Leading Psycho-educational Groups

Vanderbilt Psychiatric Hospital

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Recovery Oriented Focus

Treatment provided at VPH is based on the Recovery Model for Mental Health. Recovery themes should be incorporated into every group. Recovery is an individualized process where people can define unique goals that will aid them in finding meaning and purpose in their lives. Recovery is a dynamic and fluid process that involves different things for different people.

For some, recovery is the complete absence of symptoms. For others, recovery is living a full life while learning to live with symptoms.

From a recovery standpoint, staff empower patients by providing them with hope, connection, and the tools they need to take responsibility for their recovery and find meaning and purpose in their lives.

Our patients are admitted in a state of crisis and most often do not have the necessary knowledge, hope, or self-confidence; three components that are so important to the recovery process.

Staff act as a support patients can lean on as we help them discover or recover those tools. Groups are one of the key ways we do this.

Evidence indicates that patients who participate in group therapy in combination with medications have better outcomes.

10 Guiding Principles of Recovery

SAMSHA (The Substance Abuse and Mental Health Services Administration) has outlined 10 guiding principles of recovery.

1. Recovery is person driven.
2. Recovery occurs via many pathways.
3. Recovery is holistic.
4. Recovery is supported by peers and allies.
5. Recovery is supported through relationships and social networks.
6. Recovery is culturally-based and influenced.
7. Recovery is supported by addressing trauma.
8. Recovery involves individual, family, and community strengths and responsibility.
9. Recovery is based on respect.
10. Recovery emerges from hope.

Groups at VPH

Purpose of Groups

The primary function of groups is the support of the patient in their recovery process.

Three key terms to keep in mind regarding the process of groups is that they help with:

- **Building**
- **Learning**
- **Inspiring**

We help to build the patient up. We help them build a solid foundation from which they can build their recovery journey.

We engage patients in education and help them learn more about their illness and their mental health.

We inspire patients to begin or continue their journey to recovery.

Let's look at each key group term to identify specific actions to keep in mind when leading a group.

Building

- Build a Therapeutic Milieu, a structured environment that is safe for patients to heal and grow.
- Provide a safe place to express feelings and share experiences.
- Build patient autonomy and encourage the patient to take personal responsibility for treatment.
- Create a structure where patients feel supported by increased knowledge, by staff, and by other patients.
- Build self-esteem and confidence to heal and recover.
- Create rapport between staff and patients and offer an avenue to address patient concerns.
- Develop social skills and decrease isolation by allowing patients to realize they are not alone in thoughts, feelings, and experiences.
- Build opportunities for interaction and communication.
- Identify individual strengths and weaknesses. Build on the strengths.

Learning

- Provide education on specific coping skills.
- Provide the patient with skills and resources that will help them manage symptoms and live meaningful lives.
- Teach healthy boundaries and healthy ways to interact with others.
- Teach patients that they are not alone—that other people have similar emotions, thoughts, and experiences.
- Create opportunities for staff to model desired behavior and coping skills.
- Provide education about diagnosis and medication.
- Provide the patient insight into how their diagnosis and past coping methods have been impacting their lives.
- Teach communication skills that patients can practice with staff, family, and peers.
- Prepare the patient for discharge.

Groups at VPH are strongly encouraged, but attendance is not mandatory. Actively seek out patients and encourage them to attend group. If a patient is not attending group, find out why, and take action.

Inspiring

Inspiration is all encompassing and should be an integral part of every group.

- Engage the patient in their recovery.
- Instill hope that recovery is possible.
- Reduce the stigma of mental illness.

What are Psycho-educational Groups?

Psycho-educational Groups:

Psycho-educational groups are a specific type of group therapy that focus on educating patients. The goal is to provide the patient with education about their mental health or illness, skills to enable coping, and strategies to manage symptoms. Groups also focus on practical life skills; such as living within a community, or coping with stress or anger.

There are specific formats for certain types of psycho-educational groups, but many follow a more free-form approach. Each unit has a schedule to provide structure for the group offerings. This provides consistency and prevents frequent repeating of the same group topic during a patient's stay.

Psycho-educational groups at VPH are primarily led by Behavioral Health Specialists, Associate Behavioral Health Specialists, and Nurses. Groups may also be led by Social Workers, Pharmacists, Physicians, Exercise Specialists, the Chaplain, or members of the community.

Processing Groups?

Groups at VPH are NOT processing groups. The group leader allows the group to flow according to the topic, but does not attempt to "dig deeper." Spontaneous processing by patients (in a limited scope) may occur, but the leader is not trying to make it happen.

In-depth processing groups are not feasible because of the short length of stay, constantly changing group membership, and focus on acute stabilization.

Unlike processing groups, each psycho-educational group session is self-contained, meaning that all content is completed in that group session.

Limitations of the Inpatient Group:

There are many benefits to psycho-educational groups, but limitations are important to keep in mind.

The average length of stay for our patients is 7-9 days, which means there is limited time to provide patients with the psycho-educational framework they need to aid in their recovery.

Patients are often admitted in a state of crisis and may not initially be able to attend or retain information from groups.

