Maximizing the Effectiveness of Psychoeducational Groups

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Despite the current proliferation of psychoeducational groups in mental health settings and many programs' reliance on this modality for prevention and treatment interventions, there has been little focus on how to lead them effectively. This article presents a model for structuring psychoeducational groups based on educational principles and targeting the cognitive, behavioral, and affective domains of learning. It summarizes research suggesting additional competencies needed to manage the group process and discusses strategies for successful implementation. The author presents a case example of a group therapy course for master's level counseling students designed to teach skills in leading both process groups and psychoeducational groups. The article concludes with a discussion of implications for training, supervision, and research.

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Psychoeducational groups are a fundamental component of current treatment programs in inpatient, outpatient, and community mental health settings (Higgins et al., 2022; Noble et al., 2021). Many mental health settings depend on counselors, other clinicians, and trainees to design and deliver psychoeducational groups that serve as the backbone of their treatment programs. Psychoeducational groups have been found to be effective for a variety of mental health problems, including anxiety and depression (Dolan et al., 2021), post-traumatic stress disorder (Held et al., 2017), social skills deficits in schizophrenia (Turner et al., 2018; Nightingale & McQueeney, 1996), sexual abuse recovery (Karatzias et al., 2014), intimate partner violence (Rizo et al., 2018; Kaslow et al., 2010), anger management (Down et al., 2011), autism spectrum disorders (Hidalgo et al., 2022), attention deficit hyperactivity disorder (Lantz et al., 2021), and many other emotional and behavioral issues (for review see Gordon and Kenny, 2018).

There are several practical reasons for the current growth of psychoeducational groups, including their cost-effectiveness and the ability to deliver services to a large number of clients at one time (Dolan et al., 2021). Whereas the optimal number of participants for psychotherapy groups is generally considered to be seven to eight, psychoeducational groups can accommodate up to twenty or thirty participants if they are primarily focused on imparting information (Yalom & Leszcz, 2020). Perhaps for these pragmatic reasons, along with the common misperception that psychoeducational groups require little or no training to run, psychoeducational groups are becoming more prevalent than process-oriented psychotherapy groups in many settings (Deering, 2014).

The goal of psychoeducational groups is to present and discuss factual information, practice skill building, and offer support through sharing common

experiences (Corey, 2023). This group modality differs from counseling or process groups in that it is more time-limited and has narrower goals. Moreover, process groups aim to achieve deeper insight into the interpersonal nature of members' problems by providing the support, feedback, and challenge necessary for honest self-exploration (Corey et al., 2018). While psychoeducational groups are more limited in their scope and depth, they do provide opportunities for targeting changes in attitudes, knowledge, and behaviors, and they should be structured to maximize these learning outcomes.

This article aims to provide group leaders and trainees with a framework for designing psychoeducational groups based on a combination of educational principles and guidelines for managing the group process derived from group theory and practice. It reviews research on competencies for leading psychoeducational groups and managing both content and process issues. An argument is made for more systematic training and supervision of psychoeducational groups for counselors so that they can become more effective group leaders.

Review of Literature

Preparation to Lead Psychoeducational Groups

Despite the common assumption that leading psychoeducational groups requires no specific training, there are standards and guidelines that differentiate them from other types of groups. The Association of Specialists in Group Work (AGSW, 2000) recommends that group therapists obtain a minimum of 30 clock hours of post-master's degree supervised group practice in psychoeducational groups in addition to 60 hours of general group therapy training in their graduate programs. However, there is no available data regarding how commonly these standards are attained. Studies evaluating

counselors' experiences and perceptions of the effectiveness of their psychoeducational groups have found that they often report feeling ill-prepared to develop and lead them. For example, in a review of factors influencing the implementation of psychoeducational groups, Higgins et al., (2022) synthesized the peer-reviewed literature to identify barriers and enablers to their successful implementation. They found that counselors often reported deficits in their skills and training, and they expressed a need for more preliminary training and ongoing supervision. A qualitative study of counselors' experiences in training for psychoeducational groups (Finnerty et al., 2019) found that most participants reported anxiety about leading the groups and a lack of confidence in their ability to structure, plan, and select appropriate learning activities. Other studies have found that even experienced counselors report a desire for more intensive ongoing supervision of their group work (Ohrt et al., 2014).

