Co-occurring Disorders Support Groups

San Jose City College

Learning Objectives

- Explore assumptions of group development
- Differentiate stages of group development: forming, storming, norming, performing and adjourning
- Distinguishing between process and psychoeducation groups
- Addressing challenges in group facilitation: handling being under-the-influence, manually based modules (seeking safety), differences in populations, and managing counter-transference with co-occurring population

Introductions

1. I will call on those individually who have the voice access to introduce yourself to the group
2. Those using the chat function please submit your introduction and we will read it to the group
3. Please include:
   a. Name
   b. Agency
   c. Position
   d. One thing you want to get out of the training
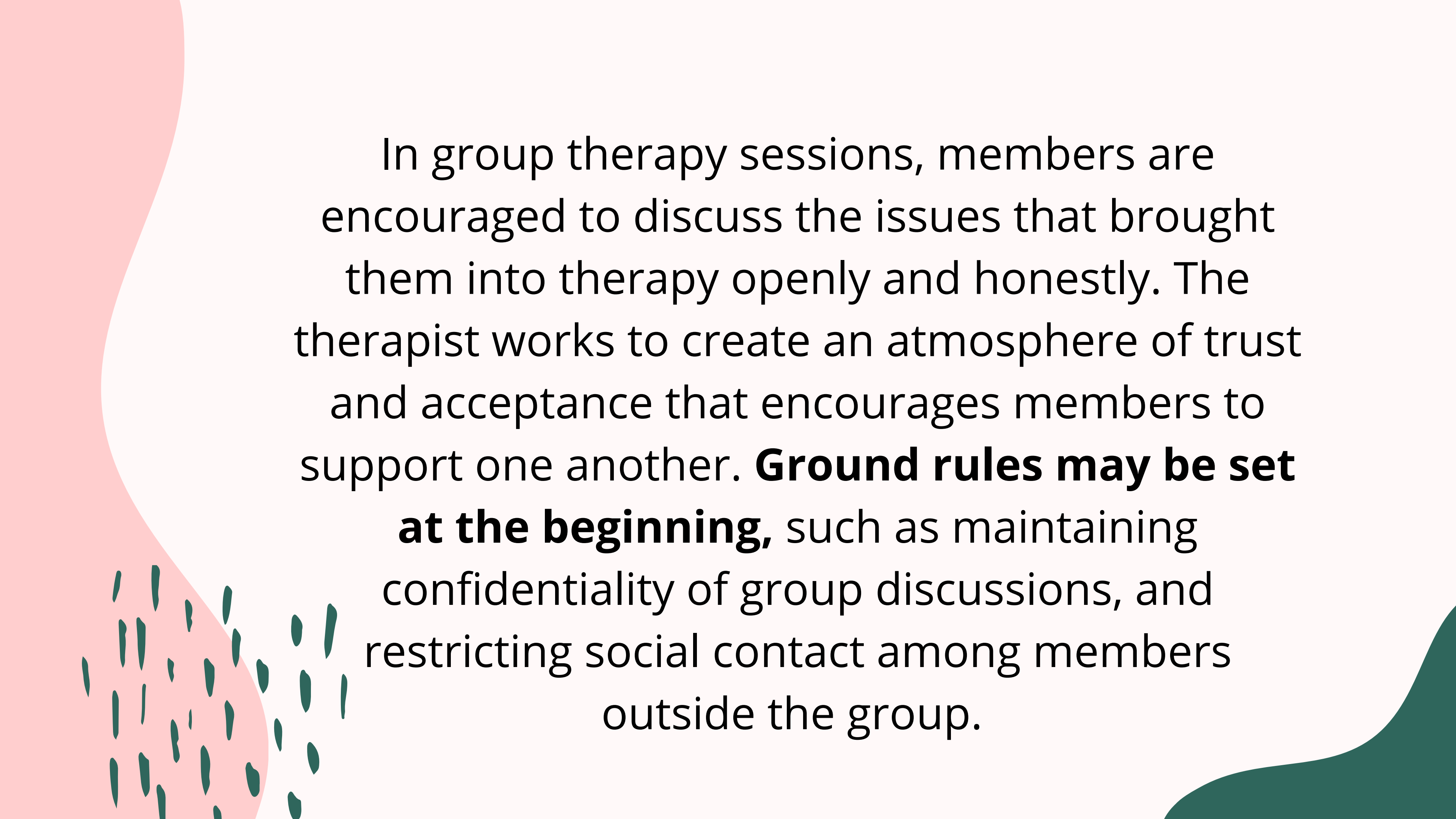
Why Group Is Effective

In 1968, Irvin Yalom asked 64 questions to identify 'value' to individuals in groups. The highest scoring top three responses were:

1. **Discovering and accepting previously unknown or unacceptable parts of myself**
2. **Being able to say what was bothering me instead of holding on to it**
3. **Other members honestly telling me what they think of me**

How do therapy groups work?

The number of sessions in group therapy depends upon the group's makeup, goals, and setting. Some are time limited, with a predetermined number of sessions known to all members at the beginning. Others are indeterminate, and the group and/or therapist determines when the group is ready to disband. Membership may be closed or open to new members. The therapeutic approach used depends on both the focus of the group and the therapist's orientation.

In group therapy sessions, members are encouraged to discuss the issues that brought them into therapy openly and honestly. The therapist works to create an atmosphere of trust and acceptance that encourages members to support one another. **Ground rules may be set at the beginning,** such as maintaining confidentiality of group discussions, and restricting social contact among members outside the group.

