

Assignment 6.1: Group Proposal for an Adult CBT Psychotherapy Group

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Rationale for an Adult CBT Psychotherapy Group

Even before the Pandemic, anxiety in America had been increasing. In the decade from 2008-2018, the prevalence of anxiety in US adults increased by over 30% (5.12% of the total US population in 2008 increased to 6.68% of the total US population in 2018) (Goodwin et al., 2020). However, the increase in anxiety during COVID-19 has been more dramatic by an order of magnitude with a rise of over 375% since the start of the pandemic (Twenge & Joiner, 2020). Social isolation has taken a toll and the full extent of the repercussions will not become clear until years after we have fully emerged from the COVID-19 pandemic. There was a similar increase in anxiety in the global adult population during COVID-19 (Delpino et al., 2022). Adding to the importance of effective anxiety treatment, Norton & Hope point out that “not only are anxiety disorders prevalent, but they also yield a considerable economic impact. Greenberg et al. (1999)” with estimated costs of over \$42 billion annually (Norton & Hope, 2005, p. 2). Now more than ever mental health professionals need to implement effective and efficient forms of treatment for anxiety.

Prior to COVID-19 there was already a scarcity in mental health professionals. So the question then becomes how can we effectively treat such a significant increase in anxiety disorders and other disorders like depression with already limited resources (Twenge & Joiner, 2020). Group therapy is a natural answer. Group therapy has been shown to be equally effective as individual therapy (Gladding, 2020). And group therapy has been shown to be particularly effective for anxiety (Norton & Hope, 2005). Also, given the social isolation feature of the COVID-19 pandemic seems to be one of the primary causes for the rapid increase in anxiety, group therapy, with its innate social component, is all the more appropriate.

Cognitive Behavior Therapy (CBT) has long been shown to be an effective treatment for anxiety (Stewart & Chambless, 2009). However, some concerns have been raised about the screening process for past CBT studies too often screening out comorbidities and being unrepresentative of the real world. But a meta-analysis involving 56 studies concluded that CBT remains effective with comorbidities and in more real world situations (Stewart & Chambless, 2009). Given CBT has been shown to be effective for anxiety, and group therapy has been shown to be effective for anxiety, my plan is to offer a CBT psychotherapy group to adults who have screened positive for an anxiety disorder. Some members can have comorbidity with depression but any other diagnoses beyond depression and anxiety will be screened out.

There are several beneficial components to group CBT psychotherapy in treating anxiety. One component that will be particularly beneficial given the Covid circumstances is the ability of CBT homework assignments to provide a continuity of care and efficacy for members even when they miss one or more sessions (Norton & Hope, 2005). Given members will often find the need to miss group sessions whenever they have Covid symptoms and/or test positive for Covid, this ability for the CBT theoretical framework to utilize homework to provide a bridge between sessions is all the more important.

Several of Yalom's therapeutic factors will likely be present throughout the group. Instillation of hope will be significant as the tangible structure of a sequence of CBT sessions can genuinely be described as being very likely to reduce the anxiety symptoms of the members and the leader's communication of such a genuinely positive expected outcome will immediately instill hope from session one (Gladding, 2020). Universality will also be important as members will benefit from the understanding that they are not alone in their anxiety and that they have shared experiences with other group members and shared desires to feel less anxious (Gladding,

2020). And when members begin feeling comfortable with sharing their commonalities they are likely to begin imparting information that could involve valuable insights members have about how to cope with and reduce anxiety symptoms.

The North Seattle Community College (NSCC) already offers well attended group therapy programs so it is a great choice for setting. Membership in their groups extends well beyond the student body as mental health agencies and private practices familiarize themselves with offerings at North Seattle and refer patients accordingly. Membership in this group will be available to all adults over the age of 18. Recruitment will involve flyers in the normal locations at NSCC as well as outreach to agencies and private practices. Screening will utilize the 42 item Depressive, Anxiety, Stress Scale (DASS). Applicants with DASS scores that indicate depression in addition to anxiety will not be screened out which is important as inclusion of comorbidities will allow this group to further investigate the efficacy of CBT with comorbidities. However, diagnoses beyond anxiety and depression will be screened out. Also, any applicant that has a history of suicidal ideation will be screened out. The membership will be closed-ended to allow for the group to move through a sequence of CBT together and to develop relationships with each other uninterrupted by the entrance of new members (Gladding, 2020).

The size of this group will be eight members. The physical structure will be the circle format to enable “all members to have direct access to one another” (Gladding, 2020, p. 35). The setting will be a seminar classroom at North Seattle Community College (the smaller seminar size classroom is important in order to achieve a more intimate discussion). The length of the sessions will be 60 minutes and they will be held weekly over the course of six months as is common in psychotherapy groups (Gladding, 2020). The group will be closed following the first session which is also common in psychotherapy groups (Gladding, 2020). The general

purpose of the group will be treatment of anxiety but with particular attention to anxiety stemming from social isolation during COVID-19.

