Building Recovery Oriented Groups

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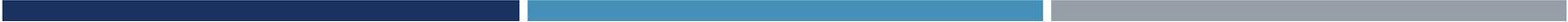
Core Belief: Recovery is Possible!

Leaders of recovery-based groups must believe that recovery is possible.

Recovery Philosophy

- There are many understandings of mental health recovery. A common theme is that a majority of people can grow beyond the devastating effects of mental illness and lead meaningful lives in the community of their choice.

- **Recovery Defined:**

    Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful live in a community of his or her choice while striving to achieve his or her full potential.

    National Consensus Statement on Mental Health Recovery
    http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/

    "Recovery is about getting a car, a paycheck and a date on a Saturday night."

    — Pat Deegan

Promoting Recovery Through Values Based Practice

- A recovery orientation is based on the ability of practitioners to promote key recovery values when providing services (e.g., leading wellness self-management groups).

- Recovery values:

o **Hope**	o **Non-linear**
o **Self-Direction**	o **Strengths-Based**
o **Individualized & Person-Centered**	o **Peer Support**
o **Empowerment**	o **Respect**
o **Holistic**	o **Responsibility**

* Farkas, M., et al. (2005). Implementing recovery-oriented evidence based programs: Identifying the Critical Dimensions. *Community Mental Health Journal*, 41, (2), 141-158.

¥U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. *National Consensus Statement on Mental Health Recovery*. Washington, DC: Government Printing Office.

Group Leadership: Defined

- **Working Definition**

  - Group leadership is the process of guiding a group through various stages of development.

- **Key Points**

  - There is <u>no</u> correct way to lead all groups.

  - Despite differences in goals, approaches and contexts, there are **fundamental values, knowledge and skills** that apply to the leadership of all groups.

Qualities of Effective Facilitators

- Courage
- Honesty
- Creativity
- Empathy

- Self-knowledge
- Action orientation
- Enthusiasm
- Humility

*Reid, K.E. (1997). *Social work practice with groups*. Pacific, Grove, CA: Brooks/Cole.

Group Dynamics

Key Concepts

Recovery Focused Groups

All *of these groups have the potential to be* **recovery focused**.

- Psychodynamic
- Psychoeducational
- Skills Development
- Clinical

- Therapy
- Recreational
- Self-help
- Support

Understanding Group Dynamics

- Group dynamics are the forces that result from the interaction of people in a group.

- Group dynamics are inferred, invisible constructs or group properties that affect the movements of the group.

- Group dynamics can unleash harmful or helpful forces.

- Group dynamics, or forces, are created by key dimensions of group functioning:

  - Communication and Interaction Patterns

  - Group Norms

Adapted from Toseland, R.W. & Rivas, R.F. (2009). *Group work practice* (6th ed.). Boston, MA: Allyn and Bacon.

Communication Patterns

- Group leader must be able to assess the communication patterns of the individual and the group-as-a-whole.

  - **Helpful Communication**
    (Enhance well being of individual and the quality of relationships)

  - **Unhelpful Communication**
    (Diminish well being of individual and the quality of relationships)

- Messages can become distorted for various reasons:

  - Environmental conditions

  - Language barriers

  - Cultural differences

  - Selective perception

Interaction Patterns

- Leader-centered vs. group-centered interaction patterns

- Facilitate group-centered interaction patterns to increase:
  - Social interaction
  - Group morale
  - Members' commitment to group goals

- Modify key factors to change interaction patterns (i.e. provide verbal praise to an individual who is often reluctant to share)

Interaction Patterns

- Key factors include:
  - Cues
  - Subgroups
  - Size and physical arrangement of space
  - Power and status

Group Norms

- Group Norms are explicit and implicit expectations and beliefs about how members of a group should act.

  - **Explicit norms are those that have been discussed**

    - Example: "Everyone is expected to arrive on time to group."

  - **Implicit norms are unspoken rules that guide behavior**

    - Implicit norms can be helpful or unhelpful.

    - Example (unhelpful implicit norm): "No one should say anything that the powerful group member would disapprove of."

