



Group Treatment

Better Care, Better Health, Better Cost

October 29-30, 2012

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

Training Materials

The Group Treatment Trainers Manual is designed to walk you through delivering Group Treatment training to staff at your mental health center. This 8 hour training is broken out into 8 sections as referenced in the training outline. Each section of the training begins with identification of “Instructional Objectives”, a list of Materials Needed”, and “Trainer Tips”; slide references and slide notes follow.

Training participants will receive their own Participant Manual; the PowerPoint is intended for training purposes only and is not to be used as a training handout. Each participant will also receive a copy of the Group Treatment Work Plan. This work plan is designed to provide participants with a detailed, action –oriented work plan to be implemented immediately after the training.

Adult learning principles guided the development of this training and trainers are strongly encouraged to utilize the discussions and activities included in the trainers’ notes to ensure participants receive the full benefit of the training. Consider the number of attendees in your training as you plan for activities.

Before the Training:

Ensure clarity in your organization regarding who is to attend this training. This training has been designed for mental health professionals who are in the process of delivering groups or about to begin to do so. The various learning methods used in the training are designed to meet the needs of staff with advanced and beginning competency in group treatment.

Prior to the training it is important that you be knowledgeable about specific content in order to train your staff as needed on organization specific procedures and policies as they apply to group treatment. These areas include:

- Specific level of organizational support for offering group treatment

- Unique organizational challenges to implementing group treatment

- Evidence Based Practices being implemented and implications for group treatment

- Organization specific policies as they apply to creating groups

- Means available to clinicians to internally and externally market groups as needed

- Organization specific documentation practices

Also, as part of preparation before the training it is also important to know:

- What results does senior leadership expect from this training? Is leadership open to considering barriers to providing group treatment staff may identify as part of this training?

- How receptive is clinical staff to promoting group treatment in your organization?

What follow up activities are planned within your organization to support clinicians' needs around enhancing their group treatment skills?

Be aware of any additional handouts needed to address specific organizational needs.

To summarize, your organization should know why this training is being offered, what results are desired, who should attend and what organization specific content needs to be included.

Evaluation

Evaluation is a critical component of assessing the effectiveness of training. A sample evaluation is included in the Trainers Manual and can be edited as needed to meet your organization's specific needs. This evaluation is based on the training objectives which are as follows:

- Increase awareness that group treatment is critical to providing high quality clinical care;
- Enhanced knowledge and skills utilizing best practices to create a group;
- Gain strategies for marketing your group;
- Deepen understanding of group dynamics;
- Sharpen group facilitation skills;
- Increase awareness of different treatment models;
- Refresh knowledge in clinical documentation;
- Identify strategies to overcoming challenges to implementing group treatment;
- Develop a Group Treatment Work plan to use as your guide to immediately begin implementing group treatment.

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:

Colorado Behavioral Healthcare Council
1410 Grant Street, A-301
Denver, CO 80203
303-832-7594

Forward

This facilitator's instruction manual is meant as a companion resource to the power point presentation on group treatment training. Facilitator's should review the materials and feel free to modify the training to meet the needs of your particular organization. A sample day's agenda for training is included in the Participant Workbook. This agenda should be modified to meet the time constraints of the training you are presenting.

Table of Contents:

Introduction

Benefits of Group

Creating a Group

Promoting Your Group

Group Dynamics

Group Facilitation Skills

Group Documentation

Summary and Wrap Up

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Become familiar with the day's agenda.
- Understand the training deliverable of the "Group Treatment Work Plan".
- Connect the subject matter with their expectations as training participants.

Materials Needed:

- Agendas
- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Trainer Tips:

- Set-up seating in an arrangement that encourages discussion.
- Encourage staff that may be co-facilitating a group to sit together.
- Mention that the terms Client and Consumer are used interchangeably throughout the presentation as different MHCs across the state use different verbiage.

Slides and Notes:

Slide 1



Trainer's Notes:

Welcome and Logistics

- Take a moment to do introductions and to orient participants to restrooms, lunch plans, agenda etc.

Setting the stage for the training

- Give a brief history of this training initiative:
 - A need for development identified across the state by CBHC Deputy Directors.
 - Training program developed through collaboration of training specialists from MHCs across the state with Deputy Directors Group and Programs & Standards Committee.
 - Content was reviewed by subject matters from MHC's across the state.

Activity:

Facilitate introductions. Go around the room one by one and ask participants to share relevant information such as;

*Name/Dept/Location

*What they hope to take away from the training.

Use a flipchart to note these take aways to refer back to throughout the day.

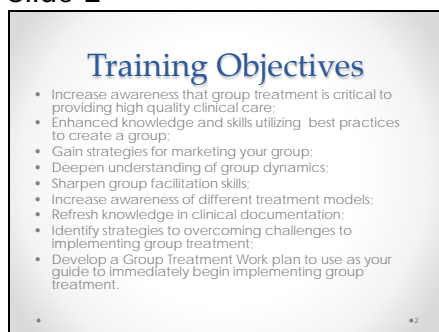
Handouts:

Agenda

Participant Manual

Group Treatment Work Plan

Slide 2



Training Objectives

- Increase awareness that group treatment is critical to providing high quality clinical care;
- Enhanced knowledge and skills utilizing best practices to create a group;
- Gain strategies for marketing your group;
- Deepen understanding of group dynamics;
- Sharpen group facilitation skills;
- Increase awareness of different treatment models;
- Refresh knowledge in clinical documentation;
- Identify strategies to overcoming challenges to implementing group treatment;
- Develop a Group Treatment Work plan to use as your guide to immediately begin implementing group treatment.

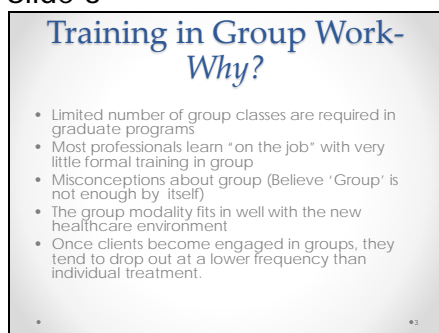
• #2

Trainer's Notes:

Review what participants will gain from training.

- Present the agenda for the day.
- Present the day's deliverable: the "Group Treatment Work Plan". Emphasize to participants that the Group Treatment Work Plan is designed to provide them with a work plan to return to the office with that will facilitate implementation of a group. As the training provides opportunity to work on each section of the work plan, participants are to keep one group in mind to focus on throughout the work plan.

Slide 3



**Training in Group Work-
Why?**

- 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 (Believe '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.

• #3

Trainer's Notes:

Begin by displaying title only and facilitating small group/table discussions to begin training. Have each group report out, highlighting pros and cons identified. Collect responses on white board or flip chart for future reference.

After the discussion, fill in content to tie together discussion. Encourage openness to feedback throughout the day as peer feedback is a key piece of the day's deliverable. Recognize that participants may be in different phases of readiness to embrace providing group treatment.

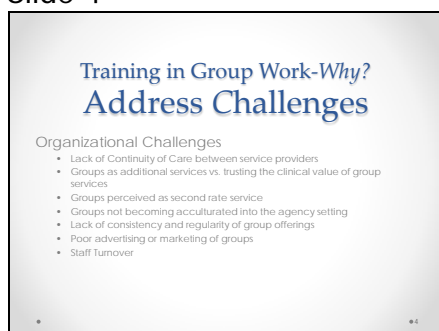
It is important to know your audience, especially if there is an undercurrent of resistance to doing group treatment.

Small Group Discussion:

Use the following questions to facilitate small group/table discussion:

- What is your experience with group treatment?
- Tell the group what group you are planning/beginning/running now?
- What do you see as pros and cons of using the group model?

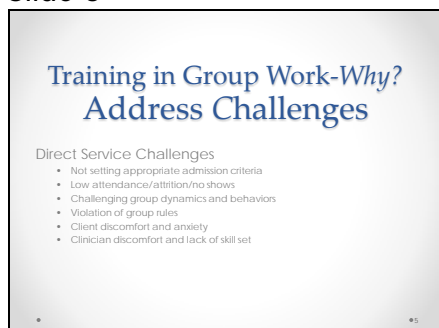
Slide 4



Trainer's Notes:

Reference back to list generated by participants earlier as there is likely to be overlap. Emphasize the training is designed to provide clinicians with tools to address these challenges and that these challenges will be addressed throughout the training.

Slide 5



Trainer's Notes:

Reference back to list generated by participants earlier as there is likely to be overlap. Emphasize the training is designed to provide clinicians with tools to address these challenges.

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Understand the role of group treatment in both the clinical and business aspects of a Mental Health Center setting.
- Understand the benefits of the group model for consumers, clinicians, and the organization as a whole.
- Develop benefits section of Group Facilitation Work Plan.

Materials Needed:

- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Activities:

- Participants will break-out into small groups to discuss the benefits of group treatment for the consumer, clinician, and the organization.
- Participants will complete the first step in developing their group treatment work plan.
- This first step includes:
 - Developing a rationale for offering a specific group at your MHC.
 - Providing a detailed explanation of how the group benefits both clients and the organization.

