Exposed on a stage?

The challenges and benefits of therapy groups for gambling harm

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Anxiety

Goals in Group Therapy

https://careersinpsychology.org/

There are two primary types of goals in group therapy:

- Process goals
- Outcome goals

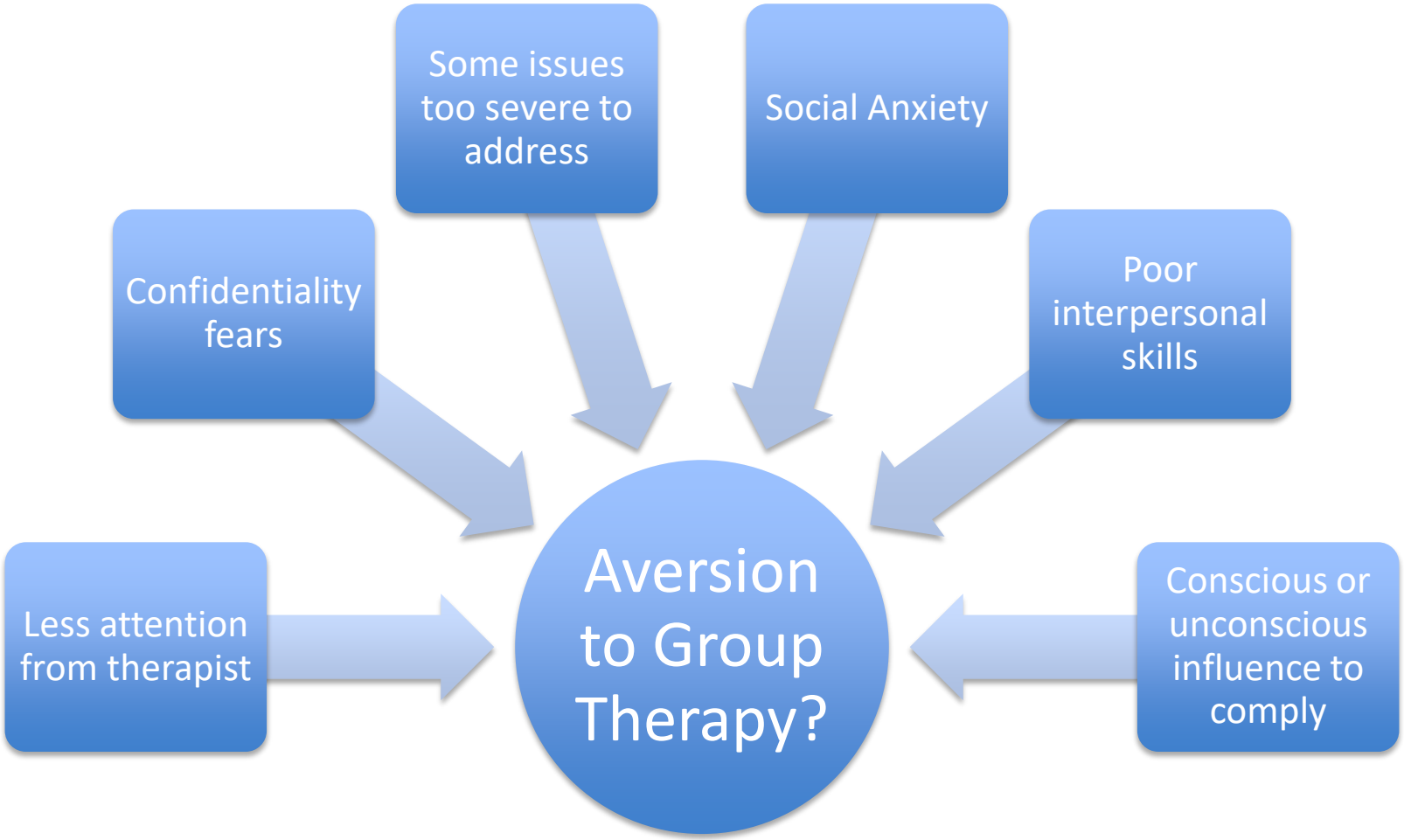
- **Process goals** are those that relate to the process of understanding personal concerns and relating to other individuals during a group session. This is often thought of as the healing process.
- **Outcome goals** are the behavioral changes that individuals seek to achieve by participating in group therapy.

But basically..

