

Addressing Violence – Present (Domestic Violence) & Past (Childhood Trauma)

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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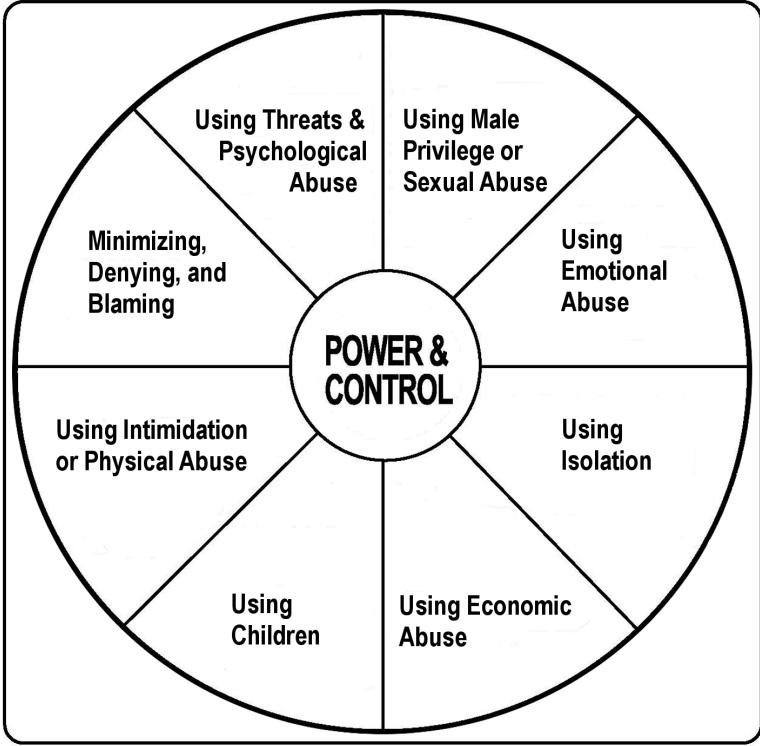
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Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i> , not interpersonal processing or case management questions which do not apply to the entire group.) 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): 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 
<u>Summarize Introduction of the Group Topic and Why It's Important (Subject 8-67):</u> There are many areas of recovery that will need to be addressed in order for a person to initially <i>achieve</i> recovery or to ultimately <i>maintain</i> recovery long-term. One of these areas is addressing <i>violence</i> . This includes <i>present</i> abuse like <i>domestic violence</i> and <i>past</i> abuse like <i>childhood trauma</i> . These will be the topics for today's group. Discussing <i>domestic violence</i> or <i>childhood sexual abuse</i> each have the <i>potential</i> to create a range of emotional responses that can vary from being simply <i>informed</i> to being <i>uncomfortable</i> to being very <i>upsetting</i> . It's important to mention that a psychoeducational group – like this one – is not the same as a process group. This group will not have the time to fully discuss the feelings and experiences of any one group participant in the same way a “one to one” counseling session does. An education group also doesn't provide the atmosphere where intimate and personal information can be discussed. This group is meant to provide <i>education</i> on violence – past and present. Please let us know if you want or need to discuss <i>violence</i> in more depth and we will make suggestions and arrangements to do that. We are here to support you.	5 Minutes 

