Assignment 14.1: Group Manual

Maryville University

Adult Cognitive behavior therapy (CBT) Group Therapy for Depression

 Major depressive disorder is a complex psychiatric condition that is associated with lost work productivity, and significant costs in quality of life, due to absenteeism, and short-term disability (Culpepper, Muskin, & Stahl, 2015). Major depressive disorder is prevalent in 6.7% of the population and accounted for an economic burden of 83.1 billion dollars in 2000 (Culpepper et al., 2015). It is the leading cause of disability worldwide and is a contributing factor to the global burden of disease (Bros, Notó, & Bulbena, 2017). The effective treatment of patients to complete resolution of symptoms presents a challenge to clinicians therefore psychotherapy is a helpful adjunct to pharmacological treatment (Culpepper et al., 2015).

**Type of Group**

 The Adult CBT Group Therapy for Depression is open to all adults suffering from depression. CBT is known as an efficacious treatment of depression and provides a viable alternative to antidepressant medications especially for severely depressed individuals (Driessen & Hollon, 2010). CBT has been reported to have a protective effect against subsequent relapse and recurrence following the end of active treatment (Driessen & Hollon, 2010). CBT has also been reported to be better than antidepressant medications in individuals whose depression is caused by antecedent life events (Driessen & Hollon, 2010). CBT is a directive, time-limited, and structured therapy, that investigates the link between thoughts, emotions, and behavior (Fenn & Byrne, 2013). CBT helps individuals understand their current ways of thinking and behaving, then helps them develop more adaptive ways of thinking and behaving (Fenn & Byrne, 2013). CBT aims to alleviate current distress (Fenn & Byrne, 2013).

 The Adult CBT Group Therapy for Depression is a closed, homogenous group for adults with depression, who begin the group at the same time (Ezhumalai, Muralidhar, Dhanasekarapandian, & Nikketha, 2018). Closed groups promote cohesiveness, tend to be more intimate, and are easier to balance the immediate needs of group members (Corey, 2016).

 The new Adult CBT Group Therapy for Depression will support seven members. Group member ages will range between 20- 64 years and have a history of depression. The group is voluntary. Members will meet every week for eight weeks. This is considered short-term. Each group will last for one hour. The group meetings will begin the first week of March, Monday 2nd, 2020 and will be held every Monday thereafter starting at 7 p.m. The meetings will be held in Conference room 2 of the Red Bridge United Methodist Church in South Kansas City, Missouri, 636 E 117th St, Kansas City, MO 64131.

**Topic or Theme of the group**

 The Adult CBT Group Therapy for Depression will focus on short-term, goal-oriented CBT psychotherapy treatment that will help the group members get a practical approach to problem-solving (Martin, 2019). The therapy aims to change the members’ patterns of thinking or behavior that are responsible for their problems and difficulties, ultimately changing the way they feel (Martin, 2019). Group therapy aims to focus on thoughts, images, beliefs, attitudes, and how these relate to how they deal with emotional problems (Martin, 2019).

**Target Population and Age of Participants**

 The Adult CBT Group Therapy for Depression is designed for adults between the ages of 20 and 64, with a history of depression. Referral from a mental health facility or primary care provider is not required. The group is designed for both males and females.

**Relevance of the Group**

 Depression is a chronically recurrent disorder and although two-thirds of individuals treated with antidepressants respond well, one-third of individuals experience a return of symptoms after treatment is over (Driessen & Hollon, 2010). CBT has an enduring effect that lasts beyond the end of treatment (Driessen & Hollon, 2010). With CBT, relapse rates are lower following treatment termination (Driessen & Hollon, 2010). CBT is also known to provide a viable alternative to antidepressant medications especially for severely depressed individuals (Driessen & Hollon, 2010). Group therapy is relevant for those who attend as it brings to the members a sense of cohesiveness. It fosters the development of social skills and is a viable option for those who cannot afford individual therapy.

**Dates and Times of Group Meetings**

(Also found in Appendix A)

First Session: Monday, March 2nd, 2020 at 7 p.m.

Second Session: Monday, March 9th, 2020 at 7 p.m.

Third Session: Monday, March 16th, 2020 at 7 p.m.

Fourth Session: Monday, March 23rd, 2020 at 7 p.m.

Fifth Session: Monday, March 30th, 2020 at 7 p.m.

Sixth Session: Monday, April 6th, 2020 at 7 p.m.

Seventh Session: Monday, April 13th, 2020 at 7 p.m.

