Changing Negative Thought Patterns and Habits to Positive Self-Talk Messages

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.

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Master Guide & Master Tips to Professionals

Note: <u>*The Master Guide*</u> (located at the beginning of Volume I & II) and the <u>Master Tips to Professionals</u> (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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Changing Negative Thought Patterns and Habits to Positive Self-Talk Messages Volume I; Subject Two; Pages: Subject 2-66 – 2-67

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
 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. 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
Summarize Introduction of the Group Topic and Why It's Important:	5
Negative thinking patterns become habits over time – sometimes people don't even realize how much they focus on what they <i>can't do</i> or <i>don't have</i> , instead of what they <i>can do</i> and what they <i>do have</i> . This habit can become very strong when it is built on years of repeating negative or pessimistic thoughts over and over again. Habits, strong or not, can always be changed. It takes some effort to turn a negative or pessimistic outlook on life to a positive or optimistic one.	Minutes
In other words, negative thoughts can be <i>challenged</i> and the habit of negative thinking can be <i>changed</i> !	
Negative thinking can be dark, heavy, and weigh a person down with depression, worry, and anxiety. Negative thoughts <u>can't</u> continue when the light of examination is shone on them, just as if a flashlight opens up a dark room. Challenging negative thinking destroys their existence and the power they have over a person (Daley, 1994).	
Today we will look at common negative thinking patterns and the positive thinking patterns that work to <i>challenge</i> and then <i>change</i> these non-helpful patterns.	\̈́\

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 Will a group member give an example of a negative self-talk message – perhaps one that you have yourself from time to time? Or one that you hear other people say about themselves? Can one or several group members offer an example of an action that could be taken to challenge this negative self-talk message – like <i>Reframing</i> or <i>Acceptance of Self</i> – and what positive self-talk message might result from that action? What other example of a negative self-talk message can someone provide an example of? What action can be taken? What would a possible positive self-talk message be? 		Psychoeducation Part I: Topics & Focus	Pages & Location	Presentatio	on Suggestions		
Changing Non-Helpful Patterns and Habits Subject 1. Summarize two paragraphs. 2-67 2-67 2. Give the examples of the "Negative Self-Talk Messages," the "Action Taken in Place of Defense," and the resulting "Positive Self-Talk Messages" (shown in the table below). Put the following information on the board: Image: Self-Talk Messages ACTION TAKEN IN PLACE OF DEFENSE POSITIVE SELF-TALK MESSAGES 1 Read example from table in the text. REFRAMING NEGATIVE THOUGHT Read example from table in the text. 2 Read example from table in the text. ACKNOWLEDGING FEELINGS Read example from table in the text. 3 Read example from table in the text. DEVELOPING PERSONAL INSIGHT Read example from table in the text. 4 Read example from table in the text. TOLERANCE OF SELF Read example from table in the text. 5 Read example from table in the text. TOLERANCE OF SELF Read example from table in the text. 6 Read example from table in the text. ACCEPTANCE OF OTHERS Read example from table in the text. 7 Read example from table in the text. TOLERANCE OF SELF Read example from table in the text. 8 Read example from table in the text. ACCEPTANCE OF OTHERS Read example from table in the text.	Optii	nism and Pessimism	Subject	1. Summarize paragraph.			
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Changing Negative Thought Patterns and Habits to Positive Self-Talk Messages; Volume I; Subject Two; Pages: Subject 2-66 – 2-67

Skill Building Exercise and Discussion	1 - Suggestions for topic di	scu	ssion:			Time-Fr	ame	
To the Facilitator(s):1. It's recommended that any group com whenever possible.	itent for this particular group	p be	e written on the board <i>prior</i> to	o the	beginning of group	40 Minut		
 The handouts for this group are <i>Chan</i> the Light Shine In! (Worksheet 2) wh Presentations of the handouts can ince 	hich are located at the back of a second sec	of Si		allen	ge Negative Thinking: Let			
 a. Give each group participant a copy b. Copy the information on a transpace. c. Put the main headings on the boar each; and, for example, Workshee 	arency for use with an overh d for discussion. For examp	lead	Worksheet #1: POLARIZED TH	IINKII	MG and then briefly explain			
To the Group:								
 <u>WORKSHEET #1:</u> Changing Thinking Car. 1. In Identifying Negative Thinking Hab 2. In the Negative Thinking Patterns that most? 3. Which one causes you the most distred. Which two others do you find familia 5. How do these affect your life? Your r 6. Which one would you decide to cham 7. Looking at the examples of that partis say when you are "awfulizing" an even changed? 8. Who else has an example of a negative 	bits: How many of these do g at Cause Distress and Hope ess? ar? relationships with others? age first? cular negative thinking patte ent, your life, or view of you	less.	<i>ness</i> : Which of these thinkin – like awfulizing – what is a	state	ment you typically think or			
 <u>WORKSHEET #2:</u> Challenge Negative Thinking: Let the Light Shine In! (summarize the 2nd paragraph) In Which positive thinking patterns will you begin to practice?: Which one(s) do you already practice or have experienced some success in practicing? (see list in the table below) Which positive thinking pattern(s) do you think might be the most helpful for you personally? Which specific one will you begin to practice first? In Recovery Activity Shines Light on Negativity: What is the negative thought you have the most? What are two positive statements that will replace this negative thought using one or more of the following positive thinking patterns? 								
1 Awareness	3 Positive Affirmations	5	Practice Optimism	7	Accomplishments			
2 Distraction	4 Self Acceptance	6	Acceptance of Others					

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Group "Paper Work"	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
 The recommended INSPIRATIONAL HANDOUT is the "We are in charge of our attitudes" which is located at the back of Subject Two. Presentation suggestions include: 1. Read the handout aloud to the group, or 2. Hand a copy to a group member and ask a person to read aloud to the group, or 3. Give a copy of the handout to each group member for them to take home and to read in group. 	5 Minutes

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