SAPEN
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Essential Elements of Effective Therapy Groups

Steven Sawyer, MSSW, LICSW
ATSA Fellow
Private Practice
White Bear Lake, MN
steve@sawyersolutions.org

Agenda

- Why this topic
- Brief history of group therapy and relevant research in general therapy and sexual offender specific treatment and background concepts
- Essential elements of effective groups
- Clinical case examples and group illustrations
- Summary, questions and closure

CE goals

Upon completion of this educational activity, learners should be better able to:

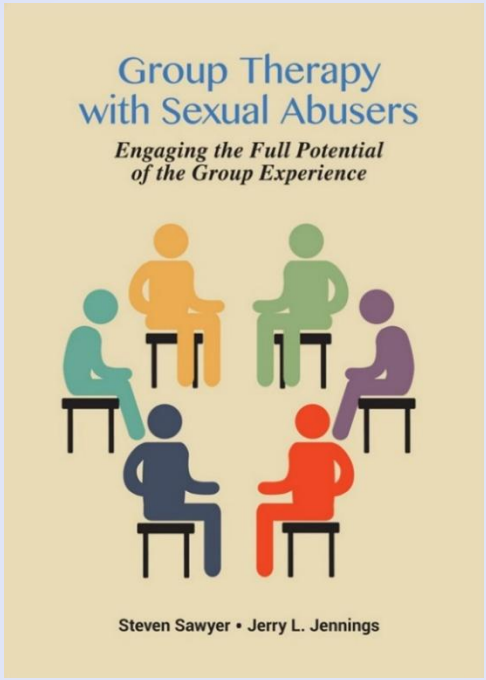
* Create and facilitate effective therapy groups

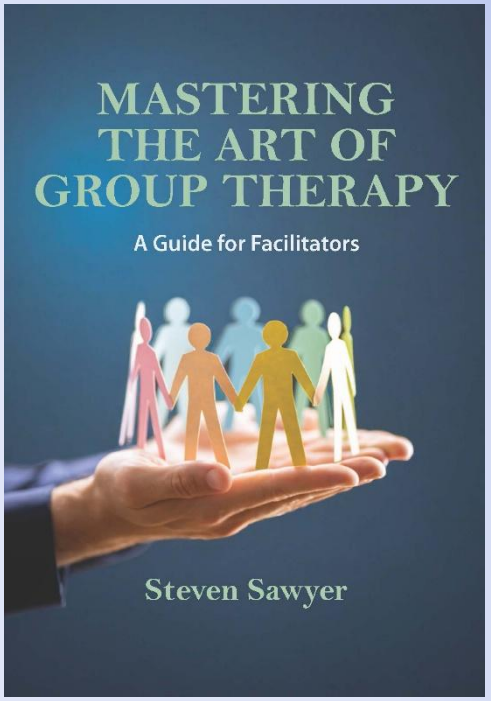
*Assess group functioning and develop effective interventions in groups.

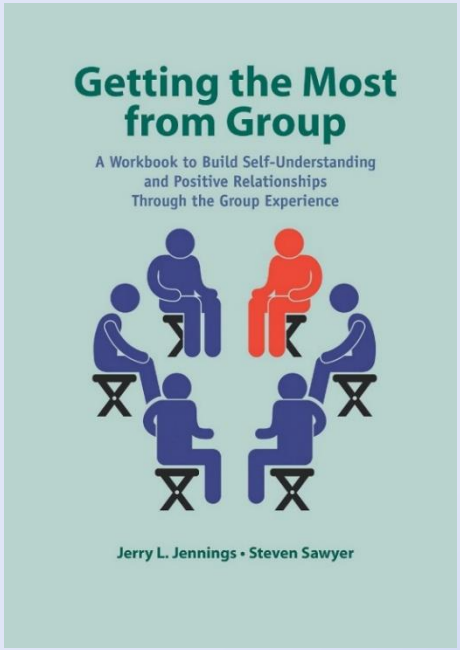
*Apply specific techniques to facilitate therapeutic factors during group therapy.

*Apply new knowledge that changes how groups are facilitated.

Financial disclosure







Application of the material

- All offense types in mixed offense groups, institution or community based, primarily men, but some application to women and adolescents
- May not fully address the full range of all offenders in all settings
- Some differences in personality, mental health, comorbid disorders means some clients will do better in a group, depending on the group composition and some will be a distraction or disruptive.
- Open-ended/rolling or closed
- Issues are generally more likely to be about personality features than offense behaviors

Assumptions

- Composition is considered (though never ideal)
- There may at times be a need to facilitate differently based on composition
- Adult focus though some concepts apply to adolescent groups
- Therapy/process group *not* psycho-ed
- Culture issues are considered
- Responsivity issues addressed
- Trauma and attachment issues are addressed (SAMHSA 3E's: event, experience, effect and 4R's: realize, recognize, respond, resist re-traumatization)

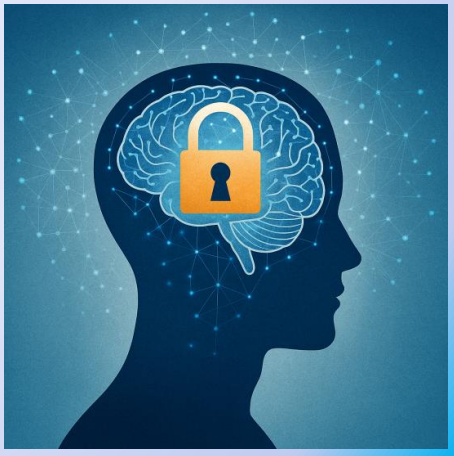
Story of *Bliss* and darkness of this work

"When we deny the EVIL within ourselves, we dehumanize ourselves, and we deprive ourselves not only of our own destiny but of any possibility of dealing with the EVIL of others."

J. Robert Oppenheimer

"(As I traveled the world reporting the news) I learned that there
is more that binds than divides us."

Rehema Ells, retired international reporter for NBC news



Introductions…

Carina Nebula – James Webb Telescope

The experience of Awe…

Research linked the experience of "awe" to more life satisfaction, increased humility, better mood, dampened feelings of materialism, and greater skepticism toward weak arguments.

AWE, Dacher Keltner, 2023

This training is about ideas that help to create *awesome* experiences in groups

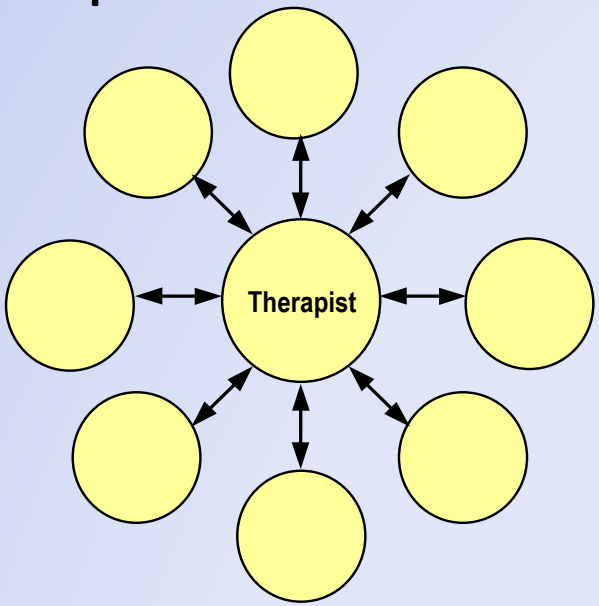
"This group is like an organism, it can change and adapt, but it is not the same when someone leaves."

outpatient tx client

"We survive better in groups than as individuals."

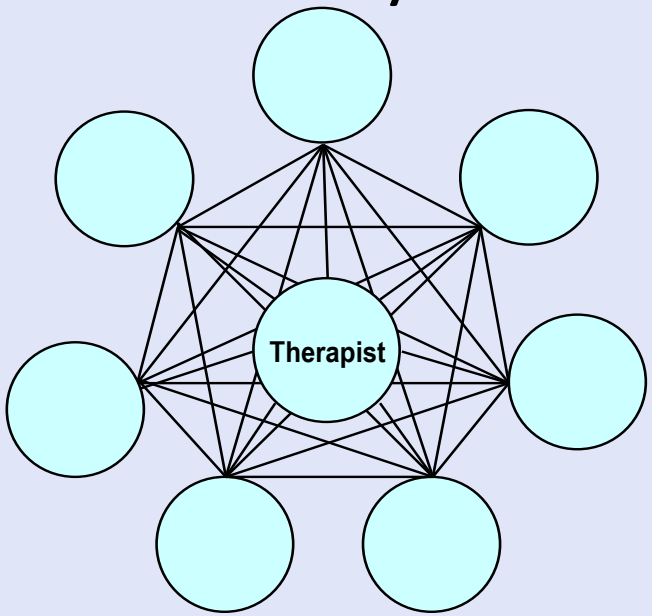
Anonymous

Spokes…no!



