Behavioral Approaches for Group Process

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Learning Objectives

- Defining Psycho-educational groups, Skills development groups, Cognitive–behavioral/problem-solving groups, Support groups, interpersonal process groups,
- Moral Reconversion Therapy (MRT)
- Fundamental steps of group process
- Implementing clinical practices in the group process
- Benefits and problems of each orientation
What are Behavioral Therapies

Behavioral therapies-theory of classical conditioning:

- All behavior is learned.
- Faulty learning is the cause of abnormal behavior.
- Individual goal to learn accurate/acceptable behavior
Why Use Behavioral Group processes

- Effective in multiphase recovery process
- Effective for substance abuse treatment
- Effective in all stages of change
- Compatible with other behavioral therapies and treatments
- Emphasis on self-control strategies and recognition of behaviors promoting substance use to the change process
Psycho-Educational Groups

- Educates on substance abuse, related behaviors, and consequence
- Structured group-specific content, taught using video, audio, handouts, or lectures
- Content designed for direct application to client wellbeing
- Promotes self-awareness,
- Provides information to influence growth and change,
- Identifies community resources assisting recovery,
- Specific to educating on recovery process,
- Promotes pre-contemplative/contemplative stage client to take action for additional treatment
Purpose of Psycho-Educational Groups

- Increases awareness on behavioral, medical, and psychological consequences of substance abuse.
- Motivates entry to recovery-ready stage
- Educates on recovery phases
- Challenges denial on substance abuse,
- Increases commitment to treatment,
- Reduces maladaptive behaviors
- Influences behaviors specific to recovery
- Educates families on addiction
Most Effective For

- Clients in pre-contemplative or contemplative level of change.
- Challenges beliefs
- Early recovery - Sets foundation for understanding disorder, barriers, and recovery process.
- Families - educates on family roles and safe actions to support loved one and self
- Educates - alternative recovery resources
Principle Activities

- Identify/develop skills to recognize internal emotions and external circumstances associated with substance abuse.
- Learn coping skills: emotional regulation, relationships, communication, “I” statements, etc.
- Integrates foundation for skills development
Group Setting

- Structured setting
  - Aids used including manual or preplanned curriculum.
  - Sessions limited to specific length and times
  - Facilitator takes primary role leading discussion.
  - Follows standard protocol as other groups such as private setting, structured seating etc.
Facilitator Skills

- Educator and facilitator role.
- Presents caring, warmth, genuineness, positive regard
- Available to provide referrals and support for additional care.
Facilitator Skills

Skills of basic group process on how:
- People interact within a group.
- Groups form and develop,
- Group dynamics influence individual’s behavior
- Leader affects group functioning.
- Interpersonal relationship dynamics
- Individual influences behavior of others
- Addressing problematic behaviors in group,
- Basic teaching skills. Content organization, motivating involvement, culturally relevant, meaningful delivery.
Group Types

- Level .5 education groups
- DUI
- Low level Drug Diversion
- Less intensive adolescent *
- Family

Most common problem
- No Insurance reimbursement
- Typically not voluntary
Skills Development Groups

- Operate from cognitive–behavioral orientation
- Assumes substance users lack needed life skills
- Develops interpersonal skills, learned and reinforced by others in group
- Primary focus is coping skills development of skills to maintain abstinence, emotional regulation, and improve decision making to reduce stress,
Principal Characteristics

- Acknowledge different needs of clients through assessment
- Suitability of a client participating in a skills development group.
- Development of specific general skills such as emotional regulation, improving refusal skills, communication
- Skills taught specific to certain clients
Skills and Goals

Primary goal
- Building/strengthening behavioral/cognitive skills

Facilitator Skills
- Basic group therapy knowledge and skills,
- Group/people interactions
- Motivational skills
- Manage conflict
- Motivating ownership of the group
- Skills and certification requirements for specific skills taught
Potential Problems

- Facilitator boredom teaching same material weekly
- Involuntary enrollment causing lack of motivation by client
- Most require clients to pay/no insurance
- Types of groups typically cater to very specific need-intensive groups
- Additional primary problems needing assistance interfering with process
Types of Skill Groups

