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PSYCHIATRY & BEHAVIORAL SCIENCES

Meta-Competency 2: Helping Relationships

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Meta-Competency 2: Helping Relationships

Competencies

- 2-a: Develop supportive and effective working alliances with patients and their support networks.
- 2-b: Engage patients to enhance participation in care.
- 2-c: Facilitate group psychoeducation.
- 2-d: Utilize a trauma-informed care framework in all aspects of a helping relationship.

How to Use This Chapter

A strong helping relationship is the foundation of high-quality and effective mental health support (DeAngelis, 2019). This chapter provides guidance for supporting students to participate effectively and ethically in a quality helping relationship while developing personal insight and awareness. The principles taught here are significant across all aspects of patient engagement, treatment planning, ethics, group facilitation, and other interventions. As such, this chapter will frequently reference resources and concepts located in other chapters throughout the educator's guide. The certified BHSS needs to engage in competent and appropriate mental health support grounded in the same evidence and principles that inform a meaningful helping relationship for licensed providers.

The division of learning outcomes in this chapter represents the extent to which the helping relationship forms the basis for many of the other interventions, supports, and techniques discussed later in the curriculum. LOs 1–4 are based on the fundamental need for students to recognize and describe patients' experiences and symptoms accurately. As students begin this process, they will simultaneously develop insight into themselves in the role of a helper (see MC8-d). In addition to the critical development of their identity as a professional in behavioral health support, cultivating self-awareness on the part of the BHSS or helper is also linked to therapeutic outcomes for patients (Heinonen & Nissen-Lie, 2019).

Beyond patient-centered therapy, the ability to demonstrate thoughtful participation in a treatment team is essential to BHSS training. BHSS students will need to learn where their scope of practice fits within the organization where they are training or employed, as well as the larger behavioral health ecosystem. This will be the basis from which students develop more nuanced helping skills.

The advanced and practicum levels of the helping relationship learning outcomes focus on more nuanced and high-level or specific skills relevant to group work and trauma-informed intervention and support. It may be helpful for instructors to include examples of traditional and non-Western conceptualizations of helping relationships in discussions about providing appropriate support. Particularly with the emphasis on trauma-informed support in crisis work, which many of these students will be engaged with, cultural awareness and humility will be essential cornerstones to the success of their training and work (Mahon, 2024). (See MC3 for more information on Cultural Responsiveness.)

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Summative Competency Assessment Example for MC2: Helping Relationships

Helper Skills

Students read an example verbatim script of a brief counseling encounter and complete a worksheet to identify the helper skills from the script, followed by a brief rationale for their selected choice. The helper skills in the verbatim encompass open-ended questions, closed-ended questions, clarification, paraphrasing, reflection, and summarization. Alternatively, the rubric could be used by the instructor to assess a 15-minute recorded role play of the student demonstrating helper skills.

- MC2 Summative Assessment Example, Helper Skills

Sample Readings for MC2: Helping Relationship

Graffigna, G., Barello, S., & Triberti, S. (2016). *Patient engagement: A consumer-centered model to innovate healthcare*. Warsaw, Poland: De Gruyter Open Poland. https://doi.org/10.1515/9783110452440

Ivey, A. E., & Ivey, M. B. (2023). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (10th ed.). Cengage Learning.

Jacobs, E. E., Schimmel, C. J., Masson, R. L., & Harvill, R. L. (2016). *Group counseling: Strategies and skills* (8th ed.). Cengage Learning.

Marsac, M. L., Kassam-Adams, N., Hildenbrand, A. K., Nicholls, E., Winston, F. K., Leff, S. S., & Fein, J. (2016). Implementing a trauma-informed approach in pediatric health care networks. *JAMA pediatrics*, *170*(1), 70–77. https://doi.org/10.1001/jamapediatrics.2015.2206

Substance Abuse and Mental Health Services Administration. (2025, February 21). *TIP 57: Trauma-informed care in behavioral health services*. U.S. Department of Health and Human Services. https://www.samhsa.gov/resource/dbhis/tip-57-trauma-informed-care-behavioral-health-services

Sample Learning Sequence

FOUNDATIONS	ADVANCED	PRACTICUM
LO-1 Describe the elements of a functional helping relationship, including its purpose, conditions, and qualities, with examples of various applications across healthcare settings.	LO-5 Demonstrate skills related to empathy, positive regard, patience, attending, connection, and perseverance within the context of a helping relationship.	LO-8 Practice strategies for engaging patients in healthy, ethical helping relationships.
LO-2 Explain patient engagement strategies in healthcare.		

LO-3 Describe the steps involved in forming psychoeducation groups.	LO-6 Demonstrate the ability to structure and evaluate a psychoeducation group.	LO-9 Practice co-leading a group and addressing administrative topics such as cohesion, challenging behaviors, de-escalation, etc.
LO-4 Recognize the nuanced and pervasive nature of trauma and its impact on human experiences.	LO-7 Recognize trauma symptoms and expressions, and the complicated and adaptive nature and manifestations of trauma, including how trauma influences therapeutic dynamics.	LO-10 Practice trauma-informed care in therapeutic helping relationships.

BHSS Foundations

LO-1 Describe the elements of a functional helping relationship, including its purpose, conditions, and qualities, with examples of various applications across healthcare settings.

Key Terms and Concepts for LO-1

- **active listening:** receiving and processing verbal and nonverbal cues to attend to another person for the purpose of communicating understanding of their lived experience, expressing care or empathy, and avoiding problem-solving (Teniente & Guerra, 2011).
- **boundaries**: an invisible demarcation between two people that protects both people physically, emotionally, and psychologically.
- **empathy:** the ability to understand, share, and respond to the feelings, thoughts, and experiences of another person. It involves putting oneself in someone else's shoes, not just recognizing their emotions but also connecting with them on an emotional level.
- **empowerment**: "a process through which people gain greater control over decisions and actions affecting their health" (World Health Organization, 2021).
- **genuineness:** the helper's ability to be authentic, honest, and transparent with the patient. It involves the helper being true to themselves and their feelings, without pretending or adopting a facade. Genuineness in helping relationships creates an environment where the helper's responses are sincere and align with their internal experience, rather than merely following professional roles or techniques.
- **rapport:** the sense of trust, safety, and mutual understanding between the BHSS and patient.
- **positive regard:** the unconditional acceptance, support, and non-judgmental attitude that a professional helper offers to a patient.
- **therapeutic relationship/therapeutic alliance:** a relationship based on collaboration and healthy communication between a patient and BHSS (Norcross, 2010).

