Core Principles of Group Psychotherapy:  
An Integrated Theory, Research, and Practice Training Manual

CEU Items and answers

Chapter One Items

True/False Questions
Circle T or F for each of the five items below.

1. The development of group psychotherapy has been systematic and orderly with each new development precisely building upon the previous one.  
   T   F

2. In a general sense, the psychodynamic tradition of group psychotherapy has built a rich and varied theoretical perspective while the cognitive-behavioral group tradition has built a strong empirically supported and pragmatic foundation.  
   T   F

3. Dialectical Behavior Therapy (DBT) and Acceptance and Commitment (ACT) therapy both incorporate elements of mindfulness.  
   T   F

4. Many contemporary group leaders integrate ideas, approaches, and interventions from more than one group perspective.  
   T   F

5. Experts agree that there is only one approach to group psychotherapy.  
   T   F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. _____ focus on helping members learn new information, new ways of thinking, and often use in vivo exercises to practice new interpersonal behaviors.
   a. Encounter groups  
   b. Cognitive-Behavioral groups  
   c. Psychodynamic Psychotherapy groups  
   d. Process Consultation

7. In the United States _______ is usually credited with creating the first psychotherapy groups, while in Europe ______ is often credited for the creation of group psychotherapy.
   a. Irving Yalom & Carl Jung  
   b. Henry James & Gustave LeBon  
   c. Joseph Pratt & Jacob Moreno  
   d. No founders have been identified

Information Classification: General
8. The practice of group psychotherapy increased dramatically out of necessity following
   a. The birth of Psychoanalysis at the beginning of the 20th Century
   b. The development of internet and hand held technologies
   c. The founding of AGPA
   d. World War II.

9. Object Relations, Ego and Self Psychology, and Interpersonal Psychotherapy are all considered
   a. Psychoeducational approaches to group psychotherapy.
   b. Cognitive approaches to group psychotherapy.
   c. Psychodynamic approaches to group psychotherapy.
   d. Spiritual approaches to group psychotherapy.

10. Nina Brown (2011) organized the **competencies** of knowledge, art, science, skills, and
    techniques (KASST) for leading _______ groups.
    a. Support
    b. Psychoeducation
    c. Harm Reduction
    d. Psychoanalytic.
Chapter Two Items

True/False
Circle T or F for each of the five items below.

1. Group psychotherapy developed from American and European cultural traditions, beliefs, and values, and has historically has been attentive of or sensitive to cultural differences or cultural biases inherent in its tradition. T F

2. The terms diversity and multiculturalism have universally agreed upon definitions. T F

3. Research support suggests that increasing therapist cultural sensitivity improves therapeutic outcomes. T F

4. Multicultural proficiency is best understood as an ongoing process with increasing skills as opposed to a static set of acquired knowledge. T F

5. Understanding our clients’ cultural identities is important part of successful and pragmatic treatment. T F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. The tripartite multicultural model that has been endorsed by professional organizations and training institutions includes:
   a. Cognitive, Behavioral, and Psychodynamic
   b. Awareness, Knowledge, and Skills.
   c. Avoidance, Approach, and Acceptance.
   d. Ask, Process, and Consultation

7. _______ is when someone is treated differently because of overlapping social identities related to oppression, domination, and discrimination.
   a. Cultural values
   b. Intersectionality
   c. Bridging
   d. Adapted Approaches.

8. Prejudicial and biased ideas about others begin
   a. During the first few year of life
   b. With the beginning of formal elementary education
   c. During teenage years
   d. In young adulthood
9. _______ range from subtle to more apparent stereotyping, discrimination, and othering behaviors that are injurious and often commonplace when individuals from different cultures and power differentials interact.

   a. Difficult Dialogues.
   b. Gender Bias
   c. Unpacking Privilege.
   d. Microaggressions

10. Beliefs and value systems, customs and rituals, accepted societal roles, caretaking practices, and spiritual beliefs can be understood as being part of one’s ______

   a. Culture
   b. Pathology
   c. Accountability
   d. Autonomy
Chapter Three Items

True/False Questions
Circle T or F for each of the five items below.