Trainer Tips:

- Be sure to honor the expertise of training participants and invite them to share their experience and observations.
- Be sure to consider organization-specific content for this section, especially when discussing the benefits to the organization.
- When facilitating discussion, be sure to allow participant input prior to pulling-up slide content.

Slides and Notes:

Slide 6



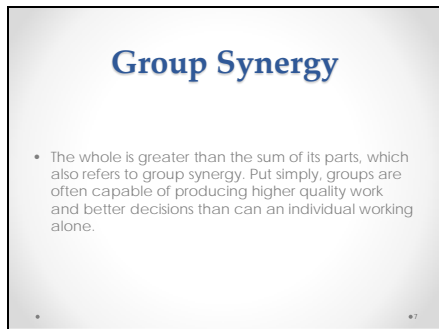
Trainer Notes:

Present Outline for section: In this section we will discuss:

- Group Synergy;
- Benefits of group treatment to clients, consumers, organization;
- Efficacy of group treatment.

At the end of this section, participants will complete the first component (Title TBD) of their Group Treatment Work Plan. Encourage participants to be thinking about their group as content in this section is covered.

Slide 7



Trainer Notes:

Use this slide to generate discussion about group synergy and the applicability of this concept to group treatment. Use slide notes below to get group warmed up if needed.

Ask group:

- How does Group Synergy apply to Group Treatment?

Slide Notes:

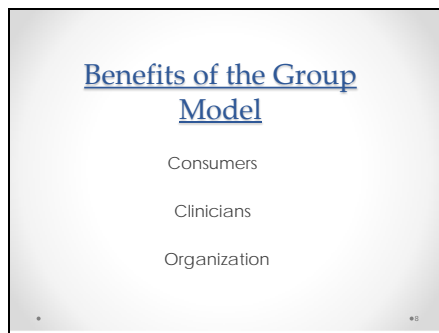
This principle is the basis for the way businesses and governments work; it also applies to all areas of human behavior.

Fewer mistakes are made in group treatment as well as allowing for more varied input.

More possible solutions are generated by the group than the individual

The benefit of seeing things through multiple perspectives produces a better outcome.

Slide 8



Trainer Notes:

Present this slide as an introduction to the group activity outlined below.

Use the following slides after each individual group has reported out to review for any missed points.

Group Activity:

Have participants break-out into at least three groups and assign each group one of the following discussion questions:

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?

Have each group appoint a scribe to take notes during the discussion and a reporter who will present their discussion to the larger group. Give the 3 groups approximately 5 minutes for discussion, then bring groups back together for reporting out.

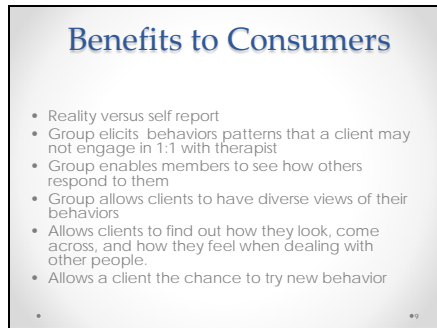
Materials needed: Sticky backed easel paper, markers

Slide Notes:

Group therapy has benefits for consumers, clinicians and the organization you work for.

There is a common misconception that group is a less effective or second line treatment.

Slide 9



Trainer Notes::

Show the slide title only and have Group #1 report-out the benefits of group therapy. Next, see if other group participants have anything to add. Review each slide pertaining to Benefit to Consumers, after which, go onto next group.

Slide Notes:

The opportunity to see the individual's behavior in response to a variety of other personalities provides invaluable information and material for therapy.

A client may exhibit certain behaviors in the context of a one on one relationship in a closed setting with a therapist. The group prompts a variety of other behaviors that the therapist would never be able to experience in individual therapy.

The feedback provided by a group of different personalities, genders, life experiences, etc, allows both the therapist and the client to see how the client's style effects more than one type of relationship and personality. The therapist may have one reaction to the client's description of events but others may be seeing things in a different light.

Slide 10

Benefits to Consumers

- Meeting other people with problems can give a wider perspective of your own problems
- Listening to other people helps consumers understand how they can view and handle problems in more than one way
- Other people can give encouragement and emotional support, a general feeling for the human condition and a built in support system
- Group therapy is of special value in treating problems involving communication with other people, such as social phobia (shyness)

Slide Notes:

A group serves as a microcosm of one's life, both inside and out. Patterns of thought and behavior are revealed. You are provided a place to see how such patterns impact you and others--in the moment, as they unfold--and can experiment with making adjustments.

Because people trust the feedback they hear from their peers--typically even more than that from professionals--they tend to make progress more quickly and deeply. Tom Glasser, Licensed Psychologist

Slide 11

Benefits to Consumers

- Help consumers discover they are not alone
- Opportunity for role play of difficult situations with multiple roles
- Peer feedback is sometimes more powerful
- Validation since group members more easily realize and relate to what others are going through
- Benefit from others' experiences
- The healing effect of helping others
- Group therapy usually costs much less for self-pay consumers
- Psychoeducation is less threatening in a group

Slide Notes:

The positive effect of meeting other people with the same type of problems as yourself cannot be underestimated. Just to know that there is nothing weird or unusual about what you are going through. It is a normalizing experience.

Trying out new behaviors in a supportive setting increases the chance that these new behaviors will be used in real world situations.

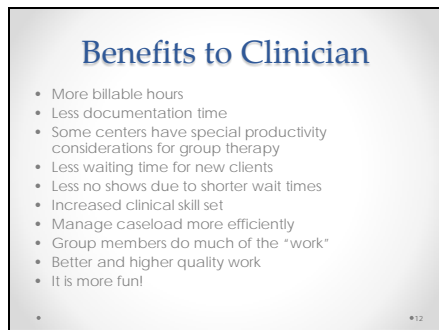
Groups offer the opportunity to have various people play different roles who might respond in alternative ways.

This gives the client more confidence in their ability to handle whatever reaction they might encounter.

Sometimes clients give more weight to suggestions from people who have more nearly been in their situation. When therapists give suggestions clients may feel they haven't "walked in my shoes."

It works- we all got in this field to help people. Group helps people

Slide 12



Trainer Notes:

Show the slide title and have Group #2 report-out the benefits of group therapy to the clinician. Next, see if other group participants have anything to add. Review each slide pertaining to Benefit to Clinician, after which, go onto next group.

Slide Notes:

Check your center's policies for special considerations.

Group can give you 6-8 billable hours for one hour of your time. Check your agencies policies regarding this.

Most EHRs allow for one note about the content of the group copied for each group member and then a brief note about the individual member's response and participation. Check your center's policies.

Waiting time- one of the most common complaints about mental health centers from outside agencies is the length of time between the intake appointment and the next appointment for children, adolescents and families. If more clients were in group the waiting time would be shorter as more appointment times would be available. The new clients don't necessarily need to go to the groups but the vacated appointment times might be available for the new clients.

Research indicates a strong correlation between length of time between intake and first appointments and no shows. In one study 95% of clients who had a follow up appointment within 12 days of intake showed up for that appointment whereas 70% of clients whose follow up appointment was 22 days or more later did not show up for that follow up appointment. (Noel Clark in National Council Magazine, 2010 Issue 2, page 73)

Slide 13

Utilization of Staff Time				
Treatment	# Of session	# of clients	Staff time: Individual Hours	Staff Time: Group hours
Crisis/Orientation Intervention	8	10	80	8
Time limited (Intensive)	25	10	250	25
Longer term	50	10	500	50

Slide Note:

This slide is just meant to emphasize the efficiency of group with respect to utilization of staff time.

More clients can be served with less staff time making the best use of the therapist's skills.

Slide 14

Benefits to the Organization	
<ul style="list-style-type: none">• Health care market is highly competitive - organization sustainability is a requirement• Increased penetration rates• Better access times• Increased efficiency• Target new funding sources• Accomplish "Triple Aim" of health care reform<ul style="list-style-type: none">◦ improving the experience of care◦ improving the health of populations◦ reducing per capita costs of health care	

Trainer Notes:

Show the slide title and have Group #3 report-out the benefits of group therapy to the organization. Next, see if other group participants have anything to add. Review each slide pertaining to Benefit to the Organization, after which, this group activity is ended.

Slide Notes:

Improving the experience of care, improving the health of people, and reducing the per capita cost of health care. This is the task we, along with every other health care professional, have been given. Ensuring we are providing high quality services that are easy to access.

Increased demand in services without increase in funding, groups helps with improved utilization mgt.

