

## Promoting Resilience Through Social Work Practice with Groups: Implications for the Practice and Field Curricula

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### ABSTRACT

The realities of contemporary social work practice often push social workers toward a deficit-focused orientation. The article begins with an overview of the major tenets of resiliency and adversarial growth theories and related research findings. We suggest that the group modality epitomizes the application of resiliency theory and adversarial growth to social work practice. A primary focus of this article is on articulating and illustrating the unique contribution group work makes for promoting client resilience. The article provides a theoretical and empirical framework that students, practitioners, and educators alike can use to identify, understand, and capitalize on client strengths through group work. Implications for social work education, specifically the practice and field curricula, are discussed.

### ARTICLE HISTORY

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Contemporary social work education and practice have embraced and promoted a strength-based approach to helping clients. Indeed, a, if not *the*, defining characteristic of the profession is its emphasis on empowerment and promoting the needs of underserved and vulnerable populations. As laudable as this objective may be, the realities of contemporary social work practice often push social workers, especially inexperienced students, toward a more problem-focused perspective.

Despite the Council on Social Work Education's (2015) emphasis on strengths-based practice, which capitalizes on clients' inner and external resources, a deficit orientation too often prevails in the social work classroom and in practice (Daniel, 2006; McMurray, Connolly, Preston-Shoot, & Wigley, 2008). Students appear to appreciate and embrace, at least in the abstract, strengths-based practice (Greene, Galambos, & Lee, 2003). Yet evidence suggests they often are challenged to be able to put into practice what they have learned in the classroom (Gray, 2011; Kane, Lacey, & Green, 2009; Rice & Girvin, 2010).

The often insurmountable difficulties that clients experience, exacerbated by the lack of accessible resources and reimbursement mandates, lead social work students and professionals, almost out of necessity, to concentrate on clients' problems and limitations rather than on their strengths (Brun & Rapp, 2001; Gilligan, 2004; Thomas & Reifel, 2010). Gilligan (2004) astutely captures this reality: "Despite being highly trained, [social workers'] assessment skills may be curiously one-dimensional, preoccupied with deficits and pathology, at the expense of any attention to strengths" (p. 97). This tendency toward pathology-based practice is particularly likely to occur in individual casework, where the client's problems are amplified by her or his sense of urgency and the resultant focus on the client's "problem-saturated life" (deShazer & Berg, 1992, p. 75).

In this article, the major concepts of resilience theory and salient empirical findings are summarized. This theoretical model epitomizes a strengths-based orientation. Important tenets of social work practice with groups also are presented. We argue that the group modality is the most natural and effective modality to promote client resilience. The focus of this paper is twofold: articulating the unique contribution that social work practice with groups makes to promoting resilience and exploring how this material can be incorporated into the social work practice curriculum. We

identify practice principles, methods, and skills that should be included in course content on group work. Case material, reflecting composites of actual group sessions, is used to illustrate key points and also can be employed in the practice classroom.

### **Resilience theory: Basic concepts**

Resilience theory first emerged in the 1980s and gained greater recognition in the 1990s as research evidence supported its major assumptions. Resilience theory attempts to answer questions such as the following: Why are there such significant variations among individual, familial, and community responses to adversity and trauma? Why do some people adapt, cope, and meet the challenges of physical and mental impairments, severe losses, chronic discrimination, and oppression, and others don't? Why do some people not simply survive but actually thrive in the face of life's tragedies? In sum, what accounts for this hardiness (McMurray et al., 2008)?

Two widely disseminated definitions are a useful starting point for understanding this concept. Greene et al. (2003) summarize both, noting that resilience is "the ability to overcome adversity and be successful in spite of exposure to high risk" and "the ability to sustain competence under pressure and the capacity to recover from trauma" (p. 77).

Resilience is a complex ecological, biopsychosocial, and spiritual concept, reflecting person-environment transactions (Kulkarni, Kennedy, & Lewis, 2010; Schofield & Beek, 2005). Initially, resiliency was viewed as residing in the person as a fixed trait. Later conceptualizations recognize the role that social context plays in promoting hardiness (Carp, 2010). Thus, resilience is "considered as a variable quality that derives from a process of *interactions* between a person and favorable features of the surrounding context in a person's life" (Gilligan, 2004, p. 94). Protective factors reflect a wide array of variables, ranging from individual attributes to social and community characteristics (Greene et al. 2003; Lehmann & Simmons, 2009; Manyena, 2006; Meichenbaum, 2015).