Spokes of the wheel

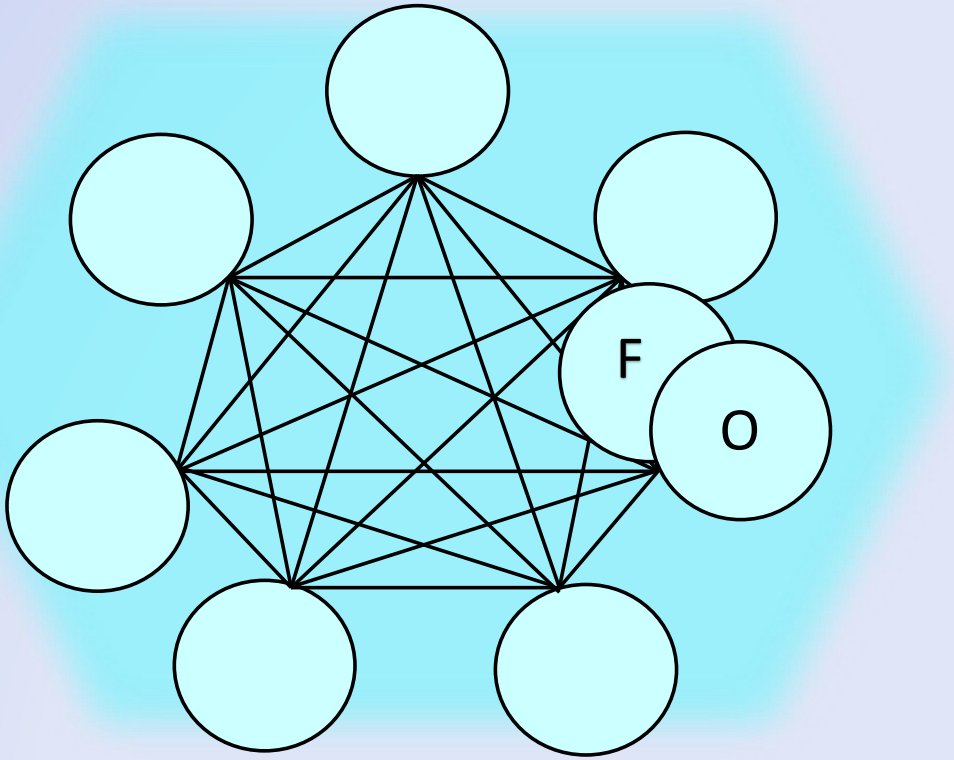
Wheel…yes?



Group-Focused, therapist in the middle

(Jennings & Sawyer 2003)

The full potential of the group…



“WWGS”—“…what would group say…”

“There is a way out.”

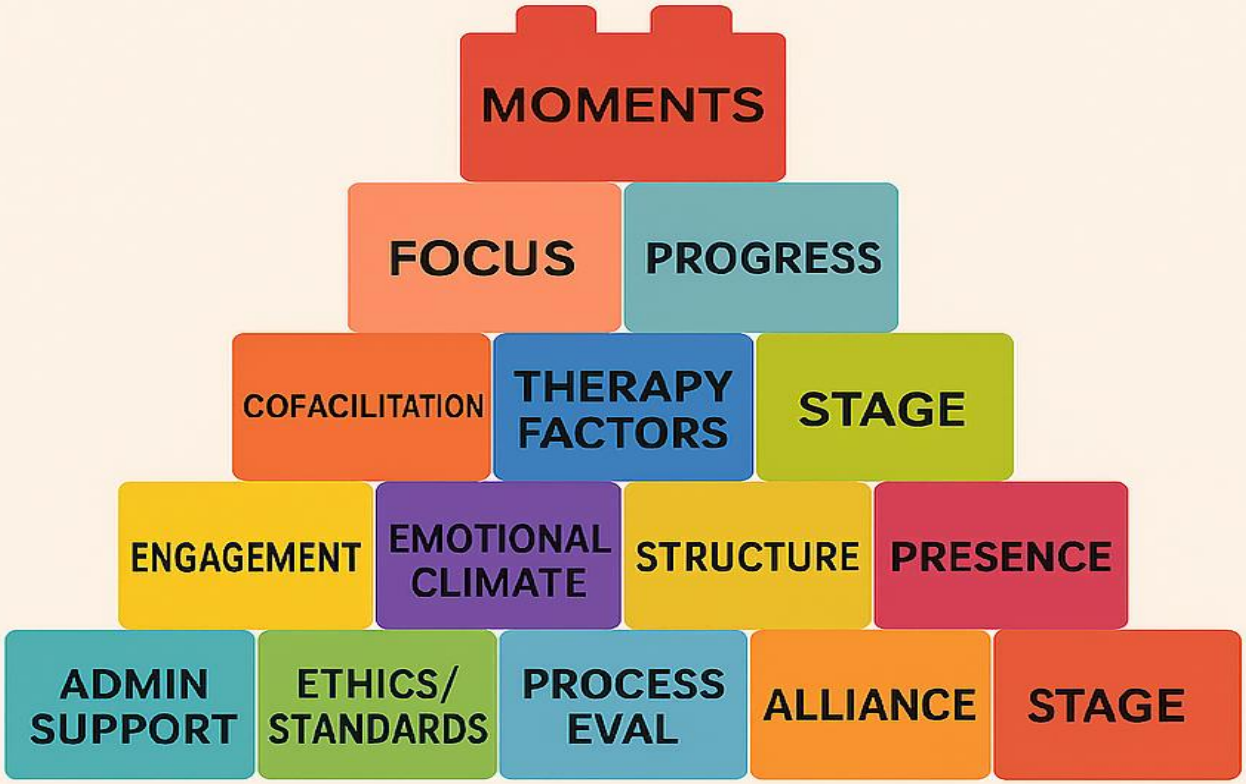
Client in an institutional group

Seven core concepts of group facilitation

1. Start on time
2. Close the door
3. Agree that everyone stays until group is finished
4. Include everyone and get all members to participate (with each other)
5. Facilitate interaction and agreement on why they are there (to do the work they came to do)
6. Say hello to new members and goodbye to everyone who leaves the group
7. End on time

(Hawkins and Sawyer, 2001)

Essential Elements



1) Admin Support

- Group structure, schedule, staffing is clearly defined and planned
- Supervision of *group* process
- Cofacilitation supervision

2) Ethics

- **American Group Psychotherapy Association (AGPA)**
  - Clinical practice guidelines for group psychotherapy
- **International Association for Group Psychotherapy**
- **Association for Specialists in Group Work**
  - ASGW Best Practices Guidelines

Forensic Social Work Alliance

APA Division 49

ATSA

AGPA **Ethics in Group Therapy**

- Ethics in Group Therapy – AGPA

Professional Standards

- *…maintain the integrity of the practice of group psychotherapy.*
- *…maintain competence in the practice of group psychotherapy through formal educational activities and informal learning experiences.*
- *…responsibility to contribute to the ongoing development of the body of knowledge*
- *…accept the obligation to attempt to inform and alert other group psychotherapists who are violating ethical principles or to bring those violations to the attention of appropriate professional authorities.*

Association for Specialists in Group Work

67883f8782ba261061a35725_ASGW-Guiding-Principles-May-2021.pdf

Div 49 Group Specialty Council

3) Presence

- Be present in the room – physically, emotionally, state of mind
- Eye contact, (+) (-) verbal and non-verbal communication
- Our internal experience – countertransference
- Alliance
  - Member to member
  - Member to group
  - Member to facilitator
  - Group to facilitator

Research Findings – Alliance Aldredge, et al, 2021

"…Bordin (1979) suggested that the pantheoretical, working alliance is a combination of three main components:

(a) an agreement between the therapist and patient on the goals of change,

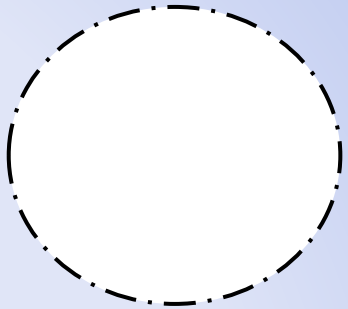
(b) the collaboration and assignment of tasks to be completed to work toward these goals, and

(c) the development of bonds within the therapeutic relationship.

4) Group Process Measures

- Group Environment Scale (GES)
  GES 90 items, client and facilitator, subscales
- Group Climate Questionnaire (GCQ)
  GCQ – 10 items 3 subscales
- Therapeutic Factors Inventory (TFI)
  TFI – 8 items, therapeutic factors
- Group Psychotherapy Intervention Rating Scale (GPIRS)
  GPIRS - facilitator rating system
- Group Observation

Group Observation



Date:_____ Start/end time:_____
Leader:_____Co-leader: _____
Members present: 1)_____ 2)_____
3)_____ 4)_____ 5)_____
6)_____ 7)_____ 8)_____
Members absent: 1)_____ 2)_____
Overall tone of the group:_____
Group Themes: 1)_____ 2)_____
Group processes: _____
Development stage: _____
Individual content: 1)_____ 2)_____
3)_____ 4)_____
5)_____ 6)_____
7)_____ 8)_____

