

## **Procrastination, Perfectionism, and Identifying & Changing Self-Defeating Behaviors**

**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.

## Procrastination, Perfectionism, and Identifying & Changing Self-Defeating Behaviors

### Volume II; Subject Seven; Pages: Subject 7-29 – 7-36

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
<b>Group Beginning</b>	<b>20 Minutes Total</b>
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> <li>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"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):                             <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> </ol>	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important:</u></p> <p>Self-defeating behaviors, often called SDBs, are just what they sound like. They are behaviors that result in people <i>defeating themselves</i>. Virtually <i>everyone</i> has at least <i>some</i> self-defeating behaviors to one degree or another.</p> <p>People engage in these behaviors on a regular basis, and they can become <i>so</i> familiar they're almost <i>automatic</i>. This makes it <i>more</i> difficult to identify SDBs, <i>more</i> challenging to take responsibility for them, and ultimately <i>more</i> of an effort to change them (Subject 7-32). <i>Difficult</i>, however, certainly does not mean <i>impossible</i>.</p> <p>Today we will focus on two areas that many people struggle with which are <i>procrastination</i> and <i>perfectionism</i>. Many times they go hand in hand. Then we will discuss <i>identifying</i> and <i>changing</i> self-defeating behaviors. These are skills that are important to <i>every</i> person – whether they are <i>in</i> recovery for substance or psychiatric disorders or <i>not</i>. Yet it is even <i>more</i> important for those who are <i>in</i> recovery to identify and change self-defeating behaviors. Learning how to <i>help</i> yourself and not <i>defeat</i> yourself is very important to every person's recovery program.</p>	5 Minutes 

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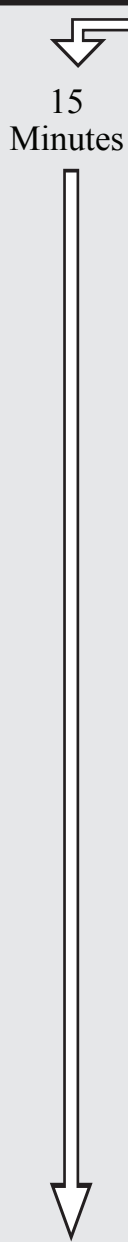

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame								
Procrastination	Subject 7-29 – 7-30	Summarize four paragraphs.	15 Minutes  								
Causes of Procrastination	Subject 7-30	Summarize two points in TABLE ONE below using the text for explanations of each.									
TABLE ONE <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">1</td> <td align="center">CROOKED THINKING</td> <td align="center">2</td> <td align="center">BEHAVIORAL PATTERNS</td> </tr> </table>				1	CROOKED THINKING	2	BEHAVIORAL PATTERNS				
1	CROOKED THINKING	2		BEHAVIORAL PATTERNS							
Working Through Procrastination	Subject 7-30	Summarize four points in TABLE TWO below using the text for explanations of each.									
TABLE TWO <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">1</td> <td align="center">PRIORITIZE YOUR GOALS</td> <td align="center">2</td> <td align="center">POSITIVE SELF-STATEMENTS</td> <td align="center">3</td> <td align="center">SET REALISTIC GOALS</td> <td align="center">4</td> <td align="center">BREAK UP THE PROJECT</td> </tr> </table>				1	PRIORITIZE YOUR GOALS	2	POSITIVE SELF-STATEMENTS	3	SET REALISTIC GOALS	4	BREAK UP THE PROJECT
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Perfectionism	Subject 7-31	Summarize one paragraph.									
Causes and Consequences of Perfectionism	Subject 7-31	Summarize four paragraphs.									
Working Through Perfectionism	Subject 7-31	Summarize two paragraphs.									
<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>											
<p><b><u>To the Group:</u></b></p> <ol style="list-style-type: none"> <li>1. What comments do you have?</li> <li>2. Do you personally relate to procrastination? In what way(s)?</li> <li>3. How does procrastination affect your recovery? Or how does procrastination get in your way?</li> <li>4. How do you personally try to work through procrastination and what has been successful for you?</li> <li>5. Which of the four ways (TABLE TWO) of working through procrastination might work for you? What will you try in the future?</li> <li>6. Do you personally relate to perfectionism? In what way(s)?</li> <li>7. How does perfectionism affect your recovery? Or how does perfectionism get in your way?</li> <li>8. How do you personally try to work through perfectionism and what has been successful for you?</li> <li>9. How will you work through perfectionism in the future?</li> </ol>											