Eighth Session: Monday, April 20th, 2020 at 7 p.m.

**Qualifications for the Group Leader**

 The leader of the Adult CBT Group Therapy for Depression should be a mental health professional who has been trained to use CBT. This can be a psychiatrist, psychologist, licensed professional counselor, licensed social worker, licensed marriage counselor, or family therapist. The group leader should have skills that will enable him to facilitate a smooth and effective progression of the group process, the interaction between group members, and group dynamics (Australian Institute of Professional Counsellors [AIPC], 2011). He should be able to keep a safe environment where group members do not attack each other (AIPC, 2011). A group leader should be able to recognize and stop counterproductive behavior and should be able to connect group members who share the same concerns and encourage them to work together (AIPC, 2011). An important skill for a group leader is to open and close group sessions, clarify and summarize group member statements, and impart information in the group where necessary (AIPC, 2011). A group leader should also empathize with group members, help group members attribute meaning to the experience, and help group members integrate and apply what they learn (AIPC, 2011).

**How and Where the Group will be Advertised**

 Flyers will be made announcing the new group and will be advertised in the United Methodist Church Newsletter, the nearby St. Thomas More Church Newsletter, the notice board of the nearby Sun fresh grocery, and the nearby CVS. Flyers are effective ways of advertising. Most people being targeted by the flyers can be found visiting the areas where the flyers will be displayed.

**Selection of Members**

 The selection of members will be on a first-come, first-served basis. Even though the group is voluntary, interest in the group will be ascertained by screening questions that will ask individuals about their age, sex, history of mental health, and if they have been treated for depression before. This type of screening is appropriate because it will identify individuals who are ideal for group therapy.

**Selection Criteria**

(Also found in Appendix B)

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health: Mental Health History: \_\_Prior Treatment? \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_DO NOT KNOW

Diagnosis: \_\_\_\_YES \_\_\_\_ NO \_\_\_\_\_ DO NOT KNOW

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous suicide attempt/ideation? \_\_\_\_\_\_YES \_\_\_\_\_ NO \_\_\_\_\_\_DO NOT KNOW

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Depression Past treatment history \_\_\_\_Have you ever been in depression treatment before?

\_\_\_\_\_YES \_\_\_\_\_\_ NO

In general, what were some of the things you liked or found most helpful about past treatment?

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**Group Therapy Informed Consent**

 Informed consent is a process of sharing information with patients that is essential to their ability to become more active agents on their own behalf (Beahrs & Gutheil, 2011). Informed consent shifts liability from caregivers onto both parties within a working alliance (Beahrs & Gutheil, 2011). As patients accept more personal responsibility, therapists are relieved of excessive liability for their patients’ voluntary and autonomous actions and their consequences (Beahrs & Gutheil, 2011). Informed consent clarifies who is responsible for what, to whom, and at what levels (Beahrs & Gutheil, 2011).

**GROUP THERAPY CONSENT, POLICIES, AND AGREEMENT**

(Also found in Appendix C)

All persons participating in the Adult CBT Group Therapy for Depression must read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to signing the agreement. You may also receive a copy of this agreement, please ask your therapist if you would like to have one.

I hereby grant my permission to receive group psychotherapy services in the form of weekly cognitive behavior therapy (CBT). Participating in group therapy can result in numerous benefits, including improving interpersonal relationships and resolving the concerns that led you to seek group therapy. Working toward these benefits, however, requires active involvement, honesty, and openness on your part.

Confidentiality: Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in this group is confidential and not to be shared with anyone outside of the group, except as may be otherwise required by law.

1. I agree to keep confidential the names of other members of the group and what is said in the group. As a member of this group, I agree to not disclose to anyone outside the group any information that may identify another group member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.
2. I also understand that anything said in therapy is confidential, except for the following limitations:

● Child abuse and/or neglect (which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out, physical abuse, etc.)

● Vulnerable adult abuse or neglect

● Threats to harm oneself

● Threats regarding harm to another person

● A court subpoena

● My specific request, in writing, to disclose information regarding my psychotherapy to a third party.

Please note that if you choose to send communications through text or email these communications are not protected and confidentiality cannot be assured.

By my signature below, I indicate that I have read carefully and understood the Group Consent, Policy, and Agreements, and I agree to its terms and conditions.

