Observation Feedback Form: group therapy

Student:

Client details:

Date:

Scoring	
ABSENT:	*was not included by student*
INAPPROPRIATE:	*applied, but done so poorly/mistimed/without rationale*
BASIC:	*competent, but lacked some elements*
GOOD:	*competent, and all core elements included*
VERY GOOD:	*competent, at level of skilled and experienced practitioner*
EXCELLENT:	*skilful and effective, even in the face of difficulty*
N/A:	*not an expected feature of session*

Observer name:

Signature

Criterion	Rating	Comments
Altruism *supports group members to help other group members*	Absent	
Cohesiveness *creates an accepting, therapeutic atmosphere*	Inappropriate	
Nornmalising *uses the group process to normalise client experiences*	Good	
Interpersonal effectiveness *is warm, reflective, boundaried & calm*	Good	
Inclusive *strives to hear everyone*	Excellent	
Guidance *provides helpful, well timed inputs*	N/A	
Learning from the group *creates opportunities for group members to take the lead*	Inappropriate	
Theory-driven strategies for change *strategies are theoretically coherent*	Inappropriate	
Collaboration *goals are jointly set, & working as a team*	Inappropriate	
Promotes self understanding *uses strategies to support clients to make new links*	Inappropriate	
Instillation of hope *is encouraging and positive*	Inappropriate	
Use of measurement-based care strategies and tools *systematically & objectively reviews progress*	Inappropriate	

Group therapy sessions

Explanation of criteria

Altruism

One of the important mechanisms of action in Group psychological therapy is the process of both receiving and giving help. As Yalom notes, members gain through giving, not only in receiving help as part of the reciprocal giving- receiving sequence but also in profiting from something intrinsic to the act of giving. This process assists clients on a number of levels, including reframing their self-identity as a burden, and an important, if sometimes temporary, realignment of power dynamics. The act of helping others within a group framework also encourages role versatility, requiring clients to shift between roles that help receivers and help providers. Therapists who are skilled in Group therapy should endeavour to ensure that clients play both a giving and receiving role within the group.

Cohesiveness

The group facilitator should ensure that the group, as far as is practicable, is empathic, supportive, open to alternative points of view and able to withstand group member distress. Group members should be able to express themselves, their fears and their difficulties. When observing a group therapy session, you should be able to clearly identify examples where group members have been able to share personal stories that are received warmly and supportively by both the psychologist and the other group members. In examples where other group members provide unsatisfactory responses to one another, there should be clear evidence of the group facilitator providing alternative or corrective feedback.

Normalising

An important mechanism of action in group psychological therapy is the normalising effect of hearing the stories and struggles of other, similar people. Generally speaking, clients often hold the concern that their problems are unacceptable, unusual or disturbing to others. Psychologists running group psychological therapy sessions should endeavour to highlight similarities between group member experiences as a way of ensuring that this mechanism of change is overly acknowledged. Observers should be able to identify examples of the therapist explicitly linking the experiences of clients in the room.

Adapted from Yalom, I.D. (2005). *The Theory and Practice of Group Psychotherapy*.

Interpersonal effectiveness

Group therapy is complex work. Psychologists undertaking this work sometimes work in pairs, but it is also common for them to work alone. Regardless, there should be a clear structure and time boundary to the session, which is stringently adhered to. In more structured interventions, where an agenda is required, there should be clear evidence of a collaborative agenda. As in individual psychological therapy, therapists should be warm, empathic, and able to withstand the emotional components of the group. Where conflict arises, therapist should be able to remain calm and enforce established group rules and boundaries, whilst at the same time containing the emotional needs of the group members. Observers should be able to identify clear examples of therapists interacting in an appropriate way with group members, assisting group members to interact appropriately with one another, and finally providing an appropriate structure befitting the model being used.

Inclusivity

Whilst groups differ in size and focus, a common challenge for group facilitators is to ensure that, as far as is possible, all members are provided with the opportunity to include themselves in the group discussion. Whilst it may not be the case that individual group members need to contribute or should be expected to contribute every week, it is still incumbent upon the facilitator to ensure that sufficient space is provided for everybody, and that those who do not contribute are acknowledged as still being present and influencing the group by their attendance. Furthermore, it is important that groups are able to accommodate differing views and experiences from its members, and that the diversity of people's experiences is celebrated rather than criticised. Observers should be able to identify clear examples of group members accommodating the views of others, or group facilitators using their skills to ensure that conflict is minimised when group differences are apparent. Furthermore, observers should be able to identify clear examples of the group facilitator managing issues relating to over talkative and under talkative group members.

