Group therapy is generally not the go-to modality for psychologists. It’s not typically taught in graduate school, so students’ first experience may be learning it on the fly during internship, without sufficient training or practice.

That said, the medium is gaining serious traction, thanks to new research showing its effectiveness, along with new tools to aid its success and a systemic call for more efficient, cost-effective treatments, says APA Div. 49 (Group Psychology and Group Psychotherapy) President-elect Martyn Whittingham, PhD.

“There’s increasingly strong evidence that group therapy is not only about as effective as individual therapy, but it’s more efficient,” he says.

A landmark 2016 meta-analysis by Brigham Young University Professor Gary Burlingame, PhD, and colleagues, underscores the point. The study, reported in Psychotherapy (Vol. 53, No. 4), pooled the results only of studies that compared group and individual therapy within the same study. Each study used identical treatment types, patients and doses. The team found no differences between the modalities in rates of treatment acceptance, dropout, remission or improvement. Meanwhile, other recent reviews show that group therapy can effectively address conditions including depression, anxiety, social anxiety, eating disorders and addictions.

If the idea of running a group intrigues you—or if you’ve had some experience running groups but feel you need more—how should you go about it? After receiving the appropriate training, you can maximize group attendance, retention, success and reimbursement using a range of practical and evidence-based strategies. Here are the basics.

Make a plan. First, get clear on the goals of your group, advises Brigham Young’s Burlingame. Groups run the gamut from support groups to psychoeducational groups to psychotherapy process groups, each with their own structures and goals. Decide which type you want to pursue, and get training in that particular modality.

Schedule for good attendance. Once you know the type of group you want to run, make sure you have enough clients to make it a success, says Doug Tynan, PhD, director of APA’s Office of Integrated Care. “You can’t do group therapy if you can’t get the group together,” as he puts it. Gather more referrals than you think you need, adds Div. 49 President Giorgio Tasca, PhD. For every 16 referrals he gets, he ends up with about eight clients who join the group, he says.

Use creative means to find group members, other experts say. For example, start a list of people in your own caseload you think might benefit from some form of group therapy, or consider starting groups with people on your own wait list or that of your clinic.

Using educational tools like brochures or links on your website can further increase your uptake by helping referral sources and clients better understand group therapy and its benefits, adds Leann Diederich, PhD, a clinical psychologist who runs groups in State College, Pennsylvania. The American Group Psychotherapy Association, for example, has a handout called “Group Works” that contains excellent information about the purpose and goals of group. You can also create your own brochures that highlight your background, the type of group you’re running, and the group’s structure and goals, she says.

Prepare potential members. Before starting a group, hold individual sessions with people interested in taking part. It can mean the difference between someone staying or dropping out, Tasca says. He holds one or two such sessions with each group candidate, developing a case formulation and treatment goals and assessing his or her thoughts.

By Tori DeAngelis

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Finding the Right Group Training

Running an effective therapy group doesn’t mean abandoning your knowledge base in individual therapy, but it does require extra training in at least two main areas, says Div. 49 President Giorgio Tasca, PhD. One is understanding the multiple dyadic relationships that take place in groups; the other is understanding group-level processes—the phenomenon in which groups take on a life of their own.

“‘You’re taking care of eight individual patients,’” says Tasca, “‘but you’re also taking care of the group.’

There are many types of groups to get training in—everything from support and psychoeducational groups for specific mental health and physical conditions to process-oriented groups that address people’s general problems in relating to others. Groups may be short-term and limited to certain members, or ongoing and open to new patients.

To find the right training for you, group therapy experts recommend connecting with two organizations: the American Group Psychotherapy Association, or AGPA (agpa.org), and APA’s Div. 49 (Society of Group Psychology and Group Psychotherapy).

AGPA, the main professional association devoted to the field of group psychotherapy, hosts conferences and workshops, provides educational resources, and oversees a certification process designed to help you gain competency in key group therapy constructs and leader behaviors. Div. 49 is devoted to educating and connecting group therapy researchers and practitioners. Div. 49 also hosts workshops and conferences on different aspects of group therapy and best practices.

