



# **Behavioral Approaches for Group Process**

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# Learning Objectives

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- Defining Psycho-educational groups, Skills development groups, Cognitive–behavioral/problem-solving groups, Support groups, interpersonal process groups,
- Moral Reconciliation Therapy (MRT)
- Fundamental steps of group process
- Implementing clinical practices in the group process
- Benefits and problems of each orientation



# What are Behavioral Therapies

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Behavioral therapies-theory of classical conditioning:

- All behavior is learned.
- Faulty learning is the cause of abnormal behavior.
- Individual goal to learn accurate/acceptable behavior

# Why Use Behavioral Group

## processes



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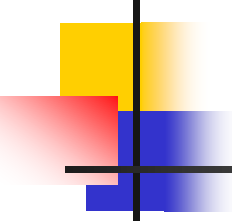
- Effective in multiphase recovery process
- Effective for substance abuse treatment
- Effective in all stages of change
- Compatible with other behavioral therapies and treatments
- Emphasis on self-control strategies and recognition of behaviors promoting substance use to the change process



# Psycho-Educational Groups

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- Educates on substance abuse, related behaviors, and consequence
- Structured group-specific content, taught using video, audio, handouts, or lectures
- Content designed for direct application to client wellbeing
- Promotes self-awareness,
- Provides information to influence growth and change,
- Identifies community resources assisting recovery,
- Specific to educating on recovery process,
- Promotes pre-contemplative/contemplative stage client to take action for additional treatment



# Purpose of Psycho-Educational Groups

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- Increases awareness on behavioral, medical, and psychological consequences of substance abuse.
- Motivates entry to recovery-ready stage
- Educates on recovery phases
- Challenges denial on substance abuse,
- Increases commitment to treatment,
- Reduces maladaptive behaviors
- Influences behaviors specific to recovery
- Educates families on addiction



## Most Effective For

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- Clients in pre-contemplative or contemplative level of change.
- Challenges beliefs
- Early recovery- Sets foundation for understanding disorder, barriers, and recovery process.
- Families- educates on family roles and safe actions to support loved one and self
- Educates- alternative recovery resources



# Principle Activities

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- Identify/develop skills to recognize internal emotions and external circumstances associated with substance abuse.
- Learn coping skills:- emotional regulation, relationships, communication, “I” statements, etc.
- Integrates foundation for skills development





# Group Setting

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- Structured setting
- Aids used including manual or preplanned curriculum.
- Sessions limited to specific length and times
- Facilitator takes primary role leading discussion.
- Follows standard protocol as other groups such as private setting, structured seating etc.



# Facilitator Skills

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- Educator and facilitator role.
- Presents caring, warmth, genuineness, positive regard
- Available to provide referrals and support for additional care.



# Facilitator Skills

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Skills of basic group process on how:

- People interact within a group.
- Groups form and develop,
- Group dynamics influence individual's behavior
- Leader affects group functioning.
- Interpersonal relationship dynamics
- Individual influences behavior of others
- Addressing problematic behaviors in group,
- Basic teaching skills. Content organization, motivating involvement, culturally relevant, meaningful delivery.



# Group Types

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- Level .5 education groups
- DUI
- Low level Drug Diversion
- Less intensive adolescent \*
- Family

Most common problem

- No Insurance reimbursement
- Typically not voluntary



# Skills Development Groups

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- Operate from cognitive–behavioral orientation
- Assumes substance users lack needed life skills
- Develops interpersonal skills, learned and reinforced by others in group
- Primary focus is -coping skills development of skills to maintain abstinence, emotional regulation, and improve decision making to reduce stress,



# Principal Characteristics

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- Acknowledge different needs of clients through assessment
- Suitability of a client participating in a skills development group.
- Development of specific general skills such as emotional regulation, improving refusal skills, communication
- Skills taught specific to certain clients

# Skills and Goals



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## Primary goal

- Building/strengthening behavioral/cognitive skills

## Facilitator Skills

- Basic group therapy knowledge and skills,
- Group/people interactions
- Motivational skills
- Manage conflict
- Motivating ownership of the group
- Skills and certification requirements for specific skills taught



# Potential Problems

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- Facilitator boredom teaching same material weekly
- Involuntary enrollment causing lack of motivation by client
- Most require clients to pay/no insurance
- Types of groups typically cater to very specific need-intensive groups
- Additional primary problems needing assistance interfering with process





