

Identifying Areas of Problems or Consequences Related to Substance Abuse and Dependence

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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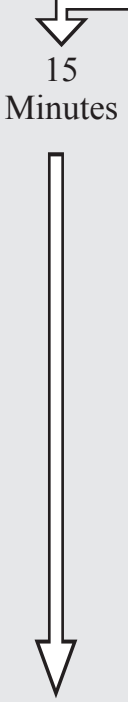
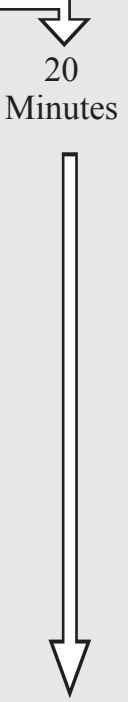


Volume I; Subject Three; Pages: APPENDIX III-87 – III-88

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
<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>Summarize Introduction of the Group Topic and Why It's Important (Subject 3-56):</u></p> <p>Gaining insight into the areas where “life has become unmanageable” helps a person understand the overall bankruptcy that is called “hitting bottom.” This “bottom” is different for each person. Some people come to treatment because they are physically ill but have not yet lost their families and jobs. Others will lose their jobs, possessions, or families before they clearly see the real problem.</p> <p>The difference between one person and another is not a matter of character or morals. It has to do with the severity of the illness. As the disease progresses, the denial and distorted thinking – symptoms of addiction – also progress. This makes problems more difficult to identify.</p> <p>Today we will discuss the areas where problems related to psychiatric and substance disorders show up (Evans & Sullivan, 2001; Mueser, Drake & Clark et al. 1995; Washton, 1990).</p>	5 Minutes 




Identifying Areas of Problems or Consequences Related to Substance Abuse and Dependence; Volume I; Subject Three; Pages: APPENDIX III-87 – III-88

