Group Treatment for Substance Abuse: Addressing Motivation and Processes of Change

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Disclosures

- Dr. DiClemente has royalty arrangements with the Prevention Research Institute’s Solutions Program
- He is a co-author on the Group Therapy Manual with royalty arrangements from Guilford Press
- He is on an advisory board member for Westbridge Dual Diagnosis Program
Group Therapy? What are they doing?
The Treatment Dilemma

• Most treatments have been developed focusing on the individual and techniques to help this individual to change
• Most providers deliver the bulk of treatment in a group format
• Group Therapy is not a treatment; usually just denotes number of people in the room not what specific type of treatment is being done
# Differences and Similarities

<table>
<thead>
<tr>
<th><strong>Individual treatment</strong></th>
<th><strong>Group Treatment</strong></th>
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</thead>
<tbody>
<tr>
<td>• Individual</td>
<td>• Multiple individuals</td>
</tr>
<tr>
<td>• Tailored focus</td>
<td>• Communality focus</td>
</tr>
<tr>
<td>• Lots of talk time</td>
<td>• Limited talk time</td>
</tr>
<tr>
<td>• Difficult to come and not participate</td>
<td>• Can avoid active participation</td>
</tr>
<tr>
<td>• Easier to explore historical issues</td>
<td>• Group leader has multiple histories in room</td>
</tr>
<tr>
<td>• Lack of peer modeling</td>
<td>• More modeling possible</td>
</tr>
<tr>
<td>• Single support person</td>
<td>• More support potential</td>
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Change: The goal of both Individual and Group Treatment

• Essentially the goals of group and individual treatment are the same
• Both are trying to motivate and activate change of substance use or other problematic behavior
• Groups often have specific change targets: domestic violence, post-traumatic stress, mindfulness stress reduction, relapse prevention
• Individual treatment may have a broader range of targets
• How combine group and individual approaches
Mechanisms of Change

• Where should we focus when we are trying to get individuals to change whether in individual or group treatment?

• Most of the research has focused on
  – Types of treatment (CBT, ACT, DBT, REBT)
  – Therapist characteristics (empathy)
  – Therapeutic Relationship (Alliance, Bond, Tasks, Goal)

• Most of the active mechanisms are related to the individuals Process of Change (motivation, intentions, commitment language, self-efficacy)
How Does Treatment Work

Focus on What provider does

Client
- Therapist

Adherence
- Treatment

Environment
- Recovery

Relationship
Empathy
Working Alliance

Active Ingredients

Relapse Prevention

How Does Treatment Work
What about looking at it another way? Focus on What Client Does
Transtheoretical Model

STAGES OF CHANGE

Precontemplation - Contemplation - Preparation - Action - Maintenance - Termination

PROCESSES OF CHANGE

**Experiential Processes**
- Consciousness Raising
- Self-Reevaluation
- Dramatic Relief
- Environmental
- Reevaluation
- Social Liberation

**Behavioral Processes**
- Self-Liberation
- Counterconditioning
- Stimulus Control
- Reinforcement Management
- Helping Relationships

DECISIONAL BALANCE

SELF-EFFICACY
How Do People Change?

• People change voluntarily only when
  – They become *interested and concerned* about the need for change
  
  – They become *convinced* the change is in their best interest or will benefit them more than cost them
  
  – They organize a *plan of action* that they are *committed* to implementing
  
  – They *take the actions* necessary to make the change and sustain the change
## Stages of Change: Client Tasks

<table>
<thead>
<tr>
<th>STAGES</th>
<th>CLIENT TASKS</th>
</tr>
</thead>
</table>
| Precontemplation| ◦ Not interested in change  
                    | Figure out level of interest and concern                                    |
| Contemplation   | ◦ Thinking about change  
                    | Pros/cons of change and decision making                                    |
| Preparation     | ◦ Preparing for change  
                    | Commitment and creating an effective/acceptable plan                        |
| Action          | ◦ Initial change  
                    | Implementation of plan and revise as needed                                |
| Maintenance     | ◦ Long-term change  
                    | Integrating change into lifestyle                                           |

DiClemente, 2003; 2005
What would help or hinder completion of the tasks of each of the stages and sustain or deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?
TASK COMPLETION AND MOVEMENT BETWEEN STAGES

INTREST CONCERN  RISK/REWARD DECISION  COMMITMENT PLANNING PRIORITIZING  IMPLEMENT THE PLAN
REVISE  LIFESTYLE INTEGRATION AVOID RELAPSE

PC  CON  PREP  ACT  MAIN
Members in Different Stages

Precontemplation  Action  Contemplation
Why are the Stages of Change Important?

