Group Skills - Part 1
Approaches to Group Therapy

“It is in the shelter of each other that the people live”

~ Irish Proverb~

Effective group therapy can help clients enhance self responsibility, increase readiness for change, build support for recovery and change, acknowledge destructive behaviors, and cope with personal discomfort.

Groups can serve a variety of client needs. You might use groups for: providing counseling and enhancing the therapy process, offering structured activities, presenting educational materials, fostering skill building in various areas, or facilitating a positive family/social network.

The next two issues of the Addiction Messenger will focus on developing groups that are effective, dealing with resistance in groups and understanding a few different approaches to group therapy.

Therapeutic Qualities of Groups
Psychiatrist Irvin Yalom (1995) wrote about the therapeutic qualities of groups, noting that the curative factors of group participation are the primary agents of change for the client. Yalom believed that these factors are a complex part of the human experience and categorized them as follows:

1. Instillation of Hope
Members of therapy groups often find hope as they discover commonalities and focus on solutions to current problems. Hope helps keep the client in treatment.

2. Universality
Clients may believe their situations are unique and they feel alone in their fears and difficulties. Group therapy helps to ameliorate these feelings as clients learn that others are having similar experiences.

3. Imparting of Information
Clients gain information about their illness and their recovery within the group setting.

4. Altruism
Clients begin to understand they are a vital part of the other members’ recovery process. They learn how to give and receive help, and to establish appropriate boundaries.

5. The corrective recapitulation of the primary family group
Clients may experience the group as comparable to their own families. Working through problems with the group leader and members can be similar to working on past unfinished business in their own families.

6. Development of socializing techniques
Clients learn that the group is a place to be with others, listen, talk to others, and learn about others’ impression of them.

7. Imitative behavior
Groups allow clients to ‘try on’ behaviors they have seen in others. They may find that these behaviors work for them and retain them, or they may be discarded.
8. Interpersonal learning
The client learns that life doesn’t always unfold as expected, that others are dealing with similar issues, and that options are available for replacing negative behaviors.

9. Group cohesiveness
Being part of a group can instill a sense of belonging in the client through group decision-making and cohesiveness. This can transfer to groups the client is part of in their daily life.

10. Catharsis
Participants are able to vent, explore feelings and gain relief from having expressed those feelings.

Group Development
Effective therapy groups exhibit certain healthy characteristics:
- Initially the group should set clear goals for members and identify basic ground rules such as maintaining confidentiality, being on time, participation from all, group decision making, respecting those taking risks, and members taking care of their own needs. This will foster trust and openness and promote an atmosphere conducive to listening to and learning from each other. Characteristics such as these promote the development of group cohesion, group loyalty and a sense of belonging in your client. With proper guidance and support each group can gradually gain these characteristics over time.

- Cohesion facilitates members’ commitment to remaining in group therapy. Many studies support the positive relationship between cohesion, especially member-to-member, and positive therapy outcomes. Group counselors can enhance cohesion by:
  - spending time on pre-group preparation,
  - addressing early group discomfort through structure,
  - encouraging member-to-member interaction,
  - modeling appropriate behavior, and
  - setting group norms without being overly directive.

- There is a natural developmental progression that groups move through, with common behaviors and addiction issues likely to emerge in each. The matrix below illustrates these stages and issues and can help counselors know what to expect in group development.

Research-Based Therapeutic Groups
The National Institute on Drug Abuse (NIDA) Therapy Manual for Drug Addiction #4, “Drug Counseling for Cocaine Addiction: The Collaborative Cocaine Treatment Study Model”, describes a scientifically supported group therapy approach. This approach has proven effective in multiple clinical trials in helping clients abstain from drug use, develop lifestyle change plans, solve current problems, and improve coping skills. The model uses Group Development Matrix