Resilience theorists acknowledge the risk factors that exacerbate the negative impact of stressful events but focus their attention on identifying and studying protective factors that enhance one's ability to withstand hardship. One of the earliest theorists to study resilience, Begun (1993) noted, "Resilience is not defined in terms of the absence of pathology... It is, instead, defined in terms of an ability to cope with adversity, stress, and deprivation" (p. 28). The central tenet of resilience theory lies in the power of recovery and sustained adaptation.

Adversarial or posttraumatic growth, a more recent concept, complements resilience theory (Bonanno, 2004; Fournier, 2002; Joseph, Williams, & Yule, 1995). This concept extends and expands the notion of resilience by not focusing on the ways that individuals manage hardship but on how they actually grow and profit from it. More important than the hardship itself is the way those who face it view and respond to it and the effects, positive or negative, that result (Baruth & Carroll, 2002). Thus, "hardy individuals not only survive ... negative ... experiences, but also actively continue to grow and develop, rather than regress" (Baruth & Carroll, 2002, p. 235).

### **Empirical foundation**

One of the strong suits of resilience theory is its solid empirical foundation. The theoretical model itself evolved out of and has been modified directly in response to an ever expanding evidence base (Greene, 2010). Numerous studies of individuals of all ages, as well as groups, communities, and families, facing an array of challenges have revealed a noteworthy cluster of characteristics that serve protective functions (Guest, 2012; Larkin, Felitti, & Anda, 2014; McBride, Schroevers, & Ranchor, 2009; Pinkerton & Dolan, 2007; Regehr, Roberts, & Bober, 2008; Smith-Osborne & Whitehill Bolton, 2013).

Research findings are compelling and consistent. At the individual level, protective factors include, among others, intelligence, interpersonal and appraisal skills, temperament, outlook on life, views of self, self-esteem, self-efficacy, and spirituality. A sense of humor is an additional

important protective factor; being able to laugh in the face of adversity and suffering provides hope, releases tension, and decreases sadness (Cohen, Berliner, & Mannarino, 2000; Gilligan, 2004).

Another key protective factor is adaptability (Baruth & Carroll, 2002). Individuals, groups, communities, and families that can remain flexible in the face of adversity and can rely on different, sometimes out of the box, coping strategies, fare better when faced with adversity (Frederickson, 2001; Leitz & Strength, 2011). Similarly, hardiness is associated with the ability to approach adversity in an organized and systematic manner, qualities that typically predate the challenging event (Gilligan, 2004).

Hardiness also is associated with social support, cohesiveness, and a sense of belonging and connection to others at the individual, family, and community levels. This includes the existence of responsive and accessible community institutions (Leitz & Strength, 2011; Walsh, 2007). Connections to others also reinforce positive esteem and self-worth, characteristics, which as noted previously, contribute to resilience in their own right (McMurray et al., 2008).

Resilient individuals, families, and communities maintain a realistic perception of the distressing event and recognize their responses are understandable given what they have experienced (Walsh & McGoldrick, 2004). Feelings of guilt regarding and responsibility for the challenging life event are minimized (Hernandez & Mendoza, 2011). Research further suggests that ethnicity and culture affect individuals', families', and communities' adaptive abilities (Cardoso & Thompson, 2010; Carlson, Cacciatore, & Klimek, 2012; Cohen, Greene, Gonzalez, Lee, & Evans, 2005; Greene, 2010; Hash & Rogers, 2013). "People who have community support and know that they have neighborhood contacts were found to be more resilient. This effect is based on the differential ability of cultural groups to foster well-being and to help residents realize their potential (Greene et al., 2003, p. 79).

Adversarial growth also has become a "magnet for research" (Joseph, 2009, p. 337). Researchers have explored the potential positive changes that occur after natural and human-made disasters such as plane and car crashes and earthquakes, interpersonal experiences such as childhood trauma, medical problems such as a terminal diagnosis of cancer, and death of a significant other. A wide range of individuals facing varied crises and challenges have been studied, and a consistent set of findings reveal the positive consequences of adversity.

Three broad types of growth have been identified: (a) an improvement in relationships, as individuals assess their priorities and develop a heightened appreciation for the importance of connections to others; (b) a change in one's outlook on life, including an enhanced sense of spirituality and awareness for what matters in life; and (c) a greater appreciation for oneself and one's strength in the face of adversity (Woodward & Joseph, 2003). What is less clear is whether positive growth occurs more or less naturally in some individuals or whether it depends on clinical intervention.