Medical problems or withdrawal from alcohol or drugs may be an impediment.

Additionally, our patients come from all walks of life, cognitive, developmental, and educational levels. Staff must work to deliver group content in a language and style that is understandable for all.

Leading Groups

Group Leader / Facilitator

The purpose of the group leader is to facilitate progress through the group activity / topic.

The leader works to maintain the integrity of the group and to focus on the content. This is accomplished by neutrally directing the discussion to maximize full participation and minimize distractions.

The leader works to optimize the group's therapeutic value and patient satisfaction.

The leader is not involved in the content discussion of the group, but rather guides the discussion by:

* providing insight and feedback
* clarifying thoughts, feelings, and ideas
* redirecting patients when needed.

The group leader must also maintain the emotional integrity and safety of the group.

Maintaining a therapeutic environment that feels emotionally safe encourages individual participation.

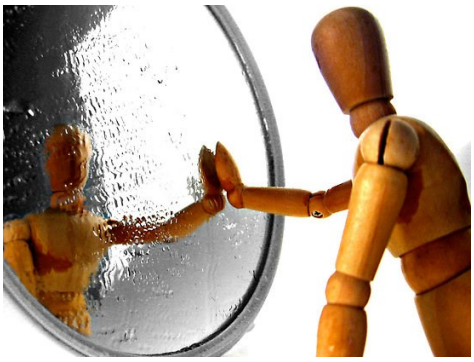
To be an effective group leader, you must be aware of common pitfalls leaders may face that can result in ineffective leadership and ineffective groups.

Ineffective Leadership Styles

Countertransference

Countertransference refers to feelings that the group leader experiences in response to an individual patient or a group of patients. These responses are often based on the leader's theoretical perspective, training, experience, demographics, personality, history, current life experience, and psychological and physical needs. These feelings are not really about the patients, but are often about unresolved conflict from the leader's past or present relationships.

If you do not maintain awareness and take appropriate steps to manage these feelings, countertransference will negatively impact the therapeutic process.



Without awareness, you may respond to a patient or group in a way that is self-serving or shaming. This

can result in the patient experiencing frustration, self-doubt, or anger which reinforces negative patterns of behavior.

Questions to ask yourself are:

- Does this patient remind me of anyone in my life?
- Is this patient bringing up specific emotions like anger or anxiety?

If you find yourself experiencing countertransference; care for yourself. Take a few minutes to step off the unit or ask your team members to relieve you from a specific patient. If needed, seek outside help to work through these issues so that you can appropriately care for your patient population and yourself.

Laissez-Faire

Laissez-Faire leadership refers to a style in which leaders are hands off and allow group members to make the decisions and define the direction of the group. This style directly contradicts the purpose of a group leader in a psycho-educational group. Laissez-Faire leadership leads to low productivity among group members and an ineffective therapeutic process. This type of leader will also ignore problem behaviors in the group, which impedes the educational process as patients become frustrated with the lack of direction.

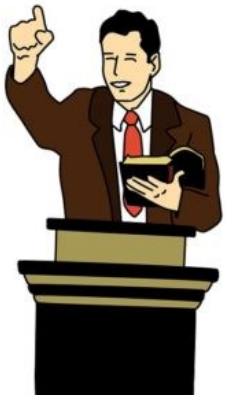
Sometimes you may find that you become laissez-faire when you lack the skills or confidence to be assertive within a group. Remember that **YOU** are the group leader and that the group is looking to **YOU** to provide them with a therapeutic experience. Your assertiveness will guide a productive group and model appropriate assertive behaviors for the patients.

Inflexible / Authoritarian

Flexibility is a very important quality in an effective psycho-educational group leader. A group may begin discussing one topic and, with a conscious group decision, change to another focus the group deems important. The ineffective laissez-faire leader would allow this to happen at random with without purpose. But the inflexible, authoritarian leader will not allow the topic change to happen at all.

Remaining rigid in the group process will alienate you from the members of the group and

often prevent therapeutic intervention. The authoritative leadership style communicates the idea of superiority and does not promote an effective group process. Group leaders are ideally equal participants in the process and should not be overly directive or make all the decisions for the group.



Preaching

Preaching is a form of directive counseling that is not effective. Psycho-educational groups are designed for everyone to contribute to the group. Preaching, also known as "getting on a soap-box," pre-supposes that a group leader "has it all figured out." Remember that you are supposed to be a facilitator of the group process and not an authority.

Be mindful of topics that you find yourself getting into "lecture-mode" when you discuss them. To avoid preaching, offer your opinion, but keep it limited, and listen to group members' thoughts on the topic.

Favoritism

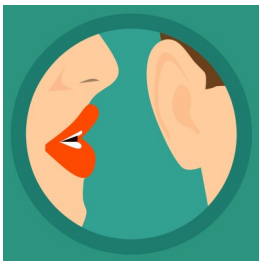
Feelings of being chosen, not-chosen, or overlooked are all too common in the group therapeutic process. Leaders must be purposeful in treating each member of the group as equal members. No two patients are identical, and no two patients evoke the same feelings in us. Leaders should always be on guard against showing preferential treatment to any member of the group.

