

Chapter 8

Training Format and Logistics

While part one of this manual described the theoretical conceptualizations and scientific research upon which ART is based, part two will slowly walk therapists through the specifics of the training procedures, format, and curriculum in order to provide all of the tools and information necessary to effectively deliver the ART program.

8.1 Intended Audience for ART

The range of application for ART is very broad. The training can be used:

- As an adjunct treatment to individual therapy with patients suffering from mental disorders
- As a stand-alone, first-step intervention for individuals suffering from mental health problems
- As preventative treatment for individuals at high risk for developing mental health problems
- As training for nonclinical populations who wish to foster their personal growth

ART was originally developed as a group intervention. When delivering ART to a psychiatric population, the participants should receive concurrent individual therapy to ensure that personal issues arising in the group training can be adequately processed. Although the ART program was designed for use with groups, it can be presented to individuals as well. As an individual modality, the entire curriculum or even parts of it can be utilized to assist patients to manage emotion regulation problems, which they may find difficult to discuss in a group setting.

While ART was developed as a transdiagnostic treatment, we certainly acknowledge the importance of addressing the unique characteristics of specific disorders. Thus, when delivering the ART program to participants in a group who all share the same diagnosis, ART should be supplemented with disorder-specific interventions as needed. The disorder-specific interventions could also be provided in concurrent individual therapy or in other group treatments that focus on the specific disorder or problem.

It should be noted that the training requires a considerable amount of concentration and attention from the participants. Therefore, when evaluating whether ART is appropriate for a particular patient, one must consider the patient's ability to engage in the skill-building exercises used in ART. Additionally, the manner in which the ART groups are led should be matched to the participants' capabilities. ART can be successfully delivered to even severe psychiatric populations in appropriate settings if additional time is provided and if training content and exercises are simplified or shortened as needed. In psychiatric populations, it is usually more effective to offer ART in the later stages of treatment to help foster and solidify treatment gains instead of using ART as a first-line treatment.

Explicit contraindications include:

- An acute psychotic or manic state
- Acute intoxication or severe and active substance abuse problems
- Severe depression that prevents effective processing of the training concepts

Beyond these relatively clear exclusion criteria, the suitability of ART for potential participants should always be determined through clinical assessment by experienced and well-trained therapists. The therapist should estimate to what extent a potential participant is capable of integrating the training concepts. If the training is to be administered in its original group format, the therapist should ensure that the potential participants would be capable of working in a group setting and would not impair the therapeutic progress of other ART participants. Regarding the age of participants, the training has been found to be suitable for participants aged 16 and older. When used with younger participants, the materials and procedures should be adapted as necessary.

8.2 Clarifying the Format

Participants should be reminded at the beginning of the training that although ART is delivered in a group format it is *not* group psychotherapy; not all participants will have the opportunity to process their individual problems in depth. ART uses a systematic, didactic approach to explain skills and concepts, followed by guided collective discussions of the material and group exercises to practice the skills and concepts. While ART encourages participants to describe their individual experiences and concerns, in-depth exploration of these experiences and concerns goes beyond the scope of the training. Participants who would like to process personal issues more deeply are invited to consider supplementing ART with individual therapy.

Since ART was originally designed to be time limited, the ART therapist is challenged to teach the skills and encourage participants to apply the material to their personal situations while not permitting personal issues to be discussed at such a deep level that the training becomes derailed or the participants begin to discuss issues that cannot be adequately resolved. If the therapist discusses the scope of ART at the beginning of the training, participants are less likely to discuss in-depth, personal issues that cannot be adequately addressed during the sessions.

Additionally, they will be more understanding if they are redirected during a group discussion, since they were made aware of this boundary in the beginning. However, if the therapist is not limited to the eighteen hours needed to adequately cover the ART curriculum, ART can easily and effectively be incorporated into a group therapy format, as participants utilize other group members, the ART Skills, and the ART therapist to work in depth on their personal issues.

8.3 Teaching Style

Many of us have had the unfortunate opportunity of participating in training classes in which the instructor was dull and did not engage the participants. These classes are difficult to sit through and generally limit the amount of learning that can occur. In order to prevent this, we encourage therapists to actively engage the participants during ART. For some therapists, this comes naturally. Others, however, will need to intentionally focus on engaging the participants by displaying an energetic personality, asking questions of the participants, sharing appropriate personal experiences, and showing enthusiasm for the training material. Regardless of the therapist's teaching style, we suggest mindfully monitoring the participants' level of engagement and taking appropriate action if needed to ensure the success of the training.

8.4 Schedule for Training Sessions

The ART material is divided into nine training modules (Fig. 8.1). As previously mentioned, a minimum of 18 hours of classroom instruction is needed to sufficiently address the material in the nine ART modules. Clinical experience has shown that 3 weeks is the minimum amount of time in which the ART program should be delivered, while 6 weeks is preferable. The ART modules can be delivered using a variety of training schedule formats. Regardless of the schedule format, sufficient time must be allotted between training sessions for participants to practice and integrate the skills they have learned during the previous training session.

Examples of schedule formats include delivering the modules over 12 weekly, 1½-hour sessions. This schedule delivers the content in smaller and easier-to-process "portions," which can be practiced during the time before the next session when another ART Skill will be introduced. This training schedule is especially advantageous for participants with more severe mental health difficulties and/or attention problems. The 12-session version may also be more conducive to certain groups such as employees at a business who may be able to meet for only short periods at a time.

