promote and maintain therapeutic resiliency. The MDVC trains graduate level students as intern therapists in techniques of group facilitation, individual assessment and, when appropriate, couple therapy. One of the most significant aspects of the MDVC Model is the concept of modeling appropriate thought and action.

This paper will look at the meaning of therapeutic resilience and outline a range of exercises for its promotion for use by therapists, clients and supervisors. The focus of this paper is to improve clinical skills in

group facilitation. The case examples have been gleaned from work within a treatment group for violent men. However, the theory and practice illustrated in this paper apply with equal effectiveness to a wide variety of group and non-group clientele, as the authors have experienced in their clinical work outside of the MDVC.

DEFINITION OF RESILIENCY IN THE THERAPEUTIC EXPERIENCE

The fundamental process that defines therapeutic resiliency is self-awareness. Whether one is a supervisor, a therapist, or a client, being resilient does not mean disconnecting oneself from negative thoughts or feelings but rather developing confidence in one's ability to stay in the emotional moment long enough to process what is happening on a number of different levels. Being resilient *does* mean resisting the choice to react prematurely, without adequate reflection on the implications of one's actions in the present situation. The reluctance to stay in the moment, in many cases, stems from an intense feeling of vulnerability. Such discomfort engenders a reduced confidence in one's ability to remain self-contained enough to "explore the moment" while feeling awkward and out of control. The positive effect of staying centered occurs when the participant moves through the "taking it personally" stage, avoiding the knee-jerk reaction, in order to connect to the functional aspects of the interchange. The participant moves from the thought, "*Why* is this exchange making me feel off-center?" to the question, "*What* is the initiator of this exchange trying to say beneath the content of the message?"

A number of writers have elaborated on the process that occurs between action and reaction in inter-and intra-personal events (Jenkins, 1993; Goldberg Wood and Middleman, 1992; Jacobson and Christensen, 1996). For each stimulus, whether it be external by means of a social interaction, or internal by way of interpretation or memory, there is some manner of choice making that occurs prior to a reaction.

The schematic representation in Figure 1 outlines a sequence of maladaptive and resilient reactions to a potentially dysfunctional interaction.

The "forgotten moment" is the point in the scenario at which the person bypasses the recognition of anxiety and the components that underlie it. Most clients enter therapy at this stage, where these moments are not present in their conscious memory, yet they express frustration at

FIGURE 1

Maladaptive Scenario

EVENT . . .
(social situation, spoken word, written message, memory, premonition, etc.)
↳ **Immediate internal reaction**
(anxiety)
(negative self-statements, projection) ...
↳ **Immediate external reaction**
(anger, evasiveness, etc.)
(based on embedded defenses against anxiety) ...
↳ **Negative outcome**
(short-term payoff–defense/coping with anxiety vs.
long-term consequences–distance, broken trust–bad reputation) ...
↳ **Denial**
(cognitive dissonance, blocking, rationalization, etc.) ...
↳ **Oblivion**
(filtering out uncomfortable moment from conscious memory) ...
↳ **Repetition**
(high risk of repeating maladaptive reaction in future events.)

Resilient Scenario

EVENT . . .
(social situation, spoken word, written message, memory, premonition, etc.)
↳ **Immediate internal reaction**
(anxiety) ...
↳ **Awareness of learned impulsive response**
(management of the urge to act out)
(ability to disconnect the button to external reaction)
(positive self-statements, self-awareness) ...
↳ **Reflection**
(envisioning options, choices and different scenarios) ...
↳ **Implementation of new (un-embedded) response**
(identification of core emotion, appropriate expression of same)
(clarification, information gathering, reality-testing, etc.) ...
↳ **Internal acceptance**
(tolerance of awkward, dissonant sensation)
(tolerance of the anxiety of trying a new behavior/risk of failure) ...
↳ **Positive outcome**
(short-term discomfort vs. long-term gains
–rebuilding of trust, improved reputation) ...
↳ **Positive reinforcement**
(reinforcement of new strategy through recognition
that former negative consequence did not occur.)

continually remaining stuck in roles and reactions that cause pain and emotional hardship.