In tapping these organizations and resources, seek information on best practices for the types of groups you’re planning to run, adds Div. 49 President-elect Martyn Whittingham, PhD. That includes not just best practices on specific groups for specific conditions, but best practices related to the group process itself—on pre-group preparation, for example, or developing group cohesion. Such group-level practices “apply to all kinds of groups and settings, and can make the difference between group programs that falter and those that thrive,” he says.

At the internship level, college counseling centers can likewise provide excellent group-based training, adds Div. 49 2016 Membership Committee Leader Leann Diederich, PhD, who received her initial training in group training at The Pennsylvania State University’s counseling center and became its group therapy coordinator before going into private practice.

“College counseling centers know how group works and they know it’s an effective treatment for working on interpersonal issues,” she says.

Further expand your knowledge by connecting with like-minded colleagues, Diederich recommends. Opportunities include Div. 49 community conversation hours and AGPA-sponsored consultation groups for example. Meanwhile, Div. 49 student members can join a mentorship program if their universities lack training in the area. Many states also have local group psychotherapy associations.

Finally, be diligent in your quest for good training and information, experts say.

No one source can provide everything you need, and you have to be creative in obtaining the knowledge and guidance you need to meet your goals.

The rewards for your labors will be worth it, he adds: “If you become informed, it can really make a difference in the success of your group.”

- Tori DeAngelis
Psychologists in the Stockton, California, offices of the integrated care organization Kaiser Permanente are engaged in a wide variety of treatment groups for patients with medical conditions, including a pulmonary wellness workshop, a fibromyalgia coping workshop, bariatric support groups, a group to treat patients with anxiety-related bladder problems, and a workshop to help people self-manage migraines and other headaches.

Psychologists’ growing involvement in such groups signals a greater appreciation and acceptance by medical providers for what psychologists can bring to the health care table, not to mention the power of group formats to save costs and increase efficiency, says Sean Woodland, PhD, an embedded psychologist there.

“The medical community is opening its eyes to the fact that people’s lack of motivation for losing weight or eating healthily, for example, is something that we can treat intentionally,” he says.

More and more data support the promise of group formats to help medical patients adhere to treatment, adopt healthy lifestyle choices, set realistic goals and manage pain, adds APA Div. 49 (Group Psychology and Group Psychotherapy) President-elect Martyn Whittingham, PhD.

To take part in this work—whether you are already employed in a health care system or practice independently—take a few key steps, group therapy experts recommend.

• **First, get training.** Health-related groups tend to be relatively structured and focused, and employ cognitive behavioral techniques that many psychologists are familiar with. In some ways, therefore, they may be easier modalities to learn than more psychodynamically oriented groups, for example. Find out more by contacting the American Group Psychotherapy Association, which has numerous training resources in all areas of group therapy, including for medical conditions.

• **Next, market yourself, even if you’re employed in a medical setting.** Ask physicians, nurses and others about caseloads they’re having difficulty handling—patients with diabetes who have trouble controlling their diets, for instance, or patients who can’t quit smoking. Explain how your skills can help with such patients, and provide brochures or other materials that describe what you do and how your treatment can help.

• If payment isn’t covered in your salary—for example, if you’re an independent practitioner who is consulting with a medical office—learn the right billing codes and how to use them, says Randy Phelps, PhD, senior advisor in APA’s Office of Health Care Financing. There are several Health and Behavior Codes that cover the behavioral, cognitive and biopsychosocial aspects of treatment for patients with medical conditions.

At best, these groups confer benefits beyond the stated goals for the group, says Doug Tynan, PhD, director of APAs Center for Psychology and Health. For example, they give patients a chance to share thoughts on managing their condition, which would never happen in an individual medical appointment.

“They often have great ideas I never would have thought of,” Tynan says. - Tori DeAngelis

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**RESOURCES**

The American Group Psychotherapy Association has a wealth of resources for evidence-based practice in group psychotherapy as well as group practice guidelines: [www.agpa.org](http://www.agpa.org)

The Association for Specialists in Group Work’s list of best practices for a range of group areas, including multicultural guidelines: [www.asgw.org](http://www.asgw.org)

The Substance Abuse and Mental Health Administration’s National Registry of Evidence-based Programs and Practices, which includes many evidence-based practices that use group therapy: [www.samhsa.gov/nrepp](http://www.samhsa.gov/nrepp)

The University of Texas clearinghouse for group therapy workshops: [cmhc.utexas.edu/clearinghouse/](http://cmhc.utexas.edu/clearinghouse/)


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stoking conflict in those first sessions, adds Diederich, using such strategies only when a group has built sufficient cohesion and trust.