Group Norms- what is expected and "normal" in group.
I think of it as the group culture
Group Rules -
What you cannot do and consequences
These:

- Establish expectations
- Can be formal and informal
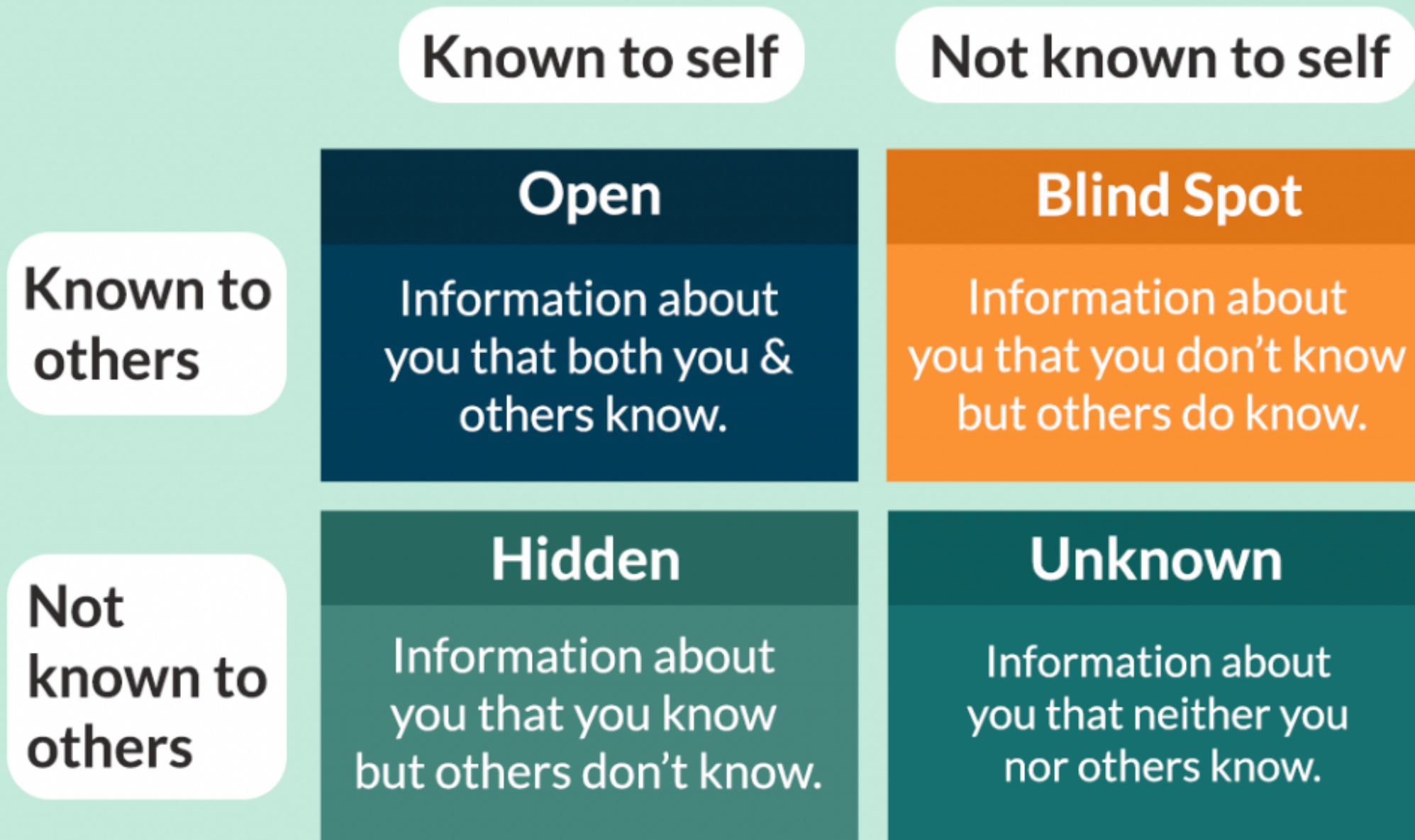- Help create a sense of security through routine and stable interactions.

The therapist facilitates the group process, that is, the effective functioning of the group, and guides individuals in self-discovery. Depending upon the group's goals and the therapist's orientation, sessions may be either highly structured or fluid and relatively undirected. Typically, the leader steers a middle course, providing direction when the group gets off track, yet letting members set their own agenda.

The therapist may guide the group by reinforcing the positive behaviors they engage in. For example, if one member shows empathy and supportive listening to another, the therapist might compliment that member and explain the value of that behavior to the group. In almost all group therapy situations, the therapist will emphasize the commonalities among members to instill a sense of group identity.

Create Self-Awareness with Johari Window

	Known to self	Not known to self
Known to others	**Open** Information about you that both you & others know.	**Blind Spot** Information about you that you don't know but others do know.
Not known to others	**Hidden** Information about you that you know but others don't know.	**Unknown** Information about you that neither you nor others know.

The bigger your windows on the left side of the pane; the more self-aware you are.

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Using the Johari Window

Differentiating between Process and Content Groups

Process:

How are the members relating to each other?

Responding to the Topic?

Are group members engaged, productively?

Group process is where defenses show up - behaviors to manage anxiety.

Differentiating between Process and Content Groups

Content (topic) is often related to the past:

Often not relating to others in the group

Is this a topic that lends itself to "work"?

"How can the group help with this?"

An Interpersonal process group is not one-on-one counseling with silent witnesses

Your job as the facilitator is to get them to talk to each other (*not to you and you to them*).
How do other group members relate to this?
Who has navigated a similar situation successfully?
How can the group be supportive with this issue?

Results

Studies have shown that both group and individual psychotherapy benefit about 85% of the patients who participate in them. Ideally, patients leave with a better understanding and acceptance of themselves, and stronger interpersonal and coping skills. Some individuals continue in therapy after the group disbands, either individually or in another group setting.

Four major assumptions

There are four major assumptions underpinning all models of group development. **The first assumption** is that groups develop in regular and observable patterns allowing for predictions of future group behavior. Understanding the group's developmental status may inform the therapist about the maturity of the group member's interaction, while clarifying the path needing to be taken to encourage greater levels of growth and development as a group for members to benefit.

The second assumption asserts that the same developmental features of the group will be evident across all treatment groups that develop in a normative fashion. For example, most models assume that conflict emerges in the second stage of group development so this is to be expected in any group taken when emersed in the second stage of group development. However, while a general assumption, it is also understood that there is variation to this standard norm. For example, conflict may also emerge in the later stages of group development after sufficient safety and trust have been established due to differences of opinion or other as a consequence of any number of mitigating variables (Bernard, Burlingame, Flores, Greene et al., 2008).

The third assumption is that later stages of group development are dependent on the successful negotiation of earlier developmental stages. However, it is also important to note that development in certain groups may not always be graduated, whereby they may not follow a normal progression through proposed stages. **The fourth assumption** of most models is that over time groups will manifest increased interactional complexity, but may also on occasion revert back to earlier stages of development (Bernard, Burlingame, Flores, Greene et al., 2008).

