THE EFFECTIVE GROUP PSYCHOTHERAPIST
DUTCH GROUP PSYCHOTHERAPY SOCIETY
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MOUNT SINAI HOSPITAL

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Learning Objectives

1. Illustrate the core factors that contribute to group psychotherapist effectiveness
2. Identify approaches that maximize therapeutic opportunities within the patient-therapist relationship and in the here and now of the interpersonal group therapy setting
3. Articulate the principles of therapeutic metacommunication and processing within the therapeutic relationship
4. Explore therapist use of self and judicious therapist transparency

NO FINANCIAL DISCLOSURES OR CONFLICTS
Achieving and Sustaining Group Therapist Effectiveness

1. The therapeutic relationship matters more than the group model
2. Aim to use yourself as a group therapist as fully as possible
3. Think in terms of a co-creation and two person psychology
4. Emphasize adaptation first; pathology second
5. Filter everything through the lens of therapeutic alliance: the convergence of patient and therapist on goals, tasks and bond
6. Cohesion is the group equivalent of the therapeutic alliance
7. Utilize the here and now of the group as a social microcosm
8. Be attentive to the expression of patient pathogenic beliefs and the maladaptive transaction cycle in the group interactions
9. Disconfirm pathogenic beliefs and reinforce growth thru insight and experience
10. Recognize when and what hooks you interpersonally
11. Welcome and utilize countertransference as data
12. Metacommunicate to unhook
13. Process, process, process
14. Recognize that group therapy will be part of the solution or part of the problem
Aim to be an evidence-based practitioner—blend the art and science of our work.

Theory teaches us where to head: Technique teaches us what to do when we arrive there.

Although there is fundamental equivalence in therapies & models, there is no such equivalence with regard to therapists (Norcross & Wampold, 2011; Burlingame et al., 2013).

Recognize and utilize evidence supported therapist interventions.

Employ competency-based training and evaluation of therapists.

Consistent evidence that the psychotherapies have been undersold in light of robust effectiveness and the capacity to impact the brain thru the mind (Weissman, 2013).
Achieving and Sustaining Group Therapist Effectiveness

- Strong empirical support for role of:
  1. **Cohesion** (group equivalent of Therapeutic Alliance);
  2. **Empathy** > kindness: re-tailored & depth understanding
     Includes receptive and expressive capacities
     Adapt to and privilege the patient’s position *(Norcross & Wampold, 2011)*
  3. **Client-centred Tracking**
     - Encouraging evidence to support value of goal consensus and collaboration, positive regard and managing countertransference *(Norcross & Wampold, 2011)*
     - Based upon robust meta-analyses thru APA Task Force
     - Tri-modal approach to Evidence Based Practice:
       i) ESTs,  ii) Practice guidelines, iii) Practice based evidence *(Leszcz & Kobos, 2008; Burlingame et al 2013)*
The Effective Psychotherapist

Study of therapist variance in naturalistic settings of 71 therapists of varying models treating >6000 clients in a college counseling center using OQ45 (Okiishi et al 2006)

- No effect of gender, age, experience, or model
- Hard to distinguish 2nd and 3rd quartile Tx re effectiveness
- Top 10% vs. bottom 10% revealed:
  - 44% recovery rate & 5% deterioration rate vs.
  - 28% recovery rate & 11% deterioration rate
- Range of deterioration rates 1%-19%, randomly distributed patients
The Effective Psychotherapist

Studying therapist variance in naturalistic settings, 696 therapists of varying models of 16 session therapy treating 6960 patients utilizing the TOP (Treatment Outcome Package) (Kraus et al., 2011). TOP is a 58 item, 12 domain therapist rated scale.

- Effective therapists had average +ve ES of 1.00-1.52
- Ineffective therapists had average -ve ES of 0.91-1.49
- Overall 55% of patients improved significantly while 16% deteriorated.
Recognizing Negative Effects (Chapman et al, 2012)

- Therapists underestimate deterioration effects even when asked to search from 40 TXs detected 3/42 failures (Hannan et al 2005)
- The same is true for group therapists them (Chapman et al, 2012)
- Value of supervision and consultation to enhance Tx reflective capacity (Kraus et al, 2011)
- Willingness to self-examine is key!
- Value of patient-centred tracking to offset positive bias and overestimation and promote earlier detection
SNAP OUT OF IT!

