**AGPA Connect 2023 Presenter Information**

**Course Code:** 308

**Course Title:** Group Psychotherapy Research for Practitioners

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

**Course Dates:** Friday, March 10

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Tate Paxton

Steven Sandage

Giorgio Tasca

**Course Description:** In this session of the AGPA Research SIG, panelists present new, clinically-relevant research findings, with time for discussion and questions from the audience. Our aim is to make research accessible to practitioners and to build bridges between the research and practice of group psychotherapy.

**Learning Objectives**

The attendee will be able to:‎

**Significant Articles:**

**Agenda:**

1. Presentation

1: Direct Comparison of Alliance and Cohesion in Group Therapy: A Structural Equation Model Meta-analysis (40 min. presentation, 5 minutes Q&A/Discussion; Obj. 1-4; Gary Burlingame, Tate Paxton, Gabriel Hoose, Michaela Thackery, Tate Henderson, and Jacob Bingham; Lecture/Discussion) Abstract Aims: Cohesion and alliance are two of the most widely used relationship constructs within group psychotherapy. Previous meta-analyses of cohesion (Burlingame, McClendon, & Alonso, 2011; Burlingame, McClendon, & Yang, 2018) and alliance (Alldredge et al., 2021; Lo Coco, et al., 2022) indicate that both are statistically significant predictors of treatment outcomes. However, no meta-analytic results have compared both alliance and cohesion in group therapy directly. We will conduct a new meta-analysis which directly compares both factors by only including studies which simultaneously measured both alliance and cohesion. Method: A search for relevant articles published between 1969-2021 has been conducted using the PsycINFO, MEDLINE, and Google Scholar databases. Our inclusion criteria are patterned after the aforementioned meta-analyses (Alldredge et al., 2021; Burlingame, McClendon, & Alonso, 2011; Burlingame, McClendon, & Yang, 2018).

These criteria included (1) simultaneous measurement of both alliance and cohesion; (2) groups comprised of at least three members; (3) groups meeting for the purpose of counseling, psychotherapy, or personal growth; (4) using at least one quantitative measure of alliance, cohesion, and outcome; (5) producing data that allowed the calculation of effect sizes as weighted correlations (or shared data upon request); (6) and being published in the English language. The literature search and subsequent review and coding yielded 19 suitable articles for inclusion in the analysis. Analysis: Three separate models will be used to analyze the data collected in this meta-analysis. First, the main analysis will be accomplished with a one-stage meta-analytic structural equation model (MASEM) of the relationship between alliance, cohesion, and outcome (Cheung, 2014; Jak et al., 2021). This model will account for the covariance created by the correlation between alliance and cohesion and provides restrained estimates using a random effects technique. Second, we will use a two-stage structural equation model meta-analysis to estimate unrestrained aggregate correlations between alliance, cohesion, and outcome. This unrestrained model is intended to provide results that would more accurately replicate past meta-analyses of alliance (Alldredge et al., 2021; Lo Coco et al., 2022) and cohesion (Burlingame et al., 2018). Finally, we will use traditional meta-analytic methods to test study-level moderators of the alliance-cohesion correlation. Results: Results are forthcoming. Discussion: The potential benefits of directly comparing the effect of alliance and cohesion on group therapy outcomes will be discussed. Understanding the interaction between alliance and cohesion on outcomes has practical implications, informing our understanding of relationship dynamics, outcomes, and measurement in group psychotherapy. Moderators of the relationship between alliance and cohesion will also be discussed and could inform our understanding of what influences the relationship between alliance and cohesion in group therapy.