Showing favoritism singles out one member over others. This can cause conflict among group members and negatively affect the self-esteem and self-appraisal of both the "favorite" and the other members who don't receive the special treatment or attention.

Inappropriate Self-Disclosure

Leader disclosure of <u>similarities</u> with patients may reduce the group member's perception of your competence and expertise. It may also convey to group members that their problems are not as serious as they thought and decrease their motivation for therapy and change.

Leader disclosure of <u>differences</u> in background, education, and experiences may lead to



negative feelings and emotional barriers between you and group members.

Self-disclosure must be used with extreme caution since it is difficult to self-disclose in a way that does not detract from the patient focus.

When appropriate, it can be used by experienced staff to normalize experiences, model behavior, validate reality, and/or offer alternative ways to think or act. If used, it must always be for the patient's benefit and not a contrived measure to get patients to open up. The information shared must be aimed at helping patients understand themselves and meet their goals.

Inappropriate self-disclosure includes:

- Overly detailed information about personal events
- Information that brings the focus on the leader
- Venting
- Sharing information in a way that is intended to provide therapeutic value to the leader

Unstructured Approach / Unprepared for Topic

Psycho-educational groups are structured, focused on a particular theme, and planned in advance. Although the specific content of each group will vary as individuals provide contributions to the group process, the leader must be prepared with a general plan of how the content will be presented. The leader should also have planned strategies to encourage interaction.

If you don't have a plan and appear unknowledgeable or unprepared, the group members will distrust the content.

How to be Prepared for Group

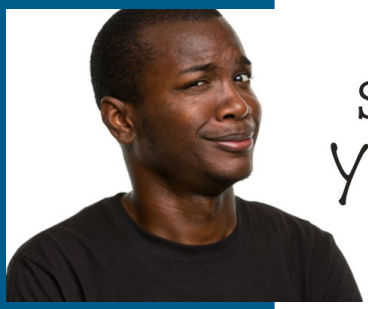
- Use a worksheet / handout
- Use notes / outline of the topic
- Use fellow staff members (many of them have facilitated groups for a long time)

- Use resources stored on the unit
- Use resources from the Nursing Education Library
- Have an extra activity planned that can be used if needed, but won't detract from the group if it's not needed

Inappropriate Use of Sarcasm / Humor

Sarcasm may be a coping strategy used to deflect real issues and it may be used by the group leader as well as group members.

Modeling appropriate therapeutic habits as a group leader will set the tone for the group experience. A group leader who uses sarcasm can quickly send a message to group members that devalues the importance of the group interaction. Sarcasm will result in alienation of some members. Some patients who are concrete thinkers may misinterpret sarcasm.



However it is received, is does not model healthy behavior and should be avoided.

Effective Leadership Styles

Making Group a Collaborative Effort

Groups should be designed in a manner that encourages full participation from all members in the group. The group process should be conducted in a collaborative manner, allowing not only the group leader to be heard, but also the voices of all the individuals participating in the group.

Active Listening

You know what it is like to feel as though you are heard — to feel like someone is really paying attention to you. You can see it in their eyes and body language.

Active or empathetic listening is where the listener works to be present and mindfully hear what the other person is saying. The listener reflects back what they hear to the speaker by re-stating or paraphrasing what they have heard to confirm understanding.

The ability to listen actively demonstrates sincerity, and that nothing is being assumed or taken for granted. In the group setting, you need to have your full focus on the members of the group. This means listening to both verbal and non-verbal messages. Active listening helps to reduce misunderstandings and conflicts, strengthens cooperation, and fosters understanding. Active listening also includes asking questions. Questions allow the group participants to indicate whether they understand the presented material and are adequately following along in the group process.

Healthy Redirection

Healthy redirection should be used in the event that the group dialogue has strayed from the main topic. Healthy redirection is a way to address disruptive group participants and to bring the discussion back to the main concept. This may require interrupting a patient, which may feel uncomfortable. The interruption should be done in a way that is non-punitive and is respectful of the patient, while still letting them know the need to get back on topic or to allow others the opportunity to share.

An example of a healthy redirection is, "It sounds like this is important to you, but let's stay focused on (topic). We can talk more about this after group if you like."

Many new group leaders worry that interrupting a patient is rude, which is not the case if it is done respectfully and appropriately. Remember that if you do not redirect group members when needed, the other group members will become distracted or lose interest, and the group's therapeutic value will be diminished.

Attending to Patient Behaviors

In addition to redirecting the verbal flow of a group, disruptions caused by group members' behavior may have to be addressed. This should be handled in a delicate manner and you should be mindful to not raise your voice or get upset.

An example of disruptive behavior might be a side conversation between two group members. You should politely draw attention to the behavior and ask them to be respectful and turn their attention back to the group.

Attending to patient behaviors also includes noticing group members' responses to the content. Your attention to patient behaviors will enable you to guide them through the group content and gain the maximum benefit from the group experience.