MEANING OF RESILIENCY IN THE THERAPEUTIC EXPERIENCE

The notion of promoting therapeutic resilience is grounded in the theories of writers who have discussed the importance of decision-making. Paolo Freire (1970) used the term "praxis" to define choice making as a process of reflection and evaluation. Alfred Adler (1970) proposed that individuals are constantly striving to move from positions of felt inferiority to felt superiority and that they choose either functional or maladaptive methods do so. The feminist informed literature (Madanes, 1995) clearly identifies the impact of the client's sense of pre-determination versus self-determination in selecting behavioral options. These diverse theorists converge on the point of appropriate versus maladaptive choice making, yet what these theorists presuppose is that one will have a sufficient amount of resiliency towards anxiety to allow a constructive and meaningful selection process to occur.

A crucial part of the therapeutic experience occurs when participants explore specific and often uncomfortable moments to derive meaning. The result is often an increase in motivation to achieve therapeutic goals. However, many clients entering therapy feel susceptible to anxiety and to circumvent it they rationalize their problematic responses and deny themselves the opportunity to self-reflect. They tend to "catastrophize" (Ellis, 1989) situations and cope by impulsive self-defeating actions. New clients can be heard to say, "That's over with; I'm here to move on," or, "That's just the way I am; why dwell on the past?"

One can observe progress in the client's work by measuring the distance of time between any initial anxiety-producing moment and the time that it takes for the client to be capable of staying present in that moment. For new clients this distance could be measured in weeks and months. Often, it is only within the safety of the therapeutic experience that the client can be encouraged to disclose a "forgotten moment," reclaim it from oblivion and practice new ways of handling themselves in such situations. In group treatment the "sign-in" or "check-in" at the beginning of each session provides the means for clients to reflect on such moments from the previous week.

The work of therapy in this context is to help clients deconstruct their maladaptive responses by exploring the emotional, attitudinal, cultural and socialized factors influencing their reactions and to promote positive self-statements that help them manage their anxiety in emotionally threatening situations. Therapy involves closing the gap between the outlining of the events and narrative content of a particularly difficult exchange and voicing the more remote emotions associated with the forgotten moment (Greenberg and Paivio, 1997). Establishing a base for managing emotional discomfort leads to the examination of the process of decision-making itself.

Resiliency in the client is developed through desensitization to perceived emotional attacks in the client's world outside of therapy (Yalom, 1995), and the incorporation of new perspectives in each individual's world-view is a primary objective of the therapeutic experience (Goldberg Wood and Middleman, 1992). Modelling resilience demonstrates that there is substantially more to be gained in the long run by sustaining oneself during intervals of emotional discomfort. Therefore, it is critical to establish in the participant's understanding of the world that it is possible to allay one's anxiety and disconnect one's socialized reactions long enough to engage in self-determination through constructive choice making.

Processing "forgotten moments" also reinforces the appropriate boundaries of responsibility in "doing the work" (Jenkins, 1993). It is imperative for successful therapeutic outcomes that clients take ownership of the emotional and behavioral issues that they are trying to address, and such positive outcomes are apparent in members of the group who have arrived at the point where they remain "present" during moments of discomfort in the group. Indeed, group work benefits when the facilitator encourages clients not to defocus from those situations that they may rather forget and instead encourages them to pursue a deeper understanding of the meaning that can be derived from these uncomfortable moments.

PROMOTING CLIENT RESILIENCY WITHIN THE GROUP

It is human nature for all people to have doubts about their competence in stressful interpersonal exchanges. This concept provides common ground for therapists and clients engaged in human interaction through therapy. Therapists may find times when they are unsettled by doubts about collusion, ineffectiveness and failure. In principle, this is not unlike the doubts that clients encounter in many of their relationships. Such anxiety is a barrier to staying in the moment and provides

the basic crisis to be addressed in the process of selecting appropriate responses.

Therapists

The "how-to" of resiliency, therefore, begins with the therapist being in touch with his or her feelings of the moment. The therapist needs to sort through internal sensations of anxiety to arrive at a statement that brings meaning to the experience of the client and the group (Thomas and Caplan, 1997). Therapists who enter a treatment session with unresolved issues of counter-transference regarding competence, collusion or anger are at risk of chastising, lecturing, fixing or other maladaptive reactions by which they distance themselves from an empathic exploration of the client's situation. These types of interactions cross the boundaries of an effective therapeutic relationship, teaching the client to passively await "expertise," as opposed to tackling those issues which are actually their own (Caplan and Thomas, 1999).