Group therapy textbooks and courses in graduate programs tend to focus on training in process-oriented groups with little attention to structured short term and psychoeducational groups (Bryan et al., 2010; Fuhriman & Burlingame, 2001). Certainly, the principles and techniques learned from training in process groups are valuable for leading psychoeducational groups. In particular, process group training enables students to gain respect for the power of the group modality and develop skills for maximizing interpersonal learning and promoting the therapeutic factors of group work (Yalom & Leszcz, 2020). However, given the proliferation of psychoeducational groups in current treatment programs an argument could be made that the time has come for more attention to the design and leadership of these groups if they are to be maximally effective (Higgins et al., 2022; Finnerty et al., 2019; Lantz et al., 2021; Noble et al., 2021).

Structuring Content Based on Educational Principles

Given that the primary purpose of psychoeducational groups is learning, it makes sense to plan groups based on teaching, learning, and educational principles. The classic model of teaching proposed by Bloom (1956) identifies three components of learning: 1) cognitive, 2) behavioral, and 3) affective. Ideally, groups should be structured to address each of these components. Table 1 provides an example of an assertiveness training group session to serve as an illustration.

Cognitive Domain

The cognitive domain involves the learning of new information and concepts. To target the cognitive domain counselors should devise a lesson plan with bullet points of information to be covered and key concepts and skills attained through literature review or based on published psychoeducational manuals. Noble et al. (2021) surveyed expert clinicians to identify competencies necessary for leading psychoeducational groups and found that the leaders' knowledge of the content and their ability to effectively communicate this information was one of four main categories of competencies. As any educator can attest, the judicious selection of content is a key part of the teaching process. It involves careful attention to the learners' preparation and readiness to learn, as well as thoughtful structuring to meet the time frame while allowing for discussion and activities, all at a pace that facilitates comprehension (Borich & Blanchette, 2022). Ideally, psychoeducational group leaders will construct a content outline and denote the time allotment for each concept or activity in advance of the group. In reflecting on lessons learned from conducting psychoeducational groups aimed at reducing relational stress during the COVID-19 pandemic, Joshi et al., (2021) noted that preparing well for the

groups was critical to success, including scheduling preparatory meetings to assign leader

roles for delivering content.

Leaders should also reflect on what may be the best teaching methods for

conveying the content. Typically, material is presented in a didactic or lecture format

(Champe & Rubel, 2012). Video clips can also help to illustrate and apply the concepts

and engage participants in the material (Mayer, 2023). For example, when teaching

parenting skills, leaders can present didactic information on types of parenting styles,

followed by a brief video clip (many are available on YouTube.com) demonstrating and

contrasting the various approaches based on an incident of child misbehavior. The goal

should be to go beyond passive learning where participants simply listen to lectures

and/or watch lengthy videotapes. Rather, lectures and video clips should be limited to 20

minutes or less to avoid loss of interest and attention (Brown, 2018; Furr, 2000). Video

clips can be paused to highlight key concepts and followed by questions and discussion to

assess comprehension and attitudes toward the content that was illustrated.

Behavioral Domain

The behavioral component of learning involves translating the conceptual

information into new skills or approaches, on the assumption that learning is defined as a

change in behavior. A class can convey the information included in the cognitive

component of learning, but without the practice of skills and active engagement in

discussion of individual goals and constraints, the treatment goal of behavior change,

which is the optimal purpose for psychoeducational group interventions, is not likely to

occur. Put differently, a distinguishing feature of psychoeducational groups is the "tell

and try" approach to change that assumes a tight link between education and action

(Drum et al., 2011, p. 252). Time should be allotted for skills practice, using the group as a valuable source of feedback and support. One of the advantages of psychoeducational groups is the consensual validation of the participants (Yalom & Leszcz, 2020). For example, when teaching anger management skills, leaders can conduct role plays with group members responding to stressful interpersonal situations. The observing group members can provide feedback on non-verbal behavior, such as tone of voice and wording that might be more difficult to reject when delivered by a group of peers than by a counselor alone. Homework assignments that can be practiced and reviewed in subsequent group meetings also address the component of the behavioral domain of learning and help carry over learning into participants' home and work environments (Noble et al., 2021).