Printed Name of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ground Rules for Group Therapy**

(Also found in Appendix D)

* Come on time
* Come every week
* Be supportive of each other
* Give constructive feedback and avoid criticism
* Give everyone a chance to talk
* Focus on solutions
* Do the homework
* Do not discuss personal things with people outside the group

**Initial Stage**

 The most important function of the group leader in the initial stage of the Adult CBT Group for Depression is to establish the rules and limits of the group, and manage time (The American Group Psychotherapy Association [AGPA], 2007). The group leader must establish boundaries for the group and ensure that these boundaries are maintained at all times (AGPA, 2007). Boundary issues include membership, punctuality, and maintenance of the subject matter (AGPA, 2007). The group leader should provide a set of instructions about how group therapy works, and also provide a framework for understanding the roles that the group leader and the group members are expected to fulfill (AGPA, 2007). The group leader must also show that he cares for the well being of the group members by making sure that the group members are getting effective treatment, and that the group members are helpful to each other when giving feedback (AGPA, 2007). A group leader in the initial stage of the group must direct the dialogue that occurs so that the exchanges are therapeutic for group members (AGPA, 2007).

**Facilitating Trust in the Group**

 Trust in a group might be facilitated when a group leader identifies the limitations of group therapy, and corrects misconceptions of what group therapy can treat (AGPA, 2007). A group leader must insist on confidentiality in the group, as well as protecting the anonymity of other members in the group (AGPA, 2007). Since group members are not legally bound to keep personal information disclosed in the group confidential, the group leader must draft an agreement to keep confidential any personal information shared in the group during sessions (AGPA, 2007). Trust might also be facilitated when the group members perceive that the group leader cares about their welfare by discussing their rights as group members, their need for confidentiality, diversity issues, and the need to respect each member of the group (Corey, 2016).

**Role of Group Leader**

 My role as group leader in the Adult CBT Group is to set the tone of the group by modelling the attitudes and behaviors I expect in the group (Corey, 2016). I must create a therapeutic environment of honesty and respect (Corey, 2016). As a group leader I must be sensitive to the needs of the group members and be empathetic.

**Depression Tool**

 Delivering group CBT for depression is an efficacious and cost-effective method when compared to individual therapy (Thimm & Antonsen, 2014). Group therapy is especially appealing since individuals may benefit from group cohesion, may learn from each other, and may develop insight from other members’ problems (Thimm & Antonsen, 2014). Individuals may also benefit in learning how to develop interpersonal relationships with others (Thimm & Antonsen, 2014). In order to evaluate the effectiveness of the Adult CBT Group therapy for Depression, the group members used the Adult Depression Questionnaires that were developed to measure the effectiveness of the group experience. These can be found in Appendices E and F.

**Structure of Group Sessions**

 A typical session will start with a five-minute introduction of the agenda. Next 45-50 minutes will consist of each group member having time to talk about their thoughts, feelings, and behaviors regarding the agenda item. The last five to ten minutes will be used to sum up the meeting, feedback, and homework assignments.

 The first session will begin with a definition of depression and different ways individuals experience depression (Rosselló & Bernal, 2007). The purpose of the group will be discussed as well as the structure of each session, the group rules, and informed consent. Confidentiality issues will also be explained. In the first session the group leader and group members will introduce themselves. The next two sessions will touch on different types of errors in thinking, how depression can cause dysfunctional thoughts, and how dysfunctional thoughts can be modified to improve mood (Rosselló & Bernal, 2007). Each of these sessions will provide the group members strategies that will increase positive thoughts, decrease dysfunctional thoughts, thereby lead to a decrease in depressive symptoms (Rosselló & Bernal, 2007).

 Sessions four to five will discuss how depression can limit participation in pleasant activities thereby increasing depressive symptoms (Rosselló & Bernal, 2007). In the sessions group members will discuss pleasant activities as well as obstacles for engaging in these activities (Rosselló & Bernal, 2007). Group members will also learn that establishing clear goals decreases depressive symptoms (Rosselló & Bernal, 2007). They will practice how to establish clear, reachable goals (Rosselló & Bernal, 2007). They will also learn how to increase their control over their life, and learn how they can make choices that will allow them more freedom in life (Rosselló & Bernal, 2007).

 Sessions six to seven will discuss how relationships affect mood (Rosselló & Bernal, 2007). Group members learn how social support networks help to deal with difficult situations in life (Rosselló & Bernal, 2007). They also learn how they can strengthen these social support networks (Rosselló & Bernal, 2007). The group members learn how to establish healthy relationships and assertive communication skills (Rosselló & Bernal, 2007). Session eight summarizes what has been learned in previous sessions and discusses how thoughts, activities, and relationships affect mood (Rosselló & Bernal, 2007). This session also provides closure and feedback.