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Group Issues</th>
<th>Behaviors</th>
<th>Addiction Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquaintanceship</td>
<td>Anxiety</td>
<td>Self Protection</td>
<td>Denial</td>
</tr>
<tr>
<td></td>
<td>Safety</td>
<td>Defiance</td>
<td>Abstinence</td>
</tr>
<tr>
<td></td>
<td>Familiarity</td>
<td>Compliance</td>
<td>Concentration difficulties</td>
</tr>
<tr>
<td></td>
<td>Ground rules</td>
<td>Victims statements</td>
<td>Poor memory</td>
</tr>
<tr>
<td></td>
<td>Sense of belonging</td>
<td>Externalizing</td>
<td>Non-caring attitude</td>
</tr>
<tr>
<td>Groundwork</td>
<td>Attendance</td>
<td>Experience of discomfort</td>
<td>Leader’s drug use</td>
</tr>
<tr>
<td></td>
<td>Testing ground rules</td>
<td>Testing the leader</td>
<td>Challenge other members</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>Expressing negative feelings</td>
<td>Label “alcoholic/addict”</td>
</tr>
<tr>
<td></td>
<td>Trust building</td>
<td>Giving “safe” feedback</td>
<td>Family relationships</td>
</tr>
<tr>
<td></td>
<td>Skill development</td>
<td>Beginning self disclosure</td>
<td>Need for structure</td>
</tr>
<tr>
<td></td>
<td>Process</td>
<td>Learning new skills</td>
<td>Remaining drug free</td>
</tr>
<tr>
<td>Working</td>
<td>Support from/to others</td>
<td>Give/receive feedback</td>
<td>Accepting self</td>
</tr>
<tr>
<td></td>
<td>Learning about self</td>
<td>Experimenting</td>
<td>Honesty</td>
</tr>
<tr>
<td></td>
<td>Personal responsibility</td>
<td>Group interaction</td>
<td>Dry drunk</td>
</tr>
<tr>
<td></td>
<td>Self-esteem</td>
<td>Closeness</td>
<td>Approach/avoid</td>
</tr>
<tr>
<td></td>
<td>Openness</td>
<td>Interest in others</td>
<td>Relapse</td>
</tr>
<tr>
<td>Closure</td>
<td>Separation</td>
<td>Regression</td>
<td>Relapse</td>
</tr>
<tr>
<td></td>
<td>Loss</td>
<td>Doubts about own abilities</td>
<td>Overconfidence</td>
</tr>
<tr>
<td></td>
<td>Grief</td>
<td>Attendance</td>
<td>Fears</td>
</tr>
<tr>
<td></td>
<td>Life after group</td>
<td>Celebration</td>
<td>Symbol of completion</td>
</tr>
</tbody>
</table>
Drug Counseling (GDC) to address common bio-psycho-social issues in early and middle stages of recovery. Phase I (stabilization and early recovery) is comprised of 12 structured psycho-educational sessions, each 90 minutes in length and focused on a different recovery issue. Phase II (problem solving), also 12 sessions, is less structured and more focused on interactive processes. The manual also includes an outline for a supplemental family psycho-educational workshop.

**Implementation Issues**

There are several implementation issues to be aware of if you are considering using this manualized approach:

- GDC was developed for cocaine-dependent clients as defined in DSM-4R, but the principles can be relevant to treatment for other substances as well,
- The model assumes a goal of abstinence from all illicit drug use,
- The model encourages concurrent attendance at community 12-step or other self-help groups (research shows clients who attend self-help groups have better outcomes compared to clients who do not participate in such groups),
- GDC can be implemented in both outpatient and residential treatment,
- Clinical supervision helps counselors adhere to the GDC model (an “adherence scale” is provided in Appendix C),
- Phase I group sessions include objectives, methods, discussion points and participant handouts,
- Phase II groups focus on problem solving, and the manual includes a sample structure rather than specific topic recommendations,
- Phase II assumes participants have established some stability in their recovery and want to continue to work on creating positive changes in their lives, and
- Family workshops are recommended as a supplement to GDC and an outline of potential topics is included.

**Outcomes**

Phase I helps clients develop a commitment to abstinence from drug use, begin creating a stable drug-free living environment and learn about cocaine addiction and recovery processes. Phase II helps clients identify and prioritize current problems, develop new coping strategies, receive support and feedback, create a relapse prevention plan and apply problem solving techniques to their daily life.

