The Social Work Student as Participant Observer in Group Therapy Training

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Field instruction in group work requires training social work students in both applying evidence-based practice within a group setting and attending to the complexity of group processes. A framework of field instruction was developed to enhance the social work students' abilities to weave group process with specific therapeutic methods and group structure.

The challenges and joys of instructing social work students in the art of group therapy are, in themselves, continuous processes of learning and critical reflection for the supervisor. As a field instructor for a master of social work (MSW) program at a local university, I believed I was providing a comprehensive learning experience in group work for my students through a combination of knowledge-building activities at the outpatient mental health clinic where I was employed. The clinic's field instruction protocol was heavily geared toward teaching the theories and methods of evidence-based group therapies, such as Cognitive Behavior Therapy (CBT; Freeman, Pretzer, Fleming, & Simon, 1990; Hunot, Churchill, Teixeira, & Silva de Lima, 2010; Paterson, 2000) or Dialectical Behavior Therapy (DBT; Linehan, 1997; Linehan, Dimeff, & Koerner, 2007; Stoffers, Vollm, Rucker, Timmer, Huband, & Lieb, 2012).

The experiential training component focused on the translation of these evidence-based theories into group practice. Information on the developmental stages of groups; the therapeutic factors at play in groups; and the structuring of short-term, psychoeducational, and interpersonal groups, was secondary. Professional development issues centered around working within an organization's values and standards of practice while maintaining an identity as a social worker.

Although this instructional framework adhered to what Counselman and Abernathy (2011, p. 200) described as the "two core tasks" of supervision, mainly "1) ensuring that the therapist provides good patient care and 2) providing teaching of psychotherapy along with professional development," I acknowledged at the end of one MSW student's field instruction that I was simply not satisfied with the outcomes or the structure of the group therapy training component of the practicum.

I was troubled by this particular student's lack of understanding of group processes and her role as a group therapist. She had been too focused on learning the evidence-based theories and translating the methods into direct practice, and not focused enough on developing her own skills and identity as a group therapist. This was not the first time I had experienced a social work student overlook the value of learning the process-outcome relationship in groups. Yalom (1995) described this relationship as the interpersonal learning that occurs for individuals in groups, which mediates therapeutic change along with the therapeutic factors that operate in all groups, and which influences the effectiveness of the group as a whole.

Furman, Rowan and Bender (2009) put this more simply by describing the "group process (what happens during group) and its outcomes (the effects of group participation on members' well-being)" as a measure of a group's effectiveness (p. 41). The

authors further noted that social work "students must be helped to develop a complex set of behaviors that facilitate change within the group context" (p. vi). Too often, it appeared to me, students were not learning to weave group process knowledge with evidence-based practice in useful ways.

This was concerning me for two reasons. First, there was sufficient cumulative empirical group research that the efficacy of psychotherapy is related to the quality of the client-therapist relationship (Furman, Rowan, & Bender, 2009; Rivera & Darke, 2012; Rose & Chang, 2011; Yalom, 1995; Yalom & Leszcz, 2005). Developing successful client-therapist relationships in group work is particularly challenging, and I was not satisfied that the social work students were demonstrating sufficient understanding of the factors that contributed to the therapeutic alliance in the complexity of a group setting. Second, having worked for many years on interdisciplinary mental health teams, I had witnessed the barriers to effective group work when the therapists were ill-equipped to respond to the group dynamics. I reminded myself that I was preparing the MSW students for entry into the social work profession, and I was acutely aware that the intensity, frequency, and quality of clinical supervision that they would receive in their future employment would run from extensive and excellent to almost non-existent and inadequate, and thus they needed to be adequately trained at the field instruction level. In addition, regional group therapy training programs were closing down in Canada, reducing the opportunity for new mental health professionals to obtain didactic and experiential training in group processes (Canadian Group Psychotherapy Association [CGPA], 2009).

Consequently, I was interested in regenerating the field instruction framework that I was using in order to address what I felt was being left out in the group therapy training of MSW students. As Furman, Rowan, and Bender (2009, p. vi) identified, "Many social work programs do not adequately prepare students for practice with groups, because they do not provide them with the context to master them." I felt this critique accurately reflected my field instruction experience, and as such, I endeavored to regenerate our group therapy training component. The usefulness and relevance of this new framework, I have since discovered, is that it can be implemented in many group therapies, regardless of the group structure and across disciplines.

