# Identifying The Specific Characteristics of Chemical Dependency, Part II

**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.



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## Identifying The Specific Characteristics of Substance Dependence, Part II
## Volume I; Subject Three; Pages: Appendix III-33 – III-44

| 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.)<br>a. Ask the group members to tell the group their name.<br>b. Welcome any group members who are new to this group or phase.<br>2. Crisis Processing (when requested and optional):<br>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.<br>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>:<br>There are certain characteristics that set Substance *Dependence* apart from Substance *Use* and Substance *Abuse*. Today we will talk about fourteen of the Characteristics of Substance Dependance which are: | 5 Minutes |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Physical Withdrawal | 5 | Impaired Control | 9 | Reverse Tolerance | 12 | Filling The Void |
| 2 | Development of Denial | 6 | Continued Use in Spite of Adverse Consequences | 10 | Making & Breaking Rules | 13 | Love Affair |
| 3 | Preoccupation With Alcohol & Drugs, Protecting Supply and Giving Up Activities | 7 | A Drug Is a Drug | 11 | Lifestyle or Way of Life | 14 | Powerless & Unmanageable |
| 4 | Compulsion to Use | 8 | Cross Tolerance | | | | |

It's important for every person with any disorder to identify the characteristics of the disorder that they personally identify with, struggle with, or experience challenges. This identification process is what will pave the way to illness management. Understanding the characteristics of Substance Dependence like impaired control – which is a symptom of Substance Dependence and not a matter of will power – also helps to relieve guilt or feelings of "being less than" which is an important part of the recovery process.



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**Identifying The Specific Characteristics of Substance Dependence, Part II; Volume I; Subject Three; Pages: Appendix III-33 – Appendix III-44**

| Psychoeducation Part I: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame |
|---|---|---|---|
| Physical Withdrawal | Appendix III-33 (#21 in the Appendix Table) | Paraphrase or summarize material. | 30 Minutes |
| Development of Denial | Appendix III-34 (#22 in the Appendix Table) | Paraphrase or summarize material. | |
| Preoccupation with Alcohol & Drugs, Protecting Supply & Giving Up Activities | Appendix III-34 (#23 in the Appendix Table) | Paraphrase or summarize material. | |
| Compulsion to Use | Appendix III-34 – III-35 (#24 in the Appendix Table) | Paraphrase or summarize material. | |
| Impaired Control | Appendix III-35 – III-37 (#25 in the Appendix Table) | Paraphrase or summarize material. | |
| Continued Use in Spite of Adverse Consequences | Appendix III-37 – III-38 (#26 in the Appendix Table) | Paraphrase or summarize material. | |

**Skill Building Exercise and Discussion - Suggestions for topic discussion:**

**To the Group:**

1. Ask group members to discuss each characteristic, offer personal experiences with each characteristic, and/or share which characteristics they identify with and why or in what way, *or*
2. You may put all of the characteristics on the board and then ask the group to choose which ones they identify with: For example:
   a. "Mary, which characteristic jumps out at you first?" "Preoccupation with Alcohol & Drugs, Protecting Supply & Giving Up Activities?" "Other(s)?"
   c. "How do you relate to that one?"
   d. "How many of you have similar experiences like Mary?" "Which ones do you relate to?"
   e. "What is the next characteristic someone identifies with?"
   f. "How or in what way is that characteristic familiar?"
3. What have you found to be successful in acknowledging these characteristics, coping with these characteristics, or managing these characteristics?
4. What can you do in the future in the areas of acknowledging, coping, changing, or managing these characteristics.

**Break** — 10 Minutes



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**Identifying The Specific Characteristics of Substance Dependence, Part II; Volume I; Subject Three; Pages: Appendix III-33 – Appendix III-44**

| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|---|---|
| A Drug Is a Drug | Appendix III-39 – III-40 (#28 in the Appendix Table) | Paraphrase or summarize material. | 30 Minutes | 40 Minutes |
| Cross Tolerance | Appendix III-40 – III-41 (#29 in the Appendix Table) | Paraphrase or summarize material. | | |
| Reverse Tolerance | Appendix III-41 (#30 in the Appendix Table) | Paraphrase or summarize material. | | |
| Making & Breaking Rules | Appendix III-41 – III-42 (#31 in the Appendix Table) | Paraphrase or summarize material. | | |
| Lifestyle or Way of Life | Appendix III-42 (#32 in the Appendix Table) | Paraphrase or summarize material. | | |
| Filling the Void | Appendix III-42 – III-43 (#33 in the Appendix Table) | Paraphrase or summarize material. | | |
| Love Affair | Appendix III-43 (#34 in the Appendix Table) | Paraphrase or summarize material. | | |
| Powerless & Unmanageable | Appendix III-43 – III-44 (#35 in the Appendix Table) | Paraphrase or summarize material. | | |

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3. What have you found to be successful in acknowledging these characteristics, coping with these characteristics, or managing these characteristics?
4. What can you do in the future in the areas of acknowledging, coping, changing, or managing these characteristics.

| Crisis Processing | Time-Frame |
|---|---|
| 1. Ask the group member(s) to tell the group what happened.<br>2. Explore options and/or develop an immediate plan for coping.<br>3. Allow the group to offer support. | 10 Minutes |



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| "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*<br>2. Ask each group member to name something they are grateful for today, *or*<br>3. Ask a group member to read aloud an inspirational reading or message of your choice. | 5 Minutes |



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