Group Treatment
Better Care, Better Health, Better Cost

Arapahoe/Douglas Mental Health Network  Aspen Pointe, Inc.
Aurora Mental Health Center  Axis Health System, Inc.
Centennial Mental Health Center
Colorado West Regional Mental Health Center
Community Reach Jefferson Center for Mental Health
Mental Health Center of Denver  Mental Health Partners
Midwestern Colorado Mental Health Center
North Range Behavioral Health
San Luis Valley Community Mental Health Center
Southeast Mental Health Services
Spanish Peaks Mental Health Center  Touchstone Health Partners
West Central Mental Health Center
Asian Pacific Development Center  Servicios de la Raza
WORKSHOP BACKGROUND

Beginning in 2011, members of the Colorado Behavioral Healthcare Council from across the state have been convening to identify training needs across the community behavioral health system and to increase access to training opportunities. Group treatment facilitation was identified as one of the top training needs statewide and resulted in the development of this workshop and related materials. This training was developed as a coordinated effort between the CBHC Training Directors Subcommittee, Deputy Directors Group, and Programs and Standards Committee.

As a participant in this workshop, you will leave with a Group Treatment Work Plan. This is a practical tool to take back and use on your team and in your clinical practice to guide you through the process of planning and proposing a group at your organization.

Special thanks to each individual that contributed to the development of this training.

*All training materials have been prepared by the Colorado Behavioral Healthcare Council (CBHC) and are intended for the exclusive use of CBHC member organizations.*

*Please contact CBHC for more info:*

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CBHC is a non-profit 501c3 member organization representing Colorado’s 17 Community Mental Health Centers, 5 Behavioral Health Organizations, 4 Managed Service Organizations, and 2 Specialty Clinics. CBHC and its members are committed to realizing a healthcare delivery system that improves health outcomes, enhances patient experience, and reduces costs.

For more information about the Colorado Behavioral Healthcare Council, please visit [www.cbhc.org](http://www.cbhc.org)
## WORKSHOP AGENDA ~ DAY 1

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<th>Session Title</th>
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<td>8:00 – 8:30</td>
<td><strong>Welcome and Introduction</strong></td>
</tr>
<tr>
<td>8:30 – 9:15</td>
<td><strong>Benefits of the Group Model</strong></td>
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<tr>
<td>9:15 – 10:15</td>
<td><strong>Creating a Group</strong></td>
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<td>10:15 – 10:30</td>
<td><strong>Morning Break</strong></td>
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<td>10:30 – 11:15</td>
<td><strong>Promoting Group Treatment</strong></td>
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<td>11:15 – 12:15</td>
<td><strong>Group Dynamics</strong></td>
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<td>12:15 – 1:00</td>
<td><strong>Lunch</strong></td>
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<td><strong>Group Facilitation Skills</strong></td>
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<td>2:45 – 3:00</td>
<td><strong>Afternoon Break</strong></td>
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<td>3:00 – 4:00</td>
<td><strong>Documentation of Group Treatment</strong></td>
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<td>4:00 – 5:00</td>
<td><strong>Summary/Review/Sharing of Work Plans</strong></td>
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WELCOME AND INTRODUCTION

Training in Group Work – Why Now?

- Limited number of group classes are required in graduate programs.
- Most professionals learn “on the job” with very little formal training in group.
- Misconceptions about group (belief that ‘Group’ is not enough by itself).
- The group modality fits in well with the new healthcare environment.
- Once clients become engaged in groups, they tend to drop out at a lower frequency than individual treatment.

What do you see as the pros and cons of group treatment?

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<th>Pros</th>
<th>Cons</th>
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BENEFITS OF THE GROUP MODEL

Group Synergy
The whole is greater than the sum of its parts, which also refers to group synergy. Put simply, groups are often capable of producing higher quality work and better decisions than can an individual working alone.

Divide into three groups and consider the following:

Group #1
How does group treatment benefit the consumer?

Group #2
How does group treatment benefit the clinician?

Group #3
How does group treatment benefit the organization?
## Utilization of Time

<table>
<thead>
<tr>
<th>Treatment</th>
<th># Of session</th>
<th># of clients</th>
<th>Staff time: Individual Hours</th>
<th>Staff Time: Group hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis/Orientation Intervention</td>
<td>8</td>
<td>10</td>
<td>80</td>
<td>8</td>
</tr>
<tr>
<td>Time limited (Intensive)</td>
<td>25</td>
<td>10</td>
<td>250</td>
<td>25</td>
</tr>
<tr>
<td>Longer term</td>
<td>50</td>
<td>10</td>
<td>500</td>
<td>50</td>
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The research tells us that groups by themselves work!

For further reading, see the following studies:


CREATING A GROUP

What are some of the things that need to be taken into consideration when starting a group?

Examples of Group Design

Brief Crisis/Orientation Group

Intensive Group Treatment

Other

- Therapy Group
- Psycho-education Group
- Psychosocial Rehabilitation Group
- Support/Recovery Groups
- Non-traditional Groups
- Manualized
- Population specific
Non-Traditional Group Therapy

• Created according to consumer and/or community need at each Mental Health Center

• Examples:
  o Medication Groups
    Best Practices:

    o Orientation Groups
      Best Practices:

    o Transition Groups
      Best Practices:

    o Support Groups
      Best Practices:

    o Engagement/Re-engagement Groups
      Best Practices:
Evidence Based Models

- Evidence Based Practices (EBP) are treatments based in theory and have undergone scientific evaluation.
- The National Registry of Evidence Based Programs and Practices (NREPP)
  - Dialectical Behavior Therapy (DBT)
  - Cognitive Behavioral Therapy (CBT)
  - Integrated Dual Diagnosis (IDDT)
  - Illness Management Recovery (IMR)

Screening

What is the purpose of setting criteria?

Common Criteria

- Admission Criteria
  - Who is suited to the group?
  - Who might have a negative impact?
  - What are the members goals for the group?
  - Who might be jeopardized by the experience?

- Establish procedures for referrals including whether the group facilitator screens or meets potential group members

- Use assessment data to determine adjunctive vs. group only services

What would be some reasons for inclusion?

What would be some considerations for exclusion?
Care Coordination Considerations

What happens if there is not consistent, clear communication between the primary therapist, group therapist, and client throughout the process?
Divide into two groups and consider the following:

*Group #1*

What are some of the pros and cons of a homogeneous group?