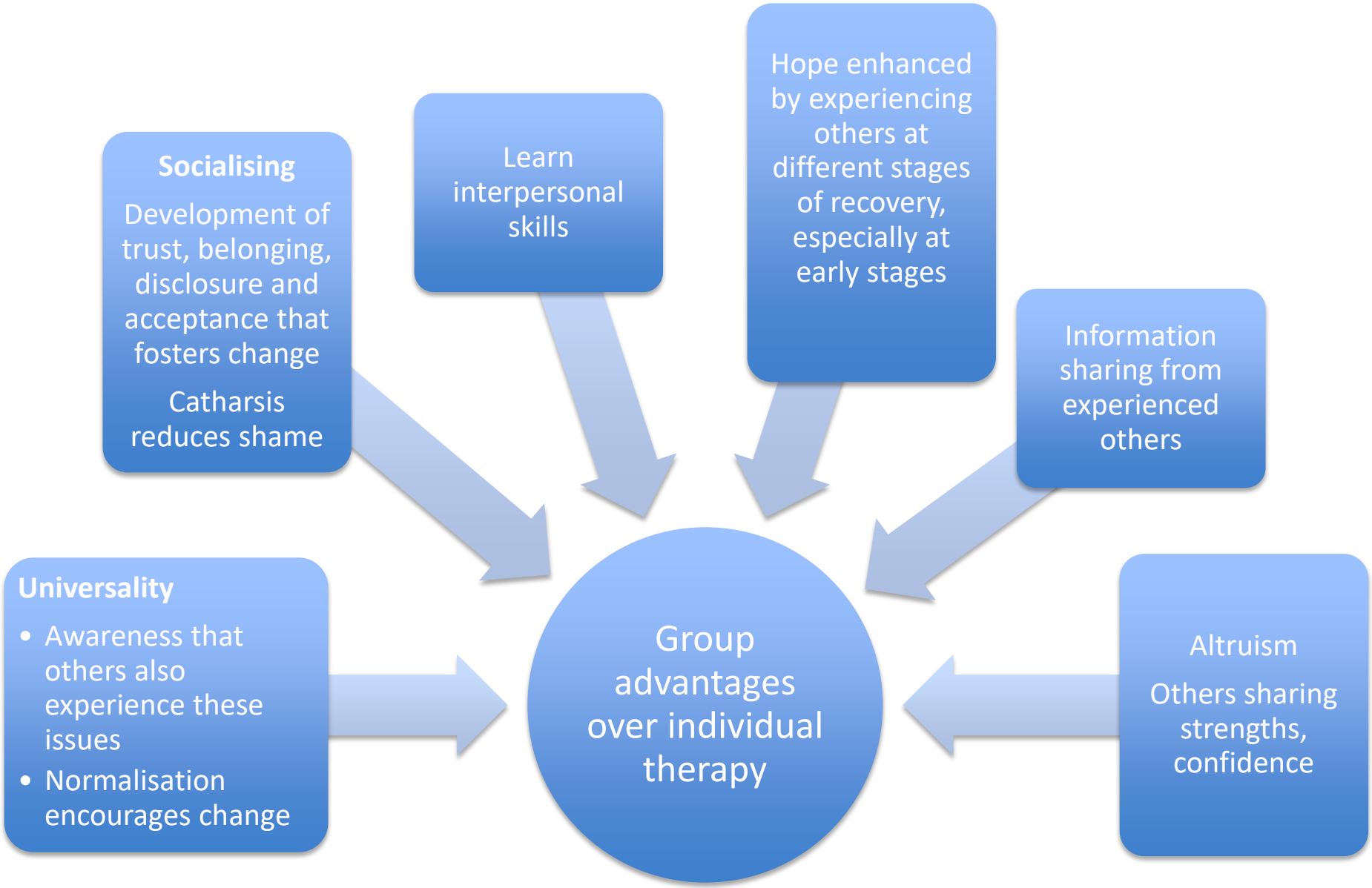
https://careersinpsychology.org/

"The fundamental goal of group therapy is to initiate a sense of belonging or relatability through understanding, which is achieved by sharing common experiences. For this reason, group therapy is most effective when utilized to address a specific concern common to all members of the group. This universal relatability is essential to the group's success"

Groups don’t suit all clients



But Group Therapy has advantages



Advantages of Group Therapy

"Offering programs in a group format has the benefits of providing an environment in which individuals can appropriately *socialize, learn to listen, communicate and handle conflicts*. In addition, a group setting gives participants a place where they can share and learn from each other, practice new skills and work through issues together"