Affective Domain

The affective domain of learning is often considered the most elusive and challenging component because it involves changing attitudes, beliefs, and values that may stand in the way of change or even prevent the group members from actively participating in the learning process (Holland et al., 2021; Martin & Reigeluth, 1999). Counselors should consider how the attitudes and beliefs of each group's participants may influence their readiness to learn and their ability to absorb or participate in the cognitive and behavioral components of the group (London & Sessa, 2007). This may be a particularly salient issue for participants who are mandated into programs using psychoeducational groups for issues such as parenting, anger management, substance use, or domestic violence or clients who are referred to groups without understanding or embracing their utility (e.g., pain management, smoking cessation, social skills training).

For example, individuals mandated into anger management groups may believe that their anger is justified, congruent with their identity, or caused by an external problem, as opposed to being motivated to change their own behavior (Sanderfer & Johnson, 2015; Deffenbacher, 1999; Digiuseppe, 1999).

Brown (2018) provided an excellent discussion of how to approach and manage psychoeducational groups with involuntary members. In addition to providing many practical tips and insights, Brown emphasized the importance of leaders acknowledging the involuntary status of the participants early in the group or during a screening interview, giving the participants an opportunity to express their feelings, and clarifying the expectations for group participation, including potential negative consequences for lack of participation.

Even for voluntary participants, there are ways to set the stage for active reflection on the group members' own beliefs and attitudes as they prepare to consider absorbing new information. In psychoeducational groups for relational distress during the COVID-19 pandemic, Joshi et al. (2021) reported using a reflective exercise to engage participants in considering how the pandemic affected their family relationships at the beginning of their groups. Reflective exercises foster readiness to learn by allowing the participants to tap into their emotions and increase self-awareness, while considering the relevance of the material to their own lives. Another common pedagogical technique for delivering information is to ask questions that assess existing knowledge, attitudes, and assumptions prior to delivering new information (Carpenter et al., 2023). For example, when doing a psychoeducational group on healthy relationships, it may be more productive to start with the question, "What is the difference between a healthy and an

unhealthy relationship?" than to begin with didactic information, theories, and concepts.

Posing reflective questions can help participants shift from a passive learning mode into

an active stance where they are more engaged and in touch with their own beliefs,

emotions, and behavior patterns (Rindner, 2000). It can also allow group members to

voice and debate their own ideas, including doubts and questions about the didactic

material (McAllister et al., 2018).

Beyond simply presenting information, the process of discussion is key to

facilitating comprehension and application of new concepts. Expert teachers pose

questions to promote discussion and assess the learners' understanding and attitudes

toward the material (Borich & Blanchette, 2022). In a qualitative study of the

implementation of psychoeducational groups for intellectually able autistic adults,

Hidalgo et al., (2022) concluded that the leaders needed to do more to enhance active

participation and discussion among the members. They based their psychoeducational

content on manuals and workbooks, and they found that although their participants

showed gains in knowledge and acceptance of their diagnosis and had good completion

rates, only about half of the members participated in the discussions, with many reporting

a wish for more opportunities to ask questions and voice their thoughts. Similarly, Lantz

et al., (2021) conducted a mixed method analysis of the effectiveness of a

psychoeducational group for children with ADHD and their parents, and they found that

although the participants were generally satisfied with the groups, many wished for less

lecturing and more opportunities for interaction and participation. Group members

specifically requested that leaders ask more questions to promote discussion, The

researchers concluded that group leaders should focus less on the content itself than on

how the information is delivered (i.e., more interaction). Consistent with these findings,

another study (Karatzias et al., 2014) found that non-completers of a psychoeducational

group for survivors of child sexual abuse reported dissatisfaction with the predominantly

didactic nature of the group sessions.