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<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
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*Group #2*

What are some of the pros and cons of a heterogeneous group?

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<tr>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
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Open and Closed Groups

Closed Groups:
Typically have a time limitation and members are expected to stay until the group ends

Open Groups:
Changing membership throughout group
• Suggest covering ground rules periodically
• New members must agree to attend at least 6 sessions
• Consider termination criteria and alternatives

Length of Group

Each client should have an idea of the termination date (e.g. 15 weeks) regardless of structure of group.

Clients need enough time to process, make changes, and start generalizing to real world.

Frequency and Duration Recommendations

Children and adolescents: May be better to meet more often for shorter periods of time. (60 minute minimum for Medicaid outpatient)

Adults: 90 – 120 minutes (longer if more members so everyone can contribute)

Inpatient groups: 45 minutes suggested, with daily groups

Group Size Recommendations

3 – 4 for elementary school age children
6 – 8 for adolescents
8 – 12 for adult groups
Can have higher numbers with co-leaders
May over-book due to drop out rates at the start
Section Notes
PROMOTING GROUP TREATMENT

How do you currently promote groups to consumers?

What has worked well?

What has proved challenging?

Current Internal Marketing Procedures

Current External Marketing Procedure

Section Notes
GROUP DYNAMICS

Stages of Group Development

Bruce Tuckman’s five stage model of group development outlines the dynamics of a group over time.

1. Forming
   Group Dynamic:
   Role of the Facilitator:

2. Storming
   Group Dynamic:
   Role of the Facilitator:

3. Norming
   Group Dynamic:
   Role of the Facilitator:

4. Performing
   Group Dynamic:
   Role of the Facilitator:

5. Adjourning
   Group Dynamic:
   Role of the Facilitator:
Phases of a Group Session

Beginning Phase:
Introduction of group, focus, warm up activity. Should not exceed 10-15 min.
Primary task is to develop cohesion and identification.

Middle or Working Phase:
Time for meaningful interactions and discussions.
Planning can alleviate negative group dynamics.

Closing Phase:
Crucial phase- should end with 3-10 minutes to summarize and process group.
Plan extra time for the first and last session

Characteristics of a Supportive Group

• Description: presenting ideas or opinions.
• Problem orientation: focusing attention on the task
• Spontaneity: communicating openly and honestly
• Empathy: understanding another person's thoughts
• Equality: asking for opinions.
• Provisionalism: expressing a willingness to listen to the ideas of others.

Group Processes

• Everything that happens in the group will impact the group
• All behavior has meaning to clients in the group and everyone will have a reaction
• There are two elements of communication operating in a group at any time:
  • Content = Spoken = Overt (the subject matter or task the group is working on)
  • Process = Unspoken = Covert (what is happening between and to members of the group while group is happening)
• The unspoken/covert level of communication contains hidden wishes and fears operating in the group

Section Notes
GROUP FACILITATION SKILLS

Group Therapist’s Skills

• Modeling
• Questioning
• Linking
• Confronting
• Supporting

• Clarifying
• Summarizing
• Facilitating
• Empathizing
• Interpreting

How do you see these skills demonstrated positively or negatively in the video clips?
Preparing Clients for Group

How do you generally prepare your clients for engagement in group therapy?

Other Best Practices when Preparing Clients for Group:

Setting Ground Rules

What are some existing policies and procedures in your organization around setting ground rules?

What ground rules do you generally use that work well?
Individual Roles

- Aggressor:

- Blocker:

- Recognition Seeker:

- Self-Confessor:

- Dominator:

- Help Seeker:

- Special Interest Pledger:
Challenging Group Dynamics

- Sub-grouping:
  
  What makes this dynamic challenging?

  What is the responsibility of the group facilitator?

  What have been successful strategies to manage this dynamic?

  What have been unsuccessful strategies to manage this dynamic?

- Flight-fight responses:
  
  What makes this dynamic challenging?

  What is the responsibility of the group facilitator?

  What have been successful strategies to manage this dynamic?

  What have been unsuccessful strategies to manage this dynamic?
• Scape-goading:
  What makes this dynamic challenging?
  
  What is the responsibility of the group facilitator?
  
  What have been successful strategies to manage this dynamic?
  
  What have been unsuccessful strategies to manage this dynamic?

• Blaming
  
  What makes this dynamic challenging?
  
  What is the responsibility of the group facilitator?
  
  What have been successful strategies to manage this dynamic?
  
  What have been unsuccessful strategies to manage this dynamic?
Objective or theoretical conversation:

What makes this dynamic challenging?

What is the responsibility of the group facilitator?

What have been successful strategies to manage this dynamic?

What have been unsuccessful strategies to manage this dynamic?

What are some other examples of challenging group dynamics and possible strategies to address them?
Identifying Conflict

Questions to reflect on:

- The first step in managing conflict is to identify the conflict. Do the group members know that a conflict exists?
- Are the group members arguing over competing goals?
- Are scarce resources at stake?
- Are the group members dependent on each other to solve the conflict?

How can you, as the group facilitator, keep conflict positive?

Termination

- Celebration of what was accomplished, both individually and as a group
- Evaluation is also a component of termination
- Should evaluate each session and the group conclusion as a whole
- Termination should never come as a surprise
- Acknowledge loss

Ethical Considerations

- Verbal abuse (i.e., in member-to-member exchanges) more likely to occur in groups than in individual therapy
- The group leader has somewhat limited control in influencing what occurs within the group and outside the group between members
- Member selection and screening processes done poorly
- Smaller settings-Confidentiality Issues
Section Notes
DOCMENTING GROUP TREATMENT

Importance of Progress Notes

Why is it so important to document services provided?
Weaving the Golden Thread into Group Therapy

• All services billed must be ordered in a current, appropriately signed treatment plan that is based on information located in the most current assessment of the individual's status and needs
• The treatment plan must reference group therapy as an intervention which address a goal on the treatment plan
• The group note must flow from the treatment plan and document the services provided and the individual’s response to treatment
• The group note must address a goal or objective from the treatment plan

What are the very basic technical requirements for documenting group therapy?

What are the very basic clinical requirements for documenting group therapy?