In the following narrative I will: first, elaborate on the rationale for this shift in group work training; second, provide an outline of the regenerated framework; third, provide rationales for the regenerated framework and detail some of the features; and fourth, summarize the benefits and challenges that I have witnessed to date as a result of implementing this regenerated field instruction framework for MSW students.

Defining the Gap in Knowledge Building

Through reflection and in conversation with colleagues, some of whom I had trained in long-term group psychotherapy as new mental health professionals, I came to realize that what was being left out in the training of the MSW students in short-term and structured evidence-based groups was a comprehensive understanding of the stages of groups, the therapeutic factors that influence change in all group therapies, and the learning and practice of therapist techniques that respond to group dynamics.

Whitaker (2001), in her instructional book on group work, advocated for social workers to develop a sound theoretical base in group processes as a foundation to practice techniques. As there is no shortage of literature on the stages of group development and group dynamics, for example Yalom and Leszcz (2005), or the tasks and strategies available for group therapists to enhance the effectiveness of groups during the different developmental stages (Furman, Rowan, & Bender, 2009), the gap in field instruction group training related to the problem of students gravitating toward learning to translate evidence-based therapies into practice. Despite my reminding students that the evidence is inconsistent as to whether adherence to treatment manuals relates to treatment outcome (Hunot et al., 2010; Rivera & Darke, 2012; Stoffers et al., 2012), when faced with learning evidence-based group therapies the students tended to spend more time implementing the manualized therapy techniques in a group setting than on understanding group processes and their role as therapists in mediating the therapeutic factors in groups. By the end of their field instruction many of the MSW

students demonstrated a lack of understanding of group processes and the inability to identify and respond to problem dynamics. These group skills need to be basic standards of competency, as the research indicates that group processes influence the effectiveness of evidence-based group therapies (Furman, Rowan, & Bender, 2009; Rivera & Darke, 2012; Rose & Chang, 2011; Yalom, 1995) and it was essential that the field instruction facilitate this knowledge for students through a combined group theory/evidence-based methods learning approach. This was the first gap in training that needed to be addressed.

Another area of the field instruction that required attention was the lack of opportunity for MSW students to learn and practice clinical skills that focused on group techniques and strategies intended to productively move the group along and attend to the dynamics. In the existing field instruction framework, the students – as group trainees or simple observers, sometimes behind a one-way mirror – were not being provided with sufficient opportunities (time/space) for critical reflection in the here and now of the groups' interactions. The expectations to learn/teach the evidence-based therapy techniques interfered with the observation/reflection of group dynamics and the practice of clinical group skills in the moment. As Rivera and Darke (2012) noted, "Specific theories and techniques are far less relevant to a therapeutic outcome than the collaborative relationship and work of the client and therapist" (p. 504). This was precisely what the students were not spending time on.

To complicate things, many MSW students have no prior experience in group work or participation in groups. Without the experiential component of what it is like to be an active group participant, the students often do not comprehend the relevance of the relationships that are built over the course of the group's life, the therapeutic factors at play that impact any one individual member's treatment goals and the likelihood of significant change, and the therapist techniques unique to group therapy that mediate the effectiveness of group (Jaques, Muran, & Christopher, 2010; Furman, Rowan, & Bender, 2009; Rivera & Darke, 2012; Yalom & Leszcz, 2005). One student group trainee's comment at the end of her four months in a CBT group illustrates

this lack of understanding of the importance of specific group processes in evidence-based therapies. A young adult male in the group, who had worked hard the first six weeks of group to reduce the intensity, duration, and frequency of his panic attacks, persistently resisted any further goal setting that targeted return to work or attending university courses. The social work student described him as difficult and help-rejecting, and suggested discharging him from the group as she felt he had been taught all the CBT skills outlined in the group manual. When queried how she could use the group as a whole to help motivate the client to engage in self-directed goals, she replied that she did not perceive this as her role as a group facilitator. The student had learned the evidence-based therapy and techniques, but she could not conceptualize the therapeutic factors that could identify the group member's resistance nor her role as a group therapist in challenging him to move forward in his therapy.

