Designing Group Treatment That Works

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Group treatment interventions for dually diagnosed clients have been widely studied and have been found to provide positive treatment outcomes (Mueser, 2005). Group treatment is a fundamental part of IDDT programming, but can often be baffling for agencies to implement and sustain successfully. This article identifies one agency, The Bert Nash Community Mental Health Center (BNMHC) in Lawrence, KS as one IDDT program in Kansas which has turned IDDT group treatment into the cornerstone of their program. There are two major ways in which this has been shaped:

1) Groups were designed to meet the needs of people in various stages of recovery
2) Consumer involvement and collaboration between consumers and staff was used to shape content of the groups.

History:
The Bert Nash Community Mental Health Center (BNMHC) in Lawrence, Kansas provides case management to approximately 300 clients with a psychiatric disability on three separate case management teams.

In 2004, BNMHC became involved with the Integrated Dual Diagnosis Treatment (IDDT) Evidenced Based Practices program at the University of Kansas, School of Social Welfare. The agency decided to reformat one case management team into an IDDT team. Eunice Ruttinger, CSS Director, and Grant Clowers, Team Leader, interviewed and selected existing and interested staff to form the new team. The team received 30 hours of basic IDDT training and 2 years of consultation from Dianne Asher, IDDT consultant/trainer at KU. The team continues to receive annual fidelity reviews and has maintained high fidelity for over five years.

IDDT Stage Groups:
First, there are several approaches to starting IDDT groups from multi-stage groups to single stage treatment groups, skills building groups and even 12-step preparatory groups (Mueser, 2003). Here is a list of stage-wise treatment groups that centers implementing IDDT will want to consider, so that the needs of people in various stages of recovery are met.

Persuasion Stage Groups (for stages 3-4)
As indicated by the name, persuasion groups are intended for clients who are still using or ambivalent about their use. The goal of this group is to help clients look at the impact of their substance use on their lives in a non-judgmental setting. Persuasion groups typically run for 1
hour or less as clients in earlier stages maybe unable or unwilling to sit in a group for a lengthy period of time. The group is process-oriented and starts with a brief check-in from participants to see how they are doing. One client reported that this part of the group is very important to her as it helps her to feel connected to others and less isolated.

After the check-in, the group moves into the topic portion of the group if nothing urgent is presented at check-in. Here the group leader has a lot of latitude in presenting on topics from mental health and substance education, dealing with emotions, to building discrepancy between life goals and current behavior (Pay-off Matrix). The idea is to keep the discussion topics brief (15-20 minutes) and give participants time to process material that is presented. It is helpful to give written handouts, provide videos and invite presenters on specific topics so that the message is given in various formats to address different learning styles. It is important to remain neutral about group members’ use, so that they continue to feel welcome to come to group and don’t feel judged even if they don’t want to discuss their current use.

**Action Stage Groups (for stages 5-8)**

These groups are designed for clients who have significantly reduced or are abstaining from use. Here the client acknowledges the impact of substance use on his or her life and wants to make changes. The goal for these groups is to help clients further reduce use or maintain abstinence through skill building and insight. Action stages groups focus on understanding cues, triggers and consequences of use and developing coping strategies to avoid further use (Contextual Analysis). From here clients in the group can develop relapse prevention plans specific to their needs. Practicing drink/drug refusal skills is another important task of this stage of treatment and can lend itself to a lot of group discussion.

**Multi-stage Groups**

If an agency is just beginning group treatment or is a small rural/frontier agency, one treatment group may suffice. Typically an agency in this case would be providing a multi-stage treatment group. Here clients in any Stage of Treatment are invited to participate. This type of group can be more challenging to facilitate as clients’ needs are more varied from not wanting to stop substance use to abstinence. It is easy to focus on the clients in the earlier stages and neglect those who are more stable in later stages, however; the group process remains similar to single stage group formats. The topics are generally the same as a persuasion group and some active stage activities. The emphasis is on how to help earlier stage participants develop motivation for change and at the same time reinforce the changes already made by those in later stages. It is the challenge of the group leader to keep all parties engaged in a given discussion regardless of stage. Abstinent clients in the group can often serve as role models for those still contemplating change.

