

**Chapter Key People**

**CHAPTER 13**

*Groups in Mental Health Settings*

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## Chapter Key Terms

### CHAPTER 13

#### *Groups in Mental Health Settings*

Baseline of mental health  
Binge/purge cycle  
Blended families  
Bulimia nervosa  
Community Mental Health Centers Act (CMHC) of 1963  
Co-occurring disorders  
Disconnect/connect cycle of relationships  
Dual diagnosed  
Emotional catharsis  
First order change  
Food diaries  
General medical and primary care sector  
Genogram  
Human services sector  
Like clients  
Intimacy  
Mental health sector  
Motivation assessment  
Multiple family groups  
National Institute on Mental Health (NIMH)  
Negative reciprocity  
Normalization  
Panic attacks  
Psychotherapeutic groups  
Planned pleasant activities  
Phases of relationship  
Positive to negative ratios of interaction  
Private sector  
Problem solving  
Public sector  
Relationship enrichment  
Repair attempts  
Second order change  
Self-help groups  
Self-monitoring  
Self-regulation  
Separation–individuation approach  
Severe and persistent mental illness (SPMI)  
Social support groups  
Somatization

Therapeutic alliance

Time-outs

U.S. Department of Health and Human Services

Voluntary support network

Warehousing

## Chapter Summaries

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#### *Groups in Mental Health Settings*

Groupwork is a vital and effective mode of counseling in mental health settings. Groups are now being emphasized by our mental health system as financial strains and the cost of care increase. Though the ideal group rarely fits the reality of group counseling, this chapter proposed three prototypic groups to give readers an idea of possible group interventions. Highlighting three groups serves to marginally reflect the variety of issues and diversity of clientele present in group counseling.

The first group example presented is an anxiety and depression group. The group is designed to help clients (a) reduce negative symptoms and live successfully; (b) cope with specific symptoms related to anxiety and depression; (c) identify and develop support systems and processes; (d) make behavioral, cognitive, and emotional adjustments that decrease the intensity of symptoms; (e) feel supported by healthy communication among persons who share common but also unique lived experiences; and finally (f) by creating a therapeutic opportunity in the form of a supportive microcosm for sharing concerns, information, support, and behavioral interventions.

This chapter also highlighted a relationship enrichment group. The purpose of a relationship enrichment group is to promote satisfying relationships and prevent future problems. A primary expected outcome is increased intimacy and relational satisfaction. An important task is for participants to learn the process of self-regulation in relationship. Furthermore, participation is expected to increase awareness of essential components of relationship and to

increase the skill base vital to maintaining healthy relationships.

Finally, group treatment for clients with Bulimia Nervosa (BN) has been approached from nearly every possible theoretic framework, including psychoanalytic, supportive, feminist, cognitive-behavioral, and eclectic. This chapter presented an eclectic approach incorporating elements of both CBTG and feminist theory techniques. One of the main goals is symptom reduction for physical and mental health improvement. This BN group also aims to accomplish these others goals: building awareness of patterns of food consumption, identifying interpersonal patterns, fostering intimacy, increasing self-awareness, evaluating strengths and maladaptive behaviors, problem solving, assertiveness, and reworking cognitive distortions.

## Chapter URLs

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#### *Groups in Mental Health Settings*

GAINS center for persons with co-occurring disorders

<http://www.gainsctr.com>

Helpguide.org

[http://www.helpguide.org/mental/bulimia\\_signs\\_symptoms\\_causes\\_treatment.htm](http://www.helpguide.org/mental/bulimia_signs_symptoms_causes_treatment.htm)

National Alliance of Mental Illness (NAMI)

<http://www.nami.org/>

National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov>

Peer-to-peer resource center

<http://www.peersupport.org/>

United States Department of Health and Human Services-SAMHSA

[www.mentalhealth.org](http://www.mentalhealth.org)

World Health Organization

[www.who.int](http://www.who.int)

Anxiety Disorders Association of America

[www.adaa.org](http://www.adaa.org)

Anxiety and Stress Disorders Clinic

[www.unc.edu/depts/clinspy/services/anxiety/](http://www.unc.edu/depts/clinspy/services/anxiety/)

International Society for Traumatic Stress Studies

[www.istss.org](http://www.istss.org)

## Test Your Knowledge

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#### *Groups in Mental Health Settings*

1. T F Community mental health services were expected to replace the prevailing system that relied upon large state institutions whose treatment and warehousing of patients came under scrutiny.
2. T F In the United States, public payers provide for more than half of mental health spending
3. T F Currently, in most states, community health services are well funded.
4. T F Cost-effective treatments exist for most disorders and, if correctly applied, could enable most of those affected to become functioning members of society.
5. T F Group counseling entails meeting on a regular basis at a specific time with all members present, ideally four to ten persons.
6. T F One third of support groups are substance related groups.
7. T F Women often develop depression as a reaction to stressful events at a rate three times higher than their male counterparts
8. T F According to NIMH (2008), the choice treatment for depression is a combination of medication and exercise.
9. T F An estimated one in seven women will suffer from depression during her lifetime.
10. T F Self-regulation means that members are helped to learn independently so that they are better able to personally manage problems in the future.
11. T F Zimmerman listed two general phases of self-regulation: the forethought phase and the performance phase.
12. T F Halford, Sanders, and Behrens (1994) proposed that self-regulation of relationship has four phases: self-appraisal, self-directed goal setting, self-implementation of change, and self-evaluation.

13. T F Repair attempts are communication efforts to stop negative reciprocity by emphasizing teamwork, compromise, and personal responsibility in the middle of an argument.
14. T F Emphasizing that little things count in a relationship creates problems when incorporating strategies to meet newly forming goals because it minimizes the real work needing to be done.
15. T F Recent statistics indicate that approximately 70% of self-starving occurs in women, and that overall 15% of women meet the diagnostic criteria for the disease
16. T F Some physical signs of BN include dehydration from electrolyte imbalance (which can result in heart problems or death), inflammation of the esophagus, tooth and gum problems, and irregular bowel movements or constipation.
17. T F Clients with BN are more likely to drop out of group treatment than individual.
18. T F Following treatment, studies have found that mean post-treatment binge abstinence rates range from 60% to 80%, while purge abstinence rates average 45% to 50%. Overall, reduction in bingeing ranges from 60% to 94%, and reduction in purging ranges from 55% to 74%.
19. T F Often, clients experience a loss of identity along with the loss of their disordered eating patterns.
20. T F Groups are now being emphasized by our mental health system as financial strains and the cost of care increase.

#### Chapter 13 Answers

1 T, 2 T, 3 F, 4 T, 5 F, 6 T, 7 T, 8 F, 9 T, 10 T, 11 F, 12 T, 13 T, 14 F, 15 F, 16 T, 17 T, 18 F, 19 T, 20 T