Key Teaching Points

Characteristics of an Effective Helper

- An effective helping relationship is one where the helper comes into the relationship with a clear sense of their own identity, areas of competence, humility for the process, and boundaries. The helper enters the relationship from a place of inquiry for the patient's concerns rather than assuming what is best for the patient.
- Effective helpers take time to develop rapport with patients based on the patient's personal identity factors.
- According to Rogers (1995), the core elements of an effective helping relationship are empathy, congruence, and unconditional positive regard.

Desired Outcomes of a Helping Relationship

- Helping relationships are based on a desire to understand and empathize with the patient's own true experiences, perceptions, and beliefs, and to move toward a healing or otherwise supportive path that is appropriate, relevant, and accessible.
- Through empowerment, patients learn about their condition or situation and develop greater autonomy and ownership of their decisions regarding their direction in life.

Professional Boundaries of a Helping Relationship

- Professional helping relationships in the context of the BHSS are not friendships, social relationships, or other types of non-clinical relationships.

Understanding the Helping Relationship in the Context of Larger Systems

- The helping relationship for the BHSS needs to be understood in the context of a treatment team and a larger healthcare system and clinical context. The nuances of how this type of helping relationship may vary from other types of clinical helping or therapeutic relationships (e.g., long-term psychotherapy or medical triage) need to be distinct.

Sample Activity/Assessment for LO-1

Activity: Vocabulary Practice

Using the key terms and concepts, students match concepts and definitions to the correct terms and provide examples for each term. Suggestions for examples of terms are below.

- Rapport: The BHSS takes time to learn a patient's name and pronoun preferences upon the initial encounter.
- Empathy: The BHSS reflects a patient's emotions to validate their experience upon learning their significant other is separating from them.
- Positive regard: The BHSS supports a patient with a substance use disorder without judgment.
- Genuineness: The BHSS admits they are uncertain about the next steps the patient needs to take regarding their job and career.

Specific Resources for LO-1

Resource: Communication Tips to Support Patient-Provider Engagement

The Therapeutic Alliance: A brief, two-page article with communication tips and a clinical vignette.

- Stubbe, D. E. (2018). The therapeutic alliance: The fundamental element of psychotherapy. *Focus, 16*(4), 402–403. https://doi.org/10.1176/appi.focus.20180022

Resource: The Role of the Therapeutic Relationship in Cognitive Behavioral Therapy (CBT)

The CBT Therapeutic Relationship: A six-page article that outlines factors impacting the therapeutic relationship, or alliance, between patient and provider, including how CBT can support building alliance.

- Leahy, R. L. (2008). The therapeutic relationship in cognitive-behavioral therapy. *Behavioural and Cognitive Psychotherapy, 36*(6), 769–777. https://doi.org/10.1017/S1352465808004852

Resource: Tips for What to Do (or Not Do) in Building Therapeutic Relationships

The Therapeutic Relationship: This chapter focuses on what to do versus what not to do in building therapeutic relationships with patients. Includes both research and patient perspectives.

- Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 113–141). American Psychological Association. https://doi.org/10.1037/12075-004

Resource: Active Listening

Active Listening Definition: This entry provides a definition and description of terms applicable to child and adolescent counseling.

- Teniente, S. F., & Guerra, N. S. (2011). Active listening. In: S. Goldstein, & J. A. Naglieri (Eds.) *Encyclopedia of child behavior and development* (pp. 27–28). Springer. https://doi.org/10.1007/978-0-387-79061-9_47

LO-2 Explain patient engagement strategies in healthcare.

Key Terms and Concepts for LO-2

- **patient engagement***:* the active participation of patients in their own health and wellness. It involves patients being informed, involved, and empowered to make decisions about their care. This may include understanding their health and mental health conditions, actively communicating with healthcare providers, following prescribed whole health plans, and taking proactive steps to manage their health.
- **influences on patient perseverance:** numerous factors affect the ability of patients to persevere in caring for their own health. In primary care, these influences include, but are not limited to, social determinants of health (see MC1 on Health Equity), health literacy, complexity of chronic conditions, social support, psychological factors, personal beliefs, cultural practices, and cognitive ability.
- **treatment motivators:** numerous factors impact treatment motivation. In primary care, these influences include, but are not limited to, a desire to be healthy, fear of illness, sense of personal control over health, family and social connections, self-esteem, education and awareness, incentives, provider encouragement, and health-related goals.

Key Teaching Points for LO-2

Identifying Treatment Barriers

- It is important for students to be aware of common barriers to treatment and treatment engagement. Historical, cultural, and socioeconomic factors play a strong role in attrition from therapy or treatment in general. Among these are income status (lower income status is more frequently associated with accessibility barriers to treatment) and cultural differences between the patient and the provider, including language and religion (Fonagy & Luyten, 2021).

Developing Skills to Address Treatment Barriers

- BHSS practitioners will need to develop the skills necessary to support patient engagement in treatment and appropriately address barriers as well as motivators in communication with their patients, all of which will be relevant to the setting in which they work and the treatment team they will be part of.

Sample Activities/Assessments for LO-2

Activity: Treatment Barriers Exercise

Using case studies (these may involve fictional characters), students work individually or in teams to evaluate what roadblocks might exist for a patient entering and maintaining treatment. Students identify all the potential barriers for an individual patient within the case study example.

Specific Resources for LO-2

Resource: Understanding Different Perspectives on Therapeutic Alliance

Therapeutic Alliance: This study of construct recommends avoiding the assumption that the BHSS and patient are always aligned.

- Bachelor, A. (2013). Clients' and therapists' views of the therapeutic alliance: Similarities, differences and relationship to therapy outcome. *Clinical Psychology & Psychotherapy*, *20*(2), 118–135. https://doi.org/10.1002/cpp.792

Resource: Socioeconomic and Sociocultural Factors Affect Access to Care

Sociocultural Factors: This article emphasizes the importance of both delivering evidence-based behavioral interventions when and where they are needed, as well as immersing oneself in the cultural worldview of those receiving care.

- Fonagy, P., & Luyten, P. (2021). Socioeconomic and sociocultural factors affecting access to psychotherapies: The way forward. *World Psychiatry, 20*(3), 315–316. https://doi.org/10.1002/wps.20911

LO-3 Describe the steps involved in forming psychoeducation groups.

Key Terms and Concepts for LO-3

- **group preparation**: the planning phase for a psychoeducation group, involving identifying the population to be served, eligibility to participate, goals for the group, and materials required.

- **group screening**: groups require fair and just criteria for inclusion or exclusion, following guidelines from the host site. Sometimes this process is self-selection, and in other situations, group leaders conduct brief interviews.
- **group orientation**: welcome group members and inform them of the group's purpose, structure, and guidelines. Discuss confidentiality and answer group questions.
- **group structure**: psychoeducation groups have a degree of predictability in their format. Examples include check-in, education lessons, discussion, and key takeaways.
- **group termination or ending**: an opportunity to discuss what has been learned in the group, members plan to apply the learning to life outside the group, and the BHSS provides resources for future support.

