

CBT OPEN GROUP THERAPY

INTRODUCTION

We know there is a weight of evidence for the efficacy of Cognitive Behaviour Therapy (CBT) (e.g. Butler et al 2006). While there is a lot of literature in the public domain about how to run a psycho-educational or themed CBT-based group therapy, there is little, or no, information about suggestions for running an open, on-going, group therapy with no psycho-educational structure.

I had worked in an acute mental health day centre, as manager, for seven years prior to becoming a CBT Therapist. I was very comfortable in running psycho-educational groups such as Assertiveness, or Anxiety-Management, and also in facilitating therapeutic groups broadly based on Irvin Yalom's model of interpersonal group therapy (Yalom 1975).

After completing practitioner CBT training in 2008, I set out to run an open CBT group therapy. CBT à la Yalom. I ran the group over the next four years before taking a year out in France.

I learned a lot during those four years, and I will here seek to set out what seems to work for me. I have no statistical evidence, only subjective feedback from myself and many group members.

The group was a secondary care setting, with group members who had mostly severe and complex mental health problems. There was a core-group of members who attended most weeks, but the individuals changed over long periods. Some clients attended for a few weeks, but most attended for many months. The group was NEVER their only source of treatment. Each group member had at least one other mental health professional involved, and often several, but most group members were not receiving individual therapy.

This is the method that seemed to work well for me and my style of group facilitating.

WHY CBT IN GROUPS?

- Weight of evidence for efficacy of CBT
- Cost-effectiveness of groups
- Different perspectives gained from other group members
- Mutual support – being with others with whom we can identify has a positive effect (Leahy 2003)
- Identification with others
- Sense of hope from others
- Learn from others and how they have dealt with similar situations
- Social modelling
- Opportunity to practise skills in a safe setting – the group itself
- Clients learn to help others and gain a sense of esteem

- Clients become their own therapists and become very good at asking the right “therapy questions”. So much so that on several occasions, an experienced group member has facilitated the session (with me present and chipping in as necessary)

Group Therapeutic Factors (Based on Yalom & Leszcz 2005)

12 factors which are all relevant for CBT open group therapy:

- **Universality:**
 - Group members have shared experiences and feelings, which results in individuals feeling less isolated and more validated.
- **Altruism:**
 - The group members learn and gain a lot from helping each other, including raising self-esteem and improving interpersonal skills.
- **Installation of hope:**
 - Group members are greatly encouraged by hearing about other members who have overcome similar problems.
- **Imparting of Information**
 - Inevitably, there will be some psycho-education in any CBT group, and members also learn facts about problems, solutions, treatment and services from others.
- **Corrective recapitulation of the primary family experience**
 - Group members have learned to act and respond in certain ways due to their own experiences with close interpersonal groups. Commonly, the members will react in similar ways within the group, towards other group members. The “here and now” of group therapy encourages others to observe those responses, and we can formulate them in a CBT way, to enable the group member to learn new and healthier ways to respond in order to improve their relationships.
- **Development of socialising techniques**
 - The group is a safe and supportive environment in which group members can practise their new learning - new ways of thinking and acting, in order to improve how they think, act and feel act in social settings, and improve their interpersonal skills.
- **Imitative behaviour**
 - The group members learn and develop social and interpersonal skills via a modelling process, in which they observe and try out interactions, behaviours, expressions with other group members or the facilitator.
- **Cohesiveness**
 - Human beings have an instinctive need to belong to a group, and the group provides a sense of belonging, acceptance and validation. Even within this open group, where group members join or leave any week, there is usually a core group of members who really take ownership of the group.

- **Existential factors**

- Group members learn the consequences of their unhelpful thinking and behaviours, and learn that in spite of adverse life experiences and circumstances, they can still choose how they react. Whilst coming to understand the role of their past, they learn to take responsibility for their own present and future.

- **Catharsis**

- Group members have often not talked with others about significant events or emotional distress. Within the safe and supportive environment of the group, members gain a sense of relief from their distressing feelings.

- **Interpersonal learning**

- Group members learn a great deal from the interactions of others within the group, seeing the effects of those interactions, and learn about their own interactions via the feedback they receive from others. This is made much more clear within a CBT vicious cycle formulation.

- **Self-understanding**

- Within the group, members come to understand the role of their past and how it affects the way they think and act in the present. A basic CBT vicious cycle formulation only looks at the present, but we often include a “past box” which validates those unhelpful thoughts and behaviours. Understanding our past, and the way we are now, means we are better able to make helpful changes for a brighter future. The “vicious cycle and alternatives” formulation that is most often used in the group, really clarifies and cements this knowledge.