Overall team functioning/issues: _____
Recommendations_____

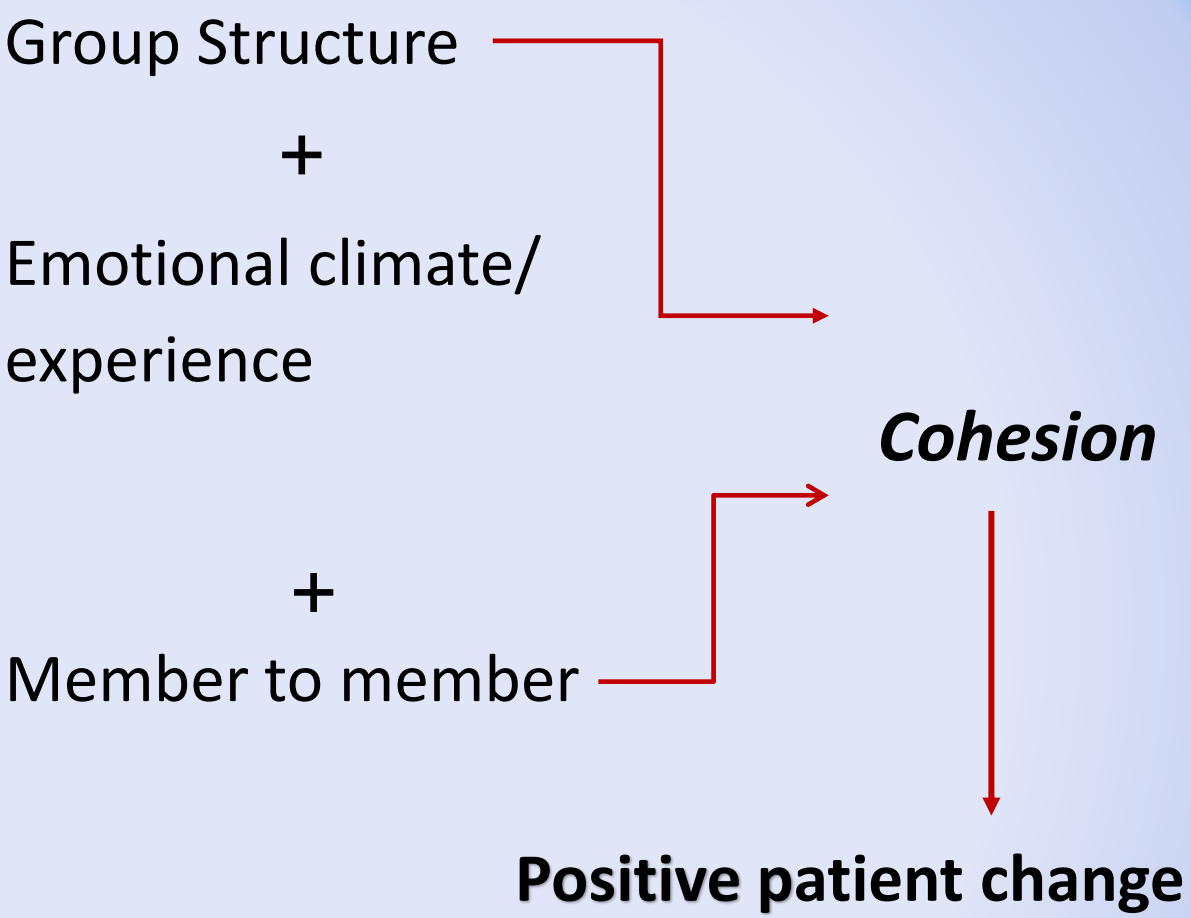
"The hardest part of change is going through the unknown."

Robert Kiyosaki

"Anthropologists have long told us that, as a species neither particularly strong nor fast, humans survived because of our unique ability to create and cooperate."

Dirk Philipson

5) Research - Empirically Investigated/ Supported Elements of Group Therapy



Practice note: When cohesion occurs in a group all members benefit and make progress within the cohesive environment

General Group Therapy Research Range of Dx, types, theory, and settings

- Dx (e.g., Mood disorders, panic, phobia, eating disorders, personality disorders, schizophrenia, criminal behavior, sexual offending)
- Settings (e.g., outpatient, inpatient, private practice, medical, correctional institutions) (20/111 studies in 2018 meta analysis)
- Study type (e.g., RCT, uncontrolled, comparative)
- Group type (e.g., Cognitive behavioral group therapy, Psycho-ed groups)
- Degree of structure (highly structured to client driven)
- Theory orientation (e.g. analytic, CBT, Interpersonal, behavioral, psychodynamic)
- Sample size ranging from 12-678
- Dosage (# of sessions), group size, and follow up

Research Findings

- Burlingame et al (2018) concluded that
  - ***(1) groups that intentionally emphasize cohesion as a therapeutic strategy are more effective than ones that neglect or ignore it,*** and
  - ***(2) groups that emphasize greater interaction among group members are more effective than groups that focus on solving problems.***
- *Practice note: It is the group therapist who determines whether the therapy group is used as a vehicle of change, or if the supposed "group therapy" is really just individual therapy being "conducted in a group setting without regard for group dynamic factors" (Burlingame et al., 2013, p. 641).*

Research findings in our specialty

- 90% of treatment programs provide programming in a group format (Safer Society Survey, McGrath et al., 2010)
- However, not 100% -
  - some individual tx and some group plus individual tx (Schmucker & Losel, 2015)
  - meta analysis: mode of treatment provision (group, individual, mixed); 15/68 group only, 18/68 mixed, group format (closed 12/68, Rolling 8/68) (Gannon, Olver, Mallion, & James, 2019).
- Problem – *what type of group and what happens in the group is not always clearly defined or consistent*

Research findings in our specialty

Beech A. & Fordham, A. (1997). *Therapeutic climate of sexual offender treatment programs*

Successful group:

- *Cohesion = superior outcomes on measures of (less) cognitive distortion, (less) denial, and (more) admission of offense behaviors.*
- *Therapeutic climate = expression of feelings, sense of group responsibility, and hope in its members. No clinician over control*

Beech & Hamilton-Giachritsis, 2005. *Relationship between therapeutic climate & treatment outcome in group-based sexual offender treatment programs.*

- ***Group involvement, commitment** to and concern/friendship for each other, and the encouragement of **emotional expressiveness** within the group resulted in positive treatment outcomes for a group of child abusers.*

Beech and Fordham (1997)

"A successful group was highly cohesive, well organized and led, encouraged open expression of feelings, produced a sense of group responsibility, and instilled a sense of hope in its members."

"A helpful and supportive leadership style was found to be important in creating an atmosphere in which effective therapy could take place. Overcontrolling leaders were seen to have a detrimental effect upon group climate."

Research specific to treatment of those who have sexually offended

- *Found a strong positive relationship between treatment progress and engagement in outpatient sex offender group therapy.*
- *Those more actively engaged in group showed higher accountability, less cognitive distortions about offending, and more progress toward treatment goals.*

Levinson, J., Macgowan, M., Morin, J., & Cotte
(2004). *Perceptions of sex offenders about treatment: Satisfaction & engagement in gro therapy.*

Research findings in our specialty

"Learning from consumers of mandated treatment programs: it is not the treatment I wish it was" Levenson, J., Grady, M., Lasoski, H., & Collins, K. (2023). Sexual Abuse.

- *Positive treatment experiences*
  - *Being part of a group, experiencing cohesion*
- *Negative treatment experiences*
  - *Demeaning therapists, called a "liar,"*

Research findings in our specialty

The influence of risk and psychopathy on the therapeutic climate in sex offender treatment.

Harkins, Beech, & Thornton, 2013

Who Was Studied

- 137 male sexual offenders in secure treatment @ Sand Ridge Secure Treatment Center, Wisconsin
- Grouped by psychopathy level (PCL-R ≥25 vs. <25) and IQ

How Group Climate Was Assessed

- Group Environment Scale (GES): 10 subscales
- Psychopathy Checklist–Revised (PCL-R)
- Risk Matrix 2000 (static risk)
- Paulhus Deception Scale (social desirability)

The influence of risk and psychopathy on the therapeutic climate in sex offender treatment.

Harkins, Beech, & Thornton, 2013

Impact of Psychopathy on Group Climate

High-psychopathy groups:

- ↓ Cohesion, leader support, structure
- ↑ Anger and aggression
- Most ratings still medium to high—except cohesion (low)

Key Findings – ***Climate Improves Over Time***

Later-phase groups:

- ↑ Cohesion, support, structure
- ↓ Anger/aggression
- ↓ Expressiveness (unexpected)
- High-psychopathy participants showed climate gains

Recent papers in our specialty

***Using Relationship-Focused Group Therapy to Target Insecure Attachment as a Barrier to Sex Offense-Specific Treatment: A Pilot Study*.**

Jennings, Jumper, & Baglio (2021)

Group Therapy Interventions and Psychopathy: An Interpersonal Perspective.
in, *The Complexity of Psychopathy*

Jennings & Jumper (2022)

Group Therapy Interventions for Psychopathy: An Interpersonal Perspective

Jennings & Jumper (2022) – in, *The Complexity of Psychopathy*

Purpose & Argument

- Reframing Psychopathy in Treatment
- Challenges the “untreatable” label
- Defines psychopathy as an interpersonal disorder
- Advocates for relationship-focused group therapy

Group Therapy Interventions for Psychopathy: An Interpersonal Perspective

Jennings & Jumper (2022) – in, *The Complexity of Psychopathy*

Literature Review Findings, What the Research Shows

- 27 studies, 5 meta-analyses, 1 review
- High-psychopathy individuals - PCL-R scores ≥25 :

  ↑ Recidivism risk

  Often show positive group responsivity

- *Group climate and alliance matter more than offense content*

Group Therapy Interventions and Psychopathy: An Interpersonal Perspective

(Jennings & Jumper, 2020)

The authors suggest that psychopathy is an interpersonal disorder, and that group therapy is an interpersonal treatment that can be effective with severe psychopathy.

- … the authors suggest that "group-centered" group therapy with healthier low or non-psychopathy peers can provide an interpersonal growth experience that can open opportunities for prosocial learning and change.
- *…, the research suggests that* ***men with high psychopathy respond poorly t****o treatment. But* ***when effectiveness is measured in terms of treatment responsivity variables, the research suggests that men high in psychopathy can respond quite well to treatment.***

Rethinking Responsivity

- Group therapy can be effective for high-psychopathy individuals
- Relationship-focused interventions foster change
- Clinicians should challenge assumptions of untreatability

Addressing Group Composition in Adult Sex Offender Treatment for Improved Process and Completion Status.

Frye, B. M. (2024).

"The current study found that groups comprising clients who are dissimilar based on underlying psychological issues demonstrate better completion status."

"The finding that heterogeneous groups achieve better treatment outcomes than homogeneous groups suggests that social learning theory may influence group therapy outcomes."

Group. Volume 48, Number 1, Spring 2024, pp. 27-44. Eastern Group Psychotherapy Society. *Https://doi.org/10.1353/grp.2024.a938525*

Effects of closed versus open groups on attrition and recidivism outcomes for sex offenders in custody-based treatment programmes

Howard, M. V. A., & Wei, Z. (2022). *Journal of Sexual Aggression*, *28*(1), 76–90.

The current study examined how group format was associated with programme attrition and reoffending outcomes for sex offenders attending custody-based treatment programmes.

"We found that post-intervention cohorts in both programmes showed reductions in rates of programme non-completion which were not significantly associated with group format." .