Changing Group Norms

- Identify and discuss unhelpful implicit norms with group members

- When unhelpful implicit norms are made explicit they lose their power

- Encourage group members to replace implicit norms with explicit norms that are more helpful.

Group Cohesion

- Sense of togetherness, or community, within a group

- **Characteristics of Group Cohesion:**

  - Higher rates of attendance and greater participation **(self-disclosure)**

  - Greater expression of mutual support; cooperative interaction patterns

  - Open expression of positive and negative feelings **(constructive conflict)**

  - Increased satisfaction with the group

  - Greater risk taking and perseverance toward goals

Key Components of Group Planning

- **Establishing Group Purpose**

  - Review needs and develop a tentative group purpose

  - Obtain input from potential group members

  - Contract with group members (obtain agreement on group purpose)

  - Encourage development of individual goals for the group

- **Determining Group Composition**

  - Balance homogeneity vs heterogeneity of group member characteristics

  - Group size

- **Establishing Initial Group Structures and Formats**

  - Format: open vs. closed

  - Temporal Arrangements: frequency & length of sessions

  - Physical Arrangements: place and physical configuration of group room

In Summary…
Supporting Recovery through Group Work

- **The task of group leaders is to promote positive group dynamics**:

  - healthy communication and interaction patterns,

  - productive group norms,

  - strong group cohesion.

In Summary…
Supporting Recovery through Group Work

- **These dynamics help the group build and maintain a growth-enhancing, interactive environment that will:**
  - Create a sense of belonging and acceptance for all
  - Support individuals in setting specific recovery goals
  - Create opportunities for empowerment
  - Encourage self-responsibility and risk taking
  - Foster peer support
  - Instill hope

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LEARNING TO TRUST MYSELF AND OTHERS

Clinical group specifically and only for individuals who have hallucinations and delusions.

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WHY THIS GROUP IS NEEDED IN PROS

Severely Afflicted Sub-Population in PROS

- **Many groups address** depression, anxiety, stress, life role changes, addiction, grief, distorted thinking and other **more common issues.**

- **Many groups help to develop** mindfulness, acceptance, rational thinking skills, emotion regulation, assertiveness, basic living skills, self-compassion…**broadly applicable skills.**

All of these may be helpful for individuals with psychotic symptoms, **but they do not provide the opportunities to safely explore, understand and develop specific skills for coping with them, nor the opportunity to utilize group support and dynamics to do so.**

WHY THIS GROUP IS NEEDED IN PROS

Isolating Nature of Symptoms

- **Paranoia inhibits sharing** in heterogeneous MH groups.

- Past sharing of **hallucinatory experiences** has led to **conditioned withdrawal and guardedness.**

A dedicated, homogeneous group provides:

- A **safe** place **with others** to **mutually share focus, exploration, understanding and support…**

…alleviating isolation.

Clients say, "I thought I was the only one."

WHY THIS GROUP IS NEEDED IN PROS

Stigma within PROS leads to shame, embarrassment, isolation

Inadvertently, comments are made by peers who are not in this subset:

"At least I don't *hear voices*." "I'm not *that crazy*."

In a homogeneous group, individuals' experiences are recognized in their similarity, with respect for differences, providing normalization of the experiences, safety to explore, and engaged interactions.

"<u>Your</u> voices are *quiet* sometimes? <u>Mine</u> *never* shut up!"

"I like to believe it's my mother communicating with me."

"How do <u>*you*</u> handle when they keep telling you what to do?"

WHY THIS GROUP IS NEEDED IN PROS

Stigma at home perpetuates shame and embarrassment.

"You are **NOT** hearing voices!" "I don't want to hear it!"

"Just stop listening!" "Talking to yourself **again**?"

"Stop acting **crazy**!" "She's just being **stupid.**"

Negative, fear-driven responses to disclosure lead to fear of disclosure – even to clinicians.

A **dedicated group offers proof** that voice hearers, shadow seers, and those who are convinced that others are filled with harsh criticisms and plotting against them **are not alone.**

MEMBERS SAY:

"I can't talk about this stuff in other groups."

"This is the only place I talk about the voices."

THIS GROUP OFFERS SUPPORT WITH:

Considering the roots of the experience

- **Irrational negative assumptions** and beliefs about the root of the experience **result from isolation and internalized stigma**.