VIDEO

(394) Forming, storming, norming, performing, and adjourning (as told by the Fellowship of the Ring) – YouTube 4:59

Group Developmental Stages

Stage 1 – Forming

In the **Forming stage**, personal relations are characterized by dependence. Group members rely on safe, patterned behavior and look to the group leader for guidance and direction. Dependency on the group leader or the therapist is high while the group member's focus will primarily be on issues of *dependency and inclusion.* The members may also be experiencing anxiety, ambivalence and uncertainty about the group. This is because group members have a desire for acceptance by the group and a need to know that the group is safe. Group members will set about gathering impressions and data about the similarities and differences among members of the group and start forming preferences for future sub grouping. The common behavior at this stage of the group seems to be to *keep things simple and to avoid controversy.* Serious topics and feelings are generally avoided although members may engage in tentative self disclosure and sharing.

Stage 1 - Forming

The major task at this stage is concerned with orientating members to th
tasks and each other. So, discussion will often center around defining the
scope of the task, how to approach it, and similar concerns. ***The role of the
therapist at this stage is to be educative and clarify the group's purpose and
the therapist's role and to offer guidance for the operation of the group and
member participation.*** Strategically the leader allows for regulation of
interpersonal distance but invites trust while assisting each member to
identify personal goals and identify commonalities between each other
(Bernard, Burlingame, Flores, Greene et al., 2008). To grow from this stage to
the next, each member must relinquish the comfort of non-threatening topics
and instead, risk the possibility of conflict (Bernard, Burlingame, Flores,
Greene et al., 2008).

Layers of Discussion in Group

- **Here and Now**: Managing group relationships "In the moment" emotions
- "**Me in the Present**": Identifying current stressors Developing Plans

- "**Me in the Past**": Telling war stories
- **Talking Philosophy**: Ideas, things (easy topics), "killing time"

Layers of Discussion in Group

Talking about past events are not usually fruitful topics that can help with making current life changes unless the past is somehow impacting the current situation

Get enough background for relevance, then switch to here and now focus

Vertical Content Discussions

Asking clarification questions is fine. . . without going to deeply into a one person topic

Always try to turn the content into group process

Does the person need feedback? Support?

Horizontal Content Discussions

Always try to get the clients to talk directly to each other

"That's a powerful story you just shared. I'm wondering who is having a reaction to this?"

Stages of Progression in a Process Group

- **Avoid: Hide and Pretend** "I don't have a problem," "I don't have anything to say about this?"
- **Projection, Transference Counter-transference** "I'll talk about it, but it is because of THEM! That is the problem."
- **Ownership/Awareness/sacrifice/compromise/strategy** "Maybe some of this is about me." "I accept what others are saying."
- **Resolution of issues and Relating to others** "When I take ownership of my feelings and impact on others, I ENJOY relating to people."

Stage 2 - Storming

The next stage, **Storming**, is characterized by competition and ***conflict in the personal relations being developed between group members and the group therapist***. As the group members attempt to organize for the task, conflict inevitably result. Individuals have to bend their feelings, ideas, attitudes, and beliefs to suit those of the group organization. This requires a process of listening to and understanding differences between members. Because of "fear of exposure" or "fear of failure," there will usually be an increased desire for structural clarification and commitment.

Questions will arise about who is going to be responsible for what, what the rules are, what the reward system is, and what is the criteria for evaluation. ***These reflect conflicts over leadership, structure, power, and authority***. There may be wide swings in members' behavior based on emerging issues of competition and hostilities. Because of the discomfort generated during this stage, some members may remain completely silent while others attempt to dominate.

Stage 2 - Storming

Many theories of group development hold that these types of conflicts and tensions over authority and status are essential for the emergence of genuine cohesion and cooperation. ***In order to progress to the next stage, group members must move from a "testing and proving" mentality to a problem-solving mentality.*** The therapist's role at this stage is to reaffirm the group's purpose and members' common goals. Group rules and expectations are reinfused and the therapist encourages group cohesion and interpersonal learning among the members. The therapist elicits the expression of negative affect and assists members to identify and resolve conflict.

Stage 2 - Storming

Behavior that is incongruent with the group's goals is confronted if necessary. The leader should avoid labelling individuals in terms of specific roles or rigidly identifying with members subgroups. The most important trait in helping groups to move on to the next stage seems to be in each member's ability to listen and understand, accept and respect the multifaceted nature of varying personalities and perspectives within the group (Bernard, Burlingame, Flores, Greene et al., 2008).

VIDEO

(394) Irvin Yalom Outpatient Group Psychotherapy Video – YouTube 4:11

Stage 3 - Norming

In Tuckman's **Norming** stage, interpersonal relations are characterized by cohesion. This is because group members have reached a consensus of group dynamics and norms that allows for both the commonalities and unique individual qualities of each group member. As such, group members are engaged in active acknowledgment of all members' contributions, in community building and maintenance of group norms, and in solving any group issues that arise. Members are also more willing to change their preconceived ideas or opinions on the basis of facts presented by other members, and they actively ask questions of one another creating friction and conflict. Leadership is shared, and cliques dissolve. When members begin to know and identify with one another, the level of trust in their personal relationships contributes to the development of group cohesion.

Stage 3 - Norming

It is during this stage of development (assuming the group gets this far) that people begin to experience a sense of group belonging and a feeling of relief as a result of resolving interpersonal conflicts. The major task of stage three is the information flow between group members. Information flow is where they share feelings and ideas, solicit and give feedback to one another, and explore actions related to the task, all in the context of demonstrated trust between group members. As a consequence, creativity is high. Interactions are characterized by openness and sharing of information on both a personal and task level. Members feel good about being part of an effective group.

Stage 3 - Norming

At this stage, the group therapist's interventions aim to maintain a balance between support and confrontation. The primary role is to facilitate the working process around feedback, promoting insight and encouraging problem solving in an ongoing manner. A derailment of the group process during this stage may suggest that the group members are revisiting a previous developmental issue (Bernard, Burlingame, Flores, Greene et al., 2008).

VIDEO

(394) GROUP COUNSELING VIDEO #3 –
YouTube (up to 7:59)

Stage 4 - Performing

The **Performing** stage is not always reached by all groups. If group members are able to evolve to stage four, their capacity, range, and depth of personal interaction expands to a constructive and vibrant interdependence. In this stage, people can work independently, in subgroups, or as a total unit with equal facility. Their roles and authorities dynamically adjust to the changing needs of the group and individuals at the time. Stage four is marked by interdependence in personal relationships, acceptance of individual differences and problem solving in the realm of task functions. It is at this stage the group should be most productive.