Positive Reinforcement and Providing Feedback

Patients should be challenged to explore discussed elements of group content and relate these elements back to their individual life experiences. The group leader should always be willing to provide positive feedback regarding patient's insightful statements. This feedback can be verbal, or it may be some sort of incentive; such as candy or extra turns at a game.

Positive Reinforcement is based in learning theory — that receiving praise or encouragement will help a person want to repeat a behavior.

You can say "I am glad you shared that. It must have been difficult." or "That is very insightful. It can be challenging to recognize where you have made mistakes in the past and learn from them."

Sometimes, it is necessary to provide feedback that isn't necessarily positive when a patient does not seem to have insight into their behaviors. You can use speculative statements and gentle confrontation to help them see their behavior in a different light.

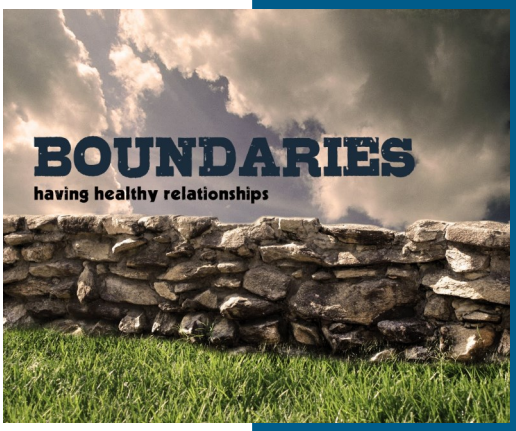
You can say "I hear you say you have had this problem with several different people. Do you think there is something you are doing that is contributing to the situation?"

Another approach is to observe

a patient's feelings and ask for clarification. You can say "You seem frustrated when you talk about this situation. Is that what you are experiencing?"

Another way to help a patient clarify their understanding of their behavior is to use "I heard you say … Did you mean …?" or "I heard you say … But I noticed …" The point is not to tell the patient what they are doing wrong, but rather to have them find the way to their own realizations. This is much more impactful and more likely to influence change.

Maintaining Appropriate Boundaries

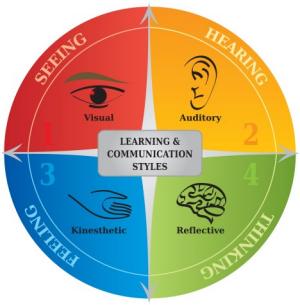


The health and effectiveness of a group will be partially determined by its ability to develop and maintain appropriate boundaries, and to hold or adapt those boundaries as necessary. In the absence of clarity about boundaries, they will typically get tested repeatedly until the group either ends, or the leader sets a healthy boundary.

Healthy boundaries are fluid and individualized for each group based on the combination of individual members. Rigid boundaries create barriers between you and the members which impedes the therapeutic process. Healthy boundaries are firm, but flexible, and respect the feelings, needs, opinions, and rights of all group members. Setting and maintaining boundaries helps group members recognize they are responsible for their recovery process and models appropriate behavior.

Professional Boundaries are the spaces between the staff member's power and the patient's vulnerability.

Accommodating Different Learning Styles



As the group leader, you must recognize each member's learning needs and ensure the group content has different levels to accommodate everyone. This way you will provide an appropriate challenge for all participants while ensuring the content is not too high or too low for any member. Several techniques can be used to provide members with the right amount of

practice and challenge, including visual aids, verbal dialog, and group activities.

Avoid medical and psychiatric-specific jargon as well as technical terms. If these terms cannot be avoided, make sure you provide a brief explanation after using the term. A good rule of thumb is that educational content, both verbal and written, be presented at a 5th grade reading level.

Setting Expectations for Patients and the Group

It is important to make sure you have realistic expectations for what you want the patients to gain from the group. This includes ensuring the relevancy of the topic to the group members' treatment and ability to use the information.

Improve your understanding of the medical conditions, diagnoses, disease processes, and/or any impairments that patients are dealing with in order to have realistic expectations.

Effective leaders communicate expectations of the group early, which enhances the productivity and value of the group for all participants. A basic expectation could be that everyone participates in the group activity and values the input of all group members.

Format for Leading Groups

Introductions of Patient and Leader

It is important to begin a group in an intentional and planned manner. There are different methods to accomplish this, and you will find the style that works best for you and the topic you are leading. How you open the group sets the stage for the rest of the time. View this as an opportunity to really get the patients engaged.

The group process should begin with introductions of the group members and leader —don't assume that

everyone knows each other! Take advantage of the opportunity to set the therapeutic tone for the group. This is a great time for an icebreaker or quick activity that will encourage patients to be engaged. Once a person has had the chance to speak in the group in a non-threatening manner, it is easier for them to share later during the group.

Introductions can be as simple as having patients state their name, or more complicated, such as sharing a "favorite" (food, color, sport, etc.) or something personal about themselves. Be careful that the icebreaker doesn't become too involved and take over the entire group time. Also, be thoughtful in what you ask people to share and ensure it may not be exclusionary. (Everyone probably has a favorite dessert, but everyone may not have a favorite vacation destination if they have never experienced a vacation before.)

It is helpful to let the patients know what the goal or expected outcome of the group will be. For example, "At the end of this group session, you will have learned some helpful techniques to manage anxiety."

