

Ongoing Physical Recovery & Post Acute Withdrawal

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.

Ongoing Physical Recovery & Post Acute Withdrawal
Volume II; Subject Seven; Pages: Subject 7-1 – 7-8

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 inter-personal 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
<u>Summarize Introduction of the Group Topic and Why It's Important (Subject 7-1):</u> This subject material will focus on the <i>ongoing</i> recovery process. After the initial foundation is built on abstinence or harm reduction, self-care, and support, then the continued journey or work begins. These areas will be just as important to your <i>continued</i> recovery as the foundation is to your <i>initial</i> recovery.	↓ 5 Minutes
Ongoing areas of recovery include physical, mental, and emotional growth, as well as identifying and working through any issues that get in your way, such as character defects, self-defeating behaviors, or codependency. Remember recovery is not a <i>destination</i> – it's a <i>process</i> . As you move forward in the process, you'll begin to develop relationships – first a relationship with yourself, second with others, and third with your Higher Power or your spiritual self.	↓
Today we will talk about the courage recovery takes, identifying the recovery process, and ongoing physical recovery, which includes post acute withdrawal.	↓

Ongoing Physical Recovery & Post Acute Withdrawal; Volume II; Subject Seven; Pages: Subject 7-1 – 7-8

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																																												
Recovery Takes Courage	Subject 7-1 – 7-2	Summarize four paragraphs.	30 Minutes																																												
Recovery Is a Rebirth of a New Life	Subject 7-2	Summarize three paragraphs.																																													
New Life of Freedom	Subject 7-2	Summarize two paragraphs.																																													
Identifying The Recovery Process	Subject 7-2 – 7-3	Summarize four paragraphs.																																													
Comparisons Between “Dry Drunk Syndrome” and “Active Recovery”	Subject 7-3 – 7-4	Select a few or as many comparisons as time permits. Note: Suggestions for topic discussions are located on page six of this lesson plan.																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">DRY DRUNK SYNDROME</th> <th align="center" colspan="2">ACTIVE RECOVERY</th> </tr> <tr> <th align="center" colspan="2">ABSTINENCE WITH NO RECOVERY PROGRAM</th> <th align="center" colspan="2">ABSTINENCE WITH RECOVERY PROGRAM</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td align="center">Doesn't Care What Happens</td> <td align="center">1</td> <td align="center">Cares What Happens</td> </tr> <tr> <td align="center">2</td> <td align="center">Not Drinking Is a Big Sacrifice</td> <td align="center">2</td> <td align="center">Not Drinking Is Gift to Self</td> </tr> <tr> <td align="center">3</td> <td align="center">Miserable</td> <td align="center">3</td> <td align="center">Happy – Peace of Mind</td> </tr> <tr> <td align="center">4</td> <td align="center">Bored</td> <td align="center">4</td> <td align="center">Actively Involved</td> </tr> <tr> <td align="center">5</td> <td align="center">Filled With Guilt and Shame</td> <td align="center">5</td> <td align="center">Free of Guilt and Shame</td> </tr> <tr> <td align="center">6</td> <td align="center">Aimless</td> <td align="center">6</td> <td align="center">Sense of Direction</td> </tr> <tr> <td align="center">7</td> <td align="center">Unrealistic Goals</td> <td align="center">7</td> <td align="center">Realistic Goals</td> </tr> <tr> <td align="center">8</td> <td align="center">Eating Poorly</td> <td align="center">8</td> <td align="center">Eating Properly</td> </tr> <tr> <td align="center">9</td> <td align="center">Same Old Lifestyle</td> <td align="center">9</td> <td align="center">New Lifestyle</td> </tr> </tbody> </table>	DRY DRUNK SYNDROME		ACTIVE RECOVERY		ABSTINENCE WITH NO RECOVERY PROGRAM		ABSTINENCE WITH RECOVERY PROGRAM		1	Doesn't Care What Happens	1	Cares What Happens	2	Not Drinking Is a Big Sacrifice	2	Not Drinking Is Gift to Self	3	Miserable	3	Happy – Peace of Mind	4	Bored	4	Actively Involved	5	Filled With Guilt and Shame	5	Free of Guilt and Shame	6	Aimless	6	Sense of Direction	7	Unrealistic Goals	7	Realistic Goals	8	Eating Poorly	8	Eating Properly	9	Same Old Lifestyle	9	New Lifestyle	table continued...		
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Psychoeducation Part I continued	Pages & Location	Presentation Suggestions	Time-Frame
<i>table continued...</i>			
DRY DRUNK SYNDROME		ACTIVE RECOVERY	
ABSTINENCE WITH NO RECOVERY PROGRAM		ABSTINENCE WITH RECOVERY PROGRAM	
10 Same Old Friends	10 New Friends		
11 Same Old Activities	11 New Activities		
12 Hopelessness	12 Hope		
13 Victim of Life or "Why me?"	13 Life is a Challenge		
14 Use of Other Drugs for Relief or Escape	14 Drug-Free Life		
15 Self-Centeredness	15 Other-Centeredness		
16 Overconfident	16 Humble		
17 Blaming	17 Self-Responsibility		
18 Judgmental and Critical	18 Acceptance of Others		
19 Self-Loathing	19 Acceptance of Self		
20 "Pity Pot" or "Poor Me!"	20 "Living Life on Life's Terms"		
21 Ego Centered and Grandiose	21 Recovery Centered		
22 Pessimistic	22 Optimistic		
23 Extremely Independent or Dependent	23 Inter-Dependent on Self and Others		
24 Unable To Ask For Help	24 Asking and Open to Help		
25 Procrastinating	25 Accomplishment of Plans		
26 Reacting	26 Taking Action		
27 Suppressed and Toxic Emotions	27 Appropriate Expression of Emotions		
28 No Self-Care and Low Esteem	28 Self-Care and High Esteem		
29 Low Self-Esteem or No Self-Worth	29 Love of Self or Self-Worth		