**Evidence Supporting the Intervention**

The GDC model has been tested in clinical trials as part of the NIDA Collaborative Cocaine Treatment Study. GDC was implemented alone and in combination with other treatment approaches, including individual drug counseling, individual supportive-expressive psychotherapy, and individual cognitive therapy. All approaches included therapy manuals for counselors and close supervision to assure adherence to the models being tested. Best results were obtained when individual drug counseling was combined with GDC, although all conditions demonstrated positive treatment outcomes.

The next issue of the Addiction Messenger will focus on another approach, a Stages of Change Therapy Manual, for group treatment of substance abuse.
“Stages-of-Change & Group Therapy”

“Change and growth take place when a person has risked himself and dares to become involved with experimenting with his own life”

~ Herbert A. Otto~

Another approach to effective group therapy is described in a manual by Velasquez, et al (2001), “Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual”. This manual is a structured guide to a comprehensive 29-session group treatment model based on the transtheoretical model of behavior change (TTM). This model offers a consistent theoretical framework for helping clients move through the stages of change in group treatment. TTM is based on research that found five characteristics common to all types of successful change in all types of circumstances. The five distinct “Stages of Change” are:

Precontemplation
Not seeing a problem exists.

Contemplation
Seeing a problem and considering whether to act on it.

Preparation
Making concrete plans to change behaviors.

Action
Doing something toward making a change.

Maintenance
Working to maintain the change.

The TTM encourages understanding of the client’s present stage of change, and providing services that are appropriate to their current level of readiness. Since the outline of this manual is highly structured it can be a useful foundation for group leaders just beginning to use TTM. Experienced leaders may want to adopt the concepts and strategies in a more flexible manner.

While this manual does not use Motivational Interviewing (MI) per se, its effectiveness is enhanced when the group leader uses MI principles. The Mid-Atlantic Addiction Technology Transfer Center has also published a good resource on this topic: “Motivational Groups for Community Substance Abuse Programs” available at www.mid-attc.org.

Motivational Techniques
“Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual” is unique because it couples established therapy tools and strategies with particular processes of change. The table on page two summarizes the various techniques that can be used in each stage of change. Below are brief treatment goals for each of the techniques.

Psychoeducation
Teaching clients about psychologically relevant information such as relapse and recovery.

Values Clarification
Having clients define their own values system and what they hold most important in their life.
Problem Solving
Enhancing client’s ability to logically identify alternate behaviors.

Goal Setting
Understanding the difference between a realistic goal and one that is unattainable.

Relapse Prevention Planning
Proactively planning for times when the client may be tempted to use substances.

Relaxation Techniques
Teaching techniques that help clients calm themselves in stressful situations.

Assertion Training
Teaching refusal skills to help clients resist drugs if offered.

Role Playing
Learning by “acting out” situations before they occur.

Cognitive Techniques
Teaching new ways of thinking, such as cognitive restructuring, recognition and framing.

Environmental Restructuring
Encouraging clients to alter or avoid tempting situations.

Role Clarification
Identifying various roles the client plays in their daily life.

Reinforcement
Using reinforcement to reward positive behaviors.

Social Skills and Communication Skills Enhancement
Teaching effective communication and respect for others.

Needs Clarification
Identifying the areas of the client’s life that need attention.

Assessment and Feedback
Providing the opportunity for the client to realistically look at the extent of their substance use.

This manual utilizes several empirically-based, conventional therapeutic techniques to help clients understand and engage in the process of change as shown in the chart below.

