

USING THE GROUP IN COGNITIVE GROUP THERAPY

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The History of Group Therapy

- Originally found successful in treating patients with TB in early 1900's
- Later used during WW II for treating those with emotional reactions
- In the 1950's Bion's work with the group at Tavistock Clinic in London
- Lewin – Systems Theory the group whole is greater than the sum of its parts

Yalom identified 11 characteristics that make group therapy effective

Universality (“I’m not alone nor have unique problems”)

Group Cohesiveness

Altruism (unselfish giving

Instillation of Hope

Imparting Information (educational),,

Interpersonal Learning

Development of Socializing Techniques

Imitative Behavior

Corrective Recapitulation of the Primary Family Group

Catharsis

Existential Factors

- **Although various approaches to group therapy have different goals, the group as an entity is central to all of them**
- **By nature of the group interaction, the group itself takes on an identity that is a function of, yet different from its members.**
- **This entity becomes an active participant in the treatment process**

- **Cognitive Therapy is extremely effective**
- **Cognitive Therapy teaches you how to identify the thoughts that underlie your feeling**
- **It then provides a simple way to determine if those thoughts are realistic**
- **If a thought is not realistic, you can then replace it with a more realistic one based on what you know from hard data**

- **Cognitive therapy is defined in terms of the cognitive model**
- **The model stipulates that psychological disorders are characterized by dysfunctional thinking derived from dysfunctional beliefs**
- **These beliefs are formed from early childhood experiences**

- **Changing your cognitions, the way you look at something, changes how you feel**
- **The therapist is interactive and serves as a coach who teaches the skill set of identifying thoughts underneath feelings**
- **Once identified thoughts are tested for veracitude**
- **Socratic dialogue, collaborative empiricism, and guided discovery are used to help the patient see things differently**

FORMATION OF THE GROUP

- **Evaluation – Prior to group guided interview to determine Axis I and Axis II diagnoses**
- **Treatment plan- long term, short term**
- **Similar life stage issues**
- **Similar diagnoses**
- **Minimum level of functioning**

Interactive Cognitive Group Therapy

- The first 6 sessions Cognitive Therapy skills are taught
- Psychoeducation re: disorder
- Describing connection between thought and feelings
- Use of the thought record
- Monitoring symptoms- anxiety, stress, irritability
- Sharing experiences

The Group is taught the skills to serve the role of the a Cognitive Therapist

- The therapist guides the members to set up experiments to challenge beliefs that are not accurate**
- By this point the group has coalesced into a working body**

Phases of a Group

- **Trust Phase-** Therapist creates a safe background environment where rules are defined to protect confidentiality, where people are protected and not forced to expose emotions, where abusive behavior is prohibited
- **Differentiation Phase-** After trust is developed, this phase allows for members to start “being themselves” and relative positioning occurs

- **Working Phase-** This is the part of the group where people start using the skills they have learned to identify and challenge thoughts and work on changing core beliefs
- **Termination phase-**When the group is ready to end, loose ends get tied up and people sum up their experiences and say good-bye.

Role of the Therapist

- Therapist is a teacher, a guide, and a shepherd and plays an active role**
- Forms the group so members are compatible**
- Develops Axis I and Axis II diagnoses for each patient**
- Has long term and short term treatment plans for each patient**

- **Creates a safe emotional environment**
- **Teaches Cognitive Therapy skills in a way that they are understood**
- **Provides forms and charts to enable practicing what is learned**
- **Redirects material so that the group takes on the role of therapist to understand and challenge thinking that is not realistic**

At Another Level Is Constantly Monitoring What Is Happening With Each Member

- When a member interacts the therapist is keeping in mind Axis I and Axis II diagnoses as well as what the patient is working on that session to achieve the goals**
- Therapist redirects group to functionally work on the skill that patient needs**

FORMS

GROUP RULES

- GROUP POLICY
- 1. Please keep all information that has been discussed in the group confidential.
- 2. Personal contact outside the group is not discouraged, but there can be no sexual contact between members.
- 3. Weekly attendance is very important. If unable to attend a session, please give advance notice.
- 4. If a member does not want to speak about a specific subject, that wish must be respected.
- 5. Space is reserved in the group whether or not session is attended and is billed accordingly.
- 6. Payment is due on the last session of the month. A late charge of 2% is assessed for payments received after the 10th of the following month.
- 7. For insurance reimbursement, forms will be provided immediately after receipt of payment.

AUTOMATIC THOUGHT	DYSFUNCTIONAL THOUGHT	RATIONAL THOUGHT

ELEVEN FORMS OF DYSFUNCTIONAL THOUGHT

- 1. All-or-nothing thinking**

You see things in black-or-white categories. If a situation falls short of perfect you see it as a total failure.
- 2. Overgeneralization**

You see a single negative event, such as a romantic rejection or a career reversal, as a never-ending pattern of defeat by using words such as "always" or "never" when you think about it.
- 3. Mental Lens or Filter**

You pick out a single negative detail and dwell on it exclusively, so that your vision of all of reality becomes darkened, like the drop of ink that discolors a beaker of water.
- 4. Discounting the Positive**

You reject positive experiences by insisting they "don't count."
- 5. Jumping to Conclusions**

You interpret things negatively when there is not sufficient evidence to support your conclusions.
- 6. Magnification**

You exaggerate the importance of your problems and shortcomings, or you minimize the importance of your desirable qualities.
- 7. Emotional Reasoning**

You assume that your negative emotion necessarily reflect the way things really are.
- 8. Should Statements**

You tell yourself that things *should* be the way you hoped or expected them to be.
- 9. Labeling**

Labeling is an extreme form of all-or-nothing thinking. You attach a negative label to yourself.
- 10. Personalization**

Personalization occurs when you hold yourself personally responsible for an event that isn't entirely under your control.
- 11. Total Catastrophic Fantasy**

You create the most catastrophic scenario with absolutely no basis in fact.

	10 AM-12 PM	12-2 PM	2-4 PM	4-6 PM	6-8 PM	8-10 PM
MONDAY						
Type of Mood						
Thought						
What you are doing						
TUESDAY						
Type of Mood						
Thought						
What you are doing						
WEDNESDAY						
Type of Mood						
Thought						
What you are doing						
THURSDAY						
Type of Mood						
Thought						
What you are doing						
FRIDAY						
Type of Mood						
Thought						
What you are doing						
SATURDAY						
Type of Mood						
Thought						
What you are doing						
SUNDAY						
Type of Mood						
Thought						
What you are doing						

EARLY HISTORY

Isolated and Distant Father
Narcissistic Mother
Cruel Peers

PERSONAL SCHEMA

Unlovable
Worthless

SCHEMA ABOUT OTHERS

You are on your own
Can't trust people

Maladaptive Assumption

If people knew me, they would have nothing to do with me.
If I get close to anyone he or she will leave me

Conditional Beliefs

If I don't show who I am, they might accept me

Strategies

Defer to others' needs
Never ask for anything

Automatic Thoughts

Derivatives of the Core Schema

HELPLESS

Inadequate

Powerless

Trapped

Inferior

Ineffective

Weak

Vulnerable

Failure

Defective
(doesn't measure up)

Not Good Enough
(don't measure up)

Loser
(achievement-wise)

Needy

Out of Control

UNLOVABLE

Unattractive

Undesirable

Rejected

Alone

Unwanted

Uncared for

Bad

Worthless

Defective
(can't be loved)

Not Good Enough
(to be loved)

Loser
(in relationships)

Different