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ADDICTION Messenger
Ideas for Treatment Improvement

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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 commonalties 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

Group Development Matrix

Developmental Stage	*Group Issues*	*Behaviors*	*Addiction Issues*
Acquaintanceship	Anxiety Safety Familiarity Ground rules Sense of belonging	Self Protection Defiance Compliance Victims statements Externalizing	Denial Abstinence Concentration difficulties Poor memory Non-caring attitude
Groundwork	Attendance Testing ground rules Control Trust building Skill development Process	Experience of discomfort Testing the leader Expresssing negative feelings Giving "safe" feedback Beginning self disclosure Learning new skills	Leader's drug use Challenge other members Label "alcoholic/addict" Family relationships Need for structure Remaining drug free
Working	Support from/to others Learning about self Personal responsibility Self-esteem Openness	Give/receive feedback Experimenting Group interaction Closeness Interest in others	Accepting self Honesty Dry drunk Approach/avoid Relapse
Closure	Separation Loss Grief Life after group	Regression Doubts about own abilities Attendance Celebration	Relapse Overconfidence Fears Symbol of completion

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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 is 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.

Next Issue:

"Stages-of-Change in Group Therapy"

Source:

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