Stage 4 - Performing
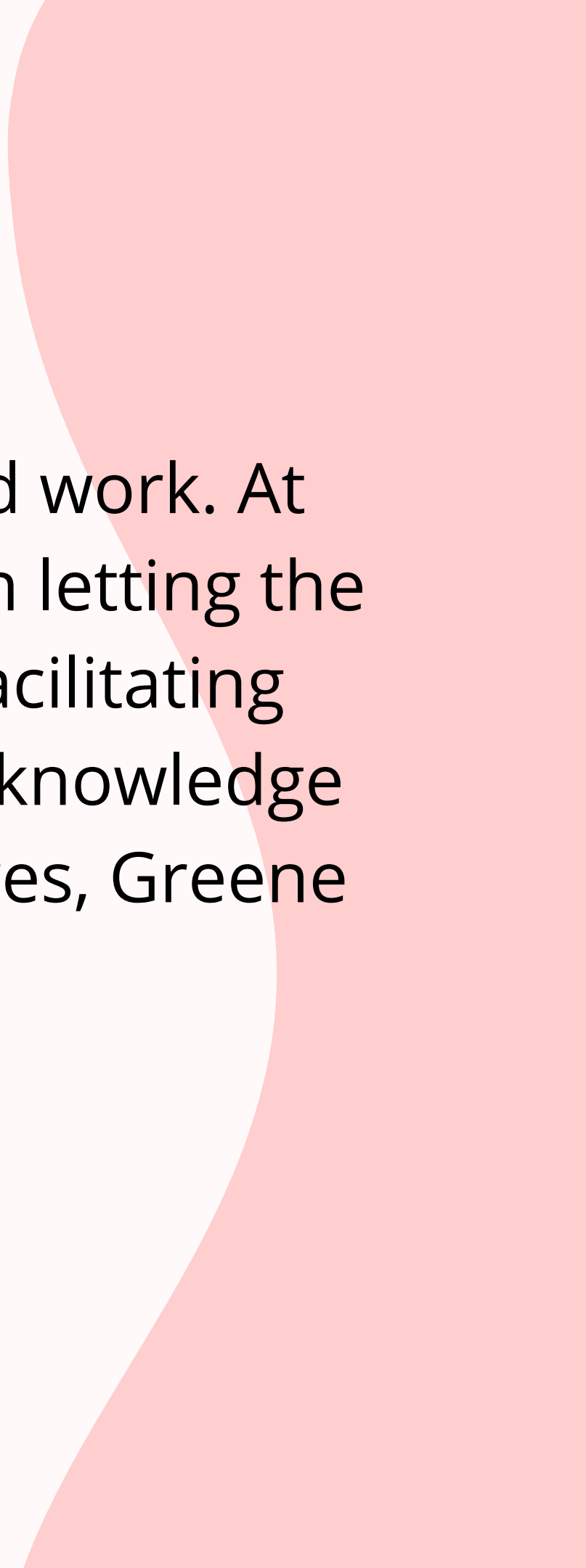
Individual members have become self-assuring, and the need for group approval is in the past. All members feel accepted and an authentic sense of belonging so they do not have to focus time and energy on to these needs anymore. Members are both highly task oriented and highly people oriented. There is unity, group identity is complete, group morale is high, and group loyalty is intense as the group has reached maturity. The task function becomes genuine problem solving, leading toward optimal solutions and optimum group development. There is support for experimentation in solving problems and an emphasis on achievement.

Stage 4 - Performing

The overall goal is productivity through problem solving and work. At this stage of performing, the group therapist focuses more on letting the group run itself whereby the therapist focuses mainly on facilitating member to member empathy, and assist the members to acknowledge and amplify individual differences (Bernard, Burlingame, Flores, Greene et al., 2008).

Stage 5 - Adjourning/Termination

Tuckman's final stage, **adjourning**, involves the termination of task behaviors and disengagement from the group relationships. A planned conclusion usually includes recognition of participation, achievements, and an opportunity for members to say personal goodbyes. Concluding a group can create some apprehension or a minor crisis. With ending in sight, the group may experience upheaval, sadness, anxiety, and anger. The termination of the group is a regressive movement from giving up control to giving up inclusion in the group. The members may experience the ending of therapy as a profound relationship loss especially if the group has become a significant source of psychological support. Defensive efforts of denial will alternate with periods of productive work.

Stage 5 - Adjourning/ Termination

The most effective interventions at this stage are those that facilitate task termination and the disengagement process. The role of the group therapist at this stage is to assist members to express their feelings about adjourning the group process while also attending to any unfinished business prior to the conclusion of the group. The group therapist may also facilitate a systematic review and evaluation of the group progress and encourage planning for a post group period. The therapist must also facilitate opportunities for group members to express proper goodbyes (Bernard, Burlingame, Flores, Greene et al., 2008).

Stage 5 - Adjourning/Termination

Some group members may require further follow-up and treatment. This will need to be assessed accordingly. It is important to note that termination will have pathological issues if the group members formed dependent relationships rather than interdependent relationships. Thus, for effective termination to take place, the group therapist needs to ensure from the start that relationships formed are healthy and functionally interdependent rather than excessively dependent.

Addiction & Group Therapy

Addiction therapy groups which are guided or moderated by a therapist or other professional offer even greater benefits to those battling drug and alcohol addiction. These groups tend to be smaller. The information divulged in this context is far more likely to remain confidential.

Advantages of Groups for Co-occurring Disorders

Groups provide positive peer support and pressure to abstain from substances of abuse.

Unlike AA, and, to some degree, substance abuse treatment program participation, group therapy, from the very beginning, elicits a commitment by all the group members to attend and to recognize that failure to attend, to be on time, and to treat group time as special disappoints the group and reduces its effectiveness. Therefore, both peer support and pressure for abstinence and medication compliance are strong.

Groups reduce the sense of isolation that most people who have co-occurring disorders experience.

At the same time, groups can enable participants to identify with others who are struggling with the same issues. Although AA and treatment groups of all types provide these opportunities for sharing, for some people the more formal and deliberate nature of participation in process group therapy increases their feelings of security and enhances their ability to share openly.

VIDEO

(394) GROUP COUNSELING VIDEO #4 –
YouTube 9:19

Groups enable people who abuse substances to witness the recovery of others.

From this inspiration, people who are addicted to substances gain hope that they, too, can maintain abstinence. Furthermore, an interpersonal process group of long duration allows a magnified witnessing of both the changes related to recovery as well as group members' intra- and interpersonal changes. This is a strong argument for ongoing aftercare groups.

