15 STRATEGIES FOR DECREASING CONFLICT IN CHEMICAL DEPENDENCE GROUPS

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Most evidence-based practices are individualized approaches while addictions counselors disproportionately do their work with clients in groups (Emmelkamp & Vedel, 2006). As the field moves toward evidence-based practices, we will need to either prove that group therapy is an evidence-based practice and/or improve the effectiveness of groups, in order to retain clients in treatment longer, thus impacting recovery rates. Studies reveal that clients who complete treatment have higher recovery rates than those who drop out (White, Kurtz, & Sanders, 2005).

Conflict is a leading cause of premature terminations among group members (Franks, Lewis, & Onkin, 2002; Corey, 2008; Yalom, 1995). This article will describe fifteen strategies for reducing conflict in chemical dependence groups.

Therapy groups go through predictable stages, beginning with the preaffiliation stage as characterized by approach/avoidance behavior. This is the stage in which members are moving close to the group, then backing away. It is as though group members are saying, “I want to trust this group, but I don't know if I can.” The next phase is a power and control phase, in which members vie for power, lock horns, and have power struggles. Most group members who drop out
of treatment will do so in this stage. The third stage is the intimacy/cohesion stage. Research reveals that group members make more progress in groups that are cohesive than those that are not. Conflict in the power/control stage is one of the greatest threats to group cohesion (Gitterman, 2004). Many group leaders are uncomfortable with conflict (Franks, Lewis, & Onkin, 2002); yet, its management helps groups develop cohesion. Strategies for addressing group conflict include:

1. **Stop outbursts early.** While it has been said that, “Catharsis is good for the soul” and “Let ‘em shout it out,” outbursts serve to make group members feel unsafe (Gitterman, 2004; Yalom, 1995). Many chemically dependent clients are from families of origin that felt unsafe (Kinney, 2000). Many are less likely to return to an unsafe therapy environment. If you wait too long to deal with conflict, you may need to call the police or fire department to extinguish the blaze.

2. **Lower your voice.** When group members yell at each other, you can model calmness by lowering your voice. Group members will often take heed and lower their voices as well.

3. **Eliminate threatening behavior.** If group members are yelling at each other, the group leader can ask them to lower their voices. If they stand, you can ask them to sit down. If they point at each other, you can ask them to stop pointing. Statements such as, “When group members yell at each other and point fingers at each other, these can be perceived as threats, and in order to communicate with each other effectively, it’s important for group members to not feel threatened.”
4. **Create a contract on the spot.**

   **Group leader:** “Jason, you told us that you have a pattern of getting drunk following arguments, and on several occasions, these conflicts have led to arrests for disorderly conduct. You mentioned that you’d like to learn to express your feelings more effectively in group, so that disagreements won’t lead to relapse and arrests. Do I have your permission to stop you, in group, when you are having a conflict, to help you find a more effective way to express your feelings?” If the client says, “Yes,” you have a contract.

5. **Partialis.** When disputes arise, point out the fact that members are mostly saying the same thing and/or are mostly in agreement. This can reduce tension.

6. **Talk directly about an underlying cause of group conflict.** Group members will argue about a number of subjects, ranging from group rules, programmatic rules, group starting time and ending time, procedures, and program curfew. Sometimes the real cause of the conflict is anger related to having to give up alcohol and other drugs. Mentioning this gives clients the opportunity to discuss the real cause of their anger.

7. **Repeat back.** When group members are arguing with each other, they’re often not listening to each other. Asking group members to repeat what the other has said to that person’s satisfaction can decrease conflict, as the original speaker feels heard.

8. **Point out mirror reactions.** Group members often fight with others who remind them of themselves. This is often unconscious. You can bring this to the surface by asking those who are doing battle, “Is there anything about the other
that reminds you of yourself?" “Is there anything you admire about this person?” “Is there anything you envy about this person?” This awareness may help simmer the conflict.

