

Focusing On The Similarities and Not The Differences & Cultural Diversity

EVIDENCE BASED PRACTICES (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics , i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

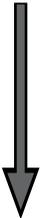
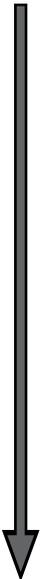
1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), *or*
2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, *or*
3. Practicing a deep breathing or a stretching exercise, *or*
4. Sharing of one thing that each person is grateful for today, *or*
5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, *or*
6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.

* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

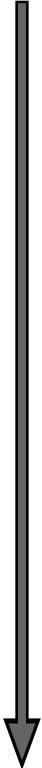
Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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Volume I; Subject One; Pages: Subject 1-11 – 1-14; 1-23 – 1-28

Based on a 2-Hour group: Two 50-Minute Segments	Time-Frame
Group Beginning and Prepare Group	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not interpersonal processing or case management questions which do not apply to the entire group.) <ol style="list-style-type: none"> a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): <ol style="list-style-type: none"> a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members. 	10 Minutes 
<p><u>Introduction of the Group Topic and Why It's Important (page Subject 1-11):</u> No one wants to have a diagnosis of a Substance Disorder or a Psychiatric Disorder or both. The need for treatment is often difficult to acknowledge. This is why most people enter treatment and look for the <i>differences</i> between themselves and the others in treatment instead of the <i>similarities</i>.</p> <p><i>“Look for the similarities, not the differences”</i> is a popular slogan in the Twelve Step Program. A person focusing on the <i>differences</i> may say things like, “I’m not like <i>that</i> person,” or “I’ve never had <i>that</i> happen to me,” or “No one understands <i>my</i> problem is <i>different</i>.”</p> <p>A person focusing on <i>similarities</i> may say things like, “I use different drugs than that person, however, I relate to the feelings of despair and shame,” or “I might not have gotten a DWI, however, I certainly drove around intoxicated enough to have gotten one,” or “I wasn’t <i>depressed</i> and feeling alone, yet I felt so <i>anxious</i> that I felt apart from everyone else and alone,” or “I may have a different culture, race, or background than that person or these people, yet I am experiencing the same struggles.”</p> <p>Today we will talk about looking for the <i>similarities</i> instead of the <i>differences</i> of Psychiatric and Substance Disorders as well as cultural diversity.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus			Pages & Location	Presentation Suggestions					Time- Frame
Focusing on Similarities and <i>NOT</i> Differences			Subject 1-11	1. Summarize the remaining three paragraphs in this section. 2. Read the W.C. Fields' story.					30 Minutes
Similarities of Psychiatric and Substance Disorders			Subject 1-11 – 1-13	Summarize (yet cover each well enough to achieve understanding) the information found in the table below:					
1	No Fault Illnesses	4	Brain Disorders	7	Parallel Phases of Treatment & Recovery				
2	Stigmatized Illnesses	5	Chronic Illnesses	8	Each Illness Is Primary				
3	Illnesses of Isolation	6	Disease & Recovery Model	9	Each Illness Proceeds Independently				
Prevalence of Co-Occurring Disorders			Subject 1-14	1. Summarize information in the table. 2. Summarize information on the 25 th reunion.					
Ethnic, Cultural, and Personal Identity			Subject 1-23	Summarize brief paragraph.					
Ethnic and Cultural Identity			Subject 1-23 – 1-24	1. Summarize three short paragraphs. 2. Mention the five additional stressors seen in the table below:					
1	Frustration	2	Health Issues	3	Cultural "Shock"	4	Isolation	5	Stress & Depression
Break								10 Minutes	

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Psychoeducation Part II: Topics & Focus		Pages & Location	Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing		
Cultural Diversity		Subject 1-24 – 1-26	1. Summarize one paragraph. 2. <i>Name</i> the ten main examples found in the table below Note: Time is devoted in the <i>Skill Building Exercise and Discussion</i> for more in-depth coverage of this information.			10 Minutes	15 Minutes		
1	Views on Psychiatric & Substance Disorders	5	Beliefs About Family Systems	8	Thoughts on Time	↓	↓		
2	Attitudes on Seeking Counseling	6	Ideas on Illness & Healing	9	Beliefs on Spirituality				
3	Opinions on Self-Reliance	7	Views on Communication	10	Opinions on Gender				
4	Thoughts on Competition								
Personal Identification With A Specific Group		Subject 1-26 – 1-27	1. Summarize two brief paragraphs. 2. Give a brief explanation of the five stages in the table below:						
1	Pre-Encounter Stage	2	Encounter Stage	3	Immersion Stage	4	Internalization Stage	5	Internalization- Commitment Stage
Diversity of Individuals		Subject 1-27	Summarize three paragraphs.						
Breaking Down Stereotypes and <i>Not</i> Judging Others		Subject 1-27 – 1-28	Summarize three paragraphs.						
Identifying With a Recovery Group		Subject 1-28	Summarize four paragraphs.						