• If you can identify what stage the person is in and understand their motivation...
  – You will know critical tasks needed to move ahead
  – You can develop strategies to be most effective in helping them to move forward in their change process
### Where Do We Come In?

<table>
<thead>
<tr>
<th>STAGES</th>
<th>PROVIDER TASKS</th>
</tr>
</thead>
</table>
| **Precontemplation**   | ◦ Not interested in change  
Raise doubt about continuing problematic behavior; Increase client’s awareness of risks and problems |
| **Contemplation**    | ◦ Thinking about change  
Encourage client to voice reasons for change & risks of not changing; help tip the balance of pros and cons |
| **Preparation**      | ◦ Preparing for change  
Help develop a personalized change plan |
| **Action**           | ◦ Initial change  
Help the client develop relapse prevention strategies; Adjust change plan as needed |
| **Maintenance**      | ◦ Long-term change  
Help client identify strengths for long-term change; Provide support |

DiClemente, 2003; 2005
Processes of Change

Experiential Processes
- Consciousness-Raising
- Self-Reevaluation
- Dramatic Relief
- Environmental Reevaluation
- Social Liberation

Behavioral Processes
- Self Liberation
- Stimulus Control
- Counter Conditioning
- Reinforcement Management
- Helping Relationships
Client Processes of Change

• Change engines that enable movement through the stages of change
• Doing the right thing at the right time
• Cognitive/Experiential processes during early stages
• Behavioral processes in preparation, action and maintenance
• During recover action stage focus on behavioral processes
Mechanisms of Change

Rememer, change happens bit by bit. To Promote it you need to get Clients to engage in these activities at different points in the process.

<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seek Information</td>
<td>Emotional Reaction to Consequences of Behavior</td>
<td>Choose for Self to Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider Society’s Perception of Behavior</td>
<td>Assess Impact of Behavior on Environment &amp; Others</td>
<td>Create a Personalized Plan</td>
<td>Identify People to Support Change</td>
<td></td>
</tr>
<tr>
<td>Assess Impact of Behavior on Self</td>
<td></td>
<td>Identify Triggers for Problem Behavior</td>
<td>Reward Positive Behavior</td>
<td>Substitute Behavior for More Positive Ones</td>
</tr>
</tbody>
</table>
• What do you do to engage each of these processes?
• What do you do with less motivated patients that would activate some of these experiential processes?
• What do you do with you action oriented patients that activate the behavioral processes?
• How can we do this in Group?

Provider Strategies
One Attempt

My colleagues (Velasquez, Crouch and Stephens) developed an empirically sound group treatment approach, based on skills and strategies that could be mastered by clinicians who believe in clients’ inherent ability to change, and tailored to meet clients “where they are” in their stages of change.

Delivered in a client-centered, goal-directed style, utilizing activities and strategies to elicit the specific change processes that promote successful behavior change.

Using MI spirit and strategies to complement the TTM model and as a way of facilitating change, even with clients who are resistant or not yet ready to change.

Clinicians would find intuitive, comfortable and effective
Group Treatment for Substance Abuse
SECOND EDITION
A Stages-of-Change Therapy Manual
Mary Marden Velasquez, Cathy Crouch, Nanette Stokes Stephens, and Carlo C. DiClemente
A Transtheoretical Model Group Therapy

Each group session is based on a specific TTM process of change. Motivational Interviewing counseling strategies are used throughout the sessions.
Thinking About Changing Substance Use
Precontemplation-Contemplation-Preparation Sequence