# Types of Skill Groups

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- Parenting Classes
- Life Skills
- Anger Management
- Domestic Violence
- Child Abuse
- Victims Classes



# Cognitive Behavioral (CBT)

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- Evidence based for substance abuse treatment, specifically appropriate in early recovery.
- Wide range of formats and theoretical frameworks- cognitive restructuring to motivate change
- Changes learned behavior -thinking patterns, beliefs, perceptions.
- Develops social networks supporting abstinence
- Develops strategies for long-term recovery
- Focuses on the present problems and barriers



# Goals

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**Addresses dependency as learned behavior**

**Behavior changes occur using interventions including:**

- Identifying actions and cues associated with specific addictive behaviors,
- Strategies to avoid stimuli,
- Development of management strategies and response
- Cognitive processes to desensitize cravings
- Development of cognitive relapse prevention skills
- Use of cognitive processes instead of emotion for decision making



## Goals Cont:

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- Neurobehavioral factors
- Educate causation and continuation of dependency
- Bio-psychosocial
- Disease model
- Determinants of dependency, genetics, physiological and psychological factors, environmental factors, relationships, trauma

# Distorted Cognitive Process



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Psychological elements distorted by substance use:

- Thoughts
- Beliefs
- Decisions
- Opinions
- Assumptions
- Messages



# Typical Distortions

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- “I’m a failure.”
- “I’m different.”
- “I’m not strong enough to quit.”
- “I’m unlovable.”
- “I’m a bad person.”\*
- “I’m too old to change”

\*Word bad implies shame, moral corruption, defective as a person.



# Principal Characteristics.

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- Facilitator keeps focus on processing of behaviors, thoughts, and beliefs causing maladaptive behavior.
- Emphasizes structure, goal orientation, and focus on immediate problems/here and now.
- Maintains a specific protocol for problem solving groups - systematically builds problem-solving skills
- Use of educational material but, not required



# General Group Topics of CBT

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- Education on disorder
- Self-control skills to manage emotions, boundaries ect.
- Interpersonal/intimate/family relationships affect on recovery
- Addressing compromised fundamental behaviors
- Relapse prevention training





# Typical Format

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- 24-36 sessions , 2–12 members, meeting two-four times each week for two - six months in 90- 180 minute group meetings
- Early recovery oriented- primary focus on coping skills, regulating negative symptoms, decision making
- Increased outcomes with homogenous group/not necessary if not practical
- Use of educational material prevalent
- Focuses on specific disorder(s) education on stages of recovery, goal of abstinence/control over addiction and/other factors associated with addiction (mental health )



# Typical Group Topics

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## **AOD education**

- Health effects
- Legal ramifications/legal process/clearing past
- Cross addictions
- Managing Cravings
- Relapse patterns, triggers,
- Neurobiology, Physiology/genetics/science of addiction
- Prescription drugs/drug interactions
- Stages of change



# Typical Group Topics

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## **Relationships**

- Codependency/boundary setting
- ACOA/Family roles of addict
- Predatory relationships/emotional predators
- Personality disorders/relationships
- Defining dysfunctional relationship patterns/healthy relationships/love/priorities
- Setting priorities/healthy relationships
- Trust/equality/unhealthy family rules
- Letting go of family/friends/emotional predators



# Typical Group Topics

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## **Mental Health Wellness**

- Mental health disorders/stigma/care
- How/why therapy benefits
- Education mental health disorders
- Pharmacology myths/practices/medication dangers
- Relaxation/balance/ Stress/anger management
- Help using alternative options
- Correlation of treating mental health and addiction



# Typical Group Topics

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## **Emotions and Response**

- Impulsivity/emotional regulation
- Anger/fear
- Self sabotage
- Boredom
- Commitment/shame/grief/loss/gratitude
- Happiness/emotional maturity/self esteem



# Typical Topics

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## **Education for changing behaviors**

- Establishing Schedules
- Utilizing support meetings
- How to obtain/utilize sponsor's/mentors
- Access and information on spiritual activities
- Utilization of volunteer work
- Self help books
- Information on enrollment into education opportunities
- Work sheets-Goal setting, relapse process/anger management, ect



# Facilitator Skills

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- Educated on variety of theoretical approaches for changing cognition and the behavior response, addict behaviors, core beliefs, problem solving skills
- Educated on theory of cognitive–behavioral therapy /use of specific interventions
- Skill to facilitate group members to use power of group to develop capabilities to change
- When to be directive and active to nondirective and inactive
- Leader using active engagement and directive orientation



