APSY-GE 2620: Group Dynamics Theory and Practice

CHAPTER 1: The Therapeutic Factors

Group Therapy offers ways to approach controversial problems of psychotherapy, constitutes rational bias of tactics, and strategies, maximizing its potency with different clients and strategies, tests variability of effectiveness of counselors. Deliberate practice, self reflection, feedback, and use of empathetic attuned relationships add to success.

Instillation of Hope:
- Deepens clients engagement of group work.
- Positive outcome is more likely when the client and therapist have similar expectations.
- Expectations are above imagination-- have psychological effects (increase clients beliefs and confidence.
- Pregroup Orientation: reinforce positive expectations, correct negative precautions, and present a lucid explanation of groups healing properties.
- Individuals who are at different points along a coping-collapse continuum.
- Do not call attention to the improvement of others. However, if a group member leaves notes of areas of improvement this can be noted to the group.
- Therapists must believe in themselves and the efficiency of the group.
- Self- Help groups like Compassionate Friends (bereaved parents), Bipolar support Anonymous place emphasis on instillation of hope.
- Twelve- step recovery do this by talking about strength and hope over and over again through their stories to instill hope and remind themselves of progress. --run by members NOT therapists.
- Inspiration provided to participants by peers is key. - reduce medical outcomes, reduce healthcare costs, promote self efficacy and make interventions more impactful.

Universality:
- Heightened sense of uniqueness amongst clients and may limit possibility of deep intimacy.
- Hearing members talk about experiences/feelings similar to help members feel a sense of alliance.
- "Feeling human abong humans is the beginning of recovery and central feature of healing context that therapists aim to create"
- Common secrets exposed- feeling of incompetence, interpersonal alienation (cannot care for another person, sexual secrets. Self of sense worth and ability to relate it to others.
- Some groups incorporate difference groups: gender, sexual orientation, and cultural composition-- therapists need to pay more attention to universality.

Existential Factors
- Meaningful engagement with life's challenges
- Consists of:
  - Recognizing that life is at times unfair and unjust
  - Recognizing that ultimately there is no escape from some of life's pain or from death
  - Recognizing that no matter how close I get to other people, I must still face life alone
  - Facing the basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities
  - Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others
- Existential therapeutic approach with emphasis of our mortality, our freedom.responsibility for constructing our own life design, the isolation we experience from being thrust alone in existence, and search for life meaning despite being born into a universe without intrinsic meaning.
- Consistently ranked among the upper 50% in other studies and higher depending on the population (e.g. prison, hospitals, alcohol treatment groups)
- Life events that increase our sensibilities include denial and ultimate breakthrough of therapeutic opportunity.
- Mindfulness provides power to change and hope that one's actions will be successful.
- Boundary Experience: An Event that brings us sharply to reality and helps us prioritize concerns in proper perspective. (Ex: Cancer Diagnosis)
  - Can effectively transport one into the mindfulness state of being
  - Group leaders can introduce this concept in various ways – e.g. the end of therapy can be used to consider other terminations, including death; "shock therapy" (ask pts to compose their own epitaphs or draw their lifeline and mark how close to death)
  - Example of group of terminally ill pts – members of this group who confronted their fate openly and resolutely passed into a richer mode of existence
- In group therapy, a sound trusting relationship between therapist and patients and among the patients themselves is a necessary condition – it enhances trust, risk taking, self disclosure, feedback, constructive conflict.

Comparative Value of the Therapeutic Factors: Differences between patients and Therapists Views
- Leaders and clients differ in evaluations of therapeutic factors:
  - Behavioral Oriented therapists put more weight on client modeling and behavioral experimentation
  - Members- put more weight on self responsibility, understanding, and universality.

- ***The Standard Diagnostic Interview:*** interviewer explores reasons for seeking therapy as well as environmental stresses, personal history, cultural factors, physical health, mental health. Should offer exploratory formulation to create treatment plan.Overall, the standard intake interview has been shown to have little value in predicting subsequent client in-group behavior.
- ***The Interpersonal Intake Interview:*** better focus on clients relationship- Exploration of clients interpersonal and group experiences based on early relationships, long-term friendships, degree of intimacy experiences. Notes taken on how relationships form, start. Attention to personas ability to deal with here and now.
- ***The Clients Prior Group Therapy History:*** Careful look into experiences in former groups, questions of early disclosure, readiness, and potential recurring challenges. Can offer training groups for new group therapy participants. Interactions within a group are the best determinants of success.
- ***Specialized Diagnostic Procedures***:self report questionnaires to capture attachment, interpersonal and coping styles.
- ***Attachment Style: styles:*** Recognizing style of attachment to be (1) secure; (2) insecure-anxious; (3) insecure-detached, or dismissive and avoidant; and (4) insecure-fearful. Can be done by looking at history and experience of relations and self-report questionnaires. Secure attachment does well in groups. All will engage with groups differently.
- ***Interpersonal and Personality Inventories***: Often uses Inventory of Interpersonal Problems (IIP) The client's responses are placed onto a schematic circumplex of interpersonal relations that portrays the client's tendencies to relate along two key intersecting interpersonal dimensions: control, ranging from domineering to nonassertive/submissive, and affiliation, ranging from warm and overly nurturant to cold