* P/C/P Session 1: The Stages of Change
  * Change Process Objective: Consciousness Raising
* P/C/P Session 2: A Day in the Life
  * Change Process Objective: Consciousness Raising
* P/C/P Session 3: Physiological Effects of Alcohol
  * Change Process Objective: Consciousness Raising
* P/C/P Session 5: Expectations
  * Change Process Objective: Consciousness Raising, Self-Reevaluation
* P/C/P Session 6: Expressions of Concern
  * Change Process Objectives: Self-Reevaluation, Dramatic Relief
Thinking About Changing Substance Use
Precontemplation-Contemplation-Preparation Sequence

* P/C/P Session 7: Values
  * Change Process Objective: Self-Reevaluation
* P/C/P Session 8: Pros and Cons
  * Change Process Objective: Decisional Balance
* P/C/P Session 9: Relationships
  * Change Process Objective: Environmental Reevaluation
* P/C/P Session 10: Roles
  * Change Process Objective: Environmental Reevaluation
* P/C/P Session 11: Confidence and Temptation
  * Change Process Objective: Self-Efficacy
Taking Action for Changing Substance Use
Preparation – Action – Maintenance Sequence

* **P/A/M Session 1: The Stages of Change**
  * Change Process Objective: Consciousness Raising

* **P/A/M Session 2: Identifying “Triggers”**
  * Change Process Objective: Stimulus Control (SC)

* **P/A/M Session 3: Managing Stress**
  * Change Process Objective: Counterconditioning (CC)

* **P/A/M Session 4: Rewarding My Successes**
  * Change Process Objective: Reinforcement Management

* **P/A/M Session 9: Managing Cravings and Urges**
  * Change Process Objectives: SC, CC, and Reinforcement Management

* **A/M Session 10: New Ways to Enjoy Life**
  * Change Process Objectives: SC, CC, and Reinforcement Management
PRIME Solutions Program
Factors Unique to Group MI

• Some factors that are not relevant in individual MI are important in group MI:
  
  – **Altruism**  
    • Members often see that the support & help they provide result in benefits to other members
  
  – **Universality**  
    • Can increase disclosure, bonding, and mutual support among members  
    • Powerful force for change in MI groups
  
  – **Vicarious Learning**  
    • Essential to group MI, in which group facilitators have less time to evoke change talk from each individual client  
    • Linking members together in the process of making changes can facilitate vicarious learning

Wagner & Ingersoll, 2013
Using MI in Groups

• Several guiding principles for group treatment:
  1. Maximize group members’ participation
  2. Encourage members to take ownership of change
  3. Explore both positive and negative experiences
  4. Facilitate group cohesion and collaboration
  5. Tailor the content to broadly address clients’ experiences and interests
  6. Focus on potential solutions

Wagner & Ingersoll, 2013
A Few Things to Keep in Mind

• **Keep moving forward as a group**
  – Try not to run ahead with the furthest member or hold the group with the member in the earliest stage of change!

• **Avoid conducting consecutive individual mini-sessions**
  – Connect moments that focus on individuals with those that focus on the group as a whole

• **With vicarious learning, progress depends less on overt change talk in group MI than it does in individual MI**
  – Members often think about their own situations and make progress even when others are doing the talking!

See Group Reflections Activity
Wagner & Ingersoll, 2013
Leader Functions in MI Groups

- Creating and maintaining the group
- Building group culture and developing productive social norms
- Demonstrating concern for the group
- Modeling MI skills (OARS) for group members to use
- Activating/illuminating the here-and-now interactions
- Promoting member interactions and eliciting clients’ thoughts about what they learn from the group interaction
- Fostering client self-awareness

Yalom & Leszcz, 2005
General Principles for MI Groups:

• **Optimism**: focus on positive growth, not just for oneself but also for other group members
  – Reframe when negative experiences are brought up
    • Avoid ignoring or amplifying negative reactions
  – Roll with resistance and frustrations
    • Allow clients to feel heard
    • Lead clients to more productive, future-oriented discussions
General Principles for MI Groups:

• **Future Oriented**: bring group members into the moment
  
  – Clients often want to focus on the past
  
  • Although the goal is to discuss the future, begin by talking about the present

  – Discuss present thoughts and emotions to promote client engagement
General Principles for MI Groups:

• **Support Self-Efficacy**: empower clients to explore options, make decisions, and initiate change
  
  – Emphasize client autonomy by affirming helpful behaviors in group
  
  – Include group members in all possible decisions and responsibilities
  
  – Avoid excessive advice-giving and redirect the group when this occurs
  
  – Support confidence to change
Members in Different Stages

Precontemplation  Contemplation  Action
TTM Group Treatment

Each TTM group activity promotes the use of one or more specific experiential or behavioral change processes.