When a therapist demonstrates trust and tolerance within reasonable boundaries of the treatment goals, a powerful model for appropriate behavior is established. As the therapist is resilient to the neediness and testing that generally occur in therapy, there is a greater opportunity for the client to trust the safety of the experience.

Example: A client discloses in group a plot for financial revenge against his ex-wife for a perceived insult that he had recently received from her.

> Client: This is the last time I'm going to let my wife get away with telling me not to park in the driveway anymore. I'm going to call my lawyer and find out how I can get her car repossessed.

The client's statement triggers a sensation of anxiety in the therapist around the thought that any client-related empathic statement made here might be collusive and enabling to the client's inappropriateness and reflect the ineffectiveness of the therapist as a professional. It is now incumbent on the therapist to remain resilient in this discomfort long enough to develop a statement that can motivate the group to encourage the client to face his own moment of rejection and the larger meanings attached. For the therapist who is unaware of the necessity to tolerate doubts about competence, the risk of an impulsively punitive and severe reaction is increased. The therapist who is able to remain

centered during these moments of doubt demonstrates a model of resiliency that encourages clients to do the same.

In effect, the moment *itself* is the laboratory, in which the work of desensitization, identification and access to emotions is addressed; similarly, strategizing takes place to develop more effective options for an appropriate response. For the therapist in the above example, desensitization might be seen in the following internal dialogue: "Enough about my needs, what does the client need?" . . . "I don't have to be an expert in every given situation, I just need to be able to learn from the experience." . . . "I am not alone here, I can consult the group." Having diffused the anxiety, the therapist moves on to identify some of the emotions related to the triggered anxiety. In this case example the therapist's anxiety may have stemmed from the therapist's own wish to assume responsibility for the apparent lack of progress by the client. This awareness is key to developing an intervention that will benefit not only the client but the group context as well. The therapist could build upon this knowledge to form an intervention that focuses on responsibility. In this example, the therapist could support the client's sense of responsibility, in general, for attending the group and disclosing his intentions and, in this particular case, challenge the client to think of more responsible options than that of revenge. This supportive challenge would lend itself to providing a forum for the client as well as the group to examine the client's underlying feelings, for example, the fear of being disrespected or losing positive attention.

For the therapist who has diffused the internal anxiety and remained present in the moment, the following are some options that can be drawn upon in order to respond to the needs of the client within the group:

Process Statement

This moves the client from "pointing out" to "pointing in" and reduces the reactive posture of confrontation.

Example: "It must be scary to recognize that that you have to go to such extremes to get someone's attention."

A statement such as this is a stepping-stone towards engaging the client and the group in a dialogue about the anxiety of being disrespected.

Group-Oriented Promotion of Client Self-Awareness

Group supportive challenging, empathy, and self-disclosure by others promote responsibility through mentoring and reduces one-on-one confrontation between client and therapist.

Example: "Does anyone relate to what the client must be going through in order for him to have made that statement?"

This supportive peer-oriented strategy helps the client to face the conflictual moment with less anxiety.

Modeling of "Less is More" by Therapist

This reduces "catastrophizing" (Ellis, 1989) and focuses attention on the individual's issues rather than the issues of others. It "cuts to the chase."

Example: "Since your ex-wife is not here, perhaps we should focus on how you're feeling."

Narrowing the focus towards what will benefit the client reinforces the primary goals of therapy.

Emotion-Focused Intervention

This concept reduces the tendency for the immediate "knee-jerk" response to the emotionally conflictual moment.

Example: "I noticed a certain amount of discomfort in the group just now. Everyone can gain by someone sharing what is causing these uncomfortable feelings."

This emotion-focused intervention (Greenberg and Paivio, 1997) allows an opportunity for the client, as well as others, to stay emotionally present in recapturing the "forgotten moment."

Inclusion

This moves the client from role of "victim" to role of "collaborator."

Example: "I wonder if anyone else has sailed in the same boat as this client, and, if so, how do they keep the boat from capsizing?"