Findings actually provide support for both possibilities (Linley, Joseph, & Goodfellow, 2008; Stanton et al., 2002; Tedeschi & Calhoun, 2004). The most fundamental is individuals' ability to make meaning of and take something positive from their experience, which in turn depends on the protective factors identified previously (Bonanno, 2004; Durkin & Joseph, 2009; McMillen, 1999).

Evidence does suggest that some forms of adversity are harder to grow from, particularly interpersonal victimization such as sexual abuse and assault, with or without clinical intervention (Frazier, Conlon, & Glaser, 2001; Litz, 2005; McMillen, 1999; McMillen, Zuravin, & Rideout, 1995). Further, positive growth following other events, most notably death of a significant other, seems to depend on the passage of time (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Parappully, Rosenbaum, Van Den Daele, & Nzewi, 2002).

### **Resilience, group work, and mutual aid: A natural partnership**

One of the earliest voices on the benefits of helping others was that of Victor Frankl (1959). As a survivor of the Holocaust, he reflected on his concentration camp experience and observed that one finds meaning in life and from life's suffering primarily through helping and giving to others rather

than through the pursuit of self-gratification. When individuals lend their strength to others, they strengthen themselves.

From its earliest roots in the settlement house movement, social work practice with groups has emphasized empowerment of members (Schwartz, 1994). Mutual aid provides the primary rationale for the benefits of group membership and stems from powerful, yet subtle, interpersonal processes that are prompted by individuals' need for each other (Gitterman, 2004; Shulman, 2012). Schwartz (1961) captures this dynamic: "This need to use each other, to create not one but many helping relationships, is a vital ingredient of the group process and constituted a common need over and above the specific task for which the group was formed" (p. 158).

A significant dimension of mutual aid is the importance of group members forming partnerships with each other to work on their common life concerns and challenges (Gitterman & Knight, 2016). Resilience and adversarial growth are fostered by the multiple helping relationships that exist between members, augmented by the relationship between the members and the leader. Members provide support and understanding and demand work from one another.

As Mendelsohn, Zachary, and Harney (2007) note, "Group [membership] counteracts the isolating effects of [adversity] and enables survivors to connect with sources of resilience within themselves and others" (p. 227). The experience of being with others with similar life challenges and tasks is empowering, liberating, and validating, as members discover they are not alone and that others share their experiences, feelings, and reactions. This realization has been variously referred to as the "all-in-the-same-boat phenomenon" (Shulman, 2012, p. 679) and "universality" (Yalom & Leszcz, 2007).

In individual counseling, the practitioner can normalize and universalize clients' experiences and reactions. However, such reassurance remains somewhat academic and disconnected from clients' lived experiences. It is far less persuasive than when understanding and support come from others who are similarly challenged (Leitz, 2007).

Group members walk in the same shoes and, therefore, have a keener understanding of each other's life stressors, challenges, and distress. Their provision of support and demand for work has a unique impact, given the credibility that comes with being in the same boat. (Knight & Gitterman, 2014, p. 3)

Being all in the same boat further provides members with the chance to develop a more realistic perspective on their situation, an important component of resilience and adversarial growth (Anderson & Lopez-Baez, 2011).

Group members are not only receiving assistance with their life stressors but they are also helping one another. The act of helping others has a profound impact on one's sense of self-worth and self-esteem as first noted by Frankl (1959). This opportunity to give to others simply can't be replicated in individual casework. *Altruism* (Yalom & Leszcz, 2007) refers to the opportunity members have to provide support, encouragement, and reassurance to others in the group; this not only benefits the recipient of such support, it also leaves the provider with enhanced feelings of self-efficacy and esteem, traits that also are necessary for hardiness. Members benefit from experiencing the sense of belonging that accompanies mutual aid. Cohesiveness among members also fosters feelings of positive esteem (Huang & Wong, 2013).

Group members, with their commonality of experience, can provide valuable advice and insight to one another. Such advice can be particularly timely at key turning points in members' lives (Humble, Lewis, Scott, & Herzog, 2013). Giving such information or feedback also enhances feelings of self-efficacy, whereas receiving it promotes more effective coping (Shulman, 2012). In a group, members will be at different points in their journeys to healthier functioning. Individuals further along are reminded of their progress as they interact and share their insights with those who are newer to more adaptive coping. On the other hand, these individuals are inspired to keep moving forward and experience hope as they witness the progress of others. Thus, the diversity of experiences and journeys to deal with adversity can increase the resilience of all members.