- Parenting Classes
- Life Skills
- Anger Management
- Domestic Violence
- Child Abuse
- Victims Classes
Cognitive Behavioral (CBT)

- Evidence based for substance abuse treatment, specifically appropriate in early recovery.
- Wide range of formats and theoretical frameworks- cognitive restructuring to motivate change
- Changes learned behavior - thinking patterns, beliefs, perceptions.
- Develops social networks supporting abstinence
- Develops strategies for long-term recovery
- Focuses on the present problems and barriers
Goals

Addresses dependency as learned behavior
Behavior changes occur using interventions including:

- Identifying actions and cues associated with specific addictive behaviors,
- Strategies to avoid stimuli,
- Development of management strategies and response
- Cognitive processes to desensitize cravings
- Development of cognitive relapse prevention skills
- Use of cognitive processes instead of emotion for decision making
Goals Cont:

- Neurobehavioral factors
- Educate causation and continuation of dependency
- Bio-psychosocial
- Disease model
- Determinants of dependency, genetics, physiological and psychological factors, environmental factors, relationships, trauma
Distorted Cognitive Process

Psychological elements distorted by substance use:
- Thoughts
- Beliefs
- Decisions
- Opinions
- Assumptions
- Messages
Typical Distortions

- “I’m a failure.”
- “I’m different.”
- “I’m not strong enough to quit.”
- “I’m unlovable.”
- “I’m a bad person.”*
- “I’m too old to change”

*Word bad implies shame, moral corruption, defective as a person.
Principal Characteristics.

- Facilitator keeps focus on processing of behaviors, thoughts, and beliefs causing maladaptive behavior.
- Emphasizes structure, goal orientation, and focus on immediate problems/her and now.
- Maintains a specific protocol for problem solving groups - systematically builds problem-solving skills
- Use of educational material but, not required
General Group Topics of CBT

- Education on disorder
- Self-control skills to manage emotions, boundaries ect.
- Interpersonal/intimate/family relationships affect on recovery
- Addressing compromised fundamental behaviors
- Relapse prevention training
Typical Format

- 24-36 sessions, 2–12 members, meeting two-four times each week for two - six months in 90- 180 minute group meetings
- Early recovery oriented- primary focus on coping skills, regulating negative symptoms, decision making
- Increased outcomes with homogenous group/not necessary if not practical
- Use of educational material prevalent
- Focuses on specific disorder(s) education on stages of recovery, goal of abstinence/control over addiction and/other factors associated with addiction (mental health)
Typical Group Topics

AOD education
- Health effects
- Legal ramifications/legal process/clearing past
- Cross addictions
- Managing Cravings
- Relapse patterns, triggers,
- Neurobiology, Physiology/genetics/science of addiction
- Prescription drugs/drug interactions
- Stages of change
Typical Group Topics

Relationships

- Codependency/boundary setting
- ACOA/Family roles of addict
- Predatory relationships/emotional predators
- Personality disorders/relationships
- Defining dysfunctional relationship patterns/healthy relationships/love/priorities
- Setting priorities/healthy relationships
- Trust/equality/unhealthy family rules
- Letting go of family/friends/emotional predators
Typical Group Topics

Mental Health Wellness

- Mental health disorders/stigma/care
- How/why therapy benefits
- Education mental health disorders
- Pharmacology myths/practices/medication dangers
- Relaxation/balance/ Stress/anger management
- Help using alternative options
- Correlation of treating mental health and addiction
Typical Group Topics

Emotions and Response

- Impulsivity/emotional regulation
- Anger/fear
- Self sabotage
- Boredom
- Commitment/shame/grief/loss/gratitude
- Happiness/emotional maturity/self esteem
Typical Topics

**Education for changing behaviors**
- Establishing Schedules
- Utilizing support meetings
- How to obtain/utilize sponsor’s/mentors
- Access and information on spiritual activities
- Utilization of volunteer work
- Self help books
- Information on enrollment into education opportunities
- Work sheets-Goal setting, relapse process/anger management, ect
Facilitator Skills

- Educated on variety of theoretical approaches for changing cognition and the behavior response, addict behaviors, core beliefs, problem solving skills
- Educated on theory of cognitive–behavioral therapy /use of specific interventions
- Skill to facilitate group members to use power of group to develop capabilities to change
- When to be directive and active to nondirective and inactive
- Leader using active engagement and directive orientation
Facilitator Skills