What are some of the keys to documenting progress in group therapy?
Components of Medical Necessity

1. The service treat a **mental health condition/illness or functional deficits** that are the result of the mental illness
2. The service has been **authorized, recommended, or prescribed**
3. The service should be **generally accepted as effective** for the mental illness being treated
4. The individual must **participate** in treatment
5. The individual must be **able to benefit** from the service being provided
6. It must be an **active treatment focus**

Writing Goals and Objectives

- Ensure the whole treatment team is involved and consults in goal development and client’s progress in group
- Identify methods for ensuring group goals and objectives are included in the treatment plan
- Assure group goals and objectives is consistent with diagnoses and medical necessity
- Sample Group Objective: “Consumer will increase appropriate use of social skills in weekly group and receive feedback from other group members. Current baseline of skill is 1 on a scale of 1-10. Objective is 5 over the course of six weeks.”

Importance of Progress Notes

- It is the only evidence that the service(s) were provided and meet the definition of “Medical Necessity”
- Provide evidence a covered service was provided
- Provide evidence of the individual’s continuing commitment to treatment through active participation
- Address objectives and progress towards meeting objectives as a means of measuring progress in group therapy

Who is the audience for your group progress note?
Clinical Requirements

- Describe focus/topic and techniques
- Client Response to treatment intervention
- Documentation must be individualized!
- Confidentiality – no reference to names of other group participants.

Documenting Progress

- Statement of Individual’s progress and plan
- State progress in relationship to objectives or goals
- Homework or other tasks to complete before the next visit
- Plan for next visit or visits – consider your observations about the Individual’s response to your interventions
- Agency specific requirements
  - GAF/CGAS
  - Other requirements

Response to Treatment

- Level and type of participation
- Were they able to demonstrate the skill or participate in role playing
- Could they list how to apply the skills being taught
- Did they not get it, refuse to participate, resist, etc.
- Observation and interpretation of client’s participation and Interactions within group

Technical Requirements

1. Date of service
2. Time of service (beginning and end time)
3. Name of service-i.e. group
4. Location (place of service)
5. Signature & credentials
6. Date of signature
7. Number of group members present
**Medicaid Coding – Key Points**

*There are multiple codes to select from that best fit your group intervention. Please discuss coding specifics with your supervisor as it is very important to use the correct code.*

**Group Psychotherapy**
- CPT/HCPCS Code – 90853
- Minimum time is one hour and maximum time is two hours
- 90853 does not include socialization, music therapy, recreational activities, art classes, group meals or sensory stimulation.

**Psychosocial Rehab Groups**
- H2017
- Can be delivered in a group setting and billed in 15 units. Maximum is 16 units (4 hours)
- Can only be provided to adults 18 and older
- PSR differs from psychotherapy groups in that it focuses less on ameliorating symptoms and more on restoring functional capacity.
Section Notes
WRAP-UP

What are the benefits of group?

Why would you want to use groups?

What do you have to do to start a group?

What are some of the challenges of maintaining a group?

What makes a good group note?
Group Treatment Resources
American Group Psychotherapy Association:
Ethical Guidelines for Group Therapy

Guidelines of Group Psychotherapy Practice
The following guidelines of group psychotherapy practice shall serve as models for group therapists' ethical behavior.

Responsibility to Patient/Client
1. The group psychotherapist provides services with respect for the dignity and uniqueness of each patient/client as well as the rights and autonomy of the individual patient/client.
   i. The group psychotherapist shall provide the potential group patient/client with information about the nature of group psychotherapy and apprise him or her of the risks, rights and obligations as a member of a therapy group.
   ii. The group psychotherapist shall encourage the patient/client's participation in group psychotherapy only so long as it is appropriate to the patient/client's needs.
   iii. The group psychotherapist shall not practice or condone any form of discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin or physical handicap, except that this guideline shall not prohibit group therapy practice with population specific or problem specific groups.

2. The group psychotherapist safeguards the patient/client's right to privacy by judiciously protecting information of a confidential nature.
   i. The group shall agree that the patient/client as well as the psychotherapist shall protect the identity of its members.
   ii. The group therapist is knowledgeable about the limits of privileged communication as they apply to group therapy and informs group members of those limits.
   iii. The group psychotherapist shall not use identifiable information about the group or its members for teaching purposes, publication or professional presentations unless permission has been obtained and all measures have been taken to preserve patient/client anonymity.
   iv. Except where required by law, the group psychotherapist shall share information about the group members with others only after obtaining appropriate patient/client consent. Specific permission must be requested to permit conferring with the referring therapist or with the individual therapist where the patient/client is in conjoint therapy.
   v. When clinical examination suggests that a patient/client may be dangerous to himself/herself or others, it is the group psychotherapist's ethical and legal obligation to take appropriate steps in order to be responsible to society in general, as well as the patient/client.

3. The group psychotherapist acts to safeguard the patient/client and the public from the incompetent, unethical, illegal practice of any group psychotherapist.
   i. The group psychotherapist must be aware of her/his own individual competencies, and when the needs of the patient/client are beyond the competencies of the psychotherapist, consultation must be sought from other qualified professionals or other appropriate sources.
   ii. The group psychotherapist shall not use her/his professional relationship to advance personal or business interests.
   iii. Sexual intimacy with patients/clients is unethical.
   iv. The group psychotherapist shall protect the patient/client and the public from misinformation and misrepresentation. She/he shall not use false or misleading advertising regarding her/his qualifications or skills as a group psychotherapist.

Professional Standards - The group psychotherapist shall maintain the integrity of the practice of group psychotherapy.
1. It is the personal responsibility of the group psychotherapist to maintain competence in the practice of group psychotherapy through formal educational activities and informal learning experiences.
2. The group psychotherapist has a responsibility to contribute to the ongoing development of the body of knowledge pertaining to group psychotherapy whether involved as an investigator, participant or user of research results.
3. The group psychotherapist shall 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.
ADVANTAGES OF THE CO-LEADERSHIP MODEL

Below is a summary of some of the major advantages of using the co-leadership method:

1. The chance of burnout can be reduced by working with a co-leader. This is especially true if you are working with a draining population, such as severely disturbed individuals who often simply get up and leave, who hallucinate during sessions, and who may be withdrawn or be acting out. In such groups one leader can attend to certain problem members while the other attempts to maintain the work going on in the group.

