Enhancing Concurrent Capability Toolkit
Comprehensive Interventions
Quick Reference Sheet

Group Therapies and Interventions

What is group therapy?

It can be a primary therapeutic intervention, or used in addition to individual therapy. For concurrent disorders, group therapy is most often used in addition to individual therapy. The group setting is designed to provide a safe environment for people to share their feelings, thoughts and actions. It also allows for people to learn and gain hope from peers who may have had a similar journey or experience. A group setting can be a comfortable place to discuss issues such as family relationships, medication side-effects and relapses.

What does group therapy look like?

Groups can be:

- Support groups
- Skills training groups
- Psychoeducation groups

Group therapy is quite flexible:

- It can be offered publicly or privately by trained professionals or peer support workers.
- It usually consists of up to 10 people in professional settings and more in peer-led or community settings.
- It can be offered as either "open" or "closed" groups.
 Membership is required for closed groups, while open groups often allow for drop-in participants. For example, a person experiencing bipolar 1 disorder, who is precontemplative about cocaine use may prefer a drop-in group that would be welcoming, open and accepting each time they are able to attend.
- It can be specific to a diagnosis or concurrent disorder. For example, an anxiety support group, or a concurrent disorder group.
- It can include intentional use of approaches such as cognitive behavioural therapy, interpersonal therapy and psychoeducation.

Psychodynamic group therapy is an example of using groups as a primary intervention. Guided by Yalom's group therapy approach, the group process leads to change and wellness for the person. This type of group psychotherapy is used with specific populations, such as:

- Family violence prevention evening programs
- Sex offender treatment within remand centres
- Dialectical behaviour therapy day programs for people experiencing borderline personality disorder

What are the advantages of group therapy?

There are many advantages of group therapy:

- It is cost-effective, as counsellors or therapists can see more people at one time.
- Most people experiencing concurrent disorders benefit from this treatment.
- Almost all people, regardless of diagnosis, can participate in this treatment when grouped appropriately.
- Peer support can be provided in a group setting and people can be challenged in a safe environment.
- Positive peer support is provided and allows group members to witness how others are dealing with the same issue.
- It can reduce the sense of isolation people may feel when dealing with issues.
- Group members can provide hope and empathy to each other.

Guidelines for support groups

Adapted from Sharon Mahre's *Peer Support Group Facilitator Training – Student Manual* (1988).

This is a mutual self-help group, not a therapy group. Hopefully, this group will provide emotional, psychological, and moral support for its members. Each of us is encouraged to participate to whatever extent we feel comfortable. The following ground rules facilitate the development of trust in the group and enable us to share our thoughts and feelings with each other.



- Confidentiality is essential. We expect that each person will respect and maintain the confidentiality of the group. What is said in the group is not to be repeated or discussed at any other time or place.
- 2. We are here to share our own feelings and experiences: we try not to give advice.
- We each share the responsibility for making this group work
- We try to accept people, just as they are, and we avoid making judgments.
- 5. We try to give everyone an opportunity to share.
- 6. We have the right to speak and the right to remain silent.
- 7. We give supportive attention to the person who is speaking and avoid side conversations.
- 8. We avoid interrupting. If we do break in, we return the conversation to the person who was speaking.
- We have the right to ask questions and the right to refuse to answer.
- 10. We try to be aware of our own feelings and talk about what is present to us now, rather than what life was like for us in the past.
- 11. We do not discuss group members who are not present.
- 12. We begin and end our meetings on time.

Note: Even though our goal is to support each person, this particular group may not meet your needs. Before deciding this group is not for you, however, we hope you will attend at least two meetings.

Outline for running a group

Structuring the first meeting of a group is important to:

- Set the tone for the group
- Inform participants about the rationale and/or rules for the group
- Introduce members of the group

Below is an outline to use for organizing a group:

- Room set up: Chairs and couches set in a circle, with coffee set up on a table behind the chairs.
- Supplies: Pen and paper to record attendance, white board with questions written on it, erasable markers, and eraser.
- Introduce group: "Welcome everyone to our discussion group. The purpose of this group is to discuss topics related to wellness. When people are in the hospital, they are often in a process of recovery from mental illness, substance use or both. This group is open to everyone who is interested in getting better. Today's topic is..."
- Group guidelines: We cover three guidelines: confidentiality (what is said in the room stays in the room), respect (including not speaking when others are speaking, and allowing differences of opinion), and staying on topic.
- Introduction/ice breaker question: Go around the room and ask people to share their first name and answer an ice

- breaker question (such as their favourite movie, colour, hobby, food).
- Structure of the group: The questions from each topic are written on the white board. Try to solicit participation from all group members and call on staff to offer their input at your discretion.

Dealing with challenging behaviours

Below are some ways to address common challenging behaviours in group settings:

- Over-participation: Thank the participant for their comment and say: a) "let's hear from some people we haven't heard from yet," b) "I appreciate your comments but let's give others a chance to speak," or c) "why don't we chat more about that afterward."
- Silence: Elicit participation directly by asking each group member: "What do you think about (topic)?" Closed questions are helpful for people who have difficulty comprehending complex sentences (for example: "Do you think drug use is good or bad?").
- Leaving during the session: The purpose of this group is to engage participants at all stages of wellness. Therefore, we are tolerant of people leaving during the group. If a group member becomes particularly disruptive, approach them after the group and discuss ways to help them stay in the room (such as writing notes during the group).
- Disagreement between members: This rarely occurs, but reminding participants of the expectation of respect can be helpful: "Remember when we spoke about respect at the beginning of the group? It's okay to disagree with other members but it's important to also respect what they have to say."

For persistent disruptive behaviours, meet with the person after the group to discuss strategies for improvement. For example, you can ask them to write down questions and discuss them after group, or ask them to focus on listening instead of speaking. Positive reinforcement is helpful when behaviour improves.