"Group format was not a significant predictor of reoffending outcomes. The results suggest that ***both open and closed groups may be viable alternatives for achieving treatment outcomes in intensive sex offender programmes."***

Research Summary

The general group psychotherapy literature and literature specific to treatment of adults who sexually offend documents widespread use and benefits of group therapy, open and closed groups, and some support for treating psychopathy in groups.

The therapeutic factor of cohesion is consistently positively correlated to change and progress in individuals.

Practice Notes:

- *Facilitate therapeutic factors by facilitating member to member interaction in groups*
- *Individual differences, responsivity issues, and needs have to be addressed and facilitation may need to be adjusted.*

Clients we treat and supervise

Research about our clients that supports the need for an emotionally safe and structured group environment

- ACE's – high % have ACE scores above 4
- Attachment theory – sig % have insecure attachment (relationships)
- Studies show some have impaired relationships with parents
- Intimacy and relationship deficits – sig % have some kind of intimacy or relationship issue
- Need for trauma informed care in some cases

Summary

- Significant percent of this population come to treatment with a history of relationship problems, social/relational deficits, and/or abuse experiences.
- Attending to the therapeutic alliance and creating a safe and secure group environment can improve the group experience in order to address those relationship issues and contribute to trauma informed care.

"We are all hardwired for connections."
Brene Brown

This suggests that many of our clients have problems with connections: they do not know how to connect, do not want to connect, are afraid to connect, are not good at staying connected.

Consequently, attending to connections in the group is an opportunity to rework their negative experiences and create opportunity for positive connections.

Connection

“We connect over our humanity.”

Melinda Gates

interview with David Letterman

“It is a long road to get aware of yourself.”

Adult client in a high functioning outpatient group

Common Misconceptions

- All groups are the same
- "Lead" is the same as "facilitate"
- All clinicians facilitate group the same way and equally effectively
- Psycho-ed group provides the same opportunities as psychotherapy or process group

Common missed opportunities in group facilitation

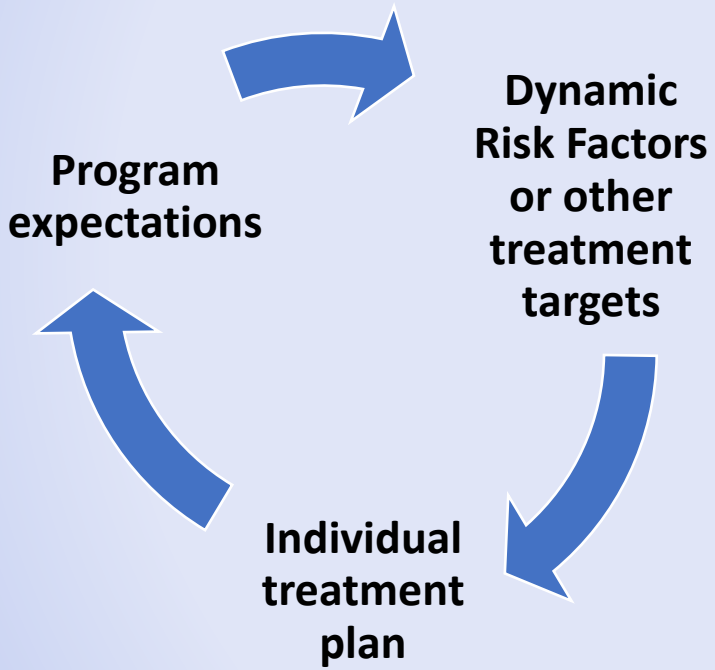
- Little or no member-to-member facilitation
  - Primarily leader centered - individual therapy in the group
- Little or no attention to observing and facilitating therapeutic factors
- Little or no attention to group processes
- Little or no attention to facilitating differently at each developmental stage

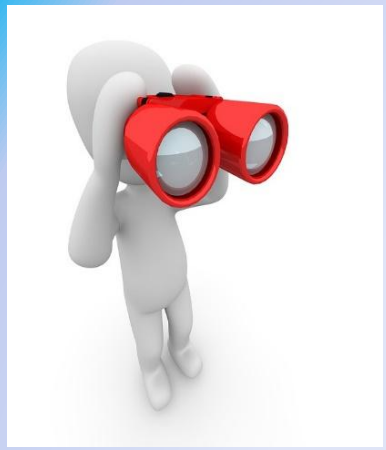
?????


Group Therapy
Bar & Grill L.L.B.O
416-201-6969
934 The Queensway
934
934 A


Welcome to Facebook
Your session of group therapy will now begin
The Internet Scavengers - PMSLweb.com

Observe individual client's behavior in the group through these lenses:





Observe *Group* Through These Lenses

- *Adherence to structure*
- *Developmental stage*
- *Engagement or participation*
- *Ability to remain focused*
- *Emotional climate*
- *Co-facilitation relationship*
- *Evidence of individual client progress in treatment*
- *Presence of therapeutic factors*
- *Significant therapeutic moments occur*

The group is your client…

Your experiences in groups…

- Pick one group that you facilitate(d) and that you know well;
- Make some notes about the worst group experiences you have had;
- And then, some notes about the most profound or awesome experiences

Rate your group…

High functioning - 

Functioning - 

Lower functioning - 

Dysfunctional - 

6) *Adherence to Structure*

Adherence to structure is defined as the group and staff arrive on time, leaders start and end the group on time, the group sits in a reasonable circle, stays in the room, adheres to agreed upon group process protocol and negotiates and uses time productively.

Group Structure

- ***Principle One***. Conduct pre-group preparation that sets treatment expectations, defines group rules, and instructs members in appropriate roles and skills needed for effective group participation and group cohesion.

- ***Principle Two***. The group leader should establish clarity regarding group processes in early sessions since higher levels of early structure are predictive of higher levels of disclosure and cohesion later in the group.

- *Practice note: Effective groups do pre-group preparation.*

- *Source*:(*Cohesion in Group Therapy*, Burlingame, et al., 2002 in *Psychotherapy Relationships That Work, Ed. J. Norcross)*

Does Group Climate Mediate the Group Leadership-Group Member Outcome Relationship? A Test of Yalom's Hypotheses About Leadership Priorities (2001)

- Yalom's (1995) writings about the role of the group leader. As suggested by Yalom, the leader's primary task is building and maintaining a therapeutic group climate.

- Bednar, Melnick, and Kaul's (1974) risk-responsibility model suggests that structure reduces the anxiety and risk involved in participating in the group, letting group members engage in less anxiety-related behaviors (e.g., avoidance).

- What are your intentions when you speak? The eight factors were as follows: Treatment Context Focus, Session Structure Focus, Affect Focus, Obstacles Focus, Encouraging Change Focus, Behavior Focus, Cognition-Insight Focus, and Mixed/ Complex Item.

Ideal Composition

Include	**Exclude**
Clients who are able to give and receive feedback	Clients who are difficult to establish rapport with
Clients who have some capacity for empathy	Clients who have severely limited interpersonal skills
Clients who are highly motivated	

Ideal Composition

Heterogeneity

*verbally passive vs. active

*intellectualizing vs. emotional disclosure

*interpersonal risk taking and providers of support

*types of pathology

Homogeneity

*ability to provide and accept feedback

*intellect and age

*psychological organization and ability to tolerate anxiety

*ability to give and receive help

Individual not appropriate for group

Pre-Group Preparation

- Beginning therapeutic alliance
- Provide information such as what/who to expect, group rules, etc
- Agreement about goals and tasks of group/tx
- Confidentiality
- Client traits that contribute
- Bandura – client expectations

Pre-Group Preparation

Client traits (Bandura)

- Expectancy – what expectations does the client bring to their group participation? To get what they expect, will the effort pay off?
- Demeanor – Engaging? Positive? Negative?
- Participation – fear, anxiety, motivated?

Common Group Guidelines

- Be on time to group
- Remain in group for the duration of the session
- Come prepared to do your treatment work
- Maintain confidentiality; what is said in group stays in group
- Be respectful, do not interrupt, ask permission
- Role model accountability and support others to be accountable
- No sexual or intimate relationships with group members

Common Group Guidelines

- Participate, offer your feedback and how you relate to others
- Speak for yourself, use “I” statements
- Offer support and care for others
- Take risks to share how you are feeling, right now, in the present

- Other guidelines?

- *Practice note: Effective groups have a group agreement and clear and consistent group behavior guidelines*

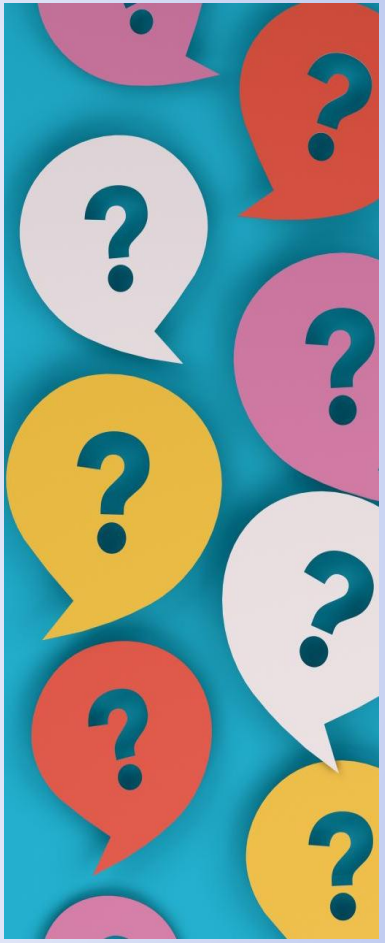
In summary, effective groups establish and maintain structure

- Structure ensures physical and emotional safety and optimal composition
- Beginning of the alliance
- Exposes resistance and role models boundaries
- Facilitator is responsible for establishing, and then following, the established structure, such as:
  - Start on time
  - End on time
  - Adherence to the group agreement/expectations

Practice Note: Effective groups set and maintain consistent structure and this is a primary role for group facilitators in early stages of development as well as ongoing when needed.