**Structure of the Sessions**

* **Session One**

**Introduction**

1. Introduction of the group leader and group members
2. Discuss purpose of the group
3. Discuss structure of each session
4. Discuss group rules
5. Discuss Informed consent
6. Discuss confidentiality issues
7. Discuss the definition of depression
8. Discuss the different ways individuals experience depression
* **Sessions Two and Three**

**How Your Thoughts Affect Your Mood**

1. Introduce the agenda
2. Introduce the concept of how our thoughts affect our mood
3. Discuss what thoughts are
4. Discuss how thoughts can affect our bodies, our actions, and how we feel. Group members to discuss examples
5. Group leader to explain the purpose of the therapy

**Goals of Therapy**

1. Lessen the feelings of depression
2. Learn ways to prevent getting depressed
3. Learn ways to gain control of your life

**Closure and Summary**

**Homework Session Two**

Start a Journal on when you have positive thoughts versus when you have negative thoughts and what triggers these thoughts.

Positive Thoughts are thoughts that make you feel better

Negative thoughts are thoughts that make you feel bad

**Homework session Three**

Continue your journal but this time write an example of when you can see the positive side of things instead of the negative

* **Sessions Four and Five**

**How Your Activities Affect Your Mood**

1. Review of the last session
2. Introduce the agenda
3. Introduce the concept of how activities affect our mood
4. Discuss the notion that through our activities we can determine how we feel
5. Discuss how activities can help you feel better
6. Discuss what obstacles can get in the way of our doing activities that are pleasant

**Goals of Therapy**

1. Learn ways to improve depression by changing the things you do
2. Learn ways to improve depression by making ordinary activities pleasurable
3. Learn ways to have more control over the activities in your life and feel less depressed

**Closure and Summary**

**Homework Session Four**

Make a schedule of pleasant activities to do daily that do not cost a lot.

**Homework Session Five**

Follow the schedule you made in session four.

* **Sessions Six and Seven**

**How Your Relationships Affect Your Mood**

1. Review of the last session
2. Introduce the agenda
3. Introduce the concept of how relationships affect our mood
4. Explore how your thoughts, actions, and feelings influence your relationships
5. Discuss how to establish and maintain healthy relationships
6. Discuss the importance of social support and how your contact with other people affects your mood

**Goals of Therapy**

1. Learn ways to improve depression by maintaining healthy relationships
2. Learn ways to improve your relationships through your thoughts, actions, and feelings
3. Learn ways to enlarge and maintain your social support network

**Closure and Summary**

**Homework Session Six**

Make a list of activities you can do that promote and maintain a healthy social support network

**Homework Session Seven**

Make a list of places and ways you can meet and make new friends

* **Session Eight**

**Feedback and Closing Session**

1. The group leader to review and summarize the general information worked on in the sessions
2. The group members review their experience in therapy and give feedback
3. Discuss strategies to manage depression in the outside world
4. Discuss referral to other types of therapy if needed
5. Closure and goodbye

**Transition Stage**

 The transition stage is an important stage in the group process as it is a time that group members are beginning to examine their issues deeply (Alle-Corliss & Alle-Corliss, 2009). This stage is difficult because the members experience anxiety, defensiveness, resistance, a struggle for control, ambivalence, member conflicts, and the emergence of problem behaviors (Alle-Corliss & Alle-Corliss, 2009). For the group to successfully move to the working stage, these issues must be acknowledged and dealt with effectively (Alle-Corliss & Alle-Corliss, 2009). Dealing with these issues effectively gives way to openness and trust in the stages that follow (Alle-Corliss & Alle-Corliss, 2009).

**Addressing Conflict as a Group Leader**

 Conflict brings about distress and anxiety in a group (Weinberg, 2014). Conflict also threatens the safe space that had been created in the initial stage of the group process (Weinberg, 2014). If the conflict is not resolved quickly and effectively, it may lead to premature group termination, and emotional withdrawal of members (Weinberg, 2014). Conflict may lead to a break in trust that ultimately leads to group members who are too cautious, and afraid of self-disclosure (Weinberg, 2014). This situation creates a situation that prevents the emotional growth and development of group members (Weinberg, 2014).

