

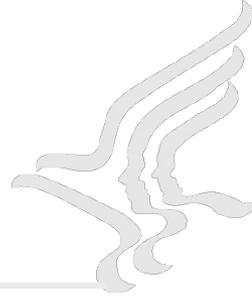
Module 6: Group Leadership, Concepts, and Techniques

Based on material in Chapter 6 of
TIP 41, *Substance Abuse
Treatment: Group Therapy*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
<http://www.samhsa.gov>

Module 6 Goal and Objectives



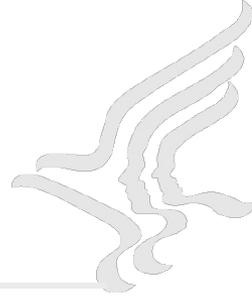
Goal:

Provide an overview of desirable leader traits and behaviors and an overview of the concepts and techniques vital to process groups.

Objectives:

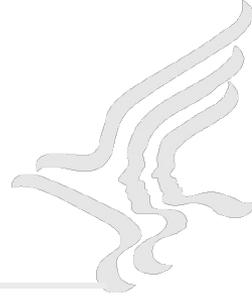
- Discuss the characteristics of group leaders.
- Describe concepts and techniques for conducting substance abuse treatment group therapy.

Leaders Choose



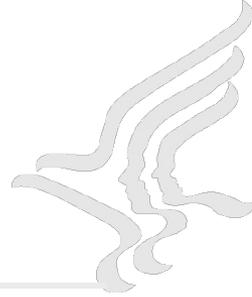
- How much leadership to exercise
- How to structure the group
- When to intervene
- How to effect a successful intervention
- How to manage the group's collective anxiety
- How to resolve other issues

Personal Qualities of Leaders



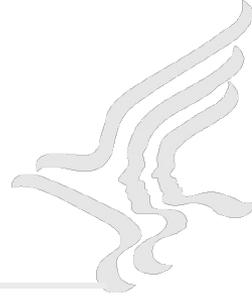
- Constancy
- Active listening
- Firm identity
- Confidence
- Spontaneity
- Integrity
- Trust
- Humor
- Empathy
 - Communicates respect and acceptance
 - Encourages
 - Is supportive and knowledgeable
 - Compliments
 - Tells less; listens more
 - Gently persuades
 - Provides support

Leading Groups



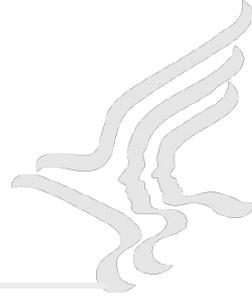
- Leaders vary therapeutic styles to meet the needs of clients.
- Leaders model behavior.
- Leaders can be cotherapists.
- Leaders are sensitive to ethical issues:
 - Overriding group agreement
 - Informing clients of options
 - Preventing enmeshment
 - Acting in each client's best interest

Leading Groups (cont.)



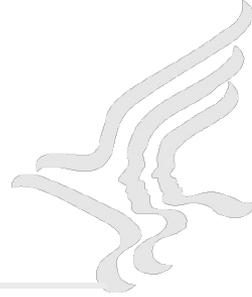
- Leaders handle emotional contagion:
 - Protect individuals
 - Protect boundaries
 - Regulate affect
- Leaders work within professional limitations.
- Leaders ensure flexibility in clients' roles.
- Leaders avoid role conflict.

Leading Groups (cont.)



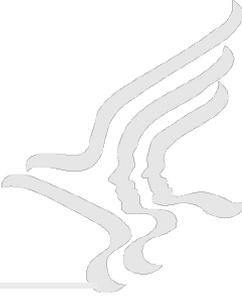
- Leaders improve motivations when:
 - Members are engaged at the appropriate stage of change.
 - Members receive support for change efforts.
 - The leader explores choices and their consequences with members.
 - The leader communicates care and concern for members.
 - The leader points out members' competencies.
 - Positive changes are noted in and encouraged by the group.

Leading Groups (cont.)



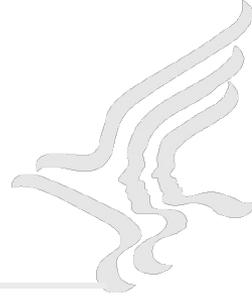
- Leaders work with, not against, resistance.
- Leaders protect against boundary violations.
- Leaders maintain a safe, therapeutic setting:
 - Emotional aspects of safety
 - Substance use
 - Boundaries and physical contact
- Leaders help cool down affect.
- Leaders encourage communication within the group.

Interventions



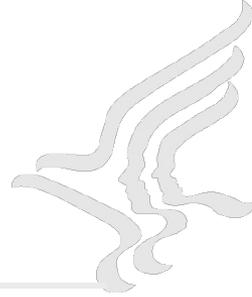
- Connect with other people.
- Discover connections between substance use and thoughts and feelings.
- Understand attempts to regulate feelings and relationships.
- Build coping skills.
- Perceive the effect of substance use on life.
- Notice inconsistencies among thoughts, feelings, and behavior.
- Perceive discrepancies.