In the early change stage groups (e.g., precontemplation, contemplation, preparation), exercises that help elicit experiential processes such as consciousness raising or self re-evaluation are emphasized, while in the later stage groups (e.g., action, maintenance) more emphasis is placed on activities that engender behavioral processes such as stimulus control or self liberation.
Integrating Motivational Interviewing

MI can be used in working with clients across all stages of change.

MI is useful for clients who are in the early stages because it promotes the exploration and resolution of ambivalence about change.

MI can also enhance clients’ intrinsic motivation to develop, initiate and maintain behavior change efforts. For clients in the later, more action-oriented change stages, MI is useful in promoting self-efficacy, reinforcing accomplishments, and preventing relapse (DiClemente & Velasquez, 2001).
Assumptions of MI

• Motivation is a *state of readiness*
  – It may *fluctuate* & can be *influenced* over time

• Provider style is *a powerful factor*
  – Empathy is more likely to bring out self-motivational responses and less resistance

• People can struggle with change
  – *Fluctuating and conflicting motivations* are common
  – Ambivalence is a *normal* part of change

• Each client has *powerful potential* for change
  – As a provider, you can help *release that potential and facilitate the natural change process* that is already inherent in the individual
MI in Groups

“While the MI approach with individuals has been described as waltzing, we think that using MI in groups is more like conducting a symphony.”

Velasquez, Stephens, & Drenner, 2013; p. 281
Spirit of Motivational Communication

- Partnership
- Evocation
- Acceptance
- Compassion
Basic MI Skills: OARS

• **O** – Open Ended Questions
• **A** – Affirmations
• **R** – Reflective Listening
• **S** – Summarize

**OARS help to:**

• Engage a client
• Lead client to self-motivational statements
Ambivalence is a normal part of change, so it is common to hear **change** AND **sustain talk** intertwined.

<table>
<thead>
<tr>
<th>Change Talk</th>
<th>Sustain Talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-motivational statements</td>
<td>• Comments that argue against change</td>
</tr>
<tr>
<td>• Any self-expressed language that argues for change (e.g., I want to...)</td>
<td>• Arguing to continue with current behavior</td>
</tr>
</tbody>
</table>
## Change Talk

### DARN
needed in earlier stages of change; generates interest, concern, & considerations for decision making

- **Desire**
  - Want, wish, hope

- **Ability**
  - Can, able to, could do it

- **Reasons**
  - Specific benefits, values

- **Needs**
  - Urgency, have to, must, can’t continue

### CAT
moves forward to planning and implementation of change

- **Commitment**
  - Going to, will, promise to

- **Activation**
  - Prepared to, ready, starting to

- **Taking Steps**
  - Initial Actions, Preparatory Actions
Focus on collaboration and creating an atmosphere of partnership

• Avoid the “expert” trap
• Introduce discussions with collaborative language (e.g. “Your experiences will be very useful in helping us begin to explore some of the ways drug use can affect others in our lives. Is it OK if we talk about that today?”)
Introduce Stages of Change

vignettes for a variety of behaviors and ask clients to identify the stage of change for each scenario.

- Encourage members to identify their own stage of change for their substance use (remember that they may be in one stage for one behavior and in different stage for another behavior).

- Use a staging diagram or readiness rule
Where Am I?