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions		Time- Frame
Areas of Problems or Consequences Related to Chemical Dependency	APPENDIX III-87	1. Discuss the first <i>six</i> of the fourteen common areas of consequences located in the table below. 2. Refer to the text in APPENDIX III for explanations and examples of each.		30 Minutes 
1	MEDICAL PROBLEMS OR CONSEQUENCES	4	RELATIONSHIP PROBLEMS OR CONSEQUENCES	
2	PSYCHOLOGICAL OR EMOTIONAL PROBLEMS OR CONSEQUENCES	5	FAMILY PROBLEMS OR CONSEQUENCES	
3	COGNITIVE OR THINKING PROBLEMS OR CONSEQUENCES	6	BEHAVIORAL PROBLEMS OR CONSEQUENCES	
Skill Building Exercise and Discussion - Suggestions for topic discussion:				
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> In these particular sections, it is suggested that you discuss as fully as possible the actual points from each of the areas of consequences. That will allow group members to have education about each problem area – in case they have not actually identified any specific problems or consequences related to Substance Use Disorders. This education on each problem or consequence will also help each person come up with examples from their own experiences throughout the discussion. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> Self-awareness and self-knowledge are very important skills to develop. It takes courage to take an honest look at oneself – and <i>courage</i> is certainly something that people who have struggled with Substance and Psychiatric Disorders have a great deal of – especially those who are now in treatment! Looking at problems is never meant to be a criticism or to make anyone feel bad or to beat anyone up. Remember, Substance Dependence is a disease and symptoms of that disease include <i>continued use in spite of adverse consequences</i>. So, of course, every person with a Substance Use Disorder would experience adverse consequences and problems over time. A personal assessment of the consequences and problems related to Substance Use Disorders lets each person move forward in recovery. For instance, looking at the consequences caused by untreated diabetes or heart disease is the same principle. The <i>problems</i> are the <i>symptoms</i> and looking at the symptoms of diabetes helps each person see their disorder realistically and to move forward in their recovery process and develop a <i>personal</i> treatment plan. What area(s) of problems do you relate to the most? What happened in those areas? Are there problems areas or consequences that you're seeing improvement in now? What area(s) might worsen if you <i>don't</i> continue with a recovery program? What consequence or problem is being solved or has already been solved by your recovery? What area of improvement will your next recovery focus be in? What specifically would you want to accomplish in that area? 				
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								
Areas of Problems or Consequences Related to Chemical Dependency continued	APPENDIX III-88	1. Discuss the next <i>four</i> of the fourteen common areas of consequences located in the table below. 2. Refer to the text in the APPENDIX for explanations and examples of each.										
<table border="1"> <tr> <td data-bbox="388 397 451 446">7</td> <td data-bbox="451 397 1375 446">SOCIAL PROBLEMS OR CONSEQUENCES</td> </tr> <tr> <td data-bbox="388 446 451 487">8</td> <td data-bbox="451 446 1375 487">WORSENING OF CO-OCCURRING PSYCHIATRIC SYMPTOMS OR CONSEQUENCES</td> </tr> <tr> <td data-bbox="388 487 451 527">9</td> <td data-bbox="451 487 1375 527">SEXUAL PROBLEMS OR CONSEQUENCES</td> </tr> <tr> <td data-bbox="388 527 451 576">10</td> <td data-bbox="451 527 1375 576">WORK OR EMPLOYMENT PROBLEMS OR CONSEQUENCES</td> </tr> </table>		7			SOCIAL PROBLEMS OR CONSEQUENCES	8	WORSENING OF CO-OCCURRING PSYCHIATRIC SYMPTOMS OR CONSEQUENCES	9	SEXUAL PROBLEMS OR CONSEQUENCES	10	WORK OR EMPLOYMENT PROBLEMS OR CONSEQUENCES	
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10	WORK OR EMPLOYMENT PROBLEMS OR CONSEQUENCES											
<p>Skill Building Exercise and Discussion - Suggestions for topic discussion:</p>												
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What area(s) of problems do you relate to the most? In what way? What has happened in those areas? 2. Are there problems areas or consequences that you're seeing improvement in now? 3. What area(s) might worsen if you <i>don't</i> continue with a recovery program? 4. What consequence or problem is being solved or has already been solved by your recovery? 5. What area of improvement will your next recovery focus be in? 6. What specifically would you want to accomplish in that area? 												
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing								
Areas of Problems or Consequences Related to Chemical Dependency Continued	APPENDIX III-88	1. Discuss the last <i>four</i> of the fourteen common areas of consequences located in the table below. 2. Refer to the text in the APPENDIX for explanations and examples of each.										
<table border="1"> <tr> <td data-bbox="262 1234 325 1274">11</td> <td data-bbox="325 1234 871 1274">FINANCIAL PROBLEMS OR CONSEQUENCES</td> <td data-bbox="871 1234 934 1274">13</td> <td data-bbox="934 1234 1501 1274">HOUSING PROBLEMS OR CONSEQUENCES</td> </tr> <tr> <td data-bbox="262 1274 325 1323">12</td> <td data-bbox="325 1274 871 1323">LEGAL PROBLEMS OR CONSEQUENCES</td> <td data-bbox="871 1274 934 1323">14</td> <td data-bbox="934 1274 1501 1323">SPIRITUAL PROBLEMS OR CONSEQUENCES</td> </tr> </table>		11			FINANCIAL PROBLEMS OR CONSEQUENCES	13	HOUSING PROBLEMS OR CONSEQUENCES	12	LEGAL PROBLEMS OR CONSEQUENCES	14	SPIRITUAL PROBLEMS OR CONSEQUENCES	
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12	LEGAL PROBLEMS OR CONSEQUENCES	14	SPIRITUAL PROBLEMS OR CONSEQUENCES									

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What area(s) of problems do you relate to the most? In what way? What has happened in those areas? 2. Are there problems areas or consequences that you're seeing improvement in now? 3. What area(s) might worsen if you <i>don't</i> continue with a recovery program? 4. What consequence or problem is being solved or has already been solved by your recovery? 5. What area of improvement will your next recovery focus be in? 6. What specifically would you want to accomplish in that area? 	<p>continued</p> 	<p>continued</p> 
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. 	<p>10 Minutes</p>	
Group "Paper Work"	Time-Frame	
<p>Group participants fill out Group Notes.</p>	<p>5 Minutes</p>	
Group Closure	Time-Frame	
<ol style="list-style-type: none"> 1. Read a daily brief meditation for the day, <i>or</i> 2. Ask each group member to name something they are grateful for today, <i>or</i> 3. Ask a group member to read aloud an inspirational reading or message of your choice. 	<p>5 Minutes</p>	