Most group work field instructors will recognize that when resistance interferes with teaching skills or when conflict arises amongst the members in a group, students struggle to respond effectively. MSW students need to develop a repertoire of group specific skills that they can feel comfortable and competent using in any group format. As Yalom (1995) suggested, once group trainees "master" the process of change in groups "they will be in a position to fashion a group therapy that will be effective for any clinical population in any setting" (p. xiii). The regenerated field instruction framework would need to address this gap in skill acquisition in group work.

The final area of concern in the existing field instruction framework was the lack of attention to the personal journey a student travels as they develop their identities and roles as group therapists. In my experience, evidence-based therapies are designed to provide empirical practice guidelines and by design demand a rigid adherence to the manualized therapy (Linehan et al., 2007; Pollio & Macgowan, 2011; Paterson, 2000; Rivera & Darke, 2012; Yalom, 1995). For students in the role of group trainee, this focus can at times place too much emphasis on following the evidence-based therapy, which reduces their experiences of self in the group and their interpersonal interactions with the group

members. Rivera and Darke (2012) reflected this when they noted that "manual-adherence is not always associated with positive treatment outcomes and has led to mechanical applications, premature interventions, and interference with the therapeutic alliance" (p. 503).

As a supervisor I marvel at the self-learning that occurs when students sit with their own experiences in group and critically reflect on their identities and roles as group therapists as they immerse themselves in the complexities of the therapeutic alliance and its mediating influence on the group members' behaviours, thoughts, and emotions. As Swiller (2011) noted, "education about and attention to personal styles and characteristics are important to therapists in training" (p. 270). The hazard of evidence-based therapies, to my way of thinking, is the inattention to the role and identity and unique style of the therapist in productively supporting group members toward significant change. The regenerated field instruction framework would need to incorporate training students in the professional use of self in groups.

To respond to these identified gaps in knowledge building and adequately prepare MSW students to become skilled in both group process and evidence-based therapies, I needed an instructional framework that balanced the acquisition of the theories/methods of group therapy, along with the acquisition of the evidence-based therapies. I was ready in my own professional development to explore a different way of providing field instruction in group therapy that retained the didactic components of instructing students in evidence-based practices, for example CBT, while enhancing the experiential components necessary for understanding the process-outcome relationship in groups. I turned to the group work and knowledge translation literature. As I waded through this information, a revised framework for field instruction began to take shape. What was generated was a shift in emphasis on knowledge-building activities. The revised field instruction framework that I would implement would provide the MSW students with the opportunity to: (a) learn how to apply evidence-based practices first through group participation and observation, then through direct practice; (b) experience the process-outcome relationship in groups first-hand through the role of

participant; and (c) understand the different positions possible for the group therapist through reflection and self-directed learning.

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In order to shift the emphasis in knowledge-building activities toward the complexities of group dynamics and the influence these factors have on the implementation/effectiveness of evidence-based theories in practice, I required a learning framework that would enhance the facilitation of both knowledge transfer and practice of each of these two aspects of group work. Knowledge translation refers to the dissemination, learning, and application of theoretical and empirical knowledge into practice (Parry, Salsberg, & Macaulay, n.d.). The knowledge translation literature provided an overview of recommended educational practices in clinical settings to promote the translation of theory into practice on the ground. Davis and Davis (n.d.) and Hergenrather, Geishecker, McGuire-Klutz, Gitlin, and Rhodes (2010) have suggested that the facilitators to knowledge transfer in clinical settings are most useful when they are developed in collaboration with, and generated by, the knowledge users.

In my experience this was precisely what was missing in the field instruction framework: the building of group knowledge from a subjective student position. The CGPA national training standards recommend that group trainees complete up to 20 hours of group experience as part of their comprehensive group psychotherapy training (2012). Swiller (2011), in a review of the benefits of providing process groups for trainees in psychiatric residencies, commented that "experiential learning can lead to a far greater mastery than ordinary academic learning" (p. 265). With this in mind I reflected on conversations with my colleagues and former group trainees on the matter of how to maximize MSW student learning of group processes, while also learning the evidence-based therapies over a four- to six-month field instruction timeline. The message I had heard was consistent: find a strategy that immerses the students in the group process through participation, while enabling them to critically observe the interplay between the group therapist's strategies guided by the evidence-based practices and the

process-outcome relationship. After a period of reflection, the social sciences qualitative research literature provided the foundation for field instruction in group work that I was looking for: the participant observer.