Key Teaching Points for LO-3

Planning and Preparation

- Define objectives: Clarify the purpose (e.g., anxiety management, coping with trauma, parenting skills).
- Select target population: Identify who the group is for (age, diagnosis, background).
- Choose format and duration: Decide on the number of encounters, frequency, and length (e.g., 8 weekly encounters, 90 minutes each).
- Develop curriculum: Create session plans with topics, materials, and activities.

Recruitment and Screening

- Advertise the group: Use flyers, referrals, or announcements.
- Screen participants: Conduct brief interviews to assess fit, motivation, and group readiness.

Orientation Encounter

- Set expectations: Explain goals, structure, confidentiality, and group rules.
- Build rapport: Use icebreakers and introductions to foster trust.
- Distribute materials: Provide handouts, schedules, and any required forms.

Encounter Structure

- Check-in: Brief emotional or behavioral update from participants.
- Review: Recap of previous encounter and homework.
- Psychoeducation: Present new material (e.g., distress tolerance techniques, stress models).
- Discussion/activity: Group exercises, role plays, or guided discussions.
- Wrap-up: Summarize key points and assign homework.

Preparation for Termination

- Review progress: Reflect on goals achieved and skills learned.
- Address emotions: Normalize feelings about the group ending (e.g., sadness, anxiety).
- Plan for the future: Discuss relapse prevention, ongoing support, or referrals.

Final Encounter

- Celebrate accomplishments: Acknowledge growth and participation.
- Provide resources: Offer handouts, community resources, or follow-up options.
- Gather feedback: Use evaluations or open discussion to assess the group's impact.
- Closure activity: End with a meaningful ritual (e.g., sharing letters to self, group photo, or certificate ceremony).

Sample Activities/Assessments for LO-3

Activity: Preparing a Psychoeducation Group

Students work in dyads or triads to plan a psychoeducation group, including the topic, population, group goals and objectives, number of encounters, encounter structure, and materials needed.

Activity: Brief Screening for Psychoeducation Group

After establishing eligibility criteria for a psychoeducation group, students work in dyads or triads to interview an alternate team for participation in their planned psychoeducation group. In the role plays, one person meets eligibility requirements, another is on the borderline of meeting requirements, and a third does not meet eligibility requirements. For the third person, the team interviewing must discuss the reasons for exclusion and provide resources relevant to the person's needs.

Activity: Leading a Psychoeducation Group Encounter

After planning one encounter for a specific topic and assuming all students in the class are eligible to participate, a team leads a psychoeducation session for 30–45 minutes. The participants use a feedback form provided by the instructor to highlight strengths and areas for improvement.

Specific Resources for LO-3

Resource: Psychoeducation Groups

Group Structure: A textbook description of the structure and process of leading psychoeducation groups.

- Brown, N. W. (2011). Psychoeducational groups: Overview and model. In *Psychoeducational Groups*. Routledge. https://doi.org/10.4324/9780203847787

Resource: Effective Psychoeducation Groups

Effective Groups: Accessible article identifying strategies related to leading psychoeducation groups.

- Deering, C. (2024). Maximizing the effectiveness of psychoeducational groups. *Journal of Counselor Practice, 15*(1). https://DOI: 10.22229/aws6739303

Resource: Leading Psychoeducation Groups

Leading Groups: A user-friendly guide for new providers responsible for leading psychoeducation groups.

- Vanderbilt Psychiatric Hospital. (n.d). *Leading psycho-educational groups.* https://www.vumc.org/vbhnursing/sites/default/files/public_files/VBH%20Psychoeducational%20Groups%20Manual.pdf

LO-4 Recognize the nuanced and pervasive nature of trauma and its impact on human experiences.

Key Terms and Concepts for LO-4

- **trauma**: in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) chapter on trauma and stress-related disorders, trauma is generally defined as exposure to

actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways (American Psychiatric Association, 2022):
    - Direct exposure to the traumatic event(s)
    - Witnessing the event(s) as it occurs to others
    - Learning that the event(s) happened to a close family member or friend (violent or accidental)
    - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s), such as through professional duties (e.g., first responders, police officers)
- **post-traumatic stress disorder (PTSD)**: per DSM-5, the trauma must be experienced as something that causes significant distress or impairment in functioning to qualify as a disorder.
- **trauma-informed care:** an approach that recognizes the prevalence and impact of trauma on individuals and seeks to create a safe, supportive, and non-judgmental environment. It involves understanding, recognizing, and responding to the effects of trauma, with an emphasis on promoting patient empowerment, trust, and collaboration. The goal is to avoid re-traumatization while providing care that is sensitive to the needs of those with a history of trauma. Trauma-informed care is the responsibility of a care team.

Key Teaching Points

Defining Trauma-Informed Care

- The concept of trauma-informed care has often been misconstrued in professional and academic work in recent decades (Butler et al., 2011). LO-5 will aim to reduce confusion about the meaning and applications of this term in the context of helping relationships. In addition, LO-5 will provide clear examples of the differences between "trauma-informed support" and types of therapy or other interventions for trauma (or PTSD). To that end, "trauma-informed care" (or support) is defined here as support that is designed "to understand the involvement and impact of violence and victimization in the lives of most consumers of mental health, substance abuse, and other services ... [and] apply that understanding in providing services and designing service systems to accommodate the requirements and vulnerabilities of trauma survivors and to facilitate their participation in treatment" (Butler et al., 2011, p. 177).

Examples of Trauma-Informed Care

- Examples of trauma-informed care include: awareness on the part of the provider about how medical or treatment information is relayed to a patient (e.g., providing details as needed, rather than assuming it will be fine to skip over information); and an openness to understanding how historical or cultural experiences may play a role in the patient's engagement in treatment or comfort level with vulnerability. Neither of those examples should be confused with "trauma therapy," which is not part of the BHSS role. Trauma therapy includes specific interventions and treatment modalities provided by licensed professionals who have additional training and practice.

Expanded Definitions of Trauma

- Students will benefit from understanding here that although previous iterations of the DSM have referred to trauma as typically being event-based, current research has extended our understanding and definition of trauma to include intergenerational and historical trauma, as well as epigenetic trauma (Forkey et al., 2021; Starrs & Békés, 2025; Womersley et al., 2023).