9. **Dismantle subgroups.** Subgroups threaten to undermine group cohesion and increase drop-out rates and should be handled with care (SAMHSA, 2005; Johnson, 2006). Strategies for dismantling subgroups include:

- **Give the subgroup credit.** Addicts are often ostracized, stigmatized, and treated as “less than” in society. Being in the “in group” can feel good.

- **Discover the glue that's holding the subgroup together.** Examples include: Desire to continue using; same drug of choice; gender; race; socio-economics; street-gang affiliation; dislike of you as a group leader; physical attraction; etc. Once you have a hypothesis about what holds them together, openly talk about it.

- **Discover the leader.** Every subgroup has a leader. Ideally, your goal is work with, as opposed to, against the leader, to help him get his needs met in a more pro-social manner.

- **Point out your observations that suggest subgroup affiliation:**
  
  **Group Leader:** “I notice that the three of you have a special bond. You come to group together, sit next to each other, whisper to each other, laugh at the same time, and leave together.”

- **Ask other group members if they have also notice these special bonds.** Ask them if they would be willing to comment on how it feels to be left out. Their comments may increase compassion among subgroup members.
The goal of subgroups is usually to band together to meet their needs, not to harm fellow group members (Yalom, 1995).

- Ask other group members to comment on times when they did not want to be in the group either. This may help subgroup members learn that they are not alone, and that those whom they exclude can understand them.
- When all else fails, arrive early and sit in their seats. This will require subgroup members to physically disburse and interact with other group members.

10. **Deal effectively with monopolists.** Monopolists stir up strong angry reactions from other group members. The primary reason group members monopolize is because they’re anxious (Yalom, 1995). Strategies for dealing with monopolists include:

   *Ask them to talk what they’re anxious about.*

   - Ask other group members if they relate to the anxiety.
   - Ask other group members to talk about what it’s like to not have many chances to speak in group. This gives the monopolist insight as to how his/her behavior impacts others.
   - Ask the monopolist to observe the facial expressions and body language of others when he/she speaks. They often report that others look bored and seem to lose interest, the longer they speak.
   - Ask other group members, "Why are you allowing this person to do all the work for you?" There are two parts to monopolizing: one person doing
most of the talking and the others allowing this to happen, freeing them up from having to address their own issues, including their addiction.

11. **Dealing with mandated group members.** Mandated group members can have a negative impact on group process. Strategies for dealing with these members include:

   - Allow mandated group members to openly talk about not needing to be in the group.
   - Join, rather than challenge, their resistance.
   - Ask other group members to comment on times they didn’t want to be in group either. This can help mandated members know that they’re not alone.

12. **Go from feelings to thoughts.** When clients are angry, it is important to remember than anger is an emotion. Asking what they’re thinking helps them shift from the emotion to the intellect. This can be calming.

13. **Have the clients discuss the conflict one person removed.** When group members are in conflict and they find it impossible to talk directly to each other without exploding, you can remove the tension by asking them to talk directly to you about the source of their anger. Their fellow group members, with whom they are angry, will hear their comments and may be less defensive because they’re talking to you.

14. **Address racial and cross-cultural tension.** The best way to address racial and cross-cultural tension, as a group facilitator, is directly (Corey, 2008).
Group Leader: “There seems to be tension in the group based on racial differences. Let’s talk about it.” The more comfortable you are talking about racial and cross-cultural tension as a group leader, the more comfortable your group will be.

15. **Address the impact of issues happening in the real world on group therapy.** Events happening in the real world, often observed on television and heard on radio, can often stir up conflict and impact cohesion in group therapy. Some of these events include: political elections; racial tensions; sexual harassment; police brutality; natural disasters; school shootings; and deaths of celebrities. Talking about these events openly in group can impact the effects they might have on group process.

**SAFETY VS. CURE**

The relapse rate among chemically dependent clients is quite high (White, Kurtz, & Sanders, 1995); thus, many clients may become members of therapy groups on numerous occasions before they achieve long-term recovery. Therefore, safety is more important than cure. If group members have a safe experience with you as facilitator, it will be easier to seek group therapy and attend self-help groups in the future.
REFERENCES