The participant observer concept is described as a method of data collection wherein a researcher interacts with the participants of a study through active participation in the activities of the specific group under study over a sustained period of time (Creswell, 2013; D'Cruz & Jones, 2012). Wilson (2006) described the participant observer role as "simultaneously observing their [a group's] behavior and analyzing why they are things in their way" (p. 40). The participant observer role would become the foundation for the social work student's knowledge-building activities over the course of their field instruction in group work by enabling them to gain an awareness of group processes through their interactions in the here and now in the group as a whole while concurrently practicing the techniques of the evidence-based practice from the perspective of a group member. Positioning the MSW students as participant observers in the therapy groups would situate them as group trainees without the pressure to perform as group therapists or miss the group-as-a-whole atmosphere in the more removed role of simple observer. As Swiller (2011) noted, the benefits of group trainees engaging as participants is the "potential for a deeper understanding of group dynamics, individual dynamics (including one's own psyche), [and] interpersonal communication skills and difficulties" (p. 269).

To reinforce the experiential learning in the group setting for participant observers, I revised the field instruction framework to include a weekly supervision group of three to four students from various training sites. The benefits of supervision groups in group training are described in the literature, for example Counselman and Abernathy (2011), Swiller (2011), and Yalom (1995); however, this essential instructional component is, in my experience, frequently absent in social work student practicums (Furman, Rowan, & Bender, 2009). Counselman and Abernathy (2011), Davis and Davis (n.d.), Hergenrather et al. (2010), and Parry et al. (n.d.) all recommend self-directed learning for clinicians on the ground and weekly facilitated

small groups of peers to promote the sustaining of learning by providing multiple perspectives on any one student's learning question, enhancing multidirectional co-learning, the sharing of expertise and decision-making around intervention strategies, and the capacity to effectively participate in communities of practice. These strategies reportedly have a demonstrated impact on competence and performance (Davis and Davis, n.d.). The format of the supervision groups would be such that students could discuss their observations and experiences of the interplay between group processes and evidence-based therapies.

Experiential Understanding of the Process-Outcome Relationship

With the students positioned as participant observers, they were perhaps now more situated to capture the nuances of the process-outcome relationship, or change process, as they learned the specific techniques of the evidence-based therapies through direct practice as a student group member. In the participant role the students were encouraged to experience the group process and dynamics through the lens of being a group member. By direct participation each week the students could draw upon their own change experiences as they learned and practiced the skills being taught in the group, thus gaining an experiential understanding of the processes of change through skill development. In addition, as student participants they would experience first-hand the influence of the therapeutic factors over the duration of the group.

To illustrate the power of the participant observer role in group training, I turn to one student's professional growth as she participated in a DBT skills generalization group. During a review of the emotion regulation skills, the student had become aware of her anxiety as she sat across from a male group member whom she experienced as always angry. When she later brought this up in group supervision, a male student enquired if she was afraid of him. She sat back in her chair and with dawning awareness acknowledged that she usually avoided working with male clients and avoided interacting with them in group because she was uncomfortable with any expression of anger. The student had experienced interpersonal learning through her role as participant observer in the group.

This enabled critical reflection of her interaction style with male clients. In keeping with the DBT techniques being taught in the group, the student decided to use the skill of opposite-to-emotion-action and sat next to the male group member the following week. She was now moving into the change process through social skill practice.

In group she shared her use of the emotion regulation skill in the here-and-now of check-in, noting that the trust she had developed in the group as a whole afforded her the safety she needed to confront her fear of conflict. The group members and the therapist responded non-judgmentally, reinforcing her interpersonal learning and skill practice. In her observer role the student later reported that through this experience she had developed not only a better understanding of the evidence-based skills being taught in the group but also of how individual change is facilitated in groups. This reflected what Furman, Rowan, and Bender (2009) have noted: "The group becomes a wonderful place where [group members] can experiment with new ways of acting and being" (p. 11). The student's use of the participant observer role in this example captures how students can combine the use of experiential learning as participants with observation of the therapeutic factors at play in a manualized therapy group.