Assessment questions about structure and facilitation

- *Is there a pattern to the structure problems, such as late arrival, not sitting in a circle, not being prepared for the session, or not following the agreed upon procedures?*
- *Do specific clients not follow structure, or do many or most group members not follow some element of structure?*
- *If there are significant or repeated problems with structure, what does the pattern tell you about the clients? The group as a whole?*



“Experienced group therapists think 'here-and-now' at all times, and consider themselves as shepherds keeping the group at work grazing on current interactions. All strays into the past, into outside life, or into intellectualization, must be gently herded back into the present.” (p. 86)

Sophia Vinogradov and Irvin D. Yalom (1989) A Concise Guide to Group Psychotherapy.. Washington, DC: American Psychiatric Press.

7) *Engagement*

Engagement is defined as the degree to which most or all members participate spontaneously and give meaningful and helpful feedback, support, or challenge to other members. Is related to cohesion.

Cohesion

- Cohesion defined: the “glue”, caring for members, engaged with the group
- Reliably correlated with patient progress, reduced symptoms, group climate, trauma and attachment
- Alliance – 4 levels: therapist to group; member to member; member to group; member to therapist
- Issues of trauma, barriers to relating such as racism and bias are addressed

Practice Note: Effective groups facilitate member to member interaction in a climate of safe emotional engagement

“The group is like a mirror - that talks back.” RM, tx client

6 Principles That Undergird Development and Maintenance of Cohesion

- Pre-group preparation
- Clear group structure
- leader interaction
- Feedback – timing and approach
- Leader modeling
- Member emotional expression

- Burlingame, G. M., Fuhriman, A., & Johnson, J. E. (2001). Cohesion in group psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 38*(4), 373–379. https://doi.org/10.1037/0033-3204.38.4.373

Cohesion in Group Therapy: A Meta-Analysis (Burlingame, et al, 2018)

The results of a meta-analysis examining the relation between group cohesion and treatment outcome in 55 studies.

Results indicate that the weighted aggregate correlation between cohesion and treatment outcome was statistically significant,

Six moderator variables were found to significantly predict the magnitude of the cohesion–outcome association (type of outcome measure, leader interventions to increase cohesion, theoretical orientation, type of group, emphasis on group interaction, and dose or number of group sessions).

Cohesion in Group Therapy: A Meta-Analysis

Burlingame, et al, 2018

"Ample evidence supports two definitional dimensions of cohesion. The first dimension is structural and is most often referred to as vertical and horizontal cohesion (Dion, 2000).

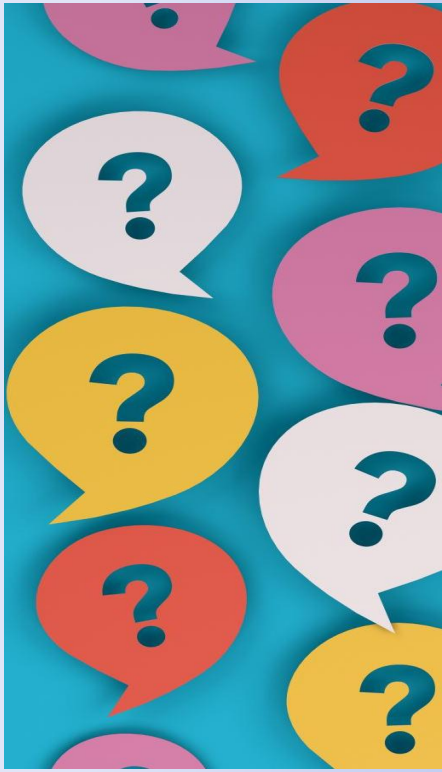
Vertical cohesion represents a member–leader relationship: a group member's perception of the group leader's competence, genuineness, and warmth.

Horizontal cohesion describes a ***group member's relationship with other group members and with the group as a whole***.

The second dimension of ***group cohesion is the quality of the relationship or the affective or emotional nature of cohesion*** (interpersonal and emotional support; Griffith, 1988)".

Assessment questions and facilitation

- *What behaviors do you see that reflect a connection to the group?*
- *Is there a pattern in which the same members fail to participate in a meaningful way?*
- *What is the meaning of certain members not participating?*



7) Focus or "on task"

Focus or "on task" is the ability of the group to remain focused upon the topic, task, assignment or theme, and work with that content rather than drifting or changing the subject or topic.

Group examples

Why does this matter???

- Focused…Wed gp
- Lost focus… inst gp
- Avoids issues…thur gp

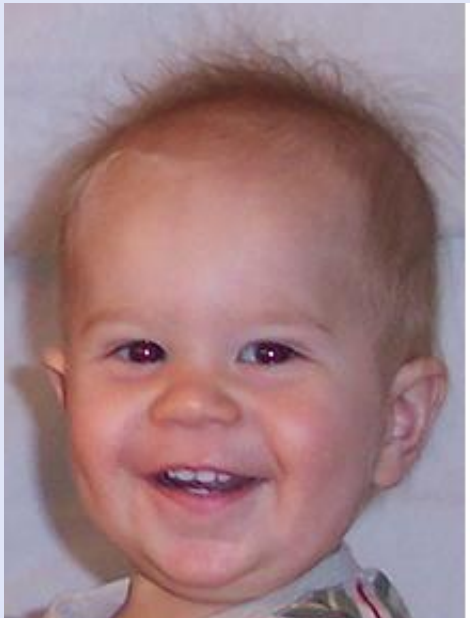
- *Practice Note: Lost focus is a symptom to be understood – why does a group lose focus? What are options for interventions to help the group stay focused?*

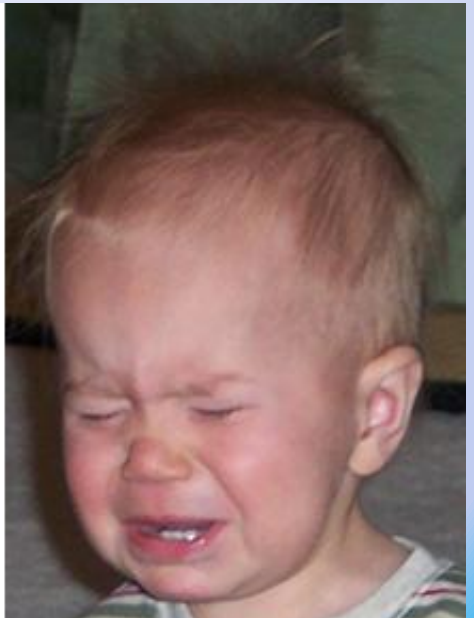
Assessment questions and facilitation

- *Who is disruptive and why?*
- *Is there a leader of disruption?*
- *Is there potential for change?*

8) Emotional Climate

Emotional climate is defined as the degree to which significant, congruent, and relevant emotions occur naturally in the course of the work done by the group, and those emotions are expressed, tolerated, and related to by the members rather than avoided or deflected or defended.





Establishing and Maintaining the Emotional Climate

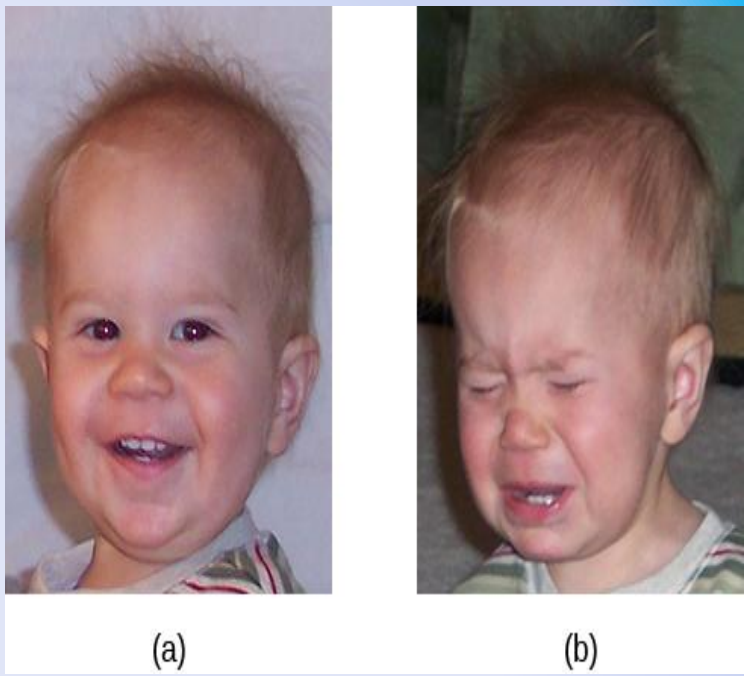
Principle Six. The group leader's presence not only affects the relationship with individual members but with all group members as they vicariously experience the leader's manner of relating. Thus, the leader's management of his or her own emotional presence in the service of others is critically important. For instance, a leader who handles interpersonal conflict effectively can provide a powerful positive model for the group-as-a-whole.

Principle Seven. A primary focus of the group leader should be on facilitating group members' emotional expression, the responsiveness of others to that expression, and the shared meaning derived from such expression.

Source: Burlingame et al., 2002.

Emotional Climate

- Safe, predictable, tolerant of intense positive and negative emotion
- Members are engaged in the group process, participating, and emotionally available and expressive with each other
- Issue of self control



Emotional climate

How can we help the group share each others emotional experience and touch the deep emotional experiences of group members?

Attachment and Trauma

C - Compassion
A - Autonomy
R **-** Respect
E - Empathy
S - Safety

3E's and 4R's

Event
Experience
Effect

Realize
Recognize
Respond
Resist re-traumatization

Case examples

- 1 institution gp C, new member
- 2 tues pm – anger “J and R”
- 3 wed gp– “ron”, childhood trauma, empathy

Practice Note:

Effective groups create, attend to, and manage the emotional climate and safe and congruent emotional expression and work toward evoking compassion.

