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CORE-R Battery: Group Selection and Pre-Group Preparation

Rebecca R. MacNair-Semands, PhD

Research Editor's Note: This is the final piece in our series of columns introducing members to the newly revised AGPA CORE Battery. This column focuses on tools to help group clinicians prepare and select patients for participation in group therapy.

Part of the mission of the CORE Battery Task Force was to develop a convenient toolbox of instruments that clinicians can use to enhance their practice. Previous "Focus on Research" columns in *The Group Circle* reviewed measures of group process and therapeutic outcomes. In addition, the Task Force devoted serious consideration to pre-group preparation and selection.

Preparing Clients for Group

Preparing clients for group is an important part of the group treatment process. The revised CORE Battery includes a series of helpful client handouts that are available for use by group leaders. These also can be used to train students or staff about how to present group psychotherapy to potential clients. Examples of verbal descriptions intended to increase client understanding of the benefits of group therapy include:

- "In group, you can go a step further than talking about the way you relate to others; you can actually *practice* changing the way you relate to others."
- "An individual therapist is often unable to observe your interpersonal style that you feel is not working for you; in group these dynamics can become clear to you as others observe you."

Pre-group preparation sessions help members consider how they might approach group dynamics and teach them how to involve themselves in group interactions. Several handouts are designed to assist leaders in preparing members for the norms and expectations in group (MacKenzie, 1997; MacNair-Semands & Corazzini, 1996).

Selecting Clients for Group: Can We Predict Who Will Benefit?

Over the years, clinicians and researchers have expressed a need for more accurate and complex measures of group therapy processes and dynamics (Burlingame, MacKenzie & Strauss, 2003). Premature termination rates vary from 20 to 50 percent of group members (Bostwick, 1987; Stone & Rutan, 1984); unfortunately, formal screening measures have not been found to differentiate consistently those clients who will benefit from group therapy from those who will not (MacNair-Semands, 2002). A dearth of research in the area of group member selection has been due in part to the lack of reliable and valid assessment tools and the complex interaction between individual variables and group dynamics. When Piper (1994) conducted a review of the group selection literature a decade ago, he found several measures with modest success that appeared promising. Despite the lack of replication for such findings, recently researchers have pursued the assessment of potential group members with new vigor. Making treatment decisions about group versus individual counseling based on empirical evidence had been almost impossible in the group psychotherapy field previously (MacNair-Semands, 2001). Thus, recent progress in this area is exciting, though much work has yet to be done. Development of a valid screening measure has the potential to help build groups with solid membership, consistent attendance, and positive outcomes.

Promising Variables Related to Selection

Inconsistent membership is one of the largest problems in therapy groups; therefore, factors affecting attendance deserve attention as we make selection decisions. Pre-group orientation sessions have become standard practice in the selection of therapy members in part because orientation efforts have been associated with higher attendance rates (France & Dugo, 1985). Several researchers have argued that regular attendance is a marker of group cohesion, since more cohesive groups have fewer members that terminate prematurely (Falloon, 1981; Yueksel, Kulaksizoglu, Tuerksoy, & Sahin, 2000). Client characteristics such as angry hostility and social inhibition are predictive of low attendance and thus could be a red flag in the selection process (MacNair-Semands, 2002). Conversely, clients appear more likely to remain in group therapy if they have previous experience with individual counseling and if they receive concurrent individual therapy (MacNair & Corazzini, 1994; Stone & Rutan, 1984).

Poor attendance also has been found to relate to another selection factor, client expectations for group therapy (McKisack & Waller, 1996). Motivation for treatment is a frequently cited selection criterion for group (Bostwick, 1987; Piper & McCallum, 1994; Yalom, 1995). At AGPA's 2004 Annual Meeting, Gary Burlingame, PhD, CGP, and his colleagues at Brigham Young University presented evidence suggesting that expectancies can be predictive of both process and outcome variables. One consequence of positive expectancy may be a reduction in premature termination from group (Cox, Burlingame, Davies, Gleave, & Barlow, 2004).