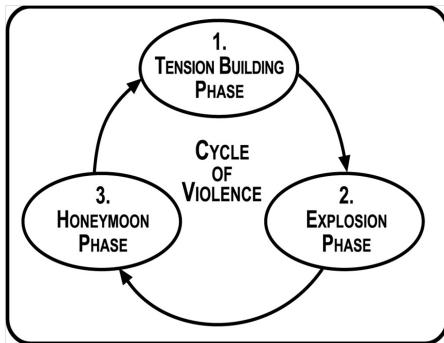
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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
To the Facilitator(s): To restate what was just stated in the “ <u>Summarize Introduction of the Group Topic and Why It’s Important</u> ” on the previous page:			30 Minutes
1. This is a Psychoeducational Group, which also meets the definition of a Skill Building Group and a Cognitive Behavioral Group, and is not a process group (discussed in <u>Psychoeducational Groups and Crisis Event Processing</u> on page 1 of this lesson plan). The processing in this group is about the education presented with only ten minutes allotted to Crisis Processing when requested.			
2. In this particular group, however, the education may trigger emotional responses and disclosures not previously shared in treatment.			
3. In an <u>outpatient</u> group it's particularly important, of course, to not send a group participant out the door full of emotional vulnerability. That makes it essential to have a clear follow-up plan in place whenever necessary that follows the guidelines of your particular agency for managing group crisis situations.			
4. Follow-up plans can include: a. Ask the person when their next “one to one” session is scheduled with their counselor or therapist; b. Offer to set up a session as soon as possible with their primary provider; c. Ask the individual(s) what steps they will take to protect their recovery following this group; d. Connect the individual immediately with a counselor.			
5. Again the plan will be determined by the severity of the person's response, as well as the guidelines of your particular facility for situations like this.			
6. There are many professional opinions on when it's recommended for a person to work through the trauma of childhood sexual abuse. The spectrum ranges from one side of addressing these traumas when they arise for the individual. The other side of the continuum is to not discuss these painful issues for at least a year of continuous recovery or stabilization.			
7. Individualized treatment is, of course, the overall recommended approach. Some individuals in treatment have the pain of these traumas blocking them from even gaining stability in recovery. Others would benefit the most from gaining some time of physical healing to prevent jeopardizing the stabilization of symptoms or to prevent exacerbating existing symptoms.			
8. Discussions with the individual in treatment and their input is always recommended to help determine the best course of action – with frequent follow-ups of the timing of addressing violence – past or present along the way.			
9. Another factor to consider is the counselor or therapist's expertise for processing trauma and frequent team staffing for input, suggestions, and observations.			
Domestic Violence	Subject 8-73 – 8-74	Summarize one paragraph.	
Link Between Substance Abuse or Dependence and Domestic Violence	Subject 8-74	Summarize three paragraphs.	
Identifying Domestic Violence	Subject 8-74	1. Illustrate GRAPHIC ONE Power & Control shown on the following page. 2. Name the eight areas of domestic violence in GRAPHIC ONE. 3. Refer to the text for explanations and examples of each.	

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
			continued
GRAPHIC ONE			
Skill Building Exercise and Discussion - Suggestions for topic discussion:			
To the Group: 1. What comments do you have about the material so far? 2. Some of you or perhaps many of you are experiencing or have experienced one or more of the eight areas of domestic violence. 3. For <i>only</i> those who wish to share this information – how have you, at this point in your recovery, found the strength or discovered the skills to cope? 4. Is this an area you would like more help in working through in your recovery process – either now or in the future?			
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					
The Cycle Theory of Violence	Subject 8-75 – 8-76	<ol style="list-style-type: none"> 1. Illustrate GRAPHIC TWO shown below. 2. Name the four points located in TABLE ONE below. 3. Refer to the text for explanations of each. 4. Summarize one remaining paragraph. 							
GRAPHIC TWO		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">TABLE ONE</td> <td style="padding: 5px; vertical-align: top;"> FIRST PHASE: TENSION BUILDING </td> <td style="padding: 5px; vertical-align: top;"> SECOND PHASE: THE EXPLOSION </td> <td style="padding: 5px; vertical-align: top;"> THIRD PHASE: THE HONEYMOON </td> <td style="padding: 5px; vertical-align: top;"> CYCLE STARTS AGAIN: TENSION BUILDING PHASE </td> </tr> </table>	TABLE ONE	FIRST PHASE: TENSION BUILDING	SECOND PHASE: THE EXPLOSION	THIRD PHASE: THE HONEYMOON	CYCLE STARTS AGAIN: TENSION BUILDING PHASE		
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Myths and Facts About Domestic Violence	Subject 8-76 – 8-77	Summarize the four myths and corresponding facts located in the text.							
Treatment For Batterers	Subject 8-77	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Summarize the seven points in the table located in the text. 							
Treatment For Survivors	Subject 8-77 – 8-78	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Name the seven major points in TABLE TWO below. 3. Refer to the text for explanations of each. 							
TABLE TWO									
1 BEING VALIDATED & BELIEVED	3 EMPOWER WITH RESOURCES	5 FOCUS ON SELF-CARE	7 RECOVERY						
2 IDENTIFYING OPTIONS	4 SUBSTANCE ABUSE TREATMENT	6 VALIDATE STRENGTHS							
Skill Building Exercise and Discussion - Suggestions for topic discussion:									
To the Group:									
<ol style="list-style-type: none"> 1. What comments do you have about the material so far? 2. Some of you or perhaps many of you are experiencing or have experienced the cycle of violence. 3. For <i>only</i> those who wish to share this information – how have you, at this point in your recovery, found the strength or discovered the skills to cope? 4. Is this an area you would like more help in working through in your recovery process – either now or in the future? 5. The information in the treatment for survivors can benefit each person in recovery like <i>Focusing on Self-Care</i> and <i>Validating Strengths</i> whether you have experienced these events or not. Which of these seven areas would be helpful to your recovery process? 									

