Working in the Area of Addiction Treatment Within the Group Format

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Adapted from a presentation by

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Presenter Disclosures

Presenter name: **Leslie Molnar**

Relationships with financial sponsors: **None**

Objectives

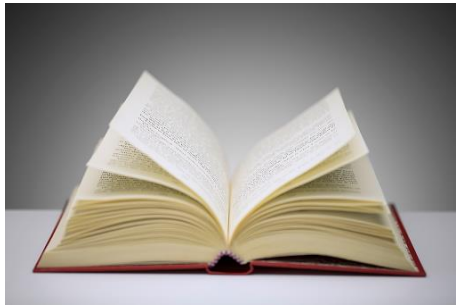
- Understand the benefits of group work for clients in addiction care
- Identify the methods used in addiction group work
- Learn about the challenges that clients and facilitators face in addiction work
- Learn how to mitigate the challenges

“Many patients enter therapy with the disquieting thought that they are unique in their wretchedness, that they alone have certain frightening or unacceptable problems, thoughts, impulses and fantasies.”

Yalom & Leszcz (2005)

Findings…

- Therapeutic groups offer mutual support, reduce social isolation, increase self-acceptance though self-comparison, develop self-understanding (Whitaker 1985).
- Learning from others (vicarious experience) (Glidden-Tracey 2005)
- Groups can explore emotional regulation (Khantzian & Albanese 2008)
- No significant outcome difference between individual and group therapy (Weiss et al. 2004, Sobell & Sobell 2011)
- Secondary gains recognized: decrease in stress, anxiety, and depression symptoms (Lo Coco et al. 2019)
- Similar problems experienced by group members are helpful in breaking down denial (Galanter et al. 1998)



Limitations (1)…

- There are few, if any, meta-analyses studying the efficacy of group therapy for SUDs
- Few studies report follow-up results
- Some studies relied almost entirely on patient self-reports
- “Group therapy” is used to describe very different approaches (Relapse Prevention, motivational, Mindfulness-based, 12-step)
- Further research required to determine influence of many other factors (socio-demographic, psychiatric, treatment preferences, etc.)
- Further group studies and long-term prospective designs are needed

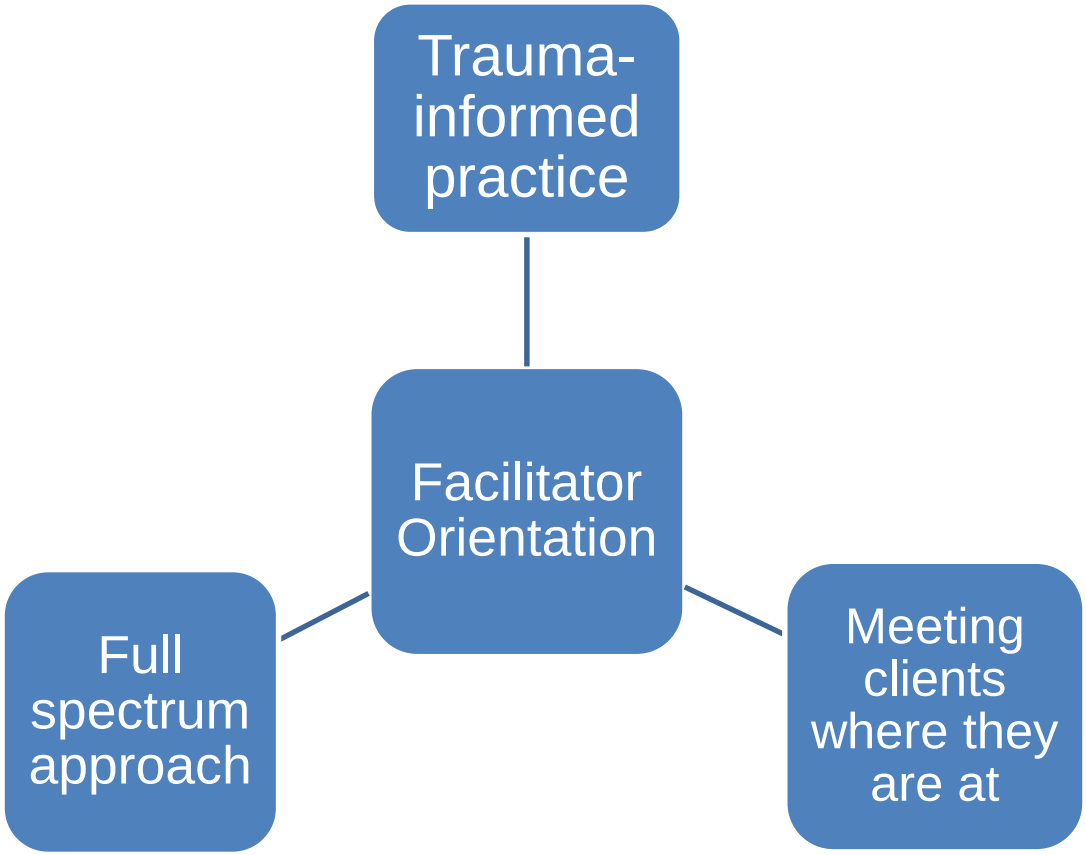
(Lo Coco, et.al 2019)

