

Group Counseling

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Use of Evidence-Based Practices with an Addicted Population

Miller, Lockett, Feral, & Johnson (2017)

Welcome people & Invite hope

EBPs operate **in** a relationship:

- Goal: “Hold on to our humanness”
- *With the expectations that might create pressure (i.e. use of EBPs), are there other factors that create a dilemma between a formula (EBPs) and process variables (i.e. personal relationships, a ‘therapist’s heart.’)?*

Use of Evidence-Based Practices with an Addicted Population

- **Stages of Change**
 - Matches intervention to stage of client's readiness to change (precontemplation, contemplation, preparation, action, maintenance, termination)
- **Motivational Interviewing**
 - Embraces a spirit and style of counseling
 - Helps behavior change through exploration and resolution of ambivalence
 - Focuses on being optimistic, hopeful, strength-based
 - Uses principles of empathy, discrepancy, self-efficacy, resistance
 - Techniques: OARS (Open questions, Affirmations, Reflective listening, Summarizing)
- **Solution-based Brief Therapy**
 - Emphasize solutions
 - Change clients' perceptions and behaviors, and helps clients access their strengths
 - Techniques: exception to the problem, specification of goals, miracle question

Use of Evidence-Based Practices with an Addicted Population

Therapy Suggestions :

- **Be aware of client tendencies to:**
 - Be “Street smart”
 - Be dependent on systems
 - Value survival at all costs
- **Adapt Approaches/Techniques [Overall]** (Sue & Sue, 2016):
 - Consider cultural beliefs and values of the client
 - Remember the therapeutic alliance is crucial
- **Adapt Approaches/Techniques [Specific]:**
 - Listen to their story: Explore “Who are they?”
“Be in their story.”
Reserve judgment
 - Use subtle techniques: Stages of Change (Context)
Motivational Interviewing (Invite)
Solution-based Brief Therapy(Practical)
 - Introduce concepts long term: Story

Group Work in Addiction Counseling

Miller, G. (2016) in Schwarze & Miller (2016)

Group Therapy=Common form of therapy in addiction treatment

- The field is rooted in AA and the therapeutic community that heavily use group work.
- “Addiction is a disease of isolation.” (Miller, 2015, p. 111)
- Addicted clients frequently have interpersonal problems.

Group Therapy as a Treatment of Choice because:

- Group therapy is powerful [“*compassionate accountability*”].
- The client can learn about self through interactions with others [“*microcosm of the real world.*”-Yalom, 1985].
- It is a recreation of family of origin (Yalom, 1985)
- Group provides opportunity for social support and feedback [“*catches us at being ourselves*”].
- The client can experience hope for change [“*Stories teach us how to live.*”-Native American elder].

Stages of Group Development

Specific stages of group development (Corey, 2016)

[Miller Metaphor/Central Theme in Parens]

- **Initial Stage—Orientation and Exploration** (*Birth/Trust?*)
- **Transition Stage—Dealing with Resistance** (*Adolescence/Conflict*)
- **Working Stage—Cohesion and Productivity** (*Adult/Trust*)
- **Final Stage—Consolidation and Termination** (*Death/Grief & Loss*)

Supervision Recommendations

To strengthen supervision skills, supervision experts make 8 recommendations (Clay, 2017):

- obtain formal training and receive feedback (including other professionals' feedback on supervision sessions)
- incorporate an informed consent process (that outlines expectations and responsibilities of both as well as goals, structure, and method)
- monitor the work of supervisees directly
- act ethically
- provide timely feedback (give frequent and balanced feedback)
- have an awareness of diversity issues
- manage conflict in an effective, calm, and direct manner
- take the supervision process seriously

Group Work in Addiction Counseling

Miller, G. (2016, 2015)

Specific Addiction Counseling Group Issues

- Transference/Countertransference: *Gender* (Female=Mom; Male=Dad)
- Power: *Coercive, Legitimate, Expert, Reward, Referent, Information, Connection*
- Mistrust of others (Especially authority figures)
- Relapse: “Switch it to another disease”
 - Mindfulness:
 - “One day at a time”
 - “First things first”
 - “Easy does it”
 - “Urge Surfing”
 - “Follow the drink through” (“Urge surfing” means riding out the urge)

Current Addiction Counseling Group Issues

- Technology: Rules needed in group
- Medically Assisted Therapy: MAT
 - Business v. Counseling
 - Harm Reduction v. Abstinence

Discussion of Gender/Power

Discuss with someone sitting next to you:

- What group member transference have I experienced regarding gender?
- Which form(s) of leadership power do I use in my groups?
 - *Coercive,*
 - *Legitimate,*
 - *Expert,*
 - *Reward,*
 - *Referent,*
 - *Information*
 - *Connection*
- How do these questions apply to me in the role of a supervisor?