Assessment questions and facilitation

- *Is there depth and authenticity of emotional expression?*
- *When emotions are expressed, do they seem congruent or deeply felt?*
- *Is there a pattern of avoidance of emotion, self-protection, or defensiveness?*

“We all need each other.” *Leo Buscaglia* (1924 – 1998)

also known as "Dr. Love", was an American author, motivational speaker, and a professor in the Department of Special Education at the University of Southern California.

8) *Therapeutic Factors*

- Occurrence of *Yalom's therapeutic factors* means there are observable expressions by the group that represent therapeutic factors.
- For example, altruism (the direct attempt by members to offer help to others,
- or the expression of "I want to help you"); or evidence of cohesion (the expression of connection to the group such as "our group" or "we", "how does this affect US?" "We will miss you".

- (Yalom, I. & Leszcz, M. , 2005)

Therapeutic Factors Definitions

- **Universality** - Members experience similar life events and challenges
- **Altruism** - Members gain a boost to self-esteem through extending, help to other group members.
- **Instillation of hope** - Members recognize that other members' therapy success, can be helpful and they develop optimism for their own improvement
- **Imparting information** - Education or advice provided by the therapist or group members
- **Corrective recapitulation of primary family experience** - Opportunity to reenact critical family dynamics with group members in a corrective manner
- **Development of socializing techniques** - The group provides members with an environment that fosters adaptive and effective communication
- **Cohesiveness** - Feelings of trust, belonging, and togetherness experienced by the group members

Source. Yalom & Leszcz, 2005.

Therapeutic Factors Definitions

- **Existential factors** - Members accept responsibility for life decisions
- **Catharsis** - Members release of strong feelings about past or present experiences
- **Interpersonal learning/input** - Members gain personal insight about their interpersonal impact through feedback provided from other members
- **Interpersonal learning-output** - Members provide an environment that allows members to interact in a more adaptive manner
- **Self-understanding** - Members gain insight into psychological motivation underlying behavior and emotional reactions
- **Imitative behavior** - Members expand their personal knowledge and skills, through the observation of group members' self-exploration, working through, and personal development

*Source. Yalom & Leszcz, 2005.

Client Perception of Therapeutic Factors in Group Psychotherapy and Growth Groups: An Empirically-Based Hierarchical Model.

Paul Dierick, Ph.D. Germain Lietaer, Ph.D. (2008). International Journal Of Group Psychotherapy, 58 (2)

Dimension scales

- Ds1 Relational climate
- Ds2 Psychological work

Main scales

- Ms1 Group cohesion
- Ms2 Interactional confirmation
- Ms3 Cathartic self—revelation
- Ms4 Self—insight & progress
- Ms5 Observational experiences
- Ms6 Getting directives
- Ms7 Interactional confrontation

Therapeutic factor research specific to treatment of those who have sexually offended

- *Cohesion = superior outcomes on measures of (less) cognitive distortion, (less) denial, and (more) admission of offense behaviors.*
- *Therapeutic climate = expression of feelings, sense of group responsibility, and hope in its members.*

Beech A. & Fordham, A. (1997). Therapeutic climate of sexual offender treatment programs

Group And Individual Facilitation for Therapeutic Factors by Developmental Stage

Factor	*Developmental Phase*	*Group Intervention*	*Individual Intervention*
Altruism	*early, middle, late*	*Invite all members to contribute to feedback and discussion so they have experience of contributing*	*Actively affirm helpful and authentic feedback clients give to each other to reinforce the value of contributing*
Imitative behavior	Middle, late	Ask the group what they witnessed in another member and how his actions relate to their situation.	Ask individual members what they observe or learn from other members.
Interpersonal Learning	Early, middle, late	Educating group about an issue or question.	Reflect and highlight what an individual member learned.
Catharsis	*middle, late*	*Facilitate a climate of emotional acceptance and tolerance of intense, safely expressed emotions.*	*Encourage free expression of difficult or previously suppressed emotions*

Assessment questions and facilitation

- *Which therapeutic factors are present?*
- *Discern, what factors can be facilitated?*

8) Movement through *stages of development*

- *Stage of group development* refers to the naturally occurring developmental stages of a group. What is the group currently experiencing: initial or early stage, middle or working stage, or late stage? Is the group evolving through the developmental stages or is the group “stuck”?

Stages of Development

Yalom (1995) proposed a 3 stage model

Tuckman (1965) proposed a 4 stage model

Beck (1981) proposed a 9 stage model

Practice notes:

- ***Effective groups move through stages over time:*** *trust (safety) and relationship formation, conflict, working together, intimacy, ending. Not linear, new member causes regression*
- ***Facilitators are sensitive to these stages*** and facilitate based on the issues at each stage

"This group is like an organism, it can change and adapt, but it is not the same when someone leaves."

Stages of development (Yalom)

- **Stage 1. Forming;** the orientation phase. The leader is most active in this stage. Universal norms are discussed such as confidentiality, attendance, and rules of communication and participation are addressed. This is the stage that discusses the time frame/termination of the group.
- **Stage 2. Storming;** the transition phase. Anxiety, ambiguity, and conflict become prevalent as group members test and act-out behaviors to define themselves and the group norms. This stage creates an interpersonal climate where members should feel free to disagree with each other.
- **Stage 3. Norming;** the cohesiveness phase. Members develop group-specific standards (cohesiveness) and therapeutic alliance forms such as disapproving late-arriving members, or the level of anger/conflict that will be tolerated.
- **Stage 4. Working;** the performing phase. During this stage, individual growth and team productivity, and effectiveness occur. Members experiment with new ideas or behaviors and egalitarianism develops.
- **Stage 5. Adjourning;** the termination phase. The closure for the group as a whole or the individual that left. The primary task is to discuss and review actual outcomes and achievements, explore feelings of what worked (and what didn't), and any feelings of loss. Introducing new concerns or initiatives is not appropriate.

Group examples

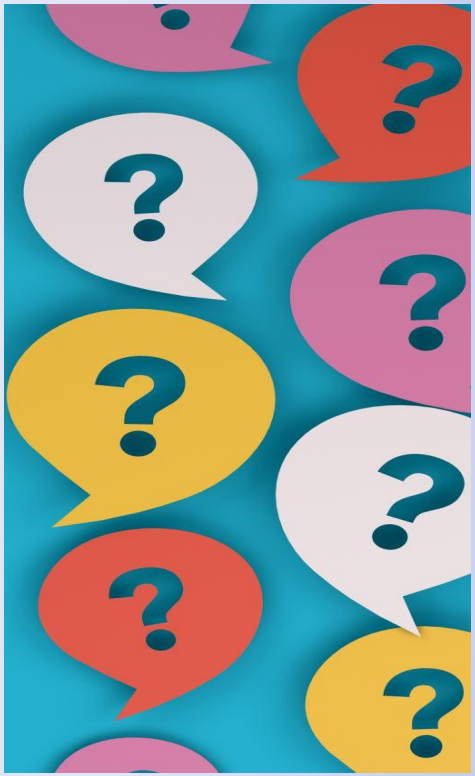
- new group tues afternoon - trust
- tues nite - conflict

Group and Individual Interventions for Therapeutic Factors by *Developmental Stage*

Factor	Developmental Phase	Group Intervention	Individual Intervention
Universality	*Early middle, late*	*Ask the group how their situation is similar. Note when similarities emerge.*	*Relate stories of how individual client situation is similar to others*
Imitative behavior	Early	Ask the group what they witnessed in another member and how his actions relate to their situation.	Ask individual members what they observe or learn from other members.
Instillation of Hope	*Early*	*Ask members how they found a way to make progress. Be a source of optimism about treatment*	*Offer stories of how others have worked through their challenges or made changes*
Cohesiveness	*Early, middle, late*	*Focus on the relationships between members and the group*	*Facilitate individual members to connect to the group.*

Assessment questions and facilitation

- *What developmental stage is the group at? Have you seen developmental progress or is the group stuck?*
- *How can you help the group move to the next stage or deepen the relationships?*



7) *Co-facilitation Relationship*

Co-facilitation relationship is defined as the degree to which the co-facilitators share a similar conceptualization of the group functioning and process that allows them to work closely and effectively, follow each other's interventions and experience synergy.

Advantages of Co-Facilitation

- Reduced risk of burnout.
- Co-facilitators can support each other when a group is difficult.
- Ongoing process of learning from one another and challenging one another, not working in isolation, and utilizing built-in live consultation.
- Group members feel safer and more secure.

(Atieno Okech & Kline, 2005; Corey, Corey, & Corey, 2014; Fall & Wejnert, 2005; Luke & Hackney, 2007; Sawyer & Jennings, 2016)

Advantages of Co-Facilitation, cont.

- Increases ability to recognize significant clinical events.
- Better able to monitor the abundant direct and indirect communication.
- Offer more than one perspective and model different styles of communication.
- Co-facilitators have a chance to share in the rewards of groups, but also the annoyance or strain of a "bad" group session.

(Atieno Okech & Kline, 2005; Corey, Corey, & Corey, 2014; Fall & Wejnert, 2005; Luke & Hackney, 2007; Sawyer & Jennings, 2016)

Co-facilitation and Gendered Positioning in a Domestic Abuse Perpetrator Program

- **Female facilitators** – may aid in challenging abusive behaviors or thoughts that a male facilitator may not recognize; provide a safe space to feel vulnerable; be representative of the victim, which may aid in identifying how behavior affects the victim

- **Male facilitators** – model positive masculinities; offer personal experience that can be seen as relatable

- How offenders interact with female facilitators can be useful in challenging gendered stereotypes and norms.

Cramer, H., Eisenstadt, N., Paivinen, H., Iwi, K., Newman, C., & Morgan, K., 2024)

Co-facilitation and Gendered Positioning in a Domestic Abuse Perpetrator Program

- They analyzed group sessions with co-facilitator pairs of a highly experienced male and a relatively new female clinician.
- This is already a power imbalance both gendered and experience-wise, but what added to this imbalance was …
  - The male would interrupt the female facilitator
  - The male would align with the members in an attempt to build rapport, it sent the message that the female was an "outsider"
- Female facilitators were more often "interrupted, dismissed, silenced, isolated, and her words afforded less value". "Even if female facilitators say exactly the same as their male colleagues, they are more likely to be perceived as biased toward women or the female partners and ex-partners or attacking men."
- These behaviors could lead to feelings of shame and anger and ultimately feeling less confident and less effective.