This mentoring exercise achieves at least two goals. First, it validates the work that other group members have accomplished. Second, it directs the client away from self-pity and moves the client toward taking responsibility.

Universalizing Common Themes

This reduces the tendency of a client to assume either the position of entitlement or of victim.

Example: "It seems to me that the fear of being disrespected has been mentioned by most members of the group."

Often maladaptive reactions to forgotten moments tend to fall into common themes such as disrespect, rejection, abandonment and incompetence, to name a few. This intervention focuses on one of these themes to engage a variety of perspectives on the same issue.

Goal Orientation/Responsibilization

This strategy centers the client in the forgotten moment and invites the client to take responsibility for his or her behavior (Jenkins, 1993).

Example: "Can you explain to the group how what you say you are going to do is going to help bring you closer to the goals you stated in previous sessions?"

This intervention provides a means for the client to see himself as an active agent in his situation. The client must take ownership of the way he acts and feels and see how that fits into the bigger picture of where he wants to grow.

The use of the above concepts promotes not only centeredness for the therapist but also acts as a model of appropriateness that clients can aspire to achieve.

Clients

As previously mentioned, one barometer of a client's progress in therapy is the extent that the time span is reduced between the anxiety-producing moment and an *appropriate* response. In a well-adjusted interchange, the fact that there is very little time between an emotional conflict and an appropriate response demonstrates that a person is able to remain a centered and active listener. Therefore, the MDVC treatment model puts emphasis on validating efforts by the client and the group to recapture and analyze previous maladjusted reactions. Often these awkward moments emerge in group therapy, reflecting the client's experiences in the world outside the group (Yalom, 1995). What has been observed in the MDVC groups, and supported by client self-report, is that by taking the time to explore such upsetting moments, both in the past (that which brought the client to therapy) and in the present (that which the client is experiencing in the group), clients achieve better outcomes in all of their interpersonal exchanges.

The following client-focused techniques have proven to be helpful in addition to the therapist's own modeling of resiliency:

Debriefing. This intervention asks the client to share a detailed synopsis of what occurred. Two levels: (1) content and (2) process.

Fred: "My wife got in my face the other day–and just wouldn't stop. I tried to leave, but she kept on yelling. I just couldn't take it, so I pushed her out of the way."

Therapist: "I'm sure the group would be interested in what happened in detail from the time you met your wife that night until you pushed her."

Fred then goes on to describe (after some group enquiries/supportive challenging) how she had criticized him for forgetting to pick up the milk on the way home and he had yelled threateningly at her and called her a name.

A group member then says: "I'm wondering what was going through your mind just before you threatened her?"

Fred says: "I don't know, I just saw red."

A group exercise, an "around-the-circle" reading from the "Feelings Chart" is then used to illuminate Fred's unacknowledged feelings. Fred was able to focus on his feelings of being marginalized. The therapist encouraged group participation by saying: "I wonder how many others can relate to this situation?" The group then begins a dialogue around similar critical moments and shared maladaptive and resilient scenarios.

Therapist: "If you could have that moment back, how would you do it differently?"

Role-Playing. This exercise helps to reanimate the emotional moment in order to increase awareness of the points of view of both individuals involved in the interchange and to highlight potential relapse triggers.

Gaston (having accepted the idea that he was not emotionally present in a moment of conflict with his wife): "I know that I screwed up, but I just couldn't think of any other way to handle it."

Therapist: "Is there anyone in the group who can demonstrate a better way of handling this same moment?"

Ché: "Sure, I've been there and done that."

Therapist to Gaston: "Why don't you play the role of your wife while Ché takes your role?"

Ché and Gaston then play out a scenario that demonstrates both resilience and alternative options for Gaston's handling of his conflictual emotion.

Therapist (after encouraging Gaston to describe what he learned in this exercise): "Gaston, it seems to me that you've got a good thing going, and, just to reinforce what you have learned, why don't you play yourself and have Ché play the role of your wife?"

Going with the Resistance. This strategy minimizes power struggles that tend to be a frequently used defensive maneuver.

Gunnar: "Women are all alike, they've got to have it their way, and they always get their way. There's nothing that I can do or say that makes a difference."

Therapist: "You know, Gunnar, what you say seems pretty bleak; maybe there *is* nothing you can do. (To group) What do the rest of you think?"