Stewart et al 2009

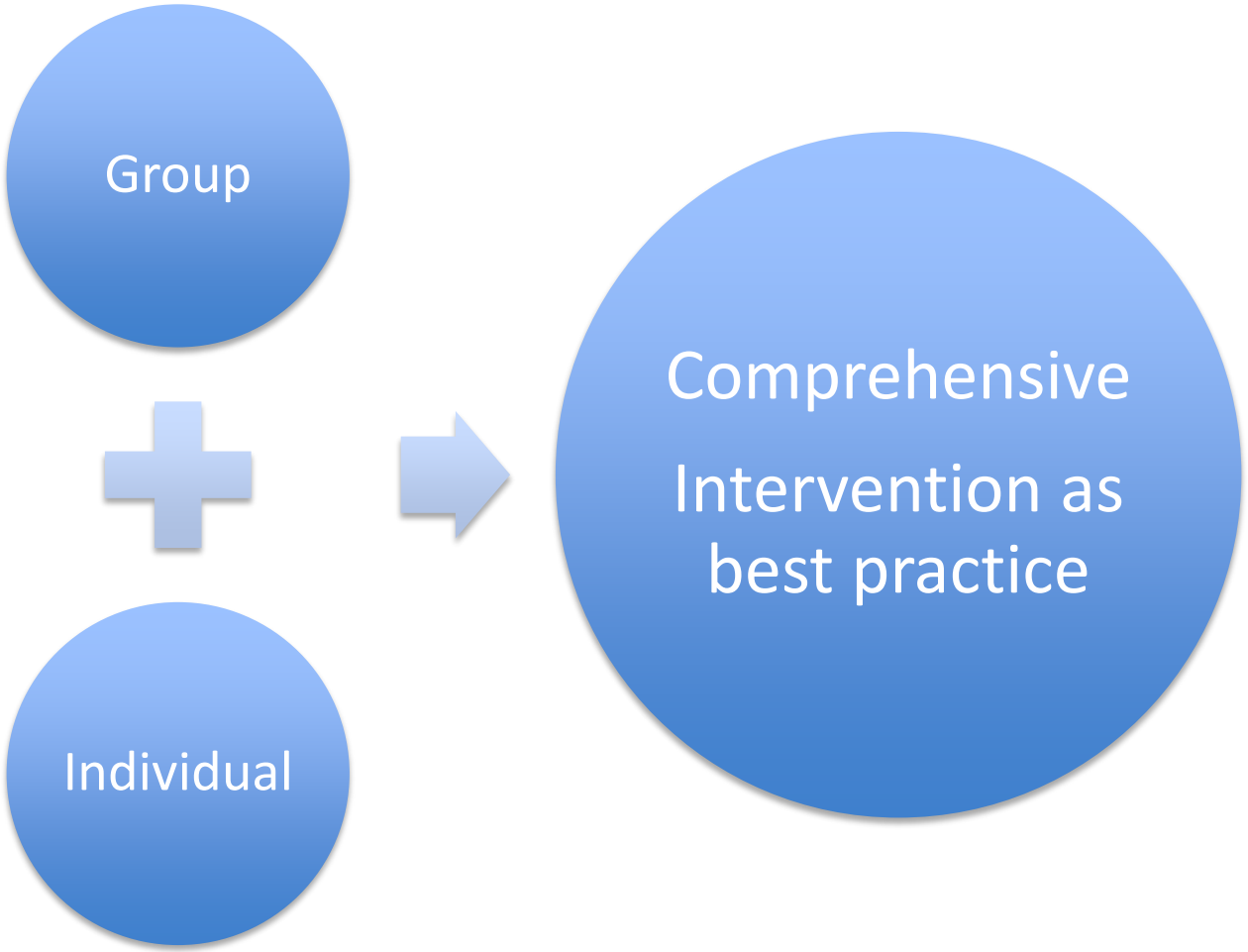
Group and Individual therapy?

