Gimmicks for Group:
IRETA 3 Notes

Slide #1
Although all practitioners develop their own style of running groups with clients having substance use disorders (SUD), their individual approaches play an important role in determining the ultimate efficacy of this treatment modality. Specific group techniques, or as they will be called in this webinar, "gimmicks," may help create an environment that is both energizing for practitioners as well as engaging for clients. This webinar is designed to involve attendees in a virtual consultation on disarming client reluctance to becoming involved in group counseling.
But before going further, a bit about your presenter.

Slide #2
Self-introduction, including a bit of history regarding group experience.

Slide #3
The theoretical and ideological orientation of facilitators may affect their expectations of both group performance as well as what constitutes appropriate individual participation. A facilitator working in a substance use-related facility who views substance use as the issue of primacy will approach groups differently than one who understands substance use is an important but not necessarily unique issue affecting client behavior.
Likewise, where group members are on Prochaska's continuum of readiness to change can affect how they react to both the facilitators and their expectations of group process not to mention the group itself.
Remember the "4-As" of when trying to engage resistant individuals: ***Affirmation, Acceptance, Accurate empathy, Autonomy.***

SUGGESTION: Take a step back and look at the group as an entity with its own personality, one that can change quite dramatically as time passes, especially if the group is an open-ended one. For example, consider asking, *Before we begin group today, we have several new members who have joined us in the last week. I'm curious to know what you all think could happen today for you to think "this was a good group"…I will go last and share my thoughts on this issue too.* NOTE: This topic and the conversation it initiates is likely to become the focus for the entire group period.

Slide #4

Whether a SUD group is "open" or "closed" can also affect the dynamics of a group. Although groups are often open in SUD treatment programs given the nature of the clientele and pace of referrals, where closed groups tend to be more common in private practices.

In open groups, the membership can vary over time, sometimes rather significantly with several members leaving or rotating out because of completing treatment and new members joining the group. Such changes can be dramatic, especially when several pre-contemplative changers join the group relatively close to each other. In such cases it is important to engage these individuals in the group process and orient them to the group's focus and purpose.

SUGGESTION: I have found that meeting with the new member prior to that 1st group and orienting her or him as to what to expect, what group is about, and how, over time, you would like to see the individual become involved can be helpful. With particularly resistant clients, providing time to orient to both the group and the process is advised, perhaps even negotiating an introductory assignment or activity for the 1st session or 2.

Slide #5

These are classic pre-contemplative individuals. The issue here is getting them to participate, but in what? They are NOT going to participate in a group discussion of a problem they do not believe they have. In addition, trying to do so in a group populated by several if not mostly pre-contemplative individuals is asking for a challenging time if not running the risk for losing control of the group

SUGGESTION: **#1.** Get them involved in participating in something non-threatening and then gradually move the group towards the issue that explains their being there. (A) Start with the *Good Things/Less Good Things about use questions;* (B) Possibly (if there are other, more compliant members of the group) saying something like, *It seems John…and you too Phyllis…that you are not crazy mad about being mandated here. What could we do in group that might make this experience at least tolerable if not useful?* NOTE: Avoid asking or entertaining comments about how they "feel" about being mandated. **#2.** A grab bag group – in this group you literally have a bag with thematic items ***HAND WRITTEN*** on slips of paper. Apologize for your hand writing and offer to "translate" any items for those who cannot read your handwriting (this prevents embarrassment for any member unable to read). Depending on the topics you select, the discussion can be quite general and less likely to be resisted by any uncommitted member. For example, "how do you know if you are intoxicated" or "what are the good things about use" (if using this, be sure someone gets its corollary – what are the ***less good things*** about use). The discussion can be directed in a more specific direction

as well, e.g., “blackouts,” “withdrawal,” or “using to escape”; tailor this suggestion to your needs given your read on the group’s personality/needs.

Slide #6

This is a challenging issue to address as each group will take on its own personality. An “autonomy-supportive environment” is a tricky objective as autonomy runs the gamut between anarchy and facilitator-controlled client autonomy.

If the group is a “closed group” meaning that new members are not added as time passes and membership remains constant throughout the duration of the group’s existence, then creating an opportunity for the group to consider what would have to happen for individual members of the group to avoid future referrals or challenges by authority figures, significant others, employers, etc. may result in an interesting discussion especially if followed by exploring how to make that happen. If the group is “open ended” meaning that members are added as other “graduate,” the personality of the group will be in continual flux making a meaningful discussion of “collaborative recovery” a bit more challenging.

SUGGESTION: The Music with lyrics gimmick may be useful in this situation. In this group the facilitator brings a pre-determined playlist of songs, each with a SUD-related theme. Including printed lyrics with song title and artist can be helpful but is not necessary. A song is played and the facilitator asks: *Ok…who in the group was this song written for?* Sometimes a member says “Me” and explains why or perhaps a member says, “John” and explains why, either way the ice starts to break. The facilitator should have at least as many songs on the playlist as there are group members but I never had to use more than 4 or 5 songs to engage the group in discussion. NOTE 1: Country wester songs are wonderful for this, but it is not hard to find songs appropriate for this gimmick in any genre of music. NOTE 2: vary the focus of the SUD themes in the songs, e.g., loss of work, loss of respect, loss of relationship, obsession with use, etc.