There is a pause of silence in the group.

Jacob (to Gunnar): "What kinds of things are you talking about?"

Therapist (seeing some confusion in Gunnar's face): "I think that Jacob has a good idea, Gunnar. Is there a specific example that comes to mind that caused you to make that statement?"

Gunnar relates an incident to the group that reveals his anxiety about being rejected. This action leads to a discussion by the group about moments of feeling rejected and about appropriate strategies for working through such situations.

Reality Testing. This exercise helps to draw the forgotten moment back into the spotlight.

Olivier (who had originally come to the group after having badly bruised his partner by kicking her in the shins): "I've been coming to the group for almost a month now and my wife still says she doesn't trust me–you'd think she would by now."

Reed: "Geez, man, what were you expecting when you joined the group?"

Olivier: "I don't know, at first I wasn't even going to come–but I think I should get some credit for being here."

Lawrence: "Besides coming to the group, what are you doing at home that shows her that she can trust you?"

Olivier: "Well, I don't yell or scream any more–and I sure haven't touched her."

Therapist: "Has there been a time recently when you tried to get close?"

Olivier: "Yeah, that's just what I mean–she won't let me get near her."

Reed: "No kidding. I'd be frightened to get close if you had kicked me in the shins."

Olivier: "Nobody trusts me, not even this group. I don't even know why I'm coming here."

Therapist: "It sounds like Olivier is having trouble trusting himself–what do the rest of you think?"

John: "Yeah, it sounds like he doesn't know if he can hack it. Maybe he thinks he can't learn new ways to approach his wife. I've been in this group for six months, and I'm still trying to deal with it."

Therapist: "I guess we all have to face moments when we feel all alone, especially when we're talking to our partners."

Supportive Challenging. This intervention brings to life a range of appropriate voices and options available for use during a critical moment, as expressed by other members of the group.

Henry: "I come home and my wife is on the phone and this really pisses me off–and she knows this. I know I can't hit her so I just keep my mouth shut, go downstairs, and work on my computer. Sometimes I don't even come up for supper."

Therapist (having solicited opinions from various group members): "I have two minds about what Henry is sharing. On the one hand, it's easy to understand his feeling upset about being rejected by his wife. On the other hand, his way of handling these feelings appears to signal potential disaster–one day he's going to blow."

Henry: "You're right. That's the way it always seems to happen. I just don't know what else to do without getting into trouble."

Pedro: "You know, man, if you don't start talking to her, she's never going to talk to you."

Rashad (holding up the "Feelings Chart"): "Yeah, why don't you tell her how you feel? . . . like . . . how come I can't get close to you anymore?"

Henry: "There's no way I can do that."

Therapist: "Sometimes the most impossible task can be broken down into smaller steps. What small step do you think Henry can take this week that can help to keep him in the moment when his wife is on the phone and he's feeling rejected?"

The group gave Henry a number of small-step options to consider, ranging from more concrete strategies to ones with more interaction:

- Staying upstairs and not going downstairs.
- Asking her how her day was when she gets off the phone.

- Keeping a positive self-statement in mind when he starts to feel anxious.

Supervision

A common practice in supervision is to look at previous group work sessions for analysis and discussion. This can be done through live supervision, reports by the intern therapists and videotape replay. The MDVC approach to supervision strives to pick out important moments, either "forgotten" or "realized," by the intern as well as by the client or group. MDVC supervision places a high value on videotape replay because it most accurately defines moments within the group sessions. Progress in training for the intern can be assessed by the ways in which interns deepen their resiliency and thereby model appropriate reactions for clients in the group.

Identify the Moment. This exercise encourages the intern to view group sessions within the parameters of how emotionally charged moments are managed.

> A concerned intern is showing a selected portion of the group session on video playback. There appears to be a lack of group cohesiveness and the intern is being overly directive.
>
> Supervisor: "At what point do you feel your comfort level changed?"
>
> Intern: "It was when one of the clients said, 'I don't know what I'm getting out of this therapy; I don't know why I even came this week.' "
>
> Supervisor: "I guess anyone would feel uncomfortable having their competency questioned."
>
> Intern (with a sheepish smile): "Yeah, and I sure don't want to look bad in front of you guys."
>
> Supervisor: "Don't worry, we know you're a good clinician, which is why you're here. Being able to identify your uncomfortable moments will only help you to gain confidence."