SINGE SESSION THERAPY
Cohesion: core mechanism of action

- Facilitates other group therapeutic factors
- A ubiquitous mechanism that operates across all therapeutic orientations
- May explain more patient improvement than specific mechanisms of action, models or protocols
- Task and bond elements as well as group and individual member dimensions re relatedness: m-m; m-g; m-l
- Encompasses relationship structure and relationship quality
- 30 item Group Q: +ve bond; +ve work; -ve rel’n (Krogel et al 2013)
- Positive and significant linear rel’n of cohesion with outcome (Burlingame et al 2011)
- Correlation is consistent at 0.25: small-moderate but significant & important
- Moderators younger age; >12 sessions; size (5-9); IP focus; Tx actions
- Linked to higher self-disclosure, feedback and may buffer members when conflict appears in work phase of group (Bernard et al 2008)
Evidence-based Principles Related to Cohesion *(Bernard et al 2008; Burlingame et al 2013)*

1. Use of Group Structure

- **Principle One.** Conduct pre-group preparation that sets treatment expectations, defines group rules, and instructs members in appropriate roles and skills needed for effective group participation and group cohesion.

- **Principle Two.** The group leader should establish clarity regarding group processes in early sessions since higher levels of early structure are predictive of higher levels of disclosure and cohesion later in the group.

- **Principle Three.** Composition requires clinical judgment to balance *intrapersonal (individual member)* and *intra-group (amongst group members)* considerations.
Evidence-based Principles Related to Cohesion

2. Verbal Interaction

- **Principle Four.** The leader models real-time observations, guiding effective interpersonal feedback; maintaining a moderate level of control and affiliation may positively impact cohesion.

- **Principle Five.** The timing and delivery of feedback are pivotal considerations for leaders as they facilitate the relationship-building process. These important considerations include the developmental stage of the group (for example challenging feedback is better received after the group has developed cohesiveness) and the differential readiness of individual members to receive feedback (members feel a sense of acceptance).
Evidence-based Principles Related to Cohesion

3. Establishing and Maintaining an Emotional Climate

• *Principle Six.* The group leader’s presence not only affects the relationship with individual members but all group members as they vicariously experience the leader’s manner of relating. Thus, the leader’s management of his or her own emotional presence in the service of others is critically important: a leader who handles interpersonal conflict effectively can provide a powerful positive model for the group-as-a-whole.

• *Principle Seven.* A primary focus of the group leader should be on facilitating group members’ emotional expression, the responsiveness of others to that expression/disclosure, and the shared meaning derived from such expression.
Evolution of Psychotherapy

**Classical** ↔ **Contemporary**

- Conflicts & ego/ wishes ↔ Deficits & self/ needs
- Drives & instincts ↔ Attachment & relationships
- “Guilty man” ↔ “Tragic man”
- One-person psychology ↔ Two-person psychology
- Intrapsychic ↔ Relational and intersubjective
- Therapist abstinence ↔ Therapist engagement
- Dispassionate guide ↔ Participant observer
- Opaque ↔ Presence
- Interpretation & understanding ↔ Relationship & empathy

Evolution is a response to limits of prior models and techniques.

Robust MA evidence of efficacy *(Leichsenring & Rabung 2008; 2011; Shedler, 2010; Gerber, 2011)*

Healing Context *(Wampold, 2001)* & Disciplined Personal Involvement *(McCullough 2006)*

Empathy is both receptive/expressive.
Evolution Of Psychotherapy

• When the therapist’s attempt to understand is an insufficient response, the therapist may need to be willing to be shaped by the required interaction to create with the patient, the developmentally necessary, new and contrasting relational experiences (Mitchell, 1993)

• Will the psychotherapy be experienced as a new relationship, emphasizing facilitation and growth or as a recreation of prior relationships, inadvertently generating impasse or failure?

• Treatment will disconfirm or reconfirm prior pathogenic beliefs about the self in relation to the world
Evolution Of Psychotherapy

• Synthesis of repetitive occurrences of intersubjective conjunctions and intersubjective disjunctions

• Persistently reflective therapist posture required

• How we work with the therapy relationship is the essence of our effectiveness (or not) (Hill and Knox, 2009): immediacy; use of Tx self; countertransference and metacommunication

• Non-blaming and co-construction approach to the relationship

• Anticipate “tear and repair”

• Mindful of subtle or overt expressions of power, hostility or rejection
TREATMENT CONSTRUCTS FOR THE GROUP THERAPIST
(Yalom and Leszcz, 2005; Leszcz and Malat, 2012)

• The focus of clinical study is the here-and-now interpersonal interaction and the patient's phenomenology

• Interpersonal recapitulation driven by cognitive-interpersonal schema and pathogenic beliefs

• Group provides multiple interactional opportunities and peer transferences

• Hooking-unhooking phenomenon - recruitment of predictable interpersonal responses

• Impact message - pulls a restricted response

• Interpersonal markers of the patient

• Transference/countertransference illumination through the therapist's function as participant-observer
TREATMENT CONSTRUCTS FOR THE GROUP THERAPIST (Yalom and Leszcz, 2005; Leszcz and Malat, 2012)