Identifying Signs and Symptoms of Trauma

- Instruction should be provided on the most common signs and symptoms of trauma for adults and children. The PTSD Checklist for DSM-5 (PCL-5) is a helpful tool for understanding the criteria assessed by a trained psychometrist to determine the impact of trauma on an individual. (See Post-Traumatic Stress Disorder Checklist for DSM-5 in Resources for LO-4 for a visual example.)
- Attention should also be paid to the possible spiritual effects of trauma. This may include a closer relationship with God or a higher power, or a fractured and more distant relationship with God or a higher power (U.S. Department of Veteran's Affairs, 2025)

Considerations for Evaluating Trauma Research

- When reading and citing trauma research, instructors are advised to note which populations and groups are included in studies to account for exclusion and possible misrepresentation of trauma in certain groups. This skew should be considered, as it certainly influences the evidence base upon which we are predicating many of our assumptions about "trauma-informed" care.

Sample Activities/Assessments for LO-4

Activity: Case Example on Sources of Trauma

Students review a case example developed by the instructor to identify potential sources of trauma.

Activity: Case Example of Trauma's Impact on Treatment and Engagement

Students review a case example developed by the instructor to identify ways in which trauma may influence treatment engagement or compliance with treatment plans. Instructors may provide students with a chart outlining psychological, physical, emotional, and behavioral symptoms of trauma.

Activity: Case Example of Identifying Supports

Students review a case example to identify specific supports that could be provided to increase patient comfort with the process and engagement with therapy.

Specific Resources for LO-4

Resource: Post-Traumatic Stress Disorder Checklist for DSM-5

PCL-5: The PCL-5 was created by government employees and is an open-source screening and assessment tool. At minimum, persons must be trained in psychometrics with the scope of practice to assess and diagnose under supervision to use the tool with patients and clients.

- Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). *The PTSD Checklist for DSM-5 (PCL-5).* U.S. Department of Veterans Affairs. https://www.ohsu.edu/sites/default/files/2022-08/%28PCL-5%29%20PTSD%20Checklist%20for%20DSM5.pdf

Resource: The Relationship between Trauma Type and Individual Symptoms

Types of Trauma: Drawing on the groundbreaking work of Lenore Terr, the researchers study the symptom profiles related to Type 1 and Type 2 trauma.

- Birkeland, M. S., Skar, A. S., & Jensen, T. K. (2022). Understanding the relationships between trauma type and individual posttraumatic stress symptoms: A cross-sectional study of a clinical sample of children and adolescents. *Journal of Child Psychology and Psychiatry*, *63*(12), 1496–1504. https://doi.org/10.1111/jcpp.13602

Resource: Trauma-Informed Care and Trauma Treatment

Trauma Treatment: This article explains the difference between trauma-informed care and trauma-specific interventions, briefly reviews trauma history prevalence among consumers of mental health services, describes the development of a trauma-informed perspective in mental health, and discusses how standard clinical practices may inadvertently retraumatize those with trauma histories.

- Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry, 31*(3)*,* 197–210. https://psycnet.apa.org/record/2011-30401-004

Resource: Adverse Childhood Experiences

Trauma Assessment: This resource provides examples of assessment of adverse childhood experiences and strategies to initiate trauma-informed care and trauma treatment.

- Forkey, H., Szilagyi, M., Kelly, E. T., & Duffee, J. (2021). Trauma-informed care. *Pediatrics, 148*(2). https://doi.org/10.1542/peds.2021-052580

Resource: SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach

Trauma-Informed Approach: The cognitive, biological, social, emotional, behavioral, and spiritual impacts and expressions of trauma.

- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services. https://library.samhsa.gov/sites/default/files/sma14-4884.pdf

Resource: Historical Intergenerational Trauma Transmission Model

Transgenerational Trauma: This article proposes a model for intergenerational trauma, including concepts of family vulnerability, offspring vulnerability, family resiliency, offspring resiliency, and historical moral injury.

- Starrs, C. J., & Békés, V. (2025). Historical intergenerational trauma transmission model: A comprehensive framework of family and offspring processes of transgenerational trauma. *Traumatology, 31*(2), 243–251. https://doi.org/10.1037/trm0000505

Resource: The Molecular Neurobiology of PTSD

Trauma and Neuroscience: A discussion about the implications of inflammatory, stress response, and learning and memory processes in the relative risk of developing PTSD.

- Womersley, J. S., du Plessis, M., Greene, M. C., van den Heuwel, L. L., Kinyanda, E., & Seedat, S. (2023). Advances in the molecular neurobiology of posttraumatic stress disorder from global contexts: A systematic review of longitudinal studies. *Global Mental Health, 10,* e62. https://doi.org/10.1017/gmh.2023.53

BHSS Advanced

LO-5 Demonstrate skills related to empathy, positive regard, patience, attending, connection, and perseverance within the context of a helping relationship.

Key Terms and Concepts for LO-5

- **attending***:* the BHSS's ability to be fully present and engaged with the patient, both verbally and nonverbally, in a way that communicates genuine interest, respect, and empathy.
- **patience***:* a vital personal and professional disposition that reflects the BHSS's ability to tolerate ambiguity, emotional intensity, and the gradual pace of change in the therapeutic process.
- **perseverance***:* the BHSS and patient's shared commitment to persist through challenges, setbacks, and emotional discomfort in the therapeutic process. It is a relational quality that sustains the working alliance over time, especially when progress is slow or difficult.
- See LO-1 Key Terms and Concepts of empathy, genuineness, and positive regard.

Key Teaching Points for LO-5

Attending

- Attending behaviors, often the nonverbal position and stance of the BHSS, are important in building a working alliance. Understanding the role of culture and the interpretation of non-verbal behaviors is essential for delivering ethical care to patients.

The Difference Between Empathy and Sympathy

- Sympathy can feel condescending and disconnected, while empathy requires a willingness to connect genuinely with the patient or their experience.
- Connecting with a person on a deep emotional level is essential to therapeutic healing. (See Carkhuff Empathy Rating Scale in Resources for LO-5 for a visual example.)
- Cultural humility plays a strong role in the perception of whether someone in a helping relationship is providing empathy or sympathy.

Challenges and Realities of Unconditional Positive Regard

- Humans are not unbiased, and everyone has experiences that lend themselves to strong reactions to certain subject matter. Students need to identify their "red flag" topics to avoid being blindsided when a patient brings them up.
- Students need to develop an understanding of how to express genuineness and empathy when they disagree or wholeheartedly feel differently from what the patient is expressing (see MC8 on values).
- Patience and perseverance are important attributes when working with persons who may not be ready to change behaviors that appear to be causing harm to themselves or others (see MC7-a and 7-f).

Healthy Connection

- Establishing and maintaining healthy professional boundaries, such as not taking credit or responsibility for a patient's choices and behaviors, supports the continuation of helping work in the long run.

