**AGPA Connect 2023 Presenter Information**

**Course Code:** 307

**Course Title:** When the Individual Therapist Is Also the Group Leader: The Challenges and Benefits of Combined Treatment

**Course Times:** 10:00 AM - 12:30 PM

**Course Dates:** Friday, March 10

**Instructors:** Maryetta Andrews-Sachs

Aaron Black

Justin Hecht

Kenji Kuramitsu

Annie Weiss

Ellen Wright

**Course Description:** When a therapist self-refers an individual client to a group that therapist leads, the expansion of modalities creates unique therapeutic advantages as well as challenges. This Open Session will explore the complexities and opportunities of combined individual and group therapy with the same therapist. The discussants will present a variety of perspectives on ethics, clinical advantages and risks, transference-countertransference challenges, frame and boundary issues, and the business elements of treatment. In addition to the discussant presentations, large group discussion will be encouraged.

**Learning Objectives**

The attendee will be able to:‎

1. ‎Describe the clinical advantages and risks of combined treatment.‎
2. ‎State how to address the unique needs of BIPOC clients in combined treatment.‎
3. ‎Distinguish between clients who do and do not benefit from combined treatment.‎
4. ‎Identify how to manage individual therapy content in the context of combined treatment, by using a ‎well-developed informed consent form that addresses the unique challenges of combined treatment.‎
5. ‎List ethical concerns that can emerge in combined treatment and describe how to address them.‎
6. ‎Integrate the benefits of combined treatment into the therapist’s practice.‎

**Significant Articles:**

1. Chang-Caffaro & Caffaro, (2018) "Differences That Make A Difference: Diversity and The Group ‎Leader. Chang-Caffaro & John Caffaro (2018) Differences that Make a Difference: Diversity and the ‎Process Group Leader, International Journal of Group Psychotherapy, 68:4, 483-497, DOI: ‎‎10.1080/00207284.2018.1469958‎
2. Gitterman, P. (2019) Social Identities, Power and Privilege: The Importance of Difference in ‎Establishing Early Group Cohesion, International Journal of Group Psychotherapy. ‎
3. Gitterman, P. (2019) Social Identities, Power, and Privilege: The Importance of Difference in ‎Establishing Early Group Cohesion, International Journal of Group Psychotherapy, 69:1, 99-125, DOI: ‎‎10.1080/00207284.2018.1484665‎
4. Ormont & Strean (1978). Limitations and contraindications of conjoint treatment. The practice of ‎conjoint therapy (pp. 69–85). New York: Human Sciences Press.‎
5. Raps, Charles S., (2009) The Necessity of Combined Therapy in the Treatment of Shame: A Case ‎Report, International Journal of Group Psychotherapy, 59:1, 67-84. ‎
6. Roth, Bennett E. (2009) Some Problems with Treatment: Destructive Enactments in Combined ‎Therapy, International Journal of Group Psychotherapy, 59:1, 47-66. Turk, D. (2019). Combined and ‎parallel individual and group therapy - still a red rag? Group Analysis, 52(3), 315-329.‎‎‎

**Agenda:**

1. Maryetta Andrews-Sachs will introduce the topic of the open session, and will describe the topics to be presented by each of the panelists (20 Minutes) Objective 1, 2, 6
2. Aaron Black will speak on his experiences of the dynamic transference/countertransference challenges of combined treatment (20 minutes) Objectives 1, 3, 5)
3. Annie Weiss will discuss treatment of BIPOC people in combined treatment. (20 minutes) Objectives 1 & 2)
4. Ellen Wright will present on the therapist’s internal resistance to combined treatment, and how this shows up in the group; she will discuss the clinical and theoretical concerns that are relevant (20 Minutes) Objectives 4, 5, 6
5. Kenji Kuramitsu will present on the selection of patients for combined treatment, the exclusion of those who would not benefit, and building strong alliances in the different modalities. (20 minutes) Objectives 1, 2, & 5
6. Justin Hecht will describe the business aspects of integrating therapy, overcoming the therapist’s possible internalized resistance to combined therapy, the ethical and practical considerations in providing combined treatment. (20 Minutes) Objectives 1, 4, 6
7. Maryetta Andrews-Sachs will facilitate a discussion of the topic for the time remaining (25 Minutes) This will address participants' questions and will address all learning objectives: 1 - 6
8. 5 minutes will be allowed for evaluations

**Assessment Questions:**

1) The needs of any client should be carefully considered before making a referral to a group run by the same therapist.

A) This is unnecessary, it is the therapist's need to fill the group that is most important.

B) If the client is unable to articulate their needs, a good fit with the group composition can be used to make a group referral

C) The potential of the client to benefit from the group should trump current discomfort.

D) The therapist should carefully consider the needs of the client and not let other considerations affect his/her judgment

Answer D

2) The client must be carefully prepared for being in combined individual and group therapy. TRUE

3) What are characteristics of a  good alliance between the client and the therapist  for the success of a referral to group therapy?

a) the therapist is familiar with the client's social history

b) the client has demonstrated trust in the therapist over a reasonable length of time

c) the therapist and client have worked together to help the client understand how a therapy group will help the client achieve desired goals

d) all of the above

Answer D

4) What are some important ethical considerations are in combining group and individual therapy?  (check those that apply)

a) the impact on the client of a group setting

b) the therapist's need to fill the group

c) the client's understanding of some basic principles of the group

d) the client' informed consent to group treatment

ANSWER A, C, and D

5) Which of the following statements is accurate regarding preparing BIPOC clients for combined therapy?

a) it's unnecessary to provide special preparation for BIPOC clients

b) Diversity within the group is the responsibility of the group

c) the therapist must be culturally competent and should make thoughtful efforts to prepare the BIPOC client for the group situation

d) Therapists in urban areas may safely assume that group members will be anti-racist

ANSWER C

6) What is the most important predictor of a  therapist's internalized resistance to combining therapy?

a) aversion to financial success

b) envy of successful colleagues

c) failure to participate in his/her own group therapy experience

d) guilt at charging appropriate fees

ANSWER C

7) What are the most important advantages that combined therapy may provide?

a) a more lively group, and more interesting discussions in the group

b) more effective therapy for the client, quicker attainment of desired goals

c) improved social skills, alleviation of boredom

d) sharing of advice among peer group, emotional contagion

ANSWER B

8) Combined therapy presents all of the following risks except:

a) intensification of the transference

b) increased client dependence on the therapist

c) possibility of splitting individual and group treatments

d) improving social skills

ANSWER D

9) How should the informed consent form be modified for combined therapy?

a) address the limits of confidentiality in the event of suicidal ideation

b) address the limits of confidentiality in the event of homicidal ideation

c) discuss the risks to confidentiality in a group setting

d) disclose the treatment plan of the combined therapy

ANSWER C

10) List some potential problems with combined therapy.

a) the client may be unable to tolerate the regressive experience of having to 'share' their individual therapist with others

b) the client may come to resent the therapist's attention to other clients

c) there may be confusion about bringing material from individual sessions into the group

d) all of the above

ANSWER D