Discussion Board 1: Therapeutic Factors and Interpersonal Learning

My Question: *How can facilitators encourage and instill hope in the group therapy process while also encouraging corrective emotional experiences through the self-reflective loop?*

Reply 1:

As I read the assigned chapters, the concept of interpersonal learning piqued my interest. Yalom and Leszcz elaborate on the works of Harry Stack Sullivan. They quote him as saying, "One achieves mental health to the extent that one becomes aware of one's interpersonal relationships. Psychiatric cure is the expanding of the self to such final effect that the patient as known to himself is much the same person as the patient behaving to others" (p. 25). When clients do not achieve mental health in group therapy, is it a matter of an inability to empathize, be witness to their behavior, a lack of development, or another interpersonal skill? If any of these are the case, how does contrivance weigh on the success of the client?

I read your question a few times to fully soak in the complexity of your question; as Dr. Daniels mentioned, it reminds me of the concept of the Johari window. As mentioned in the text, group therapy provides a reflection of the individual's needs, attachment, and personality through others' perspectives creating a depth that is not easily found in individual therapy (Yalom & Leszcz, 2020). If the group has provided reflection of an individual's barriers to mental wellness and growth, has the person developed a blind spot that is reducing their ability to achieve mental stability? If the group has not provided such feedback, then perhaps this is an unknown area that is well-hidden. What you are proposing seems to be a deficit in the individual's ability to be their true self in the group process. Gans (2011) reflects on the concept of unwitting self-disclosures, which are aspects of the personality that are often protected by the ego. These are considered to create significant reverberations across interpersonal relationship which can be deeply felt within the group dynamic. If the group is not well established or provided a stable foundation to reflect these reverberations, it is possible that the person would not have received the feedback necessary to move further towards mental wellness. These types of dynamics within a group setting are why it is so important for group facilitators to be aware of these relationship undercurrents and be willing to bring them to the group's attention if others are unable to do so. I believe this is similar to your reflection on the weight of contriviance in individual success; however, the further question remains if the strengths of the therapist are enough to facilitate long-lasting change across group members. I'd be more inclined to say that it is the group dynamic as a whole, as a fluid, evolving unit, is the system which provides the reflection for change in each individual member.

References

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Yalom, I., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Hachette Book Group.

Reply 2: *In installing hope within a group setting, what does the research say vs. your option on how closed groups vs. open groups install hope in each other as peers?*

There are general differences between open and closed groups which would naturally facilitate the instillation of hope; for instance, an open group with a variety of needs, circumstances, and levels of stability will likely have a member that is further in the healing process than a new member. In a closed group, there are some natural barriers such as the beginning phase of group when relationships are still being built and authenticity is low across members. The Self Help Inspired Forward Thinking (SHIFT) recovery community (2020) discuss the importance of hope in their own group as a way to create connection and reduce feelings of isolation in a closed-group setting. Although group members were in the group the same length of time there was a sense of hope instilled as each member connected through experiences or emotional reflections on concepts. This group is unique in that there is no leader to encourage hopeful reflections if a group is feeling stuck. Drawing out members to share their story or reflections of experience can naturally foster a sense of cohesion that can encourage the development of hope. As Yalom and Leszcz (2020) discuss in the test, the group facilitator has the initial role to encourage connection and trust in the group process, fostering a general sense of hope for change. As either a closed or open group progresses, there will be individuals at varying points in the healing or change process, with unique life experiences and perspectives, providing examples of how therapy and their application of skills outside of group have fostered healing.

References

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Discussion Board 2: Group Cohesiveness & Integration of Factors

My Question: *After reviewing the chapters, how do your own therapeutic techniques and personality align with fostering cohesion in group therapy? What are strengths and areas for growth as you moved forward with group practice?*

Reply 1: *Group Cohesiveness is the group member's attractiveness level to the group. Yalom & Leszcz (2020) explain that it is not comfort or love in the group. How does group cohesiveness impact a group member's mental health? State how it may hinder or benefit the individual's daily functioning.*

Group cohesion naturally lends itself to improved outcomes for members participating in group, with greater improvements for groups who meet for longer periods of time (Chapman & Kivlighan, 2019). As mentioned by Yalom and Leszcz (2020), cohesion facilitates greater self-reflection as members become more comfortable at evaluating their inner selves while interacting with other group members. In the short term, there may be individual challenges due to increased insight fostering a sense of despair or frustration at the past self. However, as members continue to participate in the group and gain additional self-awareness, there should be generally improved outcomes in daily functioning.