### **Empirical foundation**

A great deal of attention has been devoted to identifying protective factors and the variables that promote resilience and adversarial growth. Less attention has been devoted to examining how to integrate these concepts into clinical practice, which some authors acknowledge is a major limitation of the literature in the field (Gilligan, 2004; Joseph & Linley, 2006; Sousa & Rodrigues, 2012; Tedeschi & Calhoun, 2004). There is limited evidence to suggest that the group modality is an intervention that readily lends itself to promoting resilience and adversarial growth, based on the mutual aid factors just identified (Brown, 2006; Hernandez & Mendoza, 2011; Payne, Liebling-Kalifani, & Joseph, 2007; Woodward & Joseph, 2003).

Evaluations of groups for client populations ranging from individuals living with mental illness, patients with cancer, survivors of childhood trauma, children in foster care, and the elderly are suggestive of the potential for this modality to promote hardiness and growth (Coholic, Fraser, Robinson, & Loughheed, 2012; Craven & Lee, 2010; Dodding, Nasel, Murphy, & Howell, 2008; Konradt, Hirsch, Jonitz, & Junglas, 2013; Lechner, Stoelb, & Antoni, 2008; Maxan, Kinley, Williams, & Reyno, 2013; Mendelsohn et al., 2007). Researchers observe that the stigma and isolation often associated with many types of adversity are reduced in a group. This, in turn, increases members' ability to bounce back and grow from the challenges they face (Glaser & Glassman, 2014; Maxan et al., 2013). For example, citing an evidence-based psychoeducational model of group work for substance-abusing women, Hernandez and Mendoza (2011) note,

[Group] interventions ... engage participants in the process of learning and practicing alternative coping strategies so they can better manage the challenges of their condition... . Such interventions promote partnership, collaboration, mutual support, and information sharing, and provide misperceptions and self-defeating responses to a specific ... life situation. (p. 379)

### **Practice principles, skills, and case illustrations**

Core skills of social work practice with groups are first and foremost designed to encourage mutual aid. In this section, these skills are identified and illustrated in three very different case examples. Critical to the promotion of resilience and adversarial growth in social work practice with groups is members' recognition of their similarities. All too often, clients facing hardship assume they are alone in their struggles and their reactions. As long as they hold on to this belief, they are unable to constructively work through or manage the challenges they face. Thus, an elemental group-work skill that promotes hardiness is pointing out to members and reinforcing their underlying commonality of experience. This can begin in the very first session, when the worker asks members to introduce themselves to one another and then uses these introductions to help members see their commonality.

In the example that follows, which is adapted from Knight (2009), the worker effectively problem-swapped (Shulman, 2012) to introduce members to one another and help them, from the start, connect to and identify with one another. This began to free up members to work on the challenges that brought them to the group in the first place. The group worker, Laura, facilitated a time-limited group for women who were substance abusers and survivors of childhood trauma. The setting was an outpatient substance abuse treatment clinic. In the first session, Laura asked the members to introduce themselves to one another and include any information about their past and present that they were comfortable sharing. Prior to the first session, several members had expressed reservations about joining the group, assuming they were "different" and would be judged poorly by others, despite their knowledge of the group's purpose and composition. It is this sort of thinking that keeps individuals stuck in their misery and undermines resilience.

After introducing herself and the purpose of the group to help members deal with stressors that might undermine their efforts to maintain their sobriety, including their past trauma, Laura turned to the member who happened to be to her right, Sherrell, and asked if she would "start the ball

rolling” by introducing herself. Sherrell provided a brief introduction, letting the group know that she was 25 years old and the single mother of two children. Her children were living with her mother, as she had lost custody of them because of her addiction to cocaine. Sherrell also was able to share with the group that she was sexually abused by an uncle and several cousins beginning when she was in elementary school and that the abuse continued until she became pregnant with her first child. Once Sherrell finished her introduction, the following exchange occurred:

Laura (worker): Thank you, Sherrell, for being so honest. It’s never easy to go first, but you did just fine. I noticed while Sherrell was talking, others of you were nodding your heads. It’s like you not only have to deal with what happened to you when you were children, you also have to deal with how the drugs just took control of your lives and the choices that you made as a result. Does that ring a bell? [*Several members nod their heads.*] I suspect that that is something that we will talk about a lot in this group—what you all lost and the poor choices you made, sometimes because you simply didn’t know you had a choice. Nakita [*seated next to Sherrell*], how about you? Can you tell us a little bit about yourself?

