Advanced Large-Group Facilitation

THE TALKING THERAPIES UK PRACTITIONER SERIES



Advanced Large-Group Facilitation

Programme design, evaluation and training other facilitators

Advanced level · 12 hours of continuing professional development

TALKING THERAPIES UK

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First edition, 2026.

This manual accompanies the Advanced Large-Group Facilitation course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

This printing was set on 21 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

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How to use this manual

This advanced course moves from delivering an existing programme to designing a new one, evaluating it honestly, and training and quality-assuring the facilitators who deliver it. You will study how to design a large-group psychoeducation programme from the evidence base, drawing on the Dolan et al. (2021) review and the Williams et al. (2018) trial to choose session count, content sequence and attendance model, and how to integrate a webinar or workshop programme with the practice's existing self-help catalogue so each can act as a front door to the other. The course then teaches routine outcome measurement at the group and programme level, including the honest limits of what evaluation without a control group can show in routine delivery, before turning to training new facilitators against a defined competency framework and quality-assuring a team of facilitators who deliver the same named programme. The course is intended for senior practitioners and those responsible for designing or overseeing large-group provision.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at advanced level and carries 12 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

PART 1

Designing and evaluating a large-group programme

Building a new programme from the evidence base, and evaluating it honestly at scale.

CHAPTER 1

Designing a new large-group psychoeducation programme

This lesson teaches how to design a new large-group programme from the evidence base reviewed earlier in this pathway, choosing session count and content sequence informed by the Stress Control model that Dolan et al. (2021) evaluated and the community group guided self-help format Williams et al. (2018) trialled, deciding between a closed-course and a rolling-attendance model for the target population, and integrating the resulting programme with the practice's existing self-help workbooks so that a webinar can act as a front door into structured self-help, or a self-help programme can signpost into a relevant webinar series.

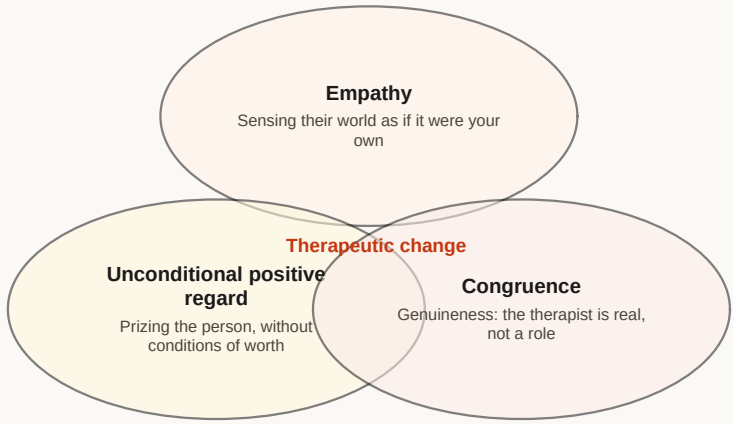


FIGURE 1.1 Rogers' core conditions

Person-centred therapy holds that when the therapist offers empathy, unconditional positive regard and congruence, and the client perceives them, the conditions for constructive personality change are present. They are ways of being, not techniques to perform.

Points worth keeping

- Choosing session count and sequence from the evidence base
- Closed-course versus rolling-attendance design decisions
- Integrating a new programme with the existing self-help catalogue
- A webinar as a front door to self-help, and vice versa

PRACTICE TASK

Outline the session count, sequence and attendance model you would choose for a new large-group programme on a topic of your choice, with a one-line justification for each choice.

CHAPTER 2

Evaluating outcomes at the group and programme level

This lesson teaches routine outcome measurement across a large-group programme: collecting brief pre- and post-course measures for anxiety and depression at the group level, using the effect sizes reported in Dolan et al.'s (2021) meta-analysis as a benchmark against which the practice's own routine outcomes can be honestly compared, and the practical challenge of follow-up at scale, where attendance and response rates to outcome measures both tend to fall off. The lesson teaches naming this limitation plainly: routine delivery without a control group cannot establish causation the way a trial can, even where outcomes look favourable.

Points worth keeping

- Routine pre- and post-course outcome measurement at group level
- Benchmarking routine outcomes against published meta-analytic effect sizes
- The practical challenge of follow-up and response rates at scale
- Naming honestly what routine evaluation without a control group cannot show

PRACTICE TASK

Design a simple pre/post outcome measurement plan for a six-week programme, noting at which points you would expect response rates to fall.

PART 2

Training and quality-assuring facilitators

Building new facilitators' competence, and maintaining consistency across a facilitator team.