<table>
<thead>
<tr>
<th>Process of Change</th>
<th>Session topic(s)</th>
<th>Technique(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness raising</td>
<td>Daily Usage</td>
<td>Assessment/feedback</td>
</tr>
<tr>
<td></td>
<td>Physiological effects</td>
<td>Psychoeducation</td>
</tr>
<tr>
<td></td>
<td>Expression of concern</td>
<td>Cognitive recognition</td>
</tr>
<tr>
<td>Self-reevaluation</td>
<td>Expectations of use</td>
<td>Cognitive recognition</td>
</tr>
<tr>
<td></td>
<td>Values</td>
<td>Values clarification</td>
</tr>
<tr>
<td>Decisional balance</td>
<td>Weighing pros and cons</td>
<td>Decision making</td>
</tr>
<tr>
<td>Environmental reevaluation</td>
<td>Relationships</td>
<td>Cognitive recognition</td>
</tr>
<tr>
<td></td>
<td>Roles</td>
<td>Role clarification</td>
</tr>
<tr>
<td>Efficacy</td>
<td>Confidence and temptation</td>
<td>Problem solving</td>
</tr>
<tr>
<td></td>
<td>Problem solving</td>
<td></td>
</tr>
<tr>
<td>Self-liberation</td>
<td>Goals</td>
<td>Goal setting</td>
</tr>
<tr>
<td></td>
<td>Action plan</td>
<td>Relapse prevention planning</td>
</tr>
<tr>
<td></td>
<td>Recommitting after a slip</td>
<td>Framing</td>
</tr>
<tr>
<td>Stimulus control</td>
<td>Triggers</td>
<td>Psychoeducation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environmental restructuring</td>
</tr>
<tr>
<td>Counterconditioning</td>
<td>Stress</td>
<td>Relaxation imagery</td>
</tr>
<tr>
<td></td>
<td>Assertiveness</td>
<td>Assertion</td>
</tr>
<tr>
<td></td>
<td>Refusal skills</td>
<td>Role play</td>
</tr>
<tr>
<td></td>
<td>Thought management</td>
<td>Cognitive restructuring</td>
</tr>
<tr>
<td>Reinforcement management</td>
<td>Rewarding success</td>
<td>Reinforcement</td>
</tr>
<tr>
<td></td>
<td>Cravings and urges</td>
<td>Cognitive restructuring</td>
</tr>
<tr>
<td></td>
<td>Alternatives to using</td>
<td></td>
</tr>
<tr>
<td>Helping relationships</td>
<td>Social support</td>
<td>Social skills enhancement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication skills</td>
</tr>
<tr>
<td>Social liberation</td>
<td>Identifying needs and resources</td>
<td>Needs clarification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychoeducation</td>
</tr>
</tbody>
</table>
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**Change Process Objectives**

The 29 sessions are divided into two sequences: the first 14 meetings are devoted to the Precontemplation, Contemplation and Preparation (P/C/P) stages while the final 15 meetings focus on Action and Maintenance (A/M). Since you will be working with your clients “where they are” regarding readiness to change you may find less resistance using this model. The following treatment themes illustrate the progression through these stages. Your client will enter the appropriate sequence based on your assessment of their readiness.

**Precontemplative/Contemplative/Preparation**

**Consciousness Raising**

Consciousness raising is used during the first 5 sessions and includes understanding the stages of change model and increasing the client’s knowledge of themself, their drug use, and reasons for using.

**Self-reevaluation**

Sessions 6 and 7 focus on client’s reevaluating their behaviors in relation to their personal values.

**Decisional Balance**

Session 8 concentrates on the client weighing the pros and cons of their behavior, the decisional balance.

**Environmental Reevaluation**

Exploring the client’s relationships and roles clarifies the effects of their behaviors on their life and environment in Sessions 9 and 10.

**Efficacy**

Sessions 11 and 12 help the client understand situations in which they may be tempted to use, and to use problem solving skills to change behaviors.

**Self-liberation**

Self-liberation is the focus of Session 13 and involves goal setting regarding substance use and making a commitment to changing behaviors. Session 14 is devoted to review and discussion of progress.

**Action/Maintenance**

The first session of this sequence focuses on consciousness raising as a foundation.

**Stimulus Control**

Stimulus control in Session 2 involves identifying and avoiding potential “triggers” for substance use.

**Counterconditioning**

Counterconditioning skills taught in Session 3 help clients to substitute unhealthy behaviors for healthy ones.

**Reinforcement Management**

Session 4 stresses rewarding even the smallest behavior changes made by clients. Sessions 5-7 use a combination of counterconditioning and reinforcement management. Sessions 8-10 continue addressing these objectives but include a focus on stimulus control.

