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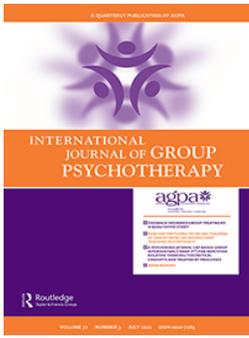
Cognitive Experiential Group Therapy: An Innovative Blending of Two Therapeutic Modalities Integrating CBT with Experiential Theory and Practice. A Group Therapy Workbook, by Treadwell, T. W., With Dartnell, D. J., Travaglini, L.E., and Abeditehrani (book review)

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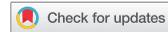
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BOOK REVIEW

Cognitive Experiential Group Therapy: An Innovative Blending of Two Therapeutic Modalities

Integrating CBT with Experiential Theory and Practice. A Group Therapy Workbook, by Treadwell, T. W., With Dartnell, D. J., Travaglini, L.E., and Abeditehrani, H. Routledge, 2021. 105 pp.

In the spirit of openness, I wish to declare at the very outset that I have worked closely and previously published with the workbook's author Thomas Treadwell and two of its three contributors Deborah Dartnell and Letitia Travaglini. However, because I have closely followed the development of Treadwell's ideas over many years as he experimented with integrating cognitive behavioral therapy (CBT) techniques with psychodrama action techniques, I wanted to review his latest book as I was excited to see how his ideas finally came together.

The book includes seven chapters, the first being a brief introduction and overview of what the book is about. The second chapter reviews the basic elements of CBT (notions of cognitive distortions, schemas, automatic thoughts, core beliefs, and types of behavioral interventions). Chapter three does the same for psychodrama. Chapter four covers the basic elements of running an experiential group therapy session using both CBT and psychodrama techniques. Chapter five provides a detailed illustration of a cognitive experiential group treatment (CEGT) session. Chapter six is devoted to running CEGT sessions with adolescents, and the last chapter details the CEGT approach to treating patients with social anxiety disorder, followed by

references and two appendices. Appendix A contains a ready reference list of cognitive distortions, and Appendix B contains various forms/worksheets for use by both patients and therapists in running therapy groups; these include the automatic thought record (ATR) cognitive conceptualization diagram, activity scheduling and monitoring worksheet, goal-setting worksheets, graded exposure, fear hierarchy, homework plan, social atom, exploring the maze of life, capture your thoughts, and cognitive restructuring practice form.

Psychodrama, founded by Jacob Moreno in the early 1900s as primarily spontaneous creative group therapy (Giacomucci, 2021), and CBT, founded by Aaron Beck in the late 1960s primarily as individual therapy (Beck, 2005), have come together in this work published by Thomas Treadwell in 2021. Although the technique of role-playing, central to psychodrama, is commonly employed in CBT, the CEGT takes CBT and its application much further by integrating various experiential (action) psychodrama techniques (e.g., warm-up, action, sharing, mirroring, soliloquy) within a group therapy setting. One might suspect that spontaneity, a key element of spontaneous role-playing, would be difficult to integrate with the more formalized or scripted approaches prescribed by CBT to change the way patients interpret negative events that hamper their everyday living and interpersonal relationships. Yet, Treadwell and his collaborators have found a way to do just that: blend the two approaches in this remarkable and concisely written workbook.

The book is true to its title; it is a “workbook”—a workbook for clinicians who practice group psychotherapy, CBT practitioners who wish to employ experiential group therapy for their patients, and therapist-trainees. While some interventions are common to both approaches—such as Socratic questioning—the workbook does an effective job of highlighting the unique interventional strategies each approach has to offer the other. For instance, people who practice psychodrama should find this book of great practical value since it will help them incorporate the more structured CBT techniques of routine outcome monitoring and collaboratively developed homework assignments into their work relatively easily. Likewise, the freewheeling, spontaneous interactions among the protagonist and group members in psychodrama, in which group members who re-live situations and try out new behaviors can enrich CBT practice in a safe, therapeutic group environment.

The 16-session approach guidelines are systematically presented in Chapter four for group therapists to follow, although the number of assessment tests (8) to be used in sessions one and 15 seems excessive. The use of the assessment instruments allows for a data-based problem-solving approach intended for (a) screening patients who may not function well in a group (e.g., “patients with cluster A personality disorders and impulse control disorders” (p. 29), and (b) therapists and patients to track changes in anxiety, depression, and hopelessness due to ongoing therapy or life circumstances. However, a concern might be that the use of so many assessment instruments may overwhelm the therapist(s) and group members with too much data. The relevance of using the satisfaction with life scale and the meaning in life scale is not clear—does CEGT target specific behaviors measured by these scales? An explanation as to how to use these measures for the benefit of the group members and/or the therapist in running a group would have been helpful. For instance, the director of a psychodrama group typically asks a group member to volunteer as a protagonist or uses a warm-up sociometry technique for the group members to select a protagonist. In CEGT, the open discussion of automatic thought record (ATR) and/or the completion of a genogram by group members (assuming on a rotation basis) serves the same purpose, but one advantage of using these measures might be that cognitive distortions/core beliefs/maladaptive behaviors to be worked on can be more readily identified.