Jackson & Grotjahn 2015

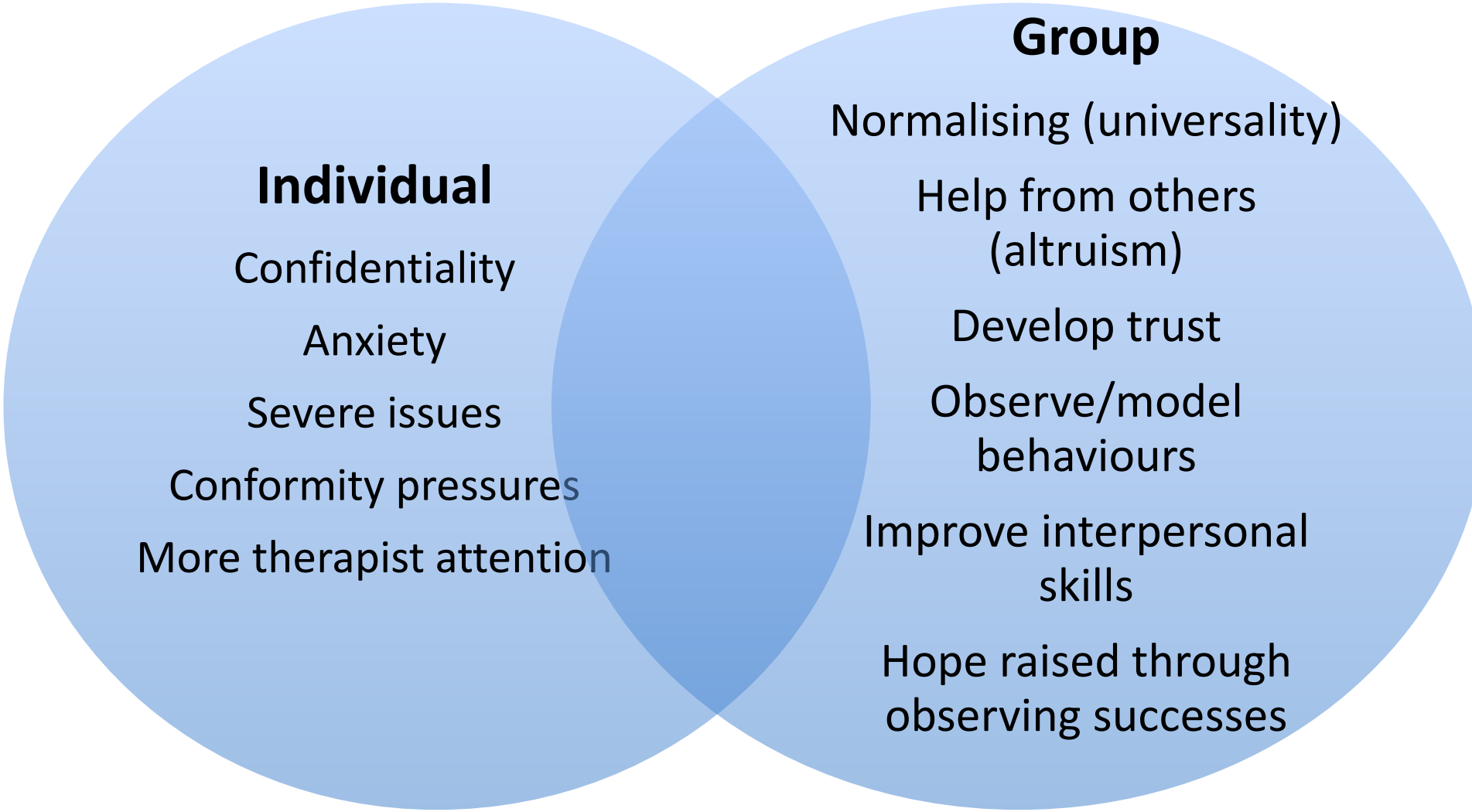
- "There are definite advantages to using group therapy as an adjunct to individual therapy"
  - A proving ground to test insight gained in individual therapy
  - Client may be off guard relating to members which therapist can observe defenses used with therapist
  - May low resistance to individual therapy by strengthening client's self esteem
  - Clients making little progress individually often do well in groups
  - With others, impediments in group may be resolved individually

Best practice may not be ***either/or***

adjunct as needed, or integrated?