Nakita: Well, my name is Nakita, and I’m 25 and I don’t have no children, at least none that are living with me. I had a son, he’s about 10 now, I think. I got pregnant when I was 15 and my grandmother made me give the baby up. I was living with her, since my dad was in jail and my mom had died of AIDS. The man who got me pregnant, he raped me, but I never told my grandmother that. She thinks that I am no-good anyway. Fact is, he was my friend’s father, and he got both of us drunk and then he had his way with us. Make us do all sorts of filthy shit to each other and to him. That’s when I started using drugs and alcohol. I tried getting clean a couple of times, but it never lasts. I don’t do much drugs anymore, but I do like my beer and some occasional reefer. I really want to get my shit together, maybe even find out what happened to my baby, but it just seems so hard.

Laura: What a lot of hurt Nakita has described in her life. Being raped, having a baby, losing a mother, not having a father around. Escaping into drugs and alcohol makes sense. I think that’s a common theme for each of you, isn’t it? Using drugs to numb yourselves, to escape the pain. Monica [*seated on the other side of the room*], I noticed you were really listening intently to what Nakita was saying. What was going on for you while she was talking?

Monica: I was thinking about what happened to me when I was around the same age. Nobody ever messed with me, so I guess that’s good, but I remember when my daddy was shot and killed. I was about 16, and we was sitting out front on our steps when there was this drive-by shooting, and he got shot in the head. There was blood and guts all over me, and I was holding him and crying and screaming. My dad was selling drugs, so the police thought that it was related to that. Maybe it was. They didn’t really pay too much attention or try to solve the case. We was Black and poor, he was a drug dealer. So nobody much cared, except me and my brothers.

Laura: So, it sounds like even though the specifics are different for Nakita, Monica, and Sherrell, what was the same was the pain that comes from such terrible experiences. I suspect that this is true for all of you, isn’t it?

This session excerpt illustrates how the worker can use the disclosures of one member to point out the similarities among all members. It also reinforces the need for the worker to avoid doing casework in the group (Kurland & Salmon, 2005). Had Laura maintained a dialogue with any one member, she would have prevented members from seeing how they are connected by their common experiences. For students accustomed to and prepared by their education primarily for individual casework, the tendency to engage each member individually is quite likely.

This example also reveals another basic group work skill, the worker’s ability to monitor the group. For example, as Nakita introduced herself to the group, Laura was attending to what others’ reactions were to what they were hearing. Thus, she was able to draw Monica into the discussion, based on her observation that Monica seemed to be relating to what Nakita was saying. This skill is likely to be disconcerting to students, since it requires them to look to other members of the group, and not at the member who is talking. For example, the authors’ students have worried aloud that monitoring members’ reactions will be perceived as rude and disrespectful. In fact, it is essential to mutual aid.

In the example that follows, adapted from Gitterman (2004), another skill that is critical to promoting resilience and adversarial growth, reframing members’ experiences to highlight their underlying commonality, is nicely illustrated. This cognitive behavioral technique is not unique to



group work; however, students may need assistance appreciating its relevance for group work. The value of respecting members' sense of urgency also is apparent, as the worker, a student in his field practicum, abandoned the predetermined curriculum he had been using to let members talk honestly about their experiences. Promoting honest discussion among members is essential to promoting resilience and adversarial growth.

The social work intern, Bradley, led an educational group of at-risk, 17 24-year-old gay males under the supervision of his field instructor. Members were sexually active, practiced unsafe sex with acquaintances and anonymous partners, and were at high risk of HIV infection. The initial purpose of the group was to provide information about harm-reduction behaviors. Although members were aware of their risky behaviors, they were not particularly invested in changing them. However, all agreed to give the group a try. The group met weekly for 10 weeks and was composed of seven members (three white, two Latino, one African American, one Asian American). Most members lived independently but received full or partial financial support from their parents. Initially, members responded well to the prescribed curriculum. Subsequently, they began to lose interest in the intern's didactic presentations and withdrew from the group. Gitterman encouraged the student to pay greater attention to the group's mutual aid potential and to members' underlying pain. As the intern shifted from a didactic presentation and integrated its content with members' immediate concerns, the group instantly became a powerful force for resilience and growth, as the following exchange reveals.