Included in this instructional framework for learning group process was a requirement for the students to identify and report on their observations as part of a systematic method of building, over time, an understanding of the process-outcome relationship in groups. As participant observers the students were asked to identify phenomena occurring in the group as a whole, such as universality, cohesiveness, the stages of development, and corrective relational experiences. The interactions between the group members – such as how they supported, influenced or confronted each other and their outcomes in therapy – were also to be recorded through observation and linking theory with practice. The goal was for the student, as participant, to experientially learn the impact of the therapist interventions over the life of the group, and as observer understand the complexity of applying different sets of therapist skills at different stages of the group and in response to specific group dynamics. This aspect of the field instruction is in line with Pollio and Macgowan's (2011) integrated instructional model for educating MSW students in group work in the classroom. The authors stress the importance of an approach that incorporates not only evidence-based knowledge from the empirical and authoritative literature but also practice-based evidence; that is, the "systematic accumulation of our own decisions" through "knowledge of the impact of dynamics such as group processes and structures, group leadership, member roles, and other factors" (Pollio & Macgowan, 2011, p. 98).

Building an Identity as a Group Therapist

In a review of the literature, Jacques et al. (2010) found that the characteristics of the therapeutic relationship consistently correlated with client outcome to a greater extent than did specialized therapy techniques. Furman, Rowan, & Bender (2009, p. 13) noted that group leaders "often underestimate the degree to which their own behavior influences the group" and they recommended that social workers learn to become "self-reflective" of their interactions with the group members and the group as a whole. Cohen (2011), Rivera and Darke (2012), Rose and Chang (2011), and Yalom and Leszcz (2005) also reinforce the importance of understanding the professional use of self in groups. In this light, the participant observer role places greater emphasis on the MSW student's understanding of their use of self as a group therapist. My own training in group work was deeply grounded in the tradition of interpersonal group psychotherapy (Dies & Mackenzie, 1983; MacKenzie, 1990; Piper, McCallum, & Hassam, 1992; Yalom, 1992; Yalom, 1995; Yalom & Leszcz, 2005). This enamored my focus on group processes in concert with the idea of providing structured group content.

This orientation to group work would underpin my instruction to the students on what to observe in the group processes as a means of gaining an understanding of the role of the group therapist. Thus as part of their observations students were encouraged to reflect upon the following questions: Is the group therapist understanding, accepting, genuine, empathic, challenging, or supportive? Has the therapist communicated clear boundaries to the group members? How does the therapist use self-disclosure, and how do the group members respond when this occurs? How does the therapist provide

feedback to the group as a whole and to individuals? How does the therapist build trust with the group and within the group? These questions were designed to help the social work students reflect on how they are building their own styles and identities as group therapists. The ultimate goal of this part of the field instruction was to promote the practice of critical self-reflection and professional growth as the student discovers the unique role of the group therapist. This aspect of the field instruction is illustrated in the dynamics that unfolded for one student as she struggled to find her footing and build relationships in the group. The student was in her fourth week as participant observer in a group comprised mostly of mothers with adult children with borderline personality disorder when the discussion turned to the shame that many of the women experienced for their perceived roles in their children's problems.

At this point the student disclosed to the group that both of her teenage sons also struggled with mental health issues and that she understood their shame. In group supervision later in the week the student reflected that she had spontaneously lied to the group about her sons "to fit in and be liked." This awareness surprised and embarrassed her. The participant role had triggered her need to be liked and included, which made it difficult for her to be authentic in the room and offer feedback from her own experiences. This was an invaluable teaching moment for the student. She had gained first-hand experience that the here-and-now interactions of the group could trigger a therapist's personal struggles and interfere with her or his ability to be effective. She now realized that she did not need to be part of the universality of the group to be helpful. She returned to group the next week and disclosed to the members that she had lied to fit in, and then, in the service of group cohesion and trust, she role-modeled a healthy repair with the group as a whole. Over the course of the coming weeks the student, as participant observer, engaged in critical self-reflection. Through this journey her role and identity as an emerging group therapist developed and she practiced a more judicious and strategic use of self-disclosure.

