Denial & Defenses, and Personal Awareness Through The *Discovery* Worksheet

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 *consistenc*y 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: *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.

Denial & Defenses, and Personal Awareness Through The *Discovery* Worksheet
Volume II; Subject Three; APPENDIX III-89 – III-92; Pages: Subject 3-59 – 3-62

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 *interactions* in a psychoeducational group are discussions about the *topics*, 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:</u> The main distortion of thinking, again a symptom of addiction, comes in the form of denial. The chemically dependent person *uses in excess* not as a matter of choice, but because of necessity. And in the process denial also becomes a necessity. In fact, no addiction can continue without it. (Subject 3-59) Defenses and denial are *not only* found in Substance Use Disorders and psychiatric disorders. Denial shows up with all other chronic disorders like diabetes or high blood pressure. Any time a behavior change is needed – a person can begin "fooling themselves" into thinking the change is probably not *really* and *truly* necessary. Denial increases in strength as an illness becomes more severe. That makes sense doesn't it? In the case of Substance Use Disorders, the disease of alcoholism and addiction always progresses over time *without* treatment and change. In that progression a person begins to do things they would never have done before and never would have imagined themselves doing. These are the consequences and severe Substance Use Disorders are described as "continued use in spite of the consequences." So as a person experiences things like getting a DWI, forgetting to pick up their child at school, being intoxicated at the family gathering, losing a job, stealing from a loved one, or waking up in some strange place – the need to "explain" these embarrassing times increases as well. The "explaining" comes in the form of defenses and denial like minimizing, rationalizing, and many others. In fact, individuals who more strongly defend and justify their substance use are typically showing signs that their Substance Use Disorder has progressed to a more serious level. Today we will discuss denial, and the many faces of denial, and how to work through it with "discovery."	5 Minutes

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Denial & Defenses, and Personal Awareness Through The *Discovery* Worksheet; Volume II; Subject Three; Appendix III-89 - III-92; Pages: Subject 3-59 – 3-62

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Denial Is Part of the Illness	Subject 3-59	Summarize one paragraph.	30 Minutes
The Basics of Denial – A Protection From a Painful Reality	Subject 3-59 – 3-60	1. Summarize two brief paragraphs. 2. Name the eleven definitions located in TABLE ONE below.	

To the Facilitator(s):

Detailed descriptions of each of the DENIAL AND DEFENSES DEFINED can be found on pages: APPENDIX III-89 – III-90. However, this group is not intended for any in-depth coverage – only a brief explanation of each of the following is recommended in order to leave time for the worksheet at the end of this group.

TABLE ONE

1	AUTOMATIC PSYCHOLOGICAL PROTECTIVE PROCESSES	5	PROTECT AGAINST THE "ENEMY" OR REALITY	9	IMPAIR JUDGMENT AND DISTORT THINKING
2	EASY TO IDENTIFY IN OTHERS, DIFFICULT TO SEE IN YOURSELF	6	PROTECTIVE DEFENSE SYSTEMS	10	PROGRESS AND GET STRONGER OVER TIME
3	PROTECT FRAGILE SELF-IMAGE FROM THE TRUTH	7	CAUSE PERSON TO LOSE CONTACT WITH REALITY	11	COME IN MANY FORMS
4	ARE NOT LYING, THEY ARE DISTORTED THINKING	8	PREVENT OR GET IN THE WAY OF TAKING ACTION		

De-Fenses Are "Fences" Used to Keep People "In" or Others "Out"	Subject 3-60	Summarize one paragraph.	
Denial or Defenses Come in Many Forms	Subject 3-60	1. Summarize brief one paragraph. 2. Name the twelve common "faces" of denial in TABLE TWO below.	

To the Facilitator(s):

Detailed descriptions of RECOGNIZING THE MANY "FACES" OF DENIAL can be found on pages: APPENDIX III-91 – III-92. Brief explanations (located in APPENDIX III) will be necessary so the group can understand the different forms of denial in order to work on the worksheet at the end of group. However, this group is not intended for any in-depth coverage – only a brief explanation of each of the following is recommended and necessary.