Limitations (2)…

- Group pressure may force client into action before they are ready
- Groups do not reflect the normal social milieu in which the client normally finds themselves in
- Group time constraints sometimes do not allow for enough attention to certain group member needs (Corliss & Corliss 2009)
- Agency mandates may not meet requirements of clients, or client readiness (Jacobs et al. 2006)

Groups offered to RAAM Clients within the Substance Use Service at Women's College Hospital

Facilitator Orientation…



Types of Groups (1)…

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Early Recovery Group (ERG)

- 12–15 clients, mixed, closed, 6–8 weeks
- Different topic each week based on clts' choices, e.g., physiology of addiction, concurrent disorders, interpersonal issues, emotions

Seeking Safety Treatment (SS)

- Up to 15 clients, mixed, closed, 13 weeks
- Stage 1 trauma group - based on safety - addressing the connection between PTSD symptoms and substance use

Women & Anxiety (new)

- In development
- Seeing a lot of women in clinic with anxiety
- Focus on anxiety, substance use, and trauma
- Relational, skills and strategies

Types of Groups (2)…

ERG Boosters

- Clients who finish the ERG can attend 2 boosters held after every ERG series is completed
- Review of Relapse Prevention Plan (RPP) and coping strategies -
- Encourage support from group members

Drop-in Relapse Prevention (one-off)

- Numbers vary: 5–15
- Open format
- Held on the weeks there are no formal groups

How to Get Through the Holidays (one-off)

- Held in December
- Up to 15 clients, open
- Focus on RPP for the holidays

Methods (1)…

Orientations

Held before each ERG - way of identifying those who are more appropriate for group

Scales (ERG & SS)

Sociometry

1st session of ERG

Referrals

Accepted via email for all groups except the drop-in group - clients are informed and it is up to them if they attend

Call Reminders

Personal call 1–2 weeks ahead of every group except drop-in (rely on clinicians to remind clts)

Methods (2)…

Closed vs. Open

Both used, closed for longer-term groups - assists in building group trust and cohesion

One-off vs. Series

Different groups offer clients an option - number of people have never been in a group - a way to "dip their toe in"

Evaluations

ERG (end of group), Seeking Safety (mid and end of group), one-offs and Boosters (every session)

Group Norms

Discussed in every group with input

Safe Space

High importance - many are dealing with the impacts of trauma - their safety has been compromised

Benefits of SUD Groups (1)…

- Use of resources (clinicians); cost-effective
- Clients have better access to service at the time they seek it
- Sociometry (measurement of relatedness, Hoffman 2000)
- Facilitates group bonding, particularly helpful in short-term groups
- Facilitating connection with one another
- Modelled by the facilitators and providing the forum for connection (exercises, pairing, role playing)
- Important due to feature of trauma is isolation; is linked with substance use; substance use perpetuates aloneness (Najavits 2002)

Benefits of SUD Groups (2)…

- Common bonds with other members, learn others also struggle with similar issues
- Clients can practice some newly acquired skills in the group setting
- Groups are an interpersonal learning environment: problem solving, trusting peers, community (Jacobs et al. 2006)

Feedback (1)…

"Support from facilitators, group members, non-judgmental, accepting environment, ability to feel connected, relate to others"

"…providing the place to meet with others going through the same things. The routine of weekly sessions over time to keep me motivated, to deepen my understanding of addiction and recovery…"

ERG group participants

Feedback (2)…

"…It was great to meet "normal" people with substance issues and listen to them. I developed a plan and stuck 85% with it over the week. I'm happy and relieved to know there is a program available to help me."

"It gave me hope again. I'm not alone. I'm not isolating."

Drop-in group participants

Challenges (1)…

- **Determining length of group** – accommodating groups within clinicians' limited schedules
- **Members' privacy** – sharing information that they perceive to be embarrassing, shameful, fear of being judged or stigmatized
- **Interdependence of members** (Weiss et al. 2004)
- **Symptomology** or their treatment conditions can impact their attention in group, i.e., medication changes, decreasing use, withdrawal

Challenges (2)…

- **Drop-outs** – attrition rates 32% (control groups 34%) (Lo Coco et al. 2019)
  - Issues of lapse/relapse
  - Is it higher than other types of groups?
- **Inability to reach clients for feedback** regarding reasons for drop-out
- **Dealing with triggers** – PTSD symptoms, substance use
- **Scale** - Addiction Severity Index - no significant change in use over duration of group (Lo Coco et al. 2019)

Evaluation Challenges…

- Drop-in groups - lack of evaluation due to one-off format - most frequently used in SUD clinics
- “Open-enrolling groups are likely the most frequent modality of group therapy in SUD specialty clinics and are rarely examined in controlled trials because of methodological difficulties” (Lo Coco et al. 2019)
- Evaluations - self-reported to clinicians
- Questionable reliability and validity due to subjective nature of report
- Incomplete
- Lost to follow-up
- Lack of clinicians' time to analyze scales and evaluations
- Group agency involvement
- Group agency may pressure clinician into running shorter, more frequent groups
- Data collected may not be as robust in larger, longer group settings (Corliss & Corliss 2009)

"Little is known about the efficacy of psychosocial treatment for substance-related disorders conducted in the group format, despite the widespread implementation of group therapy in most treatment facilitates."

(Lo Coco et al. 2019)

Questions to Consider…

1. What are the opportunities in offering groups in your RAAM clinic?
2. What challenges to running substance use groups can you identify in your RAAM clinic?
3. What benefits have you/can you recognize for patients/clients who could participant in groups?

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