

Identifying Personal Genetic Vulnerability and Risk of Substance 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:

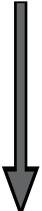
1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), *or*
2. Reading an inspirational 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.

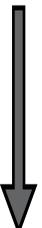
* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

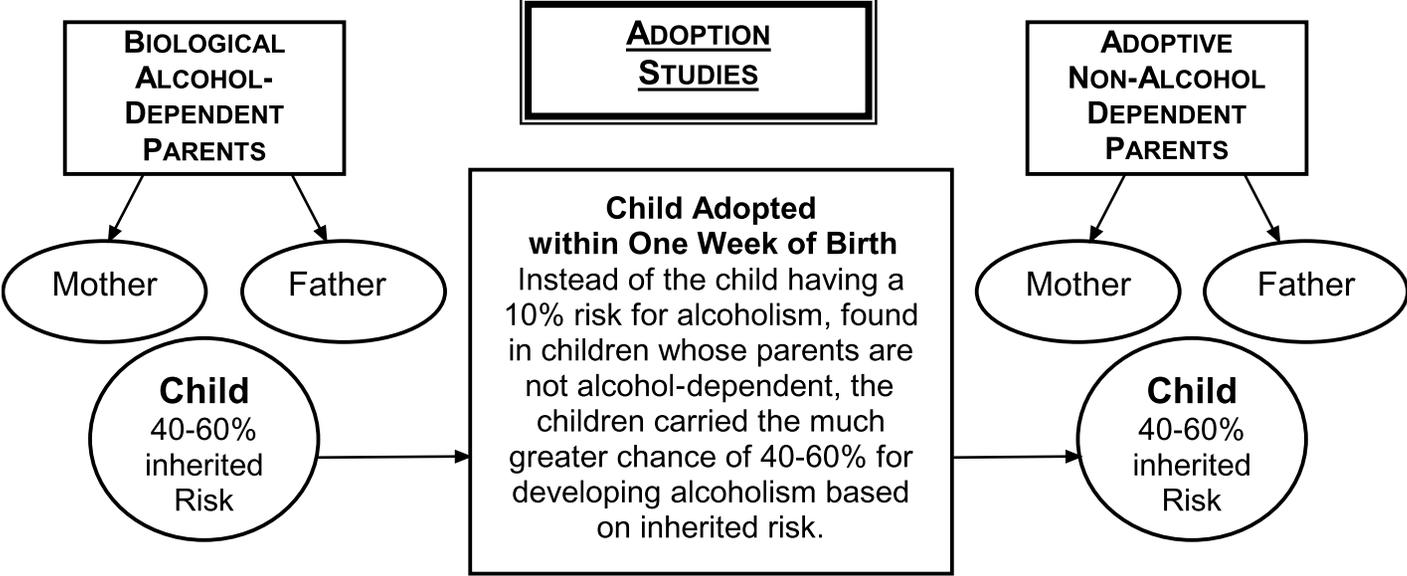
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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Volume I; Subject Three; Pages: Subject 3-15 – 3-17; APPENDIX III-14 – III-19

Based on a 2-Hour group: Two 50-Minute Segments		Time-Frame
Group Beginning and Prepare Group		20 Minutes Total
Positive group beginning (suggestions are located on the previous page).		5 Minutes
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.) 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>Introduction of the Group Topic and Why It's Important (page Subject 3-15):</u> The chance of developing chemical dependency is 8-14% or approximately 10% among people <i>without</i> alcoholism or drug addiction in their first or second-generation relatives (American Psychiatric Association, 1994). For people who <i>do</i> have a family history of alcohol or other drug dependency, the risk is much higher. Today we will talk about the prevalence and causes of substance dependence as well as determining individual risk.		5 Minutes 

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Nature Versus Nurture	Subject 3-15	Summarize brief paragraph.	30 Minutes
Causes of Substance Dependence	Subject 3-15	Summarize two paragraphs.	
Bio-Psycho-Social-Environmental-Cultural-Spiritual Causes	Subject 3-15	Summarize one paragraph.	
Genetic Factors	Subject 3-16	Summarize two paragraphs.	

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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time- Frame
Twin Studies	Subject 3-16	Summarize one paragraph.	continued 
Adoption Studies	Subject 3-16	Summarize brief paragraph.	
Results of Adoption and Twin Studies	Subject 3-16 – 3-17	<ol style="list-style-type: none"> 1. Summarize two paragraphs. 2. Illustrate and discuss the graphic of the section seen below. 3. Summarize last three paragraphs. 	
<div style="text-align: center;">  <p>ADOPTION STUDIES</p> <p>Child Adopted within One Week of Birth Instead of the child having a 10% risk for alcoholism, found in children whose parents are not alcohol-dependent, the children carried the much greater chance of 40-60% for developing alcoholism based on inherited risk.</p> </div>			
Importance of Studying The “Family Tree”	Subject 3-17	Summarize brief paragraph.	
Break			10 Minutes

