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Introduction to Group Psychotherapy

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Group psychotherapy is widely practised with *different* populations, in *different* settings, using *different* approaches based on *different* theories of the mind, with *different* degrees of success. The accent here is on *differences*. How is a clinician new to this modality to make sense of this diversity and formulate a personal approach to leading a group? One's group leadership supervision, course work, and conferences, are indispensible for professional development. But what has been lacking is a current, ready-reference that briefs the leader on forming, beginning, and sustaining the treatment in ways that address the therapeutic needs and developmental status of the patients. By ready-reference I mean one that is accessible to the reader who does not want to get bogged down in jargon and a "one-size-fits-all" approach. I believe that our authors – representing the best in the field – have composed a reader-friendly text that "speaks" directly to the needs of current group therapists who want to refresh their leadership approach, to those of individual therapists who wish to expand their practices to include group treatment, and to the concerns of graduate students in mental health and allied fields wishing to learn this modality. Accordingly, an experienced or would-be group leader can turn to just about any chapter and pick up words of wisdom that will come in handy as a group is being put together or is trying to stay on track.

The chapters herein can guide the new practitioner of a group through the phases of selecting members, treatment planning, beginning the group, and developing carefully crafted strategies, reaching treatment goals.

This Handbook presents a variety of theoretical models, conducted in a variety of settings, within diverse cultures – with patients presenting many types of problems and personalities – and using technical approaches relevant to all these factors. My hope is that exposure to many models of thinking and working will help each new group leader find a voice and develop personalized, but informed operating assumptions.

The publication of this Handbook comes at the right time. The context within which groups are conducted has changed from what it was 20 years ago, when the last edition appeared. Today, a greater percentage of groups are taking place in agency, hospitals, schools and other community settings than before when so many groups were held in private offices and were primarily an adjunct to individual treatment. Significantly, groups today are not only geared to those suffering from mental illness, but are also geared towards others finding themselves in stressful circumstances. Group has spread to other nations, and is no longer a Western cultural phenomenon. Groups are used to respond to trauma, ranging from terror attacks to natural disasters. Group strategies are now based on a variety of theories, some of which have come to fruition in the last 20 years, and have arisen in response to emergent cohorts who did not respond to more traditional approaches. New challenges call for newer responses.

There is also a shift in the political and economic climate. There is less money for training. Managed care and the need for evidenced-based treatment modalities put additional strain on the clinician. Now, more than ever, the group therapist needs to be able to state what she does, and why she does it, and at the same time be competitive in the market place for the shrinking available dollars. Group does offer help here in that what we do is cost-effective and can be described in terms that objective observers can understand. Improving interpersonal communication skills, stress reduction, overcoming the effects of trauma, providing peer support, strengthening couple ties, and addressing mood instability can be clearly depicted. Group treatment still complements individual counseling and can enhance its impact, yet even alone, can treat the psychologically impaired or stressed.

What is the Role of Group in a Treatment Plan?

- Group is a platform through which the therapist and the individual can assess deficits in emotional functioning.
- Group experiences can promote insight into what establishes and continues dysfunctional behavior in interpersonal situations, such as family life, intimate relations, work and friendships.
- Group is an arena for patients to experiment with new behavior that could lead to improved relationships.
- Group is a place to get feedback from peers as to how one's behavior is experienced by others.
- Group is a setting in which distorted perceptions of others can be identified and revised.
- Group enables the patient and therapist to agree on what the barriers are to more satisfying relationships.
- Group interaction provides behavioral samples for measuring the extent to which treatment is progressing, and for making mid-course corrections in the clinical strategy.

Of course these are the potential benefits of group. Unfortunately, too many group patients drop-out before realizing them. My experience as a teacher, supervisor,

group leader (and as a group patient!) tells me that we need to be more thoughtful in selecting patients, constructing the group, preparing each potential participant, overcoming barriers, and consolidating gains. While the Handbook is organized by topic, I have created an outline that correlates therapist required knowledge, attitudes and skills with specific sections. Thus, the text can be read in a linear fashion, or by identified need.

