



# Working with groups in a clinical setting

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# Overview of session

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- Groups in ELHABS
- CBT and group work
- History of Group theory & use of groups
- Group literature
- Yalom's 9 factors
- A dualistic approach to group work
- TMGC



# History of use of groups

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- Kurt Lewin (1890-1947)
- The classic text on treatment of depression (Beck, Rush, Shaw & Emery, 1979) described use of group format
- In 1979, the reasons for exploring the use of CBT in group format: “More patients can be treated within a given period of time by trained professional therapists than can be treated individually” (Hollon & Shaw, 1979, p.328)
- Still as applicable today as it was then



# Using CBT for groups

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- Psychoeducation intertwined with change strategies
- Emphasises that changing the thought system changes affect (feelings and emotions), behaviour and physiology (Greenburger & Padesky, 1995)
- The possibilities for positive change is consistently emphasised

# CBT

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- Empirically validated form of psychotherapy
- Shown to be effective in over 350 outcome studies
- Ranging across depression and anxiety disorders
- More recently personality and psychotic disorders (Beck & Weishaar, 2000)
- Widespread support for CBT and many of its theoretical explanations for psychopathology (Bieling & Kuyken, 2003; Clark, Beck & Alford, 1999)

# Reasons CBT groups used

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- Groups offer as much as 50% greater efficiency when compared to individual treatment in terms of therapists' time (N.Morrison, 2001)
- Implication for financial savings for the health care system compared to individual format (N.Morrison, 2001; Scott & Stradling, 1990)
- In some settings it is now all but impossible to deliver CBT in anything but a group approach due to limited funding (Bieling, McCabe & Antony, 2006)

Ref: Bieling PJ, McCabe RE, Antony MM (2006) *Cognitive Behavioural Therapy in Groups* Guilford Press

# N. Morrison (2001)

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- Advantages specific to CBT groups include:
- Relationship between thoughts and feelings are demonstrated through negative thoughts of the group members (Hollon & Shaw, 1979; Shaffer et al., 1981; Rush & Watkins, 1981)
  - Easier for patients to recognise cognitive distortions in others, facilitating recognition and re-evaluation of his own cognitive set (Hollon & Shaw, 1979; Hope & Heimberg, 1993; Heimberg et al., 1993)



## N. Morrison (2001)

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Disadvantages include those that could be found in any type of therapeutic group including:

- One individual monopolises the group
- Confrontation
- Development of sub-groups
- Different improvement rates
- A lapse in to “small talk”
- Reluctance of individuals to self-disclose
- Dates and times for members to meet



# Group therapy literature

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- Comprehensive perspectives in the group psychotherapy field has been offered by Irvin Yalom (1995) in *The Theory and Practice of Group Psychotherapy*
- 9 therapeutic factors that groups offer
- Each of these can be fostered in the group environment to produce change



# Yalom's nine factors

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- Instillation of hope
- Universality
- Imparting information
- Altruism
- The corrective capitulation of the primary family group and interpersonal learning
- Development of socialising techniques
- Imitative behaviour
- Group cohesion
- Catharsis



# Group therapy literature

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- Has roots in psychodynamic models
- Focuses on experiential (or encounter) groups
- View held by many CBT advocates of group work that data on the effectiveness of experiential groups is less clear

## DIFFERENCES

- Techniques in a CBT group are seen as the intervention, and the group is simply the delivery system for those techniques
- In the group psychotherapy literature, the group process itself is the intervention.

(Bieling et al, 2006)

# The Burlingame et al. Model

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- A framework utilised by Burlingame, MacKenzie and Strauss
- Informed by the work of Yalom
- Literature on treatment outcomes that supports the efficacy of a group approach in many disorders
- (Burlingame, G.M., MacKenzie, K.R. & Strauss, B (2004) Small group treatment: Evidence for effectiveness and mechanisms of change. In M.J. Lambert, A.E. Bergin, & S.L. Garfield (Eds), *Bergin and Garfield's handbook of psychotherapy and behaviour change* (5<sup>th</sup> ed., pp 647-696) Wiley)