The weekly testing by the Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), and Beck Hopelessness Scale (BHS) is part of the standard approach used in CBT therapy, but two other instruments have been added to CEGT: Patient Health Questionnaire-9 and Anxiety Inventory. Perhaps in a later edition of the workbook, the author can provide (a) a rationale for why these measures were selected, (b) research-supported specific guidance on how to use these measures effectively with patients, in and outside of the group, so that they enhance treatment, and (c) personal anecdotes from the author regarding successes and barriers he has experienced in the process of using the assessments instruments (e.g., compliance issues, getting usable data, etc.).

In Chapter four, the workbook mentions that assessments can help with identifying culture-specific issues unique to patients, for example, the genogram helps identify “family and cultural relationships”

(p. 36). The ATRs can also provide information on values and beliefs based on one's culture. Psychodrama lends itself well to addressing and using cultural aspects in therapy. According to the workbook, a psychodrama occurs within a cultural context because protagonists select the issue to work on and assist the auxiliaries playing their roles by providing feedback as the psychodrama proceeds.

Chapter five explicates how the various CBT and psychodrama techniques are implemented via an example and should be particularly useful for therapists learning to use CEGT. This chapter also makes it clear that CEGT requires a diligent collaborative effort both on the part of the therapist(s) and the patients. It requires detailed planning for using a variety of assessment instruments, teaching basic CBT and psychodrama concepts, learning how to use patient data, and learning to use "action" techniques to tap the additional resources of group members to make the therapeutic experience an impactful one. In addition, keeping weekly thought and psychological test records and using them to help patients make cognitive and behavior changes is a highly effortful process, and when this is combined with active participation from the therapist(s) and group members, the CEGT goes way beyond ordinary talk therapy to make it a powerful therapeutic modality. The added elements of action and sharing phases of psychodrama in CEGT, missing in individual talk therapy, provide a safe therapeutic environment for group members to take calculated risks to experience the effects of new ways of thinking and behaving.

A recommendation that did catch my attention in the section on creating an alternative behavior plan was "The behavior plan ideally be created in collaboration with *Jane*, however, if she is resistant, it may be important to have group members put some pressure on *Jane* to follow through" (p. 42). Instead of having the group put pressure on Jane, it might be more helpful to explore the reasons behind her resistance and help the patient self-reflect on the pros and cons of creating and not creating (and following through and not following through) a behavior plan in a 2×2 matrix format, a standard CBT technique. Pressuring in therapy may defeat the purpose of having patients make changes based on their own volition.

Chapter six is devoted to working with adolescents who may require attending to their unique needs which include providing a simpler

explanation of various concepts and using fewer assessment instruments. The workbook includes MAZE, an adaptation of ATR by Treadwell and Dartnell (2019) for use with adolescents, consisting of two sub-forms: capture your thoughts and cognitive restructuring practice form. The simplified forms seem easier to work with and perhaps they can also be used with adults who may have an aversion to completing forms. However, recommendations on optimal group size, number of sessions, and exclusionary criteria for screening adolescent patients for group therapy are missing in this chapter.

The concluding Chapter seven details a working outline for a brief 12-session CEGT approach for treating patients suffering from social anxiety disorder (SAD). Group therapy is perhaps ideal for treating SAD patients. The combined use of CBT and psychodrama techniques of warm-up, action, and sharing provides patients multiple opportunities for self-reflection and interaction with others to learn about themselves and how others react to them. The chapter contains sufficient details for a therapist to organize and run group therapy sessions for SAD patients. However, the workbook recommends having one male and one female therapist for group therapy with SAD patients. It is not clear why a therapist of either gender alone cannot work with SAD patients, or why two therapists of the same gender could not work effectively together.

Cognitive experiential group therapy (CEGT) is an innovative approach that integrates elements of psychodrama action techniques and assessment-based CBT targeted problem-solving techniques in a highly systematic manner. CEGT is an exciting development in therapy and this workbook is a valuable resource for clinicians who practice group therapy or who are planning to practice group therapy.

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