

STATEMENTS AND GUIDELINES THAT CAN BE USED IN GROUPS

Personalize and Get Affect

“Mary, imagine yourself in that situation now. How would it feel?”

“That sounds like something John said last week. I wonder if others have had similar experiences.”

“It sounds like it’s just the tip of the iceberg.”

“How do you feel when that happens?”

“How do you feel when someone does that to you?”

What If statements can be used to explore topics in more depth.

“Imagine yourself in that situation now. How would you feel if you were there now?”

“What if it were to happen?”

“How does it feel hopeless?”

“How do you feel when that happens?”

“How do you feel when someone does that to you?”

Verbalize dilemmas:

“I’m feeling very uncomfortable with what seems to be going on. I wonder how others are feeling.”

If confused about what clients are saying, ask them to offer a rationale for what they are saying.

“That sounds like an issue everyone can relate to. What about you John?”

“My sense of what is going on is _____.”

“John, I have noticed Jane’s having a little trouble with that.”

“That sounds like a really important issue. I wonder if others can relate to what Mary has brought up.”

Therapist confused/doesn’t understand what someone said can say,

“Do you understand what she/he is talking about?”

“What do you think John means?”

Target Goals

Who are you? How would you define yourself as a unique individual?

Ask each member to “Come up with 2 or 3 words to describe yourself.”

Then ask: “How does it relate to why you are here?”

Ask for Round Robin Discussion: “What one thing would you like to change? How does that relate to what brought you to therapy?”

Build Cohesion

Look for common themes to build cohesion (e.g., relationships): Although clients tell different stories, there are common themes therapists can identify and ask others to comment on.”

“Others have reported having similar concerns; maybe they can share how they have handled these situations with Mary.”

Attend to Body Language

“I noticed that when Mary discussed her difficulties with her spouse that many of you were nodding. What is that all about?”

“John’s been sharing some difficult feelings with us & many of you are looking down. What’s happening?”

Therapist’s Job. Think Group. Orchestrating the Group

To get group going in the direction you want:

Be willing to interrupt

Use Time Outs (i.e., call halt to discussion)

Break eye contact (hard to do, but necessary; will build cohesion; get clients to talk to each other and not just the therapist)

Don’t let clients just tell stories. Ask for affect.

Building Group Cohesion First Session: Start on Positive Note

Begin with clients introducing themselves

Describe what they like about themselves

Describe their expectations from group

Search for Commonalties Early

“Oh, that is something many of us here can relate to.”

“Who else has had that feeling?”

“Susan, you once mentioned experiencing things like Bill is talking about.”

Establish Positive Group Atmosphere

“What I like about what’s happening now is that people are interacting with each other. This should become easier as we go on.”

“That’s important. How do others feel?”

Dealing with Difficult Situations in Groups

If you aren't sure what a person is doing, you could say:

“What were you intending to convey by that?”

Circumvent maladaptive roles early with feedback:

“Well that sounds a bit judgmental.”

Silent Withdrawn Clients

“John, you have been sitting there for a while. What is going on?”

Ask silent client to comment on another client

“John has just shared his frustrations with the group. What kind of advice do you have for him?”

Coming Late

“This is the second time you have been late Mary. I wonder how others in the group feel about this.”

Client as Therapist/ Helper

“John, your comments have been helpful. Let's see how others view what is Mary's problem.”

“John that is one way of looking at the problem (i.e., Mary's). Let's see what additional options others can think of.”

Call on another client if need be to offer another alternative.”

Homework Not Done

“Given that everyone except John completed their assignments, how does the group feel about this?”

Monopolizing Clients

“Okay, let's take a look at what you're saying for a few more minutes and then we need to move on to see how others are doing.”

“John, you seem to have a lot going on this past week. Now that we have spent some time dealing with your concerns, let us see how others are doing.”

Clients Leaving During Group

If this happens with two therapists one should get up and go after the client, see what is happening and depending on what is going on deal with it privately; the option to bring the client back into the group exists but depends on the judgment of the therapist. What is important is not to disrupt the group and you do not talk about the client without the client there other than to reassure others that the person who left is ok.

Dealing with Resistance. Redefine as ambivalence. Deal with it directly.

“As with many people, it appears that you have mixed emotions.”

“You appear to be torn about wanting to change.” Pull group in and ask how others have dealt with such feelings.

Reinforcing Self-Disclosure

“I notice that Mary has taken a big step by revealing some very personal things about herself.

This must have been difficult. How do others in group feel about what Mary just said?”

Group Process Guidelines

Therapists must move discussions along:

“Where do we go from here?”

Crystallize what further work needs to be done

Use summary statements for closure & moving on (e.g., round robin topics)

End each group: “What stood out for you today?”

End first session: “What it was like to be in a group?”

Facilitate Self-Disclosure

Listen for affect statements

Pull people into the group; draw clients out

Mold people together—look for common themes

Focus on issues

Use summary statements to transition to next round robin topics

Therapists — don’t jump in too quickly. Silence is golden!

Discourage “question/answer format”

Identify effective role models

Use “I” statements

Think “Group”

Therapist breaks eye contact – facilitates interactions among members

Identify and use nonverbals (i.e., body language)

Balance level of therapist activity

When addressing a client’s ambivalence

Avoid labeling

Be sensitive and supportive

Invite other clients to comment on problematic behavior

Self disclosure by therapists

Acknowledging of normal human reactions

Therapists’ feelings as barometer

Honest expression of thoughts & feelings

Verbalize dilemmas

Provide rationale for interventions