Complementary



Basically 5 therapy groups

Psycho-educational	• Structured, PG & Family • Active facilitator role • 'Useful & necessary, but not sufficient component of most treatment programs" TIP 41, SAMHSA
Skills	• Development of new skills such as coping urges, problem solving • Better coping thoughts and behaviours • Similar to facilitating education groups
CBT	• Structured, can include a manual to address current problems with active facilitator • Cognitive restructuring of learned behaviour • Addresses biological, psychological and social factors

And…

Support

- May focus upon addiction cause (self-help groups may not)
- Emotional support, less confrontation, less insight focused
- Encourages motivation, interpersonal skills
- Skilled facilitator, not directive

Interpersonal process

- Reduce addiction through psychodynamics (within self/between people)
- Examine developmental and relationship patterns
- Content discussion important
- Facilitator allows struggle, rather than skills building, problem solving or information
- Skilled facilitator

Facilitator skills required

Training, activity and focus of Facilitator – TIP 41 SAMHSA

Group Type	Facilitator activity in Group?	Focus on Group or facilitator?	Facilitator training required
Education	High	Focus on Facilitator	Basic training
Skills	High	Focus on Facilitator	Basic (may be some specialised)
CBT	High	Mixed, balanced focus	Specialised training
Support	Low to moderate	Group focused	Specialised + process oriented skills
Interpersonal Process	Low to moderate	Group focused	Specialised

And to further consider…

- Conjoint family therapy?
- CBT, MI, BT, psychoanalysis, or mixed?
- Individual first, or group then adjunctive individual as needed (arising from group effects), integrated individual and group, or client choice?
- Some group types rather than all, chosen by services, or by funder – based on facilitator skills or by service model perception of importance?

Groups can be too big

"They're crowdsourcing your session."

Group size

The Theory and Practice of Group Psychotherapy. 1985 Yolum I
Professor Psychiatry Stamford University

"My experience/consensus of the clinical literature suggest ideal size of an interactional therapy group is approximately 7 or 8, with an acceptable range of 5 to 10 members….reduced to 3-4 it often ceases to operate as a group, interaction diminishes, and therapists engage in individual therapy…(*and time restraints may not allow meaningful interaction with others when groups get larger…..Castore found 9 or more resulted in markedly less member interaction*)

Group size

Stewart et al (June 2009). A Review of Optimal Group Size and Modularisation or Continuous Entry Format for Program Delivery, Correctional Service of Canada, Ottawa

- "It is recommended, therefore, that for the delivery of these program where there are so many challenges faced by facilitators the number of participants in a group with one facilitator *should not exceed ten and should be lower for groups with very high needs offenders*. For programs that are educational and didactic, that is, those that are purely information - based, group size can probably be larger without having a negative impact on effectiveness."

Group size

- This literature review on group size found that there were very few empirical studies that would provide strong evidence of the optimal group size; however, practitioners from diverse program areas have *consistently recommended that group size should not exceed 6-8 participants*. Very rarely does a researcher or practitioner recommend a group size above 10 participants.
- Stewart et al (June 2009). A Review of Optimal Group Size and Modularisation or Continuous Entry Format for Program Delivery, Correctional Service of Canada, Ottawa

Group size

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"Several authors stress the relationship between group cohesiveness and group efficacy (*Oesterheld, McKenna & Gould, 1987; Hartmann, Herzog & Drinkmann, 1992; Mi tchell, 1991; Cox & Merkel, 1989*), and conclude that a stable membership is difficult to achieve due to *higher drop-out rates in larger groups* (*Yalom & Leszcz, 2005*)"

Group therapy & gambling examples

- Toneatto et al (2014)
  - 5 session group integrating mindfulness & CBT
  - Behavioural component to reduce urge, cognitive to target maladaptive beliefs
- Mladenovic et al (2015)
  - 10 week integrated family & CBT
  - Some psychodynamic, existential and pharmacotherapy
  - 2-year aftercare
- Jiminez-Murcia et al (2016)
  - Alcohol abuse common in PG
  - 16 sessions plus 2 year follow-up
  - Family attend 7 of the sessions plus follow-up