2. Presentation

2: Vital Signs in Group Psychotherapy: Research and Practice Integration of Positive Psychology (40 min. presentation, 5 minutes Q&A/Discussion; Obj. 1-4; Laura E. Captari, Cheri L. Marmarosh, and, Steven J. Sandage; Lecture/Discussion) This presentation applies dual-factor models of mental health to group psychotherapy. Drawing from positive psychology, we explore how group is uniquely poised for our time to catalyze the development of culturally embedded strengths and relational capacities to help clients resist oppression, find communal healing, and move toward flourishing. To date, most outcome studies prioritize symptom reduction and group cohesion, ignoring other important measures of well-being (Rosendahl et al., 2021). Part one of the presentation extends McWilliams’ (2021) explication of vital signs empirically linked to individual psychotherapy outcomes. We review the state of group psychotherapy research to identify key group vital signs, such as developing secure attachment; cultivating trust, perspective taking, and empathy; facilitating emotion regulation and transformation; addressing discrimination and fostering well-being; experiencing belongingness; developing personal accountability; catalyzing meaning in life; and facilitating compassion, hope, gratitude, forgiveness, and humility. We also review key measures therapists and researchers can use to assess these vital signs in group treatment. In part two, we provide clinical case examples to illustrate the integration of these vital signs in treatment, supervision, and training. We show how attending to these vitalizing forces offers exciting possibilities and discuss the importance of therapist self-awareness and cultural humility to meaningfully explore the diverse ways these vital signs may be understood, valued, and embodied across cultures. Nuanced clinical engagement includes consideration of members’ intersectional identities, social location, and context. For example, scholars have elucidated burdened virtues as vital signs arising from inequitable societal conditions that support survival but not necessarily flourishing (Tessman, 2005). We also discuss clinical assessment of virtue bypass, wherein a supposed vital sign may be embodied to (a) repress and deny one’s own emotions and needs or (b) oppress and subjugate others (Captari et al., 2019). A member who engages forgiveness defensively may rush to repair a rupture in order to avoid contact with the authentic process of working through anger and hurt collaboratively; or, a member who often puts a positive “spin” on things may appear to embody hope, but could be slipping into a rescuer/fixer role. For contrast, we also describe healthy expressions of strengths and virtues emerging in group processes that can facilitate mental health and relational development. In the service of research-practice integration, we dialogue about how multiple vital signs often operate in tandem and may interact with one another. One member’s humility and self-compassion may encourage another member toward greater authenticity, and a leader engaging courage and hope to challenge group avoidance may open new territory for developing trust and perspective-taking. We discuss the relevance of these vital signs for therapists themselves, particularly in being mindful of privilege and difference and navigating tension and ruptures. Overall, this presentation sheds light on oft-neglected dimensions of group work and synthesizes novel possibilities for practitioners and training programs.

3. Presentation

3: Research for Practitioners: Group Psychodynamic Interpersonal Psychotherapy (40 min. presentation, 5 minutes Q&A/Discussion; Obj. 1-4; Paul L. Hewitt; Samuel Mikail, Cheri Marmarosh, and Giorgio A. Tasca; Lecture/Discussion) Abstract In this panel, we will present our recently described integrative group psychotherapy approach know as either Dynamic Relational Therapy (Hewitt, Flett & Mikail, 2017) or Group Psychodynamic Interpersonal Psychotherapy (Tasca, Mikail, & Hewitt, 2021) a treatment that focuses on self- and other-relational underpinnings of transdiagnostic vulnerability factors. We will also present research findings that illustrate the effectiveness and efficacy of the group treatment approach and active ingredients and important internal changes in patients as a function of the treatment. Clinicians and researchers will have an appreciation of the integration of psychodynamic and interpersonal domains and both the common and unique interventions and elements of the treatment approach. In addition, clinicians will learn about some of the active ingredients and outcomes of the treatment as well as develop confidence that the treatment is evidence-based and has utility in a variety of clinical samples. With respect to specific presentations, Dr. Samuel F. Mikail will present the treatment model and specifics with respect how and why we conduct this form of group psychotherapy. Dr. Paul L. Hewitt will present evidence from a recent RCT outlining the efficacy of this form of treatment in comparison to supportive group psychotherapy in the treatment of perfectionism, a pernicious transdiagnostic personality factor associated with many forms of psychopathology, physical health issues, relationship dysfunction and achievement problems. Dr. Cheri Marmarosh will present research on therapist characteristics, such as therapist attachment and therapist perfectionism, and in therapy behaviors such as therapist empathy and connectedness with group members, and their association with treatment outcome. Finally, Dr. Giorgio A. Tasca will present research findings pertaining to internal changes as a function of the group treatment, such as defenses and defensive processes. As all presenters are active clinicians as well as researchers we will infuse clinical material in the presentations of research related material.

