


Clinical Skills for Group Evidence-Based Practice

Presented by Samson Teklemariam, LPC



April 9, 2015



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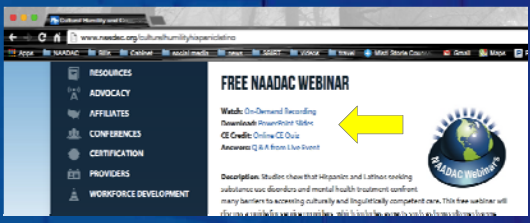
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Using GoToWebinar – (Live Participants Only)

- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions



Webinar Learning Objectives


- List of specific strategies provided by SAMHSA on how to successfully implement Evidence-Based Practices in a Substance Abuse Treatment Program
- "Roll with resistance" using Motivational Interviewing principles in Group Counseling
- List at least three evidence-based practices (EBPs) used in group settings



Webinar Presenter




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Clinical Skills

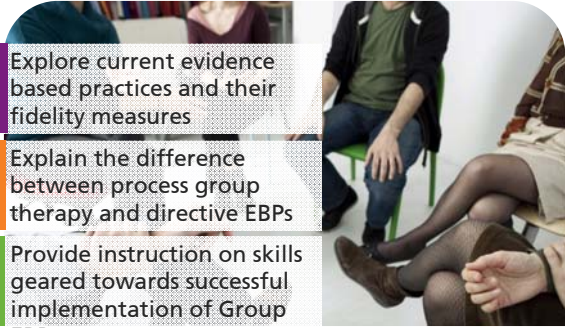
For Group Evidence Based Practices

Samson Teklemariam
 Director of National Clinical Training
 Supervisor for New York Clinical Training




Learning Objectives

- Explore current evidence based practices and their fidelity measures
- Explain the difference between process group therapy and directive EBPs
- Provide instruction on skills geared towards successful implementation of Group EBPs





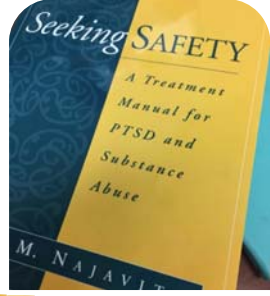

EVIDENCE BASED PRACTICES AND FIDELITY



Seeking Safety


Addiction and Trauma

- Seeking Safety's Group Session Check-In allows for a little more process on current feelings and current status in treatment
- Creates relevance by linking the topics brought up during check-in





Audience Polling Question #1

Have you used Seeking Safety in your practice?




Seeking Safety



Adherence Worksheet

- Used to assist in maintaining adherence to the Seeking Safety Model
- Very specific to Seeking Safety's style, but may not be useful in fidelity monitoring within unique programs



Seeking Safety Supervision Checklist

Staff Member: _____ Date: _____
 Supervisor Name: _____ Site: _____

Physical Setting and Materials:

(Please Circle Response)

Yes	No	Groups are conducted in a private space.
Yes	No	Groups have no more than 12 participants.
Yes	No	Chairs are essentially in a circle (not around a table and not in rows).
Yes	No	Handouts, reading materials, educational tools are organized, managed, and presented efficiently, and in a manner that is easily understood by clients.
Yes	No	All participants are provided with a hand-out packet for the session's discussion.

Implementation:

(Please Circle Response)

Yes	No	Group begins with a Check-in and recall of what was discussed during the last session of no more than five minutes per client.
Yes	No	Group includes an introduction to the content of the day's session.
Yes	No	Facilitator has each client each of the five opening questions for group (How are you feeling, What good coping have you done, Any substance use or other unsafe behavior, Did you complete your commitment, Community resource update - SS Manual p. 55).
Yes	No	Facilitator allows the clients to do most of the talking and limits his/her input to short statements of praise or concern.
Yes	No	Facilitator has a client read the quote for the day and leads a brief discussion about its meaning.



Aggression Replacement Therapy

Substance use and aggressive behaviors

Check-in focuses on repetition and structure

Review of the group rules and homework





ART Regional Trainers






CBI-SA



- Targeted towards clients in corrections programs
- Combines motivational enhancement principles and cognitive behavioral therapy
- Counselors of all levels can facilitate



Train the Trainer Benefits

1. Greatly reduced training cost per employee
2. You will have a local expert in the model
3. Freedom in scheduling CBI-SA trainings
4. Standardized level of care
5. Professional development of your employees
6. Reduced turnover and increase in employee satisfaction
7. Monitored fidelity and compliance



Evidence Based Practice




Best EBP

Client characteristics, needs, values and preferences

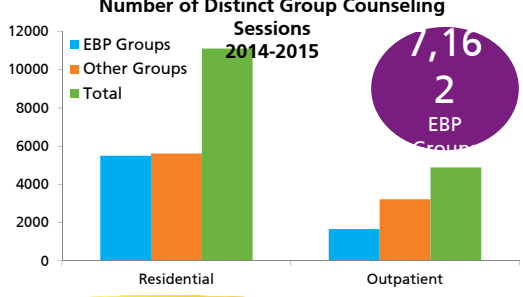
Resources, including clinician expertise