Group therapy for PG in NZ

feedback from 7 services 2017

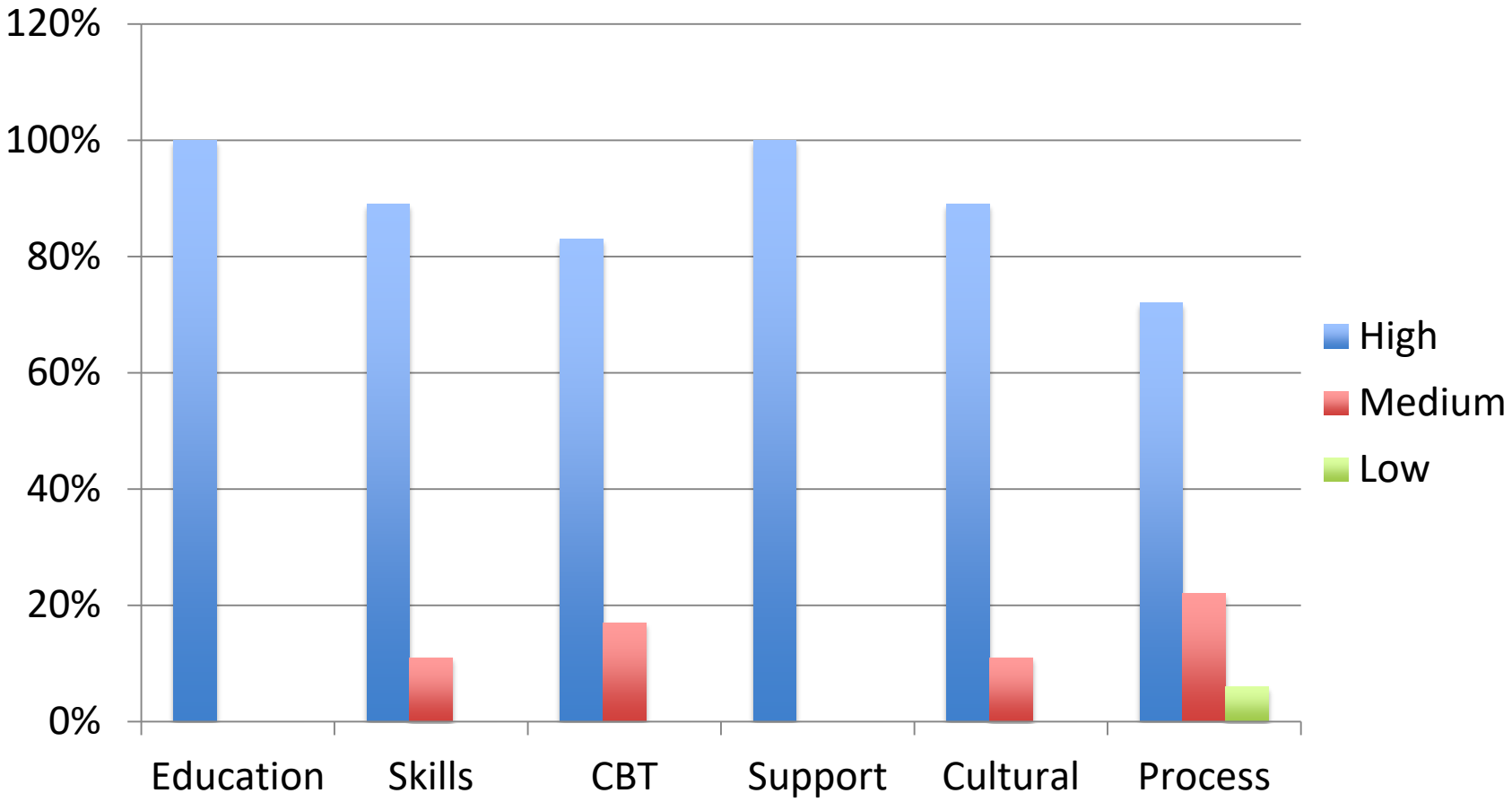
- Psycho-educational groups helpful – especially where early in motivation, or for affected others
- Skill development groups helpful – and could include education
- Support groups initially trained therapist facilitator could be facilitated by a peer
- Strong support for culturally focused groups

Group therapy for PG in NZ

feedback from 7 services 2017

- Many groups currently run (Smart, education, literacy, cultural, relapse prevention), 'optimum 6-8 in group'
- 100% supported PG services providing individual and group therapy
- 83% saw groups as cost effective in attending to PG needs
- 67% agreed groups alone insufficient
- Only 28% thought clients were unwilling to attend groups