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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time- Frame
Self-Defeating Behaviors	Subject 7-32	1. Summarize the last paragraph (first two paragraphs are in the introduction). 2. Illustrate and explain GRAPHIC ONE below. 3. Use the examples given to show how the cycle works.	15 Minutes
<div style="text-align: center;"> <p>1. “No one understands what I have been through.” “I have to fight <i>everyone</i> to get respect because they don’t understand and will <i>always</i> disrespect me.”</p> </div> <div style="text-align: center;"> <p>4. <u>Price(s)</u> Stays angry; remains disconnected from others; never learns to take personal responsibility; stays blocked from personal growth; never develops ability to challenge non-helpful thoughts; stays stuck with old SDBs again &amp; again.</p> </div> <div style="text-align: center;"> <p><b>GRAPHIC ONE</b></p> </div> <div style="text-align: center;"> <p>2. Intense depression caused by feeling alone or separate from everyone. Anger results to cover up the sadness.</p> </div> <div style="text-align: center;"> <p>3. Blame others for not understanding or disrespecting or for anger or depression. “Acts out” over and over.</p> </div> <div style="text-align: center;"> <p><u>Payoff(s)</u> Doesn’t have to take personal responsibility. Gets attention for negative behaviors. The non-helpful thought that “people disrespect me all the time” now feels “right” and justified.</p> </div>			
<b>Break</b>			10 Minutes