2. If intense emotions are being expressed by one or more members, one leader can pay attention to those members while the other leader scans the room to note the reactions of other members, who can later he invited to share their feelings. Or, if appropriate, the co-leader can find a way to involve members in the work of someone else. Many possibilities exist for linking members, for facilitating interaction between members, and for orchestrating the flow of a group when co-leaders are sensitively and harmoniously working as a team.

3. If one leader must be absent because of illness or professional reasons, the group can proceed with the other leader. If one of the co-leaders is especially drained on a given day or is temporarily experiencing some emotional pain, the co-leader can assume primary leadership, and the leader having problems can feel less burdened with the responsibility to "be there" for the group members. In such a case it may be appropriate for the co-leader to say to the group that he or she is going through some difficulties personally, without going into great detail. By simply having said this, the leader is likely to feel freer and may be much more present. This admission provides sound modeling for the members, for they can see that group leaders are not beyond dealing with personal problems.

4. If one of the leaders has been strongly affected by a session, he or she can later explore feelings of anger, depression, or the like in some detail with the co-leader. The co-leader can be used as a sounding board, can check for objectivity, and can offer useful feedback. There is no problem of breaking confidentiality in such instances, for the co-leader was also present at the session. However, we do want to emphasize that it is often necessary for leaders to express and deal with such feelings in the session itself, especially if they were aroused in the group setting. For example, if you are aware that you are perpetually annoyed by a given member, you might need to deal with your annoyance as a group matter. In certain cases a group member's concerns might touch your own "unfinished business," and you might explore your personal issues in the session. This is a time when a competent and trusted co-leader is especially important.

5. An important advantage of co-leading emerges when one of the leaders is affected by another member to the degree that countertransference is present. Countertransference can distort one's objectivity so that it interferes with leading effectively. For example, your co-leader may typically react with hostility or some other intense feeling to one member who is seen as a problem. Perhaps you are better able to make contact with this member, and so you may be the person who primarily works with him or her. You can be of valuable assistance by helping your co-leader talk about, and perhaps even resolve, irrational reactions and attachments toward such a client.
DISADVANTAGES OF THE CO-LEADERSHIP MODEL

Below is a summary of some of the major disadvantages of using the co-leadership method:

Most of the disadvantages in co-leading groups have to do with poor selection of a co-leader, random assignment to another leader, or failure of the two leaders to meet regularly:

1. Problems can occur if co-leaders rarely meet with each other. The results are likely to be a lack of synchronization or even a tendency to work at cross purposes instead of toward a common goal. For example, we've observed difficulties when one group leader thought that all intervention should be positive, supportive, and invitational, whereas the other leader functioned on the assumption that members need to be pushed and directly confronted and that difficult issues should be brought up. The group became fragmented and polarized as a result of the incompatible leadership styles. The main problem was that the leaders did not take the time to discuss their differences.

2. A related issue is competition and rivalry. For example, one leader may have an exaggerated need to have center stage, to be dominant at all times, and to be perceived as the one in control; such a leader might even actively put down the co-leader. Obviously, such a relationship between co-leaders is bound to have a negative effect on the group. In some cases members may develop negative reactions toward groups in general, concluding that all that ever goes on in them is conflict and the struggle for power.

3. If co-leaders do not have a relationship built on trust and respect or if they do not value each other's competence, they may not trust each other's interventions. Each leader may insist on following his or her own hunches, convinced that the other's are not of value.

4. One leader may side with members against the other leader. For example, assume that Sue confronts a male leader with strong negative reactions and that his co-leader (a woman) joins Sue in expressing her reactions and even invites the members to give feedback to the co-leader. This practice can divide the group, with members taking sides about who is "right." It is especially a problem if one leader has not previously given negative reactions to the other and uses the situation as a chance to "unload" feelings.

5. Co-leaders who are involved in an intimate relationship with each other can get into some problematic situations if they attempt to use time in the session to deal with their own relationship struggles. Although some members may support the co-leaders' "working on their issues" in the group, most clients are likely to resent these co-leaders for abdicating their leadership functions.

It is important that the two leaders have some say in deciding to work as a team. Otherwise, there is a potential for harm for both the group members and the co-leaders. Careful selection of a co-leader and time devoted to meeting together are essential. Those who co-lead groups to spend some time both before and after each session discussing their reactions to what is going on in the group as well as their working relationship as co-leaders.
ATTITUDE QUESTIONNAIRE ON GROUP LEADERSHIP

Below are some statements concerning the role and functions of a group leader. Indicate your position on each statement, using the following scale:

1 = strongly agree
2 = slightly agree
3 = slightly disagree
4 = strongly disagree

1. It is the leader's job to actively work at shaping group norms.
2. Leaders should teach group members how to observe their own group as it unfolds.
3. The best way for a leader to function is by becoming a participating member of the group.
4. It is generally wise for leaders to reveal their private lives and personal problems in groups they are leading.
5. A group leader's primary task is to function as a technical expert.
6. It is extremely important for good leaders to have a definite theoretical framework that determines how they function in a group.
7. A group leader's function is to draw people out and make sure that silent members participate.
8. Group leaders influence group members more through modeling than through the techniques they employ.
9. It is generally best for the leader to give some responsibility to the members but also to retain some.
10. A major task of a leader is to keep the group focused on the here and now.
11. It is unwise to allow members to discuss the past or to discuss events that occurred outside the group.
12. It is best to give most of the responsibility for determining the direction of the group to the members.
13. Leaders should limit their self-disclosures to matters that have to do with what is going on in the group.
14. If group leaders are basically open and disclose themselves, transference by members will not occur.
15. A leader who experiences countertransference is not competent to lead groups.
16. Group leaders should develop a personalized theory of leadership based on ideas drawn from many sources.
17. To be effective, group leaders must recognize their reasons for wanting to be leaders.
18. Part of the task of group leaders is to determine specific behavioral goals for the participants.
19. A leader's theoretical model has little impact on the way people actually interact in a group.
20. If group leaders have mastered certain skills and techniques, it is not essential for them to operate from a theoretical framework.
21. Leaders who possess personal power generally dominate the group and intimidate the members through this power.
22. There is not much place for a sense of humor in conducting groups, because group work is serious business.
23. Group leaders should not expect the participants to do any thing that they, as leaders, are not willing to do.
24. In groups with co-leaders there is the potential that the members will play one leader against the other like children playing one parent against the other.
25. For co-leaders to work effectively with each other, it is essential that they share the same style of leadership.
26. In selecting a co-leader, it is a good idea to consider similarity of values, philosophy of life, and life experiences.
27. If co-leaders do not respect and trust each other, there is the potential for negative outcomes in the group.
28. Those who co-lead a group should be roughly equal in skills, experiences, and status.
29. Co-leaders should never openly disagree with each other during a session, for this may lead to a division within the group.
30. The group is bound to be affected by the type of modeling that the co-leaders provide.
SELF-ASSESSMENT OF GROUP-LEADERSHIP SKILLS

The following self-inventory helps you identify areas of strengths and weaknesses as a group leader. Read the brief description of each skill and then rate yourself on each dimension. Think about the questions listed under each skill.