Chapman and Kivlighan (2019) discuss the importance of entering and addressing the storming and norming phases to foster improved outcomes, suggesting that outcomes will naturally improve as members participate in therapy. As members of the group interact, direct interpersonal feedback is provided to allow each member to reflect on their impact on others and how the person is engaging in self-destructive patterns. The feedback provided in group is unique from most individual therapy as it can be delivered a very direct manner. As Yalom (2006) mentions in his video, these types of horizontal interactions provide more internal awareness for each member. Just as with individual psychotherapy, increased awareness of motivations, functioning deficits, or approaches in interpersonal relationships, in combination with support and empathy, can lead to more positive mental health outcomes.

References

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Reply 2: *Other than the Group Questionnaire and the Group Climate Questionnaire, are there other measures that can be used to identify group cohesion? For those that have ran group therapy, how were you able to ensure group cohesion in your therapeutic practice?*

The study by Treadwell and colleagues (2001) determined that the Group Cohesion Scale - Revised (GCS-R) was reliable and valid for the use in research of interactive groups in the classroom. I was determined that this can be used to assess state cohesion, allowing for the use of this measure to monitor cohesion at various points in the group process. In comparison, the Group Climate Questionnaire (GCQ) was identified to have some challenges measuring avoidance and was less consistent at measuring between-group differences (Johnson et al., 2006). As with any measure, there are pros and cons for utilizing cohesion measures in a group setting.

It has been quite some time since I have facilitated group, and when I was working group I was really unqualified to do so. As I read the Yalom and Leszcz (2020) text, I have reflected on how my personality could aide or hinder group cohesion. There are times I still shy away from conflict, which would likely impact cathartic healing (Johnson et al., 2006). However, my empathic listening would likely be beneficial as I worked to link individual reactions and experiences within the group environment (Yalom & Leszcz, 2020). Ultimately I know that I still have lots to learn for group therapy, and I plan to request observations or involvement in groups at my group private practice.

References

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Discussion Board 3: The Group Counselor

My Question: *What group topics are dynamics do you expect will be most challenging for you as a group facilitator, and how will this impact on your ability to maintain the here-and-now process of group? Consider concepts such as transference, personal disclosure, and conflict management tendencies.*

Reply 1: *Chapter six of Yalom & L Leszcz discusses the struggle between content versus process and the additional complexities of group work (Yalom & Leszcz, 2020). How might content, metacommunications, and process illuminate the two tiers of the here and now?*

The two tiers of here and now processing naturally build depth within a group relationship as members move from sharing general information about their challenges and more about their experiences with one another in the group. Metacommunication can be particularly triggering within a group, as each member brings their own history and personality to the group dynamic. Within the first tier, content, metacommunication adds depth to the personal story through different patterns of speech and body language. Within the second tier, processing, metacommunication can help shift the power from the group facilitator to a more equalized dynamic across group members (Yalom & Leszcz, 2020).

Content is typically more normal in the beginning stages of group as members are getting to know one another and are focused on problem-solving techniques for each member. Groups can become stuck in this place due to previously reinforced metacommunication that members are there to solve one another's problems. If counselors are unable to shift the perspective to a process model of group, then the group will become frustrated and stuck, feeling generally unproductive and attendance will likely decline (Yalom & Leszcz, 2020).

The therapist's use of metacommunication to push the group towards a more evaluative approach towards each other will provide additional opportunities for interpersonal awareness and understanding (Mahon & Leszcz, 2017). Providing an opportunity for members to reflect on their interactions and encourage feedback between members provides additional metacommunication regarding the role of the group to reflect on the why of an individual's problem (Yalom & Leszcz, 2020).

References

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Reply 2: *Yalom & Leszcz (2020) wrote that the group members' expectations, as well as the therapist's behavior, help to shape or form the norms of the group. As a therapist, do you see yourself as the technical expert or as the model-setting participant? Please explain. In your opinion, which role do you feel is the most effective?*

As I was reading chapter five, I naturally felt drawn to the leader as a model-setting participant, as I typically approach therapeutic interactions from a humanistic perspective. As the text mentions, individuals are influenced by the behavior of others through modeling and observation, so a therapist demonstrating compassion, kindness, and empathy during group will naturally influence the group to do the same (Yalom & Leszcz, 2020). I believe this also naturally translates into some self-disclosure in the group environment when a therapist is confused or feeling emotional energy from interactions between clients, naturally encouraging the group to also move towards processing over content during the group hour.