 Conflict can be manifested by group members not wanting to participate in group discussions and remaining aloof (Corey, 2016). Another way conflict may be manifested is by group members distracting the group process by asking too many questions, giving too much advice, or belittling the group process by using disparaging or sarcastic remarks (Corey, 2016). Conflict may be brought about when group members transfer intense feelings they have for people in their lives to people in the group (Corey, 2016). Conflict involving the group leader manifests when some group members accuse the leader of being either too open or too private (Corey, 2016). Leaders may be accused of being too judgmental, not caring enough, or too controlling (Corey, 2016).

 During conflict, a group leader is tasked with restoring the safe space that was created in the beginning stages of the group process (Weinberg, 2014). Group leaders need to work towards restoring the group to a place of reflection and processing of feelings (Weinberg, 2014). Group leaders need to return the group members to a place where they can process each other’s subjective truths and realize that conflict inflicts pain on other group members (Weinberg, 2014). The leader must take an active role in helping the conflicting parties to examine each other’s point of view, acknowledge that each other’s hurt feelings, and take responsibility for the pain they have caused each other (Weinberg, 2014).

**Addressing Reluctance as a Group Leader**

 Some group members may hold back from expressing their feelings or exploring personal pain (Corey, 2016). They are guarded and defensive (Corey, 2016). Their guardedness and defensiveness prevent them from experiencing the benefits of the group process (Corey, 2016). A group leader needs to view reluctance and defensiveness as a natural reaction to being a part of a risky endeavor (Corey, 2016). A group leader then needs to strive to create a safe and encouraging atmosphere where group members can let their guard down, manage their anxieties in order to fully participate in the group process (Corey, 2016).

 The leader should recognize that reluctance to participate could be because the leader is inexperienced, there is conflict between certain members, or a failure for the leader to adequately prepare the members for the group experience (Corey, 2016). The group members may also be reluctant to participate when they have no trust in the group leader (Corey, 2016). These issues have to be examined and every effort to solve them undertaken so that the members can benefit from the experience (Corey, 2016).

 Cultural differences may contribute to reluctance (Corey, 2016). Group members from a different culture may not know how to integrate into the group process, or may feel misunderstood by the group leader (Corey, 2016). Some cultures consider talking in a group setting impolite, and may believe that their quiet participation is respectful (Corey, 2016). Other cultures wait their turn to be called upon by the group leader, while others consider it taboo to talk about their problems to strangers (Corey, 2016).

**Dealing With Challenging Clients in a Group**

**Avoid responding to a sarcastic remark with sarcasm**

 Sarcasm in a group member may be a way that group member exhibits their reluctance to be a part of the group process. A group leader needs to recognize that this group member does not yet have trust that the group process will be therapeutic. A sarcastic group member is guarded and defensive (Corey, 2016). When a group leader responds to the group member with sarcasm, he is destroying the safe and therapeutic environment that has been created (Corey, 2016). A group leader should challenge the member to explore the reason for their sarcasm. A group leader should also exhibit caring behavior towards group members (Corey, 2016). Sarcasm by a group leader destroys the group cohesion and forces the group members to react rather than explore their feelings and behavior (Corey, 2016).

**Working Stage**

 The working stage is a time of in-depth exploration of group member problems. It is a time that group members put into action ways to change their behavior (Alle-Corliss & Alle-Corliss, 2009). Group members are committed to behavior change, as well as helping other group members change their behavior (Corey, 2016). The working stage is a period when group members see the most benefit from being in a group (Alle-Corliss & Alle-Corliss, 2009). Group cohesion has formed, and the discomfort and anxiety of being in a group have dissipated (Alle-Corliss & Alle-Corliss, 2009). The group members are becoming more spontaneous in their interaction with each other (Corey, 2016).

 Group members are more willing to work through their problems, identify their goals and concerns, and assume responsibility for making changes to their behavior (Alle-Corliss & Alle-Corliss, 2009). Group members are now engaged in more risk-taking and action-oriented behaviors (Alle-Corliss & Alle-Corliss, 2009). They are more honest in their self-disclosure (Alle-Corliss & Alle-Corliss, 2009). The group members are more likely to engage directly with each other rather than with the group leader (Alle-Corliss & Alle-Corliss, 2009). They are also more secure and less concerned with other members' expectations of them (Alle-Corliss & Alle-Corliss, 2009).