Slide #7

The facilitator must determine whether to address this individual in or outside the group…depending on the decision to handle this variable, there is not a *one size fits all* approach to dealing w/ this type of client.

Remember: Trying to persuade or “talk someone into change” elicits resistance – unsolicited advice is the junk mail of counseling. Reactance is an attempt by an individual to “regain” a sense of freedom after it has been lost. A mandated sentence from a court is essentially a classic example of this. When that mandate is to a SUD treatment program or DUI program, that effort to reassert a sense of

freedom and control will transfer to the group in general and the facilitators specifically.

Assuming the mandate is for more than a couple sessions, it might be advisable to not push a pre-contemplative member to participate right away. They will either simply say the minimum and what they expect you want to hear or they will attempt to take over the group with a tirade about how unfair the whole process is. Instead, ask the individual to introduce him-/herself, share a bit about how he/she comes to be there and leave it at that. Allow the group dynamic to demonstrate the facilitator's genuineness and ability to be trusted and then attempt to engage this client in subsequent sessions.

Any resentment or hostility displayed in group or towards the facilitators is likely being transferred from the court or agency that delivered the mandate. Mandated clients are often in a pre-contemplative stage of change and prone to be resentful about being in treatment. One way to address this resentment is help the individual—and if there are several of these individuals in a group, such as often is the case in DUI programs, is to do this in group—find out what the alternative to this group mandate was. Often the alternative is a very large fine or X weekends in jail or some other equally punitive option. Next ask why the individual chose "this" option rather than one of "those" options – generally the answer is something like, *this was the best of a bunch of bad options*. Now the stage is set…in your best "Columbo-esque impersonation say, *Let me see if I understand…you are here because this was better than weekends in jail (or whatever), right? So, in a way we here made it possible to avoid something that you really would not like, right? Okay, what can we do here to make this "better-than-jail" option as painless…perhaps even useful…as possible?*

ADDITIONAL SUGGESTIONS: (1) perhaps a contract – in exchange for documenting client attendance and participation s/he will (or will not) do _____. NOTE: This "something" should be reasonable and easily accomplished. Successive contracts/amendments, if needed, may lead to greater group involvement. NOTE: Explore with the individual what s/he believes is a reasonable degree of participation/involvement in exchange for this documented attendance and positive participation report. If suggesting anything reasonable, go with the client's suggestion; (2) for groups that meet daily or several times a week, consider one group meeting being a "life story" group. In such a group, each client is tasked with telling the story of how substance use began and progressed through the present, including the issue/situation in his/her life that led to being in group. NOTE: Life stories should be given by folks who are AT LEAST in a contemplative stage of readiness to change ***AND*** not until the individual presenting the life story has attended several group meetings and at least one life story group and experienced the feedback received.

Slide #8
Here are several example gimmicks designed to engage resistant group members that I trust will serve to "prime the pump" for our discussion of specific situations you suggest. These gimmicks will suggest means by which to facilitate the movement of individuals in a "pre-contemplative" or "contemplative" stage of readiness to change towards the "next" stage as suggested in Prochaska's Transtheoretical Model of Counseling. Attendees will then be invited to submit specific scenarios for discussion with the presenter during the webinar.

Slide #9
Such groups are particularly useful when first encountering a group of resistant individuals. Rather than expecting them to "emote" and actively participate in group, presenting the group with some basic information and then eliciting thoughts related to it can become a "backdoor" to engaging the group in conversation. In closed-group situations such as a "DUI Class," information about BAL, factors affecting metabolizing such as body weight and gender, issues related to medications, etc. can be useful. The group can be engaged by calculating an approximate number of drinks consumed based on BAL at time of arrest and then processing individual reactions to this. No one ever agrees to the number of drinks their BAL and time from 1st to last drink suggests, but that disagreement is grist for an interesting discussion mill that can lead in any number of interesting directions…other substances consumed w/ alcohol, size of drink, proof, standard serving size, etc.

Slide #10
Bottle Gang
Golden Doorstop

Slide #11
But enough from me regarding theory and let's focus a bit more on practice. As promised when I started, this webinar would dialogue in a position of primacy. Please consider sharing your thoughts on engaging the precontemplative or contemplative individuals in group or asking about various strategies for use in such situations. Please know that I do not have answers for how best to address all situations. I have learned through the years that neither I nor you can "save" every client with whom we work. On my best day I can help those individuals I see; saving them is in much larger hands than mine.

Slide #12

That said, I do believe that every time we choose to intercede with a client – EVERY TIME – we are successful. Before you dismiss me as grandiose in my thinking, consider this: Some individuals – and I dare say MOST individuals – with a SUD do not change until they reach a point where the cost or hassle of continuing to use is greater than that associated with changing. This generally will follow multiple confrontation and untoward consequences. I suggest, however, that there could not be that last confrontation/untoward consequence/intercession if there had not been the untold number of such that preceded it. Whether you and I happen to be that individual who manages to guide movement towards an action stage of readiness to change or we are simple the first person to attempt a cost – benefit analysis, we will succeed because there could not be that last intercession if there were not all those that preceded it. And with that a personal story:

- Maurice's life story

Slide #13

Link to my chapter, *Gimmicks for Group*