Other Competencies for Effective Group Leadership

Studies of the effectiveness of psychoeducational groups have noted a need for

research and clarity regarding what are the skills needed to facilitate them (Finnerty et al.,

2019). Noble et al. (2021) investigated competencies for leading psychoeducational

groups to inform future development of research measures. They used a modified Delphi

methodology to gather information from participants who were experienced leaders of

psychoeducational groups. After soliciting information through questionnaires, the

researchers circulated feedback from prior responses in several rounds and continued to

question the participants toward achieving consensus. They consolidated the participant-

derived competencies with previously extracted literature-derived skills from teaching,

group psychotherapy, and general group facilitation research. The results yielded 16

competencies that they organized into four categories: 1) set-up: outline group norms and

purpose and communicate agenda; 2) content: present material in an engaging manner

using different modes of delivery, demonstrate knowledge of the content and rationale,

and bring content alive with examples; 3) process: demonstrate good organization and

presentation skills, use interpersonal skills (warmth, empathy, active listening, humor),

manage challenges posed by group members, appropriately manage group dynamics and

participation, support and encourage behavior change, demonstrate awareness of own

strengths and weaknesses, and model professional boundaries and ethics; and 4)

conclusion: creation and setting of homework to consolidate learning. Attention to group process was the most frequently endorsed category of the four competency areas, with nine out of the sixteen key skills identified in this category. These findings underscore that although content design and organization are central to running effective psychoeducational groups, leadership skills in managing the group are also viewed as essential.

Group Process Management Skills

Whereas content may be considered the "sine quo non" of psychoeducational groups (Champe & Rubel, 2012, p. 72), effective groups require leaders to attune themselves to important aspects of the group process (Furr, 2000; Gitterman & Knight, 2016). For example, one study of participants in psychoeducational groups for survivors of intimate partner violence (IPV) found that the shared experience and support created by the group process was perceived as more effective in addressing the effects of IPV than the content of the group curriculum (Liu et al., 2013).

A study by McAllister et al. (2018) examining the perceived skills and attributes necessary for effective facilitation of a mental health program in a school system found that learning to be a facilitator, rather than a teacher who simply imparts didactic information, was a paradigm shift for most of the nurses and educators who were trained to implement the group sessions. The study found that the ability and willingness of the leaders to facilitate discussion and to be flexible with the content and processes were perceived as vital to the success of the program. As the students engaged with each other and the leaders reflected on their own practice, the leaders' confidence in their abilities continued to develop.

To create a safe atmosphere and reduce anxiety, group leaders should set a therapeutic frame by establishing boundaries for starting and ending the meetings on time, explaining the limits of confidentiality, elucidating the goals of the group, and setting norms for participation (Champe & Rubel, 2012; Noble et al., 2021). It should be clear who will be leading the group (and whether or not this will change), what is the duration of the group, and whether the group is open or closed to new members. Leaders should identify and introduce new members at the beginning of each group and orient them to the group norms, goals, and boundaries (Brown, 2018). Experienced group members can serve as role models to help with orienting new members and to convey a sense of faith and trust in the group experience.

Group leadership is interpersonally demanding because of the multiple layers of stimuli generated by interactions between the leaders and members, and the need to track individual members' reactions to the material generated by the discussion (Rutan et al., 2014). In a qualitative study of psychoeducational group leaders working with women who have experienced IPV, Morton and Homan (2016) reported that the groups took an emotional toll on the leaders and generated reactions of anger and despair. Despite the focus on content and curriculum, psychoeducational groups can still be emotionally charged, and it can be challenging for leaders to remain present and responsive to the group members. Particularly when discussing the sensitive psychological issues and topics introduced by many psychoeducational groups, group leaders need to make decisions about when and whether to reflect on feelings and focus on the group process. Psychoeducational groups should limit disclosure of traumatic material due to the limited time and resources for working through it; and the format of the group (i.e., open versus

closed, length, goals) should be taken into consideration when determining how much self-disclosure should be encouraged (Furr, 2000; Yalom & Leszcz, 2020). Additionally, leaders should monitor changes in levels of cohesion and stages of the group's development to assure that there is adequate safety and support to provide a therapeutic environment for participants when strong emotions are expressed.