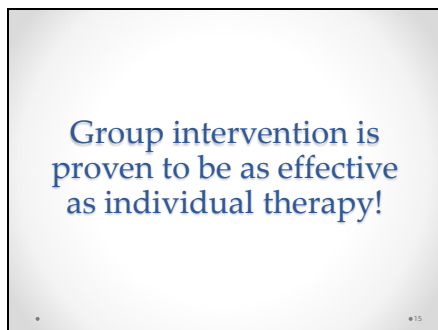
Excellent customer service and quality of care, improved access

Access to care is a key concern. Groups allow faster access to care which translates into better care.

Benefit Design- payment sources are going to a system where benefit limits are imposed based on diagnosis and type of care. Group benefits tend to be more generous- example- ni limit on groups for Medicaid clients though there is a limit for individual sessions.

Organization: The health care market is highly competitive and in order to remain viable a provider must meet the needs of all stakeholders. With the advent of health care reform and the transformation to integrated care it is imperative that we understand those needs and respond to them. The triple aim of health care reform is: improving the experience of care, improving the health of people, and reducing the per capita cost of health care. This is the task we, along with every other health care professional, have been given. Ensuring we are providing high quality services that are easy to access.

Slide 15



Trainer Note:

Complete studies can be found for participant reference in appendix of participant manual (or hosted on CBHC library).

Reference previously collected pros and cons of group treatment created by participants. Highlight pros and cons that have applicability to point made here. Check in to see if there has been any shift in perception of group treatment.

This ends the content of this section; do Q & A.

Slide Notes:

Multiple studies and meta analyses have validated this fact.

Meta analysis of 23 studies: No difference in outcome between group and individual formats. (McRoberts, et al., 1998)

Explain meta analysis and why it holds more weight than individual studies: More data, poorly designed studies thrown out, only controlled studies included, more subjects, less likely to be skewed by extraneous variables, less likely to be influenced by researcher bias.

Comparative efficacy of individual and group psychotherapy: A meta-analytic perspective. By McRoberts, Chris; Burlingame, Gary M.; Hoag, Matthew J. Group Dynamics: Theory, Research, and Practice, Vol 2(2), Jun 1998, 101-117.

Need more proof?

Of all psychotherapy modalities, therapy in a group effectively and efficiently furthers children's capacities for social interaction and intimacy through interaction that is familiar and nonthreatening to them (Kymissis, 1996; Rose, 1998; Schaefer, 1999). Such intervention has proven to be as effective as individual therapy (Hoag & Burlingame, 1997; Shechtman & Ben-David, 1999), is cost-effective.

The literature supports the effectiveness of small groups in enhancing self esteem (Hlongwane & Bason, 1990), friendship skills (Rosenthal, 1993), and friendship intimacy (Shechtman, 1994). In a series of studies evaluating outcomes of small counseling groups, some of the same variables (e.g., self-esteem, locus of control) that were not improved through educational or guidance groups were positively affected in counseling groups (Shechtman, 1993; Shechtman, Gilat, Fos, & Flasher, 1996).

Another study was done (Shechtman et al., 1996) of low-achieving students, half of whom (wait-list students) received only intensive academic assistance and half of whom were also treated in therapy groups that had no focus on learning. In 6 months, 75% of the treatment students improved their grades, whereas the wait-list students showed no progress. In addition, the treatment students improved in self-esteem, social status, and self-control, and all gains were sustained at follow-up.

Slide 16



Trainer Notes:

Facilitate participant completion of the Rationale component of the Group Treatment Work Plan.

- Develop the rationale for offering a specific group at your MHC.
- Develop a detailed explanation of how the group will benefit both the consumer and the organization.
- Identify challenges to implementing your group and possible solutions.

Encourage group to use "table mates" for consultation.

Wrap up section with final Q & A.

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Understand what needs to be taken into consideration when creating a group.
- Enhance knowledge of group design and selection.
- Gain knowledge around a variety of evidence based group models.
- Understand factors to take into consideration dependent on populations represented in the group.
- Understand non-traditional group models driven by needs at the MHCs.
- Apply best practices in group design and selection to a group they will be or are currently offering.
- Reflect on effective care coordination when group is a piece of the treatment plan.
- Develop the group proposal section of the Group Facilitation Work Plan.

Materials Needed:

- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Activities:

- Participants will participate in a break-out group exercise around the pros and cons of Homogeneous and Heterogeneous Groups.
- Participants will complete the second step in developing their group treatment work plan.
- This second step includes:
 - Defining the group design for their proposed group.
 - Defining the admissions/screening criteria for their proposed group.
 - Determining if the group should be Homogeneous or Heterogeneous.
 - Determining if the group should be open or closed.
 - Determining the length of the group.
 - Determining the size of their group.

Trainer Tips:

- Be sure to honor the expertise of training participants and invite them to share their experience and observations.
- Be sure to consider widely used evidence based practices in your organization when facilitating this section.
- Be familiar with non-traditional group models utilized in your MHC and how they are utilized.
- Be sure to consider organization-specific content for this section, especially in discussion of group screening and care coordination processes.
- When facilitating discussion, be sure to allow participant input prior to pulling-up slide content.
- Allow participants to add to their group proposal after each topic in this section is discussed.
- Determine the appropriate number of break-out groups depending on training group size. The ideal break-out group size is 3 – 5 participants.

Slides and Notes:

Slide 18



Trainer's Notes:

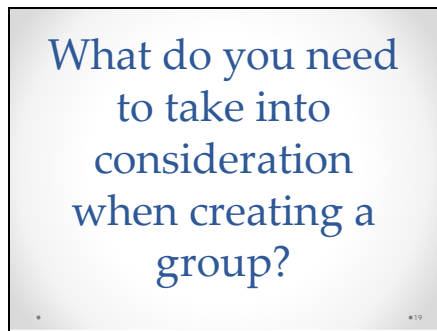
Introduce next section of the training; present outline of content that will be covered:

- Group design
- Evidenced Based Practices
- Determining goals and objectives
- Screening criteria
- Care coordination issues
- Homogeneous or heterogeneous
- Open or closed
- Length, frequency, duration
- Group size recommendations

The group will also complete the next component of their Group Treatment Work Plan. Encourage participants to be considering their specific group while the training addresses the content above.

As you move through this section recognize the expertise in the room by facilitating deeper discussions of considerations for each slide topic.

Slide 19



Trainer's Note:

Open with the question. Steer discussion toward content to be covered in this section. Write participant responses on white board or flip-chart. Encourage open discussion and dialogue to share ideas around needs to consider.

Slide Notes:

Emphasize that need may be determined by MHC's needs. You need to coordinate with your MHC what types of funding sources and any special requirements those funding sources might have.

Organizational needs.

Client needs.

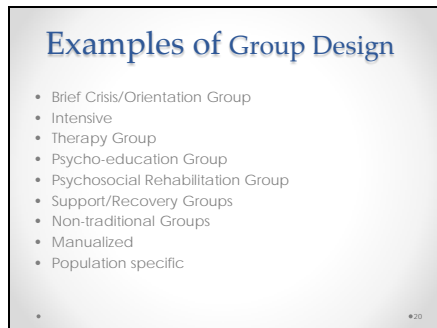
Clinician needs to include:

- Caseloads

- Resources available

- Logistics

Slide 20



Trainer's Notes:

This slide and the following slides outline specific points around group design to guide participants toward the completion of this section in their Group Treatment Work Plan.

Ask group what other examples of group design they can think of.

Slide Notes:

Brief Crisis/Orientation Group

Great place for most consumers to begin. This type of group may be the only intervention needed.

- Should have rapid access
- Limit session to 6-8 for any one member

Intensive Group

Intended for clients who require more intensive services. More than 26 sessions or six months

- Helps evaluate capacity to use groups effectively.

2) Assess motivation.

3) Determines IF there is a need for longer term treatment

Time limited 12-25 sessions

Long Term –

- The goal for clients in these groups is to prevent decompensation and/or to avoid hospitalization.
- Examples would be clients with schizophrenia or major personality disorders.

CHANGE DOES STILL OCCUR...just at a slower pace.

Manualized groups have a specific pre-prepared curriculum.

Non-traditional

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

Examples:

- Medication Groups
- Orientation Groups
- Transition Groups
- Support Groups
- Engagement/Re-engagement Groups

Consult with leadership in your organization around any group models that are being strongly encouraged.

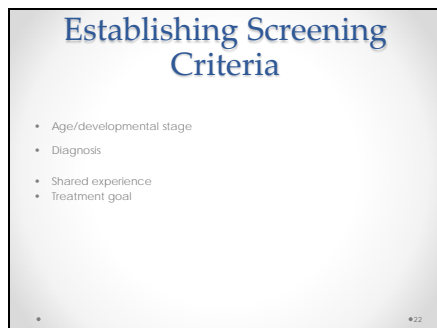
Slide 21



Trainers Note:

Present as examples of Evidenced Based Treatment, clarify if these are implemented in your MHC or not.

Slide 22



Trainer Notes:

Begin by showing title only. Ask:

What is purpose of setting screening criteria?

What criteria have you used in the past, or are considering now?