**Social Liberation**

Social liberation, or the client’s belief in the ability to change, is emphasized in Sessions 11, 12 and again in 14.

**Helping Relationships**

Social support networks and helping relationships that support change are the focus of Session 13. Session 15 uses self-efficacy and reinforcement management to discuss the progress clients have made as the group is terminated.

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**Sources:**


Ingersoll, KA, Wagner, CC, & Gharib, S. (2000). **Motivational Groups for Community Substance Abuse Programs.** Richmond, VA: Mid-Atlantic Addiction Technology Transfer Center, Virginia Commonwealth University.
Group Skills - Part 3

Leadership and Group Interventions

“The best leaders of all, the people know not they exist, they turn to each other and say.....We did it ourselves”

~ Zen Saying ~

Strong leadership skills can enhance effectiveness of group therapy -- for example, addressing resistance within the group through appropriate interventions. Understanding and adopting particular standards, ideals and intervention approaches builds a strong working foundation for group therapy.

Group Leadership

The group leader can help get a new group off to a good start by following a few simple guidelines. Eliminate any delay in contacting the new group members after referral. Delays may make it less likely that those referred will attend. Ask new members if they have any concerns about entering a group. Keep a group agenda and group conflict resolution rules visible in the meeting room to help prevent members from getting “off track” and manage group behaviors. As a group leader you should also encourage members to be on time, participate actively, listen respectfully, and provide support and feedback to each other.

Keep in mind that group members may initially react to you, the group leader, as they have to other authority figures in their lives.

You can set group standards that can help build a solid foundation for the group, including:
- Keep your own needs separate,
- Prepare members for the group,
- Establish a climate of acceptance, caring, safety, and mutual respect,
- Model positive life skills,
- Focus on the group process, and
- Give appropriate self disclosure.

Effective Leader Skills

Effective group leaders:
- Exhibit respect for group members,
- Show patience with group members,
- Have skills to arouse and/or allow tension in the group,
- Can be criticized by group members without becoming angry, and
- Perceive group process issues accurately.

Ineffective group leaders:
- Use warnings and threats to control group,
- Give advice excessively to group members, and
- Require members to behave in prescribed ways.

Other factors can also influence leadership styles. Group leaders should give consideration to any time pressures they need to adhere to, their own level of skill and comfort, characteristics of group members, and the current stage of the group as it develops.

Content and Process

As a group leader you will function as both an educator and a counselor. Group con-
Group Intervention Matrix

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Group Issues</th>
<th>Intervention Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquaintanceship</td>
<td>Anxiety, Safety, Familiarity, Ground rules, Sense of belonging, Confusion, Dependence on leader</td>
<td>Provide structure to facilitate acquaintanceship, Provide education that will lead group to groundwork, Define guidelines for group behavior, Establish a norm for sharing affective information, Model how to receive feedback, Share positive expectations for group experience, Do “whole group” interventions</td>
</tr>
<tr>
<td>Groundwork</td>
<td>Attendance, Testing ground rules, Trust building, Skill development, Process focus, Control</td>
<td>Make process observations, Clarify goals for participating in group, Increase member-member interactions, Allow conflict to emerge and facilitate resolution, Establish limits of appropriate behavior, Demonstrate limit-setting in respectful-affirming style</td>
</tr>
<tr>
<td>Working</td>
<td>Support from/to others, Learning about self, Personal accountability, Self-esteem, Openness, Membership</td>
<td>Observe process; make observations sparingly, Provide less structure, Encourage member-member support, Be a resource to the group, Follow-up absences, Monitor progress; renegotiate treatment plans</td>
</tr>
<tr>
<td>Closure</td>
<td>Separation, Loss, Grief, Life after group</td>
<td>Design activities to help with continuing care planning, Allow expression of grief feelings, Anticipate regression</td>
</tr>
</tbody>
</table>

In order to strike this balance you as the group leader will need to communicate effectively with the group. A beneficial framework for giving feedback to the group is the ORAL method, as illustrated below:

**O** Observe: event, behavior, situation.

**R** Report: share observation.

**A** Assumption: what you think is happening or causing the situation.

**L** Level: honest sharing of feeling or concern.

Group Interventions

An intervention in group therapy is an action intended to bring about a change in the group’s focus. It requires the group leader to:

- have a solid understanding of what is happening within the group at a particular stage or moment,

- make a decision regarding what to do, and

- act to encourage and facilitate the change.

