

THERAPIST HANDOUT 5.1

Objectives, Procedures, Client Handouts, Pregroup Planning, and Sample Round-Robin Discussions

Group Session 1

INTRODUCTION

Each of the group therapist handouts for group sessions is intended to help group leaders integrate cognitive-behavioral and motivational interviewing techniques and strategies into a group treatment format. Throughout each session, leaders should look for and acknowledge commonalities among members and encourage members to be supportive of other members' changes.

If the group leaders want to keep copies of the group members' homework exercises and self-monitoring logs, they should develop a procedure that allows them to copy the information before or after the group, as members will need the forms during the group.

In each round-robin discussion, there is a list of suggested questions and topics. Although several topics and questions are provided, group leaders need not ask all questions or address all topics; instead, questions and topics should be selected as they relate to what is happening in the group.

SESSION OBJECTIVES

- Review and discuss members' goal evaluations; provide guidelines or information on contraindications for use if appropriate.
- Review members' self-monitoring logs with respect to their goals.
- Provide members with personalized feedback based on assessment measures.
- Evaluate and discuss members' motivation to change.
- Give homework and instructions for Session 2.

SESSION PROCEDURES

- Introduce session, complete any remaining assessment inquiries.
- Review and discuss members' completed self-monitoring logs, copy or record data.
- Give members personalized feedback from assessment forms and discuss.
- Review and discuss members' completed goal evaluation.
- Review and discuss members' completed decisional balance homework answers.
- Ask members the five-million-dollar question; affirm that changing is a "choice" people make.
- End session: What stood out about today's session? Remind members to do homework.

CLIENT HANDOUTS

- Reading: Identifying Triggers (Client Handout 4.5)
- Exercise: Identifying Triggers (Client Handout 4.6)
- Copies of Client Handout 5.1 for the group members when discussing the group rules

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PREGROUP PLANNING

Pregroup planning is seen as critical for several reasons: Retention of group members contributes to members' satisfaction, builds group cohesion, and results in positive group outcomes. Although pregroup planning only takes 15 to 20 minutes, it is important to do it prior to every group. Pregroup planning for the first session is more extensive and may take slightly longer than planning for other sessions. It includes the following.

- Review assessment information on all members.
- Know something about each group member before the group starts, including their first names.
 - ◆ Use 3" × 5" cards to make brief notes about each member (e.g., age; first name; marital status; problem type, length, and consequences; medical problems; referral reason).
 - ◆ On a separate sheet of paper draw a circular diagram for the group and write in the first names of each member as they sit down at the first session; this allows you to know who is sitting where and to be able to call on clients using their names.
- Arrange the chairs in a circle for the number of expected group members and the two leaders; for better communication, the group leaders' chairs should be positioned opposite one another (to save these chairs place a clipboard or other materials on them ahead of time).
- Have new homework available for members (Client Handouts 4.5 and 4.6).
- Prior to this session prepare and highlight key points in each group member's "Personalized Feedback Handout: Where Does Your Alcohol Use Fit In?" (Client Handout 4.1) or "Where Does Your Drug Use Fit In?" (Client Handout 4.2).

Note to Group Leaders: To prepare these handouts, use information collected from the TLFB and other measures administered at the assessment and discussed in Chapter 4 (go to www.nova.edu/gsc/online_files for measures and forms).

- Group leaders also need to decide who will take the lead for each of the major discussion topics in this session (e.g., introduction, self-monitoring, homework, ending group).

FIRST ROUND-ROBIN DISCUSSION

- Introduce group leaders and welcome members to group.
- Have members introduce themselves.
- To begin, one of the group leaders can say, *"Why don't we start by spending a few minutes talking about the benefits of group therapy and what groups are about?"*
- In addition to presenting basic information about the group, the leaders can also say, *"Another thing that is important to think about is that each group member is an agent of change, and the goal is to learn from each other and to be supportive of change. Another way of thinking about this is that solutions come from group members, not from the therapists."*
- After this initial discussion, group leaders can say, *"Now that we have gone over the benefits of group and what is expected of group members, what other concerns do group members have?"*
- After going over the basics, the group leader can start by saying, *"Let's go around and have each member tell us what you expect to get out of group."*

Normalize members' feelings about groups by saying, *"Although it's natural for members to initially feel uncomfortable in groups, groups provide members an opportunity to learn from others with similar problems. There are benefits to having members provide advice and feedback to one another."*

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Further Discussion Focus: Leaders can ease members into talking in groups with general questions such as, “Let’s go around and have everyone tell us [insert one of the following questions here; ask one question one at a time].”

- “What brought each of you into treatment?”
- “Tell us two or three words that best describe you.” Next ask, “Now, thinking about those words, how do they relate to why you are here?”