Rules and Expectations

The beginning of a group session is also a time to establish expectations and rules. Each unit may have specific rules for their groups, but all groups should include

- confidentiality
- refraining from side conversations
- respecting others

Depending on the situation, additional rules may be helpful.

It is also important to set expectations for group members. Encourage members to be personal and share meaningful aspects of themselves. Let them know they are not required to share, and that it is okay to "pass" when asked to share. Encourage members to give constructive and positive feedback to other members, practice listening to others, think about what they are going to say before responding, and avoid being defensive. Encourage members to focus on both thoughts and feelings and express them!

Suggested Rules & Expectations for Groups

1. Because confidentiality is essential, we expect that each person will respect and maintain the confidentiality of the group.
2. We are here to share our own feelings and experiences; we avoid giving advice.
3. We each share the responsibility for making this group a safe space for all members
4. We work to be accepting of other people, just as they are, and avoid making judgments.
5. We give everyone an opportunity to share.
6. We have the right to speak and the right to remain silent.
7. We give supportive attention to the person who is speaking and avoid side conversations.
8. We avoid interrupting. If we do break in, we return the conversation to the person who was speaking.
9. We try to be aware of our own feelings and talk about what is present to us now, rather than what life was like for us in the past.
10. We do not discuss group members who are not present.
11. We begin and end our meetings on time.

Working within the Time Frame

Groups can range from 45-90 minutes and are most commonly held in 60 minute time frames. Many groups occur between meals, visiting hours, and recreational activities. Sometimes, when we have a very productive group, we want to keep the momentum going and may be tempted to extend the group time. Ending on time, even when we feel we could keep going, sends the message that all activities are important and honors the time spent by the participants. Consider when groups end right before visitation begins. Families want to take full advantage of the limited time they can spend with their loved ones, and ending groups on time allows them to do so.

Another important reason to end the group despite it "going really well," is that patients need time to decompress the feelings or situations that may have arisen during the group. They may need time to reflect or take a mental or emotional break. When we don't allow time for this, we create an environment with a potential for behavioral issues later.

On the other hand, if a group is scheduled for 60 minutes, you need to be prepared to fill the entire hour. Have a backup plan in case one idea falls apart. Prepare materials ahead of time. A impactful group planned to last 45 minutes can be much better than a 60 minute group that gets off topic or ends early.

Wrapping Up

The way that you bring a group to closure is just as important as the way you open a group. Don't end the group abruptly without an attempt to summarize or encourage members to practice skills. Closing may include an individual check-in or an open forum for group members to share what they learned and give feedback or encouraging words to their peers. Attention to closing can help ensure that learning will take place.

Common Problems in Group

Environmental Problems

Interruptions

Interruptions are common occurrences in the inpatient setting. One of the most common interruptions is from other members of the team (physicians, nutritionists, OT/PT, nurses, social work, etc.). The key is to keep moving and try not to get thrown off by an interruption. If you lose your train of thought, take a second, and then move on. If a patient is speaking when the interruption happens, focus your attention on the patient. This will help you stay focused, and it shows the patient and the group that what is being said is important.

Maintaining a Safe Environment (Physical and Emotional)

It is important that our patients always feel safe, and we strive to provide a safe environment. Sometimes arranging the chairs so people can sit closer together creates a feeling of safe intimacy, so patients don't feel like they are in a classroom.

If a patient brings up a topic that compromises the emotional safety of other group members (e.g. violence, drug abuse, sexual content, etc.), it is important to direct the conversation in a way that lets members know their safety is important while also being careful not to be insensitive or to invalidate the patient bringing up the topic. Be aware of the dynamics of the milieu and consider individual patient issues before beginning your group. This will help you be prepared to circumvent potential problems.

Difficult Issues & Behaviors

Patients Leaving Group

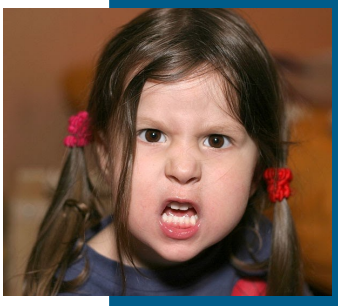
There are several reasons a patient may leave group. They may be pulled out due to an interruption. Or, they may choose to leave because they are upset, agitated, uncomfortable with the group topic, or to avoid the group process. It is important to remember that we cannot force a person to stay in group.

If a patient decides to leave, just keep going. If we draw too much attention to the member leaving the group, some members may have difficulty refocusing. Establish parameters regarding leaving the group during the ground rules at the start of group. If a patient needs to take a break, they can leave for a few minutes and return when they feel refreshed / refocused / calm.

If a patient on Eyesight Precautions leaves, notify another staff member to take over the Eyesight responsibility.

You can also ask a group member to leave due to inappropriate comments, side conversations, restlessness, or agitation. If a patient is asked to or needs to leave group multiple times, you should ask them to remain out of the group for the rest of the session to minimize disruptions. This should be done in a manner that is non-punitive, reminding the patient they can try again next time and encourage them to attend groups to the best of their ability.

