Module 6: Group Leadership, Concepts, and Techniques

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