1. A psychotherapy group can be seen as both a collection of individuals and as a unique system onto itself.  T   F

2. A person system in a group consists of the individual member’s *self and object representations* or *social cognitive templates*.  T   F

3. Group leaders should never shift their focus back and forth between individual members and larger group-as-a-whole dynamics. Ideally they should choose only one as their primary therapeutic focus.  T   F

4. The concept of *valency* reflects the idea that individuals have specific preferences to voice specific group needs and enact specific group roles.  T   F

5. A group member’s formal work role consists of the expectations, responsibilities, and behavior towards achieving the goals of the group.  T   F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. Conceptualizing the collective or shared dynamics occurring in a psychotherapy group is known as
   a. Group Physics
   b. Holism
   c. Group-as-a-whole perspective
   d. Process Consultation.

7. When members are joined together in a temporary system around a feeling, belief, or experience, they can be called a
   a. Values group
   b. Misgroup
   c. Valency group
   d. Subgroup

8. Group can be seen either as an aggregate of individuals or as an interconnected set of individuals, subgroups, and a group-as-a-whole, all interacting upon each other. This latter view can be labeled a
   a. Structural Approach
   b. Holistic Approach
   c. Member Focused Approach
   d. Self System Approach.
9. When members take on the position of a scapegoat, identified patient, fight leader, or the voice of emotion; this is known as a

   a. Projection
   b. Group Role
   c. Boundary violation
   d. Role confusion

10. Collections of members bonded together with qualities of “us versus them” dynamics and exaggerated differences formed through the processes of splitting and projection is known as

    a. Member’s personality roles
    b. Counter cultures
    c. Dysfunctional subgrouping
    d. An embedding organization
Chapter Four

True/False Questions
*Circle T or F for each of the five items below.*

1. *Therapeutic Factors* is a complex construct referring to those conditions, processes, and mediators that underlie or facilitate therapeutic change in group psychotherapy.  T  F

2. Group research shows a clearly delineated and agreed upon hierarchy of therapeutic factors listed from most to least important.  T  F

3. Common factors or non-specific therapeutic dynamics only work in cognitive behavioral groups, and not other types of group treatment.  T  F

4. The therapeutic factor of universality refers to the discovery that others in the group similarly experience the struggles and problems of the individual member.  T  F

5. Practicing new behaviors in the group has not been supported either theoretically or empirically to be therapeutic for group members.  T  F

Multiple Choice Questions
*Identify the choice that best completes the statement or answers the question.*

6. Empirical studies that explore mechanisms by which therapeutic change occurs or the “how and why” of therapeutic change is known as

   a. Group Dynamics
   b. Outcome Research
   c. Field Reports
   d. Process Research

7. The following is a partial list of Yalom’s Therapeutic Factors in groups. Mark the answer that does not contain at least one of his factors.

   a. Universality, Imparting Information, Imitative Behavior, and Interpersonal Learning
   b. Cohesion and Catharsis
   c. Corrective Emotional Experiences, Regression, Expression, and, Integration
   d. Remembering, Retreating, Repeating, and Retreading
8. Kivlighan and colleagues (2004, 2014) identified **four clusters of groups**, based on the relative ranking of perceived therapeutic factors. Which category would a typical psychodynamic therapy group fall into?

   a. Affective insight groups  
   b. Affective support groups  
   c. Cognitive support groups  
   d. Cognitive insight groups

9. Joyce, MacNair-Semands, Tasca, & Ogrodniczuk (2011) suggest four higher ordered therapeutic factors which include Social Learning, Secure Emotional Expression, Awareness of Relational Impact and

   a. Primary Family Repetitions  
   b. Instillation of Hope  
   c. Corrective Emotional Experience  
   d. Educative Learning

10. The group therapeutic factor that has garnered the most empirical support and clinical interest is

   a. Altruism  
   b. Universality  
   c. Imitative behavior  
   d. Cohesion
Chapter Five Questions

True/False Questions
Circle T or F for each of the five items below.