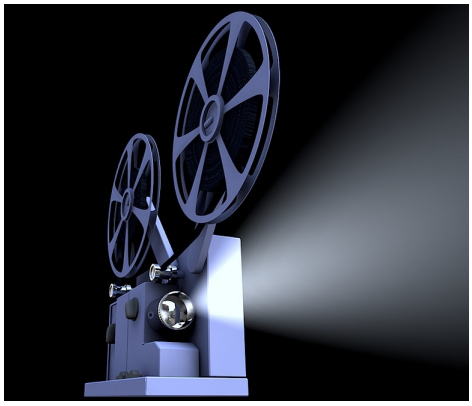
Patient Hostility



Hostility in the group setting can be difficult to deal with. A patient may act in a manner that is offensive to others in the group. Often, there is a deeper reason for a patient's hostility. It is important to redirect and reframe the patient's hostile comments and to validate their feelings to understand what is going on beneath the surface.

Hostility must be addressed since it will cause other members of the group to shut down. If a patient's hostility is at the point where they become aggressive, you need to have the patient step away from the group so other staff members can assist in de-escalating the patient.

Transference



Transference occurs when a patient's feelings, attitudes, and experiences are projected onto the group leader in what might appear at first to be a personal attack. This can happen at any time, but when it happens in group, it can be an acute concern. It is important to first be mindful of how it makes you feel. Often transference can make you feel uncomfortable or reactive.

Remember that it is not personal.

Instead of reacting, you should try to understand the patient's experience and try to help them have some self-awareness. In this way, you not only avoid potential conflict, but you also help the patient to have insight into their behavior that will be beneficial to them.

If handled appropriately, transference can offer an opportunity to help a patient grow and learn from experience. An effective approach may be to simply acknowledge the patient's feelings by saying, "It seems like you're really upset" or "You're cursing at me. Are you angry?"

If you are calm and non-reactive, thus not reacting as the patient expects, it provides the patient with a different framework and opens the opportunity for them to work through the real issue / feeling being projected.

Splitting

Splitting is a defense mechanism in which a patient will categorize a person, experience, or situation into "all good" or "all bad" by focusing entirely on only the positive or negative traits. If you notice splitting behavior in the group, you should redirect and encourage a broader perspective on the issue.

Issues patients may attempt to split can range from the treatment team, to other patients, and even the healthcare system itself. Don't talk about other patients or treatment team members who aren't in the room, and try to avoid detailed discussion on situations for which you were not present. Instead, put the emphasis back on the patient and the patient's behaviors to derail their splitting attempt.

Age / Generational Differences

We often find ourselves among a diverse population of patients, including generational diversity. Sometimes an age gap of a few years can impact patients' ability or inability to relate to each other. Occasionally it may be necessary to separate your milieu's group sessions into different age groups and conduct separate groups. But, most often you need to make sure the group content is understandable for multiple age groups and embrace the challenge to help bridge the generational gap. Find opportunities for patients of different ages to relate to and learn from each other.

When Group Members are Withdrawn

A common problem found in groups is chatty vs. silent members. It can be easy to focus on the patients who engage easily, and overlook the silent or withdrawn patient. The person's silence is NOT always bad. Patients may need some simple encouragement to talk. Asking "Joe, what do you think about this?" or "Anne, I'd love to hear your thoughts" may be all it takes for a patient to open up.

Never force a patient into sharing. Make sure to let them know they don't have to talk in group if they are uncomfortable. Even though they will likely derive more benefit when they are engaged in the group discussion, just being in the group is beneficial and encouraged.

It may be necessary to follow up with the patient after group to explore if their silence is a consistent pattern. You should encourage, but not push the patient to participate. It can be helpful to connect with the patient before group to validate that you want to hear from them and believe they can contribute to group.

Different Diagnoses in the Same Group

We often face the challenge of many different diagnoses in one milieu. If you find you have a wide variety of different diagnoses, that may be a time in which it is beneficial to split your groups and run multiple groups at once to best meet the needs of the patients. It's not always possible to split your group, and knowing your diagnoses goes a long way in managing a group of this nature. Managing the different presentations of multiple diagnoses is a skill that is acquired through time.

The next section reviews potential patient behaviors. The behaviors are categorized and labeled for this manual, but remember these behaviors do not define a patient. A patient is much more than a set of behaviors; most of which are a result of pathology or learned from trauma.

Remember the patient is doing the best they can.

Managing Different Patient Behaviors

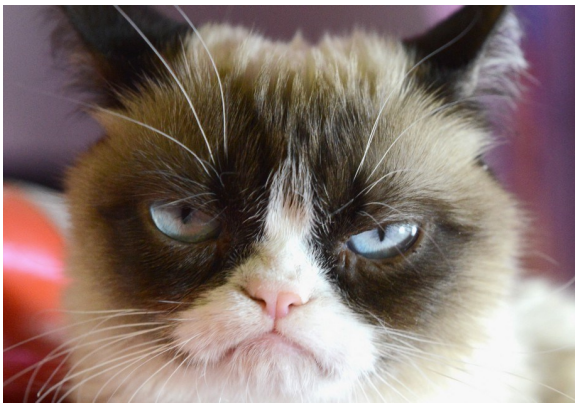
The Silent Distractor

Sometimes patients who are silent in group are a distraction. They may roll their eyes, fidget, or otherwise express discomfort with the topic, leader, or members of the group. It is important to not ignore this behavior, as the person is communicating a message to the group, even if the message isn't clear. If left unchecked, it will undermine the group leader and group process.

