

15 TIPS FOR DEALING WITH CHALLENGES IN GROUP

Strategies for managing resistance, disruptive behaviors, and lack of engagement in group therapy

- 1. If possible, co-facilitate.** One clinician leads while the other observes. The observer remains attuned to the general “tone” of the group (i.e., facial expressions, body language, etc.)
- 2. Review expectations at the beginning of every group.** Ask clients to recall the guidelines to promote a collaborative spirit.
- 3. After guidelines are reviewed, explain that while interrupting is discouraged, there may be times when you interject to maintain the overall wellness and safety of the group.** (Knowing this, a client is less likely to get angry or feel disrespected when/if it happens.)
- 4. If you interrupt, apologize, and explain the rationale.**
- 5. Avoid power struggles, especially when a client challenges the benefits of group.** (Unhealthier group members will typically side with the challenger and voice their own complaints.) When an individual challenges the efficacy of treatment (or the facilitator), it could be a defense mechanism. Sometimes, the best response is simply “okay,” or none at all. You could also **acknowledge the challenger’s perspective and ask to meet with them after group.** If the group is relatively healthy, you may want to **illicit feedback from members** (i.e., “Can you relate to [challenging client]?”)
- 6. If a client becomes angry or tearful, give them time to vent or cry for a moment or two (don’t “Band-Aid”); they may be able to self-regulate.** (If they do, **acknowledge it and affirm the client.**)

TIPS FOR DEALING WITH CHALLENGES IN GROUP (CONT.)

7. If a client's anger escalates to a disruptive level, ask them to take a break. At this point, their behavior is potentially triggering others. **Don't raise your voice to match theirs. Direct them step out and ask them to return when they're ready.** You may have to repeat yourself several times; remain firm and calm, and they will eventually hear you.

8. If a client is disrespectful (cursing at you or another client, name-calling, insulting, etc.) while escalated, let them know it's not okay, but avoid a lengthy explanation or attempts to problem-solve. (A simple "Hey, that's not okay" works well.) Later, bring it up when they're in a space to process.

9. Once the escalated client exits, briefly acknowledge what happened and let the group know you plan to follow up. (Don't ignore the incident.) If another client wants to talk about it, **ask them to share how it made them feel, but stress that it's not okay to talk about another group member when they're not there.** (Say, "Consider how you might feel if we talked about you when you couldn't defend yourself or explain.")

10. After a blow-up (once everyone is calm), it may be productive for the entire group to process it with the person who escalated. Group members can empathize/relate, share their observations and/or how it made them feel, and offer feedback.

11. If other disruptive behaviors occur (side conversations, snoring, etc.), address them in the moment (unless to do so would be shameful to the individual). Objectively point out the behavior and explain how it's disruptive. Refer back to the group guidelines. If appropriate, ask group members to chime in as to how it affects them. Ignoring a behavior that hinders the group process sends a message that it's acceptable, which impacts the integrity of the group and encourages further disruptive behaviors.

TIPS FOR DEALING WITH CHALLENGES IN GROUP (CONT.)

12. For clients who monopolize, make insensitive jokes, or attempt to intentionally distract by changing the topic, **point out your observations and if appropriate, encourage group members to chime in.**

13. If, on the other hand, group members are disengaged, **ask why, privately or in the group,** whichever is clinically appropriate.

14. If there's an overall general level of disengagement, **bring it up in the group.** Remain objective and state your observations. **Be open to the group's feedback** (providing it's appropriate) and don't take it personally.

15. Anticipate that at times, **people may not have much to say.** They may not feel safe or they may lack the emotional energy. Maybe they're tired or worried or ill. **Don't force the group process.** Instead, have backup plan: watch a psychoeducational film, take a walk, listen to a guided meditation or music, color, etc. (This is also an excellent strategy for when you're burned out, preoccupied, feeling under the weather, etc.!)



Always keep in mind a client's stage of change, their internal experiences (i.e., hearing voices, social anxiety, paranoia, physical pain, etc.), external circumstances (i.e., recent medication change, loss of housing, conflict with roommates, etc.), and history of trauma. What looks like resistance may be something else entirely.