Jack: I had a really rough day yesterday. I told my parents that I was not going back to school next semester and they became really upset. They think I am lost or something. My mother was crying and she never cries. It really upset them. I didn't expect it. They've been worried about me. They think my life is going nowhere. They told me that I am not the son they wanted me to be and that I had disappointed them. I know they think I am not going to finish school because I am gay. Ever since I came out to them 3 years ago, they think my life has gone downhill. They think I have all of these negative influences in my life and these made me decide not to return to school. I'm so pissed off at them, but it's hard because they have done so much for me. [*Members are silent.*]

Bradley (intern): I see some of you guys nodding your heads. You know exactly what Jack is talking about?  
Steve: Yeah, I feel the same way [*looking at Jack*]. I identify with you totally. I am so angry at my parents, but it is hard for me to be mad at them because they are doing so much for me. I can't help it though. Whenever I am at home there is all this tension and I know I am the cause of it. You know what I mean?

Bradley: What do you think the tension is about, Steve?

Steve: I don't know, I mean, I guess I am tense because they don't really accept me. Like sometimes when we are all at home and watching some TV, a show comes on and there is the token gay character. You know what I mean? [*members laugh*]

Steve: Well I always try to bring it up and talk about it. But they won't discuss it. They just won't. It's crazy. It's as if a wall comes up. Sometimes, I push a little, but then they get really tense. so I stop. It makes me mad. I mean as far as the gay thing. Like, OK, so I am gay, but it's not like it's the end of the world. You know what I mean?

Bradley: It really hurts not to have your parents accept who you are.

Steve: After I graduate, I am going to move into the city and be on my own and I won't have to deal with them.

Mike: My parents are great, they really are, but I am mad at them too. I treat them like shit. They have always been there for me, even when my lover died, and everything. I don't know why, but I am just a total bitch to them.

Bradley: Mike, any hunches what makes you so mad at them?

Mike: I don't know. I really don't. I can't help it.

Bradley: I am not sure, but on the one hand you are appreciative of the help your parents give you, but, on the other hand, you all feel different levels of acceptance about who you are, ranging from mild disappointment to total rejection.

John: My parents pay for my apartment, my tuition, my living expenses, but I am not allowed to talk about being gay. It's a nonsecret, secret!

Jack: Yeah. In order to afford school, I have to live with my parents and they are financially generous with me, but not in their acceptance of who I am—I always see the disappointment and hurt in their eyes [*silence*].

Bradley: You know most guys your age go through a rough time separating from their parents, but being gay makes it much tougher, much more confusing. We grow up having our parents' love us and then they find out we are gay and we become someone else. We are no longer the children they used to play with, protect, embrace. Their son is gay and for some, at least initially, they experience it as a terrible loss—a loss of their hopes and dreams. And we discover that some of their love is conditional. And then we too feel a powerful loss. What is like for you when your parents make you feel that you are not the son they had hoped for?

Mike: It's awful—the pain shoots throughout my body.

John [becoming teary-eyed]: Terrible doesn't describe it—especially with my mom. We used to be so close before I told her, and now she treats me as if I don't exist. [*Members are silent; Steve and Jack begin to cry.*]

Steve: It really hurts, you know what I mean?

John: I miss my mom so much. She used to play with me and love me. It's really strange. She always had gay friends, but when it came to me, she couldn't accept it. Things have never been the same [*wipes away tears*]. Does it ever get better?

Bradley: Yes, it does get better—we all find ways to heal. But what I worry most about is that you guys are acting out your pain in very self-destructive ways—like punishing yourselves through unsafe sex—like my parents don't care about me, so why should I care about myself.

Steve: You know right now I feel better than I have in a long time, I really do.

Jack and John [*simultaneously*]: Me too!

Jack: I am not alone with this pain.

Mike: I feel much clearer—I didn't hear any of your lectures on safe sex. Today I heard you that you cared about me—about us.

Bradley quickly recognized that the curriculum he was following was not responsive to the immediate needs of the group members. His willingness to switch gears and listen to what the members actually were saying resulted in members' opening up and talking freely and honestly about their fears, anger, and pain. Their feelings of being alone in their distress were lessened, which, in turn, promoted adaptive coping and growth by allowing them to see their sexual acting out in a new way.