Write down responses on white board or flip chart. Then display content

Place emphasis on importance of setting treatment goals and objectives. Clear goals and objectives guide group design and assist in determining inclusion criteria. Clear goals and objectives also assist with preparing clients for group as they inform the client how the group will be helpful to them and their specific goal for treatment.

Before this training, be sure to gather information on how your MHC conducts screening for group participation. Use these processes to frame this discussion on this slide and tailor the content to fit these processes.

Slide Notes:

Admission criteria:

- Who is suited to the group?
- Who might have a negative impact?
- What are the member's goals for the group?
- Who might be jeopardized by the experience?

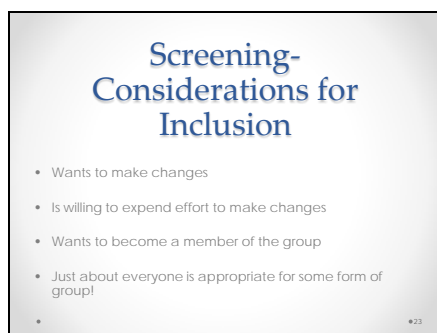
Referral Process:

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

Adjunctive or group only:

Use assessment data to determine adjunctive vs. group only services

Slide 23



Trainer Note:

Display title then ask participants what criteria they would use or have used for inclusion of client into a group.

Display content for further discussion.

Be aware of your MHC policies and procedures and include them in the conversation.

Slide 24

Group Design- Evidenced Based Practices

- Evidence Based Practices (EBP) are treatments that are based in theory and have undergone scientific evaluation.
- The National Registry of Evidence Based Programs and Practices (NREPP)

Trainer's Notes:

Discuss any evidenced based practices your MHC is implementing. Opportunities for clinicians to gain competency in these.

Slide Note:

"Evidence-based" stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. Components include:

- Solid theory or theoretical perspective has validated research
- Supported by a documented body of knowledge
- Judged by informed experts to be effective

There are over 220 EBP's listed with the National Registry which can be found on the SAMSHA website.

Distinguish Evidenced based from "Promising Practices". This refers to practices that have not yet met the criteria to be on the evidence based practices list but seem to be headed in that direction.

Slide 25

Screening - Considerations for Exclusion:

- Extremely fragmented or acutely psychotic/paranoid
- Extremely self-centered
- Under the influence/hot UA
- Inadequate cognitive ability
- Behavior is generally disruptive to the group
- High Acuity (dangerousness)
- *Certain Personality Disorders and Traits

*Some Personality Disorders may be very appropriate to work with in a Homogeneous group

Trainer's Notes:

Display slide title and ask the participants what reasons they would use or have used for exclusion of client into a group.

Discuss key points on this slide.

Be aware of your MHC policies and procedures and include them in the conversation.

Emphasize that screening criteria is one of the key points for participants to consider when completing this section of their Group Facilitation Work Plan.

Consider asking:

- What criteria would you use to screen and select members for a group? If you decided to exclude someone who had applied, how would you handle this matter?
- If you were conducting individual interviews to select group participants, what are some questions you would most want to ask?

Slide Notes:

Lean towards inclusion if in doubt.

Extremes of anger and hostility; social inhibition; substance abuse; and a medicalization of psychological problems should be considered when deciding if a person is appropriate for group.

Slide 26



Trainer's Notes:

Ask group for 2-3 volunteers to share their experience coordinating care involving individual and group treatment, or other situations where care is provided between multiple providers within MHC. What has been the result?

Emphasize that there needs to be consistent and clear communication between the primary therapist, group therapist, and client throughout the process.

There are times when it is appropriate to have both group and individual therapy. There are certain issues which are better dealt with in individual but these are more the exception than the rule.

Slide Notes:

Combining treatments may be unnecessary if the second modality is redundant or incompatible with the initial therapy (Rosser, et al., 2004).

Concurrent individual therapy may dilute group therapy intensity by reducing the pressure group members may have to address important material.

Engagement within the group may also be diminished if many group members are participants in an individual therapy (Davies, et al., 2006).

Research has shown if people are doing both 1:1 and group they will save most salient issues for 1:1 and this will lose some of the value of the group work.

Role of individual therapist when treatment is concurrent

Help to maintain a consumer in group therapy who might otherwise terminate the group prematurely

Address psychological issues the group triggers for the consumer that require more focused attention

Slide 27



Trainers Notes:

Ask for volunteers from the group to provide brief definitions for each item noted on the slide. See additional definitions in Slide Notes.

Exercise:

Break group up into smaller groups assigning each topic below to at least one group:

When to use homogeneous groups?

When to use heterogeneous groups?

When to use Open groups?

When to use closed groups

Have smaller groups assign role of scribe and reporter. Allow 5 minutes for discussion then have each group report out in the order above. Use following slides to facilitate discussion after each individual group has presented.

Materials needed: sticky sided easel paper, markers.

Slide Notes:

When implementing an outpatient group, the leader establishes certain parameters, including whether the group will be open or closed, time-limited or open-ended, as well as session frequency and duration. Each of these variables influences group development. For example, open groups which continually add and lose new members on an ongoing basis, such as a community-based support group, may not develop through certain stages in the same way as a closed, insight-oriented, interpersonal group.

Heterogeneous: contains diversity of gender, age, diagnosis, etc.

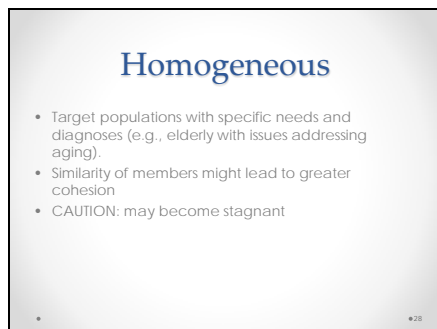
Homogenous: contains consistency in terms of one or more identifying factors such as developmental age, gender, diagnosis, etc.

Heterogeneous/homogeneous composition depends on the groups' goals; Consider fit between members

Open: the group has no set start or end date and clients can join at any point. Open groups: Changing membership throughout group

Closed: the group has a clear start and end point and clients are expected to attend accordingly. Closed Groups: Typically have a time limitation and members are expected to stay until the group ends

Slide 28



Trainers Notes:

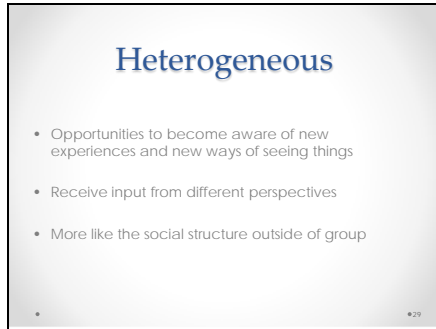
Display content after the homogeneous group has presented to facilitate deeper discussion.

Slide Notes:

Overall, the therapist's aim in composing groups is bringing together a mix of individuals who will both challenge and support one another and develop and maintain group cohesion.

The strongest empirical evidence for the benefit of pre-group preparation concerns retention and attendance

Slide 29



Trainers Notes:

Display content after the heterogeneous group has presented to facilitate deeper discussion.

Emphasize that these (heterogeneous/homogenous, open/closed) are key points for participants to consider when completing this section of their Group Facilitation Work Plan.

Slide 30



Trainer Note:

Facilitate discussion after both open and closed groups present. This is the end of the group exercise.

Emphasize that this is one of the key points for participants to consider when completing this section of their Group Facilitation Work Plan.

Slide Notes:

Open groups: Changing membership throughout group

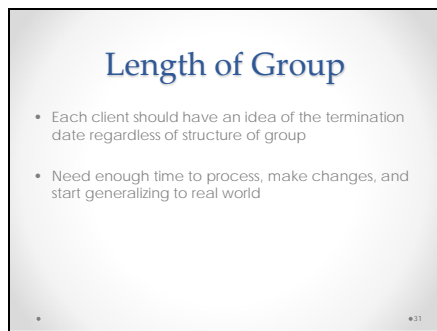
Suggest covering ground rules periodically

New members must agree to attend at least 6 sessions

Consider termination criteria and alternatives

Open groups are different... give the client some ideas for length, revolving curriculum and graduation in open, on-going groups.

No shows in established closed groups can have devastating impact on members. This issue must be dealt with by the group therapist emphasizing the importance of regular attendance.

Slide 31**Trainer Note:**

Begin by displaying title only and ask:

- What factors are important when determining length of a group?"
- Display content to pull together discussion.

Emphasize that this is one of the key points for participants to consider when completing this section of their Group Facilitation Work Plan.

Slide Notes:

Talk to the client's about termination criteria, whether the group is time limited, ongoing.

Slide 32

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

Trainer Note:

Begin by displaying title only and ask:

- What factors are important when determining frequency and duration of a group?"
- Display content to wrap up discussion.

Emphasize that this is one of the key points for participants to consider when completing this section of their Group Facilitation Work Plan.

Slide Notes:

Review billing codes and encounter vs. time. Different payer sources may have different rules regarding how long group must be, Check with your supervisor. Check Benefit Design instructions.