Cramer, H., et. al., 2024)

Co-facilitation and Gendered Positioning in a Domestic Abuse Perpetrator Program

- What added to a more gender-neutral, equal approach is when …
  - The male would challenge overgeneralized statements or beliefs about women to validate women's experience without the female facilitator being asked to respond and appear defensive.
  - The male facilitator backing up and working with the female facilitator as a team
- When the male facilitator consistently acted as the female's ally, her time could be spent tending to the treatment need over reestablishing or maintaining status within the group. If he doesn't, it could also reinforce stereotypical gendered social norms.

Cramer, H., et. al., 2024)

Possible Issues of Co-Facilitation

- Lack of synchronization/synergy
- Work at cross purposes
- Competition/Rivalry
- No respect/No value
- One facilitator siding with members of the group over the other facilitator – not unified
- Airing dirty laundry in the group = taking group time away from the group

(Corey, Corey, & Corey, 2014)

Steps to Make a Productive Co-Facilitator Relationship

Identify the specific characteristics or behaviors that bother you about your co-facilitator and examine why these are problematic for you.

Seek supervision and consultation to enable you to work through these issues.

Communicate your feelings to your co-facilitator in an open and nonjudgmental way and discuss what you each need to develop a more effective working relationship.

Increase the amount of time you spend preparing for and debriefing group sessions with your co-facilitator.

If you, your co-facilitator, or your supervisor determine that these conflicts are likely to cause harm to the group members, **consider changing co-facilitators**.

(Corey, Corey, & Corey, 2014)

Co-facilitation

- Challenges
  - Your relationship impacts the group (+) and (-)
- What to do
  - Before and after group talk about what you see, experience, how you assess what happens in group
  - Find agreement
  - Support each other in group, even if you disagree
  - Work out the disagreements, seek supervision and consultation if needed

Case Examples

- (-)clear conflict
- (+) group positive collaboration and trust
- Outpatient group –gender differences resolved
- (+/-) therapist change, whose group is it?

Assessment questions and facilitation

- *Is there synergy between the facilitators?*
- *Are there clear professional or personal conflicts?*
- *Is there a philosophical or therapeutic intervention disconnect?*

8) *Individual Progress*

Individual clients making progress on treatment goals is defined by the degree to which individual clients are making progress on their treatment goals. Clients complete assignments, bring prepared work, and seek time in group to share their work toward goals.

Progress and Therapeutic factors

- Instill Hope
- Altruism
- Interpersonal Learning

- *Practice note: When one makes progress all make progress*

Progress and Dynamic Risk Factors

- Using group process to address individual dynamic risk factors

- *Practice note: When one makes progress all make progress*

Dynamic Risk Factors

Stable 2007 (Brankley et al, 2017)

1) Significant Social Influences	2) Capacity for Relationship Stability	3) Emotional Identification with Children	4) Hostility Towards Women
5) General Social Rejection/ Loneliness	6) Lack of Concern for Others	7) Impulsive Acts • 8) Poor Cognitive Problem Solving	9) Negative Emotionality or Hostility
10) Sex Drive/Preoccupation	8) Poor Problem Solving 11) Sex as Coping	12) Deviant Sexual Interests	13) Cooperation with Supervision

Dynamic Risk Factors

Acute 2007 (Brankley et al, 2017)

1) Victim Access	2) Hostility	3) Sexual Preoccupation	4) Rejection of Supervision
5) Emotional Collapse	6) Collapse of Social Supports	7) Substance Abuse	9) Treatment

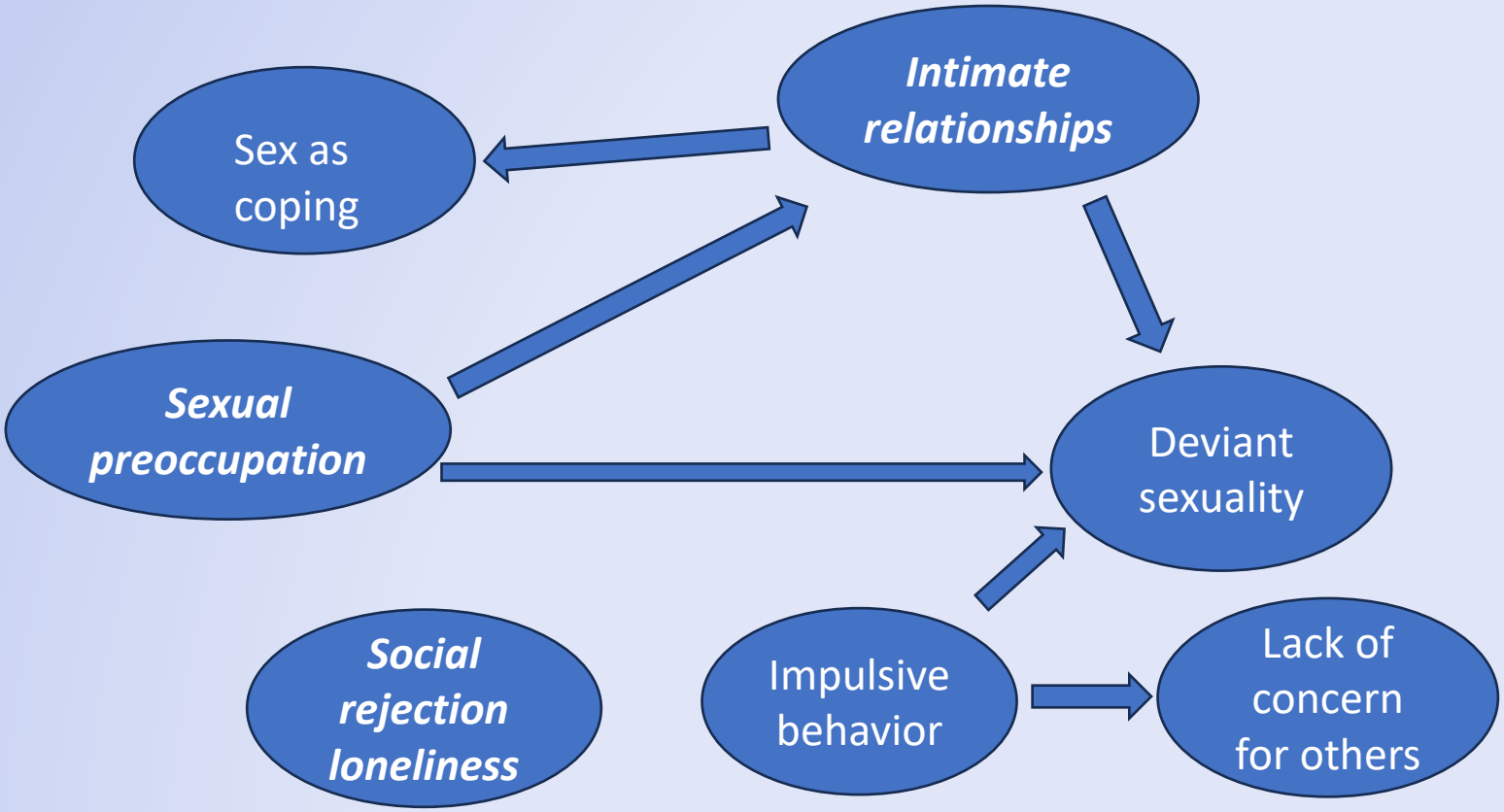
Dynamic Risk Factors

Dynamic Individual Risk Networks: Personalized Network Modeling Based on Experience Data

Study of one client over a 2 week period
Using Stable 2007 Intersecting DRF temporal and contemporaneous

Smid, W., Wever, E.C., Van den Heuvel, N. (2024), Sexual Abuse, Sage

How DRF intersect and interact…



Dynamic Risk Factors

- Case examples
  - JR – porn as sex as coping
  - AH – sex as coping, anxiety, social shame
  - CR – self regulation, age regression
  - RM – emotional congruence with children
  - JS – lack of concern for others

Assessment Questions

- *Are all clients making progress?*
- *If some are not, is it related to the group, for example, is one client dominant, or is another always passive?*
- *Do one or two clients always seem to get time and work on treatment while others are much more silent?*
- *Is there a wide gap between clients who are motivated and making progress and others who are not participating or are much less active?*

9) *Significant Moments*

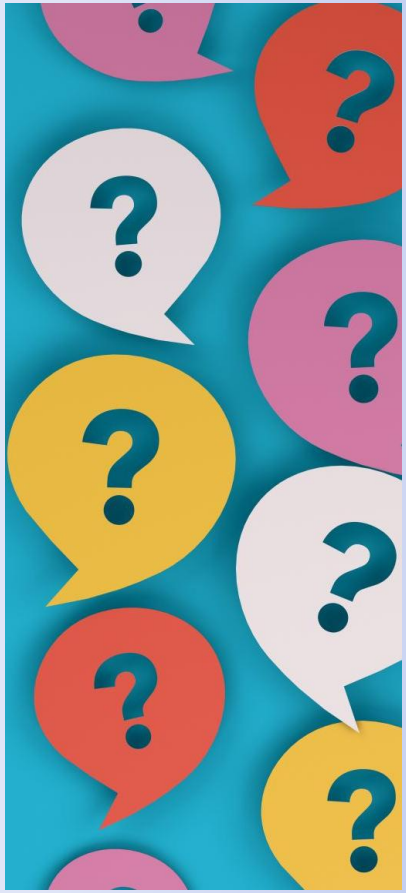
Significant moments or "good", or "pivotal" moments are defined as situations of significant change or therapeutic movement, or "…good moments…characterized by communication that was expressive, concrete, and not excessively rational; by clients talking about themselves in a personal manner; and by clients engaging in a warm, accepting, support-seeking relationship with their therapists." (Alvin R. Mahrer and Wayne P. Nadler, 1986)