4. Overall Discussion/Q&A (10 min, Obj 1-4)

5. Participant Evaluations (5 min)

**Assessment Questions:**

Question 1 (include possible answers)

1. What accurately describes the relative contributions of alliance and cohesion to outcome, according to the meta-analysis? a. Cohesion is a more robust predictor of outcome b. Alliance is a more robust predictor of outcome c. Alliance and cohesion both predict outcome with statistically indistinguishable effects d. Neither alliance nor cohesion predict outcome

Correct Answer 1

c. Alliance and cohesion both predict outcome with statistically indistinguishable effects

Question 2 (include possible answers)

2. There is little variability in the way researchers measure alliance and cohesion in group therapy. a. True b. False

Correct Answer 2

b. False

Question 3 (include possible answers)

3. What are the practical implications of the relationship between alliance and cohesion for group leaders? a. Group leaders should focus on alliance because it is a better predictor of outcome. b. Group leaders should focus on cohesion because it is a better predictor of outcome. c. Group leaders should foster broad group therapeutic relationships which recognize the intertwined nature of alliance and cohesion. d. There isn’t much group leaders can do to foster alliance or cohesion

Correct Answer 3

c. Group leaders should foster broad group therapeutic relationships which recognize the intertwined nature of alliance and cohesion.

Question 4 (include possible answers)

4. What are the two major findings regarding the evidence for Dynamic Relational Therapy for Perfectionism. a. Both Dynamic Relational Therapy and Psychodynamic Supportive Therapy produce significant changes in perfectionism components. b. DRT appears particularly efficacious in comparison to PST for trait and interpersonal components of perfectionism. c. Dynamic Relational Therapy is not helpful at addressing perfectionism. d. a and b e. none of the above

Correct Answer 4

d. a and b

Question 5 (include possible answers)

5. Research on Group Psychodynamic Interpersonal Psychotherapy (GPIP) indicates that the group context has an impact on an individual member’s outcomes. What is the effect of the group’s overall level of defensive functioning on the individual group member’s interpersonal problem outcomes? a. When other members of a group on average have less adaptive levels of defensive functioning, the individual group member’s interpersonal problems tend to improve. b. When other members of a group on average have more adaptive levels of defensive functioning, the individual group member’s interpersonal problems tend to improve. c. When an individual group therapy member has a more adaptive level of defensive functioning, their binge eating tends to improve. d. When other members of a group have moderate levels of adaptive functioning, the individual group member’s binge eating tends to improve.

Correct Answer 5

b. When other members of a group on average have more adaptive levels of defensive functioning, the individual group member’s interpersonal problems tend to improve.

Question 6 (include possible answers)

6. The group leaders' attachment anxiety and avoidance: a. Have little impact on the therapy group process. b. Can impact perceived empathy and group climate c. Promote the group's entitativity d. Should not be explored in supervision of group work

Correct Answer 6

b. Can impact perceived empathy and group climate

Question 7 (include possible answers)

7. Effective Dynamic Interpersonal group therapy should do all except: a. Should incorporate here and now exploration of patterns of relating b. Should address unconscious processes that go back to early caregiving relationships c. Should foster emotion regulation and reflective functioning d. Should punish members who challenge the group leader.

Correct Answer 7

d. Should punish members who challenge the group leader.

Question 8 (include possible answers)

8. Which statement below most clearly applies the dual factor model of mental health to group therapy? a. Group therapists and researchers should track measures of cohesion and alliance. b. Group interventions can catalyze the development of culturally embedded strengths and virtues, beyond just reducing symptoms. c. Groups have previously been limited by a focus on a single diagnosis and should instead include members struggling with similar issues (for example, internalizing disorders broadly. d. Group interventions are only as effective as the competency of the group leader(s), and supervision is imperative.

Correct Answer 8

b. Group interventions can catalyze the development of culturally embedded strengths and virtues, beyond just reducing symptoms.

Question 9 (include possible answers)

9. Currently, a majority of group research tracks: a. Group cohesion, group climate, and virtue development b. Virtue development, group alliance, and symptom change c. Group cohesion, group climate, and symptom change d. Group alliance, relational strengths/capacities, and fidelity to protocol

Correct Answer 9

c. Group cohesion, group climate, and symptom change

Question 10 (include possible answers)

10. 11. Which of the following is an example of virtue bypass in group psychotherapy? a. A member rushes to verbalize forgiveness to another member in order to avoid feeling angry. b. A member shows up late and is dismissive of others' reactions, stating that he is doing the best he can. c. A member reflects that she should "just be grateful" she has a job rather than fretting about the marginalization she is experiencing at work. d. Both A and C

Correct Answer 10

d. Both A and C