Resources piece of manual – group codes guide

Slide 33

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

Trainer Note:

Begin by displaying title only and ask:

- What factors are important to consider when determining group size".
- Display content to wrap up discussion.

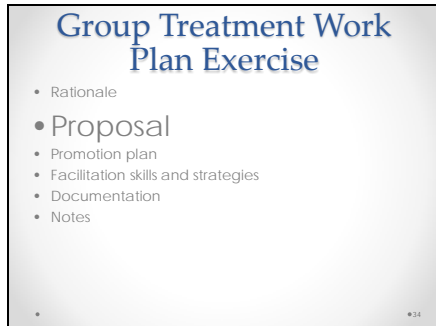
Emphasize that this is one of the key points for participants to consider when completing this section of their Group Facilitation Work Plan.

Emphasize co-leader resource in appendix of participant workbook.

This is end of section, Q & A

Refer to co-leader handout in training manual

Slide 34



Trainer Notes:

Facilitate participant completion of the Proposal component of the Group Treatment Work Plan.

- Consider group design, goals & objectives, and screening criteria.
- Consider care coordination issues; might clients also be in individual treatment or receive care from other providers?
- Consider if your group will be heterogeneous/homogenous; open/closed.
- Determine length, frequency, duration, size.

Wrap up section with final Q & A.

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Reflect on how groups are currently promoted in the organization and brainstorm ideas for improvement in promotion of groups.
- Understand methods of internal and external marketing used within your organization.
- Understand the importance of marketing in group participation and participant engagement.
- Develop promotion section of the Group Facilitation Work Plan.

Materials Needed:

- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Activities:

- Participants will actively engage in dynamic discussion around internal and external marketing ideas.
- Participants will complete the third step in developing their group treatment work plan.
- This third step includes:
 - Developing a marketing plan for the specific group the participant is planning on offering at their MHC.

Trainer Tips:

- Be sure to honor the expertise of training participants and invite them to share their experience and observations.
- Be prepared with handouts and examples of group marketing at your MHC.
- When facilitating discussion, be sure to allow participant input prior to pulling-up slide content.

Slides and Notes:

Slide 35



Trainer Notes:

Introduce this as next section of the training; present outline of content that will be covered:

- Internal Marketing strategies

- External Marketing strategies

The group will also complete the next component of their Group Treatment Work Plan.

MHC specific expectations and procedures will make up the bulk of the content in this short section.

Slide 36



Trainer Note:

Open with the question: How do you currently promote groups to your clients?

Write participant responses on white board or flip-chart.

Ask participants what has worked and what has proved challenging.

Encourage open discussion and dialogue in the spirit of improving access to group across the organization.

Promote MHC specific strategies in this section. How does your organization promote services? Social Media, electronic, fliers, etc.

Slide Notes:

Encourage clinicians to consider how they can use research on group treatment to encourage clients about group treatment.

Encourage clinicians to consider how their biases about group treatment might impact clients' perspectives about group treatment.

How do you actively support clients joining groups that are appropriate for them?

Slide 37

**Trainer Tips:**

It is necessary for the effectiveness of the training to fully research the methods of internal and external marketing used in your MHC.

Handouts:

Be prepared with supplemental materials outlining practices specific to your MHC.

Be sure to include both internal and external marketing methods.

Examples of groups: therapy, wellness, psycho-social, support, life skills, meditation, medication, etc.

Examples of Internal Marketing

Create and maintain a Master List of available groups

Distribution to all teams and post on Intranet or Shared Drive

Post flyer(s) in public areas of organization/community

What is presented message to clients about role of group treatment

Slide 38



Trainer Notes:

Facilitate participant completion of the Promotion Plan component of the Group Treatment Work Plan.

- What steps will you take to market your group internally? To clients, clinicians?
- What marketing barriers exist in accomplishing this?
- What steps will you take to market your group externally? To clients, providers?
- What barriers exist in accomplishing this?

Wrap up section with final Q & A.

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Understand the stages of group development.
- Understand the group facilitator's role in guiding the group through the stages of group development.
- Build skills in influencing group dynamics.

Materials Needed:

- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Activities:

- Participants will participate in dynamic discussion of group dynamics and facilitator roles.

Trainer Tips:

- Be sure to honor the expertise of training participants and invite them to share their experience and observations.
- When facilitating discussion, be sure to allow participant input prior to pulling-up slide content.

Slides and Notes:

Slide 39



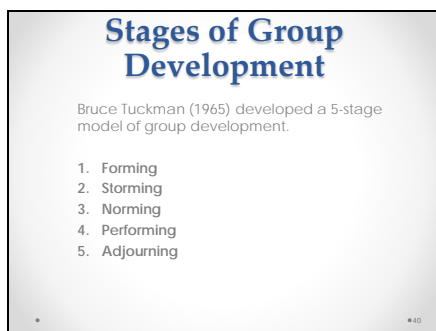
Trainer Notes:

Introduce this as next section of the training; present outline of content that will be covered:

- Stages of group development
- Phases of single group session
- Characteristics of supportive groups
- Group dynamics – process

There is NO group treatment work plan activity for this section

Slide 40



Trainer note:

Display title and ask who can remember the 5 stages of Group Development according to Bruce Tuckman and ask group to define each stage.

Slide Notes:

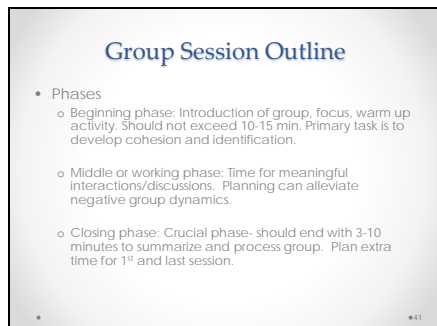
1. **Forming:** The group comes together and gets to initially know one other and form as a group.
2. **Storming:** A chaotic vying for leadership and trialing of group processes
3. **Norming:** Eventually agreement is reached on how the group operates (norming)
4. **Performing:** The group practices its craft and becomes effective in meeting its objectives. Tuckman added a 5th stage 10 years later:
5. **Adjourning:** The process of "unforming" the group, that is, letting go of the group structure and moving on.

In an open group these stages will be much more fluid as various group members will have different levels of experience with the group.

The therapist's role varies depending on the stage the group is experiencing.

Refer to handout in training manual

Slide 41



Trainer Notes:

Display phase and ask volunteer to define phase. Then fill in content; repeat for each phase.

After reviewing the phases, ask participants what challenges they face/have faced in each of these phases of the group. Use the following for prompts if needed:

Has anyone ever:

- Realized the entire group was spent checking in?
- Felt like you are working harder than the group?
- Had a participant drop a bomb at the very end of group (ie: verbalize suicidal thoughts, intentions)?

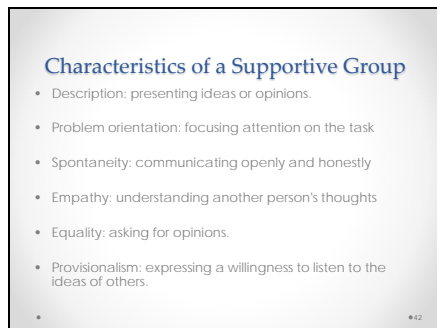
Be sure to note challenges on a white board or flip chart to connect to skills section.

Let the participants know that we will be addressing some challenges now, but will bring it back around to skills in a little bit.

Slide Notes:

Clearly state that just checking-in is not a group, but the beginning of a group.

Slide 42



Trainer Notes:

Review the list included in this slide. Ask 2-3 volunteers to share experience they have had with supportive groups.

Slide Notes:

Getting feedback from others

Giving feedback to others

Giving and getting support

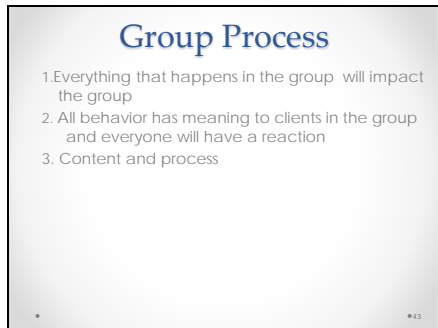
Permission to express thoughts and feelings

Feeling that one belongs

Feeling of universality or normalizing

Validation of thoughts and feelings

Slide 43



Trainer Notes:

Show title only first. Ask participants to define, write down responses then come back to content above.

This is end of section. Q & A. There is not group treatment work plan component in this section.

Slide Notes:

Content/process: 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

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Understand the essential skills of a group therapist.
- Understand the importance of preparing clients for group.
- Understand their role and improve their skills in setting ground rules.
- Build skills in facilitating with group members in challenging roles.
- Build skills in facilitating challenging group dynamics.
- Develop the Facilitation Skills and Strategies section of Group Facilitation Work Plan.