Basic Techniques

- Educated on self-destructive behavior/thinking causing maladaptive behavior,
- Problem solving- short and long-term goal setting,
- Recognize/ assist monitoring of emotions and behavior associated with drug use.
- Recognize behavioral changes/intellectual insight gained in the group use to motivate clients with low self esteem, behavioral problems, inadequate social skills.
- Recognize resistance to change as group evolves and behavioral changes become routine.
- Skills to work with resistance
- Use of clinical supervision to work with resistance
Facilitators Techniques

Advanced techniques

- **Rational emotive therapy** - comprehensive, active-directive, philosophically/empirically based with focus on resolving emotional/behavioral problems

- **Reality therapy** - therapeutic approach focusing on problem-solving improving decision making to achieve specific goals. Focus on here and now

- **Dialectical Behavioral Therapy** - treats borderline personality disorder and other kinds of mental health disorders

These techniques are appropriate for a specific client population. Must have special training to use these techniques
Types of CBT Groups

- Intensive outpatient
- Less intensive outpatient
- Dual Capable (substance use primary)

Benefits

- Clinically appropriate-evidence based
- Reimbursement seldom denied
- Ability to challenge clients without punishment or alienation
- Ability to interject other theoretical models into treatment
- Provides clients skills of logic /rational thinking
- Addresses and changes impulse decision making
Support Groups

- Unconditional acceptance, open/honest interpersonal interaction, promotes commitment to change
- Promotes accountability for abstinence without availability of professional treatment
- Leader-directed, problem-focused, for early recovery- focus on achieving abstinence/managing day-to-day living. Promotes emotionally and interpersonally focused group in middle and later stages of recovery
Purpose

Support groups provide:

- Emphasis on emotional support
- Additional accountability outside of therapeutic treatment
- A safe welcoming environment.
- Removes stigma.
- Safe step for less committed to recovery than a structured group
Benefits and concerns

Benefits
- After hours support/lifelong maintenance support
- Positive friendships and safe environment
- No cost/open door policy

Concerns
- Used and regarded as treatment
- Mandated/forced as a part of treatment by courts and facilities removing autonomy for the client
- Stigmatized if not interested in support groups
- Functionality of support group inconsistent
- No insurance reimbursement
Types of Support Groups

- 12 step
- Alanon
- Overeaters, codependency etc
- Grief and loss
- Victims

And several more needing support for specific emotional or positive life changing desires
Specialty Groups

- Relapse prevention
- Culturally and language specific groups
- Groups focused on specific problems
- Mental health primary

Specific training and/or certification is required for specialty groups. Funding is only available if services are utilizing approved theoretical orientations used for substance abuse populations or fit criteria for treating mental health needs.
Moral Reconation Therapy (MRT)

MRT - cognitive-behavioral group process

Theory - thoughts, beliefs, and attitudes are primary determinants of behaviors. (Lawrence Kohlberg Theory of Moral Reasoning)

MRT – Promotes change in the client’s process of decision-making, improving behavior by development of higher moral reasoning.
Purpose

- MRT - move clients from egocentric, self indulgent and centered reasoning to attitude of concern for social rules and others
- Research of MRT –Completion of steps promote increases in moral reasoning in adult/juvenile clients
MRT Focus

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
Goals

- Positive identity formation
- Enhancement of self-concept
- Decrease in self indulgent/self centered behaviors
- Development of frustration tolerance
- Development of higher stages of moral reasoning
Characteristics

1. Open Ended and Self-Paced
2. Usable across systems
3. Culturally neutral and encompasses a range of learning styles
4. Utilizes an Inside-Out Process
Characteristics

5. Uses standardized curriculum for structure and accountability
6. Emphasizes feedback and client reflection
7. Enhances personal problem solving, self-direction
8. Promotes identity and ownership of client’s unique strengths
Program Goals for MRT

- Decrease high program dropout rates
- Improve program completion rates
- Provide integration of programming across the continuum of treatment levels
- Reduction of relapse/recidivism
MRT Concerns