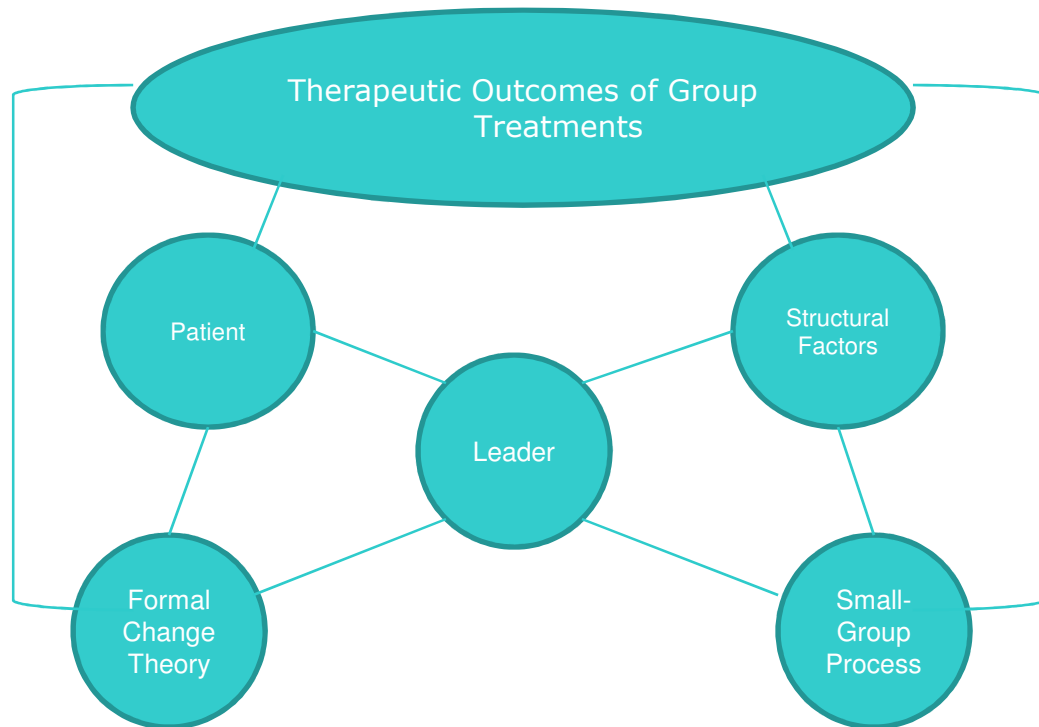
# Forces that govern the therapeutic outcomes of group psychology

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- A dualistic approach that has therapeutic outcomes arrived at via 5 contributing factors
- Formal change theory (CBT treatment modality)
- Small group process
- The patient
- Group structural factors
- Group leader

# Burlingame, MacKenzie and Strauss Group Model (2004)

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Forces that govern the therapeutic outcomes of group psychology



# TMGC in East Lancashire

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- Tinnitus Management Group Course
- Participants are provided with a model of tinnitus
- Mechanism of tinnitus, how and why we have the experiences of it that we do
- A systematic way to effectively manage tinnitus



# Formal Change Theory

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- Represents the treatment modality: CBT
- A protocol or session plan (6 structured sessions + 1 review (including relapse prevention))
- Describes the principles and techniques to be worked through (e.g. education = what tinnitus is, what can be done about it etc; what stress is and how arousal affects tinnitus perception)
- CBT principles: how the way we feel about tinnitus (emotions) are brought about by the negative thoughts we have about it and how to challenge these negative (often) automatic thoughts



# Small group process

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- (Within a CBT framework)
- The effects of group members' symptoms on one another
- The effects of group members' personality styles on one another
- The effects of improvement/worsening in one group member on the others
- The ways in which group members interact with one another
- The therapeutic relationship between the therapist and group (whether they like and trust each other)



# Small group process cont'd

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- The therapeutic relationship among group members (whether they like and trust each other)
- The effects of drop out and absenteeism on the group
- The effect of individual variables on the group:
  - Patient expectations
  - Patient satisfaction with treatment
  - Patient variables that predict outcome
  - Patient suitability for group treatment



# Small group process cont'd

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## Group mechanisms of change:

- Inspiration
- Inclusion
- Group learning
- Shifting self-focus
- Group cohesiveness
- Emotional processing in the group setting



# The Patient

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- Being with others who also have tinnitus (in a positive, progressive learning environment)
- Each individual's ability to be empathic to other group members and social skills have a strong potential to interact with the treatment modality (Piper, 1994) – group members generally have good rapport and understanding for each others problems with tinnitus – also helps to reinforce progress



# Group structural factors

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- 6 week structured programme,
- each session 2 hours encompassing
  - information giving
  - discussion
  - relaxation practice



# Leader

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- The nexus of the model
- Essential that leadership style enables the formal change techniques
- Interpersonal approach that demonstrates levels of warmth, openness and empathy has been shown to predict cohesiveness and outcome (parallels the importance of the therapeutic alliance in individual therapy (Burlingame et al, 2002))



# Some of the outcomes

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What have you found most useful about the course?

- “Meeting other people with tinnitus and knowing what it is”
- “It has helped me to relax more and helped me to get to sleep easier”
- “Understanding my problem and realising how to deal with it”
- “Relaxation and how to get rid of negative thinking”
- “Discussion among group members”
- “Sharing experiences”
- “The discussion part”



# Some of the outcomes

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Why do you think working in a group has been beneficial?

- “Share experiences of tinnitus to know you are not the only one”
- “I don’t feel as isolated and realised other people have the same feelings about having tinnitus”
- “It emphasised how varied tinnitus can be and different approaches to it”
- “Creates a good environment for open discussions”
- “Less pressure”
- “Just meeting other people who have tinnitus helps!”



# Some of the outcomes

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## Further comments added

- “Being able to talk to other people about tinnitus and them fully understanding the problems and impact it causes has helped me a great deal”
- “I have found the course to be great, especially to understand why and how to be more positive about tinnitus and less stressed about why I have it”
- “Everyone helped and were respectful of each other”
- “Now I know I am not alone, others have similar experiences and they are all normal – therefore my fears of “losing my mind” have dissipated”



Thank you