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<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>			<b>Time-Frame with Crisis Processing</b>	<b>Time-Frame without Crisis Processing</b>																		
<p><b>To the Group: (Vicious Cycle continued)</b></p> <ol style="list-style-type: none"> <li>1. What comments do you have?</li> <li>2. What comments do you have of the examples we just went over and how the “Vicious Cycle” works?</li> <li>3. Will someone volunteer a common non-helpful automatic thought?</li> <li>4. Let’s brain storm what the “Vicious Cycle” might look like when starting with this non-helpful automatic thought?</li> <li>5. Will someone offer another non-helpful automatic thought for discussion?</li> </ol>			 <p>15 Minutes</p>	 <p>20 Minutes</p>																		
<b>Psychoeducation Part II: Topics &amp; Focus</b>	<b>Pages &amp; Location</b>	<b>Presentation Suggestions</b>																				
The Familiar Becomes a Habit	Subject 7-32 – 7-33	<ol style="list-style-type: none"> <li>1. Read “A Story About a Wolf and a Boy.”</li> <li>2. Summarize four paragraphs.</li> </ol>																				
Obvious and Not So Obvious Self-Defeating Behaviors	Subject 7-33	Summarize one paragraph.																				
Identifying Self-Defeating Behaviors	Subject 7-33 – 7-34	<ol style="list-style-type: none"> <li>1. Summarize one paragraph.</li> <li>2. Name the seven examples of self-defeating behaviors in TABLE THREE below.</li> <li>3. Refer to the text for explanations and examples of each.</li> </ol>																				
<p>TABLE THREE</p> <table border="1"> <tr> <td align="center">1</td> <td>SELF-DESTRUCTIVE BEHAVIORS</td> <td align="center">4</td> <td>NOT TAKING RESPONSIBILITY</td> <td align="center">7</td> <td>LACK OF STRUCTURE</td> </tr> <tr> <td align="center">2</td> <td>RELATIONSHIP WITH OTHERS</td> <td align="center">5</td> <td>PHYSICAL &amp; MENTAL HEALTH</td> <td></td> <td></td> </tr> <tr> <td align="center">3</td> <td>IMPULSIVE OR ADDICTIVE BEHAVIOR</td> <td align="center">6</td> <td>TOO MANY OR TOO FEW ACTIVITIES</td> <td></td> <td></td> </tr> </table>					1	SELF-DESTRUCTIVE BEHAVIORS	4	NOT TAKING RESPONSIBILITY	7	LACK OF STRUCTURE	2	RELATIONSHIP WITH OTHERS	5	PHYSICAL & MENTAL HEALTH			3	IMPULSIVE OR ADDICTIVE BEHAVIOR	6	TOO MANY OR TOO FEW ACTIVITIES		
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3	IMPULSIVE OR ADDICTIVE BEHAVIOR	6	TOO MANY OR TOO FEW ACTIVITIES																			
Self-Defeating Behaviors in Group	Subject 7-35	<ol style="list-style-type: none"> <li>1. Summarize one paragraph.</li> <li>2. Name the seventeen SDBs listed in the table in the text or as many as time allows.</li> </ol>																				
Pay Offs and Prices of Self-Defeating Behaviors	Subject 7-35 – 7-36	<ol style="list-style-type: none"> <li>1. Summarize one paragraph.</li> <li>2. Name the six payoff examples in TABLE FOUR below.</li> <li>3. Summarize last paragraph.</li> </ol>																				
TABLE FOUR	<table border="1"> <tr> <td align="center">1</td> <td>Avoid the risk of rejection.</td> <td align="center">4</td> <td>Avoid fear of change.</td> </tr> <tr> <td align="center">2</td> <td>Keep people at a distance.</td> <td align="center">5</td> <td>Get attention for negative behaviors.</td> </tr> <tr> <td align="center">3</td> <td>Take it easy and exert no effort.</td> <td align="center">6</td> <td>Avoid responsibility.</td> </tr> </table>	1	Avoid the risk of rejection.	4	Avoid fear of change.	2	Keep people at a distance.	5	Get attention for negative behaviors.	3	Take it easy and exert no effort.	6	Avoid responsibility.									
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Psychoeducation Part II: Topics & Focus (continued)		Pages & Location	Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Changing Self-Destructive Behaviors		Subject 7-36	1. Summarize one paragraph, 2. Summarize the three points in TABLE FIVE below. 3. Refer to the text for explanations of each.			15 Minutes	20 Minutes
TABLE FIVE	1	WORK THROUGH BLAMING OTHERS	2	RECOGNIZES THAT ALTERNATIVES EXIST	3	TAKE RESPONSIBILITY FOR YOUR BEHAVIORS	
<b>Skill Building Exercise and Discussion - Suggestions for topic discussion: (continued)</b>							
<b>To the Group:</b>							
1. From the examples of “Obvious and Not So Obvious Self-Defeating Behaviors” list (shown below) what do you relate to personally? How do these behaviors get in your way?							
1	SELF-DESTRUCTIVE BEHAVIORS	4	NOT TAKING RESPONSIBILITY	7	LACK OF STRUCTURE		
2	RELATIONSHIP WITH OTHERS	5	PHYSICAL & MENTAL HEALTH				
3	IMPULSIVE OR ADDICTIVE BEHAVIOR	6	TOO MANY OR TOO FEW ACTIVITIES				
2. What self-defeating behaviors <i>might</i> you relate to or identify with personally? 3. Remember, these behaviors are tough to spot in yourself because being objective about ourselves isn’t easy for human beings in the first place. 4. From the list of self-defeating behaviors in group – what, if anything, do you relate to personally? 5. How will recognizing this behavior(s) help you change it? 6. How will changing this group behavior help you in your personal group process or your recovery? 7. From the list of payoffs – what <i>payoffs</i> do you think you get from the self-defeating behavior you have identified? 8. What do you think an ultimate <i>price</i> may be now or in the future if you continue this self-defeating behavior? 9. Taking a look at the suggestions for “Changing Self-Destructive Behaviors” shown below – what do you think would be helpful to you personally?							
1	WORK THROUGH BLAMING OTHERS	2	RECOGNIZES THAT ALTERNATIVES EXIST	3	TAKE RESPONSIBILITY FOR YOUR BEHAVIORS		
10. How would you begin? Which behavior would you begin to work toward changing first?							

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<b>Crisis Processing</b>	<b>Time-Frame with Crisis Processing</b>	<b>Time-Frame without Crisis Processing</b>
<ol style="list-style-type: none"> <li>1. Ask the group member(s) to tell the group what happened.</li> <li>2. Explore options and/or develop an immediate plan for coping.</li> <li>3. Allow the group to offer support.</li> </ol>	10 Minutes	continued
<b>Group “Paper Work”</b>	<b>Time-Frame</b>	
Group participants fill out Group Notes.	5 Minutes	
<b>Group Closure</b>	<b>Time-Frame</b>	
<p>The recommended inspirational reading is “Oh God Forgive Me When I Whine” which is located on pages Subject 7-84 – 7-85 at the back of Subject Seven:</p> <ol style="list-style-type: none"> <li>1. Read or summarize the first paragraph under Group Closure, <i>and</i></li> <li>2. Read “Oh God Forgive Me When I Whine” to the group, <i>and</i></li> <li>3. Read or summarize the last paragraph, <i>and</i></li> <li>4. If time permits ask each group member to name one thing they are grateful for today.</li> </ol>	5 Minutes 