1. Group psychotherapy has potential for healing experiences, but also for chaotic and confusing events.  T   F

2. Once an unconscious projective process occurs in a group, it is best for the leader to end the group as these issues are outside the scope of group psychotherapy, particular psychodynamic models.  T   F

3. A scapegoat is necessary to have any productive psychological work accomplished in group psychotherapy.  T   F

4. According to most group theories, the group leader can focus on the teaching aspect of group and assign one member to manage and enforce group boundaries and the therapeutic frame.  T   F

5. Projection Identification is a splitting off of disowned internal contents onto others in the group, including the leader, a subgroup, or the group as a whole.  T   F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. Wilfred Bion described basic assumptions as three defensive and regressive dynamic constellations he termed fight/flight, dependency, and
   a. pairing.
   b. freeze.
   c. parting out.
   d. basic trust.

7. Bion also described two interrelated and oscillating levels of group life: the basic assumption groups and the rational task-oriented functioning of the

   a. assumptions of basics group
   b. reality group
   c. sophisticated work group
   d. Fight/flight group.

8. Nitsun’s (1996, 2014) concept which refers to members’ collective projective endowment of disowned ‘bad’ inner content into and onto the group-as-a-whole is called

   a. Shame group
   b. Affective-despair group
   c. Dasien group
   d. Anti-group
9. _______ refers to the process of forming collusive arrangements (often unconscious) among group participants that divide the group into us-versus-them polar opposite sides, each side containing warded off and projected content from the opposing camp, each side blaming the other.
   a. Primal group
   b. Splitting
   c. Deregulation
   d. Fear group

10. ________ is when a group leader is induced to act by the group or its members in a defensive, emotionally charged, distant, or other unhelpful ways that is “wished for” or familiar to the members.
    a. A countertransference enactment
    b. The primal scene
    c. Secondary gain
    d. Groupthink
Chapter Six Questions

True/False Questions
Circle T or F for each of the five items below

1. Group psychotherapy is often represented inaccurately in mass media portrayals, and it is useful for the leader to explore the common fears and myths around group psychotherapy to orient new members to the experience of being in a group. T F

2. Group size does not impact members experience and therefore no recommendation of ideal minimum or maximum membership is ever suggested for group treatment approaches. T F

3. Regardless of goals of the individual members and of the group, it is important for the leader not to deviate from setting up the typical twelve week, 90 minute format for all cognitive behavioral groups. T F

4. Dropout rates are particularly higher in the initial stages of groups. T F

5. It is important for incoming members to understand that while they are likely to have positive experiences of support and learning in group, there will also be times of challenge, confusion, and feedback that may be difficult to hear. T F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. A group that does not accept new members once it begins and forms as a cohort that collectively experiences the same beginning, middle phases and ending of the group is known as a _______. This structure is usually preferred in a group with a curriculum so that everyone is, literally, on the same page.
   a. Closed Group.
   b. Partial group
   c. Ossification Group
   d. Open Group

7. ________ groups, common in clinical agencies and medical settings, are composed of members having a similar clinical problem (such as depression or PTSD) or specific needs or stressors (anger management, divorce, coping with cancer).
   a Heterogeneous
   b Homogenous
   c Genuine
   d Mixed
8. Important common inclusion criteria for members who may benefit and help others benefit from the group experience include self-reflective ability, desire to be in a group, and

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<td>b.</td>
<td>capacity for empathy</td>
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<td>c</td>
<td>Active psychosis</td>
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<td>d</td>
<td>Acute substance abuse or withdraw</td>
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9. Important common group agreements for members include clarity about expected and unacceptable behavior in the group, investment in the therapeutic goals of the group, and the

a. Avoidance of the use of other support systems.
b. Willingness to always agree with other members.
c. Commitment to confidentiality of other members.
d. Acknowledgement of having a disease.