ROUND-ROBIN DISCUSSION

Topic: Group Rules

Because group rules are intended to shape appropriate group behaviors, promote positive group norms, and reduce clients’ anxieties, one of the most important discussions that group leaders can have with group members early in the first session relates to group rules. The group rules most commonly advocated and their rationales are listed in Table 5.3. Although every group member should have received a handout describing the group (Client Handout 5.1) at their assessment, each should be given another copy of this handout at the first session.

Each group rule in Table 5.3 needs to be reviewed. They include: maintaining confidentiality, not socializing outside of group, attending group on time and calling if you cannot come to a group, not using alcohol or illicit drugs before group, not discussing absent members in group, completing homework assignments and bringing them to group, participating regularly, and exhibiting appropriate behaviors in groups (i.e., no yelling, no profanity, no use of cell phone during groups, no talking over one another).

ROUND-ROBIN DISCUSSION

Topic: Group Treatment Program

Discussion Focus: Brief review of the GSC treatment program, including mention of the following.

- There will be four 120-minute group sessions, typically with 6 to 10 members.
- Homework exercises and readings will be assigned.
- Members will participate in self-monitoring and goal setting for alcohol or drug use.
- Group members will learn a general approach to problem solving that will help them guide their own change and motivate them to take responsibility for their own change.
- One of the group leaders will call each group member 1 month after the last session to check on how everyone is doing and if more services are needed.

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TABLE 5.3. Group Rules and Their Rationales

Confidentiality. Group discussions are confidential: *What is said in group, stays in group!*

Rationale: Confidentiality is the sine qua non group rule; without it, members are unlikely to share or even come to group.

Do not socialize outside of groups. Although some interactions will occur outside of the group (e.g., waiting room conversations, riding home on public transportation), it is best to avoid having clients socialize with one another while they are in the group.

Rationale: Socializing outside of the group can undermine clients' treatment by blurring boundary issues. Even if clients go out for coffee after a group, they form a relationship that others cannot share, and the stronger the relationship, the more likely it is to interfere with group interactions.

Attend groups on time. Members are expected to make groups a priority and attend all sessions, arrive on time, and remain for the entire session unless there is an emergency. Members who are unable to attend a session are expected to call beforehand.

Rationale: Attendance is important, as each meeting builds on the previous session and missed groups cannot be made up.

Do not use alcohol or illicit drugs before group.

Rationale: Coming to the group under the influence of alcohol or drugs can be disruptive to group interactions and tends to put the focus on the intoxicated member rather than the group as a whole.

Do not talk about group members who are not present.

Rationale: Members who are not in the group any longer or unable to attend a session cannot speak for themselves. Discussions about absent members can undermine trust in the group.

Complete homework assignments and bring them to group.

Rationale: Because the completed assignments are discussed in the group, it is disruptive if some members have not completed their assignments. To enhance compliance, therapists need to give members an explanation about the rationale for and the importance of completing assignments (see Chapters 5 and 6).

All members need to participate in all group sessions.

Rationale: It is important for members to actively participate in the group (i.e., share their problems and feelings with others). Participation is very important, as each member is viewed as an agent of change, helping other members, being supportive, and providing feedback to others.

Exhibit appropriate behaviors in groups. (1) Take turns speaking and do not talk over one another; (2) respect the rights of others to express their opinions; (3) cell phones must be turned off during the group; (4) profanity, screaming, and yelling are not appropriate; strong emotions need to be communicated in a manner that is not disruptive and allows group members to help one another.

Rationale: Members should be respectful of one another and of the leaders. Individual outbursts or disruptions take the focus off of the group process.

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ROUND-ROBIN DISCUSSION

Topic: Review Members' Completed Self-Monitoring Logs for Their Alcohol or Drug Use since the Assessment Interview (Alcohol: Client Handout 3.2; Drug: Client Handout 3.3)

Discussion Focus

- The discussion can start with a group leader saying, "Let's go over the self-monitoring logs and look at everybody's alcohol and drug use in the past week." Follow up by asking a member to begin the discussion, "[Insert client name], give us a general picture of what your alcohol or drug use was like this past week?"
- **Note to Group Leaders:** Unless relevant, avoid specific details of a client's drinking or drug use (i.e., do not have members present a day-by-day description, as this takes too much time and usually is not that informative).
- If major changes have occurred or if a member handled a difficult situation and did not use, the group leaders can ask the group how they feel about the group member's change.

ROUND-ROBIN DISCUSSION

Topic: Goal Evaluations (Abstinence: Client Handout 3.4; Goal Choice: Client Handout 3.5)

Note to Group Leaders: When groups have members with both abstinent and low-risk limited drinking goals, the group leaders can start by saying, "We are going to review each member's goal form and we want you to freely comment on each others' goals and how realistic they are."