Avoiding a Leader-Centered Group



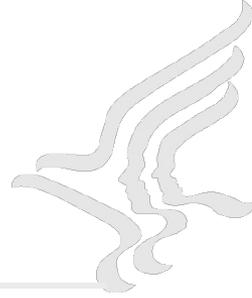
- Build skills in members; avoid doing for the group what it can do for itself.
- Encourage group members to learn the skills necessary to support and encourage one another.
- Refrain from overresponsibility for clients. Clients should be allowed to struggle with what is facing them.

Confrontation



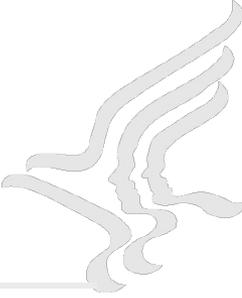
- Can have an adverse effect on the therapeutic alliance and process.
- Can point out inconsistencies such as disconnects between behaviors and stated goals.
- Can help clients see and accept reality, so they can change accordingly.

Transference and Countertransference



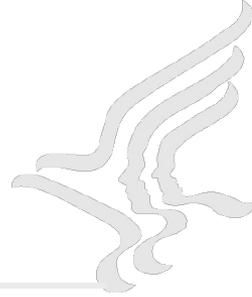
- Transference. Clients project parts of important past relationships into present relationships.
- Countertransference. The leader projects emotional response to a group member's transference:
 - Feelings of having been there
 - Feelings of helplessness when the leader is more invested in the treatment than the clients are
 - Feelings of incompetence because of unfamiliarity with culture and jargon

Resistance



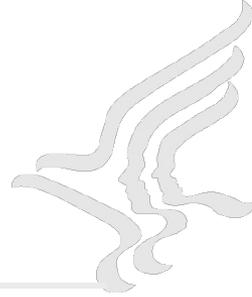
- Resistance arises to protect the client from the pain of self-examination and change.
- Effective leaders welcome resistance as an opportunity to understand something important for the client or the group.
- Leaders may have contributed to the resistance.
- Efforts need to be made to understand the problem.

Confidentiality



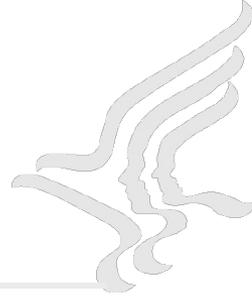
- Strict adherence to confidentiality regulations builds trust.
- Leaders should explain how information from sources may and may not be used in group.
- Violations of confidentiality should be managed in the same way as other boundary violations.

Integrating Care



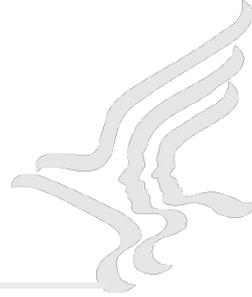
- Integrations with other healthcare professionals. Professionals in the healthcare network need to be aware of the role of group therapy.
- Integrations of group therapy and other forms of therapy. Clinicians should coordinate the treatment plan, keeping important interpersonal issues alive in both settings.
- Medication knowledge base. Leaders should be aware of medication needs of clients, the types of medications prescribed, and side effects.

Handling Conflict



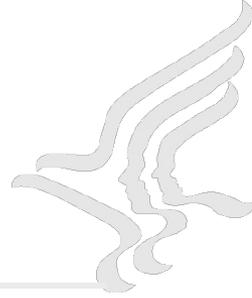
- Conflict is normal, healthful, and unavoidable.
- Handling anger, developing empathy, managing emotions, and disagreeing respectfully are major tasks.
- The leader facilitates interactions between members in conflict and calls attention to subtle, unhealthful patterns.
- Conflicts that appear to scapegoat a group member may be misplaced anger that a member feels toward the leader.

Subgroup Management



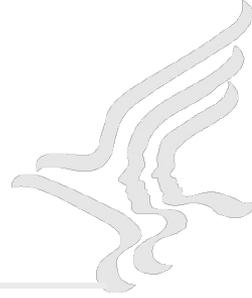
- Subgroups inevitably will form.
- Subgroups can provoke anxiety, especially when a therapy group comprises individuals acquainted before becoming group members.
- Subgroups are not always negative.

Responding to Disruptive Behavior



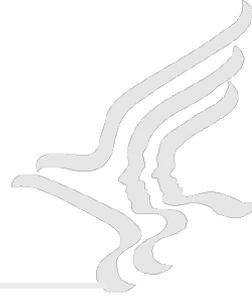
- Clients who cannot stop talking
- Clients who interrupt
- Clients who flee a session

Contraindications for Continued Participation



- Sometimes, clients are unable to participate in ways consistent with group agreements.
- Removing someone from group is serious and should never be done without careful thought and consultation.
- The leader makes the decision to remove an individual from the group.
- Members are allotted time to work through their responses.

Managing Common Problems



- Coming late or missing sessions
- Silence
- Tuning out
- Participating only around the issues of others
- Fear of losing control
- Fragile clients with psychological emergencies
- Anxiety and resistance after self-disclosure