- Evidence based but limited research supporting this type of treatment.
- MRT advised in conjunction with another cognitive evidence-based treatment
- Research typically based on clients in/were incarcerated in institutional settings
- Adults have better outcomes than adolescents
- Environment and family influence role in recidivism rates
MRT Client Group Process

- Groups - 5-15 client participants.
- Group time approximately 1 ½ -2 hours.
- Groups held once or twice weekly-Institutions two – Outside treatment one
- Clients prepare step exercises and tasks prior to group - process exercises in group or facilitator for review
MRT Group Process

- Completed in 20-30 sessions.
- Completion defined as client successfully passes 12th Step.
- Groups - open-ended, participants enter any time, and work at their own pace.
- Can be used at any point in an client’s treatment, but it is most often used as a re-entry tool.
MRT Group Process

- Participants enter ongoing groups any time, Processes exercises and tasks sequentially
- Facilitates change process, enhances group process, and allows for continuation of ongoing groups
Four Phases of MRT

1. Engagement: steps 1–3
2. Creating Change: steps 4–8
3. Reinforcing Permanent Change: steps 9–12
4. Transitioning to the Future: steps 13–16
MRT Phases

1. Confrontation and Assessment of Self
   *Assess beliefs, attitudes, behavior, and defense mechanisms *Occurs in Steps 1-4

2. Assessment of Current Relationships
   *Includes mending damage relationships, promotes empathy * Occurs in Steps 5+6

3. Reinforcement of Positive Behaviors and Habits*
   Raises awareness of moral behavior

4. Positive Identity Formation
   *Exploration of inner self and goal setting*Occurs in Steps 7+8 (9)
MRT Phases

5. Enhancement of Self Concept
   *Ego-enhancing exercises/habits change how clients think of themselves- Occurs in Step 10

6. Decrease Hedonism *Teaches clients to develop delay of gratification and control-Occurs in Step 11

7. Develop Higher Stages of Moral Reasoning
   *Greater concern of others and social systems- Occurs in Steps 12-16
Facilitator Skills/Populations

- Specialized training on MRT
- Motivational interviewing and CBT group process skills

Who is it for? What presenting problems does it address?

Adolescents (ages 13-17), young adults (ages 18-25), and adults (ages 26-55) with issues related to crime/delinquency and/or social functioning
Interpersonal Process Group Psychotherapy

- Interpersonal process groups psychodynamics or knowledge of how people function psychologically to promote change and healing.
- Recognizes conflicting forces in the mind, and outside one’s awareness, addresses behavior as healthy or unhealthy.
Psychodynamic Approaches

- Early experience affects later experience. Individuals discuss histories, personal, cultural, psychological and spiritual beliefs.
- How perceptions distort reality. How beliefs from life experiences apply to current environment as inappropriate or counterproductive. How cognitive distortions promote negative habits.
Psychodynamic Approaches

- Psychological/cognitive processes outside awareness influence behavior. Promoting conscious thought of how behaviors influence maladaptive behaviors, need to alter dysfunctional relationships and interactions.

- Addressing learned behaviors used to adapt to situations with new behaviors to protect from harm. Client attends therapy for solutions, not problems.
Facilitator Skills

Process oriented group therapy model continually monitors three dynamics:

- Psychological functioning of each group member
- How group members are relating to one another in the group setting (interpersonal dynamics)
- How the group as a whole is functioning
Facilitator Skills

- Facilitator’s primary attention is to the interpersonal dynamics and less on each member’s individual psychological dynamics and the workings of the group as a whole.
- Facilitators interventions will have an impact on all three dynamics with balance to attention given to each dynamic.
Skills

- Facilitator focuses on needs of group members and group as a whole, not style most comfortable for the group leader.

- Specific training, understanding, and insight about group dynamics and individual behavior is necessary.

- Supervision and consultation is needed for making best tactical decisions on behalf of the group and its members.
Benefits/Concerns

Benefits

- Clinically therapeutic, incorporating mental health practices and substance use practices
- Focuses on emotional regulation and past dysfunction to change present

Concerns

- Must have advanced knowledge, training, education, and skills in the mental health field
- Untrained facilitators can cause significant emotional harm to client’s using this technique
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