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Childhood Sexual Abuse – The Worst Betrayal	Subject 8-78 – 8-79	1. Summarize two paragraphs. 2. Name the symptoms in TABLE THREE shown below. 3. Summarize two remaining paragraphs.		20 Minutes	25 Minutes
TABLE THREE	1 Shame, Guilt, Despair 2 Self Doubt & Low Self-Esteem 3 Anxiety & Depression 4 Aggressive or Very Passive	5 Sexual & Relationship Difficulties 6 Disassociation or Mentally “Going Away” 7 Difficulty Trusting Others 8 Suicidal Tendencies			
Treatment of Childhood Sexual Abuse	Subject 8-79 – 8-80	1. Summarize the three line introduction. 2. Name the five areas of TABLE FOUR shown below. 3. Refer to the text for explanations of each.			
TABLE FOUR					
1 BENEFITS OF GROUP THERAPY 2 VALIDATING RELATIONSHIPS	3 EMOTIONAL RECOVERY 4 SAFE ENVIRONMENT	5 ESTABLISHING HEALTHY BOUNDARIES & TRUST			
Specialized Trauma Therapy	Subject 8-80	Summarize two paragraphs.			
Moving From “Victim” to “Survivor”	Subject 8-80	Summarize two paragraphs.			
Daily Recovery Plan	Subject 8-82	1. Read the four areas of a Daily Recovery Plan in TABLE FIVE shown below. 2. Refer to the text for examples of each. 3. Rename the four areas one at a time and ask the group to brainstorm three or four suggestions for each.			
TABLE FIVE	1 My RECOVERY GOAL FOR TODAY Is	2 How I WILL START MY DAY	3 How I WILL LIVE MY DAY	4 How I WILL END MY DAY	
Recovery Reinforces Itself	Subject 8-82 – 8-83	Summarize three paragraphs.			
The Twelve Steps of Dual Recovery Anonymous	Subject 8-83 – 8-84	1. Summarize the introduction to the steps. 2. Read the Twelve Steps of DRA.			
The “Principles”	Subject 8-84	Read the principles of each step located in the text.			

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Skill Building Exercise and Discussion - Suggestions for topic discussion: (continued)	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing															
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have about the material so far? 2. Some of you or perhaps many of you have experienced childhood violence. 3. For <i>only</i> those who wish to share this information – how have you, at this point in your recovery, found the strength or discovered the skills to cope? 4. Is this an area you would like more help in working through in your recovery process – either now or in the future? 5. The information in the treatment for childhood abuse can benefit each person in recovery like <i>Benefits of Group Therapy</i> and <i>Establishing Healthy Boundaries</i> whether you have experienced these events or not. Which of these five areas would be helpful to your recovery process? 	 continued	 continued															
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 Notes.		5 Minutes															
Group Closure	Time-Frame																
The following are a few examples of strengths:		5 Minutes															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="padding: 2px;">1</td><td>Skills (driving a truck, etc.)</td></tr> <tr><td style="padding: 2px;">2</td><td>Talents (music, cooking, etc.)</td></tr> <tr><td style="padding: 2px;">3</td><td>Personal Virtues or Traits (patience, etc.)</td></tr> <tr><td style="padding: 2px;">4</td><td>Interpersonal Skills (listening, mediating conflict, etc.)</td></tr> <tr><td style="padding: 2px;">5</td><td>Cultural Knowledge (healing ceremonies, etc.)</td></tr> <tr><td style="padding: 2px;">6</td><td>Knowledge of occupational or parental roles (following schedules, caring for others, etc.)</td></tr> <tr><td style="padding: 2px;">7</td><td>Spirituality (kindness, acceptance, etc.)</td></tr> <tr><td style="padding: 2px;">8</td><td>Hopes and Dreams (goals and visions of the future, etc.)</td></tr> </tbody> </table>	1	Skills (driving a truck, etc.)	2	Talents (music, cooking, etc.)	3	Personal Virtues or Traits (patience, etc.)	4	Interpersonal Skills (listening, mediating conflict, etc.)	5	Cultural Knowledge (healing ceremonies, etc.)	6	Knowledge of occupational or parental roles (following schedules, caring for others, etc.)	7	Spirituality (kindness, acceptance, etc.)	8	Hopes and Dreams (goals and visions of the future, etc.)	
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<ol style="list-style-type: none"> 1. It's important to validate strengths. 2. Ask each person to name two strengths they have – either from these examples or others that are not listed. 																	