 During this stage, more important issues are tackled, there is less conflict, and the members are less afraid to get emotional. Group members feel a sense of belonging, inclusion, and solidarity (Alle-Corliss & Alle-Corliss, 2009). They trust each other as well as trust their leader (Alle-Corliss & Alle-Corliss, 2009). They understand and appreciate each other more (Alle-Corliss & Alle-Corliss, 2009). The group is more cohesive and there is a sense of family (Alle-Corliss & Alle-Corliss, 2009).

**Characteristics of the Working Stage**

 The working stage is focused on goal identification and attainment (Alle-Corliss & Alle-Corliss, 2009). The members are able to identify goals, take responsibility for setting goals and attaining them (Alle-Corliss & Alle-Corliss, 2009). They are able to practice outside the group and complete homework, all in an effort to change their behavior and fulfill their goals (Alle-Corliss & Alle-Corliss, 2009). The group members talk directly to each other, have meaningful interactions with each other, and pay attention to what is going on in the group. They do not dwell on outside issues unless they are related to what is going on in the group (Corey, 2016). There is cohesion and inclusion in the group (Corey, 2016). The members have learned to listen to each other and often come up with productive results (Corey, 2016). They often orchestrate the direction of the group and only look to the leader for direction (Corey, 2016).

**Interventions Employed by the Group Leader**

 The group leader has the responsibility of encouraging group members to actively participate in the group process (Corey, 2016). In the case where the group is not dynamic, and participation is limited, the group leader must assess the possible reasons for this and challenge the group members to be more involved (Corey, 2016). The group leader must choose the direction the group will move in (Corey, 2016). Group leaders must act as role models and set the tone for the group process (Corey, 2016). They should acknowledge conflict or anger and decide how these are handled (Corey, 2016). Leaders must work with group members openly, and show them that conflict and anger are productive at times in the group process (Corey, 2016). Group leaders must communicate to the group members the values and preferences of the group and what are acceptable or unacceptable topics to discuss (Corey, 2016).

 The group leader must decide how disclosing his own problems will influence group dynamics (Corey, 2016). The leader must be able to bring the group together through common themes and shared goals (Corey, 2016). The group leader should maintain group cohesion by reminding group members of the group rules in case of any conflict or disagreement (Corey, 2016). The group leader should always put members' concerns at the forefront (Corey, 2016). He should also structure group exercises to facilitate emotional expression (Corey, 2016). The group leader should show that he cares for all the group members, and should encourage emotional engagement among the group members (Corey, 2016).

**Therapeutic Factors of the Group: Trust and Acceptance**

 Group members show trust and acceptance by being more honest in their self-disclosure (Alle-Corliss & Alle-Corliss, 2009). They engage in more risk-taking and action-oriented behaviors (Alle-Corliss & Alle-Corliss, 2009). The group members also are more willing to engage directly with each other and their interaction is more meaningful (Alle-Corliss & Alle-Corliss, 2009). There is a general feeling in the group that all members belong and add something to the group (Corey, 2016). The group members let their guard down and recognize that they can be who they are without being rejected by other group members (Corey, 2016). When the group reaches the working stage, they have dealt with most of the barriers that may have prevented their success, such as conflict and misunderstanding, and now trust each other to work together with the shared goal of behavior change (Corey, 2016).

**Final Stage**

 The final stage is a time devoted to bringing closure to the group (Alle-Corliss & Alle-Corliss, 2009). During the final stage, group members take time to share what they have learned, how they have changed, and how they will use what they have learned going forward (Alle-Corliss & Alle-Corliss, 2009). At this time group members prepare to say goodbye to the group and group members (Alle-Corliss & Alle-Corliss, 2009).

**Effective Termination of Group Therapy**

 To effectively terminate group therapy, the group leader needs to remind the group members of the impending end to group therapy a few sessions before the end. This allows the group members to deal with feelings of separation which may manifest in the form of avoidance or denial (Corey, 2016). Group members are encouraged to review their group experience and explore what they have learned (Alle-Corliss & Alle-Corliss, 2009). They are also encouraged to share their turning points, their likes and dislikes of the group process, as well as how the group could have been more helpful (Alle-Corliss & Alle-Corliss, 2009). This process is helpful for group members as it helps them to acknowledge their strengths and develop a positive view of their group experience (Alle-Corliss & Alle-Corliss, 2009).

 During the termination phase, the group leader needs to challenge the members to discuss unfinished business or unfinished issues that may exist (Alle-Corliss & Alle-Corliss, 2009). Discussing unfinished business should not wait until the very last session as this could lead to a crisis among some group members who will need additional support from group members and the group leader (Alle-Corliss & Alle-Corliss, 2009).