Debriefing. This exercise further explores the moment of the intern's anxiety and models resilient thinking for the intern to use in the group.

> Supervisor: "Let's look at what was going on just before this uncomfortable incident occurred."
>
> Intern: "The group seemed to be going well. There was lots of interaction, although Fred hadn't said too much. The group was very supportive, so I thought it would be a good time to encourage Fred to join in."
>
> Supervisor: "What was the group discussing at the time?"
>
> Intern: "They were discussing feelings of not being understood–mostly by their partners."
>
> Supervisor: "How did you try to involve Fred?"
>
> Intern: "I asked him if he would like to participate in the discussion–that's all I said."
>
> Supervisor: "Do you remember how you were feeling when you asked him to participate?"
>
> Intern (after thinking for a time): "To tell you the truth, all I could think of was that a good facilitator would include everyone in the discussion. I felt obliged to get Fred talking, but I was in a panic as to how to do that. I noticed, when I reviewed the tape, that I kept looking up at the camera."
>
> Supervisor: "Gee, I guess you're saying that when one doesn't feel competent, a common reaction is to try and control the situation."
>
> Intern: "Yes, I think that I'd rather be criticized for trying too hard than for not trying at all."
>
> Supervisor: "I wonder if this thought wasn't going on in the minds of the clients about their own relationships."

Developing Alternative Scenarios. Following the first two exercises that identify and debrief the anxiety felt by the therapist, this collabora-

tive approach encourages the intern to imagine different options for intervening through an examination of adaptive versus maladaptive internal scripting.

> Supervisor: "Let's take a look at how this moment could have developed along more constructive lines for everyone in the group."
>
> Intern: "I think it helps me when I am aware that I am anxious and when I remember that I am able to think of ways to manage my own discomfort first."
>
> Supervisor: "I know that's important for me."
>
> Second Intern: "It seems to me that when a facilitator can manage the initial anxiety, then the focus can turn to the needs of the client and/or the group."
>
> Supervisor: "That's what it's all about."
>
> Intern: "Now that I think of it, the client was probably having just as much insecurity about his competence as I was. I certainly could have stayed more focused on the client's need for safety in the world and empathized with Fred first."
>
> Supervisor: "That sounds like a good choice. Any other suggestions?"
>
> Third Intern: "I like the way you connected feelings of powerlessness of the therapist with those of the client. It also seems as though her (first intern) reaction was very much the same as Fred's. If I was in that situation, I would hope I could use my feelings in some way to support Fred's fear."
>
> Second Intern: "I'll bet everyone in the group feels powerless in their important relationships. Maybe that's something to ask the whole group?"
>
> Supervisor smiles and gives a supportive nod.

Role-Playing. This exercise serves to make the previous discussion even more concrete, and presents a specific model to be used in group.

This practice acts as a desensitizing "trial run" for interns to manage anxious moments so they can better focus on client needs.

> Supervisor suggests a role-play and the intern agrees to play the client while the third intern agrees to be the group leader for the first run-through.
>
> Third Intern (playing group worker): "So Fred, you've been quiet in the group today, do you connect to what's being said in any way?"
>
> Intern (playing Fred): "You know, I don't know what the heck I'm getting out of this therapy; I don't know why I even came here this week."
>
> Third Intern: "I know it's scary to think that your relationship is being held together by a thread."
>
> Intern: "You got that right!"
>
> Third Intern: "Does anyone else connect to the fear of: 'You're damned if you do, and you're damned if you don't?' "
>
> Supervisor asks for feedback from the interns and the ensuing discussion further reinforces the motivation to employ these interventions in group.

Brainstorming. This exercise promotes pro-active planning for anticipated moments of discomfort in working with the group.

> Supervisor to interns in group supervision: "Let's take a look at some of the moments described in your reviews of the group. Let's see if we can identify what some of your personal anxieties are and also look at what we think might be the 'hot buttons' for some of these clients."
>
> Second Intern: "I notice that the three of us have an anxiety about competence in common. It seems to me that we're all striving to be thought of as 'good' group workers."
>
> Third Intern: "I'd agree with that."