Therapeutic Ruptures, Missteps, and Conflict

- Conflict occurs in helping relationships. Students need to be aware of common examples of conflict and the appropriate steps that can help repair a rupture in a helping relationship. (See also MC3 on Cultural Responsiveness for more information.)

Sample Activities/Assessments for LO-5

Activity: Empathy Role Play

Students role play in groups of three (patient, BHSS, observer), taking turns practicing skills and receiving feedback from their cohort members. After establishing the basic skills identified in LO-1, the practice in LO-2 should include more challenging case examples. The student in the BHSS role will practice actively listening while demonstrating empathy and genuineness.

Activity: Carkhuff Empathy Scale

Students view short clips from movies or TV episodes that demonstrate empathy using the Carkhuff empathy scale. The goal is to find levels 3–5 empathy statements.

Activity: Intelligent Tutoring System (ITS)

Instructors may use the ITS modules for empathy and other relationship skills to help students practice accurate empathy with patient case studies. The ITS system provides immediate feedback to the student and engages them in productive struggle to reinforce concepts.

- Raue, P. (2024). *Discover ITS*. Behavioral Health Support Specialist Clinical Training Program. https://bhss-wa.psychiatry.uw.edu/discover-its/

Specific Resources for LO-5

Resource: Brené Brown on Empathy

Empathy: Brené Brown, author of *Dare to Lead*, directed an excellent video on empathy that resonates with the depth and challenge of providing empathy when and where it is needed.

- RSA. (2013, December 10). *Brené Brown on empathy* [Video]. YouTube. https://youtu.be/1Evwgu369Jw

Resource: Understanding Components of the Therapeutic Alliance

Therapeutic Alliance: A study investigating the components of a therapeutic alliance with results touching on the importance of strong working relationships in digital environments.

- Sagui-Henson, S. J., Welcome Chamberlain, C. E., Smith, B. J., Li, E. J., Castro Sweet, C., & Altman, M. (2022). Understanding components of therapeutic alliance and well-being from use of a global digital mental health benefit during the COVID-19 pandemic: Longitudinal observational study. *Journal of Technology in Behavioral Science, 7*(4), 439–450. https://doi.org/10.1007/s41347-022-00263-5

Resource: Carkhuff Empathy Scale

Empathy Scale: The Carkhuff empathy scale is widely used in provider education to help students understand responses to patient statements and how the provider's response impacts patient engagement in therapy.

- Eckstein, F., Greene, L., Hinson, B.S., & Naiman, D. (n.d.). *Carkhuff: His scale for assessing facilitative interpersonal counseling.* https://s3.amazonaws.com/CounsellingTutor/CSR/Skills/Carkhuff+Rating+Scales+Explained.pdf

LO-6 Demonstrate the ability to structure and evaluate a psychoeducation group.

Key Terms and Concepts for LO-6

- **group stages:** sequence of phases including forming, storming, norming, performing, and adjourning—through which groups evolve as members establish relationships, address conflicts, develop cohesion, achieve goals, and eventually adjourn the group experience.
- **evaluation of group outcomes:** assessing the group's effectiveness and achievements in the performing and adjourning stages, reflecting on goal attainment, member satisfaction, and overall group cohesion.
- **group leadership**: the evolving role of guiding and facilitating the group through its stages—adapting leadership styles to provide direction during forming, resolve conflicts in storming, foster collaboration in norming, and empower performance and self-regulation in performing.

Key Teaching Points

Group Work Helps to Expand Access to Behavioral Health Support

- Part of the efficacy of providing behavioral health support at the level of the BHSS is that the role facilitates more patients having access to helpful and appropriate therapeutic support and interventions; group work is one way to realize that goal.

The Evolution of Group Work

- An overview of the stages of group work should be provided that begins with the historical foundations of group dynamics in industrial-organizational psychology and Tuckman's (2010) model of group development, then moves forward into current therapeutic conceptualizations of group work (Conyne et al., 2008; Marmarosh et al., 2022).

Balancing Needs when Evaluating Group Work

- Processes for accurately and efficiently evaluating group work outcomes while remaining mindful of patient perception of risk and benefits (Koementas-de Vos et al., 2022).

Examples of Effective Group Leadership

- Characteristics of effective and ethical group leadership (Chen & Ryback, 2018) should be presented with special attention to dynamics around cultural humility (Grimes & Kivlighan, 2022).

Sample Activities/Assessments for LO-6

Activity: Case Review

The instructor generates a case example of group dynamics whereby the group facilitator behaved unprofessionally (showing up late to group) or unethically (violating individual session confidentiality in a group psychoeducation session). Students identify specific points of concern within the case example and generate ideas to correct the errors.

Specific Resources for LO-6

Resource: Group Leadership Skills

Group Theory and Technique: A detailed textbook on group theory and practice. Initial chapters support knowledge building for the BHSS related to group norms.

- Chen, M., & Ryback, C. (2018). *Group leadership skills: Interpersonal process in group counseling and therapy* (2nd ed.). SAGE Publications, Inc. https://doi.org/10.4135/9781071800980

Resource: Group Techniques

Group Counseling: Dr. Conyne is a leading expert in group counseling, theory, and techniques. The text supports an ecological approach to groups, including understanding both the individual and group dynamics in the context of the systems with which they interact.

- Conyne, R. K., Crowell, J. L., & Newmeyer, M. D. (2008). *Group techniques: How to use them more purposefully*. Pearson/Merrill Prentice Hall.

Resource: Multicultural Orientation in Group Therapy

Cultural Responsiveness in Groups: This resource emphasizes the complexity of group dynamics in relation to the cultural identities of group members. The authors stress the importance of practicing cultural humility in group leadership.

- Grimes, J. L., & Kivlighan, D. M., III. (2022). Whose multicultural orientation matters most? Examining additive and compensatory effects of the group's and leader's multicultural orientation in group therapy. *Group Dynamics: Theory, Research, and Practice, 26*(1), 58–70. https://doi.org/10.1037/gdn0000153

Resource: Feedback-Informed Group Treatment

Group Evaluation: This article discusses the importance of feedback loops to high-functioning groups. Provides suggestions for incorporating feedback into the group process rather than waiting until the termination of a group experience.

- Koementas-de Vos, M. M. W., van Dijk, M., Tiemens, B., de Jong, K., Witteman, C. L. M., & Nugter, M. A. (2022). Feedback-informed group treatment: A qualitative study of the experiences and needs of patients and therapists. *International Journal of Group Psychotherapy, 72*(3), 193–227. https://doi.org/10.1080/00207284.2022.2086557

Resource: Group Psychotherapy and Third-Wave Positive Psychology

Positive Psychology and Group Process: An overview of how principles from positive psychology may influence group practice and techniques.

