

STAGES OF DEVELOPMENT OF THE BEHAVIORAL THERAPY GROUP

Dimension	Initial Stage	Working Stage	Final Stage
Key developmental tasks and goals	Responsibilities and expectations of both the leaders and the members are outlined in a contract. Preparation of members is stressed. At the early stages the focus is on building cohesion, getting familiar with the structure of group therapy, and identifying problems to explore. Assessment is a vital aspect as is setting clear goals. A treatment plan, including procedures to be used to attain the stated goals, is developed and is constantly evaluated to test its effectiveness.	Treatment plan is implemented. A wide range of treatment procedures is used to solve specific problems, and the focus is on learning skills. Central part of this phase is work done outside of the group. The group is used as a place to learn and perfect skills and to gain support and feedback so that progress continues. Much of the learning in the group takes place through modeling and observation along with coaching. The emphasis is on changing unadaptive behavior or learning new skills as opposed to the exploration of feelings.	At this phase the transfer of learning from the group to everyday life is critical. Situations that simulate the real world are used so that this transfer is facilitated. Focus is on learning self-directed behavior and developing plans for maintaining and using new coping skills. It is assumed that the generalization of learning will not occur by chance, so sessions are structured in such a manner that transfer of learning will be maximized.
Role and tasks of group leader	Leader's tasks are to conduct pregroup interviews and screen members, organize the group, prepare the members by telling them how the group will work, establish group trust and cohesion, assess the nature of the problems to be explored, and provide a structure for the group. Leaders are active, and they provide information. They assist members in formulating specific goals. Leaders model appropriate behavior and values. They offer reinforcement to members for acquiring newly developed skills and behaviors. They emphasize the importance of members taking action and planning for change.	Leaders develop an appropriate treatment plan based on the initial assessment, and they monitor those behaviors identified as problematic. They continually assess progress and teach the members self-evaluation skills. Leaders reinforce desired behavior, and they assist members in learning methods of self-reinforcement. Leaders model, coach, and provide corrective feedback. They encourage members to form therapeutic alliances with one another. Leaders help members gradually increase their participation and involvement in setting new goals and making decisions.	Main function of leaders at this phase is to assist members in learning ways to transfer new skills to situations in daily life. They prepare members for dealing with setbacks and teach them skills needed to meet new situations effectively. Leaders arrange for follow-up interviews to assess the impact of the group and to determine the degree to which members have fulfilled their contracts. Leaders help members in preparing for generalization and maintenance of change. They overtrain members in the desired target behaviors. They devise ways of evaluating the effectiveness of a group and help members make a self-evaluation.

- Contingency contract** A document that spells out specific behaviors to be performed, changed, or discontinued and identifies the rewards for achieving these goals.
- Coping skills** A behavioral procedure for helping clients deal effectively with stressful situations by learning to modify their thinking patterns.
- Dialectical behavior therapy (DBT)** A blend of cognitive behavioral and psychoanalytic techniques that generally involves a minimum of one year of treatment.
- Modeling** Learning through observation and imitation.
- Multimethod group approach** The use of various coping strategies for dealing with specific problems, such as cognitive restructuring, problem solving, and behavioral rehearsal.
- Multimodal therapy** Developed by Arnold Lazarus, this is a model endorsing technical eclecticism; uses procedures drawn from various sources without necessarily subscribing to the theory behind these techniques.
- Problem solving** A cognitive behavioral technique that teaches individuals a method of dealing with their problems.
- Reinforcement** A specified event that strengthens the tendency for a response to be repeated. In groups, social reinforcement is provided by the group leader and by other members.
- Self-management** A collection of strategies based on the idea that change can be brought about by teaching people to use coping skills in problematic situations such as anxiety, depression, and pain.
- Self-monitoring** The process of observing one's own behavior patterns as well as one's interactions in various social situations.
- Social learning theory** A perspective, developed primarily by Albert Bandura, holding that behavior is best understood by taking into consideration the social conditions under which learning occurs.
- Social skills training** Behavioral techniques that are aimed at teaching members how to interact effectively with others.
- Stress inoculation training** A form of cognitive behavior modification developed by Meichenbaum that involves educational, rehearsal, and application phases. Clients learn the role of thinking in creating stress and are given a set of skills to deal with future stressful situations.
- Therapeutic collaboration** A process whereby the therapist actively strives to engage the client's active participation in all phases of therapy.

Exercises and Activities for the Behavioral Approach

Rationale

Behaviorally oriented group leaders use a variety of specific techniques. These research-based techniques are used systematically to accomplish particular goals, and both the group members and the leader determine whether these methods are producing positive results. If members are not making progress, the therapeutic procedures can be modified. It is basic to the behavioral approach that therapeutic procedures and evaluation of these techniques proceed simultaneously.