To what degree do you demonstrate the following? On each skill, rate yourself on this 3-point scale:

3 = I do this most of the time with a high degree of competence
2 = I do this some of the time with an adequate degree of competence
1 = I do this occasionally with a relatively low level of competence

1. **Active listening.** Hearing and understanding both subtle and direct messages, and communicating that one is doing this.
   a. How well do I listen to members?
   b. How attentive am I to nonverbal language?
   c. Am I able to hear both direct and subtle messages?
   d. Do I teach members how to listen and respond?

2. **Reflecting.** Capturing the underlying meaning of what is said or felt and expressing this without being mechanical.
   a. Can I mirror what another says without being mechanical?
   b. Do my restatements add meaning to what was said by a member?
   c. Do I check with members to determine the accuracy of my reflection?
   d. Am I able to reflect both thoughts and feelings?

3. **Clarifying.** Focusing on the underlying issues and assisting others to get a clearer picture of what they are thinking or feeling.
   a. Do my clarifying remarks help others sort out conflicting feelings?
   b. Am I able to focus on underlying issues and themes?
   c. Do members get a clearer focus on what they are thinking and feeling?
   d. Does my clarification lead to a deeper level of member self-exploration?

4. **Summarizing.** Identifying key elements and common themes and providing a picture of the directional trends of a group session.
   a. Does my summarizing give direction to a session?
   b. Am I able to tie together several themes in a group session?
   c. Do I attend adequately to summarizing at the end of a session?
   d. Do I encourage members to summarize what they heard?

5. **Facilitating.** Helping members to express themselves clearly and to take action in a group.
   a. Am I able to help members work through barriers to communication?
   b. How much do I encourage member interaction?
   c. Am I successful in teaching members to focus on themselves?
   d. Can I steer members into discussing here-and-now reactions?
6. **Empathizing.** Adopting the internal frame of reference of a member.
   a. Are my life experiences diverse enough to provide a basis for understanding members?
   b. Can I maintain my separate identity at the same time as I empathize with others?
   c. Do I communicate to others that I understand their subjective world?
   d. Do I promote expressions of empathy among the members?

7. **Interpreting.** Explaining the meaning of behavior patterns within some theoretical framework.
   a. Are my interpretations accurate and well-timed?
   b. Do I present my interpretations in the form of hunches?
   c. Do I encourage members to provide their own meaning for their behavior?
   d. Do I avoid making dogmatic interpretations?

8. **Questioning.** Using questions to stimulate thought and action but avoiding question/answer patterns of interaction between leader and member.
   a. Do I overuse questioning as a leadership style?
   b. Do I ask "what" and "how" questions instead of "why" questions?
   c. Do I keep myself hidden through asking questions?
   d. Do I use open-ended questions that lead to deeper self-exploration?

9. **Linking.** Promoting member-to-member interaction and facilitating exploration of common themes in a group.
   a. Do my interventions enhance interactions between members?
   b. Do I foster a norm of member-to-member interactions or leader-to-member interactions?
   c. Do I help members find a way to connect with each other?
   d. Am I able to orchestrate interactions so several members can be involved in working at the same time?

10. **Confronting.** Challenging members to look at some aspects of their behavior.
    a. Do I model caring and respectful confrontation?
    b. How do members generally react to my confrontations?
    c. Am I able to confront specific behaviors without being judgmental?
    d. In confronting others, do I let them know how I am affected by their behavior?

11. **Supporting.** Offering some form of positive reinforcement at appropriate times in such a way that it has a facilitating effect.
    a. Do I recognize the progress members make?
    b. Do I build on the strengths and gains made by members?
    c. Do I balance challenge and support?
    d. Does my providing support sometimes get in the way of a member's work?
12. **Blocking.** Intervening to stop counterproductive behaviors in the group or to protect members.
   a. Am I able to intervene when necessary without attacking a member?
   b. Do I block a member's behavior that is disruptive to the group?
   c. Am I aware of when it is necessary for me to protect a member from another member?
   d. Can I effectively block counterproductive behaviors?

13. **Diagnosing.** Getting a clear sense of members without labeling them.
   a. Can I understand a member's problem without using a label?
   b. Do I help members to assess their own problematic behavior?
   c. Am I able to detect members who may not be appropriate for a group?
   d. Can I create interventions that fit with my diagnostic impressions?

14. **Modeling.** Demonstrating to members desired behaviors that can be practiced both during and between group sessions.
   a. What kind of behavior do I model during group sessions?
   b. Am I able to model effective self-disclosure?
   c. Can I model caring confrontations?
   d. What is the general effect of my modeling on a group?

15. **Suggesting.** Offering information or possibilities for action that can be used by members in making independent decisions.
   a. Do I differentiate between suggesting and prescribing?
   b. Do my suggestions encourage members to take initiative?
   c. Do I tend to give too many suggestions?
   d. How do I determine when to give suggestions and when to avoid doing so?

16. **Initiating.** Demonstrating an active stance in intervening in a group at appropriate times.
   a. Do I generally get group sessions started in an effective manner?
   b. Do I take active steps to prevent a group from floundering in unproductive ways?
   c. Am I able to initiate new work with others once a member's work comes to an end?
   d. Do I teach members how to initiate their own work in the sessions?