Group Objectives

- Decrease level of anxiety
- Increase awareness of thought patterns and how they affect emotions and behaviors
- Develop skills for changing negative thought patterns to positive thought patterns
- Increase desirable behaviors

Informed Consent Form

The following form provides the expectations of the group and the limits of confidentiality. This group is voluntary and by providing your signature you are confirming your willingness to participate in the group and to adhere to the group's expectations. Your signature also confirms your acknowledgement of the limits of confidentiality for the group.

Group Expectations:

- Attendance of each session is important for individual members and the group as a whole. Please make sure from the outset that your schedule will allow for you to arrive on time and attend each session. Please communicate with the group leader if something will interfere with your ability to meet this expectation.
- Completion of homework assignments is an important part of the participation in this group. Please schedule some time in between sessions to complete homework assignments.
- Mutual respect during sessions is an important part of the group's success. Please make sure you are sensitive to other members' feelings and treat them with respect at all times.
- Members are expected to maintain confidentiality. Members should not discuss any information that other members provide in the group with any other non-member.

Limits of Confidentiality

- If any member demonstrates an intent to harm themselves or others then the group leader is required by Washington State law to file a report to the appropriate authority to ensure the relevant parties' safety.

- If records from this group are subpoenaed by a legal proceeding then the group leader will request that the records remain privileged. However, if this request for privilege is denied then the records will be released.
- The group leader is a mandatory reporter for any physical or sexual abuse of minors and elders. Any abuse of a minor or elder will be reported immediately to the appropriate authority in accordance with Washington State law.
- The group leader may consult with other mental health professionals about members in the group, however, these consultations will be done anonymously with names and other identifying information.

Please sign and date in the field below. Your signature confirms that you have read this form. Your signature also confirms that you will adhere to the group expectations and that you are aware of the limits of confidentiality for the group.

Member Signature

Date

*I used the Consent Form provided in the group proposal example Covid College Grief Group as a model for this form (Lange, *No date provided).

Group Sessions

Week three (60 minutes): cognitive distortions

Required resources:

- Seminar size room with 9 chairs in a circle
- White board located behind the group leader's chair

Opening activity (5 minutes): summary of week two

- Ask a group member to summarize the last session and fill in as needed

Homework review (10 minutes)

- Ask each member to share their experience with their homework with the group and explain that participation is strongly encouraged but members can pass if needed.

Mindfulness CBT exercise (10 minutes): changing negative thoughts

- Ask group members to close their eyes and get comfortable
- Ask them to take 25 mindful breaths
- Ask them to observe their thoughts
- Ask them if they experience any negative thoughts
- Ask them to think of 10 positive thoughts as alternatives to negative thoughts

Education: (15 minutes): cognitive distortions

- Explain how cognitive distortions are negative thought patterns that can diminish motivation, increase anxiety and lead to undesirable behavior
- Provide 10 examples of cognitive distortions and write these examples on the white board: (1) all-or-nothing thinking; (2) overgeneralization; (3) mental filters; (4) discounting the positive; (5) jumping to conclusions; (6) magnification; (7) emotional reasoning; (8) "should" statements; (9) labeling; (10) personalization and blame.

- Explain how coping strategies like journaling and mindfulness exercises can change these negative thought patterns and lead to more desirable feelings and behaviors

I used the following site as a guide for this education section

<https://www.verywellmind.com/ten-cognitive-distortions-identified-in-cbt-22412>

New homework assignment (5 minutes): Expressive Writing

- Ask members to spend 20 minutes writing continuously about their deepest thoughts and emotions.

Closing activity (15 minutes): Takeaways

- Ask each member to provide their takeaways from the session

Week four (60 minutes): CBT exercises

Required resources:

- Seminar size room with 9 chairs in a circle
- White board located behind the group leader's chair

Opening activity (5 minutes): summary of week three

- Ask a group member to summarize the last session and fill in as needed

Homework review (10 minutes)

- Ask each member to share their experience with their homework with the group and explain that participation is strongly encouraged but members can pass if needed.

Mindfulness CBT exercise (10 minutes): Body Scan

- Ask members to get comfortable
- Ask them to take several deep breaths
- Ask them to bring awareness to their feet and to notice any negative or positive feelings in their feet.

- Ask them to breathe into any negative feelings or tension and to imagine the tension leaving their body with their breath.
- Ask them to repeat this exercise with each area of their body moving up from their feet and ending at their head.

I used the following site as a guide for this exercise

<https://www.verywellmind.com/body-scan-meditation-why-and-how-3144782>

Education (15 minutes): CBT exercises

- Explain how CBT exercises can help change cognitive distortions and increase desirable behaviors.
- Provide overview of CBT techniques: (1) activity scheduling/behavior activation; (2) behavioral experiments; (3) cognitive reframing/restructuring; (4) exposure therapy; (5) guided discovery; (6) journaling/thought recording; (7) relaxation and stress Reduction; (8) role playing; (9) successive approximation.