When conflict arises in psychoeducational groups it may be more helpful to deflect and/or defuse it than to confront and process it (Brown, 2018; Yalom & Leszcz, 2020). Since most psychoeducational groups are short-term and may have an open or rotating membership, opportunities to work through conflicts are limited. Although confronting maladaptive behaviors or personality styles of group members is an important vehicle for change in process-oriented groups, it is not a reasonable goal for psychoeducational groups; rather these behaviors should be redirected (Brown, 2018). As noted by Noble et al. (2021), another important competency for group leaders is self-awareness of their own strengths and weaknesses, including being able to acknowledge mistakes and take responsibility for their own contributions to conflicts and misunderstandings.

Finding the right balance between attending to content versus process can be a difficult task for psychoeducational group leaders. Having a co-therapist can sometimes facilitate attention to both elements when one leader steps in to monitor and facilitate the process while the other leader focuses on content delivery (Rindner, 2000). Co-leaders may be particularly helpful for groups with a large numbers, acutely ill participants, or youth who may become distracted.

Case Example: Group Therapy Course for Master's Level Counseling Students

Considering the need for different competencies, models, and approaches to psychoeducational groups, this author has modified her group therapy course for master's level counseling students. For many years, the course design focused primarily on learning to lead process groups, with required readings from journal articles and Yalom and Leszcz's (2020) classic textbook based on the interpersonal model of group leadership. It also included experiential training through process groups where students participated as leaders and group members.

The author's current group therapy course is modified to include a module on how to lead psychoeducational groups, including information about the three domains of learning (i.e., cognitive, behavioral, and affective) and how to design an effective group that targets each domain, as well as skills for managing the group structure and process. Brown's (2018) textbook on psychoeducational groups is an additional required text. The final exam for the course includes case study/essay questions requiring students to outline how they would design a psychoeducational group for a specific population or topic, anticipated challenges, and appropriate methods for content delivery. Further exam questions ask students how they would lead a process group on the same topic and require them to outline how their leadership would differ. The author has found that learning to differentiate and shift between skills and techniques for managing process versus psychoeducational groups is a theme that runs throughout the course, and it takes time for students to practice discriminating between the two.

In addition to participating in experiential process groups, each student in the revised course is assigned to co-lead a simulated psychoeducational group as a major

course project. The simulations require the students to act as co-leaders in mock clinical

settings, with class participants playing the role of clients. The topics of each group are

based on typical issues addressed in adult and child inpatient and outpatient settings

including stress management, mindfulness training, anger management, healthy

relationships, parenting skills, and bullying.

Students are given 60 minutes to conduct their group, typical of the time allotment

in many of their practicum settings. The group sessions are followed by a class discussion

and critique with feedback to the leaders. Time is taken to highlight and analyze how the

group process illustrated concepts from the course reading and instruction. Students are

graded on a rubric provided in advance, reminding them of key elements in the design

and implementation of effective psychoeducational groups and providing standards for

competence (See Table 2 Rubric for Psychoeducational Group Simulation Project).

Most students perform well in leading the simulated psychoeducational groups,

with many developing creative ways to deliver and reinforce the content and skills.

However, as noted in the grading rubric, common areas where some can improve include

providing adequate opportunities to engage the group outside of the didactic content by

posing questions and designing activities to assess attitudes and apply skills. This

imbalance is consistent with the findings noted earlier in the literature review where some

psychoeducational group studies found that their groups leaned too heavily on didactic

methods (Hidalgo et al., 2022; Lantz et al., 2021). In the author's group therapy course, a

common mistake some students make during their simulated psychoeducational groups is

to ask a question and answer it without giving adequate opportunity for the participant to

pause, reflect, and wrestle with their anxiety or ambivalence about new materials and

approaches. Also, some students seem to rely on reading from notes or slides when delivering information. This is consistent with the findings of Noble et al. (2021) who identified "good presentations skills (e.g., confidence, projection and intonation, not just reading off slides, familiar with slides, not repetitive, logical flow)" (p. 739) as one of their sixteen main competencies identified by psychoeducational group leaders. Finally, some students in the group therapy course simulations find it difficult to maintain the boundary between a clinical simulation and an actual group interaction with their peers where they elicit and share real life emotions and dilemmas from the students' lives rather than as mock clients. This may reflect their own developmental process of role transition to becoming a professional, or the natural blurring and limitations of role-plays and simulations versus actual clinical practice (Lowell & Alshammari, 2019).