- **Irrational beliefs** that one is cursed, voices have authority, are correct, have control, or are external entities, serve to **amplify distress**.

Discussing with others reveals **new possibilities**. No one has the right to tell another what his or her experience is rooted in; each individual has the right to choose, and **there is a choice**.

"I used to think he was a demon, but now I believe it is a symptom."

"I'd like to think the shadow is my brother keeping an eye on me."

Considering the roots of the experience

Support this by:

- **Utilizing MI reflective listening** techniques to **validate and offer alternatives**.

- **Offering information** which others have found helpful and **may be helpful** to them as well, and by **not imposing your view**.

- **Providing psychoeducation** regarding **possible causes of the experiences** such as neurochemical imbalance, structural abnormalities, genetic predisposition, stressors triggering the onset.

- **Asking** questions to promote new perspectives such as, "Which of these interpretations make sense to you?", "Which belief would you feel more comfortable believing?" and "If you could **choose** a cause of your experience, which would you choose?"

THIS GROUP OFFERS SUPPORT WITH:

Normalization, Decreased Shame & Isolation

Members are no longer alone.

It is safe to share because there is:

true empathy   familiarity   sincere understanding

no outcast   genuine support   meaningful connection

Members become **comfortable** and **empowered**,

facilitating **sharing** and **exploration**,

which *decreases shame & isolation*.

For many, this is the first time they have ever felt safe enough to disclose.

"**My voices come from inside. They argue with each other and make comments about me and other people. Sometimes they tell me what to do.** "

"**Sometimes I hear and see someone talking, and I can't tell if it's real.**"

"**They are just so loud sometimes – I just need to take a nap.**"

"**There's a party going on up there. I don't know whether to laugh or cry.**"

"**I see shadows too. They used to bother me but I don't pay attention.**"

"**They try to get me to pick up a beer.**"

"**I always feel like everyone is judging me.**"

Normalization, Decreased Shame & Isolation

Support this by:

- Informing them that **millions of people experience hallucinations and delusions**.

- Encouraging interaction: **"Who else has experienced something like this?", "How do others in the group cope with this experience?"**

- Directly **addressing the stigma** by acknowledging it exists and discussing and sharing **what forms it takes** for members. Provide support and validation.

- Bringing in materials from people who have shared publicly such as Patricia Deegan, Bill McPhee, David Crepaz-Keay and Eleanor Longden.

THIS GROUP OFFERS SUPPORT WITH:

Developing Healthier Responses to the Experiences

False perceptions often result in **well-practiced patterns of thoughts, emotions and behaviors that reinforce negativity and distress.**

Schemas lose their grip with peer and professional support, allowing **new interpretations** of experiences and **healthier patterns of response**.

"I used to believe them, but now I realize they are not reliable and I can disagree."

"I don't need to cut. The voices are influential but they don't control me, and I know I want to stay out of the hospital."

Developing Healthier Responses to the Experiences

Support this by:

- **Utilizing CBT** to support **seeking evidence of rational, healthy interpretations, and seeking evidence to refute distortions.** Ask questions. Be non-confrontational and validating.

- **Facilitating group exploration, support and engagement in the CBT process.** Most members have only done this in individual sessions.

- **Directly addressing symptom stress.** These experiences may be tolerated, just as distressing realities may be tolerated.

THIS GROUP OFFERS SUPPORT WITH:

Helping Members Learn to Challenge Perceptions

People who live with experiences that are not shared by others typically, without support, **accept their experiences as reality.**

Reality Testing is a powerful skill to develop in this group, for members to learn and utilize independently.

"**I was watching an old Friends episode and heard them talking about me. I decided to rewind it and found that they were talking about something else.**"

"**I saw people around the room but didn't understand why they were there. I called my sister in and she said there was no one there.**"

Helping Members Learn to Challenge Perceptions

Support this by:

Encourage reality testing every time you notice an opportunity!

When a participant with paranoia says she has the feeling everyone doesn't like her and is talking about her, bring up the skill to the group:

"Let's do some reality testing."

Make it a regular feature of the group.