CHAPTER 3

Training new facilitators

Training a new facilitator for large-group work is a qualitatively different undertaking from supervising an individual therapist or coaching a small-group practitioner. The stakes are amplified by scale: a single poorly managed moment of visible distress, an ill-timed disclosure, or a facilitator whose voice and pacing signal anxiety to forty participants can destabilise a room in ways that take considerable skill to repair. For this reason, the pathway from novice to independent facilitator must be structured, sequential, and anchored to a defined competency framework rather than left to informal apprenticeship or the assumption that clinical training alone confers readiness. The three-stage model of observation, co-facilitation, and solo delivery, each stage gated by explicit criteria, represents the evidence-informed standard of practice for this work, and each stage carries its own learning objectives, its own supervisory demands, and its own rehearsal requirements.

The first stage, structured observation, is frequently underestimated. New facilitators often arrive with a background in individual or small-group therapy and assume that watching a session is merely a preliminary formality before the real learning begins. In practice, observation at this level

is an active, analytically demanding task that requires the trainee to hold multiple frames simultaneously. They are attending to the facilitator's vocal register and projection, noticing how the experienced practitioner modulates pace when the emotional temperature of the room rises, watching how eye contact is distributed across a large space or, in an online context, how the chat function and participant grid are scanned and managed. They are also beginning to develop what might be called a spatial or environmental awareness: where the exits are, how the seating arrangement shapes participation, which corners of the room tend to produce silence, and which participants are already showing signs of heightened affect before a word has been spoken.

To make observation genuinely productive, the training lead should provide the new facilitator with a structured observation guide aligned to the competency framework that will eventually govern their sign-off. This guide should prompt them to note specific moments rather than general impressions. When did the facilitator slow their speech, and what appeared to prompt that decision? How did they acknowledge a disclosure without inadvertently inviting further escalation from the disclosing participant or from others in the group? How did they use silence, and how did they break it? After each observed session, a debrief of no less than thirty minutes should take place, ideally the same day, while the material is fresh. The debrief is not a performance review of the experienced facilitator; it is a structured reflective conversation in which the trainee's observations are examined, their assumptions are tested, and the experienced facilitator's internal reasoning is made explicit. This transparency about clinical decision-making is itself a teaching tool of considerable power, because large-group facilitation involves a continuous stream of micro-decisions that are invisible to participants but constitute the craft of the work.

A trainee should observe a minimum of three full sessions before moving to co-facilitation, and those sessions should ideally vary in format, population, and emotional register. Observing only well-managed, uneventful sessions leaves the trainee unprepared for the variability that is intrinsic to this work. If a session involving a disclosure or a moment of visible distress does not arise naturally during the observation period, the training lead should discuss such moments in detail using case material from their own practice, so that the trainee has a conceptual map of these scenarios before encountering them in a live context.

The second stage, co-facilitation, is where the trainee begins to inhabit the facilitator role under conditions of supported exposure. The structure of co-facilitation should be negotiated explicitly at the outset: who leads which sections, how handovers will be signalled, and what the protocol is if the lead facilitator needs to intervene during a section the trainee is managing. These agreements are not merely logistical; they are themselves a model of the kind of clear, boundaried communication that effective large-group facilitation requires. Participants in large groups are acutely sensitive to ambiguity between facilitators, and any visible uncertainty about roles can erode the sense of containment that makes the group feel safe enough for genuine engagement.

During co-facilitation, the trainee should take progressively increasing responsibility across sessions. In the first co-facilitated session, they might manage the welcome, housekeeping, and one structured exercise. By the third or fourth session, they should be leading the majority of the content, with the experienced facilitator present as a resource rather than a co-equal partner. Feedback after each co-facilitated session should be structured around the competency framework, specific, and balanced. Vague encouragement is not useful at this stage; the trainee needs to know precisely what they did well and precisely what requires development, with concrete examples drawn from the session just completed.

The competency framework that governs both the co-facilitation period and the eventual sign-off should address at minimum four domains. The first is voice and pacing. In large-group work, the facilitator's voice is not merely a communication tool; it is a regulatory instrument. A voice that is too fast signals anxiety and can activate the group's own anxiety in response. A voice that is too slow or too quiet can lose the room's attention and create a vacuum that participants fill with their own distress or distraction. The trainee must demonstrate that they can project clearly without shouting, that they can slow their pace deliberately when the content is emotionally heavy, and that they can use pause and silence as active interventions rather than as gaps to be filled. Assessment of this domain should include direct observation and, where possible, audio or video review, since facilitators are often unaware of their own vocal patterns under pressure.

The second domain is room or chat management. In a physical large-group setting, this encompasses the facilitator's use of space, their ability to read

the room's energy and respond to it, their management of latecomers and early leavers, and their capacity to redirect side conversations without shaming participants. In an online setting, the equivalent competencies include monitoring the chat for disclosures or distress signals while continuing to facilitate verbally, managing breakout rooms, and using the mute and unmute functions in ways that feel facilitative rather than controlling. These are technical skills with a relational dimension, and they require practice that is specific to the modality. A facilitator who is highly competent in a physical room may need significant additional preparation before working online, and vice versa.