Organizational Culture




EBPs at Phoenix House

Number of Distinct Group Counseling Sessions 2014-2015



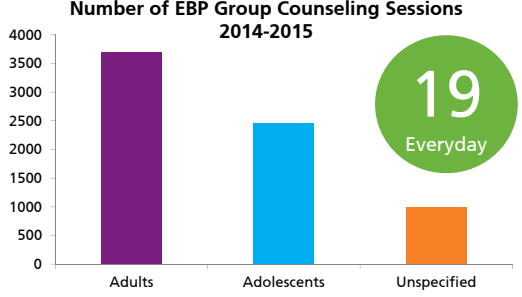
Setting	EBP Groups	Other Groups	Total
Residential	~5500	~5500	~11000
Outpatient	~1500	~3000	~4500

7,16
2
EBP Groups




EBPs at Phoenix House

Number of EBP Group Counseling Sessions 2014-2015




Group	Number of Sessions
Adults	~3700
Adolescents	~2400
Unspecified	~1000

19
Everyday



A Question



Individual clinical judgment of a single oncologist?

An informed synthesis of the best available research?

You have been diagnosed with a life threatening cancer. You are debating which treatment will be best. Do you bet on...



EBP Resistance

Why we resist:

- We did not buy-in
- We are comfortable with what we already know
- We worry about iatrogenic effects
- We like stories not data
- We rely on our clinical judgment





EBP Resistance



"If the only tool that you have is a hammer, every problem looks like a nail."

The right tool




"A place where all children are above average."

The Lake Wobegon Effect



"A man hears what he wants to hear and disregards the rest"


Simon & Garfunkel Principle



Evidence Based Practice

Implementation


The process of putting to use or integrating evidence-based interventions within a setting



Dissemination


An active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies






EBP Implementation

1. The evidence-based practice to be implemented
2. Contextual barriers and facilitators
3. The implementation strategy
4. Desired outcomes
5. The stage of the process
6. The level of the implementation






PROCESS GROUP THERAPY AND DIRECTIVE EBPs



Stages of Change


Adjourning	Performing	Norming	Storming	Forming
The group disbands	An open and trusting atmosphere	Therapeutic alliance forms	Group members struggle to define themselves	Group members orient to group and each other



Process-Sensitive Group

1960s:
Group as a Whole

- The work group, and the basic assumption group
- Dependency, fight-flight, and pairing




Process-Sensitive Group

1995:
Interactional Group Process


- The therapist's focus is on the interactions between group members and the relationships formed in group






Directive Approach

- Topic-Focused
- Time-Specific
- Goal-Oriented
- Structured
- The group facilitator is central
- Often manualized
- Evidence-Based Practices
- CBT or RBT Approach
- Promotes self-efficacy
- Group cohesion less important, but still normalizes symptoms


Summary of Approaches

Process-Sensitive Approach	Directive Approach
<ul style="list-style-type: none"> ➢ Group-as-a-whole <ul style="list-style-type: none"> ▪ Your role is to treat the group as one entity ➢ Interactional group process <ul style="list-style-type: none"> ▪ Your role is to explore the interactions between group members 	<ul style="list-style-type: none"> ➢ Offers structured goals ➢ Therapist-directed ➢ The therapist is "central" and in charge ➢ More likely to be effective with those in early recovery



Audience Polling Question #2

Are you more likely to use Process-Sensitive or the Directive Approach in structuring your groups?



Commonalities



- Both are conducted in a safe and controlled environment
- Individuals share insight, awareness, and experiences with group.
- There's a beginning, middle, and an end
- You can select those who can benefit from the experience





GROUP EBP SKILLS FOR IMPLEMENTATION



MI Techniques




Reflection | Listening | Affirmation | Empathize | Warm
 Share | Identification | Questions | Appreciate | Blocking | Collaborate
 Intervene | Amplify | Initiate | Facilitate | Interpret | Build
 Hope



Content vs. Process

Content	Process
<ul style="list-style-type: none"> ➢ Subject of Group ➢ Refers to "what is being said" ➢ Focuses on Purpose of Group Session 	<ul style="list-style-type: none"> ➢ The interaction between group members and/or group leader ➢ Level of participation ➢ Level of truth-telling or risk-taking ➢ Overall atmosphere or energy of group




Process: Active Listening

80% = Process; 20% = Content

How do you think Johnny hears what you're saying right now?

How do you hope Johnny hears you?

I wonder if there's another way to say what you hope, so that Johnny will hear what you hope he hears.