**Client Involvement:**

Bert Nash has moved one step beyond simply having stage specific groups through feedback from clients and other staff.

**Current Structure:**

First we describe how the groups are structured. The IDDT team is currently under the direction of George Wanke. The team is comprised of 5 ½ full time case managers, ½ time IDDT therapist, 1 psychosocial rehab specialist, 2 supported employment specialists, and a psychiatrist for 1 day per month. The team serves 90-100 individuals with a dual diagnosis at any given time. George and the team have made IDDT group treatment an area of program development/enhancement that has resulted in one of the strongest programs in the state!

They serve an average of 35-45 clients per week in IDDT group treatment. Groups vary from topic specific to ongoing support. The following is a list of the team’s IDDT stage-specific group offerings for clients interested in attending. Some groups are topic based and open to anyone regardless of Stage of Treatment and other groups are designed for individuals in specific stages as the material covered in those groups is targeted for those stages.
Clients at the agency are able to choose from a wide variety of IDDT groups as well as general groups open to all clients.

How did the variety of IDDT groups develop?

There are several approaches to starting IDDT groups from multi-stage groups to single stage treatment groups, skills building groups and even 12-step preparatory groups (Mueser, 2003). The team decided they needed more client input and involvement in developing groups that not only attracted clients to the groups, but sustained attendance over time. The team began to hold 2-3 client picnics annually to better involve clients in this process. The picnics serve multiple purposes include:

- Getting a “pulse” on what groups are working or not from the clients’ perspectives.
- Surveying the clients to gather information on topics of interest and how to improve services.
- Increasing participation of not only DD clients, but family and friends as well with an average attendance of 35-50 guests.
- Increasing staff attendance at the picnic with an average 20-30 staff.
- Spending time as a community in an informal setting.
- Having fun.

Feedback from a recent picnic has led to the development of the Community Connections (see table below) group according to Wanke. He reported that clients wanted assistance connecting/reconnecting with community supports. A group was designed that is a mix of bringing in community speakers from groups like Alcoholics Anonymous and going out into the community to begin the process of developing lasting relationships. Another group, called “Women’s Group” welcomes women in all stages, but focuses on topics for women. Most IDDT groups at BNCMHC are co-facilitated by case managers ensuring consistent leadership and continuity. As you can see from the list of IDDT group offerings from Bert Nash they have a good mix of groups.

<table>
<thead>
<tr>
<th>Day of Group</th>
<th>Group Name (most were named by Berth Nash clients)</th>
<th>Who should attend according to Stage of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>• Active Treatment</td>
<td>Stages 5-8 (Active)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>• Mood Management</td>
<td>All stages</td>
</tr>
<tr>
<td></td>
<td>• Community Connections</td>
<td>All stages</td>
</tr>
<tr>
<td>Wednesday</td>
<td>• Women’s Group</td>
<td>All stages</td>
</tr>
<tr>
<td></td>
<td>• Transitions</td>
<td>Stages 3-4 (Persuasion)</td>
</tr>
<tr>
<td>Thursday</td>
<td>• Circle of Recovery Support</td>
<td>All stages</td>
</tr>
<tr>
<td></td>
<td>• Men’s Health and Exercise</td>
<td>All stages</td>
</tr>
</tbody>
</table>

Conclusion

Group treatment is essential to any successful IDDT program as it has been shown over and over to provide important benefits for clients. In addition, programs benefit too. Wanke states, “We
don’t buy the assumption that groups won’t pay for themselves. We think the participation rates across all areas of treatment are influenced by robust group participation over the long term. Strong groups build trusting clinical relationships and decrease no show rates.”

BNCMHC has demonstrated that by keeping clients involved in the planning and implementation process groups can not only succeed but flourish as it is not only important to develop sound IDDT groups, but to keep clients coming back for the long term to ensure they benefit from them.

References:


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