The group leader needs to have the relevant clinical skills, knowledge of theory, knowledge of group dynamics, a self-reflective capacity to track and incorporate ongoing emotional responses, and a commitment to continuous professional development.

I am reminded of what Ornstein (1987) said about the four phases of learning to work as an individual therapist. Adapting his formulation to group training, one learns how to feel as a group therapist; how to behave and talk as a group therapist; how to think as a group therapist; and, how to listen as a group therapist.

Leading a group *feels* different from working as an individual therapist. The novice experiences himself as more exposed, more strongly influenced by the collective needs of his patients, more confused by what is going on and as a cumulative result of these variables, less certain as to how to proceed. These stressors often place roadblocks in the way of training.

Behaving and talking as a group therapist one is directed to the goals of establishing and maintaining an effective working alliance with each patient and the group-as-a-whole. These alliances make the work of therapy possible. Without sufficient safety and tension regulation members can become closed to reflection, and change, and the group could breakdown.

Thinking as a group therapist is based on a set of assumptions as to what would lead to positive change. Specifically, the leader needs to be concerned with what contributes to the development of each patient within the group and what could strengthen the therapeutic climate of the group-as-a-whole. Thinking about groups requires a theoretical base from which clinical strategies can be launched. Theories must explain both individual and group dynamics, and the effects of their interaction. Insights about human behavior, what makes people mentally ill and what makes them better can be drawn from a number of theories. The leader, herself, has the task of integrating these viewpoints until she develops her own therapeutic stance.

If you are like most group therapists, you started out as someone who worked with individuals. In contrast to many professionals, I think leading a group requires skills that are different from one-to-one work. The challenge of a group therapist is to simultaneously track and respond to the individual's responses, the dyadic relationships as well as the group-as-a-whole dynamics. Since all three domains affect one another, the therapist does indeed act like a conductor – bringing to the fore one or two elements, and focusing the group on a particular part of the process. Which one to spotlight depends very much on where the affect is, where the conflict is or where the action is as a major a common theme is played out. To make the right choice of focus at the right time requires a quick decision within the therapeutic moment – where the biggest gains in understanding and therapeutic change may be found.

The multidimensional arena of group can best be understood through the application of theory drawn from the literature of the various components of the group process – individual, dyadic, group, organizational and cultural dynamics. Adding to

the challenge is the likelihood that the therapist will have different, albeit sometimes complementary, reactions to her experience with the different constituencies. The task of the leader, then, is to be able to select what is the figure and what is the ground, and to understand and respond, according to the therapeutic needs at a particular time. Factoring in the role of one's own emotional reactions in the perception of what is taking place is essential for empathizing with the members and to be objective in the choice of interventions.

From my experience as a clinician, first, and then as a supervisor and trainer, I think it is helpful to break down the job of the group therapist in ways that help her assess what she needs to strengthen her performance. The leader should be able to apply clinical skills, to assess prospective group members, to select who is appropriate for a given group. They must have the ability to develop a treatment plan for each member, compose the group so that the patients can form a therapeutic climate, begin the group, and implement strategies for achieving the goals established for each participant. This array of skills is informed by knowledge of three kinds of theories: personality, developmental (curative), and group dynamics. Integrating and applying these theories to a specific group of patients, with specific needs, in a particular setting is necessary in the design of a treatment strategy. Self-awareness enables the group leader to use her feelings to gain insight into what the members experience and to identify when one's own issues get in the way of the clinical work. Knowing how one learns, and can learn, to be an effective leader forms a roadmap to leadership development.