- Repeat or repair: confirm or disconfirm
- Insight and experience linked
- Experience near → "hot" processing or, Experience far → "cold" processing
- Collaborative feedback and exploration to deepen awareness of schema: explore the phenomenology of the contemporary interaction
- Role of metacommunication - communication about communication
- Understanding of schema is always evolving - dynamic
- Broaden the interpersonal behavior repertoire
- Cohesion and therapeutic alliance are prerequisites
The Plan Formulation Model

(Weiss, 1993)

- The Plan is the manner in which the individual will work in psychotherapy to disconfirm PBs, overcome obstructions and achieve goals. Our patients seek growth: Respect adaptive efforts (Stone, 1996)

- Misconstrual-misconstruction sequence enacted (Strupp and Binder, 1984)

- Cyclical psychodynamics (Wachtel, 2011)

  Plan-congruent interventions, regardless of transference focus produces:
  - ↑ self-awareness
  - ↑ access to affect and self-reference and genetic anamnesis

  Pathogenic belief disconfirmation:
  - ↑ access to genetic material, previously covert
  - Progressive emboldenment on the patient’s part
Plan Formulation Model

I GOALS
- Developmental tasks, relatedness, self, growth

II OBSTRUCTIONS
- Pathogenic beliefs, emerging from early life
- 6 core PBs - Self-doubt; Doubt of others; Anger/Assertiveness; Fear of Closeness; Guilt re success; Guilt and responsibility for others (Sammet et al 2007)
- Shaped by danger/costs of goal attainment to self or others

III TESTS
- Transference tests articulated in interpersonal & relational terms
- Displacement of past onto present or,
- Inversion of passive into active
- PB disconfirmation sought within therapy and other relationships
- Driven by hopefulness, yet dreading reconfirmation
- Both insight and relational experience matter in altering a MTC

IV INSIGHT
- Patient’s accumulating awareness that challenges obstructions
TELL ME ABOUT YOUR CHILDHOOD.

WHAT'S TO TELL?

IT'S AS IF I DIDN'T EXIST.

NO ONE REALLY LISTENED TO ANYTHING I HAD TO SAY.

TELL ME ABOUT YOUR CHILDHOOD.

I WAS KIDDING!
The Impact Message (Kiesler, 1996)

- Identifying and metabolizing the patient’s interpersonal impact message as we get hooked and then unhooked
- Alert to what we as therapists bring to the mix, regarding our cognitive-interpersonal schema

Consider:
- Your experience with the patient

Identify:
- **Direct feelings** - when I am with this person he (she) makes me feel __________
- **Action tendencies** - when I am with this person he (she) makes me feel that I want to ______________
- **Perceived evoking messages** - when I am with this person he (she) wants me to feel and behave ______________
- **Fantasies** - sometimes when I am with this person it seems to me as though (image or metaphor) ______________
“Do what I say and you’ll be okay.”

DOMINANT

HOSTILE-DOMINANT

“Your efforts are disappointing: I’ll have to do it myself.”

HOSTILE

“You annoy me: stay away from me.”

HOSTILE-SUBMISSIVE

“You’re famous: fix me (if you can).”

SUBMISSIVE

FRIENDLY-DOMINANT

“I’m clever and will dazzle you with my talents.”

FRIENDLY

“I like you and want to help you.”

FRIENDLY-SUBMISSIVE

“You’re wonderful: I trust you completely.”

“I’ll do anything you say: just take care of me.”
### Four Domains Of The Maladaptive Transaction Cycle (MTC)  
*(Kiesler, 1996; Leszcz & Malat, 2012)*

<table>
<thead>
<tr>
<th>Patient</th>
<th>Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overt</strong></td>
<td><strong>Overt and Covert Reaction</strong></td>
</tr>
<tr>
<td>Interpersonal Behavior</td>
<td>(complementary or noncomplementary)</td>
</tr>
<tr>
<td>(misconstruction)</td>
<td></td>
</tr>
<tr>
<td><strong>Covert</strong></td>
<td><strong>Impact Message</strong></td>
</tr>
<tr>
<td>Phenomenological Experience</td>
<td>(examined and metabolized)</td>
</tr>
<tr>
<td>(misconstrual and core beliefs)</td>
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Therapist must examine:
- direct feelings induced
- perceived evoking message
- behavioral responses
- covert mental processes

Therapist responds with metacommunication - Find the 3rd route
The Maladaptive Transaction Cycle

- Circular causality: interpersonal recapitulations - the attempted solution becomes the problem (Kiesler, 1996)

- The Maladaptive Transaction Cycle - the unbroken causal loop and personal authorship

- Potential for self-fulfilling or self-defeating sequence; rupture and repair sequence
The Maladaptive Transaction Cycle