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Skill Building Exercise and Discussion Suggestions

Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
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To Facilitator(s):

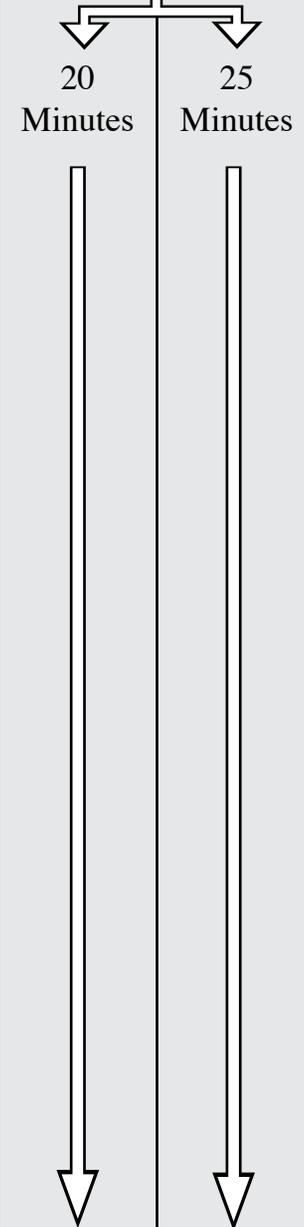
1. It is recommended that any content for this particular group be written on the board *prior* to the beginning of group whenever possible.
 2. You can summarize the information in the table below by using the examples in the text on each of the ten major categories to help participants get an idea of some of the different views.
 3. Or, you may decide to discuss one at a time in more depth, or you can put all ten examples of cultures, races, and ethnic groups on the board and have the group choose where they want to start and/or what they relate to personally.
- Note: This discussion is *not* meant to *separate* participants into sub-groups. That is why the curriculum contains examples from *different* cultures without specifying the *particular* ethnic, racial or cultural group most often associated with each example. The point of this group is to help members realize there is diversity *between* and *among* cultures, races, families, individuals, etc. The other goal is to help each member identify their own personal views, attitudes, opinions, and beliefs to enhance each person’s development of self-awareness.

To the Group:

1. There is a richness in groups because of the diversity *between* different cultures, races, families, and individuals. There is also diversity *among* these groups. Some of these include (pages: Subject 1-24 – 1-26):

1	Views on Psychiatric & Substance Disorders	5	Beliefs About Family Systems	8	Thoughts on Time
2	Attitudes on Seeking Counseling	6	Ideas on Illness & Healing	9	Beliefs on Spirituality
3	Opinions on Self-Reliance	7	Views on Communication	10	Opinions on Gender
4	Thoughts on Competition				

2. Let’s talk briefly about these categories so everyone has time to share.
3. What are your cultural views on psychiatric and substance disorders? What are your family views on these disorders? How do you personally feel about these disorders?
4. What are your cultural attitudes on seeking counseling? What are your family views? How do you personally feel?



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Skill Building Exercise and Discussion Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To the Group: continued</p> <ol style="list-style-type: none"> 5. What are the <u>opinions on self-reliance</u> in your culture? How does your family view self reliance? What about your personal views? 6. Does your culture have <u>thoughts on competition</u>? What about your family? How do you feel about competition? 7. What are the <u>beliefs about family systems</u> in your culture? How does your family view family systems? What are your beliefs? 8. What are the <u>ideas on illness & healing</u> in your culture? How does your family view illness and healing? What are your ideas on the subject? 9. How are the <u>views on communication</u> among your culture? What are the views of your family? How about your views on this topic? 10. Does your culture have <u>thoughts on time</u>? What are the thoughts of your family? How do you personally feel about time? 11. What are the <u>beliefs on spirituality</u> in your culture? What are the beliefs of your family? What are your beliefs? 12. What are the <u>opinions of gender</u> in your culture? What are the opinions of your family about gender? How about your individual opinions? 		
Crisis Processing	Time-Frame	
<ol style="list-style-type: none"> 1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support. 	10 Minutes	
Group “Paper Work”		Time-Frame
Group participants fill out Group Evaluations.		5 minutes
Group Closure		Time-Frame
<ol style="list-style-type: none"> 1. Use an inspirational reading or closure of your choice. 2. Use the Handout “<i>Rules for Being Human</i>” located at the back of Subject One. Presentations can include: <ol style="list-style-type: none"> a. Read the handout to the group, <i>or</i> b. Give a copy of the handout to each group member, <i>or</i> c. Hand a copy to a group member and ask he or she to read it aloud to the group. 		5 minutes