Abstinence Discussion

- Using a motivational interviewing approach, ask group members to discuss reasons for not using alcohol and drugs.
- Group members should provide sound reasons for being abstinent (e.g., relate it to what would be risked by using substances).
- The motivation for abstinence should be, "I have chosen not to use alcohol or drugs because that is the best way for me to avoid future problems" rather than trait attributions (i.e., reasons should not be statements such as "Because I have a disease" or "Because I have no will power").

Framing abstinence as a choice, albeit a difficult one, allows discussion of how to accomplish change, whereas a statement of inability to change can lead to a self-fulfilling prophecy

Goal Choice Discussion

- This discussion should begin with the leaders explaining that persons with contraindications to drinking are advised not to drink at all and describing the recommended guidelines for those who do not have contraindications and choose a low-risk drinking goal. For any member who has selected a low-risk drinking goal but has contraindications to drinking, the leaders can point out that the member may not have been aware of the contraindication but should now take it into account.
- Ask group members who have selected a low-risk drinking goal and do not have contraindications, "Have you ever been able to drink at low levels and without problems before?"

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- Group members can also be asked under what conditions low-risk drinking might pose a risk. This discussion can be facilitated by giving members considering a low-risk limited drinking goal a printed set of guidelines that outline risks that can be discussed.

Note to Group Leaders: If a group member's goal exceeds the recommended guidelines or the person wants to engage in low-risk drinking but has contraindications to alcohol use, group leaders should engage other group members to comment on the risks the person would be taking. To prompt other members to comment on those whose goal exceeds the guidelines, ask, *"As we have been listening to everyone describe their goal evaluation, we need to remember that recommended low-risk drinking limits are very low. What advice can group members provide to each other in terms of how realistic other members' goals are?"*

Additional Goal Evaluation Topics: With respect to members' alcohol or drug use goals, group leaders can use the following questions to get group members talking about their goals.

- *"How realistic is your goal?"*
- *"What obstacles, if any, are you experiencing in trying to achieve your goal?"*
- For clients who have made significant changes in their alcohol or drug use, you can ask, *"You made some very major changes in your alcohol or drug use. How were you able to do that and how do you feel about these changes?"*

Members' Goal Evaluations Related to Their Confidence in Achieving Their Goals and the Importance of Their Goals

- Group leaders can open the discussion by saying, *"Now that we have discussed everyone's goal, let us look at the second part of the goal evaluation, where everyone was asked to evaluate the importance and confidence of achieving their goal. To start, let's look at what everyone put down for the importance of their goal and why you chose your rating."*
- During this discussion, the group leaders should look for commonalities. Several members will not rate reaching their goal as the most important thing in their lives, but instead will rate other things (e.g., health, job) as more important. With this discussion, the idea is to encourage members to discuss the importance of changing.
- After a discussion of the importance, the group leaders can move on to how confident members are in achieving their goals by asking, *"Okay, now let's do the same thing for everyone's confidence ratings."*
- Ask group members, *"What number did you put down for how confident you are right now in terms of reaching your goal, and why?"* This could be followed up with, *"What would have to happen for your goal to go from a [insert current #] to a [higher #]?"*

ROUND-ROBIN DISCUSSION

Topic: *Discussion of Personalized Feedback Handouts (i.e., summaries of pretreatment alcohol use, Client Handout 4.2; drug use, Client Handout 4.3)*

Note to Group Leaders: Each member's personalized feedback summary should have been prepared in advance and highlighted (e.g., yellow marker) on the printout you will give all group members during this discussion (i.e., highlight aspects of alcohol or drug use you want members to notice).

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Discussion Focus: The crucial aspect of the feedback is comparing group members' personal alcohol or drug use with normative data on substance use. Having members comment on their personalized feedback engages them in a discussion about their current substance use and risk as opposed to group leaders telling them such information. The intent is for group leaders to generate discussion so members understand that their present alcohol or drug use is not normative and that if they continue, such use is predictive of long-term risks (i.e., negative consequences).

Feedback Based on the Timeline Followback That Members Completed at the Assessment (Alcohol Use: Client Handout 4.1; Drug Use: Client Handout 4.2)

Start by giving group members their personalized feedback summaries.

- *“If you remember, we asked each of you many questions about your alcohol and drug use at the assessment, and one thing you did was to fill out a calendar describing your alcohol or drug use prior to entering treatment. We will be giving everyone feedback today about your alcohol or drug use so you can use this information to make more informed decisions about changing your alcohol or drug use. Let’s have everyone look at the pie charts and tell the group what stands out about these summaries for you.”*
- With alcohol clients, it is not unusual for them to be surprised at how heavy their drinking is compared with the general population, especially if many of their friends also drink heavily. Similarly, drug clients also report to us that they are surprised that so very few (e.g., ≤ 1%) people used many of the illicit drugs such as heroin or cocaine in the previous year.