# Facilitator Skills

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## Basic Techniques

- Educated on self-destructive behavior/thinking causing maladaptive behavior,
- Problem solving- short and long-term goal setting,
- Recognize/ assist monitoring of emotions and behavior associated with drug use.
- Recognize behavioral changes/intellectual insight gained in the group use to motivate clients with low self esteem, behavioral problems , inadequate social skills.
- Recognize resistance to change as group evolves and behavioral changes become routine.
- Skills to work with resistance
- Use of clinical supervision to work with resistance





# Facilitators Techniques

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## Advanced techniques

- **Rational emotive therapy** -comprehensive, active-directive, philosophically /empirically based with focus on resolving emotional/behavioral problems
- **Reality therapy**- therapeutic approach focusing on problem-solving improving decision making to achieve specific goals. Focus on here and now
- **Dialectical Behavioral Therapy** -treats borderline personality disorder and other kinds of mental health disorders

These techniques are appropriate for a specific client population. *Must have special training to use these techniques*



# Types of CBT Groups

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- Intensive outpatient
- Less intensive outpatient
- Dual Capable (substance use primary)

## **Benefits**

- Clinically appropriate-evidence based
- Reimbursement seldom denied
- Ability to challenge clients without punishment or alienation
- Ability to interject other theoretical models into treatment
- Provides clients skills of logic /rational thinking
- Addresses and changes impulse decision making



# Support Groups

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- Unconditional acceptance, open/honest interpersonal interaction, promotes commitment to change
- Promotes accountability for abstinence without availability of professional treatment
- Leader-directed, problem-focused, for early recovery- focus on achieving abstinence/managing day-to-day living. Promotes emotionally and interpersonally focused group in middle and later stages of recovery



# Purpose

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Support groups provide:

- Emphasis on emotional support
- Additional accountability outside of therapeutic treatment
- A safe welcoming environment.
- Removes stigma.
- Safe step for less committed to recovery than a structured group



# Benefits and concerns

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## **Benefits**

- After hours support/lifelong maintenance support
- Positive friendships and safe environment
- No cost/open door policy

## **Concerns**

- Used and regarded as treatment
- Mandated/forced as a part of treatment by courts and facilities removing autonomy for the client
- Stigmatized if not interested in support groups
- Functionality of support group inconsistent
- No insurance reimbursement



# Types of Support Groups

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- 12 step
- Alanon
- Overeaters, codependency ect
- Grief and loss
- Victims

And several more needing support for specific emotional or positive life changing desires



# Specialty Groups

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- Relapse prevention
- Culturally and language specific groups
- Groups focused on specific problems
- Mental health primary

Specific training and/or certification is required for specialty groups. Funding is only available if services are utilizing approved theoretical orientations used for substance abuse populations or fit criteria for treating mental health needs.



# Moral Reconciliation Therapy (MRT)

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MRT - cognitive -behavioral group process

Theory- thoughts, beliefs, and attitudes are primary determinants of behaviors.

(Lawrence Kohlberg Theory of Moral Reasoning)

MRT – Promotes change in the client’s process of decision –making, improving behavior by development of higher moral reasoning.

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# Purpose

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- MRT - move clients from egocentric, self indulgent and centered reasoning to attitude of concern for social rules and others
- Research of MRT –Completion of steps promote increases in moral reasoning in adult/juvenileclients

# MRT Focus



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- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits

# Goals



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- Positive identity formation
- Enhancement of self- concept
- Decrease in self indulgent/self centered behaviors
- Development of frustration tolerance
- Development of higher stages of moral reasoning

# Characteristics



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1. Open Ended and Self -Paced
2. Usable across systems
3. Culturally neutral and encompasses a range of learning styles
4. Utilizes an Inside-Out Process



# Characteristics

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5. Uses standardized curriculum for structure and accountability
6. Emphasizes feedback and client reflection
7. Enhances personal problem solving, self-direction
8. Promotes identity and ownerships of client's unique strengths

# Program Goals for MRT



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- Decrease high program dropout rates
- Improve program completion rates
- Provide integration of programming across the continuum of treatment levels
- Reduction of relapse/recidivism



