

Protocols for Group Treatment

Group therapy is the core of any successful addiction treatment program. It is in community of their peers that people with addiction learn how to overcome the shame and guilt that is such a burden for them and keeps them tied to the cycle of chemical dependence. However, most people coming into addiction treatment would prefer not to go to groups. The allure of Medication Assisted Treatment is that there is a medicine that can take away the compulsions that have been driving their lives. However, for most people MAT will not be successful without behavioral therapy to support the changes in thinking and skill development that are crucial to sustained addiction recovery.

Women with children can be particularly resistant to group treatment. Their shame is most intense, as the stigma against mothers and pregnant women who use drugs is particularly severe. Women have difficulty justifying time away from caring for their children or attending to other responsibilities, as they have often not been socialized to believe that they have a right to care for themselves. If women have been required to attend mixed-gender addiction recovery groups in the past, they may have experienced sexual harassment or felt that there was no room to express their own experiences in these settings. They may have social anxiety or PTSD-induced anxiety that makes the idea of walking into a room full of strangers to talk about their most shameful secrets seem like torture. But once a woman has made it through the doors of a supportive, gender-specific addiction therapy group, she will often find that this is one of the best things that could have happened to her. Our experience has been that most women say the opportunity to get to know other moms who have been through similar experiences is the most important part of their recovery. "I thought I was all alone," is a frequently heard statement in our program. Realizing that they are, in fact, part of a wide spread community, influenced by cultural problems that are far beyond their individual control, is the starting point for change and self-forgiveness.

In our program, group treatment is considered the center of the recovery experience. All women who are starting out in the program are required to attend group weekly. If they must miss a group, they are usually required to make it up in some way (see "Group Rules" for ideas on this). We try not to interrupt women while they are in group, and all members of the treatment team reinforce the importance of regular group attendance.

1. Group Components

There are several discrete components to our optimal group experience. These are:

- A Mindfulness Exercise
- Introductions (if there are any new group members or visitors)
- Announcements
- An opportunity for each group member to check in about how she has been doing in her efforts during the past week to stay sober and build a sober lifestyle
- A presentation of psychoeducational material
- A closing (in our group, this is a time when group members write down their commitments for the week ahead)

There is certainly room for variation in which components become part of your group treatment, but most important is that the group session have a predictable rhythm to it, a clear beginning and end that is repeated from week to week. There is no way to overemphasize the importance of predictability and routine in addiction treatment for women who are becoming mothers. Predictability and routine are two qualities that are seriously lacking in the lives of people who have addiction, and yet they are an important key to raising healthy children. We begin helping our patients become effective parents by providing them with these qualities so that they can learn their value and pass it along to their children.

2. Length of Group

We recommend that group be at least one hour and fifteen minutes long, and no longer than an hour and a half. Even if your group is very small, you will probably be able to use up all the time easily, as there are so many different things to cover during this one special time of the week. We have found that group members will insist on leaving group on time (even if they arrived late!) so it is better to have more time and allow group to end early than to feel pressured to cram a check-in, a lesson and a mindfulness exercise into one brief hour.

3. The Importance of Co-Facilitation

We recommend that there always be two facilitators for group therapy sessions, even when the group is very small. This is an idea borrowed from Dialectical Behavioral Therapy, a treatment model that is also geared toward providing care for people who have difficulty with emotion regulation. With two leaders in a group, there is always someone available to intervene if a group member comes into the room with such a high level of distress that she is not able to function in group setting and requires individual attention. Most commonly, this might occur because a woman is angry at something that has happened in the clinic setting, or feels that she has been treated unfairly. It can also be helpful if a woman is in extreme distress, starts to express suicidal or a homicidal impulses, is clearly inebriated, or exhibits other group-

inappropriate behaviors. One of the group leaders can ask the person in distress to leave the group setting and address her needs in private. In this way, the other group members can remain in a productive session and continue to benefit from the group therapy process.

Having two facilitators can also help to establish a productive and supportive environment by modeling enthusiasm for learning and trying new things, such as paying attention when other people are talking or trying a new mindfulness activity.

Co-facilitators can model how to engage in a productive group discussion. We adopt a Socratic approach to presenting psychoeducational materials, with many opportunities for women to reflect on their personal experience and come to their own conclusions about what the material means to them. Many of the group members may not have much experience with engaging in this kind of conversation; they may feel anxious about sharing their own experiences or afraid that they will get “the wrong answer.” It can take time to understand that there are no wrong answers and that everyone can participate without fear of shaming or judgment *as you can see, it is also crucial that* the group leaders work together to maintain a group environment that is consistently supportive and gentle. It is not uncommon to introduce a topic that falls flat—it’s as if the group leader throws out a ball and no one is there to catch it. In that case, the co-facilitator will be the person to jump in and catch the ball. For example, if the leader asks the group “What do you find difficult about total abstinence?” and no one chooses to answer, or the group unanimously replies that there is nothing difficult about total abstinence, the co-facilitator can jump in with what she finds difficult about total abstinence. At times, the two group leaders may have to carry the conversation for a while, until one of the group members feels safe enough (or inspired enough) to jump in and “play ball.” We guarantee that if you use this strategy for keeping a group focused on relevant material, they will quickly learn how to engage with the material and each other in a productive way.