10. How well the various members fit together towards helping everyone with the goals of the group is an important consideration when selecting patients and determining group _______.

   a. order
   b. composition
   c. anxieties.
   d. exclusion.
Chapter Seven Items

True/False Questions

Circle T or F for each of the five items below

1. Leaders may adjust and adapt their interventions according to their analysis of what developmental stage their group is in and their theoretical model of overall group development.  T  F

2. Because it captures group dynamics perfectly, Tuckman’s four stage (forming, storming, norming, performing) model of development has never been updated or questioned.  T  F

3. Most group development models posit that groups normally progress into a productive working phase.  T  F

4. Different cultures form and evolve social groups in unique ways and a leader needs to be cognizant that there is no universally applicable model of group development.  T  F

5. In open ended groups, once a group stage has been achieved, the group will not need to revisit any earlier stage even if new members join the group or some major stress or perturbation occurs.  T  F

Multiple Choice Questions

Identify the choice that best completes the statement or answers the question.

6. The __________ model of group development (e.g., Tuckman’s) envisions groups normally evolving through prescribed and invariant stages or phases of development.

   a. Dependency
   b. Structural
   c. Progressive Linear
   d. Enchantment

7. The __________ developmental model envisions groups as going through cyclical or spiraling patterns, revisiting earlier themes and resuming earlier patterns of relationships as they work through and deepen their understanding of existential tensions and anxieties.

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8. This stage is characterized by reflection, integration, and internalization of the group experience, and working towards separating from the group.

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<td>c</td>
<td>Conflict and Resolution</td>
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<td>d</td>
<td>Oscillation</td>
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9. Linear progressive and life cycle models overlap in certain aspects including an initial formative stage that typically reflects the anxieties of joining a group and:
   a. highly structured introductory exercises
   b. openness and quick acceptance to the leader’s group agreements
   c. a permanent regression to basic assumption group functioning
   d. confrontation with and resolution of reactions to the leader’s authority.

10. Tuckman and Jensen (1977) expanded the four stage model to include the termination phase they termed.
   a. Warming
   b. Brainstorming
   c. Adjourning
   d. Swarming
Chapter Eight Questions

True/False Questions

Circle T or F for each of the five items below.

1. In the first session it is not important to end on time, as in future sessions the members can be taught about the importance of notions of therapeutic container, framework and structure. T  F

2. Fostering member engagement and helping all members participate to the best of their ability is part of the group leader’s responsibility and creates positive outcomes. T  F

3. The role and behavior of leadership looks differently in various cultures and understanding the members’ cultural views of authority, leadership and relational norms are vital for working collaboratively with all members. T  F

4. Group leaders help the group members work with the tension or paradox of engaging others respectfully to promote a sense of safety in the group while also being honest, spontaneous, and psychological risk taking to try new ways of relating. T  F

5. Mixed alliances as in intrapersonal splitting (e.g., when an individual member has positive feelings for the leader but not for the group) and interpersonal splitting (e.g., when the individual member holds feelings towards the leader that are very different from those held by other members), will likely increase and ensure positive therapeutic progress. T  F

Multiple Choice Questions

Identify the choice that best completes the statement or answers the question.

6. One of the most important skills of a group leader is to create the group culture and

   a. Foster Dependency
   b. Shape group norms
   c. Give interpretation of members’ personalities
   d. Be charismatic and humorous

7. Most theories suggest that the management of group boundaries (such as starting and ending on time) is

   | a | a continuous process that is the responsibility of the leader. |
   | b | not necessary or recommended and it is best to go with the flow of the group. |
   | c | best left to the group member who has the most pressing issue |
   | d | Discussed only in the pre-group screen |
8. In an initial session, which emotional experience are all the members likely having that the leader can usefully identify in order to establish connection and universality among members

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<td>Frustration with the agency holding the group</td>
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<td>b</td>
<td>Anxiety or nervousness</td>
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<td>c</td>
<td>Boredom and hopelessness</td>
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<td>d</td>
<td>Excitement and attraction</td>
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9. Therapist presence, empathy, reliability, and listening skills are parts of the core ingredients in

a. Development of the therapeutic alliance
b. Demonstrating the leader’s intelligence.
   c. Interrupting member’s self reflections.
   d. Explaining types of pathologies.