Overall, the psychoeducational module and group simulation project in the revised group therapy course have been well-received by the students. They report feeling more prepared and confident in leading psychoeducational groups than some other trainees in their clinical settings. They note that the simulations allow them to learn to avoid common mistakes and to experience mastery as developing clinicians. Students report enjoying doing the simulations, both as leaders and participants. As participants, many report being emotionally engaged in the content and identifying with the clients who experience the topics and issues discussed. They voice an appreciation for the power of the group modality for providing emotional support and validation. The critiques and discussions following the simulation groups afford them opportunities to reinforce the application of concepts and theories discussed in the course, including being able to see

the emergence of therapeutic factors of group therapy such as universality, identification, cohesion, and interpersonal learning (Yalom & Leszcz, 2020).

Recommendations for Practice and Future Research

Just as this author revised her group therapy course to include specific instruction on psychoeducational groups, it may be time for other programs, trainers, and supervisors to consider updating the focus of their work to align with changes in practice settings and the shift toward psychoeducational groups. Counseling programs should consider modifying their group therapy courses to include instruction and practice in the leadership of both process and psychoeducational groups. This may necessitate providing instruction in both the educational principles involved in designing effective content delivery in psychoeducational groups, as well as theory and technique for managing process issues such as setting norms and boundaries, monitoring levels of self-disclosure, and regulating participation. Specific instruction and preparation might allow students to be better prepared for the demands of their practicum settings and the needs of their future work roles (Noble et al., 2021).

Future studies are needed to evaluate the feasibility and effectiveness of the model presented here based on educational principles for designing group content targeting the cognitive, behavioral, and affective domains of learning. Additional studies to validate and test Noble et al.'s (2021) competencies for leading psychoeducational groups could facilitate and inform curriculum design. Moreover, current efforts to identify competencies for training and supervising groups in counselor education programs, such as those presented by Tessmer and Storlie (2021) would benefit from further elucidation of the skills needed for supervision of psychoeducational versus process groups.

In practice settings, there often seems to be an assumption that leading psychoeducational groups requires no formal training (Drum, et al., 2011). However, an argument can be made that basic knowledge of group dynamics and group leadership skills are essential for effective leadership (Burlingame et al., 2007; Morton & Hohman, 2016). Given the lack of consensus about the need for training, when faced with service demands and limited resources, treatment programs may require staff and trainees to lead psychoeducational groups with little to no advance preparation. When group leaders walk into a group session unprepared, they may lack confidence, appear disorganized, and fail to engage the participants. Many clinicians lack experience with teaching and may not view themselves as content experts, yet confidence and ability to adjust the curriculum depending on the group process are necessary components of effective psychoeducational group leadership (Noble et al., 2021; Rindner, 2000). Planning, observation, and feedback to new staff and trainees can enhance their success and foster positive experiences and attitudes toward working with groups. Ideally, experienced clinicians and supervisors should be available to co-lead psychoeducational groups with trainees and to observe them periodically to provide support and constructive feedback (Finnerty et al., 2019). Co-leaders should have an opportunity to touch base for planning before sessions and debriefing after group sessions as a way of honing their ability to work together and monitoring their effectiveness (Joshi et al., 2021).

As the trend toward using psychoeducational groups as a key modality of treatment programs continues, more research on the effectiveness of various group structures, techniques, and methods for different populations and problems is needed. In particular, research on reasons for dropout and the importance of balancing didactic

information with active participation and discussion are suggested, based on the findings of current outcome studies (Hidalgo et al., 2022; Lantz et al., 2021; Karantzias et al., 2014).