- Marmarosh, C. L., Sandage, S., Wade, N., Captari, L. E., & Crabtree, S. (2022). New horizons in group psychotherapy research and practice from third wave positive psychology: A practice-friendly review. *Research in Psychotherapy: Psychopathology, Process and Outcome, 25*(3), 258–270. https://doi.org/10.4081/ripppo.2022.643

LO-7 Recognize trauma symptoms and expressions, and the complicated and adaptive nature and manifestations of trauma, including how trauma influences therapeutic dynamics.

Key Terms and Concepts for LO-7

- **trauma and therapy dynamics**: the relationship between trauma history and therapy (individual or group) dynamics is complex and deeply influential. Trauma can shape how individuals engage in therapeutic settings, and therapy can either help heal or, if not managed carefully, inadvertently retraumatize.
- **historical influences on treatment acceptance**: the degree to which a client or patient is willing to engage with, adhere to, and believe in the value of a proposed therapeutic intervention. It is a crucial factor in determining the effectiveness of psychological treatments and is influenced by several psychological, relational, and contextual variables.

Key Teaching Points

Adaptive Functioning and Trauma Responses

- LO-7 builds on the concepts that were established in LO-4 and elevates awareness around how adaptive functioning can be impacted and influenced by a trauma response or historical traumatic experience. Sometimes it is beneficial to avoid directly addressing a patient's trauma, instead refraining from therapeutic attempts to change or interfere with their adaptive trauma response (Goldsmith et al., 2004). The nuances that are necessary for providing effective, ethical, and therapeutic support under these conditions are challenging to master. In these instances, the BHSS needs supervisory support to refer patients to appropriate providers.

Cultural Dynamics Influence Therapeutic Processes

- There are a multitude of reasons why any individual may be averse to participation in therapy, non-committal about engagement, or even openly hostile toward the therapeutic process or the medical system at large (Huang & Zane, 2016). Students should be provided with real-life historical examples and records that inform cultural dynamics related to medical practices, with a focus on the pattern of pathologizing and othering non-white patients (Subica & Link, 2022). These examples support students to engage from a place of humility in therapeutic, group, and dyadic relationships.

Sample Activities/Assessments for LO-7

Activity: Case Scenarios

Students receive scenarios that include a fictional character, historical period, and geographical location, e.g., a senator in ancient Greece, a scientist in Baghdad in 1100, a clergy from France in the 1500s, a teacher in Casablanca in the 1950s, an international shipping trader in the 2000s in Santiago, etc. Students work individually or in pairs to identify both temporal (scientific understanding of disease models) and cultural experiences that may influence someone to seek help for things that are currently considered to be psychological symptoms. Question prompts can include:

- In what examples, geographically and socially, might our current perceptions of "pathology" be dismissed?

- How do cultural beliefs and scientific knowledge play a role in a character's social, familial, and individual desire to seek help? If they do seek help, how might help-seeking behavior vary in different places?
- How can a behavioral healthcare provider integrate understanding of the person based on social-cultural and historical factors into a case conceptualization of the patient?

Specific Resources for LO-7

Resource: Implications of Trauma for Treatment

Knowing and Not Knowing about Trauma: This article explores unconscious elements of trauma and implications for therapy.

- Goldsmith, R. E., Barlow, M. R., & Freyd, J. J. (2004). Knowing and not knowing about trauma: Implications for therapy. *Psychotherapy: Theory, Research, Practice, Training*, *41*(4), 448–463. https://doi.org/10.1037/0033-3204.41.4.448

Resource: Cultural Influences in Mental Health Treatment

Cultural Adaptation and Mental Health: The authors explore research indicating the benefits of adapting interventions based on cultural identity to improve treatment outcomes.

- Huang, C. Y., & Zane, N. (2016). Cultural influences in mental health treatment. *Current Opinion in Psychology*, *8*, 131–136. https://doi.org/10.1016/j.copsyc.2015.10.009

Resource: Cultural Trauma as a Fundamental Cause of Health Disparities

Health Equity and Trauma: A discussion about research on the impact of health inequity on the prevalence and persistence of trauma symptoms in historically underserved populations.

- Subica, A. M., & Link, B. G. (2022). Cultural trauma as a fundamental cause of health disparities. *Social Science & Medicine*, *292*, 114574. https://doi.org/10.1016/j.socscimed.2021.114574

BHSS Practicum

LO-8 Practice strategies for engaging patients in healthy, ethical helping relationships.

Key Terms and Concepts for LO-8

- **advanced empathy:** according to the Carkhuff Empathy Scale, this is a high level of empathic responding. The BHSS not only accurately reflects the patient's expressed feelings but also identifies and communicates deeper, underlying emotions or meanings that the patient may not have fully articulated (Cormier, 2013).
- **ethics:** the application of moral principles and professional standards to ensure the welfare, dignity, and rights of patients are protected throughout the therapeutic process (Corey et al. 2019).

Key Teaching Points

Learning Active Listening

- Active listening requires time, practice, supervision, feedback, and self-monitoring to become proficient over time. Novice professional helpers will naturally struggle to practice foundational skills while learning more advanced methods of intervention. Supervisors will benefit from occasionally reviewing core counseling skills with practicum students to reinforce use with patients.

Advanced Empathy

- When appropriate, instructors and supervisors may introduce the practicum student to advanced empathy using the Carkhuff Empathy Scale as a guide. Advanced empathy aligns well with rapport building, patient engagement, and collaborative goal planning.

Ethics

- MC8 is devoted to teaching legal, ethical, and professional issues to BHSS students. During clinical skill training, it is helpful to acknowledge that while practicing clinical interventions, informed consent from patients is an ongoing activity; professional boundaries are essential in building trust with patients; and healthy therapeutic relationships are reliable, consistent, and transparent.
- Whenever a BHSS initiates treatment with a patient, they should think about termination, meaning what it will look like for the patient to notice improvement and become independent in managing their symptoms or concerns.

Sample Activities/Assessments for LO-8

Carkuff Empathy Scale

While working with patients during practicum, use the Carkuff Empathy Scale to notice opportunities for empathy statements at levels 3, 4, and 5.

Specific Resources for LO-8

Resource: The Art of Helping

Therapeutic Depth: Robert Carkhuff's work, including his Empathy Scale, explores empathy as a means of connecting with patients in a meaningful way when they are ready for a deeper understanding of their self-perception.

- Carkhuff, R. R. (2009). *The art of helping in the 21st century* (9th ed.). HRD Press.