Materials Needed:

- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Activities:

- Participants will analyze video clips of group treatment and discuss skills used properly or improperly and the resulting outcome.
- Participants will actively participate in role play scenarios with challenging participants which will allow them to enhance their skill set.
- Participants will complete the fourth step in developing their group treatment work plan.
- This fourth step includes:
 - Developing effective ground rules participants would use in their group.
 - Developing strategies around managing challenging participants in a group treatment setting.
 - Reflecting on areas for growth in group treatment facilitation skills.
 - Reflecting on potential challenges in delivering group treatment at their facility and brainstorming possible solutions.

Trainer Tips:

- Be sure to honor the expertise of training participants and invite them to share their experience and observations.
- When facilitating role plays, be sure to encourage participation by all of the training participants.

- When facilitating discussion, be sure to allow participant input prior to pulling-up slide content.

Slides and Notes:

Slide 44



Trainer Notes:

Introduce this as next section of the training; present outline of content that will be covered:

- Group Therapist Skills
 - Preparing clients for group
 - Setting ground rules
 - Individual roles
 - Challenging dynamics
 - Identifying conflict
 - Strategies
 - Termination
 - Ethics

Participants will also be able to complete the next section of their Group Treatment work plan

Slide 45



Trainers Note:

Go through skill one by one with participants asking volunteers to define each skill. Then Break participants into 5 groups assigning groups to identify the 3 most critical skills used in each of the stages of group development:

- Forming
- Storming
- Norming
- Performing
- Adjourning

Have each group present to the larger group.

Slide Notes:

Refer to handout in training manual.

Characteristics of a group facilitator:

- Courage
- Willingness to Model
- Presence
- Goodwill and Caring
- Belief in the Group Process
- Openness
- Nondefensiveness

Slide 46

**Trainer Notes:**

Ask the participants how they generally prepare their clients for engagement in group therapy.

Connect client preparation to engagement and success.

- What strategies have worked/haven't worked?
- What have they learned from experience?

State the importance of using group goals and objectives to help inform clients about what the group will address, how to build desired skills, insight, etc.

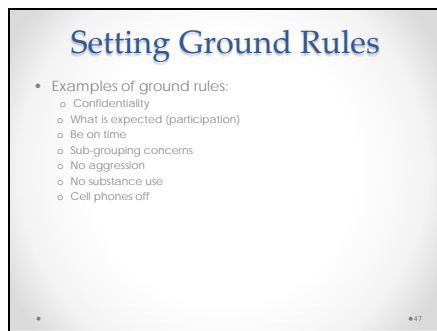
Slide Notes:

If these are not brought up, bring up with the group:

- Whenever possible introduce the client to the group facilitator
- Introduce the possibility of group services right from the intake session to help manage expectations
- Familiarize consumers with group goals/rules/conduct

These steps can reduce client anxiety and increase likelihood of attendance and benefit, establish the beginnings of a therapeutic alliance and achieve consensus between group leader and group members on the objectives of the therapy.

Slide 47



Trainer Note:

Be aware of any ground rules that are policies within your MHCs.

Show title slide and ask

Why setting ground rules important?

How are ground rules developed?

What are some examples of effective ground rules you have used in the past?

Show content to see if anything was missed.

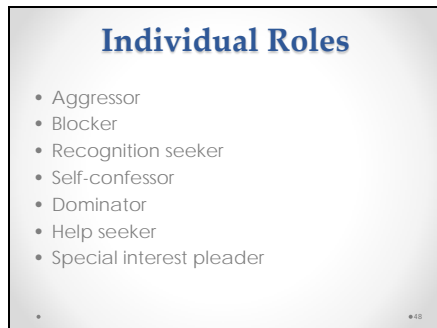
Slide Notes:

Make the rules relevant to your group topic.

Your agency may have policies regarding group rules.

You need to be aware of your agencies specific policies.

Slide 48



Trainer Notes:

Ask for volunteers to define roles listed on the slide. Ask if there are others roles not listed

Slide Notes:

Aggressor: attacks other group members, deflates the status of others, and other aggressive behavior.

Blocker: resists movement by the group.

Recognition seeker: calls attention to himself or herself.

Self-confessor: seeks to disclose non-group related feelings or opinions.

Dominator: asserts control over the group by manipulating the other group members.

Help seeker: tries to gain the sympathy of the group.

Special interest pleader: uses stereotypes to assert his or her own prejudices.

Groups meet needs that can't be met in an individual setting. Human beings are by nature social creatures. Each individual may play different roles in a group and that gives us information about that individual and how they relate to the world.

Individuals often join a group to meet their interpersonal needs and William Schutz² has identified three such needs

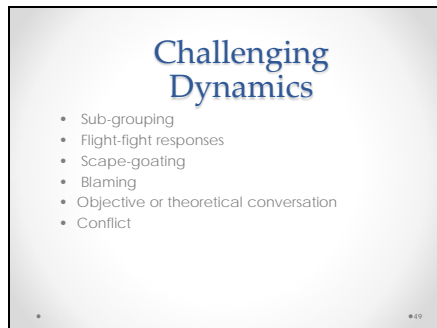
1. Inclusion is the need to establish identity with others.
2. Control is the need to exercise leadership and prove one's abilities. Groups provide outlets for this need.
3. Some individuals do not want to be a leader. For them, groups provide the necessary control over aspects of their lives.

Affection is the need to develop relationships with people. Groups are an excellent way to make friends and establish relationships

Exercise:

Break participants into small groups and assign each group a role from above (you can use all or just some depending on the size of your group). Ask for one volunteer in each group to play the role assigned. Group members then have the opportunity to either take turns practicing facilitation skills, or can role play others in the mock treatment group. Have the groups discuss how this felt and ideas they came up with for handling these individual roles. Have each group report out any insights.

Slide 49



Trainers Notes:

Display title slide and ask, what challenging group dynamics have you faced? Note these on white board/easel.

Display content to have full list. Define each item on full list.

Discuss list in detail and ask:

- What makes each these dynamics challenging?
- What is responsibility of group facilitator?
- What have been successful and unsuccessful strategies?

Slide Notes:

Because of the systemic nature of groups, challenging dynamics between members can arise. We will look at strategies to address these challenges.

Make sure you come back to these definitions:

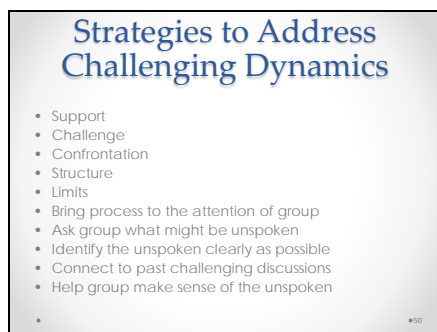
1. **Subgrouping:** division of group along certain lines that alienate the groups from each other
2. **Flight-Fight:** in response to threat, have tendency to go first to these behaviors
3. **Scapegoating:** singling one member out as the cause of difficulties
4. **Blaming:** making somebody or something that cause of individual difficulties
5. **Objective or Theoretical Conversation:** focus on concrete topics or theory to avoid addressing thoughts and feelings

6. **Conflict:** The first step in managing conflict is to identify the conflict. Remember, conflict is not necessarily bad– it helps us to bring forth challenges that can be utilized to move a group forward
- Do the group members know that a conflict exists?
 - Are the group members arguing over competing goals?
 - Are the group members dependent on each other to solve the conflict?

Other examples of challenging behavior:

- **Intellectualizing:** avoid silence, avoid intense emotion, reduce immediate threat
- **Silence:** avoid self-disclosure, punish members, escape conflict; communication deficits, avoid involvement, seek encouragement
- **Monopolizing:** get attention; avoid attack, seek to avoid isolation, need to be fully understood
- **Soothing:** dampen self-affect, resistance to painful affect
- **Hostility:** avoid being hurt by others, seek revenge, deflection from self
- **Helplessness:** be rescued, deny personal involvement, get attention
- **Junior Staff:** distance from group, reduce need to self-disclose, be perceived as competent; challenge leadership
- **Rescuing:** suppress threatening affect, present positive role, keep environment safe

Slide 50



Trainer Notes:

Activity:

This exercise will involve the whole group for a simulated group treatment session. Establish a space in the room to arrange several chairs in a circle. Ask for 5-7 volunteers to be group members, ask for 3-5 people to be the group facilitator (adjust numbers as needed to accommodate the size of your training). Provide an opportunity for anyone interested to participate, but allow those who aren't interested to be

observers. Pass out cards to those playing group members. These cards will assign a role/dynamic that they will role play. Encourage these volunteers to not over play their role as it will take away from the experience. Those that have volunteered to be facilitators will take turns facilitating the group one at a time. When the facilitator is struggling, they can say “pass” or another facilitator can step in by tapping the shoulder. At the completion of this exercise, debrief with the group.