“You need the background to be able to say, when necessary, ‘That isn’t appropriate at this stage,’ and to block and redirect a person accordingly,” she says. “Without that knowledge, you can get into situations where a client feels scapegoated or makes disclosures that they’re not ready to make.”

It’s also helpful to have a co-leader, Wright adds. “If one of you is leading a discussion or introducing a new idea,” she says, “the other can be paying attention to group dynamics on more of a process level.

**Use outcomes measures.** Outcome measures are becoming a big deal, not just for individual therapy, but for group therapy as well. In fact, using these tools is good for group process and for the health of your practice, says Whittingham. Health care regulators and insurers are already requiring practitioners to use such tools to help demonstrate the quality of care they’re delivering.

Fortunately, there are many well-validated outcome measures for individual
therapy that can be tailored for group therapy, including questionnaires you can provide at the beginning and end of each session, adds Whittingham. Quality-of-life measures like the OQ45.2, and the Outcome Rating Scale are examples. Also available are instruments that measure specific outcomes like depression. That said, not all measures are sensitive to change, says Whittingham, so use care when selecting them, he advises.

Get reimbursed. Finally, educate yourself on the codes you need to get properly reimbursed, says Randy Phelps, PhD, senior advisor in APA’s Office of Health Care Financing. Understand the differences between the codes and how to use them. For example, there are separate codes for groups involving groups of families and those that focus on people with medical conditions, and codes differ in the ways that you can bill chunks of time.

Using these strategies will help ensure that your group provides maximum gains for your patients, Wright notes.

“Once you have a group established and it starts to gain a reputation, it can really take off,” she says. “You end up getting wait lists for your group therapy.”

**Group therapy codes: the basics**

Here are the codes used to reimburse psychologists for group therapy and other group interventions:

- **Code 90849: Multiple family group psychotherapy.** This code is for treating groups of families with relatives who have similar mental health issues, such as schizophrenia. The methodology aims to help families learn how to handle common issues and situations that arise. To bill, treat each family like an individual patient, and bill each family for the session.

- **Code 90853: Group psychotherapy for groups other than multi-family groups.** For groups of patients with similar mental health conditions or diagnoses. Bill each patient separately for the length of each session. Can be billed in conjunction with Code 90785 (see below).

- **Code 90785:** This code is for so-called interactive complexity, which refers to highly intense communication that complicates the delivery of a group therapy session. Examples include facilitating extremely difficult communication with discordant or emotional family members, and engaging young or verbally undeveloped or impaired patients. It is not used often. It is important to note that interactive complexity is considered an “add-on” service; therefore, 90785 cannot be billed as a stand-alone service. It must be billed in addition to another code for the primary service.

- **Code 96127, Brief behavioral assessment.** Designed to reimburse providers for assessments that are used as part of prevention and screening. Reimbursement rates are low, and most carriers won’t pay for use of these instruments. Hence, pre-approval is advised.

- **Health and Behavior, or H&B Codes:** These codes apply to intervention services that address behavioral, cognitive and biopsychosocial factors in treating patients diagnosed with a medical condition, like diabetes or heart disease. They are not used for mental health conditions. Each service is billed in 15-minute units.

  **Use H&B Code 96153** when two or more patients are in a group and the payment amount is per person. The total group fee equals the amount for one unit (15 minutes), multiplied by the number of people in the group.

  **Use H&B Code 96154** when an intervention service is provided to a family with the patient present for the session. An example is teaching relaxation techniques to reduce a patient’s fear of receiving diabetic injections and the parents’ fear of administering them.

  **Use H&B Code 96155** for an intervention service provided to a family without the patient present. An example is working with parents and siblings to help shape a diabetic child’s behavior. However, Medicare and many private insurers don’t cover this code because the patient isn’t present, so be sure to seek pre-approval.

For more questions on these codes, contact APA’s Office of Health Care Financing at ohcf@apa.org.