Groups help members learn to cope with their substance abuse and other problems by allowing them to see how others deal with similar problems
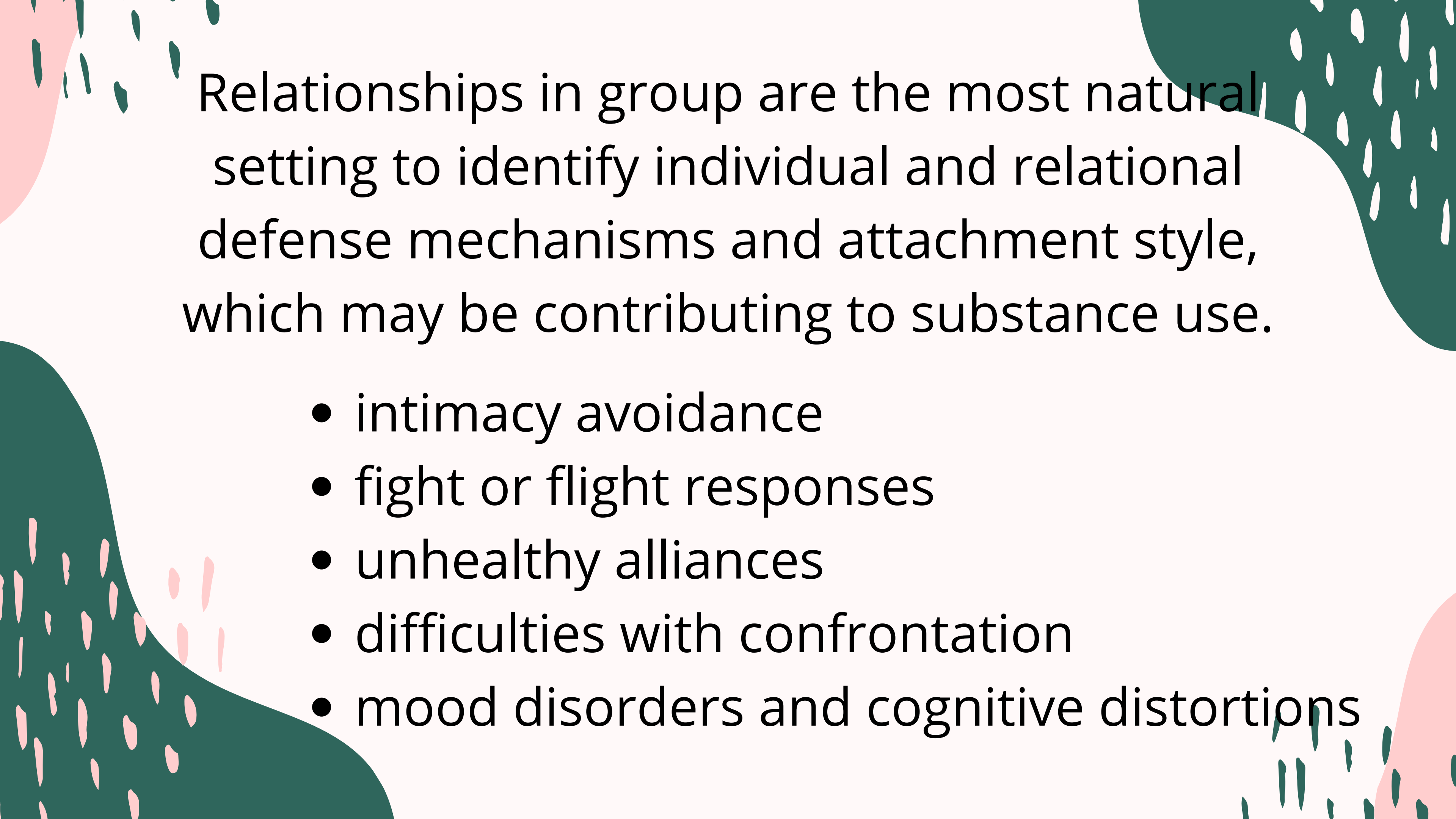
Groups can accentuate this process and extend it to include changes in how group members relate to bosses, parents, spouses, siblings, children, and people in general.

Clients in co-occurring groups are often reacting to or complaining about situations, people, and circumstances and likely connecting this to their substance use.

This is a challenge. What would you like to happen? What can you do about it?

How can the group help manage this situation? Has anyone else ever faced this situation?

Relationships in group are the most natural setting to identify individual and relational defense mechanisms and attachment style, which may be contributing to substance use.

- intimacy avoidance
- fight or flight responses
- unhealthy alliances
- difficulties with confrontation
- mood disorders and cognitive distortions

Groups can provide useful information to clients who are new to co-occurring recovery

- For example, clients can learn how to avoid certain triggers for use, the importance of abstinence as a priority, and how to self-identify as a person recovering from substance abuse.
- Group experiences can help deepen these insights. For example, **self-identifying as a person recovering from a co-occurring disorder** can be a complex process that changes significantly during different stages of treatment and recovery and often reveals the set of traits that makes the system of a person's self as altogether unique.

Groups provide feedback concerning the values and abilities of other group members.

This information helps members improve their conceptions of self or modify faulty, distorted conceptions. In terms of process groups in particular, as specific themes emerge in a client's group experience, repetitive feedback from multiple group members and the therapist can chip away at those faulty or distorted conceptions in slightly different ways. Members realize they not only are correctable, but also the very process of correction and change is revealed through the group processes.

Working in the Here-and-Now relationship in a Process group helps develop relationship skills for outside interactions

- Clear communication
- Identifying emotions
- Develop listening skills
- Practice assertiveness and confrontation

- Expressing Empathy
- Supporting Others
- Learning Acceptance of other's Viewpoint
- Problem Solving

VIDEO

(394) Leading Counseling Groups with Adults Video – YouTube 2:27

Groups offer family-like experiences.

- Groups can provide the support and nurturance that may have been lacking in group members' families of origin. The group also gives members the opportunity to practice healthy ways of interacting with their families.

- Groups encourage, coach, support, and reinforce as members undertake difficult or anxiety-provoking tasks.

Groups offer members the opportunity to learn or relearn the social skills they need to cope with everyday life instead of resorting to substance abuse or self-medication.

Group members can learn by observing others, being coached by others, and practicing skills in a safe and supportive environment.

Groups can effectively confront individual members about substance abuse and other harmful behaviors.

- Such encounters are possible because groups speak with the combined authority of people who have shared common experiences and common problems.
- Confrontation often plays a part of substance abuse treatment groups because group members tend to deny their problems. Participating in the confrontation of one group member can help others recognize and defeat their own denial.