LO-9 Practice co-leading a group and addressing administrative topics such as cohesion, challenging behaviors, de-escalation, etc.

Acknowledgement: The authors of this guide recognize that many educational partners may not have the opportunity or room in their curriculum to devote an entire course to group dynamics, theory, and facilitation training. With that in mind, LO-9, by design, can be included within curricula of other existing courses related to therapeutic interventions or other aspects of clinical work. This learning outcome is intended to provide a high-level introduction to the concepts of group work and establish a foundation in psychoeducational group work and facilitation. For instructors with an interest or capacity to develop

a group course, numerous resources are provided in LO-9 and in the MC2 reference list, which can be used for integration into that design.

Key Terms and Concepts for LO-9

- **confrontation**: implemented with empathy and respect, a group leader or group member challenges another member's behaviors, thoughts, or attitudes that may be inconsistent, harmful to self or others, or avoidant. Never hostile, confrontation is intended to promote self-awareness, growth, and accountability.
- **de-escalation:** strategies used to reduce tension, conflict, or emotional intensity within the group. May include grounding techniques, reframing, and boundary setting. (See MC7-c Distress Tolerance, Problem Solving, and Relaxation Techniques.)
- **norms and safety**: shared expectations and rules that guide behavior within a group and help maintain psychological safety. Norms help create structure, predictability, and trust.
- **group confidentiality**: a promise among group members that what is shared in the group stays in the group. Group leaders ought to explain that confidentiality is not guaranteed in groups since group leaders cannot enforce rules outside of the group. Group members are not bound by confidentiality in the same way as a certified BHSS. A certified BHSS must follow the same limits to confidentiality described in MC8.
- **communication norms**: shared expectations about how group members interact with one another. For example, listening attentively, speaking from personal experience, avoiding judgmental language, and respecting differing opinions (Winters, 2020).
- **collective agreements**: explicit agreements between group members that may be in writing, posted, or signed. Examples are being on time for group, participation, respect, autonomy, and responsibility for one's actions (Winters, 2020).

Key Teaching Points

Psychoeducation Groups

- A BHSS may facilitate many types of groups, but the most likely is a psychoeducation group. Differing from a process group, a psychoeducation group is designed to help participants learn more about a specific topic relevant to mental and behavioral health (Gitterman & Knight, 2016).

Managing Challenges in Groups

- One of the most challenging nuances related to leading a group is knowing when difficult conversations and challenging material become threatening or unsafe for participants. Students will benefit from learning about free speech versus hate speech, and how to help a group navigate between feeling uncomfortable (where the work is done) and unsafe (where there is a threat). (See Inclusive Conversations and Hate Speech v. Freedom of Speech in LO-6 Resources for further information.)

Establishing Norms in Groups

- Establishing norms for communication and group participation is essential for successful group leadership. There are many models to choose from for how group leaders can begin the norming stage of group work by establishing clear communication norms and an agreement amongst participants (Winters, 2020).

Sample Activities/Assessments for LO-9

Activity: Building Group Norms

This activity may be conducted in person or virtually and requires a group leader or co-leaders and 4–8 role-play group members. Group leaders use a flip chart or virtual whiteboard to pose the following questions:

- Introduction
  - What makes a group feel safe and productive?
  - Have you ever been in a group where you felt uncomfortable, and if so, why were you uncomfortable?
- Brainstorming
  - Ask each member to record:
    - One behavior that should be encouraged in a group.
    - One behavior that should be discouraged in a group.
    - One thing that helps them feel safe.
  - Group leader collects the notes in person or virtually.
- Draft Collective Agreements
  - After reviewing the individual responses combined, group members co-create 5–7 collective agreements based on the brainstorm.
- Reflection and Debrief
  - Ask members to describe their experience of creating the agreements.
  - Invite members to discuss how this process may be important to actual groups they will lead.
  - Discuss how the BHSS can support norms over time.

Specific Resources for LO-9

Resource: Essentials of Group Therapy

Group Therapy: This book provides both professionals and students with a clear overview of the group therapy process, its history and development, and the critical skills required for working effectively with groups.

- Brabender, V. M., Smolar, A. I., & Fallon, A. E. (2004). *Essentials of group therapy*. Wiley. https://doi.org/10.1002/0471653276

Resource: Group Leadership Skills

Group Leadership: This article covers group processes from beginning to end, including setting up a group, running the first session, facilitating the opening and closing of each session, working with tension and conflict, and using advanced skills and intervention techniques to facilitate member change.

- Chen, M., & Ryback, C. (2018). *Group leadership skills: Interpersonal process in group counseling and therapy* (2nd ed.). SAGE Publications, Inc. https://doi.org/10.4135/9781071800980

Resource: Group Techniques

Techniques: The authors provide a framework for applying techniques in group therapy throughout the different stages of group process.

- Conyne, R. K., Crowell, J. L., & Newmeyer, M. D. (2008). *Group techniques: How to use them more purposefully*. Pearson/Merrill Prentice Hall.

Resource: Group Leadership, Concepts, and Techniques

Group Leadership and Substance Use Disorder Treatment: This SAMHSA resource provides an overview of group leader traits and qualities, in addition to techniques for leading group processes.

- Substance Abuse and Mental Health Services Administration. (n.d). *Module 6: Group leadership, concepts, and techniques*. https://store.samhsa.gov/sites/default/files/tip41_mod6_0.pdf

Resource: Curriculum and Psychoeducational Groups

Opportunities and Challenges: The article details an approach to group facilitation that emphasizes flexibility with curricular topics.

- Gitterman, A., & Knight, C. (2016). Curriculum and psychoeducational groups: Opportunities and challenges. *Social Work, 61*(2), 103–110. https://doi.org/10.1093/sw/sww007

Resource: Inclusive Conversations

Fostering Equity, Empathy, and Belonging: A comprehensive guide breaking down the barriers that separate people and tips for facilitating discussions on potentially polarizing topics.

- Winters, M. (2020). *Inclusive conversations: Fostering equity, empathy, and belonging across differences.* Berrett-Kohler Publishers, Inc. https://doi.org/10.7312/wint19314

Resource: Hate Speech versus Freedom of Speech

Facilitating Difficult Discussions in Groups: This guide encourages respectful speech in group interactions while respecting the right to an opinion.

- United Nations. (n.d.). *Hate speech versus freedom of speech*. https://www.un.org/en/hate-speech/understanding-hate-speech/hate-speech-versus-freedom-of-speech

LO-10 Practice trauma-informed care in therapeutic helping relationships.

Key Terms and Concepts for LO-10

- **trauma-informed care approach:** employs guiding principles of safety, trustworthiness, transparency, peer support, collaboration, mutuality, empowerment, voice, choice, and understanding cultural, historical, and gender issues (SAMHSA, 2014).