This role and task analysis in Table 1.1, serves as the basis for a functional index as an alternative access point to the sections herein. Specifically, this reference list can bring the reader into contact with authors who speak specifically to the skills and knowledge expected of a group leader. In other words, using this functional index enables the learner to create a personalized menu of sections to meet her training needs. (In presenting this table I do not imply that other sections may not be relevant to a particular task or role. Rather, I am pointing to primary resources, but encourage the reader to explore other sections as well in their personal search.)

What my group of authors has sought to accomplish in this Handbook is to address these competencies and underlying rationales – each from their own experience and insights. Their rich backgrounds have enabled them to apply what they know to a variety of settings, including those based in other countries and with many different populations (children, adolescents, couples and adults) and desired outcomes (including relief from trauma and or psychiatric symptoms). In addition, several authors comment on the development of the group psychotherapist and the field of psychotherapy as the reader develops her own professional persona as a group psychotherapist.

The more traditional way of organizing a book such as this is through broad topical sections: Building a Frame: Theoretical Models, Groups for Adults, Groups for Children, Diversity and personal perspectives on one's development as a group leader. Our Contents table does that. This linear format builds a knowledge and skill base for the leader planning to launch or maintain a group. It is also a way to structure a course on group treatment that differentiates among patient populations and expected treatment outcomes. Moreover, the sections offer a diversity of opinions on how one should operate the group, allowing the leader to pick and choose what would likely

Table 1.1 Knowledge and skills required of group therapists and sectional references in handbook.

I. Clinical Skills (CS)
    a. Evaluating prospective group members: Sections 2 and 3.
    b. Developing a treatment plan: Sections 2 and 3.
    c. Designing treatment strategies: Sections 1, 2 and 3.
    d. Deciding optimal group composition: Sections 1, 2, 3, and 4.
    e. Preparing patients for group: Building working alliances: Sections 1, 2 and 3.
    f. Preparing group for new members: Strengthening cohesion and empathic attunement: Sections 1, 2, and 3.
    g. Monitoring tension levels of individual patients and of group-as-a-whole: Sections 1, 2, and 3.
    h. Managing tension to maintain optimal levels so work can proceed:
        1. Responding to empathic failures: Sections 1 and 2.
        2. Building listening and expressive capacities: Sections 1, 2, and 3.
    i. Identifying and responding to resistance (individual and group-as-a-whole): Sections 1, 2, 3, and 4.
    j. Identifying, clarifying and working through transference distortions: Sections 1 and 2.
    k. Helping patients with the working-through process that translates what has been gained in group to outside settings: Sections 2 and 3.
    l. Planning and managing termination: Sections 2 and 3.

II. Knowledge of Multiple Theories (KT)
    a. Personality development and derailments: Sections 1, 2, and 3.
    b. Group, family, organizational, and cultural dynamics: Sections 3 and 4.
    c. Psychological disorders: Sections 2, 3, 4, and 5.
    d. Restoration of mental health: all Sections.

III. Self-Reflective Capacity (SR)
    a. Knowledge of one's own emotional responses to ongoing group events: Sections 2 and 5.
    b. Tracking one's empathic capacity and its accuracy from moment to moment: Sections 1, 2, and 5.
    c. Monitoring one's own anxiety levels and potentially counterproductive activities: Sections 1 and 2.
    d. Awareness of what one does not know about the treatment group: Section 5.
    e. Ability to be both in the group and be able to look from above at process at the same time: Sections 1 and 5.

IV. Consultation Skills (CS)
    a. Ability to consult with referring individual therapist prior to start of conjoint treatment: Sections 2 and 3.
    b. Ability to give feedback to referring individual therapist and correlate treatment in individual and group modalities: Sections 2 and 3.

V. Capacity to Develop as a Group Leader (SDL)
    a. Ability to present accurately the process of treatment group: Section 5.
    b. Ability to articulate needed focus of supervision: Section 3 and 5.
    c. Openness in supervision to ideas of supervisor and peers: Sections 3 and 5.
    d. Ability to try recommended approaches to group treatment: Sections 3 and 5.
    e. Ability to examine possible links between dynamics of supervisory group and dynamics of treatment group: Section 5.
    f. Ability to track what one has learned in supervision and update goals for learning: Sections 3 and 5.
    g. Knowledge of when to seek personal treatment when blocks to learning are identified: Sections 4 and 5.

