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-
tent refers to the “what” of group therapy (topics and issues discussed in sessions), while group process refers to the “how” or the “style” with which you will do it. The group will benefit from a balance of three key elements: the individual member; the topics and issues discussed; and the group as a whole.

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?

### 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>
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.

**Resistence**
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.

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**University of Washington Summer Institute**

“Addiction & Mental Illness in Adolescence: Making the Connections”
July 19-23, 2004
Seattle, Washington

Contact:
Website: www.uwcne.org

**Next Issue:**
“Research and the Clinician”

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**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 Aquaintanceship 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

Mail or FAX your completed test to NFATTC
Northwest Frontier ATTC, 3414 Cherry Ave. NE, Suite 150, Keizer, OR 97303
FAX: (503) 373-7348

You can still register for continuing education hours for Series 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 or 13.
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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