Slide Notes:

Support = Encouragement and empathy, not sympathy

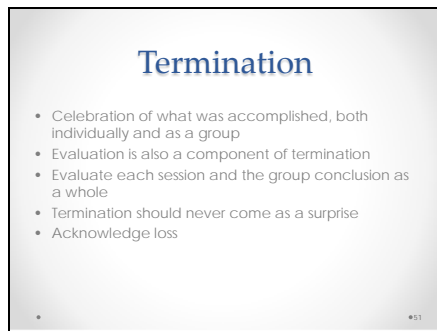
Challenge = Suggesting hidden emotion or motive, not criticism

Confrontation = Pointing out a problem, not blaming

Structure = what we are supposed to be doing

Limits = Range of acceptable behaviors

Slide 51



Trainers Note:

Display title only and ask:

“What is the purpose of termination?”

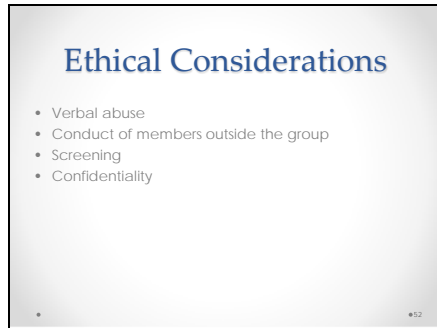
“How do you prepare for termination?”

Discuss responses, show content to pull together discussion.

Slide Note:

Termination will look very different for closed as opposed to open groups. In open groups members will be coming and going. Consider establishing group norms around new members and departing members for open groups.

Slide 52



Trainers Notes:

Display title only and facilitate discussion about ethical considerations. Show content at end of discussion to wrap up.

- How would you explain to a potential member the risks and benefits involved in groups?
- What are some ways of minimizing the risks?
- What are the major ethical considerations in organizing and forming a group?

This is the end of this section – Q & A

Slide Notes:

Reiterate importance of Selection and Preparation

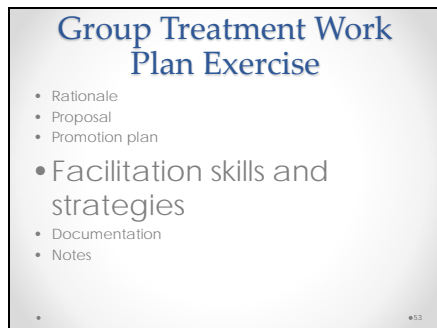
Verbal abuse (i.e., in member-to-member exchanges) more likely to occur in groups than in individual therapy

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

Slide 53



Trainer Notes:

Facilitate participant completion of the Facilitation Skills and Strategies component of the Group Treatment Work Plan.

- Review the facilitation skills covered; identify your strengths and areas for growth.
- Review the strategies covered; identify your strengths and areas for growth.
- What opportunities will you seek to grow your skills? What opportunities are available to you?

Wrap up section with final Q & A.

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Become more confident in their documentation of group treatment.
- Understand how group treatment documentation relates to the “golden thread” of clinical documentation best practices.
- Practice analyzing and drafting group treatment notes.

Materials Needed:

- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Activities:

- Participants will break-out into small groups to analyze and re-write sample group treatment notes.

Trainer Tips:

- Be sure to honor the expertise of training participants and invite them to share their experience and observations.
- Be sure to focus on the group documentation aspect of the “golden thread” as many participants are familiar with the general concept.
- Be sure to consider organization-specific content for this section, especially when discussing group coding best practices.
- When facilitating discussion, be sure to allow participant input prior to pulling-up slide content.

Slides and Notes:

Slide 54



Trainers Note:

This is the home stretch. Audience will be starting to ponder their commute home and what's for dinner.

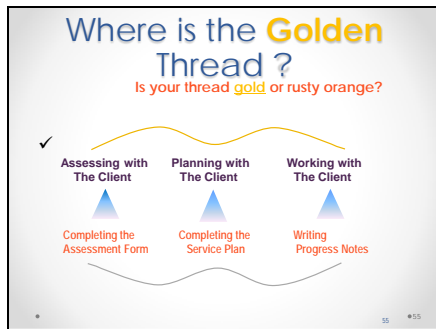
Present outline for this section:

- The golden thread
- Medical Necessity
- Coding (Medicaid)

Know your audience. Know in advance documentation strengths and weaknesses in your MHC. Consider having details from your own Electronic Medical Record as guidance. Much of this content will have already been presented as part of your clinical documentation training. Know results from recent internal BHO compliance audits to determine which of the following content to hammer home.

Typically clinicians don't get excited about documentation. Set the tone with messaging around why documentation is important to your organization. For example, emphasize the importance of understanding the business of community mental health, that good documentation is also good customer service, that documentation is often the only means clinicians have to demonstrate their excellent clinical work

Slide 55



Trainers Notes:

Consult with internal documentation trainers for specific content to be delivered at your MHC.

Begin by asking volunteers to offer definition of Golden Thread from previous training.

Slide Notes:

Emphasize new auditing environment and importance that documentation reflect clear connection between reason for treatment, assessment, service plan and progress notes.

Slide 56

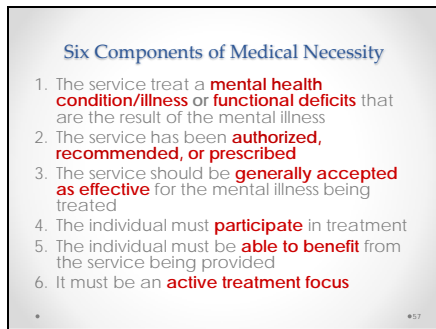


Trainers Notes:

Display title first and ask, what documentation elements are necessary to ensure group therapy is connected to the golden thread? Write responses on white board or easel.

Display content after discussion to review any points missed.

Slide 57



Trainers Notes:

Show title slide and offer a new car to anyone who can recall the 6 components of Medical Necessity. See what group can recall of the components of medical necessity and show content for refresher.

Slide Notes:

- Covered Diagnosis
- Group must be in the treatment plan
- Evidenced Based Practice (EBP)
- Document participation
- Screening of participants prior to group starting should eliminate people who can't benefit from group
- In the treatment plan addressing a symptom mentioned in the assessment and treatment plan

Slide 58



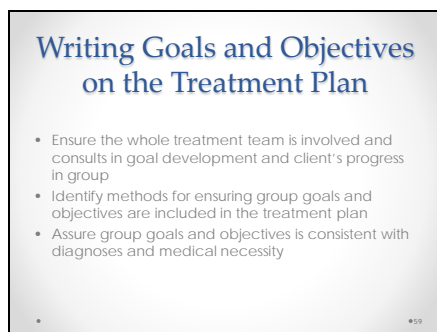
Trainers Notes:

Remind participants of Recovery Components. While recovery based documentation is not emphasized by Medicaid, it is emphasized by the Division of Behavioral Health.

Slide Notes:

The 10 Fundamental Components of Recovery as defined by SAMHSA.
(<http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>)

Slide 59



Trainer Notes:

Briefly review content on the slide

Slide 60

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

Trainers Note:

Display title first – ask why is it so important to document services provided? Remind audience this content is from recent clinical documentation and corporate compliance training. After soliciting answers from the audience, display rest of slide. (Points will appear one at a time each time you press enter)

Slide 61

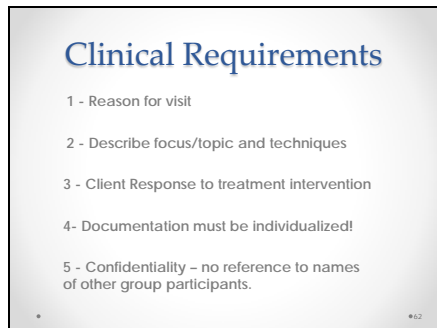
Who is the audience for the progress notes?

- You, the therapist, will look back at the notes as needed in the course of treatment.
- The client or patient may want to look at the notes and the contents of the file and has this right under HIPAA regulations
- Another therapist or provider who works with this individual (with appropriate release of information).
- An auditor, either internally or externally. Local, State, or Federal.
- An attorney representing your client or (perhaps more importantly) an opposing attorney in a legal proceeding .

Trainer Note:

Display title and ask audience question. After soliciting responses, display rest of slide. (The slide will come up with only the title and each time you hit enter another of the five points will display)

Slide 62



Trainers Notes:

that if your audience is not familiar with this content you can go over the following material. If your audience is familiar with the information you may not need to go into detail about this.

Review content above one line at a time emphasizing each must be present to meet documentation requirements. For each item facilitate discussion around how participants document in order to meet each clinical requirement

Know your MHC's status with concurrent documentation. Ask the audience if their center uses concurrent or collaborative documentation. Allow them to describe and comment on this.

Slide Notes:

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.

- Reason for visit: should not be just listed as "follow-up" but e.g. to continue working on _____; to continue exploring _____: to evaluate the use of a coping skill (list skill). If the provider had listed on the progress note for the previous session, the plan for the next time, this can be used to describe the reason for the visit. This should tie to the treatment plan.
- See manual for examples of interventions. Remind attendees that without interventions, the payer cannot determine if an actual service was provided and what that service was.