Role of group members	Members are involved in formulating the contract. They make a list of behaviors they want to change, or they clarify the problems they want to work on in the group. They determine baseline data for certain behaviors and begin to monitor and to observe their behavior in the group as well. The members are involved in the assessment process, which continues throughout the group.	Members report on the nature of their progress each week. Group time is used to define problem areas to work on in the group. Role playing of a behavioral nature is done to assist members in learning new skills. Members provide models for one another; they must carry out specific behavioral assignments, keep records of their progress, assess their progress in light of the baseline data collected at the initial sessions, and report to the group each week.	Members decide what specific things they've learned in the group situation, and they practice new roles and behaviors, both in the group and in daily life. Feedback is provided so that skills and new behavior can be refined, and suggestions are made for maintaining these new behavioral changes. Members act as a support system for one another. They typically agree to carry out specific assignments at the end of a group and then report back at a follow-up meeting.
Techniques	Basic techniques include contracts, checklists, role playing, and assessment devices.	Many behavioral techniques are used, including reinforcement, modeling, desensitization, cognitive methods, and homework.	Feedback is a main technique, as are role playing and developing self-reinforcement. Follow-up sessions are scheduled to assess outcomes.
Questions to consider	<p>Central function of leader is to create trust needed for work on issues. In doing this, leader must strive to make the group attractive to members, create many functional roles that they can play in the group, and find ways to involve all members in the group interactions. How can you best carry out these tasks?</p> <p>How can you help the members develop specific and concrete goals?</p> <p>Are the goals that are established meaningful for the members? Have they been developed by the members and leader in a spirit of cooperation?</p> <p>What are specific things you expect of members?</p>	<p>In what ways will you assist members in assessment, monitoring, and evaluation throughout the working stage?</p> <p>How might you involve the members in developing a treatment plan for a group? What kind of structuring would you want to provide in a behavioral group?</p> <p>What specific behaviors would you most want to reinforce in members?</p> <p>In what ways might you involve other members in one person's work? How could you use members to provide assistance to one another between sessions? What ways could you think of to use a buddy system?</p>	<p>How can you change your role from that of a direct therapist to a consultant during the final stage? How can you encourage the members to assume an increasing share of the leadership tasks?</p> <p>What self-help skills and problem-solving strategies would you want to teach members as a group is approaching termination?</p> <p>What kinds of short-term and long-term follow-up sessions might you consider setting up before a group ends?</p> <p>Along with members, how can you evaluate the effectiveness of a given group?</p>

Reactions: Summarize your reactions to the behavioral perspective on group developmental stages. What do you like *most*? *least*? What aspects of this approach would you incorporate in your style of leadership?

Most of the behavioral techniques are designed to effect specific behavioral changes—that is, either to decrease or eliminate undesirable behaviors or to acquire or increase desired behaviors. The following exercises will show you ways to use learning principles in your work to change behavior. You can apply many of the techniques presented in these exercises to your own life. As you experiment with these techniques in your small group or in class, determine which aspects of the behavioral approach you would incorporate in your work as a group leader, regardless of the theoretical model you might be working with.

Exercises

1. *Setting up a behavioral group.* Assume that you are a behaviorally oriented group leader and are giving a talk to a community gathering where you hope to begin a group. What points would you emphasize to give these people a good picture of your group, your functions and role as a leader, and the things that would be expected of them as participants? Assume that they respond enthusiastically and want to join your group. Where would you begin, and how would you proceed in setting up this group? What pregroup concerns would you have? What would you do during the initial meeting?
2. *Terminating and evaluating a group.* Assume that the above group meets for 20 weeks. It is now the 18th week. What would you be concerned with as a group leader? Mention specific issues with which you'd want the group to deal. What evaluation procedures would you employ at the end of the group? What follow-up procedures would you use?
3. *Group leaders as skilled technicians.* Behavioral group leaders must be skilled technicians who also possess the human qualities that lead to the climate of trust and care necessary for the effective use of therapeutic techniques. From a behavioral perspective, what emphasis would you place on your relationships with the members of your groups? What specific skills do you see yourself as having that would be useful in a behavioral group? What are a few examples of skills that you would either like to acquire or refine as ways of enhancing your ability to function from a behavioral perspective? Discuss this in a group, and collectively generate a list of skills behaviorally oriented leaders need to possess.
4. *Relaxation exercises.* Many behavioral group therapists use self-relaxation techniques. Members are taught how to systematically relax every part of their body. They practice in the group and also daily at home. In your own group one member can volunteer to lead a tension/relaxation procedure, going from head to foot. After the exercise discuss the possibilities for using relaxation procedures in any group. What are the values of such procedures? Consider practicing these exercises to reduce stress. Give them at least a three-week trial to determine some personal benefits.
5. *Social reinforcement.* Observe in your own class or group how social reinforcement works. For what are members reinforced? Pay attention to *nonverbal* responses, such as smiles, head nodding, and body posture, as well as verbal support and approval. Do you see ways you can systematically use social reinforcement in a group situation? What social reinforcers have the most impact on your behavior? support? compliments? applause?
6. *Modeling.* Think about the importance you place on your role as a leader in modeling for members. Consider factors such as clear and direct speech, self-disclosure, respect, enthusiasm, sensitivity, and caring confrontation. In your group discuss how you can model positive behavior. Also, observe the effect of a certain behavior on your group (for example, speaking enthusiastically). Do you notice that members tend to assume some of the traits