The third domain is disclosure and anxiety management. This is the area that carries the greatest clinical risk and that benefits most from deliberate rehearsal before a new facilitator encounters it in a live session. In large-group work, disclosures can arise unexpectedly and can escalate rapidly if not managed with skill. The facilitator must be able to acknowledge a disclosure warmly and without dismissiveness while simultaneously containing it, so that the disclosing participant feels heard and the rest of the group does not feel that the session has been derailed or that they are now responsible for the disclosing person's wellbeing. This is a genuinely difficult balance to strike, and it requires a repertoire of specific verbal and non-verbal responses that must be practised until they are available under pressure.

The fourth domain is visible distress handling. A participant who becomes visibly distressed during a large-group session presents a different challenge from a disclosure, because the distress may be non-verbal and may not be accompanied by any explicit communication. The facilitator must be able to notice distress signals at a distance, make a decision about whether to acknowledge them publicly or to arrange a private check-in, and manage the rest of the group's response to what they are witnessing. The competency framework should specify the facilitator's responsibilities in this scenario, including when to pause the session, how to involve a co-facilitator or support staff member if available, and what follow-up is required after the session ends.

Rehearsing these two domains specifically, disclosure and distress handling, before the trainee encounters them in a live context is not optional. Role-play and simulation are the appropriate methods here, and they should be

conducted with sufficient realism to activate something of the anxiety that the real scenario would produce. A worked example illustrates the value of this preparation. Consider a trainee facilitator, Priya, who is preparing to co-facilitate a psychoeducation group for adults experiencing anxiety. During a rehearsal session, her training lead plays a participant who begins to describe a recent panic attack in escalating detail, making eye contact with Priya and appearing to seek permission to continue. Priya's first instinct, as it is for many trainees, is to let the participant finish, partly out of compassion and partly because interrupting feels rude. The rehearsal allows her to experience the pull of that instinct and to practise the alternative: a warm, firm acknowledgement that names what the participant is sharing, validates its importance, and redirects to the group format without abandonment. She practises the specific language: thanking the participant for their openness, noting that what they are describing sounds significant and deserves proper attention, and offering to connect them with support after the session while returning the group's focus to the shared content. She practises this three times in the rehearsal, each time with a slightly different emotional register from the training lead, until the response begins to feel natural rather than effortful. When a similar moment arises in her first co-facilitated session, she is not encountering it for the first time.

The third stage, formal competency sign-off, marks the transition to independent delivery and should be treated with the same rigour as any clinical competency assessment. Sign-off should be conducted by a senior facilitator or training lead who has directly observed the trainee across the co-facilitation period and who can make an evidence-based judgement about readiness. The sign-off process should include a structured review of the trainee's performance against each domain of the competency framework, a reflective conversation in which the trainee articulates their own assessment of their development, and an explicit discussion of any areas of residual concern and how they will be monitored after independent delivery begins. A trainee who has not yet demonstrated consistent competence in any one domain should not be signed off, regardless of their competence in other areas. The framework is not a checklist to be partially completed; it is a threshold to be fully met.

After sign-off, the transition to independent delivery should be supported by ongoing supervision that is specific to large-group facilitation rather than absorbed into a generic clinical supervision arrangement. The early period of

independent practice is when consolidation occurs and when the habits that will define the facilitator's long-term practice are formed. Regular, structured reflection on the domains covered in the competency framework, combined with peer observation where possible, ensures that the investment made in the training pathway continues to yield returns long after the formal sign-off has taken place.

Points worth keeping

- Observation before co-facilitation before solo delivery
- A defined competency framework: voice, pacing, room or chat management
- Rehearsing disclosure-anxiety and distress-handling content specifically
- Formal competency sign-off before independent delivery

PRACTICE TASK

Design a three-stage progression (observe, co-facilitate, solo) for bringing a new facilitator to independent delivery, with one sign-off criterion at each stage.

CHAPTER 4

Quality assurance across a facilitator team

This lesson teaches how to maintain consistency when several facilitators deliver the same named programme: sampling live or recorded sessions for quality review, collecting participant feedback at scale and looking for patterns rather than isolated comments, feeding genuine content gaps revealed by sessions back into the shared materials rather than leaving each facilitator to improvise a fix, and managing the natural variation between facilitators' styles without flattening it into uniformity that loses what makes each facilitator effective.

Points worth keeping

- Sampling live or recorded sessions for quality review
- Collecting and pattern-matching participant feedback at scale
- Feeding genuine content gaps back into shared materials
- Managing facilitator variation without enforcing false uniformity

PRACTICE TASK

Describe how you would sample and review one in five sessions across a team of four facilitators delivering the same programme over a month.

The end of the sample

This is a free sample of “Advanced Large-Group Facilitation”, and it ends here.

Everything you have read here is from the opening of the book, set exactly as it is printed in it. The rest follows in the same way, chapter by chapter, with its worksheets, its examples and its reference list.

The full book is on sale in the Talking Therapies UK shop. A copy is yours to keep, as a PDF and an ebook, licensed to you by name: a short line saying so is printed at the foot of each page of the PDF and on the title page of the ebook.