Groups allow a single treatment professional to help a number of clients at the same time.

In addition, as a group develops, each group member eventually becomes acculturated to group norms and can act as a quasi-therapist himself, thereby ratifying and extending the treatment influence of the group leader.

Groups can add needed structure and discipline to the lives of people with co-occurring disorders, who often enter treatment with their lives in chaos.

Therapy groups can establish limitations and consequences, which can help members learn to clarify what is their responsibility and what is not.

Groups instill hope, a sense that "If he can make it, so can I."

Process groups can expand this hope to dealing with the full range of what people encounter in life, overcome, or cope with.

Groups often support and provide encouragement to one another outside the group setting.

For interpersonal process groups, though, outside contacts may or may not be disallowed, depending on the particular group contract or agreements.

Groups Commonly Used in Substance Abuse Treatment

1. **Psychoeducational** groups, which educate clients about substance abuse

Psychoeducation originally developed working with psychiatric patients, and has been adapted to working with addicts and alcoholics. Since it is often difficult for the addict and their family members to accept the disease of addiction, psychoeducation can de-stigmatize psychological disturbances and addiction, and can diminish barriers to treatment.

Through an improved view of the causes and the effects of addiction, psychoeducation frequently broadens the co-occurring client's view of their drug use and this increased understanding can positively affect the client.

Important elements in psychoeducation are:

- **Information transfer** (symptomatology of the disturbance, causes, treatment concepts, etc.)
- **Emotional discharge** (understanding to promote, exchange of experiences with others concerning, contacts, etc.)
- **Support of a medication or psychotherapeutic treatment** as cooperation is promoted between the mental health and chemical dependency professional and client (compliance, adherence)
- **Assistance to self-help** (e.g. training, as crisis situations are promptly recognized and what steps should be taken to be able to help the client)

Teaching

Traditionally we think of teachers as a subject expert who delivers information to hopefully receptive learners. The teacher chooses the content of the course, and how the material is going to be delivered. It is as though students are a blank slate, waiting for teachers to fill in the missing gaps in their knowledge.

Facilitation

Facilitation encourages much more exchange of information, which was coined by American educator Malcom Knowles as "learner-centered" education. Knowles believed adults would learn better they were more involved in the decisions about their own learning, and Smith (1982) summarized his model on six assumptions:

1. Adults have a "need to know." They must have a rationale for why they need to learn a body of content.
2. Adults come to the educational setting with more relevant experience.
3. Adults have a need to be involved in the decisions about their own learning.
4. Adults learn best when they see a direct relevance of the learning to their own lives.
5. Adults are better at learning content that is oriented towards solving problems.
6. Adults respond better to intrinsic motivation rather than extrinsic motivation.

Effective Facilitators

- Have great empathy--i.e., try to see things as seen by their learners.
- Consistently use reward, seldom, if ever, use punishment, and never ridicule.
- Have a deep sense of their responsibility, enjoy their work, and like people.
- Feel secure in their own abilities, yet believe that they can do better.
- Have a profound respect for the dignity and worth of each individual and accept their fellow learners as they are without reservation.

Effective Facilitators

- Are willing to accept or try out new things and ideas and avoid drawing premature conclusions.
- Have high levels of patience.
- Recognize the uniqueness and strengths of each individual and build upon such strengths.
- Are sensitive to the needs, fears, problems, and goals of their fellow learners.
- Reflect on their experiences and attempt to analyze them in terms of success and failure.

Effective Facilitators

- Are humble in regard to their role and avoid the use of power which is assumed by some educators.
- Do not pretend to have the answers and enjoy learning along with others.
- Are continuously expanding their range of interest.
- Are committed to and involved in their own lifelong learning
- Have a keen sense of fairness and objectivity in relating to others.

Fears that Block Us

- I have to have all the answers or I am not competent!
- Anxiety about the content
- Forget to use positive encouragement in facilitating role
- I feel overwhelmed by client's inability to process information or implement the skills- maybe I am a really bad facilitator.

Cognitive Challenges in Early Recovery

I feel overwhelmed by client's inability to process information or implement the skills- maybe I am a really bad facilitator.

When thinking of cognitive problems, it is useful to remember that no human skills operate in isolation. We depend on a combination of several skills to carry out individual tasks. For example, if we want to remember what someone is saying to us, we first have to be able to:

- Attend to what they are saying (concentration)
- Understand what they are saying (language/information-processing)
- Keep up with the flow of conversation (speed of thought)

Many drugs produce cognition-related withdrawal symptoms that may make abstinence more difficult. These include:

- ATTENTION
- MEMORY
- THE ABILITY TO PROCESS AND RESPOND TO INFORMATION
- THINKING

- **Cocaine**—deficits in cognitive flexibility (Kelley et al., 2005);
- **Amphetamine**—deficits in attention and impulse control (Dalley et al., 2005);
- **Opioids**—deficits in cognitive flexibility (Lyvers and Yakimoff, 2003);
- **Alcohol**—deficits in working memory and attention (Moriyama et al., 2006);
- **Cannabis**—deficits in cognitive flexibility and attention (Pope, Gruber, and Yurgelun-Todd, 2001); and
- **Nicotine**—deficits in working memory and declarative learning (Kenney and Gould, 2008).

A Timeline for Cognitive Recovery after Abstinence

At 2 Weeks of Abstinence

The average recovering alcoholic experiences:

- Increased confusion
- Increased irritability
- Distractibility
- A decreased ability to attend and concentrate
- Slower reaction times
- A decreased ability to use verbal abstract reasoning
- Decreased verbal short-term memory
- Impaired verbal learning abilities
- Impaired mental flexibility
- Impaired visual-spatial abilities
- Decreased non-verbal short-term memory

By 60 days into recovery, distractibility, confusion and irritability have disappeared, but memory problems, concentration, learning, mental flexibility, abstract reasoning and visual-spatial deficits remain.

From 2 months to 5 years of abstinence people make incredible cognitive gains and get very close to a full restoration of normal functioning.