An intervention can be in the form of an interpretation, question, request, or self-disclosure. A group leader may need to intervene when:

- there are difficulties in the group’s functioning,

- the group is avoiding process issues,

- members engage in an unconstructive discussion, or

- when group goals necessitate a shift in focus.

The characteristics of an effective intervention include focus, immediacy, and responsibility:

**Focus**

Refers to whether the intervention is focused on individual behavior, interpersonal behavior, or behavior of the entire group.

**Immediacy**

Refers to the process, the “here and now”, feelings and ideas being expressed in the group.

**Responsibility**

Refers to considering how the group will respond to the intervention. Will one person, two or three people, or the whole group be responding to the intervention?
Ask yourself the following questions when contemplating an intervention:

What is the issue?
Is an intervention necessary?
How will I intervene?
How does the intervention relate to focus, immediacy, and responsibility?
What are my desired outcomes from the intervention?

The chart on page 2 highlights intervention issues to consider at different stages of group development.

Resistance
Resistance can express itself in a number of ways. It can be how the client responds to doubt, fear, perceived loss of control or a felt need to change. While resistance is inevitable, you can manage it by utilizing techniques described in the motivational interviewing literature. Here are some examples:

Simple Reflection
Simply repeat or rephrase what the client has said. This lets the client know that you have heard them and that you do not intend to debate or argue with their comment.

Amplified Reflection
Amplify or exaggerate the point made by the client to a degree that the client will disagree with it.

Double-sided Reflection
Reflect both the current, resistant statement, and a previous, contradictory statement the client has made.

Shifting Focus
Simply shift to a different topic. At times counseling goals are better achieved by simply not responding to the resistant statement.

Emphasizing Personal Choice and Control
Acknowledging that the client must make the final decision about their behavior can reduce reactance.

Reframing
Invite the client to examine their perceptions in a new light or reorganized form.

Sources:


Post-Test
Series 14

Circle the correct answer for each question

#1
In the Acquaintanceship stage of development group issues include:
   a. attendance.
   b. trust building.
   c. testing ground rules.
   d. none of the above.

#2
Behaviors during the Acquaintanceship stage of group development include: self-protection, defiance, compliance, victim statements, and externalizing.
   True False

#3
Which of the following are techniques used in the Stages-of-Change approach to group therapy?
   a. role clarification.
   b. goal setting.
   c. reinforcement.
   d. “a”, “b”, and “c”.

#4
Effective group leaders:
   a. respect group members and show patience.
   b. ignore process issues.
   c. work to deter tension.
   d. all of the above

#5
Issuing advice and using warnings to keep group members on task are attributes of an effective group leader.
   True False

#6
Cohesion has little to do with group members’ commitment to remaining in group therapy.
   True False

#7
Group therapy can help clients:
   a. enhance self-responsibility.
   b. increase readiness for change.
   c. build support for recovery.
   d. all of the above.

#8
In the Stages-of-Change approach to group therapy the counselor will change strategies when they sense resistance.
   True False

#9
Counselors can enhance group cohesion through:
   a. spending time on pre-group preparation.
   b. modeling appropriate behavior.
   c. setting group norms without being overly directive.
   d. all of the above.

#10
Clients have the best outcomes when both individual and Group Drug Counseling (GDC) are used together.
   True False

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Contact Mary Anne Bryan at (503) 373-1322 ext. 22248
We are interested in your reactions to the information provided in **Series 14** of the *Addiction Messenger*. As part of your 2 continuing education hours we request that you write a short response, approximately 100 words, regarding Series 14. The following list gives you some suggestions but should not limit your response.

What was your reaction to the concepts presented in Series 14?

How did you react to the amount of information provided?

How will you use this information?

Have you shared this information with co-workers?

What information would you have liked more detail about?

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