TABLE TWO

1	SIMPLE DENIAL	5	RATIONALIZING	9	DIVERSION
2	MINIMIZING	6	INTELLECTUALIZING	10	HOSTILITY
3	BLAMING	7	COMPLIANCE	11	EUPHORIC RECALL
4	PROJECTION	8	PERSONALIZING	12	SUBSTITUTION

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Denial & Defenses, and Personal Awareness Through The *Discovery* Worksheet; Volume II; Subject Three; Appendix III-89 - III-92; Pages: Subject 3-59 – 3-62

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
To the Group: 1. What comments do you have so far? 2. Do you relate to denial or defenses? In what way(s)? 3. Do you relate to the many "faces" of denial and defenses? 4. Which one(s) sound the most familiar to you personally? 5. In what way(s)?	Continued ⬇
Break	**10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Denial Causes Failure to See Reality	Subject 3-61	Summarize information in the table in the text.	5 Minutes ⬇	10 Minutes ⬇
Effects of *Not* Working Through Denial	Subject 3-61	Summarize information in the table in the text.		
Working Through Denial and Defenses	Subject 3-61 – 3-62	1. Summarize one paragraph. 2. Summarize the three points in the table shown below using the text for explanations. 3. Summarize the remaining one paragraph.		

1	The place to start moving through denial is with the simple understanding that denial does exist.
2	The next step is to consciously and repeatedly remind yourself to consider the opinions of others with an open mind.
3	The next step is to talk openly about the answers to those questions.

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing

To the Facilitator(s):
1. The WORKSHEET HANDOUT for this group is the "*Discovery Worksheet*" (pages 1 & 2) which are located at the back of Subject Three.
2. Presentations suggestions:
  a. Give each group member a copy of the two page *Discovery Worksheet* to fill out and share with the other group members during the group discussions (NOTE: you will also find suggestions for discussing the "*Discovery Worksheet*" (Handout #1) on pages Subject 3-73 – 3-74), *or*
  b. You can put the eleven common "faces" of denial that are on the *Discovery Worksheet* on the board for discussion.
	25 Minutes ⬇	30 Minutes ⬇

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: 1. We will discuss the examples of the common forms of denial and defenses located in the *Discovery Worksheet*. These include:	continued	continued

1	SIMPLE STATEMENTS	7	INTELLECTUALIZING
2	RATIONALIZATION	8	HOSTILITY
3	PROJECTION	9	DIVERSION
4	DEFENSIVENESS	10	OTHERS
5	MINIMIZING	11	HOW ABOUT BEHAVIORS?
6	BLAMING		

2. The handout gives two examples for each. One is an example of a statement about Substance Use Disorders. The second example is a statement related to Psychiatric Disorders.

3. As we go through each of these please write examples on your worksheet that you personally relate to, or please call out examples and I will write those on the board.

4. Let's begin:
   a. Who relates to *simple statements*? What do you say to yourself or others? What examples do others in the group have?
   b. Who relates to *rationalization*? What do you say to yourself or others? What examples do others in the group have?
   c. Who relates to *projection*? What do you say to yourself or others? What examples do others in the group have?
   d. Who relates to *defensiveness*? What do you say to yourself or others? What examples do others in the group have?
   e. Who relates to *minimizing*? What do you say to yourself or others? What examples do others in the group have?
   f. Who relates to *blaming*? What do you say to yourself or others? What examples do others in the group have?
   g. Who relates to *intellectualizing*? What do you say to yourself or others? What examples do others in the group have?
   h. Who relates to *hostility*? What do you say to yourself or others? What examples do others in the group have?
   i. Who relates to *diversion*? What do you say to yourself or others? What examples do others in the group have?
   j. What are *other* things that you tell yourself? What examples do others in the group have?
   k. *How about behaviors* you engage in that work the same way? What examples do you have? What do you do? What examples do others in the group have?

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Skill Building Exercise and Discussion - Suggestions for topic discussion: (continued)	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
5. Which of these forms of denial or defenses will you try to look at more objectively than you have in the past? 6. Which of these have you already begun to see more realistically? 7. Objectivity is difficult for everyone. Great job!	continued ⬇	continued ⬇
Crisis Processing	**Time-Frame**	⬇
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**	
1. Read a daily brief meditation for the day, *or* 2. Ask each group member to what area of improvement will be their next recovery focus, *or* 3. Ask each group member to share a success they have experienced this past week in their recovery, *or* 4. Ask a group member to read aloud an inspirational reading or message of your choice.	5 Minutes ⬇	