On the other hand, using a technical expert role may provide more initial stability than a model-setting participant role in the early stages of group as the norms are being established, as there is more structure and guidance provided (Yalom & Leszcz, 2020). Therapeutic techniques can be used to shape early group culture to encourage or dissuade interactions based on the role of the group; however, this should be used cautiously in order to not disrupt the general formation of the group.

In general, I think that the model-setting participant role provides the most autonomy and agency within the group setting, which is supported in the research by Coleman and Neimeyer (2015). Their article discussed the group facilitator's natural role as expert or leader in the group, stressing the importance of the therapist stepping back towards a participant role in the group. I believe there may still be times where the therapist needs to utilize an expert role, but that this should be done cautiously and with great thought on the impact the intervention will have on the larger group.

References

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Discussion Board 4: Member Selection & Group Structure

My Question: *For those that have facilitated group therapy, what case(s) are memorable that have promoted personal growth in group selection and managing homogeneity across group members? How has this affected your selection process for future group endeavors?*

Reply 1: *While reading the* Anticipating Common Group Problems *section on page 361, four problems were identified. In reference to high turnover, the section mentions client turnover, however, what impact would it have on the group dynamics if there was high turnover as it relates to the group leader? Is there any research on this topic and the impact it may have on the group especially if the group members are mandated to remain in the group?*

I really enjoyed your question; having worked in community health for almost 9 years I saw a lot of clinician turnover affecting treatment stability and outcomes. My only experience with group treatment was at an inpatient clinic for 15 day crisis stabilization treatment or up to 10 day medical detox. I think there was less impact when clinical staff left a role because of the short length of stay.

I had some difficulty finding articles discussing group facilitator turnover, which I found pretty interesting. I believe that this type of turnover would significantly disrupt an established group, particularly if the therapist left abruptly.

Werbert et al. (2014) identified therapist-initiated termination is under-recorded in the literature, although their focus included the therapist ending services but remaining in a counselor role. These authors identified unstable counseling organizations as linked to higher dropout and turnover rates, something I have personally experienced in community mental health settings. Although this article does not specifically address your question, I think it provides some insight into the impact of organizational stress on clinical outcomes.

The article with more connection to your question was written in 1988 and has only been cited in one other article. I found this a bit alarming, because I think this has significant clinical impact, although I am aware that I could be missing a term to improve search results. Chiang and Beck (1988) discuss the impact of therapist turnover on particpant attachment, citing preparation for termination as critically important for current therapy and future therapeutic engagement. The authors also cite transparency and processing as important if the therapist is preparing for a vacation or leaving their position (Chian & Beck, 1988).

I think therapist turnover could be particularly impactful for group members who are mandated to a group, because they do not have much choice at finding a different group. However, if the group has built a sense of trust and stability, then the group-as-a-whole will likely manage losing a therapist in a more healthy way than an unstable group.

References

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Reply 2: *Yalom & Leszcz (2020) discusses the idea/concept of predicting group members behavior in group setting. Do you agree or disagree with the concept of predicting, to some degree of accuracy, groups members future behavior in group settings? Please provide research that supports your viewpoint.*

I was particularly intrigued by your question, as my immediate reaction was related to clinician assumptions about client behavior, which can be founded in bias or unfamiliarity with client needs. This reflects my personal lens towards counseling that I am very cautious to make assumptions or judgements, even when I have a strong therapeutic relationship with the individual.

That being said, Yalom and Lesczc (2020) identify a few measures to assess participant readiness and appropriateness for the group experience. Using specific measures such as a diagnostic interview, personality inventory, or neurological assessment can help identify if a particpant is appropriate for group.

Yalom and Lesczc (2020) also identify the importance of assessing a potential participant's relationship with others and prioritizing this over general diagnostic information. This is supported in Chapman et al. (2012), and reinforced in Uckelstam et al. (2019) who discusses prediction of individual therapy outcomes.

Chapman et al. (2012) identifies that therapists are not always good predictors of therapy outcomes and often misjudge client's experiences, finding a similar result in group psychotherapy. The article discusses multiple measures to improve prediction prior to group psychotherapy, ultimately finding that therapists tend to predict better outcomes and incorrectly predict deterioration and incompatibility with group therapy.