By 5 years, the average alcoholic may still experience:

- Problems with non-verbal abstract reasoning and non-verbal short term memory
- Diminished mental flexibility
- Diminished visual-spatial abilities
- By 5 years, all other cognitive functions have returned to a normal level state

Strategies for Fostering Effective Psychoeducation Discussions

1. Set clear expectations for client participation in discussion sessions
2. Break the ice with informal talk outside of class
3. Control and use classroom space strategically
4. Use eye contact purposefully and strategically
5. Avoid open questions; call on individual students
6. Ask good questions

VIDEO

(394) Practice Demonstration – Groups for Clients with Co-Occurring – YouTube 13:47

Counselor Role in Interpersonal Process Group

Help identify the Issue(s): Identify, clarify, discuss

Encourage the client and group to explore or work on the issue
- How can the group help you plan for or address this?
- Can the group hold you accountable?
- Has anyone had a similar experience?

Use the power of the GROUP members experiences
NOT THE COUNSELORS

Encourage and Support Relating to Others

- Empathy
- Shared Experiences
- Feedback
- Problem-Solving
- Confrontation (Pointing out what you see)

Encourage and Support Relating to Others

- Activate and highlight Here-and-Now dynamics between members
- Tie horizontal process to outside group behaviors and cognitions
- Be a coach instead of an expert: Help members understand the "why and how" of their behavior to foster self-awareness
- Avoid self-disclosure and becoming a group member

Tips to Keep the Conversation Moving

1. Paraphrase what a participant has said so that he or she feels understood and so that the other participants can hear a concise summary of what has been said.

"So what you're saying is that you have to be very careful about asking your mom for more financial support."

2. Check your understanding of a participant's statement or ask the participant to clarify what he or she is saying.

"Are you saying that your relapse plan is not realistic? I'm not sure that I understand exactly what you meant. Could you please run it by us again?"

Tips to Keep the Conversation Moving

3. Compliment an interesting or insightful comment.

"That's a good point. I'm glad that you brought that to our attention."

4. Elaborate on a participant's contribution to the discussion with examples, or suggest a new way to view the problem.

"Your comments provide an interesting point from the family's perspective. It could also be useful to consider how your sponsor would view the same situation."

5. Energize a discussion by quickening the pace, using humor, or, if necessary, prodding the group for more contributions.

"Here's a challenge for you. For the next two minutes, let's see how many ways you can think of to increase your family's ability to trust you."

Tips to Keep the Conversation Moving

6. Disagree (gently) with a participant's comments to stimulate further discussion.

"I can see where you are coming from, but I'm not sure that what you are describing is always the case. Has anyone else had an experience that is different from Jim's?"

7. Mediate differences of opinion between participants and relieve any tensions that may be brewing.

"I think that Susan and Mary are not really disagreeing with each other but are just bringing out two different sides of this issue."

8. Pull together ideas, showing their relationship to each other.

"As you can see from Dan's and Jean's comments, personal goal setting is very much a part of long term recovery. You need to be able to establish goals for yourself on a daily basis in order to more effectively manage your time."

Dealing with Difficult Clients

- Patience
- Appropriate consequences - coming to group loaded, late, narcissistic. . .
- Understand The Purpose
- Avoid Power Struggles
- Do the Opposite of What They Expect
- Don't Be Bossy - This Too is Bad Modeling
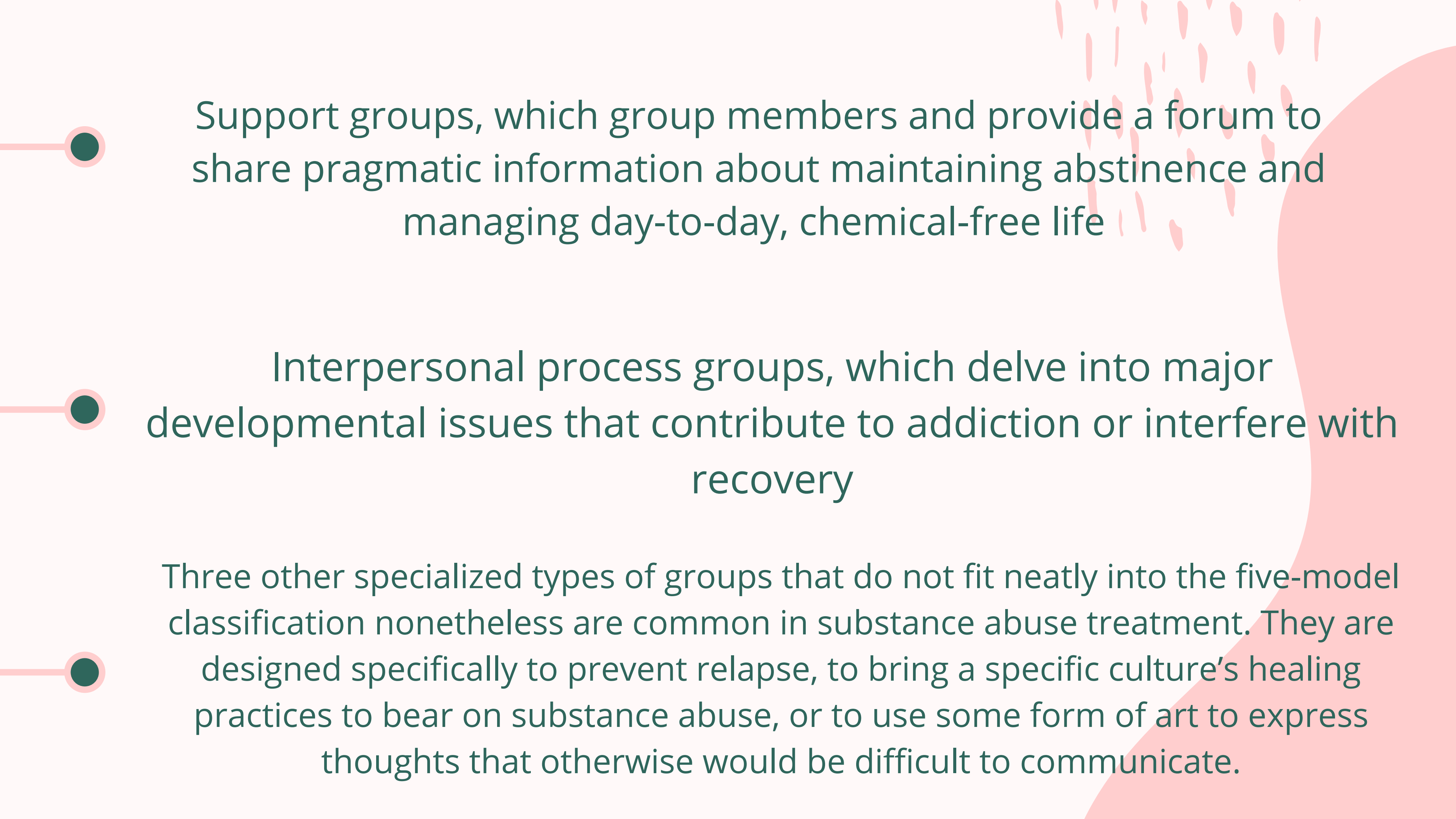- Sense of Belonging
- Up, Down, Then Up Again