# MRT Concerns

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- Evidence based but limited research supporting this type of treatment.
- MRT advised in conjunction with another cognitive evidence-based treatment
- Research typically based on clients in/were incarcerated in institutional settings
- Adults have better outcomes than adolescents
- Environment and family influence role in recidivism rates

# MRT Client Group Process



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- Groups - 5-15 client participants.
- Group time approximately 1 ½ -2 hours.
- Groups held once or twice weekly-Institutions two – Outside treatment one
- Clients prepare step exercises and tasks prior to group - process exercises in group or facilitator for review





# MRT Group Process

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- Completed in 20-30 sessions.
- Completion defined as client successfully passes 12th Step.
- Groups - open-ended, participants enter any time, and work at their own pace.
- Can be used at any point in an client's treatment, but it is most often used as a re-entry tool.



# MRT Group Process

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- Participants enter ongoing groups any time, Processes exercises and tasks sequentially
- Facilitates change process, enhances group process, and allows for continuation of ongoing groups



# Four Phases of MRT

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1. Engagement: steps 1–3
2. Creating Change: steps 4–8
3. Reinforcing Permanent Change:  
steps 9–12
4. Transitioning to the Future: steps  
13–16

# MRT Phases



## 1. Confrontation and Assessment of Self

\*Assess beliefs, attitudes, behavior, and defense mechanisms \*Occurs in Steps 1-4

## 2. Assessment of Current Relationships

\*Includes mending damage relationships, promotes empathy \* Occurs in Steps 5+6

## 3. Reinforcement of Positive Behaviors and Habits\*

Raises awareness of moral behavior

## 4. Positive Identity Formation

\*Exploration of inner self and goal setting\*Occurs in Steps 7+8 (9)



# MRT Phases

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## 5. Enhancement of Self Concept

\*Ego-enhancing exercises/habits change how clients think of themselves- Occurs in Step 10

6. Decrease Hedonism \*Teaches clients to develop delay of gratification and control-Occurs in Step 11

## 7. Develop Higher Stages of Moral Reasoning

\*Greater concern of others and social systems- Occurs in Steps 12-16



# Facilitator Skills/Populations

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- Specialized training on MRT
- Motivational interviewing and CBT group process skills

**Who is it for? What presenting problems does it address?**

Adolescents (ages 13-17), young adults (ages 18-25), and adults (ages 26-55) with issues related to crime/delinquency and/or social functioning

# Interpersonal Process Group Psychotherapy



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- Interpersonal process groups psychodynamics or knowledge of how people function psychologically to promote change and healing
- Recognizes conflicting forces in the mind, and outside one's awareness, addresses behavior as healthy or unhealthy.



# Psychodynamic Approaches

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- Early experience affects later experience. Individuals discuss histories, personal, cultural, psychological and spiritual beliefs
- How perceptions distort reality. How beliefs from life experiences apply to current environment as inappropriate or counterproductive. How cognitive distortions promote negative habits





# Psychodynamic Approaches

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- Psychological/cognitive processes outside awareness influence behavior. Promoting conscious thought of how behaviors influence maladaptive behaviors, need to alter dysfunctional relationships and interactions.
- Addressing learned behaviors used to adapt to situations with new behaviors to protect from harm..Client attends therapy for solutions, not problems



# Facilitator Skills

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Process oriented group therapy model  
continually monitors three dynamics:

- Psychological functioning of each group member
- How group members are relating to one another in the group setting (interpersonal dynamics)
- How the group as a whole is functioning



# Facilitator Skills

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- Facilitator's primary attention is to the interpersonal dynamics and less on each member's individual psychological dynamics and the workings of the group as a whole
- Facilitators interventions will have an impact on all three dynamics with balance to attention given to each dynamic



# Skills

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- Facilitator focuses on needs of group members and group as a whole, not style most comfortable for the group leader.
- Specific training, understanding, and insight about group dynamics and individual behavior is necessary.
- Supervision and consultation is needed for making best tactical decisions on behalf of the group and its members



# Benefits/Concerns

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## Benefits

- Clinically therapeutic, incorporating mental health practices and substance use practices
- Focuses on emotional regulation and past dysfunction to change present

## Concerns

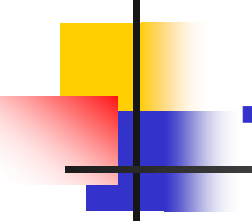
- Must have advanced knowledge, training, education, and skills in the mental health field
- Untrained facilitators can cause significant emotional harm to client's using this technique



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