The broad aims of CBT open group therapy

- Increase understanding
- Identify and reduce unhelpful thoughts and behaviours
- Reduce distress
- Learn skills
- Increase coping

GROUP SUMMARY

- Open format – all mental health service users may attend the group at any time
- 1 hour
- Weekly
- Facilitated by CBT Therapist, mostly accompanied by an additional member of (Day Centre) staff

STRUCTURE

Always start the group with an introduction – name and role. Give a brief description of the group for any new members.

Ask for feedback from last session and whether anything has come up since, related to the session.

Set agenda

- Topic for the group
 - Perhaps ask each group member to say their first name, in turn, and whether they would like time to talk today
 - If no-one says they want to talk, agree a general subject (such as anxiety) or particular skills (such as STOPP or mindfulness exercises)
 - If several group members want time to talk, agree a set time for each and prioritise. Members are very good at agreeing importance and priority!
- Last 5-10 minutes
 - Summing up
 - Feedback
 - Comments
 - Wind down if necessary

RESOURCES REQUIRED

- Size-appropriate room with chairs in a circle
- White board and pens
- Optional – hand-outs or pencil and paper to enable members to make notes if desired

POSSIBLE PROBLEMS – and solutions

- **Group members walking out of the session**
 - The group discusses the best plan of action. It is usually agreed that either a member of staff or service user goes to speak with the individual and encourages them to return.
- **Anger directed at other group members**
 - It is essential to put some distance into the situation, and often the best way to do this is to formulate it on the white board. Write up what is going on for one person, and for the other/s, observing how they are reacting to each other. Other group members are also very good at offering support and understanding to both sides. The situation usually calms with mutual understanding and acceptance. On rare occasions, it may be necessary to speak with a group member

individually, outside of the group, but the issue must be brought back to the group for resolution if it is a group issue.

- **Individuals who talk too much**

- Formulate it! Other group members will let you know this is a problem for them, with body language or expressions, or just by saying it. Address the individual with gentleness and perhaps a little humour. Ask them what they think about how they are in the group, which usually leads them to admit to their garrulousness! Other group members will suddenly become supportive and understanding rather than irritated and intolerant. Discuss a possible solution. The group member will often come up with their own solution for what they would like to do about it, or how they would like the group to address it.

- **Individuals who don't talk at all**

- All group members are aware that members do not have to talk at all. They learn a lot from listening, and that is ok. However, there may be times when you pick up on something that leads you or others to believe that the individual wants to say something, but perhaps is too anxious. You (or a group member) can direct a comment to them about what they observe. Suggestions may be something like: "Jack, you're looking a bit fidgety and I wondered what that was about." "Alice, I wonder if there's something you would like to say?"

- **Members who arrive late or leave early**

- Group members are encouraged to attend on time as it can be disruptive to others or to the group itself. Occasionally, one group member may need to leave early to attend another appointment for example, and they are encouraged to let the group know at the beginning, when other group members invariably give their agreement.

- **Therapist leave or sickness.**

- It's good to have a contingency plan in place. Ask the group what they would like to happen in that eventuality. There may be several options, including: Ask another CBT therapist to cover the group (unlikely as that may be), ask another mental health professional to cover the group, the group goes ahead without any member of staff (depends on experience and skill of the group members), a group member facilitates the group with a mental health professional sitting in, the group is cancelled, the group takes on a different format (in our case, Day Centre staff will facilitate a more usual open interpersonal group therapy – Yalom model, but the group members may well still use their CBT knowledge and experience) .

A TYPICAL GROUP SESSION

- CBT Therapist facilitates, with another staff member.
- 6-14 clients attend (with severe and complex mental health needs).
- Hosted in size-appropriate room with all chairs arranged in a circle.
- White board and pens.
- Make sure the therapist is next to the white board, and one of the staff members close or next to the door (so group members can speak to them as necessary if they leave, and so that any situations can be responded to).

Beginning – the first 5 minutes

Introduce yourself, particularly to any new group members.

If there are any new members, the facilitator or a group member offers a brief description of CBT (“CBT looks at the links between thoughts, feelings and our behaviours and we learn how we can make helpful changes”).

There are three standard rules, which regular clients often assume the reciting of:

- Strict confidentiality – “What is said in the room must stay in the room, and we use first names only.”
- Reduce interruptions - “Turn off all mobile phones or switch to silent mode.”
- “I encourage you to stay in the room for the hour, but if you need to leave, please let me know your way out, if you’re ok. If you don’t, then someone will come out to enquire after you.”

Feedback from the previous session. “Have you had any thoughts, comments, or is there anything that has come up in the days after the group?”

By way of an agenda: “Can we just go around the room and say our first name, and whether you would like the time to talk today.”