The more the intake procedure resembles the here-and-now focus of the group situation, the more accurate the interviewer's prediction of a client's behavior becomes

Homogeneity or Heterogeneity?
- **Heterogeneous grouping** is when a diverse group of people are put in the same group. . This method of heterogeneous grouping allows group members to learn from each others' differences and actively interact with diverse individuals while at the same time sharing their unique abilities and interests.
- **Homogeneous grouping** people who function at similar academic, social, and emotional levels, being placed in the same group. Homogeneous grouping helps clients stay on stage and focus on similar problems.

Summary of Group Composition

- **Therapeutic implications/Management:** Lead should state solitude and show that they share feelings of hopelessness about the situation. They can side step any expression or verbal responses of optimism, encouragement or advice-- the goal is not to form sympathetic or nurturing relationships with this client. Therapists can offer Agreement with the content of the client's pessimism. They must maintain the detached effect and refrain from expressing frustration or resentment. They should work to help them see their responses impact other group members.

The Acutely Psychotic Client
- **Traits:** Client manifesting psychotic behaviors in group, problematic for the progress of group.
- **Therapeutic implications/Management:** Severely impaired clients typically counsel together, timing is the most relevant factor. Mature groups are more likely to be tolerant of crises. Therapists should encourage establishing norms early. They should also avoid one-on-one stance while group in session. Hypomanic clients may require immediate medical attention. Bipolar clients are best treated with psychopharmacological intervention.

Schizoid
- **Traits:** This person is emotionally blocked and has a deficit in key emotional capacities in recognition and reflection. They feel isolated/distant and believe their emotional experience differs greatly from others. They may convey this emotional isolation to others in some way
- **Therapeutic implications/Management:** Therapists should approach this with a series of small, consistent steps toward new internalized experience of relationships. They should focus on here and now and work through this with the client.

The Characterologically Difficult Client
Problems with sense of self, interpersonal engagement, and regulation of affect

Borderline
- **Traits:** Show signs of high stress and instability. They often fear abandonment and retain instability in interpersonal relationships, self-image, impulse control. Sometimes they may have suicidal behaviors or thoughts. They can be angry, lack control, or show symptoms of paranoia.
- **Therapeutic implications/Management/Management:** careful consideration of placement is needed, integration of individual therapy at 1:2 ratio is recommended, may require longer therapy. They should be in a combination of group and individual therapy. Help with separation anxiety.

Narcissistic
- **Traits: Often** This person may show a need for admiration. They may lack empathy and have a sensitive self-esteem. They may show signs of entitlement. They may reject factors of cohesiveness and universality.

IPT- Interpersonal Therapy
- In the same way that CBT views psychological dysfunction as a problem of information processing and behavioral reinforcement, IPT views psychological dysfunction as a problem rooted in one's interpersonal relationships.
- IPT-G emphasizes the importance of interpersonal skills and offers strategies to dealing with interpersonal problems (recognizes therapeutic opportunities group members can provide to one another in addressing dysfunctions-- social isolation, modeling, de-stigmatization, supporting treatment compliance/engagement).
- Used in treatment for depression, social phobias, postpartum depression and psychological trauma.
- Group IPT includes positive supportive, transparent, collaborative client therapists' relationships.
- Consists of one-two individual meetings that strengthen therapeutic alliance: Each client's interpersonal difficulties are identified beforehand in intensive evaluation of relationship patterns. Categorized by grief or loss, interpersonal dispute, role transition or interpersonal dispute.
- Self-reports and questionnaires are often used to address areas of distress.
- Followed by 8-20 meetings of 90-minute sessions of group.
- Some offer individual evaluations after group or booster group sessions.
- Starts with introduction, orientation phase, working phase, and final consolidation.
- Written group summaries may be sent to each group member before session.
- Difference between IPT and IPT-G -- goals are more limited, emphasizes both here-and-now and socio microcosm.
- Modifications are in place to reduce tensions and disagreements.

Self-Help Groups and Online Support Groups
- Exists for every condition/life challenge and prominent for mental health or substance abuse disorders.
- Provides members with mutual aid and support. Which includes a sense of belonging, information sharing, and development of coping strategies.
- May help members advocate for change (example: Mothers Against Drunk Driving- MADD).
- Evaluation of outcome is difficult because often members are anonymous, and records are unreliable.
- Members value the group highly and report improved coping and well-being, greater knowledge of their condition, and reduced use of other health-care services.
- SHG relies on the quality of peer leadership and importance of group cohesion.
- altruism, cohesiveness, universality, imitative behavior, instillation of hope, and catharsis. But there is one important exception: the therapeutic factor of interpersonal learning plays a far less important role in the self-help group than in the therapy group.
- They are open and accessible and offer support to a wide range of people.