An effective way to manage this behavior is to draw attention to the distractor by calling attention to the behavior, or asking if there is something they want to share with the group.

You may periodically include the silent patient by commenting on

their nonverbal behavior (when by gesture or demeanor the patient is showing interest, tension, sadness, boredom, or amusement). This will typically serve to stop the behavior and reinforce the value of the group to other members.



Regardless of the cause, remember that "Silence is never silent." Something is being communicated, and it is up to you to try and find out what it is, or at a minimum, stop the person from distracting others. It is a good idea to follow up with the patient after the group to see how to best support them to get their needs met in a healthier manner.

The Monopolist

Some patients seem compelled to chatter almost nonstop. This may be due to their disease process or because it helps alleviate anxiety or inner turmoil. The monopolist will take every opportunity to become the center of the conversation. Once talking, they will often continue to talk, even off topic. They may describe in great detail information that may be irrelevant. This will create tension as others become uncomfortable with the behavior.

Managing this behavior can be challenging, as you don't want to disregard or shame the patient by abruptly silencing them. You want to make them feel valued while also staying on topic and giving others time to share.

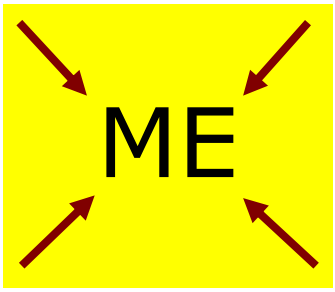
It will likely be necessary to interrupt the person. Thank them for sharing and let them know it is time to give others in the group a chance to share their thoughts. Communicate that they are important, but that their needs might be better met by sharing in a personal setting with the doctor or other member of the treatment team. If you offer them one-on-one discussion later, make sure you follow through. It is important to maintain compassion and not show that you are frustrated, even if you are.

If the patient is off topic, interrupting to redirect the topic and then calling on someone else to speak may ease the transition.

Narcissistic Behavior

The person exhibiting narcissistic behavior (whether due to acute illness, personality traits, or disorder) may present similar to the monopolist. They will attempt, by covert or overt means, to focus the group on themselves. They may relate all topics back to personal experiences, especially when they have done better than others. They will try to make sure others are aware of their "specialness." If they are unable to be the focus of the group, they may lose interest or withdraw from the group entirely.

People with this type of behavior may only try to connect with people they perceive as special or important, and may overly connect with the leader as the person of "higher status." They will often be condescending to others in the group or even the group leader.



Remember these surface behaviors often overlay a fragile personality and low self-esteem. Redirecting the patient, being consistent in your behaviors, and maintaining boundaries will help.

Help-Rejecting Complainer

The person exhibiting this type of behavior will implicitly / explicitly request help from the group by presenting problems or complaints, and then reject any help that is offered. Problems are presented in a way that they appear insurmountable. Suggestions will be dismissed as having been done before, or as non-viable solutions. If the group leader doesn't intervene, the discussion about the person's overwhelming situation can take over the focus of the group.

Try to help the patient stay focused on one problem, and remember that frequent redirection may be necessary. This patient will benefit from an offer of time to talk after group.

The Patient with Psychosis or Mania

The patient with psychosis or mania may be disruptive in group. It may get to the point that it affects the therapeutic value of the group, and you may need to request the patient to leave the group. Show compassion and understanding to the patient, because other patients who may be critical of this patient will follow your lead in how to interact.

If the behavior is not overly disruptive, offering the patient support and encouragement will help them benefit from the group, and help other patients learn patience and understanding.

If the patient attempts to participate, even if the attempt is bizarre or doesn't seem relevant, use your clinical judgement to determine how to respond. It may be appropriate to offer acceptance and thank the patient for sharing. Your acceptance will lead the group to also be accepting of each other's differences. In severe cases of psychosis or mania, you may consider encouraging the patient to rest until their symptoms have improved and attend a group later.

Borderline Personality Disorder

It is important to remember that people with BPD are not being difficult or dramatic because they want to behave that way. The behavior is related to early events forming their personality. Even when they are taught to behave differently, they may not recognize the need to do so because they may be unable to see that the problem originates with the self.

Keep in mind that the patient's pathology may generate frustration for members of the treatment team, due to the common problem of slow progress. Feelings of wanting to rescue these patients or to modify the traditional procedures and boundaries of the group are common problems that staff must resolve internally and as a team. Good team communication is imperative.

Separation anxiety and fear of abandonment play a crucial role in the dynamics of the patient with BPD. Threatened separation evokes severe anxiety and triggers the characteristic defenses of the syndrome:

- splitting
- projective identification
- devaluation
- flight

The best way to manage this patient is to be consistent in your behavior, your responses, and setting boundaries.