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. What do you relate to currently – if anything – in the “dry drunk syndrome” column?
2. Which one(s) causes you the most distress?
3. What progress are you making in the comparison(s) to “Active Recovery?”
4. Is there an area(s) where you are experiencing progress – like making new friends? Or setting realistic goals? Others?
5. Which area(s) would you work toward as your next goal – Eating properly? Or asking and being open to help? Others?
6. It’s important to remember that the characteristics of a “dry drunk” are not criticisms or judgments. These characteristics develop during an active addiction – that’s just part of the disease process – and it takes time and effort to work through them – one at a time.
7. By identifying what you relate to in the *dry drunk syndrome*, you are already making progress toward the *active recovery* plan!!

Time-Frame

Continued



Break

10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Moving Past a Dry Drunk	Subject 7-4	Summarize two brief paragraphs and information in the table about ASK IMPORTANT QUESTIONS & GET HELP & SUPPORT.	15 Minutes	20 Minutes
Process of Recovery	Subject 7-4	<ol style="list-style-type: none"> 1. Summarize the two paragraphs. 2. Illustrate the <i>process of recovery</i> shown in the next graphic to create a visual, while explaining the information found in the table. 3. Emphasize the main point of the table described in the one paragraph after the table. 		

Figure One

Figure Two

Figure Three

Developed by: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP, Consulting/Training/Program Development; © THE BASICS, Second Edition; Volume I = Subject 1-3; Volume II = Subject 4-8

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Ongoing Physical Recovery & Post Acute Withdrawal; Volume II; Subject Seven; Pages: Subject 7-1 – 7-8

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Ongoing Physical Recovery: Post Acute Withdrawal	Subject 7-5 – 7-6	Summarize three paragraphs.	continued	continued
The Basics About Post Acute Withdrawal	Subject 7-6	Summarize three paragraphs.		
Symptoms of Post Acute Withdrawal	Subject 7-6 – 7-7	1. Summarize six points in table and two paragraphs. 2. Illustrate the cycle of PAW seen below to create a visual:		
<pre> graph TD 1[1. Complete Abstinence] --> 2[2. Post Acute Withdrawal Symptoms] 2 --> 3[3. PAW Makes It More Difficult to Stay Abstinent] 3 --> 4[4. PAW Symptoms Won't Clear Without Abstinence] 4 --> 1 </pre>				
Dual Disorders and Post Acute Withdrawal	Subject 7-7	Summarize one paragraph.		
Coping With Post Acute Withdrawal	Subject 7-7	Summarize sentence as an introduction.		
Daily Living Skills	Subject 7-7 – 7-8	Discuss nine living skills in the table.		

Ongoing Physical Recovery & Post Acute Withdrawal; Volume II; Subject Seven; Pages: Subject 7-1 – 7-8

Skill Building Exercise and Discussion - Suggestions for topic discussion:					Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group:						
Coping Strategies	Subject 7-8	Summarize five points in the table:				
VERBALIZATION	VENTILATION	REALITY TESTING	PROBLEM SOLVING & GOAL SETTING	BACKTRACKING		
1. How are you doing on the nine DAILY LIVING SKILLS? 2. Which one(s) are you having success with and practicing regularly? 3. Which one(s) do you think it would be helpful to begin doing? 4. When will you begin? 5. Which COPING STRATEGIES do you currently put into practice? 6. Which coping strategy(s) do you think would be helpful to practice? 7. When will you begin?					15 Minutes	20 Minutes
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 Notes						Time-Frame
Group participants fill out Group Notes.						5 Minutes
Group Closure						Time-Frame
“Don’t Quit!!” Handout located at the back of Subject Seven. Presentation suggestions include: 1. Read the handout to the group, or 2. Give a copy of the handout to each group member., or 3. Hand a copy to a group member and ask a person to read aloud to the group.						5 Minutes