17. **Evaluating.** Appraising the ongoing group process and the individual and group dynamics.
   a. What criteria do I use to assess the progress of my groups?
   b. What kinds of questions do I pose to members to help them evaluate their own gains as well as their contributions to the group?
   c. Do I make a concerted effort to assist members in assessing their progress as a group?
   d. What kind of evaluation instruments do I use in a group?
18. **Terminating.** Creating a climate that encourages members to continue working after sessions.

   a. Do I prepare members for termination of a group?
   b. Do I allow adequate time at the end of a session for closure?
   c. Do I help members transfer what they learn in group to daily life?
   d. Do I take steps to help members integrate their learnings in group?

Once you complete this self-assessment, circle the items where you most need improvement (any items that you rated as "1" or "2), as the questions that indicate a need for attention. Think about specific strategies you can design to work on the skills where you see yourself as being most limited.
DEVELOPING A PROPOSAL FOR A GROUP

Many good ideas for groups are never put into practice because they are not developed into a clear and convincing plan. If you are going to create a group under the auspices of an agency, you will probably have to explain your proposed goals and methods. Consider these questions when preparing your proposal:

- What type of group are you forming? Will it be a personal-growth group or one designed to treat people with certain disorders? Will it be long term or short term?
- Whom is the group for? Identify the specific population.
- Is the group composed of voluntary or involuntary members? If it is a mandatory group, what special considerations must you address?
- What are the general goals and purposes of this group? That is, what will members gain from participating in it?
- Why is there a need for such a group?
- What are the basic assumptions underlying this project?
- What are your qualifications to lead this group?
- What screening and selection procedures will be used? What is your rationale for using these particular procedures?
- How many members will be in the group? Where will the group meet? How often will it meet? How long will each meeting last? Will new people be allowed to join the group once it has started?
- How will the members be prepared for the group experience? What ground rules will you establish at the outset?
- What structure will your group have? What techniques will be used? Why are these techniques appropriate? In what ways can you employ your techniques in a flexible manner to meet the needs of culturally diverse client populations?
- How will you handle the fact that people will be taking some risks by participating in the group? What will you tell the members about these dangers, and what will you do to safeguard members from unnecessary risks? Will you take any special precautions with participants who are minors?
- What evaluation procedures do you plan? What follow-up procedures?
- What topics will be explored in this group? To what degree will the topics be determined by group members and to what degree by you?
- What do you expect to be the characteristics of the various stages of the group? What might the problems be at each stage, and how will you cope with them?
PERSONAL CHARACTERISTICS OF THE EFFECTIVE GROUP LEADER

Who the group leader is as a person is one of the most significant variables influencing the group's success or failure. The following are some personal characteristics that have been deemed important. As you read about each of these dimensions, reflect on how it applies to you. Consider the degree to which you are at least on the road to acquiring the personal characteristics important for your success as a group leader.

**Courage** One of the most important personal traits of effective group leaders is courage. Courage is demonstrated through your willingness (1) to be vulnerable at times, admitting mistakes and imperfections and taking the same risks you expect group members to take; (2) to confront others but to stay "with" them as you work out conflicts; (3) to act on your beliefs and hunches; (4) to be emotionally touched by others and to draw on your experiences to identify with them; (5) to examine your life; (6) to be direct and honest with members; and (7) to express to the members your fears and expectations about the group process. Just as the members of your groups will have fears, so will you as the leader. By the behavior you model, you can teach the members that courage does not mean being without fears; rather, it means acknowledging fears and dealing with them.

**Willingness to Model** One of the best ways to teach desired behaviors is by modeling them in the group. Through your behavior and the attitudes conveyed by it, you can create such group norms as openness, seriousness of purpose, acceptance of others, and the desirability of taking risks. Remember that you teach largely by example—by doing what you expect members to do. Realize that your role differs from that of the group member, but do not hide behind a professional facade. By engaging in honest, appropriate, and timely self-disclosure, you can both participate as a member in the group and fulfill the leadership function of modeling.

**Presence** The ability to be emotionally present with group members is extremely important. It involves being touched by others' pain, struggles, and joys. Some members may elicit anger in a group leader, and others may evoke pain, sadness, guilt, or happiness. You become more emotionally involved with others by paying close attention to your own reactions. This does not mean that you will necessarily talk about the situation in your own life that caused you the pain or evoked the anger. It means that you will allow yourself to experience these feelings, even for just a few moments. Fully experiencing emotions gives you the ability to be compassionate and empathic with your clients. At the same time, as you're moved by others' experiences, it is important to remain a separate person and to avoid the trap of over identifying with your clients' situations.

To increase your ability to be present, spend some time alone before leading a group and block out distractions as much as possible. It is good to prepare yourself by thinking about the people in the group and about ways in which you might increase your involvement with them.
**Goodwill and Caring** A sincere interest in the welfare of others is essential in a group leader. It implies that you will not exploit members or use them primarily to enhance your own ego. Your main job in the group is to help members get what they are coming for, not to get in their way. Caring involves respecting, trusting, and valuing people. In some cases it may be exceedingly difficult for you to care for certain group members, but we hope you will at least want to care. It is vital that you become aware of what kind of people you care for and what kind you find it difficult to care for. You can gain this awareness by openly exploring your reactions to members.

There are various ways of exhibiting a caring attitude. One way is by inviting a client to participate but allowing that person to decide how far to go. Or you can observe discrepancies between a client's words and behavior but confront that person in a way that doesn't intensify fear and resistance. Another way to express caring is by giving warmth, concern, and support when, and only when, you feel it toward a person.

**Belief in Group Process** Some counselors really don't believe that groups can bring about significant change in clients, but they continue to lead groups. We think that a deep confidence in the value of group process is positively related to constructive outcomes. You need to believe in what you are doing and trust the therapeutic forces in a group. We continue to find that our enthusiasm and convictions are powerful both in attracting a clientele and in providing an incentive to work. Group leaders who do not genuinely believe in the value of therapeutic work and who do it only for money or power are behaving unethically.

**Openness** To be effective, it certainly helps to be open with yourself, open to members of the group, open to new experiences, and open to lifestyles and values that differ from your own. At times, you may want to reveal your own experiences or, at least, the meaning that certain experiences have for you. Openness does not mean that you reveal every aspect of your personal life. Rather, it means that you reveal enough of yourself to give the participants a sense of who you are as a person. It can also enhance group process if you appropriately reveal your reactions to the members and to how you are being affected by being with the group. Your openness tends to foster a corresponding spirit of openness within the group. It allows members to become more open about their feelings and beliefs, and it lends a certain fluidity to the group process. Self-revelation should not be manipulated as a technique; it is best done spontaneously, when it seems appropriate.