Key Teaching Points

Evidence-Based Trauma Interventions versus PTSD or Trauma Therapy

- It is essential for ethical and competent practice at the BHSS level that students understand the distinctions between evidence-based trauma interventions (tools to reduce symptoms) and PTSD or trauma therapy. Students at this level will not have the education, training, or experience to do in-depth trauma work. They are instead equipped with a set of skills, based on a helping relationship, that can support someone with basic interventions that reduce acuity and symptomology.

Using SAMSHA Key Principles Model with Patients

- The SAMHSA model presented in LO-5 is leveraged here as a foundation from which a BHSS student can engage a patient in a clinical setting.

Sample Activities/Assessments for LO-10

Activity: Case Consultation

During practicum, students present cases to their supervisor or instructor, identifying opportunities for trauma-informed care application based on a patient's biopsychosocial information.

Specific Resources for LO-10

Resource: A Good Therapeutic Relationship in Acute Psychiatric Settings

Improving Outcomes in Therapy: The study's conclusion encourages developing strategies to increase therapeutic trust with complex populations.

- Bolsinger, J., Jaeger, M., Hoff, P., & Theodoridou, A. (2020). Challenges and opportunities in building and maintaining a good therapeutic relationship in acute psychiatric settings: A narrative review. *Frontiers in Psychiatry*, *10*, 965. https://doi.org/10.3389/fpsyt.2019.00965

Resource: Therapeutic Relationships in CBT

Adjusting Therapy to the Needs of the Patient: This article discusses methods of adjusting treatment and the nature of the therapeutic relationship based on data.

- Kazantzis, N., & Dobson, K. S. (2022). Therapeutic relationships in cognitive behavioral therapy: Theory and recent research. *Psychotherapy Research, 32*(8), 969–971. https://doi.org/10.1080/10503307.2022.2124047

Resource: The Therapeutic Alliance

Elements of a Strong Therapeutic Alliance: The author discusses the importance of tailoring therapeutic engagement strategies to the context of patient to maintain engagement, especially with adolescents.

- Stubbe, D. E. (2018). The therapeutic alliance: The fundamental element of psychotherapy. *Focus, 16*(4), 402–403. https://doi.org/10.1176/appi.focus.20180022

Chapter Summary

MC2 Helping Relationships is included as a foundational component of the BHSS certificate training program. The learning outcomes provide a framework from which many branches (concepts, theories, and interventions) grow. Each of the learning outcomes described in this chapter is intended to be complementary or even seminal to the other chapters in this guide. There are places where there may be some overlap between concepts or where the same term may be used in several chapters in slightly different ways. The Helping Relationships chapter is a thread that weaves itself throughout this guide. It will be relevant in ethics, interventions, group theory, and facilitation. Concepts like empathy and respect in LO-2 are fundamental in supporting patient engagement and inclusion.

Where relevant, notes are provided within each learning outcome section that refer to additional chapters for more information. Please see the resource lists for more detailed examples, strategies, and conceptual frameworks. For this chapter specifically, the learning outcomes may likely be divided between existing courses in degree programs, rather than developing a new class devoted to helping relationships. To that end, the learning outcomes and their associated class activities and examples are easy to "pull out" and include in other courses, such as "Introduction to Counseling," "Group Dynamics," or other clinically related courses.

Annotated Bibliography

Clay, R. A. (2022). A group therapy approach is helping practitioners tackle the nation's mental health crisis. *Monitor on Psychology, 53*(8). https://www.apa.org/monitor/2022/11/group-therapy-first

- This article summarizes recent findings that group therapy is as effective as individual therapy for many conditions, offering a scalable solution to mental health workforce shortages.

Clifford, M. W. (2004). Group counseling and group therapy in mental health settings and health maintenance organizations. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 414–426). SAGE Publications, Inc. https://doi.org/10.4135/9781452229683.n30

- This chapter outlines the structure, types, and benefits of group counseling in clinical settings, including psychoeducational and therapeutic groups, with case examples and research support.

Fernández, V., Gausereide-Corral, M., Valiente, C., & Sánchez-Iglesias, I. (2023). Effectiveness of trauma-informed care interventions at the organizational level: A systematic review. *Psychological Services, 20*(4), 849–862. https://doi.org/10.1037/ser0000737

- This review evaluates trauma-informed care interventions across healthcare organizations, showing improvements in service accessibility, staff well-being, and patient safety, despite methodological limitations.

Hojat, M. (2016). *Empathy in health professions education and patient care*. Springer Cham. https://doi.org/10.1007/978-3-319-27625-0

- This book synthesizes empirical research on empathy in clinical settings, emphasizing its measurable impact on patient outcomes. It introduces the Jefferson Scale of Empathy and explores how empathy enhances diagnostic accuracy, patient satisfaction, and treatment adherence.

Howick, J., & Rees, S. (2017). Overthrowing barriers to empathy in healthcare: Empathy in the age of the Internet. *Journal of the Royal Society of Medicine, 110*(9), 352–357. https://doi.org/10.1177/0141076817714443

- This article discusses systemic barriers to empathy in modern healthcare and presents evidence that empathic care improves outcomes such as pain reduction, patient satisfaction, and even physiological markers like HbA1c.

Marzban, S., Najafi, M., Agolli, A., & Ashra, E. (2022). Impact of patient engagement on healthcare quality: A scoping review. *Journal of Patient Experience, 9*, 1–12. https://doi.org/10.1177/23743735221125439

- This review categorizes the benefits of patient engagement into improved health outcomes, compliance, self-efficacy, and system efficiency, reinforcing its value in integrated care models.

Pappas, S. (2025). PTSD and trauma: New APA guidelines highlight evidence-based treatments. *Monitor on Psychology, 56*(5). https://www.apa.org/monitor/2025/07-08/guidelines-treating-ptsd-trauma

- This article outlines updated APA guidelines for treating PTSD and complex trauma, emphasizing trauma-informed principles and evidence-based therapies like cognitive processing therapy and prolonged exposure.

Shippee, N. D., Domecq Garces, J. P., Prutsky Lopez, G. J., Wang, Z., Elraiyah, T. A. Nabhan, M., Brito, J. P., Boehmer, K., Hasan, R., Firwana, B., Erwin, P. J., Montori, V. M., & Murad, M. H. (2015). Patient and service user engagement in research: A systematic review and synthesized framework. *Health Expectations, 18*(5), 1151–1166. https://doi.org/10.1111/hex.12090

- This systematic review proposes a two-part framework for patient engagement, highlighting its role in improving research relevance, care quality, and shared decision making in healthcare systems.

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