Feedback Based on the AUDIT (Client Handout 4.1) and DAST-10 (Client Handout 4.2)

- *“At the assessment interview, we also asked you about consequences you might have experienced because of your alcohol or drug use over the past year. Your answers yielded a score that reflects the severity of your alcohol (AUDIT) or drug (DAST-10) use. It is on the last page of your feedback summary. Let’s look at these graphs and your scores and tell the group what stands out about this feedback.”*
- For surprised members, group leaders can say, *“A few of you look surprised at the feedback. What’s surprising about it?”*

ROUND-ROBIN DISCUSSION

Topic: Decisional Balance Exercise (Client Handout 3.1)

Discussion Focus: This exercise, a motivational tool designed to help clients understand their ambivalence and why changing might be difficult, involves a discussion of group members' reports of good and less good things about changing their alcohol or drug use. Listing both the short- and long-term costs and benefits in one place can help them justify and strengthen decisions about changing. Throughout this discussion, group members are invited to comment on their perceptions of other members' statements about the good and less good things related to their alcohol and drug use and what it would take to change. Possible group discussion topics include

- *“What did each of you get out of this exercise?”*
- *“How did the use of a decisional balance exercise affect your thinking about your alcohol or drug use?”*

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- “What good and less good things had you not recognized before doing this exercise?”
- “What surprised you most about doing this exercise?”

Note to Group Leaders: Members’ discussion about their decisional balance exercises should include some mention of the following.

- What they recognized about their reasons for drinking or using drugs (i.e., good things about use)
- Potential obstacles to change

ROUND-ROBIN DISCUSSION

Topic: Five-Million-Dollar Question (Client Handout 3.1)

Discussion Focus: After discussing members’ decisional balance exercises, ask the group, “What if you were each offered five million dollars to not use alcohol or drugs for just one day? What would you do?”

Note to Group Leaders: The Five-Million-Dollar Question is used to show members that for a price, they would change their behavior. The important point from this exercise is that, although change might be difficult, it is a choice people can make. This point can often be made after members report why they would change.

Remember to invite group members to comment on each other’s responses to the Five-Million-Dollar Question. To make the point that change is possible, group leaders can say, “Since we do not have five million dollars, what would be your personal price for changing your alcohol or drug use?” or “What would it take for each of you to tip the scale in favor of changing?”

Homework Assignments for Session 2: Identifying Triggers Reading (Client Handout 4.5) and Exercise (Client Handout 4.6)

- Give each group member the Identifying Triggers reading and exercise
- Tell group members, “This is a short reading and homework exercise to complete for our next group meeting. The exercise is intended to help you identify your high-risk situations for alcohol or drug use and the consequences of use. Usually, the reasons for using are short-term consequences. What we are asking you to do is explained in the handout. When you complete this homework and bring it back to the next group, it provides an opportunity to talk more about these high-risk trigger situations and to examine why they’ve been a problem for you. A future homework will help you develop ways of handling those situations by doing things other than using alcohol or drugs.”
- “The reading will help you understand how to complete the homework and also will help you consider taking a long-term perspective on changing your alcohol or drug use. The reading and exercise are easy to complete and should take about 10 minutes.”
- Finally, tell group members that next week you will have them select one of their two high-risk triggers from the exercise to discuss further.

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ROUND-ROBIN DISCUSSION

Topic: *End of Session 1, Wrap-Up, and What Stood Out*

Have each group member and the leaders comment on their group experience and one thing that stood out about the group.

Discussion Focus: Tell members that this and all subsequent groups will end by asking each member to comment on one thing that stood out for them in the group. Because the group leaders are part of the group, they also summarize, but they go last. Comments by the leaders are intended to reinforce behaviors they observed in the group or how certain issues were discussed and dealt with by the group members. Start the next two wrap-ups by calling on someone who volunteers. If no one comments, ask one member to start.

What Was Group Like?: *“Now that we have completed the first group session, what we would like to do is go around asking everyone how it felt to be in the group today, particularly in relation to what you expected.”*

What Stood Out?: Have each group member and the leaders comment on one thing that stood out in the group. *“We have talked about a lot of things in group today. What one thing stood out?”*

Remind Group Members: (1) to attend all group sessions, (2) to call if they cannot make a session, (3) to continue to use the self-monitoring logs and bring them and the homework exercise to the next session, and (4) that one of the leaders will call the day before group to remind everyone about the next group.

POSTGROUP DISCUSSION

- The postgroup discussion typically takes about 5–10 minutes.
- Discuss what happened in the group, both good and less good things.
- Group leaders should make notes about what they want to highlight in the next session and about anything notable about group members.
- Prior to the next group session, for each group member prepare a Client Handout 4.7: BSCQ Profile of high-risk situations for alcohol or drug use.