A particularly useful skill for promoting resilience and growth is to directly ask members to reflect on the positive ways they have coped with adversity; this is based on the assumption, drawn from the solution-focused literature, that individuals have the resources and abilities to solve their own problems, an assumption clearly consistent with resilience theory. The group worker can ask about exceptions, about times when the problems members face were less severe, absent, or more manageable (deShazer, 1991; Fleming, 1998; Knight, 2009). This technique is not unique to group work; students may already be familiar with its use with individual clients. They are likely to need help understanding how it can be applied to group work without engaging individual members in casework.

In the following example, the worker, Matt, used this technique to reach for members' experiences with successful coping. Readers will note his persistence, as members initially focused only on their current and past problems. However, ultimately, the members were able, reluctantly in some cases, to refocus on their strengths, which benefited all. The setting was a shelter for homeless



veterans. The group was for residents who struggle with post-traumatic stress disorder (PTSD); most also have problems with substance abuse. Typically, 10 to 12 members were in attendance. In this particular session, the discussion was focused on members' continuing challenges with managing their symptoms of PTSD and their substance abuse as well as their anger at the government for sending them to a war in which they no longer believed.

Samuel: I keep flashing back to that explosion, to the body parts, the blood ... I try to block it out, but it just keeps coming back.

Jamal: Yeah, man. I hear you, I got this one image of this little boy, just standing by the side of the road. There one minute, gone the next ... an IED [improvised explosive device] blew him to bits.

Jonathan: They [referring to the government and the military leaders] got us into this shit, and then left us to fend for ourselves. How are we supposed to just forget about the f—ed-up stuff they made us do? And they expect us to just go on with our lives? Like none of this shit happened? No wonder I got hooked on H. [*silence, some members are teary-eyed.*]

Matt (worker): You guys went through some rough shit. Unimaginable stuff that no one should have to experience. Yet, here you are. You are feeling damaged and angry, but you survived the war. You even have moments when the flashbacks and images aren't there, aren't so overwhelming. How do you guys manage that? [*Silence, members look at one another.*]

Matt: I realize this is a different way of thinking about things, but I really want you to think about it... there are moments when the war is in the past, really in the past where it belongs. How have you made that happen for yourselves? [*silence*]

Howard: It's hard to think like that. It's like I am still in Iraq most of the time.

Matt: I know, but you—all of you—*do* have moments when you are free of the past, of the war and its horrors.

Andrew: I hear what you are saying. So, there are times when I start to see things—bad things—and then I turn on my music and drown it all out.

Matt: Ah ... music! Music works for Andrew ... how about for others of you? Is it music or something else that gets you out of the war and back to the present?

Samuel: It's so hard, man, to shut it off. But there are times, when I look at my little boy's photo and think of him and his momma, and it takes some of the pain away. The explosion ain't so clear.

Matt: Great, Samuel. So now we have two things that you guys have identified that help you to cope, that lessen the pain. Would these things work for any of the rest of you? Or are there other things, others ways you deal with the pain?

Jamal: I never thought about this, man, but it makes sense. I like my rap music—puts me in a good mood, you know?

Matt did not dismiss members' struggles; the focus of many previous sessions was entirely on their reactions to the war. Matt realized, however, that he needed to assist members in recognizing their strengths that, ironically, they themselves failed to see. This is not unique (Gitterman, 2004; Gilligan, 2004). Clients typically are so consumed with their problems, they are unable to identify coping mechanisms they actually are using, if only occasionally.

The challenge to the group worker is to assist members in identifying these strengths, building on them, and using them more intentionally in the future (Saleebey, 1996). Using the skill of asking about exceptions in group work is especially beneficial. Individual members are able to see they do have ways of dealing with the hardships they struggle with, and others learn from one another, trying out different strategies that have worked for others.

## Implications for social work education

Resilience and adversarial growth have solid empirical foundations as well as strong theoretical rationales. The major tenets of the mutual-aid model of group work practice are consistent with and support both of these concepts, and an ever expanding body of research reinforces this relationship. As students come to understand the benefits of mutual aid, their ability to engage in group work practice in a way that promotes resilience and adversarial growth is inevitably enhanced.