10. In addition to bonding and feeling connected with the group leader, theory and research suggest it is important for members also to bond with

a. The group scapegoat
b. The manual used in the group.
   c. Any other therapists that may share or use the office.
   d. Other members and the group as a unique entity.
Chapter Nine Items

True/False Questions
Circle T or F for each of the five items below.

1. Understanding group dynamics is important only in psychodynamic or process groups and not vital for cognitive–behavioral or psychoeducational groups.  T  F

2. Transference is a social cognitive process whereby group members superimpose feelings and understandings from their past inaccurately into the current situation.  T  F

3. A functional competency is the leader’s ability to uncover and identify overarching themes in what may seem like discordant or chaotic communications.  T  F

4. With enough experience and training, most group leaders can avoid, rise above, and not experience countertransference.  T  F

5. As suggested in AGPA’s Core Battery-R (Burlingame et al., 2006), three core components in creating a positive group therapy experience for our members includes positive relational bonds with the leader and other members, positive working relationships towards the goals of the groups, and limiting the non–productive negative experiences in the group.  T  F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. Barlow (2013) highlighted the unique multiple competencies needed for effective group leadership. Functional competencies include interventions that take into account the uniqueness of our members and our groups. She defined the mastery of knowledge of clinical theory, research, ethics, multiculturalism, and professionalism as:
   a. Necessary academic qualifications.
   b. Foundational competencies.
   c. Licensure requirements.
   d. Criteria needed to become a clinical supervisors.

7. Yalom and Leszcz (2005) stress the importance of differentiating content (what is actually and overtly said) from the underlying dynamic relationships and psychological themes arising in the here-and-now and associated thoughts, feelings, wishes, and needs, known as:

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<td>b</td>
<td>Context.</td>
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<td>c</td>
<td>the social unconscious</td>
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<td>d</td>
<td>Procedures.</td>
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8. When the leader is the object of what appears to be a negative transference reaction by a member it is important for the leader to

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<td>a</td>
<td>Immediately confront the parataxic distortion, saying ‘this is not me’.</td>
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<td>Become curious and not defensive and invite exploration.</td>
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<td>c</td>
<td>Ignore the member until the transference is diluted or resolved.</td>
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<td>d</td>
<td>Interpret the group-as-a-whole dynamic</td>
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9. As a leader the ability to explore one’s cognitive-affective reactions to our members or the group without defensive avoidance or collusive enactments is known as

   a. Group-as-a-whole alliance
   b. Counterdependency acumen.
   c. Projective identification.
   d. Countertransference management.

10. The practice of routinely administering psychological inventories to assess the progress of members over the course of a group is

   a. A dated approach used to try to quell therapist anxieties.
   b. Not needed as clinician insight always matches psychometric instruments.
   c. Known as practice based evidence.
   d. Outside of ethical practice guidelines.
Chapter Ten Items

True/False Questions
Circle T or F for each of the five items below.

1. When faced with a complex ethical or legal issue, after identifying possible courses of action, it is possible that no resultant plan seems ideal or perfect. T   F   

2. Federal law (Jaffe v Redmond, 2017) clearly states that the courts do not value client confidentiality. T   F   

3. The group therapist cannot ensure that group members adhere to confidentiality and this should be made clear to group members. T   F   

4. Clients who have had sexual relationships with their therapists develop significantly higher risks for suicide attempts. T   F   

5. Since the establishment of ethical standards and guidelines for psychotherapy by the mental health professions, state and federal governing bodies have lessened the penalties and sanctions for unethical behavior. T   F   

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. Kitchener’s (1984) principle-based approach to ethical conduct identifies five core principles; Autonomy, Nonmaleficence, Beneficence, Justice, and
   a. Honor
   b. Humanity
   c. Fidelity.
   d. Compassion.