Following this episode, I decided to assign additional readings on developing clinical skills, critical thinking and self-reflection in group work to foster the students' development of their identities as group therapists. I selected Yalom's (2002) book *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients*, as it specifically attends to the therapeutic relationship. In that book, Yalom used personal vignettes to highlight effective techniques for responding to individual and group as a whole interactions that challenge the client-therapist boundaries and relationships. I find his guidelines to be useful starting points for the MSW students to learn the practice of self-reflection as they gain experience in the here-and-now interactions of the group and develop an understanding of how their own interpersonal issues and communication styles impact the health and effectiveness of the group.

The Regenerated Framework in Action

As I implemented this revised group training framework, I took notes on what I noticed was promoting learning and what seemed to get in the way. At the group level, it appeared that the participant observer role promoted a working relationship between the social work students and the group members, validating the professions values of empowerment and respect. As a learning strategy it appeared that by situating themselves as participant observers, rather than in the role of group trainee or simple observer, the students demonstrated the ability to be curious and uncertain without having to appear competent. They were able to ask questions without fearing if it was the "right one," to practice judicious self-disclosure without attempting to belong to the group members' problems or to be accepted, and to practice self-reflection in their interpersonal styles without having to appear infallible. For example, for the students who were participant observers, the anxiety experienced by many students as they entered groups became a declared area for professional self-development as opposed to an obstacle to engaging in clinical practice for group trainees.

An initial concern that some of the students might use their roles as participant observers to work on personal problems did not materialize. I have found that the students' focus on self in the groups centered around their professional self-development and, through the supervision groups, critical reflection of their interpersonal styles of interacting with group members and the group as a whole.

When one of my students disclosed that historical personal problems were being triggered in group and interfering with his ability to maintain his professionalism, he readily followed through with a recommendation to attend counseling at the university wellness centre, which provided the support he needed to continue his practicum. Pre-group preparation for both the MSW students and the group members also facilitated the instructional framework. Clear guidelines on the goal of the participant observer role (to experience the change process and the importance of relationships in groups through direct participation), the professional use of self, and the function of the supervision groups provided the framework most students needed to enter this learning style. The feedback from the group members was also positive. They liked the idea of students learning the group experience "from the ground up" and often provided critical feedback to the students on therapist strategies and group processes that they found helpful.

As a final note, the extent of previous training and experience in group work guides the length of time in the practicum dedicated to the participant observer role before moving the student forward to group trainee. However, I consistently observed that once students settled into the participant observer role most requested to continue in this style of learning. They concurrently moved into group trainee positions as they experienced valuable learning about groups in the former role.

My original concern, knowledge-building of group processes, was achieved through the experiential components as group participants. This provided an opportunity for the student to experience/observe the interplay between group theory, group processes, and therapist strategies. Through direct participation in the group processes, the students learned first-hand what Rose and Chang (2011) suggested: "[that] group structures or processes either interfere with or enhance individual or shared motivation" (p. 165). The debriefings that followed each group session in the weekly supervision groups enabled the students to describe and deconstruct what they had observed about the evidence-based practices and the interplay with group processes. The best feedback I received on this revised field instruction framework occurred during the third

supervision group. The students conceptualized group theory into practice and spontaneously jumped into their own group process to work through a relationship conflict that had been brewing amongst them. I knew that I had found the balance that I was looking for as a field instructor when my MSW students learned the value of group therapy for themselves.

Relevance to Social Work Field Instruction

The use of participant observation as a field instruction framework in group work accomplishes two tasks concurrently: training the MSW students in evidence-based practices, and providing an experiential understanding of group processes and the therapeutic factors that mediate change in individual members and the group as a whole. The strength of the participant observer role appeared to be in the increased critical reflection and clinical skills in group work demonstrated by the students who participated in this instructional framework. Some constraints included the limited exposure to group processes due to the short time scale of the MSW practicums (four to six months), and the limited time to move to the next stage of instruction as group trainees, while practicing translation of the skills and knowledge learned as participant observers. The concern that social work students will enter the participant observer role and focus on personal problems can be addressed through diligence on the part of the field instructor along with adequate pre-group preparation.