Final Thoughts on Psychoeducation

- **Helping clients in the precontemplative or contemplative level of change to reframe the impact of drug use on their lives, develop an internal need to seek help, and discover avenues for change.**
- **Helping clients in early recovery learn more about their disorders, recognize roadblocks to recovery, and deepen understanding of the path they will follow toward recovery.**
- **Helping families understand the behavior of a person with substance use disorder in a way that allows them to support the individual in recovery and learn about their own needs for change.**
- **Helping clients learn about other resources that can be helpful in recovery, such as meditation, relaxation training, anger management, spiritual development, and nutrition.**

Additional Group Types for Co-occurring Disorders

Skills development groups, which cultivate the skills needed to attain and sustain abstinence, such as those needed to manage anger or cope with urges to use substances

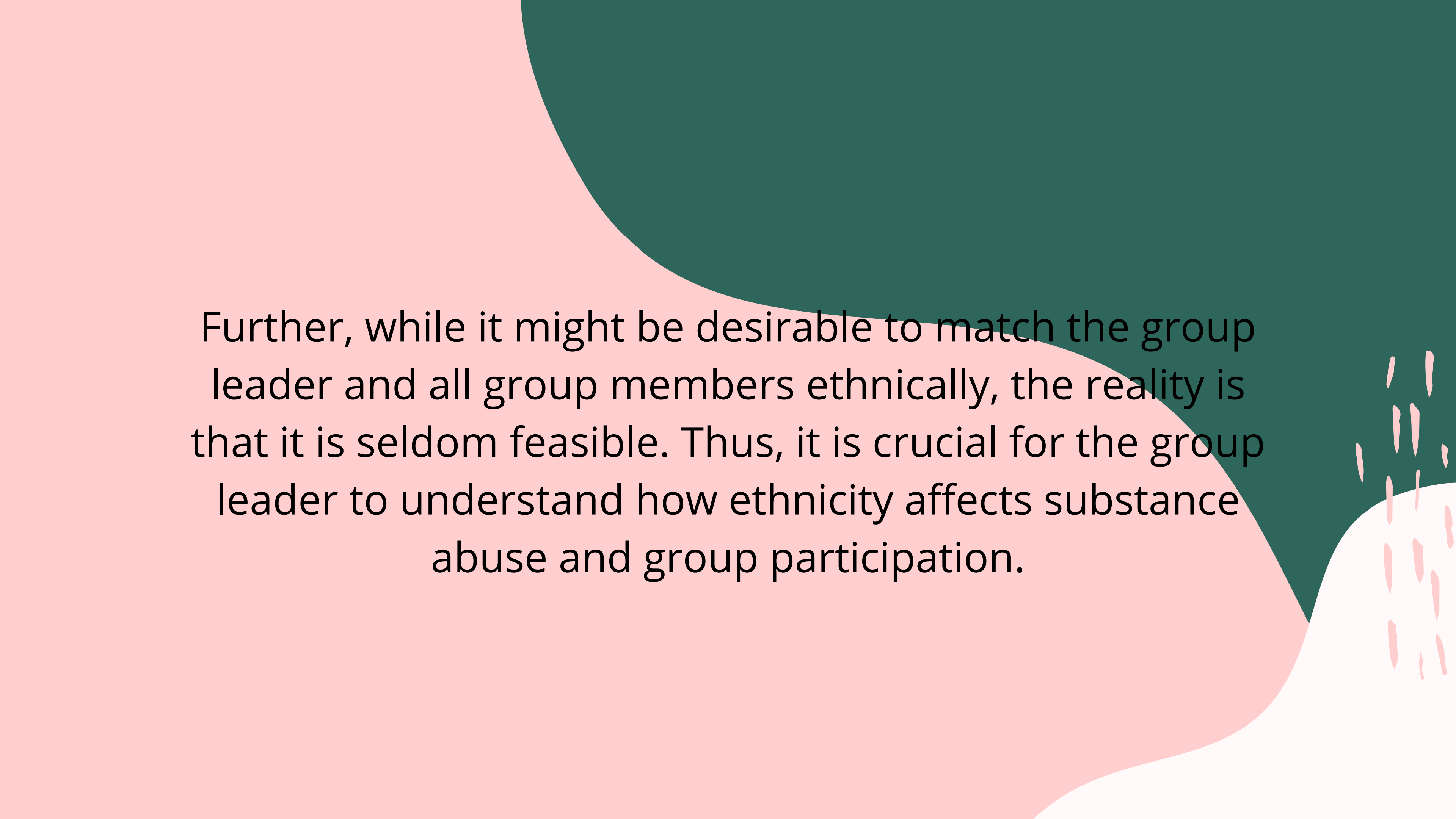Cognitive–behavioral groups, which alter thoughts and actions that lead to substance abuse

Support groups, which group members and provide a forum to share pragmatic information about maintaining abstinence and managing day-to-day, chemical-free life

Interpersonal process groups, which delve into major developmental issues that contribute to addiction or interfere with recovery

Three other specialized types of groups that do not fit neatly into the five-model classification nonetheless are common in substance abuse treatment. They are designed specifically to prevent relapse, to bring a specific culture's healing practices to bear on substance abuse, or to use some form of art to express thoughts that otherwise would be difficult to communicate.

Ethnicity and culture can have a profound effect on treatment. The greater the mix of ethnicities in a group, the more likely it is that biases will emerge and require mediation. Special attention may be warranted, too, if clients do not speak English fluently because they may be unable to follow a fast-flowing discussion. Programs should ensure that group members are fluent in the language for their specific demographic area, which may or may not be English.

Further, while it might be desirable to match the group leader and all group members ethnically, the reality is that it is seldom feasible. Thus, it is crucial for the group leader to understand how ethnicity affects substance abuse and group participation.

Group Leadership, Concepts, and Techniques

Effective group leadership requires a constellation of specific personal qualities and professional practices. The personal qualities necessary are:

- constancy
- active listening
- firm identity
- confidence
- spontaneity
- integrity
- trust
- humor
- empathy