- Observing and documenting the individual's response to the skilled interventions should help the provider determine if the strategy they used was helpful, successful, not successful, neutral, should be used again, should be used differently, etc. They should keep these observations in mind when documenting the plan for the next visit. The auditor will review the response to determine if:
 - there was active participation
 - If the Individual could participate (were they responding to hallucinations, fall asleep, not able to stay on task, etc.)
 - If the clinical strategy is being used and is appropriate

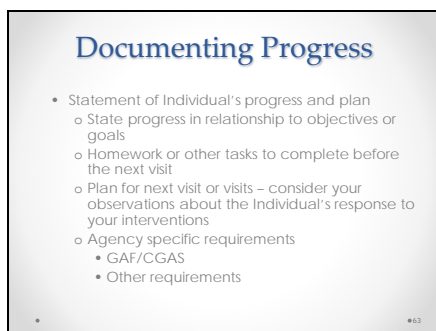
Areas to cover in response to treatment:

- Level and type of participation
- Was the individual able to demonstrate the skill or participate in role playing, could the individual list how to apply the skills being taught, or did individual struggle with concepts, refuse to participate, resist, etc.
- Observation and interpretation of client's participation and Interactions within group

Each note for each participant must be individualized. While the description of topic and techniques can be the same the client's response to treatment must be individualized.

- There can be no reference to identifying information of other group participants.

Slide 63



Trainer Notes:

Display title slide and ask, how do you document progress in group treatment?

After discussion, display content.

Slide Notes:

- There does not need to be progress each time. But over time the payer either expects progress or expects the clinical strategy to change.
- Best practice is to consult with the Individual. How do they feel about their progress? Do the provider and Individual agree on progress? Could be an interesting discussion and person-centered!
- Make sure you are communicating with the primary therapist if there is one.

Slide 64



Trainers Notes:

Display title and ask, what are the very basic, technical requirements for documenting group treatment? After soliciting answers, display rest of slide content. Content will appear one by one with hitting enter.

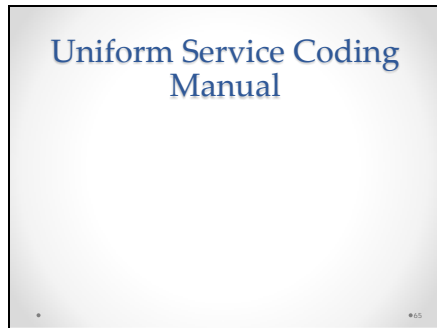
Slide Notes:

- The progress note should be able to be easily linked to a service and a service focus ordered on the treatment plan. The easiest way to guide the auditor or reader to the goal or objective that is the focus of the service is to actually list it on the note.
- Usually because the objectives are shorter term and more specific it is easier to understand how a particular service links to an objective rather than a longer term goal. Suggest attendees use objectives not goals on treatment plans.
- Be specific. Services are supposed to be focused. An auditor would have a difficult time believing that a provider could target more than 1-2 objectives in a treatment session.
- The start and end time are used by Medicaid for a number of purposes, e.g. looking for duplicate services, determining if correct numbers of units are billed, judging whether or not an excessive service was provided (e.g. individual

therapy of 90 minutes), etc. Suggest: explain agency rules for how time recorded, e.g. do you allow rounding? How specific must the provider be? How does the agency look for duplicate services.

- Remind providers that the start time is when the service actually begins, not when it was scheduled. They cannot bill for time they spend waiting if the Individual is late.

Slide 65



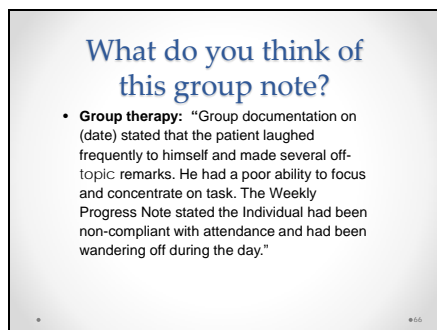
Trainers Note:

Know how your organization codes for group services, both the process and actual codes utilized. Present this information to participants using handouts if needed.

Slide Note:

Provide basic explanation of The Uniform Services Coding Manual – that it is the guidebook for your billing (encounter) data published by for the Department of Health Care Policy and Financing for the state of Colorado. This manual lists certain requirements in order to use each code. For example: what credentials the group leader must have, length of group, etc. It is important that clinicians use the correct code that best meets their group intervention.

Slide 66



Trainers Note:

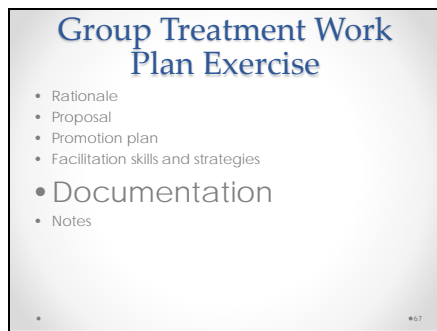
Use this slide to warm up group for their small group discussion outlined below by asking if and how this note does/does not meet documentation requirements.

Small group activity

Pass out examples of group notes for each group to critique identifying strengths and weaknesses of documentation. Each group is asked to correct their note so it meets documentation criteria. Each group then presents their original note and corrected note to the group.

This is the end of the documentation section!!! Q & A

Slide 67

**Trainer Notes:**

Facilitate completion of the Documentation and Notes components of the Group Treatment Work Plan.

- Determine what code or codes could be used to bill for your group.
- Determine what focus, topics, techniques will be utilized in group that will make up portion of group treatment progress note.

Wrap up section with final Q & A.

Instructional Objectives:

In this section of the workshop, you as the facilitator will help participants:

- Confirm that learning objectives for the workshop were met.
- Connect the day's learning to the nuggets they wanted to take –away.
- Address any lingering questions, comments, and concerns.

Materials Needed:

- Participant Workbooks
- PowerPoint Presentation
- Projector
- Computer
- Flip Charts
- Easels
- Markers

Activities:

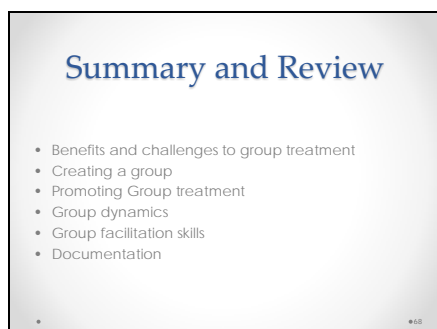
- Participants will break-out into small groups to share their group treatment work plan and get feedback from their peers.

Trainer Tips:

- In line with the principles of adult learning, ensure that closing remarks are directed toward how participants will utilize this knowledge and skill set in their work environment moving forward.

Slides and Notes:

Slide 68



Trainer's Notes:

Review sections covered during training. Ask for final thoughts, questions. Encourage participants to jot down ideas and follow up steps in the Notes section of the GTWP. Be sure to take away feedback for leadership pertaining to organization barriers to be addressed in order to clear the path for clinicians to successfully implement group treatment.

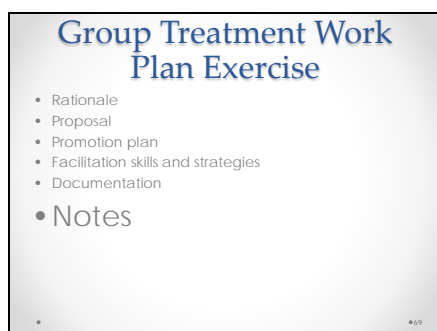
Questions to use to get discussion going if needed include:

- How might you begin or enhance group treatment you are offering to the clients you serve?
- What is something new you learned today?
- What was most valuable about today's training?

Optional Activity:

Issue one sticky note to each participant. Instruct each participant to jot down one brick of knowledge they gained at today's training. After each person has completed their note, have participants place sticky note on the "Wall of Knowledge" asking each willing participant to say their knowledge brick out loud.

Slide 69



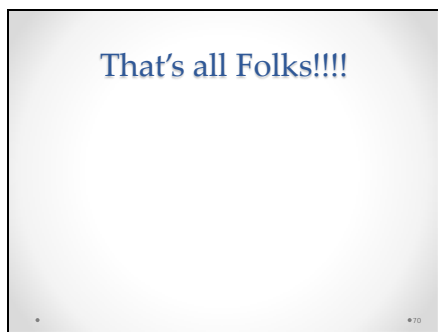
Trainer's Notes:

Facilitate completion of the Documentation and Notes components of the Group Treatment Work Plan.

- Determine next steps to implementing your group when you return to the office.
- Jot down additional notes and ideas, contacts you have made to consult with in the future.

Wrap up section with final Q & A.

Slide 70

**Trainer's Notes:**

Thank the participants for their attention and participation. Leave them with the challenge of exploring new groups and finding out how they can get their clients involved in effective group therapy. Provide evaluations or discuss the evaluation process for training, emphasizing importance of feedback to training process and informing next steps. Encourage participants to gather names and contact information of colleagues they may want to collaborate with. Provide any follow up plans your organization may have in terms of continuing development in group treatment.