Open and Closed Group Therapy Student's Name Institutional Affiliation.

Open and Closed Group Therapy.

Group therapy in Psychotherapy is one among the many options available in solving psychological problems people face today. Group therapy consists of one or more psychologists who attend to a group of five to fifteen patients. Groups are designed to tackle specific challenges faced by a number of patients .The challenges may include; depression, substance abuse, obesity, anxiety, panic disorder, and severe pain. Some groups focus on general issues such as improving social skills among people. Groups act as support network since the members help each other come up with specific ideas towards solving a difficult situation in life.(Graffam,2014). It is always a great relief hearing people share their problems and get solutions. Diversification as a crucial aspect in group therapy help members look at situations differently and provide a wide range of strategies for handling one's concerns in life. Groups can be either open or closed. Group format can affect the developmental process, group growth, and its outcome.

An open group is that which members join and leave provided they achieve their objectives or depending on their progress in the group. The group has an undefined number of members with new ones coming and leaving on a regular basis, therefore, the development of the open group is gradual since members come and go at different intervals. However, the group has proved to be more effective in handling community needs and certain types of treatments, such as drug and substance abuse. (Brock, 2013). The pros of open group therapy include; Avoidance of waiting lists, constant group culture modification, provides a wider range of resources and skills, preventable group endings due to lack of retention and allows for easier apprehension of new patients in the group. The disadvantages of the open group include lack of member bonding and

intimacy, leading to ineffective results, intense member management due to the uncontrolled locomotion and difficulty balancing the immediate needs of the members.

The closed group is characterized by a fixed number of members and duration of therapy. Closed groups have set a specific number of weeks and sessions that allow participants to have a common group experience from the start to the end of the therapy. The stable social environment of the group makes members feel more secure and safe when expressing their problems. The fixed number of members allows the psychotherapists to have humble time handling them hence building trust. For one to join a closed group, he/she has to wait for several months for a suitable group to be formed. The state, however, does not allow the immediate address of the community needs as well as the members' therefore threatening group outcomes. Moreover, members are unable to deal with change and adaptability, lack the wide range of strategies to handle various issues as the open group, and have limited opportunity to handle termination issues.

Group therapy should help members recover completely from the psychological problem, whether it is depression, schizophrenia, anxiety, bipolar disorders, or any mental health problem. To achieve quality results from a patient, he/she should consistently adhere to a certain schedule that will ensure continuous treatment without interruption. I prefer closed group therapy to open group therapy because the patients enrolled in the group are treated with minimal disturbances from other members. The patients, therefore, adhere to a fixed treatment timetable until they recover from their psychological problem. The unstable social environment in an open group whereby members leave and join causes panic among other members. Members may leave the group for positive reasons like resuming studies or work while others may quit for negative reasons such as relapse or lack of improvement from the therapy, persistence of the symptoms or other social problems.(Miller,2013). Certain members in the open group leave and do not report back to progress with their treatment.

Conclusively, the closed group therapist experiences less trouble handling the specific number from beginning to the end, unlike the open group in which the therapist does not know the exact time a member would leave, re-enter or join. The leader faces a challenge of in-cooperating and properly assimilating a new member into the group. The leader also finds it hard following up a client who left before completing therapy and has not reported back. Permanent loss of a client may have negative impacts on the therapist as well as the group members. The sense of fright, hopelessness, and helplessness may be felt by the stakeholders in an open group, unlike the closed group. The stressful times an open group leader faces are minimized in the closed group. Therefore the high efficacy closed group upholds makes it suitable to be adopted by any psychologist.

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