References

Canadian Group Psychotherapy Association. (2009). *Group therapy. Group training. Group facilitation*. President's Annual Report. Retrieved from http://www.cgpa.ca/

Cohen, P. (2012). Supervision: Dragons and heroes. *International Journal of Group Psychotherapy, 62*(4), 639-632.

Counselman, E. F., & Abernathy, A. D. (2011). Supervisory reactions: An important aspect of supervision. *International Journal of Group Psychotherapy, 61*(2), 197-216.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.

Davis, D., & Davis, N. (n.d.). *Educational interventions*. Retrieved from http://www.rnpr.ca/index.php/students/43-quick-

links/88-knowledge-translation.

D'Cruz, H., & Jones, M. (2012). *Social work research: Ethical and political contexts*. Thousand Oaks, CA: Sage Publications.

Dies, R. R., & Mackenzie, R. (1983). *Monograph 1: Advances in group psychotherapy. Integrating research and practice*. New York, NY: International Universities Press.

Freeman, A., Pretzer, J., Fleming, J., & Simon, B. (1990). *Clinical applications of cognitive therapy*. New York, NY: Plenum Press.

Furman, R., Rowan, D., & Bender, K. (2009). *An experiential approach to group work*. Chicago, IL: Lyceum Books.

Hergenrather, K. C., Geishecker, S., McGuire-Kuletz, M., Gitlin, D. J., & Rhodes, S. D. (2010). Introduction to community-based participatory research. *Rehabilitation Education, 24*(3/4), 225-238.

Hunot, V., Churchill, R., Teixeira, V., Silva de Lima, M. (2010). *Psychological therapies for generalised anxiety disorder*. The Cochrane Library. Retrieved from http://thecochranelibrary.com

Jaques, B., Muran, P., & Christopher, P. (2010). *The therapeutic alliance: An evidence-based guide to practice*. New York, NY: Guilford Press.

Linehan, M. M. (1997). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Linehan, M. M., Dimeff, L. A., & Koerner, K. (2007). *Dialectical behavior therapy in clinical practice across disorders and settings*. New York, NY: Guilford Press.

MacKenzie, K. R. (1990). *Introduction to time-limited group psychotherapy*. Washington: American Psychiatric Press.

Parry, D., Salzburg, J., & Macaulay, A. C. (n.d.). *Guide to researcher and knowledge-user collaboration in health research*. Ottawa: Canadian Institutes of Health Research.

Paterson, R. (2000). *The core program: A cognitive behavioral guide to depression*. Oakland, CA: New Harbinger Publications.

Piper, W. E., McCallum, M., & Hassam, F. A. A. (1992). *Adaptation to loss through short-term group psychotherapy*. New York: Guilford Press.

Pollio, D. E., & Macgowan, M. J. (2011). The andragogy of evidence-based group work: An integrated educational model. In D. E. Pollio, & M. J. Macgowan (Eds.), *Evidence-based group work in community settings* (pp. 110-128). New York, NY: Routledge.

Rivera, M., & Darke, J. L. (2012). Integrating empirically supported therapies for treating personality disorders: A synthesis of psychodynamic and cognitive-behavioral group treatments. *International Journal of Group Psychotherapy, 62*(4), 501-529.

Rose, S. D., & Chang, H. (2011). Motivating clients in treatment groups. In D. E. Pollio, & M. J. Macgowan (Eds.), *Evidence-based group work in community settings* (pp. 160-177). New York, NY: Routledge.

Stoffers, J. M., Vollm, B. A., Rucker, G., Timmer, A., Huband, N., & Lieb, K. (2012). *Psychological therapies for people with borderline personality disorder* (review). The Cochrane Library, 8. Retrieved from http://www.cochranelibrary.com

Swiller, H. I. (2011). Process groups. *International Journal of Group Psychotherapy, 61*(2), 263-273.

Whitaker, D. S. (2001). *Using groups to help people* (2nd ed.). Hove: Routledge.

Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Black Point: Fernwood Publishing.

Yalom, I. D. (1983). *Inpatient group psychotherapy*. New York, NY: Basic Books.

Yalom, I. D. (1995). *Theory and practice of group psychotherapy* (4th ed.). New York, NY: Basic Books.

Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York: HarperCollins.

Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

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