- Thinking of quitting
- Feel that things are fine
- Do not see a problem
- No use in a long time
- Accepting myself
- Helping others who are still using
- Have a Plan to quit
- May have "Cut Down"
- Can see benefits of quitting
- Thinking of Quitting
- Wondering how I affect others
- Maybe making small changes
- Have quit using
- Am avoiding triggers
- Asking others for support
“Client: I’m in preparation. I mean, I want to stop. And I hope like hell come Thursday night that I can make it home in time to come, because I think that will help a lot. Because, if I can get here, and, okay, I can go to group…Because, I mean, I don’t want to use. I don’t. That’s the last thing I want to do.

Therapist: So having a plan would be helpful.”
Example

“Client: Can, can, can you be at two at one time?

Therapist: Tell me about it.

Client: Contemplation and uhm…preparation? Okay, thinking of quitting, wondering how it will affect others, maybe. Maybe trying small changes. Okay, I’m kind of in that stage a little bit. Well, not a little bit. I’m in that stage where, Okay, let’s not drink a 12 pack today. Let’s see if you can drink socially…”
How do we Balance?
A Common Dilemma

Group member using sustain talk and decision making

VS

Group member using sustain talk arguing against change
Diffusing Resistance in Group

• When negative comments and sustain talk arise, reframe them in a friendlier, more cooperative style, affirming the objector and perhaps adding a “twist” to the comment and try to reflect any hints of change talk.

• Ask quieter members or those who are more experienced for their reactions to permit an alternate viewpoint.

• Selectively emphasize the most relevant comments using a group summary reflection.

• Do NOT allow the group to reinforce sustain talk and get into a negative spiral of sustain talk and reasons not to change.
Use a group decisional balance exercise to diffuse resistance. Ask the group members to brainstorm a list of reasons for not making a change (i.e., all the good things about their drug use).

Then invite the group to take up counterarguments (i.e., why change would be a good thing.)

Than summarize the main points of the argument for change and asks specific members to elaborate on their expressed reasons for change. This reinforces change talk in the group’s words and promotes decision making.
Group Summaries

Strategically use summaries to:

• Review and highlight relevant information provided by the group

• Reinforce change talk

• Relate a response by one member to an earlier comment from another member

• Transition the group discussion to another area of focus
Using MI in Groups

• Several guiding principles for group treatment:
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• **With vicarious learning, progress depends less on overt change talk in group MI than it does in individual MI**
  – Members often think about their own situations and make progress even when others are doing the talking!
How can I share my knowledge and expertise?

• You do have important information to share
• The client has important information to share
• To increase changes of being heard and listened to by client when giving information...
  – Use the ELICIT-PROVIDER-ELICIT approach
Giving information

- Elicit
  - Ask permission and clarify information gaps and needs
- Provide
  - Clear important information
  - Support autonomy; don’t prescribe response
- Elicit
  - Client interpretation, understanding, response
Common Traps

• Information Trap
• Expert Trap
• Premature Focus Trap
• Chatting Trap
• “Fix-it” Trap

Wagner & Ingersoll, 2013
## Keep the Spirit Flowing

<table>
<thead>
<tr>
<th>Element of Spirit</th>
<th>Supports to Motivation</th>
<th>Warning Sign</th>
<th>Threats to Motivation</th>
</tr>
</thead>
</table>
| **Partnership/Cooperation** | • Helping relationship based on trust and mutual goals | • Provider motivation is greater than clients  
  • Thinking provider knows best | • Ignores client perspective and goals  
  • Focus is on advice giving not client |
| **Evocation** | • Provider draws out clients own ideas  
  • Provider asks too many close-ended questions  
  • Client replies with one-word answers | | • Limited focus on change talk  
  • Limited focus on client’s ambivalence |
| **Acceptance** | • Provider affirms client’s experiences  
  • Provider focuses on his/her own goals  
  • Limited use of affirmations | | • No validation of client autonomy  
  • Minimize client’s unique strengths |
| **Compassion** | • Provider prioritizes client’s needs | • Provider is frustrated with client | • Limited prioritization of individual needs  
  • Less empathy for client |

Group Treatment and the Process of Change

• Keep focused on group members process of change
• Make sure to address both differences and similarities among group members
• Use motivationally enhancing communication
• Help members to self-assess and to assist others using motivationally consistent practices
• Keep focused on individual progress and group cohesion
• Changing addictions is often filled with progression, regression, recycling, and success.