The co-facilitators do not both need to be licensed Behavioral Health Clinicians. Recovery Coaches are ideal co-facilitators, as they generally have lots of experience with groups and are trained in how to talk about their own experience in a way that helps others. A Resource Specialist can help facilitate group, as can a Nurse Midwife, Medical Assistant or any staff member who has an interest in engaging with patients in this way.

Generally, it makes sense for the co-leaders to divide up the tasks of group, so that everyone has clear lines of responsibility. Tasks are divided up based on personal preference, skill level and comfort, but we recommend that over time co-leaders experiment with switching roles. It may be that the Behavioral Health Clinician usually presents the didactic material and the Recovery Coach leads the check-in, but it is

healthy for the group and for the leaders to switch it up every now and then so that everyone has an opportunity to practice the different skills related to group facilitation.

4. Group Rules

We encourage facilitators to allow a group to create its own “group guidelines” rather than to overwhelm them with too many rules that can easily lead to power struggles between facilitators and participants. However, there are three rules that we have found to be important for the health of our groups.

Punctuality

We have often found that when we don’t insist on punctuality, some group members are regularly late. This can be disruptive and undermine the message we are trying to send that women need to be invested in their own recovery. We have established a rule in our program that after ten minutes, the group is “closed” and no one can come in unless she has made special arrangements to arrive later. If a woman is going to be more than ten minutes late, she can come into clinic, test and meet with her other providers, but she will need to do a “make up” group during the next week. This is easy for us to require because we offer four groups per week; not all programs will have that luxury. Alternative requirements might be that a woman attend a 12-Step meeting or an individual therapy session. Group leaders can be creative about how a woman can make up a missed group.

Confidentiality

That group members respect each other’s confidentiality is crucial to developing a safe and supportive environment where women can heal and grow. Problems with confidentiality come up often in rural settings where everyone knows everyone, and unfortunately the experience of back-stabbing is common among people who are in active addiction. We have found it is helpful to begin each group with a reminder about the importance of confidentiality, and we ask group members to take turns reminding each other of the basic tenets of confidentiality:

- What’s said here stays here, and who comes here stays here
- Turn off your phones unless you are expecting a call, and put your phones in front of you.
- Do not mention this group on social media
- If you see someone you know from group outside of here, don’t talk about how you know each other

Sometimes our patients ask us why we talk about confidentiality in every group. We always respond that confidentiality is the key to a safe space where women feel free to talk about what’s really going on, and that every woman has a right to share her story in

her own way and on her own timeline. Although talking about confidentiality before every group does not prevent all violations, it does help to create a sense of safety.

No children over the age of four (preferably two!)

Difficulty finding childcare is inevitable with a group of mothers, and there will always be times when childcare falls and a patient will want to bring her older children to group. Also, some women may have a great deal of difficulty separating from their children and insist that they need to be with them at all times. We highly encourage any program that serves mothers with addiction to provide some kind of safe, reliable child minding option, but that is not always possible. However, group therapy is not an appropriate environment for children who are verbal. Women need to be able to express themselves freely and openly, and it's our responsibility to provide them with an environment where they can do that. Sometimes their children have already spent too much time being exposed to conversations that are inappropriate. We don't want to perpetuate this in a treatment setting. Some women may need assistance in identifying possible childcare options for older children when they attend treatment.

Establishing Trust

Helping a weekly, open enrollment group to establish trust can feel daunting. It is important for group leaders to focus on maintaining a safe space as their first priority. Facilitators can establish this by consistently modeling how to give supportive, positive feedback to group members. Group members who admit to drug use or relapse should always be supported and praised for having the courage to be honest about their use. Group members who share difficult personal information in the group setting should be thanked for their openness and provided with non-judgmental, non-directive support and validation.

Negative behaviors such as interrupting, side conversations or cross talk can be curtailed by gentle reminders about the importance of respect and listening carefully to one another. Group members can be coached as to how to provide support and validation to one another without being directive or prescriptive, or getting sidetracked by problem-solving. For this reason, it is always important to have co-facilitation, because situations do occur where a member should be asked to leave group and meet privately with a clinician or recovery coach.

Although it is common practice in addiction treatment to ask the question "when was your last use?" we have found that asking this question frequently leads to members lying about it. Because group meets once a week, has open enrollment, and patients are often struggling, it is hard to develop the level of trust that allows group members to be completely honest about their relapses. The question "What risky behaviors do you need to talk about?" allows patients to share challenges without putting them on the spot. It is always important to remember that the level of shame this population

experiences is inordinately high. Therefore, we respond by gently creating opportunities to open up about struggles without putting excessive pressure on them to talk about things they might not be ready to share with their peers.

Group members also need to know they can trust the group leaders to take charge if someone in the group is intoxicated or behaviorally unstable.