I used the following site for a guide on this education section

<https://www.talkspace.com/blog/cbt-techniques/>

New homework assignment (5 minutes): thought diary

- Ask members to create a journal page with four columns in which they record and evaluate negative thoughts and feelings: (1) date it happened; (2) situation; (3) emotion and a rating of emotional intensity; (4) thought and a rating of the strength of belief in the thought.

Closing activity (15 minutes): Takeaways

- Ask each member to provide their takeaways from the session

Outcome Evaluation Questionnaire

- What was your favorite part of group therapy?
-

- What was your least favorite part of group therapy?
-

- What skill do you find most helpful for your anxiety?
-

- Would you recommend this group to others?
-

On a scale of 1-5 please rate the following with 1 being strongly disagree and 5 being strongly agree (Please circle).

- I am experiencing less anxiety.

1 _ 2 _ 3 _ 4 _ 5

- I have noticed an improvement in my desired behavior

1 _ 2 _ 3 _ 4 _ 5

- I am likely to use the CBT skills I have learned in group to cope with my anxiety.

1 _ 2 _ 3 _ 4 _ 5

Resources

List for Therapists

- Very Well Mind provides a list of 10 cognitive distortions:
<https://www.verywellmind.com/ten-cognitive-distortions-identified-in-cbt-22412>.
- Positive Psychology provides a list of 25 CBT techniques:
<https://positivepsychology.com/cbt-cognitive-behavioral-therapy-techniques-worksheets/>.
- The Daily Meditation provides a list of 19 Mindfulness-based CBT Exercises:
<https://www.thedaily meditation.com/cbt-exercises>.
- Psych Central provides a description of CBT journal activities:
<https://psychcentral.com/anxiety/how-to-journal-for-anxiety#types>.
- Very Well Mind provides a description of a body scan meditation:
<https://www.verywellmind.com/body-scan-meditation-why-and-how-3144782>.

List for Clients

- Choosing Therapy provides an overview of how CBT can help with anxiety:
https://www.choosingtherapy.com/cbt-for-anxiety/#:~:text=CBT%20addresses%20anxiety%20by%20helping_helping%20to%20reduce%20avoidant%20behaviors.
- The APA provides an overview of how group therapy can help:
<https://www.apa.org/topics/psychotherapy/group-therapy>
- Very Well Mind provides a list of 10 cognitive distortions:
<https://www.verywellmind.com/ten-cognitive-distortions-identified-in-cbt-22412>.
- Positive Psychology provides a list of 25 CBT techniques:
<https://positivepsychology.com/cbt-cognitive-behavioral-therapy-techniques-worksheets/>.

- Psych Central provides a description of CBT journal activities:

<https://psychcentral.com/anxiety/how-to-journal-for-anxiety#types>.

Note: I included some of the same resources on both lists as I feel those resources are important for both clients and group leaders.

Issues in Application

- **How practical would it be for you to conduct this group in the proposed setting?**

The community college setting is very practical. It would be a very neutral setting that would avoid uncomfortable associations (as opposed to a church which could make some members feel uncomfortable). It is cost effective given rent for the seminar classrooms would be low. The setting would help with recruitment given there is a history of group therapy being offered at the community college and mental health agencies know to look for groups being offered at the community college to refer their patients. Also, it is very close to a light rail stop which makes the commute for non drivers very convenient and there is convenient parking for drivers.

- **What obstacles can you foresee in implementing this group?**

One of the biggest challenges for offering any mental health services is the recruitment of high qualified mental health professionals. This would certainly be the case for this group as finding a licensed mental health counselor (or another mental health professional licensed to conduct group therapy by themselves) with a CBT specialization would be challenging.

Another challenge in implementing this group would be the missed sessions due to COVID-19 symptoms or isolation protocol following a positive COVID-19 test. When members miss any group it can negatively affect the process of the group and given the importance of the CBT content in this group, missed sessions due to COVID-19 and other illnesses could be particularly problematic.

- **Are there ethical concerns?**

One ethical concern is the screening process. Is it ethical to screen out an applicant who has a history of suicidal ideation? Is it ethical to screen out an applicant who has other more severe comorbidities? From one perspective, these individuals are the most in need of group therapy so to deny them this group seems difficult. In order to address this issue, referrals for other groups that do not screen out for such applicant profiles will be important. And there is an ethical reason for this screening. By screening out applicants with more severe diagnoses, group members will be better able to establish common ground with each other and will be more likely to experience the therapeutic factor of universality.

- **Are there Cultural concerns?**

One cultural concern is the issue of CBT possibly being more effective for some cultural groups than for others. Future research into how CBT can better be adapted to all cultures will hopefully help resolve this cultural concern for future groups.

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