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## GETTING STARTED

### Size:

- 4 to 12 consumers

### Frequency:

- At least weekly

### Duration:

- 45 to 60 minutes per session

### Group Agenda/Structure:

- Consult Mueser, p.144-154, and Ingersoll (see Resources on page 9)

## Persuasion Groups promote recovery through personal stories, social support

—For a one-page overview of IDDT Stages of Treatment, see page 11 in this issue. For a one-page overview of IDDT Stage-Wise Groups, consult the Summer 2004 issue of SAMI Matters.

The primary goal of the Integrated Dual Disorder Treatment (IDDT) model is to help consumers with co-occurring mental and substance use disorders reach their personal recovery goals by reducing and eliminating their substance use and by managing symptoms of their disorders. Consumers identify, work toward, and achieve their recovery goals in collaboration with service providers. There are four stages of IDDT treatment (see sidebar on page 9). *Persuasion* is the second. Consumers in this stage . . .

- Have regular contact and a working alliance with service providers;
- Use alcohol and/or other drugs regularly or have reduced the amount for less than one month (i.e., fewer substances, smaller quantities, or both);
- Meet diagnostic criteria for substance abuse or dependence;
- Do not acknowledge the negative consequences of their substance use and are unmotivated to address it.

### PARTICIPATION

Many consumers with co-occurring disorders who are actively using alcohol and other drugs have been excluded in the past from mental health treatment because of their substance use; they have also been excluded from substance abuse treatment because of their mental health symptoms. Therefore, the persuasion group is designed to address both disorders simultaneously. The group has a no-exclusion policy, which is consistent with all IDDT interventions. This ensures that consumers have access to effective treatment while they are actively using substances. Below is a list of guidelines for attendance in persuasion groups:

- Not compulsory, unless legally mandated (e.g., probation, parole, or inpatient discharge); however, consumer choice of intervention is always encouraged.
- Regular attendance is always encouraged.
- Sporadic attendance is not discouraged.
- Consumers who attend under the influence of alcohol and other drugs are not asked to leave, as long as their behavior is not disruptive (discuss the behavior with the consumer privately, if

possible, after the group session ends).

- Consumers with active psychotic symptoms (e.g., hallucinations, delusions) are encouraged to attend. Group leaders should be prepared to respond to symptoms accordingly (see Mueser, p.143).
- Participants may leave during the group at any time if they feel uncomfortable or overwhelmed; though, they should be encouraged to stay
- Groups are typically brief (i.e., 45 to 60 minutes in length).

### PERSONAL STORIES, SOCIAL SUPPORT

Substance use and abuse occur in social settings and in isolation. People with co-occurring disorders who use alcohol and other drugs in the company of fellow users receive social support for their behavior. Those who use alcohol and other drugs alone are in need of social support. Therefore, the persuasion group helps consumers transform their reliance upon negative social support or their preference for limited social contact into reliance upon positive social support for life-affirming behavior. The transformation occurs because each consumer is encouraged by group leaders, other group members, and peer mentors to talk openly and honestly about their lives, including their mental health symptoms and their perceptions of the benefits of substance use. Individuals who verbally narrate their own stories make those experiences conscious to themselves and to others. When they listen to their own stories and the interpretations of group leaders and peers, they eventually begin to develop awareness of the following:

- Relationship between their substance use and negative consequences
- Discrepancy between their current behaviors and their recovery goals
- Their own desire for change and, thus, self-motivation
- Fellowship with others—the feeling that they are not alone

### OPENNESS NOT CONFRONTATION

IDDT persuasion groups are significantly less confrontational than traditional substance-abuse recovery groups. Group

leaders (and other service providers) *do not* use strong verbal tactics and confrontation with people who have mental disorders. Group leaders also discourage aggressive verbal exchanges among group members. Strong verbal tactics can intensify (or exacerbate) psychiatric symptoms. Group leaders use the stages-of-change approach and motivational-interviewing techniques (see Resources below).

### RECOMMENDING THE GROUP TO CONSUMERS

All members of IDDT service teams who have a working alliance with consumers should encourage them to attend persuasion groups even if they are participating in other forms of treatment, such as individual and family psychotherapy and social-skills groups. Service providers should respect a consumer's decision not to attend and remember that personal change occurs slowly over time through incremental stages; therefore, keep encouraging consumers to attend.

### GROUP LEADERSHIP SKILLS

Two service providers typically lead the persuasion group. One person may lead the group. However, group leaders must be equipped with (and, thus, represent) training and experience in mental health therapy and chemical dependency counseling. Group leaders have an expertise in group work. They may be members of IDDT service teams or belong to other service teams in the service organization. Group leaders encourage other service providers to reinforce group principles. Group leaders utilize a variety of skills and techniques to facilitate a social environment that emphasizes and promotes safety and trust. Some of these skills and techniques are listed below.

### Social Environment

- Emphasize peer conversation and feedback but do not force group members to talk
- Promote tolerance for cultural and personality differences
- Ensure that group discussions remain focused on the goals of consumers (see Ingersoll)
- Ensure mutual respect among group members
  - Avoid confrontation
  - Notice and correct judgmental language
  - Minimize social censure
  - Minimize disruptive behaviors (e.g., outbursts of anger, “hogging the floor” by talking too much, arguments, preoccupation with hallucinations and other symptoms) (see Mueser, p.143)

### Motivational Strategies

- Minimize lecture-styled presentations (short presentations or films may be used to stimulate discussions) (Groups that have an educational format are called *psychoeducation groups*, which are offered as part of an IDDT program's menu of services.)
- Listen to individual stories and help participants notice the relationship among their substance use, mental health symptoms, and physical health
- Listen for opportunities to help clients notice the discrepancy between their stated recovery goals and current substance use behavior

### Confidentiality

Group leaders emphasize that the information shared in the group must not be shared with non-members. Group leaders promote positive peer pressure by discussing violations of confidentiality with the group. ■

Attendance at persuasion groups should be noted in the treatment plan and chart of each consumer.

Stages of Change	Stages of IDDT Treatment
Pre-Contemplation	Engagement
Contemplation and Preparation	Persuasion
Action	Active Treatment
Maintenance	Relapse Prevention

(see Connors and Mueser in Resources below)

### PRINCIPLES OF MOTIVATIONAL INTERVIEWING

To inspire and support personal change

1. Express Empathy
2. Develop Discrepancy
3. Avoid Argumentation
4. Roll with Resistance
5. Support Self-Efficacy

(see Miller in Resources below)



## Resources

Consult our online IDDT Library & Links database and select “groups”:  
[www.ohiosamcocoe.case.edu/library/](http://www.ohiosamcocoe.case.edu/library/)

**Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox. 2003.**  
*Integrated Treatment for Dual Disorders: A Guide to Effective Practice.* p.137-154.  
[www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=44](http://www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=44)

**Gerard J. Connors, Dennis M. Donovan, and Carlo C. DiClemente. 2001.**  
*Substance Abuse Treatment and the Stages of Change: Selecting and Planning Interventions.*  
[www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=91](http://www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=91)

**William R. Miller and Stephen Rollnick. 2002.**  
*Motivational Interviewing: Preparing People For Change, Second Edition.*  
[www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=26](http://www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=26)

**Karen Ingersoll, Christopher Wagner and Sandra Gharib. 2002.**  
*Motivational Groups for Community Substance Abuse Programs.*  
[www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=94](http://www.ohiosamcocoe.case.edu/library/emailresource.cfm?resourceid=94)