**Becoming Aware of Your Own Culture** Knowing how your own culture influences your decisions and daily behavior provides a frame of reference for understanding the worldview of those who differ from you. Openness to diversity is the opposite of being entrapped by a narrow existence. Cultural encapsulation, or provincialism, affects not only you but your group members as well. The theme of the ACA's 44th annual convention was Celebrating Diversity Through the Art of Counseling. One of the keynote speakers, Don Locke of North Carolina State University, made the point that we live in three distinct worlds. We are unique beings; each of us is unlike anyone else. But because we belong to the human family, we all share some common traits. And finally, we often respond
to other individuals based on the characteristics that bring us together. If you have a sense of your own culture and how your values are influenced by your social environment, you have a basis for understanding the world of those who are different from you in a number of respects. Your willingness to welcome diversity will, to a large extent, determine your effectiveness in bringing energy to a group.

**Nondefensiveness in Coping with Attacks** Dealing frankly with criticism is related to openness. If you hope to endure as a group leader, you simply cannot afford to have a fragile ego. Group leaders who are easily threatened, who are insecure in their work of leading, who are overly sensitive to negative feedback, and who depend highly on group approval will encounter major problems when carrying out a leadership function. Members may sometimes accuse you of not caring enough, of being selective in your caring, of structuring the sessions too much, of not providing enough direction, of being too harsh, and so forth. Some of the criticism may be fair—you may be insensitive or uncaring at times—and some of it may be an unfair expression of jealousy, testing authority, power seeking, or projection onto you of feelings for other people. It is crucial for you to nondefensively explore with the group the feelings behind the criticism.

If members take a risk and confront the leader and are chastised for doing this, they are likely to feel scolded for taking a chance and may withdraw. Furthermore, others in the group may receive the message that openness and honesty are not really valued. Even if someone verbally abuses you as a leader, it is not therapeutic for you to respond in kind. Instead, you can give the person your reactions and let him or her know how you are affected by the confrontation. You can model for members an effective and nonaggressive way of expressing your thoughts and feelings.

**Personal Power** Personal power does not entail domination of members or manipulation of them toward the leader's end. Rather, it is the dynamic and vital characteristic of leaders who know who they are and what they want. This power involves a sense of confidence in self and a certain charisma. Such leaders' lives are an expression of what they espouse. Instead of merely talking about the importance of being alive, powerful leaders express and radiate an aliveness through their actions.

Power and honesty are closely related. In our view people with personal power are the ones who can show themselves. Although they may be frightened by certain qualities within themselves, the fear doesn't keep them from examining these qualities. Powerful people recognize and accept their weaknesses and don't expend energy concealing them from themselves and others. In contrast, powerless people need very much to defend themselves against self-knowledge. They often act as if they are afraid that their vulnerabilities will be discovered.

Clients often badly need to see leaders not only as powerful but also as having all the qualities that the members are striving for. Such clients may view leaders as perfect. They tend to undercut their own power by giving their leader *all* of the credit for their insights and changes. There is a danger that leaders will become infatuated with clients' perceptions of them as finished products and come to believe this myth. Powerful group leaders can accept credit where it is due and, at the
same time, encourage clients to accept their own share of credit for their growth.

**Stamina** Group leading can be taxing and draining as well as exciting and energizing. Therefore, you need physical and psychological stamina and the ability to withstand pressure to remain vitalized throughout the course of a group. Some novice counselors begin a group feeling excited and anticipating each session—until, that is, the group becomes resistive, clients begin to drop out, or members complain that the group is going nowhere. If you lose most of your stamina at this point, any possibility that the group will be productive may be lost. This means that you need to be aware of your own energy level. Furthermore, it is good to have sources other than your groups for psychological nourishment. If you depend primarily on the success level of your groups for this sustenance, you run a high risk of being undernourished and thus of losing the stamina so vital to your success as a leader. Unrealistically high expectations can also affect your stamina. Those leaders who cling to such expectations of dramatic change are often disappointed in themselves and in what they perceive as "poor performance" on the part of their group. Faced with the discrepancy between their vision of what the group *should* be and what actually occurs, these leaders often lose their enthusiasm and begin to needlessly blame both themselves and the group members for what they see as failure.

**Willingness to Seek New Experiences** Your personhood is largely determined by the variety of your life experiences. A narrow range of experiences restricts your capacity to understand the psychological worlds of clients who have different values resulting from different life experiences. Your willingness to put yourself in situations where you can learn about different cultures will be most useful in helping you work effectively with culturally diverse populations. If you genuinely respect the differences among the members of your groups and are open to learning from them, you will win their trust. By contrast, "culturally encapsulated" counselors tend to make rigid and stereotyped generalizations about individuals within a particular cultural group. As a result, they tend to impose their worldview on the members of their groups. This narrowness demonstrates a lack of respect for the complexity of the human struggles that grow out of various cultural backgrounds.

It is important to learn about human struggles by recognizing and wrestling with your own life issues. If you have lived a fairly sheltered life and have known little pain and strife, how can you empathize with clients who have suffered and have made dramatic life choices? If you have never experienced loneliness, joy, anguish, or uncertainty, what basis do you have for tuning in to the pain that your clients experience? Although it is not possible for you to experience directly everything that you encounter in others, you should at least be willing to identify ways in which you can draw on your own emotions in working with group members. It is unrealistic to expect yourself to have experienced the same problems as all of your clients, but the emotions that all of us experience are much the same. We all experience psychological pain, even though the causes of this pain may be different. One basis for empathizing with clients is being open to the sources of pain in your own life, without becoming swept up by this pain.
Self-Awareness  A central characteristic for any therapeutic person is an awareness of self, including one's identity, cultural perspective, goals, motivations, needs, limitations, strengths, values, feelings, and problems. If you have a limited understanding of who you are, you will surely not be able to facilitate this kind of awareness in clients. As we’ve mentioned, being open to new life experiences and divergent lifestyles is one way you can expand your awareness. Involvement in your own personal therapy, both group and individual, is another way for you to become more aware of who you are and whom you might become. Awareness of why you choose to lead groups is crucial, including knowing what needs you are meeting through your work. If you are functioning with dim self-awareness, you could keep yourself blinded for fear of what you might discover. How can you encourage others to risk self-discovery if you are hesitant to come to terms with yourself? You have a potentially rich source of information about yourself if you will reflect on interactions you have had with members of your groups.