Not "What is said" **Process** is "How we say it"



The Facilitator's Job

- Maintaining emotional & physical safety
- Encouraging participation of all members
- **Helping the group work** towards the goals of each phase and transitioning
- Facilitating **communication**
- **Modeling appropriate affect** and behavior
- **Intervening** when group is ineffective or inappropriate
- Recognizing transference and **counter-transference**




Audience Polling Question #3

Please put a checkbox next to the facilitator task that you find most important.



Recognizing Transference

Transference

Client project parts of important relationships of the past to the present.

Counter-transference

Facilitator's projection of personal feelings to client.





Reflecting Feelings

Empathic Response: A response in which the listener conveys that they understand the speaker's feelings.



"It bothers you that your parents fight so much."

"My parents fight all the time, I hate it."




OARS


O Open-Ended Questions

A Affirm, notice the strengths of the person, see the motivation in what they do.

R Reflection, use empathy, simple and complex reflections.

S Summarize







Open-Ended Questions

Examples of Helpful Questions:

- How can we help you?
- Would you tell us about?
- How would you like things to be different?
- What are the positive things and what are the less good things about?
- What will you lose if you give up?
- What do you want to do next?




Summarizing



- Focus on pulling together important and relevant elements of the group interaction
- Identify common elements
- Avoid ending sessions abruptly
- Encourage participants to think about what they've learned
- Highlight topics of concern
- Give direction



Summarizing

Connecting

So far you've expressed concern about your family, getting a job, and staying clean... What else?


Linking

You told me other times about that lonely feeling you get when no one comes to visit.

Transitioning


Let me summarize what you've told me so far. Where does that leave you?





Facilitating

- Opening up clear communication in the group; helping members assume increasing responsibility for the direction of the group.
- Promote productive dialogue. i.e. *“John, can you tell Vanessa exactly what she did?”*





Interpreting

Offering possible explanations for participant's thoughts, feelings, behavior.




Common Mistakes:

- Offer a hypothesis to consider
- Use ONLY after rapport is built
- Interpret only when individual is most likely willing to receive interpretation
- Interpreting too soon
- Dogmatic presentation
- Interpreting too often




Blocking

- Stopping counterproductive behaviors
- Promotes emotional safety and goals of the group
- Safe Redirection




“Jim, I think Joe hears your frustration now. Can you tell him more about what we can do differently in the future?”





Identification


- The sharing of common experiences
- Promotes “universality”, commonality, and comradery
- Reduces shame and isolation
- Breaks down role barriers, status differences
- Facilitates disclosure, self acceptance
- Therapeutic for all participants



“I really appreciate how you all came to Jane's rescue in today's supportive process group.”

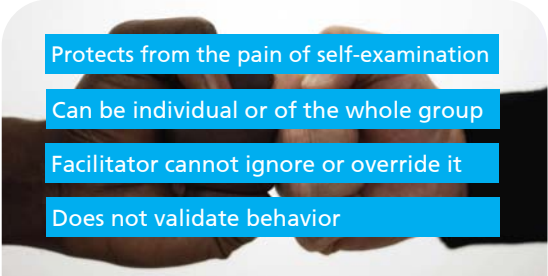



Fortunately, his training had prepared him to deal with all types of customers.



Resistance in the Group

- Protects from the pain of self-examination
- Can be individual or of the whole group
- Facilitator cannot ignore or override it
- Does not validate behavior






Handling Resistance

Remember, resistance is a natural part of the group process...handling resistance appropriately can strengthen trust within the group

- Address it
- Connect
- Be prompt
- Stay objective
- Remember the lens of truth

Audience Polling Question #4

"I don't have a problem and I don't need to be in this group."
How would you respond to this client?



Rolling with Resistance



"I don't have a problem and I don't need to be in this group."

- Arguing or Confronting = increased resistance
- Rolling with Resistance recognizes that the client is currently not ready for change.
- Counselor responds with understanding of where the client is currently



Key Takeaways

- It's always about the clients
- Implementation is a Process
- Maintain your Group Techniques



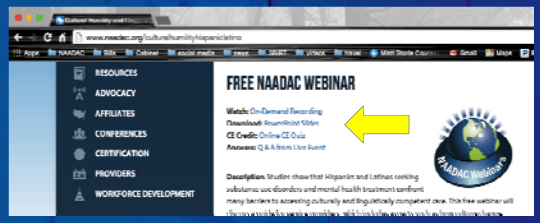


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Evidence-Based Solution-Focused Brief Therapy: Its Effective Use with the Most Challenging Clients

May 7, 2015
3-5pm ET (2 CT/1 MT/12 PT)
Cultural Humility: Clients in the Five Current Generations

June 4, 2015
2:30-4:00pm ET (1:30 CT/12:30 MT/11:30 PT)
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