 For an effective termination, group members need to examine their learning, consolidate it as they prepare to transfer what they learned in the group to the outside world (Alle-Corliss & Alle-Corliss, 2009). Group leaders should assist group members to analyze their growth and acknowledge the attainment of their goals (Alle-Corliss & Alle-Corliss, 2009).

**Interventions Employed During Termination and Functions Encountered by the Group Leader**

 As therapy moves towards completion, the group leader has the role of helping the members to let go of the group and incorporate what they learned to their outside lives (Benson, 2001). This is emotionally distressing for the group members who are dealing with separation issues (Benson, 2001). A group leader will intervene at these times as a nurturing presence to the group members, but also to emphasize movement away from the group and towards members’ outside lives (Benson, 2001).

 The group leader should point the group members to resolving any remaining tasks, and draw attention to any unfinished business or any delaying or prolonging activity (Benson, 2001). Some group members may be overly enthusiastic to tackle any remaining group tasks (Benson, 2001). The group leader should be aware that this enthusiasm may be a way for those group members to deny the group ending (Benson, 2001). The group leader should have the expectation that individual tasks should be completed, and group projects should be concluded (Benson, 2001). This helps to ease the anxiety that comes with ending a group (Benson, 2001).

 The group leader should avoid introducing activities, in the final stage, that challenge the group’s accomplishments such as new competitive projects that are stimulating or exciting, or projects that give high rewards (Benson, 2001). Activities that encourage a lot of interaction should be avoided (Benson, 2001).

**Functions and Possible Problems of Group Members During Termination**

 The main functions of group members during the final stage are the consolidation of learning and transfer of that learning to the outside world (Corey, 2016). Group members review the outcome and meaning of the group experience (Corey, 2016). They are tasked to apply what they have learned into their daily lives (Corey, 2016). At this time group members deal with thoughts and feelings pertaining to separation and termination of the group (Corey, 2016). They have to deal with any unfinished business and have to make decisions about how to generalize what has been learned in the group to everyday situations (Corey, 2016). Group members also have to find ways to continue growing (Corey, 2016).

 Group members may find it difficult to review their group experiences (Corey, 2016). Others may distance themselves because of separation anxiety, while others may bring up conflicts that occurred in the group (Corey, 2016). Some group members may wrap up the group experiences with no intention of using them to grow (Corey, 2016).

**Group Evaluation**

 Group evaluation is an ongoing process throughout the time the group runs (Corey, 2016). Evaluation is especially important at critical turning points of the group (Corey, 2016). Through evaluation, the group leader is able to track the progress of individual group members, and also to track if the group is reaching its goals (Corey, 2016).

 Evaluation requires objective measures that demonstrate the effectiveness of the group (Corey, 2016). These include standardized instruments that effectively measure changes in group members’ attitudes and values (Corey, 2016). The group leader can use existing rating scales or devise his own in order to give him an idea of how each group member experienced the group, and if the group was helpful (Corey, 2016). Rating scales can also inform the group leader of which interventions were helpful (Corey, 2016).

**Follow Up**

 A follow-up session is essential to discuss the group experience and put this experience into perspective (Corey, 2016). Group members get the chance to evaluate the impact that the group process has had on their lives (Corey, 2016). During the follow-up session, the group members get the chance to discuss how they have implemented what they learned into their daily lives, what difficulties they have encountered trying to change their behavior, and what successes they have since experienced (Corey, 2016). In the follow-up session, group members give each other feedback and support (Corey, 2016). This session is helpful in providing the members with additional resources if needed (Corey, 2016). The follow-up session serves the purpose of holding the group members accountable for their future growth (Corey, 2016). It also encourages group members to stick with commitments and take an active role in changing their lives (Corey, 2016).

**Evaluation Tool: Adult Depression Questionnaires**

(These can be found in Appendices E and F)

 The Adult Depression Questionnaires are rating tools that will be used to evaluate depressive symptoms at the beginning of the group and at the final session. The rating scale will range from 10 – 50 as follows: -

10 - 20: No depression

30 – 40: Mild depression

* 40: Severe Depression

The questionnaires will be used before and after the group sessions to evaluate group member progress.

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Appendix A

Dates and Times of Group Meetings

First Session: Monday, March 2nd, 2020 at 7 p.m.

Second Session: Monday, March 9th, 2020 at 7 p.m.

