Scenario 3: Non-profit Agency for Developmentally Delayed Adults
You have had your first meeting with interested family members of your developmentally disabled clients. There seems to be a core group of 15 who will be active participants. Others have said they will help out with any actions the group decides to undertake. At your suggestion, a chairperson, a vice chair, and a secretary were selected. Those in attendance agreed that they needed to meet several more times to work out a strategy to protest the budget cuts and to generate community support for their cause. You agree to attend these meetings as a consultant and facilitator. Three more meetings are scheduled over the next month. Other meetings may be required. The final budget hearing is in seven weeks.

You are concerned about the impact on the group of one individual, Sylvia, whose daughter is a client of your program. Sylvia was outspoken throughout the entire first meeting, suggesting one strategy after another and minimizing the ideas of others. She frequently stated that her “successful marketing career” made her an “expert” in dealing with “people in power”. You sensed that some individuals were intimidated by Sylvia, while others were exasperated and turned off. Sylvia volunteered to be chair. However, another individual, with much more time available, ultimately took on this responsibility. Sylvia made it clear that she feels an obligation to attend all meetings, since, unlike others in the group, she “has had experience with this kind of thing before”.

Scenario 4: Non-profit Agency for People with AIDS
It is the sixth week of your support group for caregivers who lost their loved one to AIDS. During the last three sessions, you have noticed that Jack, whose sibling died from AIDS, has been demanding more and more of the group’s attention. He engages in lengthy descriptions and discussions of his feelings about and reactions to his brother’s death, and rarely lets others speak. When others are talking, he frequently interrupts and turns the focus back on himself. You have also noticed that other members appear to be getting uncomfortable and out of patience with Jack, although no one has said anything to him directly. Jack seems unaware of other members’ reactions. So far, you have tried subtle ways of managing this dynamic: reminding everyone that no one interrupts when someone is talking; helping other members to speak up in group; and limiting
Jack’s disclosures. These interventions have not made any difference. In fact, you sense that the group’s resentment is getting stronger.

**Scenario 5: Short-term Admissions Inpatient Psychiatric Facility**

In your group meeting on the unit, you have 12 people in attendance. The group meets for 90 minutes. Most are in for an acute depressive episode and almost all have a dual diagnosis. At this meeting, patients range in age from 22 to 48, and there are eight men and four women. Two individuals are new to this group, having just come on the ward. The others have attended this group together for the last three sessions. Three other patients were just discharged. Discussion is focused on “getting out” and some members’ fears about staying clean (several other patients in the group minimize or deny a problem with substance abuse).

Alex, 32, spends a good bit of time in this session ridiculing other members, particularly Adam, 48. Alex is very high-functioning and had a psychotic episode, during which he ran in front of a car, as a result of cocaine and alcohol intoxication. This is his first admission. Adam has had a number of prior admissions, all as a result of suicidal ideation; he is withdrawn and speaks hesitantly and slowly, with a slight lisp. Members’ response to Alex’s actions has been laughter and joking.

**Discussion Questions:**
- What roles are Jack, Sylvia, Alex, and Adam playing in these groups?
- Why do these roles exist in these groups?
- If you were the worker, how would you handle these situations?