7. Virtue-based guidelines (Beauchamp & Childress, 2001): identify core character traits for the moral practitioner including discernment, trustworthiness, integrity, conscientiousness and
   a. Compassion
   b. Clear thinking.
   c. Honesty
   d. Earnestness

8. When faced with a complex ethical or legal situation, most ethical decision making models suggest
   a. Working alone toward a solution to protect confidentiality
   b. Consulting with others while protecting confidentiality
   c. Trusting one’s gut instincts and not overthinking the situation.
   d. Openly talking about the situation publicly to protect oneself.
9. An exception to protecting client confidentiality in the United States includes incidents of suspected child or elder abuse as well as
   a. Client substance use.
   b. Marital infidelity
   c. Suicidal or Homicidal plans
   d. Client’s or therapist’s major mental illness diagnosis.

10. Brabender (2007) highlighted domains to ensure ethical and legal practice for the group therapist and stress all of the following except

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<td>Multicultural awareness and knowledge.</td>
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<td>b</td>
<td>Limiting the years that one practices group psychotherapy to avoid burnout</td>
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<td>c</td>
<td>A Continuous rather than episodic focus.</td>
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<td>d</td>
<td>Humility and courage.</td>
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Chapter Eleven Items

True/False Questions
Circle T or F for each of the five items below.

1. A proper understanding for the contemporary psychotherapist is to consider current neuroscience findings as informative and helpful guides, but not definitive.  T  F

2. All kinds of groups influence the two hemispheres of the brain similarly.  T  F

3. Top down prefrontal cortex containment skills to regulate the limbic system are often utilized in Cognitive-Behavioral and Mindfulness group approaches.  T  F

4. Bottom up right brain to right brain co-regulation strategies are often utilized in attachment, interpersonal, and relational approaches to group psychotherapy.  T  F

5. From a neuroscience perspective, Systems-centered therapy could be conceptualized as orienting first to left-centric restraining forces to reality-testing (explaining) to enable more right-centric apprehensive exploration (exploring), and ultimately to better integration between right- and left-centric functioning.  T  F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. The idea that our interactions with others are continually shaping our brains and that our brains are always adapting to our interactions with others comes from

   a. Parietal Lobe integration Theory
   b. Memory Consolidation Theory
   c. Triune Brain.
   d. Social Brain Hypothesis

7. In a general way, we understand that the left hemisphere attends more to what has already been experienced, to specific details and to problem solving by logically putting pieces together, while the right brain attends to sensory and

   a. Emotional Processing
   b. Cognitive Integration
   c. Memory Consolidation
   d. Symbolic Language
8. Porges calls this process of assessing others in our social world for connection and safety,
   a. Polyvagal stress disorder
   b. Neuroception
   c. Parasympathetic Integration.
   d. Acceleration.

9. Mirror neuron theory suggests that firing patterns stimulate and shape our subcortical feeling so that we feel ______ the other person.
   a. Complementary to
   b. Distrustful of
   c. Similarly to
   d. Regulated by

10. In Neuroscience starting even before the age of 12 to 18 months our assumptions about, attitudes towards, and perceptions of the world, as well as our beliefs about ourselves, and our relationships, and our sense of our trust in the world are stored in our
    a. Implicit memories
    b. Prefrontal Lobe Conditioning
    c. Introceptions
    d. Corpus Collusum
Chapter Twelve Items

True/False Questions
Circle T or F for each of the five items below.

1. The general consensus among training approaches is that the new group clinician should avoid supervision in order to develop an individualized style. T F

2. As group clinicians gain more clinical experiences, they discover a larger range of ways to understand group dynamics and can formulate a greater variety of possible interventions. T F

3. Brabender (2010) believes that there is no prototypical model for the development of group therapists and each group clinician’s journey is too unique to find any even general similarities. T F

4. Zaslav (1988) describes the buzzing array of stimulation that a neophyte group clinician experiences as Group shock. T F

5. Pope & Vasquez (2016) view self-care as a crucial part of the profession. T F

Multiple Choice Questions
Identify the choice that best completes the statement or answers the question.