In situations when participants are not able to meet as frequently or when ART must be concluded in a shorter period of time, ART can also be delivered, for example, over the course of 3 days (each consisting of 6 training hours), with 2-week intervals between each training day (see Fig. 8.2). However, since the suggested

ART 9-Session Version:

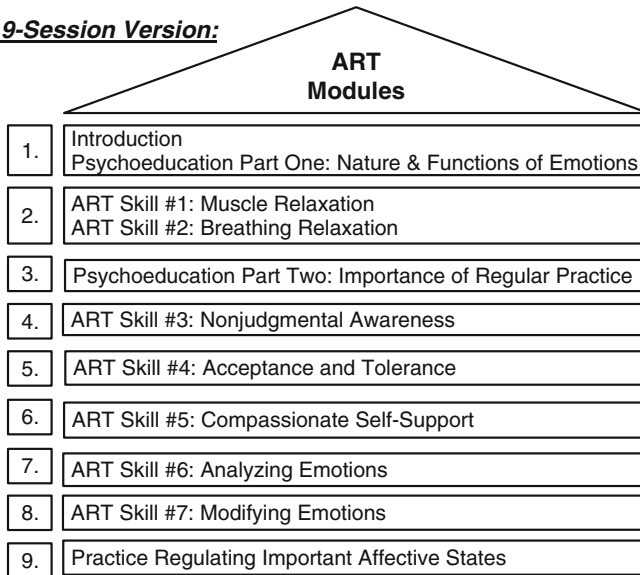


Fig. 8.1 Nine ART training modules

ART 3-Day Version:

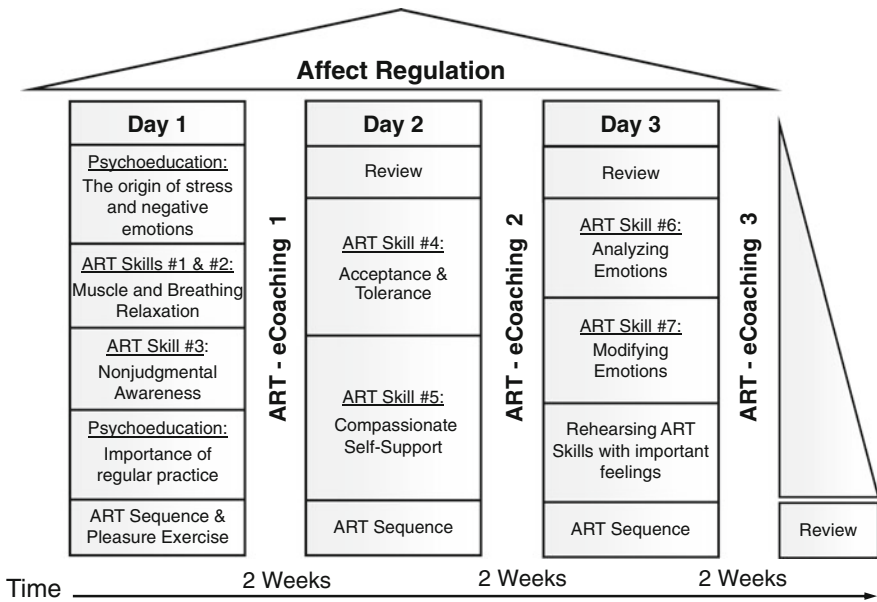


Fig. 8.2 3-Session ART schedule

interval between each training day is longer than the interval in the 12-session schedule, it becomes more difficult for ART therapists in this schedule to intervene in a timely fashion if participants abandon their daily skills practice regimen during the program.

It should be noted that any other scheduling variations beyond these two examples are also acceptable. In determining an appropriate training schedule, ART therapists are urged to consider the characteristics and needs of the intended audience. Additionally, it is important to remember that the nine individual training modules were not designed to be delivered in equal amounts of time. Some modules will take longer than others to deliver, due to the amount and type of information contained in the module. Also, some modules may take longer to present because of unique participant needs or issues that unexpectedly arise while presenting the material. In our experience, therapists become far more comfortable delivering ART when they resist the tendency to rigidly present a predetermined amount of training material in a given amount of time.

8.5 Size of Training Classes and the Co-therapist

If possible, the class size of ART training groups should be chosen in accordance with the needs and characteristics of the intended audience. Smaller class sizes are especially recommended for participants suffering from more severe disorders. In clinical populations, we recommend limiting class sizes to between four and eight participants per class. This class size allows for good interaction between the participants, as well as between the participants and the therapist. We have also had good experiences with clinical “groups” consisting of only two or three participants. There are, however, also situations where larger class sizes cannot be avoided. While larger class sizes may be appropriate for less severely impaired populations, usually there is less interaction and emotional disclosure. However, in some cases, such as in an occupational setting, this might even be preferred.

We recommend that two therapists co-facilitate the training sessions if possible. This allows one therapist to focus on instructing the course material, while the other therapist can focus on the individual participants and on the group dynamics. While one therapist could possibly do both, this would be challenging and could lead to frustrations for both the therapist and the participants.

8.6 Additional Training Materials

There are various materials that a therapist will need in order to present the training sessions, such as audio/visual equipment, flip-charts, writing instruments, etc. These training materials are described in the following sections as the curriculum is presented. The complete list of these materials is provided in Appendix C.