These results are important to consider, as it highlights are own fallacies as counselors, serving as a reminder that we must be mindful of our own biases towards client outcomes. As mentioned by Yalom and Lesczc (2020), there is great importance in assessment of client needs, while remembering that our prediction as therapists are not always accurate.

References

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Yalom, I., & Leszcz, M. (2020). T*he theory and practice of group psychotherapy* (6th ed.). Basic Books.

Discussion Board 5: Beginning and Advanced Stages of Group

My Question: *Take the conflict assessment here: https://www.unf.edu/deanofstudents/resolution/conflict-management-styles-assessment.html How do you think your conflict management style will affect your approach to conflict in group therapy?*

Reply 1*: How would you respond to a client who experiences great emotional difficulties (shutting down, isolating/retreating, crying inconsolably) surrounding an upcoming 12-week group termination session?*

I was intrigued by your question because I think this is something that could be common due to attachment styles or personality components. Shapiro and Ginzberg (2002) discuss identifying a termination ritual that is personalized to the individual's needs, combining this with an exploration of relationship patterns present within the group. The facilitator should be mindful at addressing unconscious experiences in the termination process and providing time for each member to share their feelings about the group ending. Hammond and Marmarosh (2011) identified anxious attachment as more likely to become emotional during termination, and avoidant attachment as more likely to disengage from the termination process. Juul et al. (2020) discuss personality components that could make an individual more likely to become overwhelmed and stuck in dysfunctional thinking patterns related to abandonment and loss.

In your question, I think Hammond and Marmarosh's (2011) article would support a difference between a full group termination vs an individual termination from the group. In this sense, individuals with insecure attachment styles are experience the loss with the group instead of feeling more isolated. The group termination should be handled as a loss for the group, with a focus on the growth process experienced during sessions and expected changes for the future. The authors readdress the importance of recognizing individual differences in the termination process, encouraging facilitators to be mindful of the person's "working model of self and others" (Hammond & Marmarosh, 2011, p. 617).

These articles further highlight the importance of knowing the members of the group and adequately preparing for termination in advance. I remember one of my courses discussing planning for termination during the intake, further stressing the importance of appropriate preparation.

References

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Reply 2: *Reading some of the statistics on dropout rates in Chapter 10, particularly that "… 40 to 60 percent within three months" (Yalom & Leszcz, 2020, p. 401) drop out of the group and that those that are in long-term group sessions have a higher likelihood of dropping out, makes me wonder about skill enhancements for group counselors. Taking into consideration what we have read about in this week's readings, can you identify any resources or continued education trainings that are available for counselors to enhance their group counseling skills, minimize dropouts, and/or increase interpersonal learning?*

The Center for Group Studies (n.d.) provides online and in-person workshops for a variety of professions for leading groups, including creative art therapists, physicians, marriage and family therapists, psychologists, and social workers. There are other sites that also provide training for group therapy, and as Ray pointed out courses like this one that could further develop group skills.

I focused more of my research on inconsistent engagement and dropout and the impact on group members. Yalom and Leszcz (2020) frequently discuss the preparation of a group counselor in managing various scenarios through training and practice. Paquin and Kivlighan (2016) discuss early inconsistencies in engagement as a precursor for early dropout, and high levels of anger and social inhibition as predictors of multiple members dropping out. The authors also identify emotional vulnerability as a predictor of a member not attending the following session. As a result, the authors discuss the importance of the facilitator's preparation for these types of events. Paquin et al. (2011) also describe low group cohesion as a predictor for inconsistencies in group attendence, which is also discussed in the Yalom and Leszcz (2020) text.

All of these research and training has encouraged reflection of my group facilitator experience and the lack of training I had when I started running groups. I was working in an inpatient facility for medical detox and crisis stabilization, and I had very little training in group or the needs of individuals with addiction or in mental health crisis. Although I was under supervision and had received on-the-job training, I also know that I did not have enough training to be running these types of groups. I hope that I can change this type of experience for emerging counselors who are entering the mental health field.

References

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Discussion Board 5: Group Procedures & Online Formats

My Question: *Yalom and Leszcz (2020) discuss the concept of co-therapy in a group format. How does the reading reflect your own experience as a co-facilitator during your 512 group? Provide additional research to discuss your experience.*

Reply 1: *In chapter fourteen, Yalom and Leszcz discuss the challenges and opportunities (p. 575) of video teleconference group psychotherapy. In particular, what are some ways to build better group cohesion in online groups?*

Building cohesion in online groups provide a unique challenge due to the natural disconnection of video sessions. Not being in the same physical space as another individual naturally creates a sense of division, further supporting the importance of cohesion development in online therapy settings. Because online group therapy is relatively new, there has been limited research completed on cohesion development (Weinberg, 2020). But I think some of the same principles can be applied within an online group format as an in-person group.