Feedback: Support for Groups

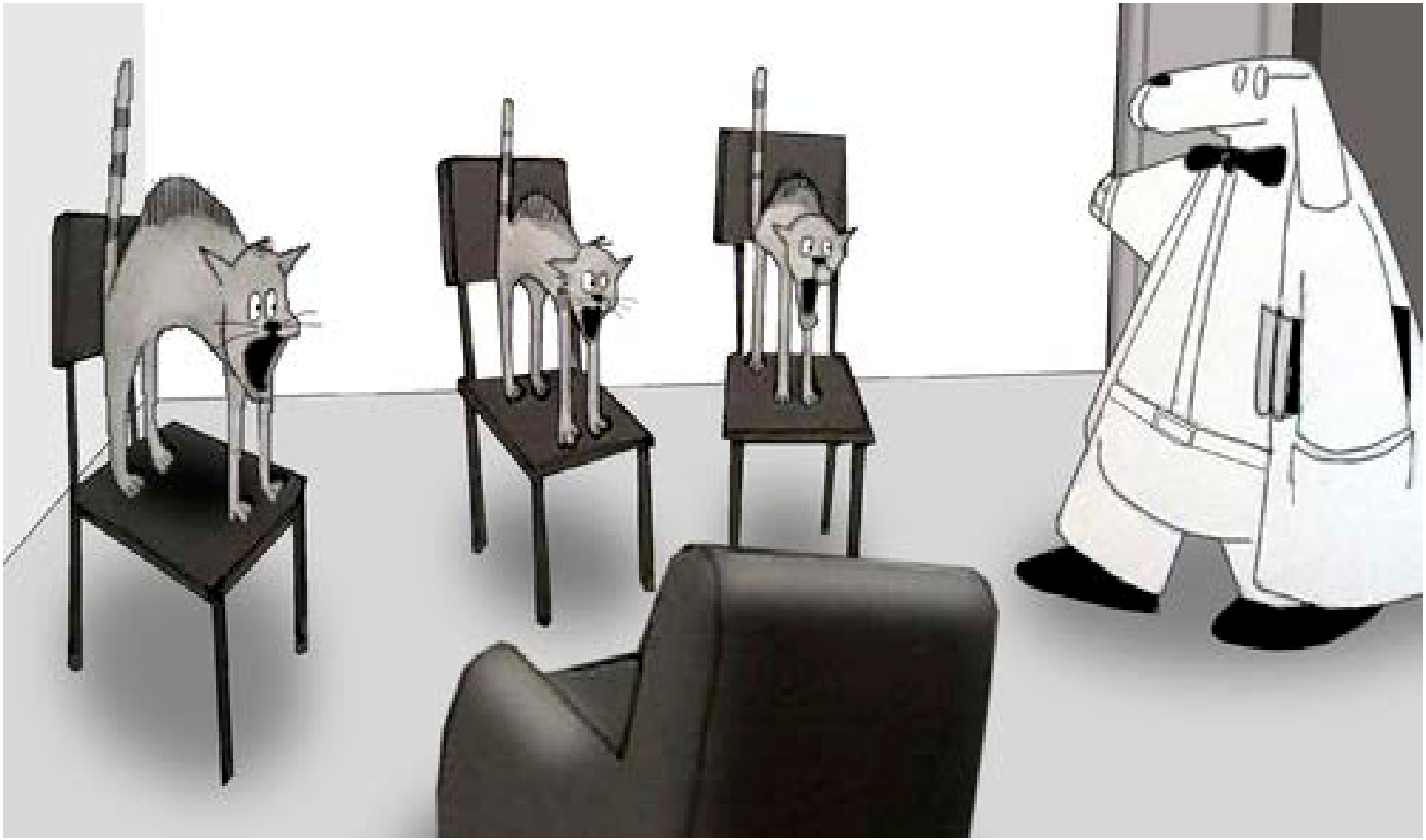


Barriers to even accessing group therapy

Gamblers affected by their gambling harm experience

- High levels of anxiety and depression *(J Grant: 16-40% lifetime anxiety, up to 76% depression)* –fear of further shame guilt from group ?
- Confidentiality – will other group members disclose their discussed issues? *(low GA attendance)*
- Fear of therapy? *(Dabrowska et al 2017)*
- Blind leading the blind? *(Yalom)*

Fear of Facilitator focusing on you?



Conclusion

- Few process groups currently operating in NZ in PG and training may be required for facilitators
- Other groups (Educations, skill) may be rolled out with little facilitator training required
- Support exists for group therapy provision in PG therapy in NZ
- Awareness of purpose, content and goals of groups may be helpful for clients
- Both individual and group therapy (conjoint) may be the best approach

Conclusion

- Individual then group may be best as may be aspects of shame, social anxiety, trust and purpose to be addressed first
- Preparation for, and group fit is important to ensure attendance as well as group effectiveness
- Groups can be time consuming to start, varied in goals/operation, but can also be more effective (cost, outcome) once established than individual therapy alone