“So Alice, Jack and Joan would like to talk today, and Caroline MIGHT want to talk if no-one else wants to”. One or two might then say – “It’s more important that Joan talks today, I can wait.” Then discuss and agree to share the time between those who want and need to talk, and who should go first. Allow 5-10 minutes at the end of the session for summary etc.

The Main or Middle Part of the Group

Keep an eye on the time, or ask a group member to be the time-keeper and give a five minute warning for each time period/group member’s turn. However, try not to be too rigid – you’ll know if that person needs another couple of minutes! If you think that person needs more time, then take it back to the group and re-negotiate the time. The group members are always supportive and understanding.

For each group member who wants to talk, start with something like “What is it you would like to bring to the group today Joan?” They will then describe the problem. Individuals are encouraged to identify and describe a recent situation which is

typical of the problem. Ask usual questions to enable you to write up a basic 'thoughts, feelings (emotions and physical sensations) and behaviours' vicious cycle on the white board. If appropriate, ask the group how they might react in this situation, to generalise the vicious cycle and fill it out a little. Discuss each aspect and enable the group members to make the links between the thoughts, feelings and behaviours.

Then ask the group for any healthier, alternative responses that may be more helpful. Write them up in a different colour pen, outside of the vicious cycle. Ask how thinking or doing differently may have affected feelings and the outcome.

Keep it simple. It is often possible and appropriate to add in 'past experiences' to explain why the group member always reacts in that way, to facilitate better understanding. However, individuals should not feel pressurised to divulge sensitive information to the group that they would rather not. You might simply ask "Is there anything that has happened to you in the past that might explain the way you think or act in these situations?"

It is recommended to use the same basic formulation, such as the [vicious cycle and alternatives formulation](#). Repetition is the key! The group members are much more able to remember if they see it formulated in the same format each time. They learn to use the same vicious cycle formulations outside of the group. However, I also use other generic formulations if they seem more appropriate at the time, particularly the [Virtuous Flower formulation](#).

Introduce other skills as part of the alternative cycle. Repeatedly use a range of skills to help group members to familiarise themselves with the skills so they can use them at distressing times. Suggested skills are (all below are freely downloadable from the [get.gg](#) website):

STOPP

- **S**top
- **T**ake a breath,
- **O**bserve (feelings, thoughts etc)
- **P**ull back (Perspective, see the bigger picture, how else could I look at this? What would someone else say? Etc)
- **P**ractise what works (What's the best thing to do – for me, for others, for the situation?)

Fact or Opinion

NOW

- **N**otice where my attention is
- **O**bserve what I'm doing right now: I am standing, I am walking, I am sitting, I am breathing
- **W**hat now? How shall I continue? Doing, or Being?

Mindful Breathing

Positive Self Talk

Helicopter View

Increasing Activity

Nourishing or Depleting Activity

PACE and PLAN

Positive Steps to Wellbeing

[Dealing with Negative Emotions](#) – lots of ideas for thinking and doing differently, including imagery.

[Emergency or Soothe Bag or Box](#)

[Keep Calm & Carry On](#)

[These printable cards include many of the skills](#)

Interventions are obviously not restricted to this list, but they are some of the most frequently used or suggested.

Ending – the last 5-10 minutes of the group (Allow enough time according to the particular group)

Sum up

Ask for feedback – what was helpful, what was unhelpful, is there anything we could have done differently, what can you take away from this group that might be helpful, what can we do now (after the group), what can we do over the following week that might be helpful?

It is useful and appreciated to give each group member a helpful or inspiring quote printed on a small credit-card sized card or paper, or card-sized copies of the skills reminder cards, such as these: [printable cards](#) Other printable cards (with multiple copies of one skill) are available from the website

Wind down with a brief mindful breathing exercise or similar?

Thank everyone for their contributions and help they've offered to each other

If you've been personally touched by the group, then say so. They will really value your humanity, and will mean so much, to know that they have played a part in affecting you in a meaningful way.

SUMMARY

- Weekly open group sessions, 1 hour
- CBT Therapist and additional staff member
- White board and pens

Typical session

- **Start – first 5 minutes**
 - Introductions
 - Rules
 - Agenda
- **Middle – 45-50 minutes**
 - Each person (from the agenda) given time to talk.
 - Formulate each problem – recent incident analysis – thoughts, feelings, behaviours
 - Generate healthy alternatives
 - Keep an eye on the time
- **End – last 5-10 minutes**
 - Sum up
 - Feedback
 - What to do between now and next week?
 - Cards or quote?

References:

Butler et al (2006) Butler, A.C., Chapman, J.E., Forman, E.M., Beck, A.T. (2006) *The empirical status of cognitive-behavioral therapy: a review of meta-analyses. Clinical Psychology Review 26, 17-31.*

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