Supervisor: "I think it's important for us all to develop self-statements that reassure us in those moments."

Intern: "I know I really want to get a lot out of this experience and feel good about what I am doing."

Supervisor: "That sounds like an example of a positive self-statement. You know, I always enjoy this kind of collaborative work."

The supervision group goes on to discuss specific emotional triggers seen in various clients in the group. The result of this brainstorming discussion is the development of greater therapeutic resilience for the intern as well as a better understanding of what the clients' needs are.

The principle concept in this approach to supervision is to help the intern to shorten the distance between a "forgotten moment" in the group and the awareness of the intern's part in that moment. Supervision is also based on modeling, which is to say that the supervision group is a model for collaborative work in a client group, which is, in turn, a model of collaboration in the client's relationships outside of the group (Werk and Caplan, 1998). Ideally, supervision acts as a laboratory for structured self-supervision for the interns; and, in a similar vein, group work offers this same invitation to clients.

CONCLUSION

The "forgotten moment" is a significant concept that has been developed within the context of the authors' work. A major premise of this concept is the importance of modeling attitudinal resilience from the supervisor to the intern therapist, from the therapist to the client and from seasoned group members to incoming group members. There are several benefits of such self-awareness within which a person contains or diffuses the initial reaction to emotional anxiety. The ability to remain centered desensitizes a person to perceived personal attacks, it promotes responsibility in relationships through accessing and reinforcing more appropriate behavioral responses, and it allows for information gathering and clarification that support empathy within the dialogue. Resiliency nurtures appropriate choice making, and it diminishes the tendency to avoid addressing difficulties in interpersonal exchanges, all of which encourages intimacy and growth in relationships.

This paper has provided a schematic of the concept of the forgotten moment, showing both "maladaptive" and "resilient" scenarios. It has discussed the notion that progress in therapy can be assessed by the length of time taken for an individual to experience an anxious moment and actually demonstrate presence in that moment. Exercises for promoting such presence have been outlined for therapists, clients and supervisors alike. These exercises have included process statements, modeling, supportive challenges, inclusion, universalizing common themes, debriefing, role-playing, reality testing, goal orientation, brainstorming and emotion-focused interventions. Within the context of treatment, resiliency in the client to supportive challenges, and even criticisms by others, is a benchmark of progress in therapy. In group settings that do not nurture a sense of flexibility and centeredness, an event that threatens the cohesion of the group can be fatal to continuation of the work at hand.

Because supervision is a significant adjunct to the treatment process, the modeling component of the learning experience exemplifies centeredness and tolerance of self-paced achievement. Expanding on this theme of modeling resiliency it is hoped that this concept will extend to personal interactions by clients, therapists and supervisors with larger and typically less resilient institutions. There is a ripple effect from the center of this idea. Supervisors within the MDVC model instruct interns by example in the practice of process-oriented interventions, interpersonal dynamics, psycho-historical information gathering, the goal of which is to promote therapeutic resiliency through self-awareness, competence and client safety (Werk and Caplan, 1998). Interns promote this sense of resiliency towards negative input from clients within the treatment experience with the objective of having clients assimilate this method of response in awkward interpersonal exchanges.

In group treatment the ability to demonstrate such resiliency is regarded as a significant treatment goal and is reinforced in the therapy by those group members who have succeeded in internalizing this choice of behavior. The ultimate goal of such circles of mentoring is that the learned attribute of resiliency is transported from the therapeutic experience back into the reality of couple relationships and the client's broader relationships with society as a whole.

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ORIGINAL MANUSCRIPT RECEIVED: 12/15/00
MANUSCRIPT ACCEPTED: 07/16/01

The Play's the Thing: How Social Group Work and Theatre Transformed a Group into a Community

Diana Halperin

ABSTRACT. This paper explores the potential of the purposeful use of activity in cultivating community in a life review and performance group with bilingual elders in a community based organization. Activity used to promote community among group members enables a diverse group separated by language and cultural barriers to find commonality, accept differences, take risks as acts of self-determination, and find a strengthened identity in the pursuit of a shared goal. Examples are given that detail the ways in which expressive activity develops the group's ability to exercise self-determination. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Group work, community, activity, theatre, elders, life review

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