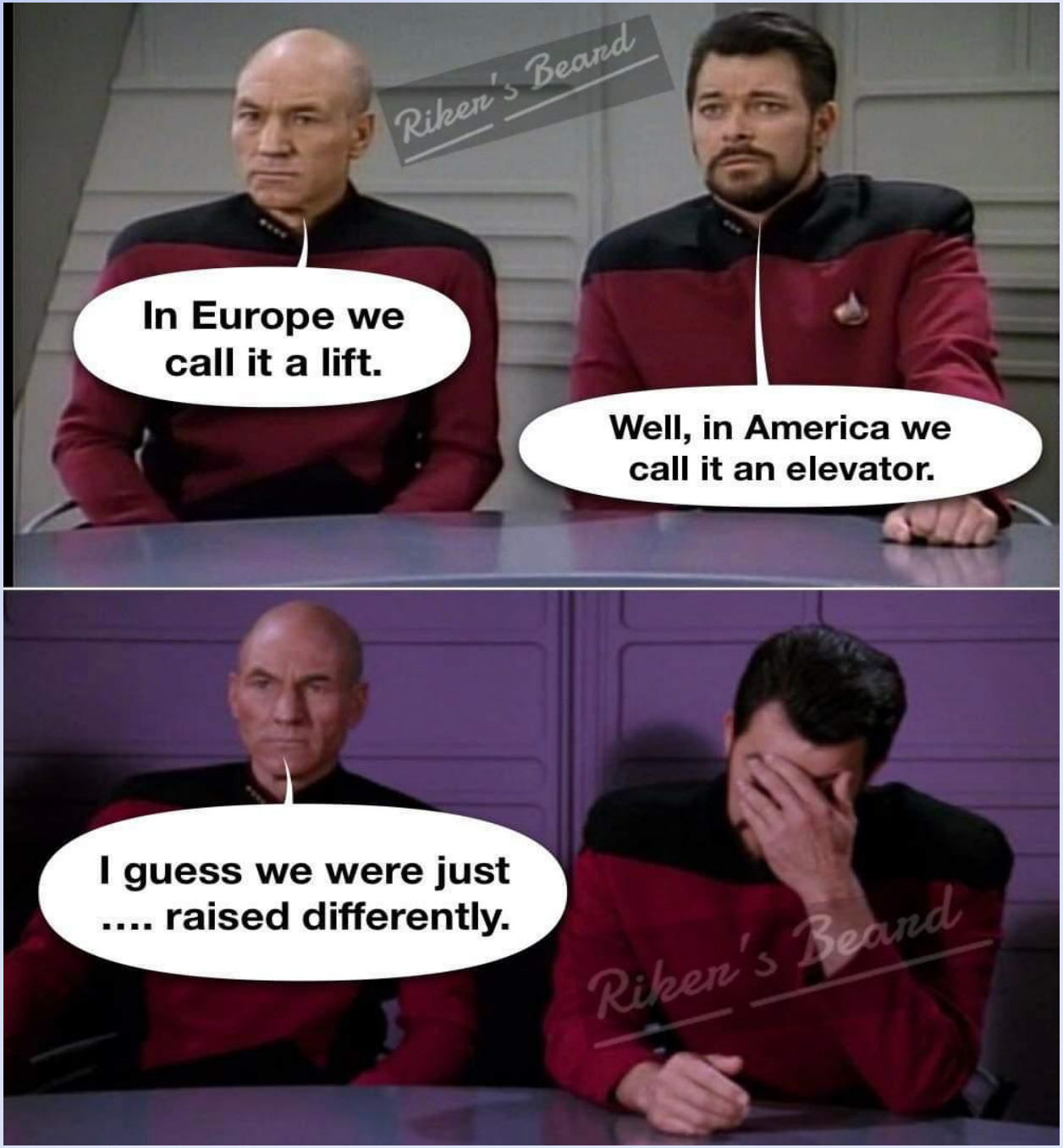
Example of significant moments

- Inst. gp new in gp, personal and offense hx, tears
- “Bob” – sexual acts
- “Ron” - pain of childhood

Assessment questions and facilitation

- *Have you seen significant moments? If so, does the group recognize those as important, something to embrace and appreciate?*
- *What is the nature of significant moments: emotional breakthroughs when clients have had them? Was it a new and profound insight?*




Riker's Beard
In Europe we call it a lift.
Well, in America we call it an elevator.
I guess we were just .... raised differently.
Riker's Beard

Questions?

What is Therapist Intent?
(Hill & O'grady 1985)

- Intentions can be defined as a therapist's rationale for selecting a specific behavior, response, technique, or intervention to use with a client or group at any given moment during the session.
- Intentions represent what the therapist wants to accomplish through his or her behavior within the session.
- An intention is the cognitive component or thought that mediates the choice of intervention. Intentions refer to *why,* whereas interventions or techniques refer to *what* the therapist does.

Therapist Intent Definitions

1. Set limits: to structure, make arrangements, establish goals and objectives of treatment, outline methods to attain goals, correct expectations about treatment, or establish rules or parameters of relationship (e.g., Time, fees, cancellation policies, homework).

2. Get information: to find out specific facts about history, client functioning, future plans, and so on.

3. **Give information:** to educate, give facts, correct misperceptions or misinformation, give reasons for therapist's behavior or procedures.

4. Support: to provide a warm, supportive, empathic environment; increase trust and rapport and build relationship; help client feel accepted, understood, comfortable, reassured, and less anxious; help establish a person-to-person relationship.

5. Focus: to help client get back on the track, change subject, channel or structure the discussion if he or she is unable to begin or has been diffuse or rambling.

Therapist Intent Definitions

6. **Clarify:** to provide or solicit more elaboration, emphasis, or specification when client or therapist has been vague, incomplete, confusing, contradictory, or inaudible.

7. Hope: to convey the expectation that change is possible and likely to occur, convey that the therapist will be able to help the client, restore morale, build up the client's confidence to make changes.

8. Cathart: to promote relief from tension or unhappy feelings, allow the client a chance to let go or talk through feelings and problems.

9. **Cognitions:** to identify maladaptive, illogical, or irrational thoughts or attitudes (e.g., "I must be perfect").

10. Behaviors: to identify and give feedback about the client's inappropriate or maladaptive behaviors and /or their consequences, do a behavioral analysis, point out games.

Definitions Continued…

11 . Self-control: to encourage client to own or gain a sense of mastery or control over his or her own thoughts, feelings, behaviors, or impulses; help client become more appropriately internal rather than inappropriately external in taking responsibility for his or her role.

12. Feelings: to identify, intensity, and/or enable acceptance of feelings; encourage or provoke the client to become aware of or deepen underlying or hidden feelings or affect or experience feelings at a deeper level.

13. **Insight**: to encourage understanding of the underlying reasons, dynamics, assumptions, or unconscious motivations for cognitions, behaviors, attitudes, or feelings. May include an understanding of client's reactions to others' behaviors.

14. **Change**: to build and develop new and more adaptive skills**,** behaviors, or cognitions in dealing with self and others. May be to instill new, more adaptive assumptive models, frameworks, explanations, or conceptualizations.

15. Reinforce change: to give positive reinforcement or feedback about behavioral, cognitive, or affective attempts at change to enhance the probability that the change will be continued or maintained; encourage risk taking and new ways of behaving

Definitions Continued…

16. Resistance: to overcome obstacles to change or progress. May discuss failure to adhere to therapeutic procedures, either in past or to prevent possibility of such failure in future.

17. Challenge: to jolt the client out of a present state; shake up current beliefs or feelings; test validity, adequacy, reality, or appropriateness of beliefs, thoughts, feelings, or behaviors; help client question the necessity of maintaining old patterns.

18. Relationship: to resolve problems as they arise in the relationship in order to build or maintain a smooth working alliance; heal ruptures in the alliance; deal with dependency issues appropriate to stage in treatment; uncover and resolve distortions in client's thinking about the relationship that are based on past experiences rather than current reality.

19. Therapist needs: to protect, relieve, or defend the therapist; alleviate anxiety. May try unduly to persuade, argue, or feel good or superior at the expense of the client

Focus of Intervention

- Individual
- Group
- Relationships
- Therapeutic Factors in the group
- Individual Dynamic Risk Factor
- Emotion

Feeling Responsible

- What triggers you to speak or react in group?
- When do you think you need to say something?
- When is it best to be silent or ask the group?

Blinders or …bias… when all we see is the negative and the pathology….

- Myopic clinical thinking is the problem of relying on a narrow clinical analysis of clients and the group that is based solely on their sexual or personality pathology as the source to explain every problematic behavior seen in a client, *and not enough focus on the broader underlying clinical issues of individuals or the group.*

…So how do we apply all of this in effective groups….

- Create and manage a predictable structure
- Manage composition as much as possible, adjust facilitation to deal with problematic composition
- Use strategic and timely verbal interventions
- Constant attention to therapeutic climate
- Facilitate a relational group culture and *help the group do the work*
- Mindful self awareness of verbal and nonverbal communication and our own emotional state

Summary

- There is empirical support for the contribution of therapeutic factors and positive group climate (experience) to positive patient outcome.
- There are potentially significant variations in group composition, group leader style, and group processes which leads to different group outcomes.
- There is support for using effective group therapy methods to address insecure attachment, trauma symptoms, and hx of adverse childhood experiences, good lives “goods”, and dynamic risk factors.
- There are a number of reliable, valid, and repeatable measures of group process.

“The best part of being with a group is that you don’t have to do it alone….”

Justin Timberlake

Thank You!

Steve Sawyer, MSSW, LICSW
steve@sawyersolutions.org
www.sawyersolutions.org