Guidance

Didactic instruction is a feature of many group psychological therapy formats. This may take the shape of psychoeducation, providing information about the psychological theory or model being used in the group, providing explanation of symptoms or experiences or providing tools for addressing psychological difficulties. Different models encourage different amounts and varieties of psychoeducation and learning led by the group facilitator, but generally speaking, it is usual for the psychologist leading the group to provide at least some level of direction or suggestion to its members. Observers should be able to identify examples where the psychologist has assisted group members with the provision of psychological information, tools or strategies.

Adapted from Yalom, I.D. (2005). *The Theory and Practice of Group Psychotherapy*.

Learning from the group

One of the most important active ingredients of group- based psychological therapy is the opportunity for the psychologist to utilise these skills and experiences of other group members, to use their own experiences to increase the authenticity of the suggestions being made, and to normalise difficult experiences through the shared understanding and beliefs of the group. In order to do this effectively, psychologists should overtly attempt to use the other group members as Co-therapists, wherever possible. In doing so, group members are also able to experience being helpful, which is one of the other important active ingredients of group therapy (assessed in the altruism criteria on this measure). Observers should be able to clearly identify opportunities taken by the group facilitator to use the skills and experience of other group members to solve issues raised in the group.

Theory-driven strategies for change

Group psychological therapy encompasses a wide variety of approaches. While some are more structured, such as DBT and offender- based groups, others adopt a more open, psychotherapy or counselling-based approach. Regardless, the group should be operating from a clear theoretical model. The observer should be able to identify key characteristics of the model during the session. For example, in a DBT group, the observer should be able to identify the skills being taught. In a supportive counselling group, the observer should be able to identify the key structural characteristics of the group, and both the participants and the facilitator should be able to articulate the mechanisms of change being used. In offender-based work, which is often CBT- based, the clear use of cognitive behavioural strategies should be in evidence.

Collaboration

As with the provision of psychoeducation, different models of group intervention make varying use of collaborative approaches. Whilst in some therapeutic approaches, such as DBT or offender- based interventions, the level of collaboration may appear at times to be secondary to the analysis of participant situations and the learning of new strategies, in other approaches that are more psychotherapy- based, collaboration is more central. Regardless, the overall approach of the group should be a collaborative one; group members should work together with the group facilitator to achieve its goals, whether these are in a more structured, agenda-based way or whether they are in the day-to-day analysis of group member issues and discussions. An observer should be able to clearly identify methods and tactics used by the group facilitator to ensure that issues are discussed collaboratively, that group processes and rules are collaboratively set and followed and that individual group members are provided with sufficient space to explore their own circumstances.

Adapted from Yalom, I.D. (2005). *The Theory and Practice of Group Psychotherapy*.

Promotes self-understanding

To a certain extent, the methods and intended outcomes of promoting self understanding differ between the different psychological models that make use of group therapy. For example, in CBT, a participant engaging in Group psychological therapy should demonstrate a clear developmental understanding of the relationship between the background experiences, how these have influenced their core beliefs, and how these influence cognitive processes such as meta cognition and cognitive products such as conditional beliefs and negative automatic thoughts. The relationship between these components and their emotional and physiological experiences should also be clear. Alternatively, clients engaging in a DBT- based group should develop a clear understanding of the relationship between their background experiences and skills- based deficits, and learn a wide variety of strategies for managing these skills more effectively. Regardless of psychological model being used, observers should be able to identify clear examples of the psychologist making theory-driven links for the group participants, and should also be able to identify examples of group participants demonstrating theory- based understandings of their own difficulties.

Instillation of hope

The installation and maintenance of hope is crucial in any psychological therapy. Not only is hope required for clients to enable other therapeutic factors to take effect, but expectancy effects provide a useful boost to psychological outcomes. Positive outcomes in Group therapy are more likely when the clients and therapist have similar expectations, and group facilitators should actively work towards ensuring that this is the case. When working with clients, particularly those with severe and enduring mental health problems, it is vital that the group therapist provide clients with a sense that the group has some value to offer to all members individually. The observer should be able to note examples of the therapist eliciting responses from group members that persist in creating a group-based sense of hope, even in the face of adversity.

Measurement-based care

The phrase 'measurement-based care' describes the approach of a scientist-practitioner to using a methodical and systematic approach to understanding changes in the client's presentation. Commonly, this will use a combination of standardised assessment tools, collateral information and self-ratings by the client using scales such as a subjective units of distress scaling. The clients and the psychologist may also choose to measure more general wellbeing factors on a session-by-session basis and may also choose to assess process- related variables using some of the common measures available. Regardless of their approach, it should be clear to the observer assessing this criterion that the psychologist and the clients have engaged in a clearly scientific approach to assessing the progress that the clients are making, and integrating this information into both the current session and changes to future sessions in order to optimise care.

Adapted from Yalom, I.D. (2005). *The Theory and Practice of Group Psychotherapy*.