Role Play

Watch for evidence of:

- **Stages of Change**
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 - **Techniques:** OARS (Open questions, Affirmations, Reflective listening, Summarizing)
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Top 10 Assessment/Treatment Suggestions (Techniques)

(Miller, 2017)

With Clients

1. Ask “What does the client know about addiction?” “What are different people telling them about addiction?” “What is the client’s understanding of the information they receive about addiction?”
2. Remember addicted clients are both similar and unique in terms of their addiction, motivation to change, and treatment options.
3. Be aware they may have problems trusting authority figures and others.
4. Look for what is “right” (strengths) in the client.
Encourage them to practice **HALT**: Don’t get too **Hungry, Angry, Lonely, Tired**.
6. Help them learn how to “Live life on life’s terms”.
7. Collaborate with them by giving the client a choice of options [i.e. use Motivational Interviewing approaches].
8. Challenge the client's tendency to have a self-centered perspective (“I want what I want when I want it.”). [Help them learn to delay gratification and teach communication and social interaction skills.]
9. Encourage establishing/returning to a routine that supports recovery ASAP.
10. Encourage play/fun/humor ASAP remembering some clients can use this as an unhealthy defense mechanism and/or some clients may adapt more quickly/comfortably to it than others.

[See Miller (2012) for specific techniques]

Hope, Resilience, Self-care

Miller (2018)



Miller, G. (October , 2018). Workshop
Presenter on "Group Counseling",
McLeod Addictive Disease Center,
Charlotte, NC

Hope, Resilience, Self-care (in pain)

Illusion

“If I only manage well, then...” (control)

Reality

“Hold on to our humanness and hold each other accountable for our behavior.” (ground self)

Caution: “This is my brain on pain.”

When we reach an end, we can be open to a new way.

1. Redefine self.
2. Embrace our suffering (*be* with it, *know* it).
3. Watch for quick fix urges (by self/others) and “street” mentality (“trust no one”).
4. Aim for healing (care, balance, meaning).
5. See self as vessel (people/places/activities).

The Core

“I am a witness to your story that is more normal than you realize.”

(Miller, 2017)

We heal in community.

“Stories teach us how to live.”

-Native American elder

Top 10 Assessment/Treatment Suggestions

(Miller, 2018)

For the Professional (Counselor and Supervisor)

1. Practice **HALT**: Don't get too **Hungry, Angry, Lonely, Tired**.
2. Be **HOW**: **Honest, Open, Willing**. [Addicted clients have good “baloney sniffers”.]
3. Watch countertransference: Know your own personal and professional experiences with addicts. [Develop compassion for addiction by trying to change a habitual pattern of behavior each day with the long term goal to never return to it.]
4. Learn how to manage the reality that you may be conned by the client.
Know your own limitations personally/professionally as well as within your role (i.e. assessor, counselor, consultant).
6. Practice “Compassionate Accountability”: Have compassion for their story while holding them accountable for their behavior. [When confused, switch the addiction to another disease (heart, cancer, diabetes, etc.) for clarification on approaches.]
7. Focus on the short term goal(s) in the context of long term treatment.
8. Slow it down and take time to assess problems. [“There’s always more to the story.” (R. Hood, personal communication, May 1, 2017)]
9. Work on a team of professionals that show mutual respect and engage in dialogue between recovering addicted professionals and addiction professionals not recovering from an addiction.
10. Check trustworthy sources for addiction information: NIDA, NIAAA, SAMHSA.

Top 10 Miller Hope/Resilience/Self-Care Prescriptions

Beware of: "I want what I want when I want it."

1. "Show up for life and be kind to yourself and others."
2. "It is our feelings about our feelings that get us in trouble."
3. "Be an honest mess."
4. "Live life on life's terms."
5. "Do the best you can with the mess you have."
6. "Don't quit trying."
7. "When in doubt, breathe."
8. "Use your senses to guide your healing."
9. "Have fun and play as much as possible whenever possible."
10. "It's a mess, but we are in it together."

Question to Ask Yourself

What is right about me?

Question to Ask Yourself

Who are the natural healers in my life?

Question to Ask Yourself

Where is my sense of community?

Question to Ask Yourself

What keeps my spirit alive?

A Promise

Make a promise to be kind to yourself today.

Mother Teresa's *Anyway* Poem

Miller, G. (October , 2018). Workshop
Presenter on "Group Counseling",
McLeod Addictive Disease Center,
Charlotte, NC

Speaker

People are often unreasonable, illogical and self centered;

Response

Forgive them anyway.

Speaker

If you are kind, people may accuse you of
selfish, ulterior motives;

Response

Be kind anyway.

Speaker

If you are successful, you will win some false friends and some true enemies;

Response

Succeed anyway.

Speaker

If you are honest and frank, people may cheat
you;

Response

Be honest and frank anyway.

Speaker

What you spend years building, someone could
destroy overnight;

Response

Build anyway.

Speaker

If you find serenity and happiness, they may be
jealous;

Response

Be happy anyway.

Speaker

The good you do today, people will often forget
tomorrow;

Response

Do good anyway.

Speaker

Give the world the best you have, and it may
never be enough;

Response

Give the world the best you've got anyway.

Speaker

You see, in the final analysis, it is between you
and your God;

Response

It was never between you and them anyway.

References

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Resources

Books

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Resources

Websites

- Evidence-Based Practices
 - www.ebbp.org
 - www.niaaa.nih.gov
 - www.drugabuse.gov
 - www.nrepp.samhsa.gov
- Motivational Interviewing
 - www.attcnetwork.org/home
 - www.motivationalinterviewing.org
- Brief Therapy (Solution-Focused)
 - www.sfbta.org