Conclusion

This paper presented a model for designing the content of psychoeducational groups based on educational principles for targeting the cognitive, behavioral, and affective domain. It presented research on the effectiveness of psychoeducational groups, along with evidence that counselors who lead them need and desire more training in this group modality. The author presented a case example of a revised group therapy course for master's level counseling students that combines instruction in process group leadership with specific training in psychoeducational group design and management. Future directions for research, training, and supervision were outlined. In view of the current trend toward psychoeducational groups being a predominant modality in mental health treatment, closer investigation of how to maximize their effectiveness is needed.

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Table 1

Assertiveness Training Group (1 Hour Session)

Activity	Purpose	Time
Introductions and overview of group	Establish contact between members; set expectations for group	5 minutes
Ask participants to write on a note card an example of a time when they wish they had asserted themselves (i.e., either did not speak up or became aggressive).	Promote self-reflection (affective domain) and prime participants to examine their behavioral style	5 minutes
Didactic presentation on difference between assertive, aggressive, passive, and passive-aggressive behavior, giving examples of each	Target cognitive domain and increase knowledge	15 minutes
Teach 3-step model (convey empathy, explain the conflict, make a specific request) for making an assertive statement, using several planned examples	Target behavioral domain with skills training	10 minutes
Role-play examples from participants' note cards, asking each participant to pick a card and make an assertive statement, using the Winship Model. Ask group members to provide feedback on each other's non-verbal behavior and word choice.	Target behavioral domain with skills practice. Group feedback promotes self-reflection, targeting the affective and cognitive domains.	20 minutes
Ask group how likely they will be to use the skill. Answer questions, discuss perceived barriers to change. Recommend practicing skill in low-impact situations before moving on to more challenging relationships.	Encourage self-reflection, targeting the affective domain. Help scaffold application of new skill to maximize success in client's environment and behavioral transfer.	5 minutes

Table 2

Grading Rubric for Psychoeducational Group Simulation Project

Presentation Section	Excellent 22-25 points	Good 11-21 points	Poor 10 points or less
Content (25 pts)	Content appropriate to learner's needs and targeted behavior change; content addressed cognitive, behavioral, and affective domains of learning; clear examples given to illustrate content; effective variety of teaching methods used to engage participants and deliver content.	Generally good content but could have been more specific to the target population and/or behavioral issues; could have more adequately addressed one or more of the three domains of learning; could have integrated more reflective exercises, discussion, and/or media to complement didactic presentation.	Content had limited depth; leaders relied heavily on didactic methods and/or seemed to read material from slides or notes without using other teaching methods to engage participants; content lacked adequate examples to illustrate concepts.
Group Simulation Organization & Delivery (25 points)	Led group as simulation with clients experiencing the topic/problem; provided introduction, skills exercise, and a conclusion; adhered to time limit and did not fall short of it; adjusted content/methods in case of technical difficulty or process issues.	Group did not fully mimic a clinical situation; could have a better balance of introductory information, skills training, and concluding activities; leaders could be more flexible in adjusting content or methods in case of technical difficulty or process issues.	Led group as if working with fellow students; provided limited organization of content or lacked introduction and/or conclusion; exceeded time limit and/or seemed rushed or did not provide an adequate amount of content and activities to fill time requirement; did not adjust content in case of technical difficulty or process issues.
Activity and Skills Training (25 points)	Activities engaged the participants in the topic; promoted interaction among the participants; activities allowed participants to apply	Activities were relevant to topic but could engage more group interaction; activities promoted limited application of content; leaders	Activity was ineffective for promoting application of content and/or skills training; activities did not adequately promote group interaction; no

	content and/or practice skills; leaders provided and solicited feedback to participants.	provided limited feedback to participants and/or did not solicit feedback from group members.	feedback given to group participants.
Ability to Pose Questions and Engage Group (25 points)	Leaders planned and asked questions to group; provided support; incorporated members' responses into their content; managed participation well.	Leaders could have engaged group more and/or asked more questions; could have provided more empathy and support; could have better incorporated and/or reinforced participation.	Leaders gave a largely didactic presentation that did not fully engage group and/or did not plan questions to engage the group participants; did not provide adequate support, empathy or reinforce participation.