Third Session: Monday, March 16th, 2020 at 7 p.m.

Fourth Session: Monday, March 23rd, 2020 at 7 p.m.

Fifth Session: Monday, March 30th, 2020 at 7 p.m.

Sixth Session: Monday, April 6th, 2020 at 7 p.m.

Seventh Session: Monday, April 13th, 2020 at 7 p.m.

Eighth Session: Monday, April 20th, 2020 at 7 p.m.

Appendix B

Selection Criteria

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health: Mental Health History: \_\_Prior Treatment? \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_DO NOT KNOW

Diagnosis: \_\_\_\_YES \_\_\_\_ NO \_\_\_\_\_ DO NOT KNOW

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous suicide attempt/ideation? \_\_\_\_\_\_YES \_\_\_\_\_ NO \_\_\_\_\_\_DO NOT KNOW

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Depression Past treatment history \_\_\_\_Have you ever been in depression treatment before?

\_\_\_\_\_YES \_\_\_\_\_\_ NO

In general, what were some of the things you liked or found most helpful about past treatment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Appendix C

GROUP THERAPY CONSENT, POLICIES, AND AGREEMENT

All persons participating in the Adult CBT Group Therapy for Depression must read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to signing the agreement. You may also receive a copy of this agreement, please ask your therapist if you would like to have one.

I hereby grant my permission to receive group psychotherapy services in the form of weekly cognitive behavior therapy (CBT). Participating in group therapy can result in numerous benefits, including improving interpersonal relationships and resolving the concerns that led you to seek group therapy. Working toward these benefits, however, requires active involvement, honesty, and openness on your part.

Confidentiality: Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in this group is confidential and not to be shared with anyone outside of the group, except as may be otherwise required by law.

1. I agree to keep confidential the names of other members of the group and what is said in the group. As a member of this group, I agree to not disclose to anyone outside the group any information that may identify another group member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.
2. I also understand that anything said in therapy is confidential, except for the following limitations:

● Child abuse and/or neglect (which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out, physical abuse, etc.)

● Vulnerable adult abuse or neglect

● Threats to harm oneself

● Threats regarding harm to another person

● A court subpoena

● My specific request, in writing, to disclose information regarding my psychotherapy to a third party.

Please note that if you choose to send communications through text or email these communications are not protected and confidentiality cannot be assured.

By my signature below, I indicate that I have read carefully and understood the Group Consent, Policy, and Agreements, and I agree to its terms and conditions.

Printed Name of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix D

Ground Rules for Group Therapy

* Come on time
* Come every week
* Be supportive of each other
* Give constructive feedback and avoid criticism
* Give everyone a chance to talk
* Focus on solutions
* Do the homework
* Do not discuss personal things with people outside the group

Appendix E

Adult Depression Questionnaire - Initial Session

HOW OFTEN DO YOU FEEL DOWN, BLUE, OR HOPELESS?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL LITTLE INTEREST OR PLEASURE IN DOING THINGS THAT YOU USED TO FIND ENJOYABLE OR INTERESTING?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL TIRED OR HAVE LITTLE ENERGY?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU HAVE TROUBLE FALLING ASLEEP, STAYING ASLEEP, OR SLEEPING TOO MUCH?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL YOU HAVE A LOT TO LOOK FORWARD TO, OR OPTIMISTIC?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL TRAPPED WITH NO OPTIONS?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU HAVE POOR APPETITE OR OVEREAT?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL OVERWHELMED?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL OPTIMISTIC?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU HAVE THOUGHTS OF HARMING YOURSELF?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

Appendix F

Adult Depression Questionnaire - Final Session

HOW OFTEN DO YOU FEEL DOWN, BLUE, OR HOPELESS?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL LITTLE INTEREST OR PLEASURE IN DOING THINGS THAT YOU USED TO FIND ENJOYABLE OR INTERESTING?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL TIRED OR HAVE LITTLE ENERGY?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU HAVE TROUBLE FALLING ASLEEP, STAYING ASLEEP, OR SLEEPING TOO MUCH?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL YOU HAVE A LOT TO LOOK FORWARD TO, OR OPTIMISTIC?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL TRAPPED WITH NO OPTIONS?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU HAVE POOR APPETITE OR OVEREAT?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL OVERWHELMED?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU FEEL OPTIMISTIC?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

HOW OFTEN DO YOU HAVE THOUGHTS OF HARMING YOURSELF?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always