Developing goals and rules for the group during the first session helps build a sense of connection, and utilizing an ice breaker can encourage individuals to get to know each other more (Yalom & Leszcz, 2020). The concept of presence is difficulty to achieve due to the possibility of distractions and limited non-verbals that can be observed through telehealth (Weinberg, 2020). I wonder if younger generations will adapt more easily to computer-based therapy due to their exposure to computer technology throughout their childhood. For instance, Ramzan et al. (2022) discussed themes of comfort, convenience and accessibility for teens receiving online group therapy for borderline personality disorder. There were also identified concerns with a loss of interpersonal connection, limited privacy, and challenges with termination (Ramzan et al., 2022).

Ultimately, I think the screening and orientation processes are essential for group teletherapy, with additional focus on cohesion development and preparation for termination to reduce distress and encourage positive outcomes in group teletherapy.

References

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Yalom, I., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.

Reply 2: *The readings had a lot of vital information. However, being a little psychodynamic, one thing that stood out to me was related to dream work in group. How can dreamwork help a group build cohesiveness and how is it different from dream analysis in individual therapy? Also, reflect on a dream you might have had or create one that would be a good example of a dream to share in a group.*

I was intrigued by your question, as I have been interested in researching more about dream work in counseling. Sharing of dreams is similar to narrative work in group, as it can encourage emotional expression, exploring dynamics in relationships, and processing past experiences (Tangolo, 2015). Dreamwork cannot be associated with the logical mind and should be considered more symbolic representation of concepts, encouraging reflection on internal parts working together to improve understanding and develop solutions to problems (Tangolo, 2015).

Daniels and McGuire (1998) and Ellis (2016) discuss working through traumatic nightmares through groupwork, by using the dream as providing additional information that can help the therapeutic process. Within group, members can verbally share their nightmare and use the support of the group to process and make meaning of the experience. Ellis (2016) specifically identifies the rescripting process as particularly effective as the member can redefine the ending of a distressing dream.

One dream that comes to mind is a recent one I had about my dynamic with my mother. There has been some hurt and some support in this relationship that I have been working through for some time. In my dream I set a significant boundary that resulted in a large family conflict. Although I have made some connections in my own time regarding this dream, I also think that discussing it with others would help make additional connections related to fears and hopes in the relationship.

References

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Discussion Board 6: Specialized Groups and Group Supervision

My Question: *Combining two concepts from the reading, how would you manage an online format for group supervision for residency students? Consider concepts from previous chapters such as the initial assessment of member appropriateness, conflict management, developing cohesion, and the here-and-now focus. Incorporate additional research to support your approach.*

Reply 1: *In Chapter 16, Yalom & Leszcz (2020) write about training the group therapist. Describe best practices for clinical supervision, and why these particular practices are important for the therapist in training.*

I completed my supervision course this summer, so I was particularly drawn to your question. I spent some time reflecting on different models of supervision, particularly the developmental and process models, and how these could be applied to training group counselors. The developmental approach to supervision recognizes that counselors in training (CIT) are at different stages of experience and must be evaluated and taught based on developmental level (Ogden & Sias, 2010). A strength-based approach to this perspective encourages personal growth and application of training to new situations and cases, reducing the risk of burnout (Lonn & Haiyasoso, 2016). CITs are at higher risk of burnout due to their self-awareness creating higher levels of internal stress, including symptoms of imposter syndrome. Within the group perspective, CITs likely feel more threatened because of the dynamic of the group setting (Yalom & Leszcz, 2020). The process approach to supervision encourages reflection on the involvement of the CIT in the group, to explore emotional experiences, boundaries, and relationship with group members (Lonn & Haiyasoso, 2016).

Encouraging self-reflection and boundaries is essential to managing burnout and fostering growth within the CIT. Learning how to facilitate group is important for emerging counselors, as it is a very effective form of mental health treatment. The supervisory group can create parallel processes for each member to reflect on personal experiences and potential areas of growth, highlighting areas of need including countertransference, boundary challenges, and appropriate use of body langauge in group (Yalom & Leszcz, 2020). These types of experiences and immediate reflection using the group supervision model encourages greater development of skills than individual supervision models.

References

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