The Disruptive Patient

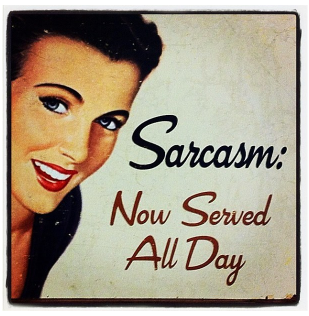
Several types of behaviors that can be disruptive have been reviewed, but many other broad categories of disruptive behaviors exist. One type of disruption is the patient that focuses on identifying and advocating for the "rights" and needs of other patients, focusing on others instead of working towards resolving their own issues. This person may disrupt by attempting to direct the discussion to perceived mistreatment of patients, using the group as a forum to air grievances. The difference between this patient and the other disruptive patients is that this person is intentionally attempting to derail the group.

Another disruptive behavior is when a patient focuses on other things during the group. They may fix coffee, play a game of cards, straighten the room, or talk over other members of the group about unrelated topics. This behavior may be a defense mechanism to avoid dealing with conflicting or uncomfortable emotions. Work with this patient to redirect the issues back to self. Focus on the feelings expressed instead of the behavior. Encourage the patient to focus on themselves and on the topic of the group.

The Patient who uses Sarcasm

The occasional sarcastic comment can be expected, and simply overlooked. But, when a patient excessively uses sarcasm, it must be addressed to prevent problems in the group. The patient may use sarcasm to be humorous or to avoid difficult feelings, and may not realize the impact sarcasm can have. It also may be a passive-aggressive attempt to be hurtful or to project inner turmoil on others.

Sarcasm may distract from the group process or even cause the group atmosphere to disintegrate into negativity. Your communication with the person using sarcasm will need to be clear and direct. Use restatement and clarification to help the patient identify what they are really feeling.



The "I Don't Need to be Here" Attitude

This patient is apathetic towards the group because they are in denial about the need to be in the hospital and about the condition / circumstances / choices that led to hospitalization. They often are not ready to work on personal problems. When this patient attends group, they may indicate that they are there simply to pass the time.

Gently, but assertively, confront the patient in a non-threatening way to encourage insight. Encourage participation, or at least silent attendance during group, so that other patients can benefit from the group experience. This may foster self-realization and willingness to engage that can break down the walls of denial.

The Health Care Professional

Health care professionals, ourselves included, can have difficulty in the patient role. They may find being a patient in the group setting difficult due to embarrassment, hubris, or other reasons. They may express this difficulty by challenging the expertise of the leader or by trying to remain in the role of the health care professional by taking care of the other patients.

The patient may try to verify the leader's credentials / expertise to lead the group. They may also minimize the approach of the leader, question the subject matter, or attempt to take over and teach the group. They may try to stump you with a question about unrelated or obscure health care information that you may not know about. Or, they may withdraw from the group or participate only superficially because they feel ashamed that they should "know better."

Don't take any of these behaviors personally. Be non-judgmental and encouraging in your interactions in order to engage the person in their treatment. Validate their knowledge, but gently remind them of the role of being cared for instead of being the care provider. If they try to test your knowledge, acknowledge that you don't know

everything, and even offer to look up the unknown information together after group.

The Patient who is Caretaking

The health care professional is not the only patient who may try to take care of other patients. Caretaking is a type of behavior that promotes unhealthy relationships as the person does for others at the expense of focusing on their own problems. This is different than typical caregiving where one person cares for others, but has their own needs met first, and caring for another is not an attempt to avoid their own personal issues. Caretaking behavior will often manifest in a group when a patient spends the majority of group time focusing on the needs of other patients.

Some examples of this unhealthy behavior are:

- making excuses for other patients
- answering for other patients
- trying to do things for other patients that they can do for themselves.

When this behavior is allowed to continue in group, it will reinforce codependent behaviors in all the patients involved. Additionally, if the behavior is ignored, it can escalate and other patients may begin to defend the caretaking patient because it seems they are only trying to help.

One strategy you can use is to acknowledge the patient's concern, yet remind them (and everyone else in the group) of the importance of focusing on their own needs and issues. Additionally, it will be important to discuss how focusing on others is an ineffective way of coping that does not promote the emotional health of anyone involved. Be aware that patients may struggle with this concept and may react negatively. Individual reinforcement outside of group will likely be necessary.

Conclusion

The content of this manual is designed to help set the foundation for groups you will lead in the future at VPH. It is easy to forget these concepts, and they must be practiced for you to feel comfortable implementing the concepts.

Come back and reflect on these pages often. As you have more experience leading groups, check back to remind yourself of effective strategies. Also check to see if you have lapsed into any ineffective behaviors. It happens! Reflecting on your practice will help you improve.

Use the resources that are available to you when designing and implementing groups. Evaluate the effectiveness of particular group content and decide if your content, presentation, or goals need to adjust before the next group.

And share your knowledge with your peers. Gain from each other to be able to help provide exceptional care for our patients.

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