An additional promising selection factor, recently examined by Cox et al. (2004), is the ability to participate effectively in the interactive work of the group. For example, members who portrayed themselves as less interpersonally open showed less outcome improvement than those

with an open, participatory style. Social effectiveness as a selection variable grows out of Yalom's classic premise that the interpersonal problems of group members emerge behaviorally in group, known as the social microcosm. Clients with especially poor social effectiveness have often been identified as group treatment failures (MacKenzie, 1997). Consequently, interpersonal functioning has been considered a critical selection factor. Of course, which particular interpersonal difficulties can be improved through the group process and which are detrimental to various types of groups is a complex issue that remains to be fully clarified.

Another emerging client selection variable is the potential for group deviancy. In general psychotherapy groups, clients with organic brain damage, paranoia, somatization, drug or alcohol addition, acute psychosis, or hostility traditionally have been regarded as carrying a risk for group deviancy and adverse effects on the functioning of the group (MacNair & Corazzini, 1994; Piper & McCallum, 1994; Yalom, 1995). Yalom (1966) originally found that one third of the clients who dropped out of psychotherapy groups belonged to this category. These difficulties may affect the overall quality of group process, premature termination, and outcome. It is possible that early member behaviors such as monopolizing and inappropriate disclosing in a pre-group meeting may be signs of group deviancy (Cox et al., 2004). (Of course, many specialized groups are specifically designed to treat clients with these difficulties.)

As noted by Dies and Dies (1993), the clinician who fails to understand clients' pervasive anxieties may lose clients who could be attracted to treatment if permitted to discuss these issues. The administration of the proper instrument to evaluate expectancies about treatment could reduce the problem of treatment no-shows.

The Task Force has concluded that two measures, the *Group Selection Questionnaire* (Cox et al., 2004; Davies, Seaman, Burlingame, & Layne, 2002) and the *Group Therapy*

Questionnaire (MacNair & Corazzini, 1994), are promising and possibly useful selection instruments for inclusion in the CORE-R Battery. However, the Task Force believes that there is not yet sufficient research to recommend either one for routine clinical use across treatment settings since the research to date for both resides primarily in counseling centers. Thus, the Task Force is recommending further study and plans to continue to collect data on these two instruments. What do we know about them so far?

Recent Selection Measures

The Group Selection Questionnaire (GSQ, Cox et al., 2004; Davies et al., 2002). The initial version of the GSQ was designed to measure three constructs: expectancy, ability to participate, and social skills. The GSQ is comprised of 20 items and is scored such that a high value indicates a poor prognosis for group therapy. Cutoff scores have not been established yet, but the measure generates a total score and subscale scores. The subscales have been more predictive than total scores.

The first phase of study for the GSQ was part of a program evaluation for a group intervention for trauma-exposed adolescents in Bosnia. The GSQ was administered to students in the experimental condition before any treatment occurred. The questionnaire appeared to encompass five underlying dimensions which accounted for most of the variance (68%), as determined by a factor analysis: Expectancy, Non-participation, Domineering, Group Deviancy and Open-participation. Both individual GSQ items and subscale scores predicted group process (e.g., engagement) and outcome (Davies et al., 2002).

The second phase of the study involved testing the factor structure derived from the Bosnian sample with a sample at a counseling center in the United States. Ten new items were tested to determine if they improved the performance of the measure (i.e., factor structure and

subscale loadings). Clients from 13 different therapy groups (N=84) completed three questionnaires: the Group Climate Questionnaire-Short Form (GCQ-S, MacKenzie, 1981), the Curative Climate Instrument (CCI, Fuhriman, Drescher, Hanson, Henrie, & Rybicki, 1986), and the Outcome Questionnaire (OQ-45, Lambert et al., 1996)--at the end of sessions 4, 8, and 12. As predicted, clients who reported lower expectancies for the helpfulness of group treatment were more likely to drop out of treatment, and total GSQ scores predicted end of treatment change in the predicted direction. In both the US and Bosnian samples, the original three-factor model (i.e., expectancy, ability to participate, social skills) provided a better fit to the data than did the five-factor model that had emerged in the earlier study. While the new items led to less adequate fit, they also strengthened the predictive power of the GSQ.