As noted at the beginning of this article, despite the emphasis in the social work curriculum on empowerment and promoting client strengths, the realities of contemporary social work and the complexity of client problems can make practicing from this perspective difficult. Students are particularly likely to focus on clients' deficits, even as they appreciate, in the abstract, the importance of a strengths orientation (Gray, 2011; Kane et al., 2009; Rice & Girvin, 2010). Students typically are introduced to the twin notions of resilience and adversarial growth in the human behavior in the social environment sequence (Greene et al., 2003). Yet, it is in the practice curriculum that students must learn how to identify and build on resilience.

This may be especially challenging, as students are likely to experience a more deficit-focused orientation in their field practicum (Gilligan, 2004; McMurray et al., 2008). To counter this tendency, assignments in the practice sequence should require students to assess factors that promote resilience in their clients as well as how they use these resources to enhance client change and growth. For example, a culminating assignment in Carolyn Knight's practice class requires students to critique their intervention efforts with one of their cases. A key element of this assignment is a strengths-based assessment of the client, including risk and protective factors. In their critique, students must examine their efforts to capitalize on protective factors and identify ways they promoted adversarial growth.

As discussed earlier, group work provides a natural means to exploit clients' strengths and maximize their resilience and growth. The mutual aid that derives from being with others in the same boat is central to understanding why this modality exemplifies a strengths-based approach to practice; it simply cannot be replicated in individual casework. Unfortunately, there is a documented and consistent decline in the coverage of group work in the social work field and classroom curricula (Simon & Kilbane, 2014; Sweifach & Heft-LaPorte, 2008). Consequently, students are likely to be unfamiliar with group work processes and core skills, even when this modality receives coverage in the curriculum (Sweifach, 2014; Sweifach & Heft-LaPorte, 2013). This is because of the fact that classroom and field educators often lack training in and experience with the modality (Dennison, 2005; Garrett, 2005).

Most fundamentally, students must be taught to distinguish casework from group work (Kurland & Salmon, 2005). Students accustomed to working with clients in individual casework have a tendency to interact with individual members as if there were no one else in the room (Bitel, 2014; Kinght, 2014). It is critical for them to recognize that mutual aid has the potential to foster resilience and adversarial growth but only when they encourage members to interact with and assist one another. The core concepts and case material presented in this article can serve as the foundation for the classroom content on group work.

Students must understand that consistent with resilience theory and adversarial growth, insight, support, and reassurance need not come from professionals (Sousa & Rodrigues, 2012). Strengths do *not* stem solely from the actions of professionals or the activities of services... . Social workers [must] restrain the urge for intervention, and to temper any assumption that change begins with anything *they* may do. It is hard to eradicate notions of rescue and omnipotence." (Gilligan, 2004, p. 98)

This may be somewhat of a hard sell for students, accustomed as they are to casework (Dennison, 2005). Their inclination toward individual casework is reinforced by educators who remain unfamiliar with and not properly trained in group work and its inherent advantages for promoting resilience (Clements, 2008; Heft-LaPorte & Sweifach, 2011).

Efforts to enhance students' understanding of the relationship between mutual aid and group work and resilience and adversarial growth in the classroom must be accompanied by focusing greater attention on the field practicum. As the "signature pedagogy" of the social work curriculum (Wayne, Bogo, & Raskin, 2010, p. 327), field education has a critical role to play in solidifying students' understanding of and engagement in social work practice. Research suggests that the field instructor serves as an instrumental role model for his or her students (Bogo, 2005; Giddings & Vodde, 2003; Knight, 2002). This suggests that one's ability to practice from a resilience perspective and foster mutual aid in group work is essential to students being able to foster hardiness in their own group work practice.

As discussed previously, however, research suggests that it is likely these individuals are pulled toward a deficit orientation and have minimal experience with groups. Schools and programs of social work can address these problems by offering training in the form of continuing education workshops to field instructors based on the considerations raised in this article. In a study conducted by Goodman, Knight, and Khuododov (2014), for example, field instructors were acquainted with the core concepts and skills of group work practice. Results of the study indicated that their understanding of the modality was enhanced, and this was associated with greater opportunities for students to engage in and understand it.

In sum, classroom and field educators have a significant role to play in ensuring that students are able to put into practice what they have learned about resilience in the classroom. Given the natural role that group work can play in fostering hardiness, educators must acquaint themselves with its central tenets so they can convey these to students. As students understand how to foster mutual aid, they also are coming to understand how to promote resilience among members.

## Notes on contributors

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