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work for her. A marketplace of ideas can advance the development of the leader as she crafts her own therapeutic style.

As group leaders develop they need to be aware of how the world will look in the next decade or longer. After all, what happens in the greater global society will influence what therapists do, the nature and availability of group treatment, and training and supervisory resources made available to those leading groups.

Group therapy today is practised in agencies, schools, hospitals, and in private practices. Its leaders are drawn from the mental health professions, who differ widely in training and experience. While the American Group Psychotherapy Association Registry certifies group therapists based on an evaluation of courses taken, supervision received, and professional continuing education completed, there is no specialized license required to be a group therapist.

While much of the early development of the group modality arose in medical settings, major contributions were made in the human relations area as psychologists studied group dynamics in laboratories. These two streams of group data came together as military veterans returned to civilian life suffering from battle fatigue and the psychological effects of their wounds.

Many of the breakthroughs in technique and theory were made by psychoanalysts trying to apply psychodynamic theory to treatment in a group setting. It soon became clear to many, that group was not just a more cost-efficient way to handle large numbers of patients, but that the group setting, itself, added to the therapeutic factors seen in individual treatment. In recent years, with the rise of client-centered, cognitive and behavioral modalities, group treatment is conducted with different understandings of mental illness and curative influences.

Today, group techniques are applied to a variety of populations presenting with different needs: patients suffering from mental illness continue to be a primary target of this form of treatment, but today, we see group applied to survivors of natural disasters and man-made trauma as well. In the aftermath of 9/11 and the Gulf Coast hurricanes, group was a major way to reach out to people who experienced acute levels of stress. Modifications of existing group strategies had to be made to serve the needs of this emerging population.

The outlook for group is in many ways going to be influenced by political forces: how much will government and private insurance companies pay for group treatment versus individual work and or medicine. The field needs to assemble research evidence that will make the case for group as a proven contributor to recovery. Limited funds to support that research and the complexity of designing studies that will be considered valid and reliable remain as huge challenges.

It is also likely that the availability of electronic means of communication will bring about distance group experiences, ranging from training and supervision, to treatment. The popularity of social media makes a wider appearance of internet-based groups a probability.

Another trend line points to the preparation of more and more allied professionals on group techniques, and their deployment to fill the gaps within the licensed and highly-trained mental health labor force. This expectation will likely come true in countries outside of the United States, in which there are so few psychologists, psychiatrists and social workers, and in other cultures where the majority of existing healers are drawn from the religious sects and not from the professional community.

How to select and develop allied professional and paraprofessional group leaders remains an unanswered question. Cultural diversity, then, will also require greater attention as group therapy reaches new populations with different belief systems.

Finally, the field of group psychotherapy will probably place more emphasis on integrating theories and techniques and tearing down the silo-like organization, in which disciples of one approach disdain or discount the contributions of their counterparts from other schools of thought. Bridges between institutes, disciplines, and disciples will need to be built for this integration to happen. The role of conferences, journals, long-distance Skype-type communications, and textbooks will also need to adapt to this global context.

Just like the group process, the dynamics of change within the field are influenced by outside forces. The group leader must be alert to them to stay current and relevant.

A personal note: in creating this Handbook, I turned to many of my colleagues I met through the American Group Psychotherapy Association (AGPA). Their appreciation of the group modality and their dedication to the development of group therapists are reflected in each chapter. They have enriched this experience for me: working on a common goal, in sync with one another, but yet free to be themselves, open to feedback and valuing dialogues have illustrated what good could come from an effective working group!

Reference

Ornstein, P. H. (1987). Selected problems in learning how to analyze. *International Journal of Psychoanalysis*, *48*, 448–461.