Sense of Humor  At times, people take themselves so seriously that they miss an opportunity to put the importance of their problems into perspective. Although therapy is serious business, there are many humorous dimensions of the human condition. The ability to laugh at yourself and to see the humor in your human frailties can be extremely useful in helping members keep a proper perspective and avoid becoming "psychologically heavy." Groups occasionally exhibit a real need for laughter and joking simply to release built-up tension. This release should not be viewed as an escape, for genuine humor can heal. If you can enjoy humor and infuse it effectively into the group process, you will have an invaluable asset.

Inventiveness  The capacity to be spontaneously creative, approaching each group with fresh ideas, is a most important characteristic. Freshness may not be easy to maintain, particularly if you lead groups frequently. You must somehow avoid becoming trapped in ritualized techniques or a programmed presentation of self that has lost all life. If you are able to discover new ways of approaching a group by inventing experiments that emerge from here-and-now interactions, you are unlikely to grow stale. Working with interesting co-leaders is another source of fresh ideas. Getting some distance from groups—for example, by conducting fewer of them, doing other things, or taking a vacation—may also help you gain a fresh perspective.

Personal Dedication and Commitment  Being a professional who makes a difference involves having ideals that provide meaning and direction in your life. This kind of dedication has direct application for leading groups. If you believe in the value of group process, and if you have a vision of how groups can empower individuals, you will be better able to ride out difficult times in a group. If you have a guiding vision, you can use it to stay focused and on track with group members when the waters get rough.

Being a dedicated professional also involves humility, which means being open to feedback and ideas and being willing to explore one's self. Humility does not mean being self-effacing. It is the opposite of the arrogance that is implied in convincing ourselves that we have "truly arrived" and that there is nothing more for us to learn. In addition, professional commitment entails staying abreast of changes in the field, reading journals and books, and attending periodic seminars to remain fresh and innovative.
Although the personality characteristics of the group leader are among the most important determinants of group outcomes, it is a mistake to assume that being a person of goodwill and approaching your group enthusiastically are all you need to lead effectively. Some personality attributes seem positively related to effective leadership, but these characteristics by themselves are not sufficient. Basic counseling skills specific to group situations must be developed. The following are some of the skills that are needed to be a competent group leader.

**Active Listening** It is most important to learn how to pay full attention to others as they communicate, and this process involves more than merely listening to the words. It involves absorbing the content, noting gestures and subtle changes in voice or expression, and sensing underlying messages. Group leaders can improve their listening skills by first recognizing the barriers that interfere with paying attention to others. Some of these roadblocks are not really listening to the other, thinking about what to say next instead of giving full attention to the other, being overly concerned about one's role or about how one will look, and judging and evaluating without putting oneself in the other person's place. Like any other therapeutic skill, active listening exists in degrees. Some leaders are so intent on being in the spotlight that they can't focus on anything outside themselves; other leaders have developed a high degree of perceptivity in discerning others' messages. The skilled group leader is sensitive to the congruence (or lack of it) between what a member is saying in words and what he or she is communicating through body posture, gestures, mannerisms, and voice inflections. For instance, a man may be talking about his warm and loving feelings toward his wife, yet his body may be rigid and his fists clenched. A woman recalling a painful situation may both smile and hold back tears.

**Reflecting** Reflecting, a skill that is dependent on active listening, is the ability to convey the essence of what a person has communicated so the person can see it. Many neophyte group leaders find themselves confining most of their interaction to mere reflection. Somehow it seems safe. And, since members continue to talk, leaders continue to reflect. Carried to its extreme, however, reflection can become a hollow echo, empty of any substance:

**Member:**  "I really didn't want to come to the group today. I'm bored, and I don't think we've gotten anywhere for weeks."

**Leader:**  "You didn't want to come to the group because you're bored and the group isn't getting anywhere."

There was plenty of rich material here for the leader to respond to in a personal way, or with some confrontation, or by asking the person and the other members to examine what was going on in the group. Beginning on a reflective level may have value, but staying on that level produces blandness. The leader might have done better to reply "You sound discouraged about the possibility of getting much from this experience." The leader would then have
been challenging the member to look at the emotions that lay beneath his words and, in the process, would have been opening up opportunities for meaningful communication.
From the American Group Psychotherapy Association: The Therapeutic Factors (Yalom and Leszcz, 2005)

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<tr>
<th>Therapeutic Factors</th>
<th>Definition</th>
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<td>Universality</td>
<td>Members recognize that other members share similar feelings, thoughts and problems</td>
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<td>Altruism</td>
<td>Members gain a boost to self concept through extending help to other group members</td>
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<tr>
<td>Instillation of hope</td>
<td>Member recognizes that other members’ success can be helpful and they develop optimism for their own improvement</td>
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<td>Imparting information</td>
<td>Education or advice provided by the therapist or group members</td>
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<td>Corrective recapitulation of primary family experience</td>
<td>Opportunity to reenact critical family dynamics with group members in a corrective manner</td>
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<td>Development of socializing techniques</td>
<td>The group provides members with an environment that fosters adaptive and effective communication</td>
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<td>Imitative behavior</td>
<td>Members expand their personal knowledge and skills through the observation of Group members’ self-exploration, working through and personal development</td>
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<tr>
<td>Cohesiveness</td>
<td>Feelings of trust, belonging and togetherness experienced by the group members</td>
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<td>Existential factors</td>
<td>Members accept responsibility for life decisions</td>
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<td>Catharsis</td>
<td>Members release of strong feelings about past or present experiences</td>
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<tr>
<td>Interpersonal learning-input</td>
<td>Members gain personal insight about their interpersonal impact through feedback provided from other members</td>
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<tr>
<td>Interpersonal learning-output</td>
<td>Members provide an environment that allows members to interact in a more adaptive manner</td>
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<td>Self-understanding</td>
<td>Members gain insight into psychological motivation underlying behavior and emotional reactions</td>
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