Tell her it is **up to her** to consider her peers and the facilitator **are being genuine**, and ask each person, "Have you had a bad thought about Sue?" Directly share that you have not had a bad thought either. Remind her it is **up to her to consider the possibility that people are being sincere**.

Directly offering this choice **elicits cognitive flexibility through alignment** and helps to **loosen a rigid paranoid lens.**

Helping Members Learn to Challenge Perceptions

Support this by utilizing skills such as mindfulness to:

- note thoughts as they occur
- tune in to an increase in paranoia
- take a helicopter view
- encourage **having** the thoughts as opposed to **being submerged in them**.

Peer understanding and support make all the difference in a group setting vs an individual session**.**

Individuals sharing their experiences with paranoia in **mutual support** of each other provides a deeper, more profound level of **empathy and understanding**.

Reality testing becomes more meaningful when the possession of paranoid lenses has been shared.

Helping Members Learn to Challenge Perceptions

Support this by:

- Looking for more opportunities for **group reality testing** to promote the skill, bonding and sometimes, humor.

When a member leaves the room, ask, **"How many people here think he left because of you?"**

If there is laughter in the hallway, ask, **"How many people here thought that was about you?"**

Watch every hand go up, mutual surprise and understanding, deep connections and laughter.

People with paranoia will not share this unless directly asked. This offers the opportunity for proof that there is **deep personal understanding of paranoia.**

This offers the opportunity to
mutually share the experience, be amazed and even laugh together.

NOTES ON GROUP STRUCTURE

- Each group starts with a statement of the special nature of the group.

  - To directly set the tone of and for this special group.

  - That it is **the** place to talk about experiences that are not shared by others.

  - That it is a safe place to talk about experiences of hearing, feeling, seeing or believing things, that others do not share.

  - That these concerns that are difficult to talk about elsewhere, are shared and supported here.

  - That all members' beliefs and interpretations are respected.

LOGISTICS

- This is not an auditable group. When a community member wants to audit, kindly let them know that it is not auditable, may not be appropriate for them, and that they can speak with their clinician to learn more. Let them know they are certainly welcome to enroll if it is appropriate for them.

- The facilitator of this group informs other staff about the nature of the group to avoid errors in enrollment.

- The facilitator is continually observant, noting any signs of false perceptions that may be explored and processed during the group, in the here and now.

LOGISTICS

- This group stays on topic. Members look forward to and savor this group.

- Check in with each member in each session. The profiles of group members tends towards inhibition. Members know this is a safe place, there is no pressure and there will be a gentle check in.

  - *Rogerian person-centered core conditions of:*

- Unconditional Positive Regard

- Accurate Empathy

- Counselor Congruence

  …are essential for this group

Young Justice/Young Adults

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Young Justice/Young Adults

- PROS model is based on psychiatric rehabilitation and recovery primarily through groups

- For young adults it may not be as much about **recovery** as it is about **discovery**

Young Justice/Young Adults

- **Age of Onset**

  - **Bipolar Disorder**: Late teens to early adult years. Half cases before age 25

  - **Schizophrenia/Schizoaffective Disorder**: Late teens to late 20's

  - **Major Depression**: Most cases by age 20

Young Justice/Young Adults

- Early onset of psychiatric conditions may prevent individuals from developing skills to be successful

- Discovery is about gaining insight into mental health barriers as well as learning (discovering) about the person you want to be

Young Justice/Young Adults

- **Cohort**

  - Young justice/Young adults group began in January 2013 for individuals between 18 and 30

  - 9% (13) of EVA's population fell into that category

  - 10 decided to participate

Young Justice/Young Adults

- **Facilitators**
  - Two recovery specialists volunteered to facilitate this group:
    - one in mid twenties the other in early thirties
    - one had a background in education and working with youth
    - the other was a licensed clinical social worker

Young Justice/Young Adults

- **Structure**
  - group was twice a week
  - one group focused on social skills and emotional regulation
  - the other group focused on goal acquisition

Young Justice/Young Adults

- **Why is it important?**
  - mutual support
  - sense of community
  - safe environment

Young Justice/Young Adults

What happened?

Let's Keep in Touch!

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