6. Yalom and Leszcz (2005) suggest that training for group leadership include observations of experienced group leaders at work, but also

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<td>a medically focused education</td>
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<tr>
<td>b</td>
<td>philosophical training</td>
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<td>c</td>
<td>personal psychotherapeutic work and personal experience as a group member</td>
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<td>d</td>
<td>transcribing as many group sessions as possible.</td>
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7. A common strong feeling that newer group therapists are likely to experience is

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</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>grandiosity</td>
</tr>
<tr>
<td>b</td>
<td>anxiety</td>
</tr>
<tr>
<td>c</td>
<td>excitement</td>
</tr>
<tr>
<td>d</td>
<td>annoyance</td>
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</tbody>
</table>

8. The intensity of psychotherapy work has led some clinicians to experience a loss of investment in self-care and care for their clients. This experience has been called

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>a</td>
<td>ptsd</td>
</tr>
<tr>
<td>b</td>
<td>clinically induced dysthymia</td>
</tr>
<tr>
<td>c</td>
<td>compassion fatigue</td>
</tr>
<tr>
<td>d</td>
<td>the Polishing stage.</td>
</tr>
</tbody>
</table>
9. In years past group therapy trainees would initially watch group through a two way mirror to acclimate to the group process. Now that these mirrors are less common in contemporary clinics, currently the recommended practice for new leaders is to

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>a</td>
<td>begin by co-leading with an experienced group leader.</td>
</tr>
<tr>
<td>b</td>
<td>didactic study until one has a full understanding of group processes.</td>
</tr>
<tr>
<td>c</td>
<td>co-lead with another beginning group therapist to feel equally competent.</td>
</tr>
<tr>
<td>d</td>
<td>to begin leading groups alone and early in one’s training to develop one’s own style.</td>
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</tbody>
</table>

10. Rutan, Stone, and Shay (2010) describe how leadership styles can vary along several dimensions, reflecting personal preferences that range from warm to neutral, active to passive, and

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<table>
<thead>
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<tbody>
<tr>
<td>a</td>
<td>calm to emotional.</td>
</tr>
<tr>
<td>b</td>
<td>directive to nondirective.</td>
</tr>
<tr>
<td>c</td>
<td>transparent to versus opaque.</td>
</tr>
<tr>
<td>d</td>
<td>reserved to playful.</td>
</tr>
</tbody>
</table>
Chapter One
1. F
2. T
3. T
4. T
5. F
6. B
7. C
8. D
9. C
10. B

Chapter Two
1. T
2. F
3. T
4. T
5. T
6. B
7. B
8. A
9. D
10. A

Chapter Three
1. T
2. T
3. F
4. T
5. T
6. C
7. D
8. A
9. B
10. C

Chapter Four
1. T
2. F
3. F
4. F
5. F
6. D
7. D
8. A
9. B
10. D

Chapter Five
1. T
2. F
3. F
4. F
5. T
6. A
7. C
8. D
9. A
10. A

Chapter Six
1. T
2. F
3. F
4. T
5. T
6. A
7. B
8. B
9. C
10. B

Chapter Seven
1. T
2. F
3. T
4. T
5. F
6. C
7. A
8. B
9. D
10. D

Chapter Eight
1. F
2. T
3. T
4. T
5. F
6. B
7. A
8. B
9. A
10. D

Chapter Nine
1. F
2. T
3. T
4. F
5. T
6. B
7. A
8. B
9. D
10. C

Chapter Ten
1. T
2. F
3. T
4. T
5. F
6. B
7. A
8. B
9. C
10. B

Chapter Eleven
1. T
2. F
3. T
4. T
5. T
6. D
7. A
8. B
9. C
10. A

Chapter Twelve
1. F
2. T
3. F
4. T
5. T
6. C
7. B
8. C
9. A
10. C