- The heart of treatment is the therapeutic relationship - effective therapists work in the immediate and here and now to address the necessary problems that emerge in the therapy relationship (Hill and Knox, 2009)

- It is the *processing* of the relationship that is therapeutic

- Authentic and genuine processing and repair associated with improved outcomes and fewer dropouts (Muran et al 2005)

- Acknowledge; explore; shared attribution; validation; negotiation; revisit patient experience > rigidity (Bennett et al 2006)

- Hazards of therapist blame, anger, dismissiveness, power, justifying, or insincerity (Harmon et al 2007; Norcross & Wampold, 2011)
Countertransference

• Requires spirit of inquiry on part of the therapist without blame: distinguish fantasy from action

• The therapist’s subjective experiences inform about the therapist and/or the patient

• Requires therapist to be close enough to get hooked, with subsequent task of getting unhooked

• Unlock fixed complementarity/impasse and interrupt negative recapitulation

• Metacommunication: skill in use of language
THERAPEUTIC METACOMMUNICATION AND FEEDBACK

• What is therapeutic metacommunication?
• “Any instance in which the therapist provides to the client verbal feedback that targets the central, recurrent and thematic relationship issues occurring between them in the therapy sessions” (Kiesler, 1996, p.29)
• It is predicated upon being first hooked and then getting unhooked and processing the interaction and relationship.
• Use language that is accessible>power driven jargon
Propositions For Metacommunication
(Kiesler, 1996; Yalom & Leszcz, 2005, Wachtel, 2011)

• Communication about communication - Processing
• Essential therapist skill - align intent and impact and maximize usefulness to the patient
• Process of unhooking begins with identification of the impact message
• Choose what MTC quadrants to emphasize, and in what sequence
• Once acknowledged may interrupt complementarity
• Speak directly about the communication process and transaction
Propositions For Metacommunication
(Kiesler, 1996; Yalom & Leszcz, 2005)

• Collaboratively explore the presence of the identified pattern to refine or corroborate - remember the alliance

• Use metaphors, if it is helpful to reduce intensity

• Reduce incubation period prior to feedback

• Seek every opportunity to bring focus back to the process of interaction in the here and now

• Provide feedback in challenging but supportive fashion, from position of lower affective intensity, rather than greater intensity

• Manifest positive regard, blending tact with authenticity
Propositions For Metacommunication

(Kiesler, 1996; Yalom & Leszcz, 2005)

- Illuminate, not punish
- Balance positive with negative feedback: lower the stakes
- Identify specifically what triggers negative interpersonal recapitulations, describing overt behavior and exploring covert meaning and beliefs
- Acknowledge joint creation of the transaction
- Intersubjective perspective: therapist speaks from perspective of interplay of patient and therapist subjectivities
PEOPLE ALWAYS TRY TO TAKE ADVANTAGE OF ME.

I KNOW WHAT YOU MEAN.

I LOST FIVE POUNDS AND MY HUSBAND DIDN'T NOTICE!

I CAME HOME LAST NIGHT AND HE HADN'T EVEN CLEANED THE GARAGE LIKE HE PROMISED.

I HAD TO PARK ON THE STREET!

IS IT MY IMAGINATION, OR HAVE YOU FOUND A CLEVER WAY TO MAKE PEOPLE PAY TO LISTEN TO YOU COMPLAIN?

TELL ME MORE ABOUT HOW YOU THINK I'M CLEVER.
Therapist Transparency & Self-Disclosure
(Yalom & Leszcz, 2005; Leszcz, 2009, Wachtel, 2011)

- Well processed and metabolized
- Distinguish what is induced by the patient from the therapist's contribution - e.g. subjective and objective countertransferences
- Determine the purpose of your disclosure
- Transparency is a tool, not an end in itself; cost and benefits
- Comprehensive exposition of reactions to the here-and-now, ahistorical >>> than personal, historical elaboration
- Find palatable ways to say unpalatable things
Therapist Transparency & Disclosure

(Yalom & Leszcz, 2005; Leszcz, 2009, Wachtel, 2011)

- Risk of damage to the treatment with unchecked therapist hostility
- Essential modeling and norm setting
- Too extreme a position regarding transparency, in either direction constricts efficacy (Hill et al, 1989)
- Timely, thoughtful therapist self-disclosure correlates with improved outcomes and maintenance of constructive relationship
Therapist Transparency & Disclosure

(Yalom & Leszcz, 2005; Leszcz, 2009, Wachtel, 2011)

- Protect the frame of treatment and boundaries
- Alert to timing and stage of treatment
- Mirroring of growth and communicative matching
- Disciplined personal therapist involvement (McCullough, 2006)
- Psychotherapists invariably become more self-disclosing as they gain experience but are reluctant to encourage junior colleagues to do so for fear of boundary tensions (Leszcz, 2009)