Few selection tools exist that may be able to predict process, outcome, and dropout. If the GSQ continues to be predictive of both process and outcome, it may prove useful in selecting those group members who are most likely to benefit from the group format. Future research needs to replicate the findings in other settings and to obtain additional information about reliability.

The Group Therapy Questionnaire (GTQ; MacNair & Corazzini, 1994; MacNair-Semands, 1996, 2001, 2002). The GTQ was designed as a tool to gather knowledge of pre-existing client variables affecting potential group behavior. The GTQ includes 44 items across 9 subscales, in addition to a 34-item interpersonal checklist and a brief projective of the family constellation. The GTQ takes approximately 30 to 45 minutes to complete, and is meant to be completed only once prior to admission to group therapy. The measure can be scored manually. Subscales scores are summed, and norms are provided in the manual (MacNair-Semands & Corazzini, 1998).

The GTQ measures the following: previous therapy experiences; expectations for group; family roles; symptoms of substance use and abuse; somatic symptoms; suicidal thoughts and crises; goals for group; barriers to successful group treatment; and fears about group.

Quantitative subscale scores include expectations for group, substance abuse, somatic concerns, and factor scores for interpersonal problems. Several of the items elicit narrative responses and were designed to help leaders conceptualize clients and to be used as discussion points to reduce negative expectancies and increase client interest and involvement in treatment.

An initial study demonstrated that the GTQ successfully predicted group member dropout (MacNair & Corazzini, 1994). Variables related to premature termination from group included hostility, alcohol and/or drug problems, somatic complaints, and introversion. The instrument successfully classified over 76% of clients as dropouts or continuers in discriminant analysis. In a later study, group therapy participants (N=310) from two university counseling centers were studied over a period of seven years using the GTQ to examine interpersonal style, expectations, and attendance in group therapy (MacNair-Semands, 2002). Client goals, substance use, and interpersonal problems were examined as they related to expectations for group and group attendance. Angry hostility and social inhibition were predictive of low attendance. Clients reporting more alcohol use and somatic symptoms were found to have fewer positive expectations for group and this, in turn, predicted premature termination.

Several qualities and limitations of the GTQ are important to note. Because the GTQ was designed to assess pre-existing client variables, it is a comprehensive assessment tool rather than a brief measure guiding selection. Leaders can examine the information that consistently has been found to be related to dropping out of group or poor attendance. However, in practice

settings without the statistical support and the capacity to enter such data prior to the pre-group session, the utility of such predictions is reduced. A further limitation is that the GTQ has only been tested with university populations, thus its usefulness with other types of clients is not yet known. For clinicians desiring a brief measure and possible cutoff score to guide a selection decision, the GSQ or other instruments yet to be developed may have better utility.

Future Directions

Building on the practical knowledge gleaned from the last decade of group research, clinicians can benefit from applying empirical evidence to practice. As leaders present group therapy in an effective manner and prepare clients to be skilled group members, it is possible that attendance problems and premature terminations can be reduced. However, the complexities inherent in groups, including differing leadership styles and member dynamics, are likely to make development of successful selection instruments an ongoing challenge for researchers. A client's negative expectations, for example, may quickly be reversed in mature groups but lead to premature termination in other groups. We look forward to continued additions to the CORE Battery as new research and practical suggestions emerge in the future.

How to Obtain Materials

Several handouts included in the revised CORE Battery for pre-group preparation and presentation of group can be requested from Rebecca MacNair-Semands, PhD (rsmacnai@uncc.edu). An in-depth description of group therapy is also found in MacKenzie (1997) and is included in the CORE-R Battery. Those interested in obtaining the GTQ may contact Rebecca MacNair-Semands, PhD at the email address above.

Rebecca MacNair-Semands, PhD, CGP, is a member of the AGPA CORE Battery Task Force. Other members include: Gary Burlingame, PhD, CGP; Anthony Joyce, PhD; John Ogrodnick, PhD; Shawn Taylor, PhD; K. Roy MacKenzie, MD, FRCP, DFAGPA; and Angela Stephens, CAE, AGPA Professional Development Director.

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