From Virtual to Real Life: Effective Group Treatment

Presented by:
Fredrick Dombrowski, PhD, LMHC, MAC, CASAC
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LEARNING OBJECTIVES

1. Participants will be able to build foundational group structure in a virtual environment.
2. Participants will identify three ways to build virtual group cohesion.
3. Participants will be able to perform virtual rolling with resistance skills.
From Virtual to Real Life: Effective Group Treatment

SPECIAL THANKS: COUN 595 ADDICTIONS
Students from the University of Bridgeport’ Clinical Mental Health Counseling Program:
- Karina Aviles
- Karla Castillo
- Fangie Celestin
- Rashawn Hughes
- Annette Jongsma
- Carie Meyer
- Paula Murano
- Staff Sergeant Juliet Taylor

POLLING QUESTION #1:
WHAT IS THE BIGGEST DIFFICULTY WHEN FACILITATING GROUPS?
A. Participants showing up late
B. Participants under the influence
C. Keeping everyone engaged
D. General Group buy-in
E. Participants in various stages of recovery

Difficulties with Groups
- Participants showing up late
- Under the influence
- Keeping everyone engaged
- Group buy in
- Various stages of recovery
- Uneven participation
- Group dynamics
Polling Question:
WHAT IS THE BIGGEST DIFFICULTY WHEN FACILITATING ONLINE GROUPS?
A. People can “hide”
B. Distractions at home
C. Unable to get away from home stressors
D. Counselor confidence with technology
E. Patient confidence with technology

Difficulties with Online Groups
- People can “hide”
- Distractions at home
- Difficulties with focusing
- Unable to get away from home stressors
- Lack of flexibility with technology
- Individual may not be at home
- In general: counselor and/or patient confidence with technology

Specific to Online Groups
- All participants MUST write their current location in the chat sent directly to group leaders
- Leaders work to make sure all members participate
- Adjust the Mental Status Exam
- Group leaders coordinate beforehand
- Come up with a back up plan for technology
- Be as flexible as possible
BUILD FOUNDATIONAL GROUP STRUCTURE IN A VIRTUAL ENVIRONMENT

**Forming**

- Create repetitive introduction (name, date of last use, drug of choice, etc.)
- Group leaders introduce themselves
- Address any housekeeping items
- Have a plan for a breakout based on patient need
- Review what the group will be about
- Ask participants to provide examples
- Ease into discussion

**0:00 to 4:45**

**What you just saw**

- Introductions
- Attempts to create speed of group
- Engagement with everyone
- Flexibility
- OARS skills
- Expectations of group affirmed
- Collaboration between counselor(s) and patients
BUILD FOUNDATIONAL GROUP STRUCTURE IN A VIRTUAL ENVIRONMENT

Norming

- Moving the group into the direction of work
- Creating easy concepts
- Using all participants to engage
- Keeping the group on track
- Allowing model to fit discussion
- Confident leader
- Connection with co-leader

CBT for Group Sessions

- Establish four factor model
- Relationship between triggers, thoughts, feelings, and actions
- Look for commonalities
- Relationship between thoughts and actions
- Stay on the model step-by-step
- Getting feedback from everyone

Introduction to the Model 4:45 – 8:53
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BUILD VIRTUAL GROUP COHESION
What you just saw

- • Ongoing OARS skills
- • Normalizing of experiences
- • Cohesion created between patients
- • Refocus on the model
- • Feedback from all participants
- • Use of tool
- • Connecting with patient presentation

BUILD VIRTUAL GROUP COHESION
Performing

- • Group understands process
- • Members have bought into orientation
- • Can identify benefits and drawbacks
- • Synthesize and apply information
- • Make information personal to the individual

CBT Model 8:53 to 19:20
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BUILD VIRTUAL GROUP COHESION
What you just saw

- Completion of CBT step process
- Buy in from patients
- Expectation of work between sessions
- Process made simple
- OARS skills
- Individual and group goals

BUILD VIRTUAL GROUP COHESION
Storming

- Interpersonal conflict is almost inevitable
- Online allows patient to be surrounded by triggers
- Patients have different perspectives
- Expectation to “fix” the problem
- Create a group process
- Use group as tool for growth
- Validation of individual points

Navigating Patient Conflict 19:20 to 25:11

25

26

27
VIRTUAL ROLLING WITH RESISTANCE

What you just saw

- Allowing participants to state their thoughts
- Using OARS skills to be sure counselors are hearing correctly
- Diffusing experience
- Connection with other patients
- The two patients involved used the group members to process
- De-escalation of conflict
- Return to homeostasis

Motivation

- People can feel conflict about treatment
- Ambivalence can be a barrier to making the most of group
- Acknowledge and normalize ambivalence
- Validate patients’ concerns
- Use group as tool
- Guiding the patient towards change talk

Enhancing Motivation 27:33 to 38:05
What you just saw

• Basic MI model
• Validation of ambivalence
• Using patients' own words to guide towards change
• Connection to group members with more time in sobriety
• Normalizing patient experiences
• Maintaining therapeutic alliance
• Patient remains the expert

Polling Question #3: PLEASE TELL US HOW YOU CONCEPTUALIZE THIS STATEMENT:
WHEN A PATIENT EXPRESSES FRUSTRATION WITH A GROUP IT IS …

A. … indicative that the group leaders do not know what they are doing and it means that the patients are not getting better.

B. … an opportunity for the clinicians to make treatment more person centered and applicable to the patient’s unique needs.

Other Potential Problems

• Cultural disconnect
• Focusing on the negatives
• Negativity can spread
• Invalidation of benefits of group
• Emergence of previously discussed conflict
• Potential ruptures
• Concerns about dropping out
Tools to Navigate Problems

- OARS skills
- Validation
- Avoiding personalization
- Normalization
- Rolling with resistance
- Use patient's own words to discuss positives
- Receive commitment from group members

Navigating Group Difficulties 38:05 to end

- Navigation of patient negative statements
- Avoidance of arguing and personalization
- Validating patient experience
- Proving options to the patient
- Use of OARS skills
- Use of patients' contributions to the group
- Recreating group buy in

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Conclusion

- Ongoing group difficulties
- Adjusting for online sessions
- Maintain group structure
- Leader and co-leader maintain contact and connection
- Forming, Storming, Norming, and Performing
- Interpersonal conflicts will arise in any group
- Use of group as tool
- Validation and rolling with resistance

Questions??

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PRESENTED BY FREDRICK DOMBRowski, PHD,
LMHC, MAC, CASAC AND SAMSON
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