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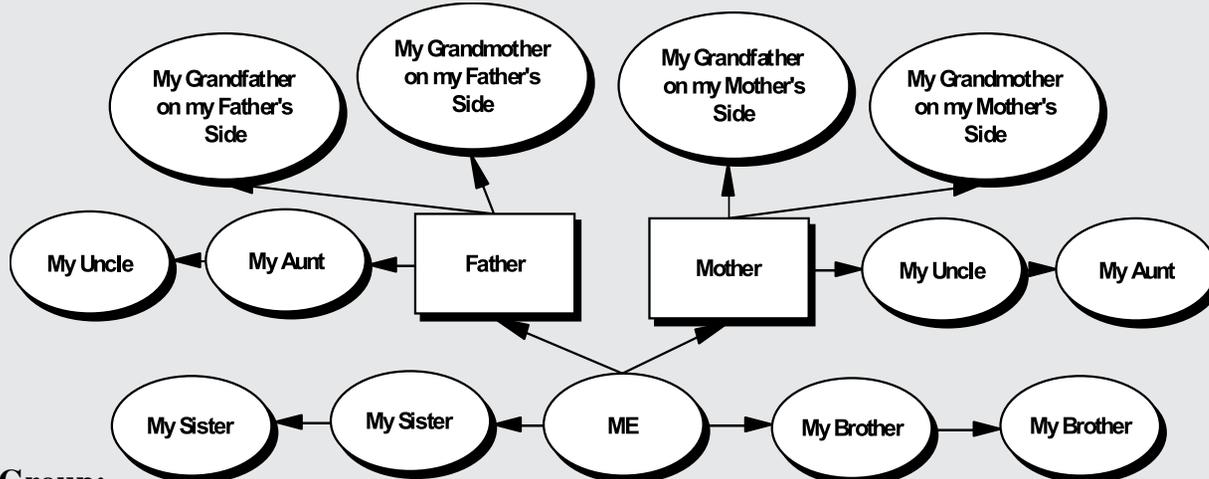
Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing								
To Facilitators: 1. The section in the table “ <i>Applying Information About Inherited Genetics</i> ” and located on page APPENDIX III-19 is <i>very</i> important. 2. It is highly recommended that the next sections of APPENDIX III be covered as briefly as possible so time can be devoted to the seven points in that section.			 10 Minutes	 15 Minutes								
Prevalence of Substance Disorders	APPENDIX III-14 (#1 in Table)	Summarize the five main points in the table.										
Risk Among Men & Women	APPENDIX III-14 (#2 in Table)	Summarize the two points in the table.										
Risk Factors for Developing Substance Dependence	APPENDIX III-16 (#4 in Table)	Summarize the main five points in the table.										
Causes: Inherited Genetics	APPENDIX III-16 – III-17 (#5 in Table)	<i>Briefly</i> summarize the four main points in the table and seen below:										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">1</td> <td style="width:35%;">Importance of Genetic Traits in Developing Substance Dependence</td> <td style="width:15%; text-align: center;">2</td> <td style="width:20%;">Symptoms Become Apparent at Various Lengths of Time</td> <td style="width:15%; text-align: center;">3</td> <td style="width:15%;">Predisposition and Drug Dependence</td> <td style="width:10%; text-align: center;">4</td> <td style="width:10%;">Skip Factory Study</td> </tr> </table>	1	Importance of Genetic Traits in Developing Substance Dependence			2	Symptoms Become Apparent at Various Lengths of Time	3	Predisposition and Drug Dependence	4	Skip Factory Study		
1	Importance of Genetic Traits in Developing Substance Dependence	2			Symptoms Become Apparent at Various Lengths of Time	3	Predisposition and Drug Dependence	4	Skip Factory Study			
Causes: Environmental	APPENDIX III-17 – III-18 (#6 in Table)	Summarize the one brief paragraph and the two points in the table.										
Causes: Individual Traits	APPENDIX III-18 (#7 in Table)	<i>Briefly</i> summarize the three main points in the table.										
Causes: Cultural	APPENDIX III-18 – III-19 (#8 in Table)	<i>Briefly</i> summarize the four main points in the table.										
Applying Information About Inherited Genetics	APPENDIX III-19 (#9 in Table)	1. It is recommended that time be allowed to summarize this information because it is an important section. 2. Summarize the seven points in the table.										

Skill Building Exercise and Discussion Suggestions

Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
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To Facilitator(s):

1. It is recommended that any group content for this particular group be written on the board *prior* to the beginning of group whenever possible.
2. Illustrate the following graphic for the group.
3. Each group participant can modify the graphic to fit their family, i.e. replace brother with sister, etc. (Note: This particular graphic is not in the curriculum.)

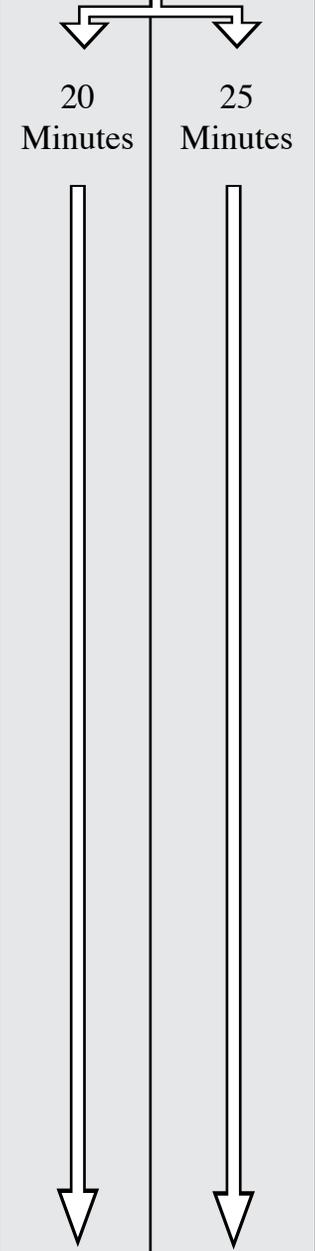


To the Group:

1. What does your “Family Tree” of risk for Substance Dependence look like? Well, let’s take a look.
2. Remember as we look at the “risk” for developing a Substance Use Disorder and/or a Psychiatric Disorder - risk does not mean *certainty*, it simply means *risk*.
3. As time allows would one person at a time come up to the board so you can see what your family risk for these disorders looks like. (Note to Facilitators: Depending on the group, you may choose to do the “board work” as each person explains their “Family Tree” to you.)
4. In the circles on the board please put:

“N/A” for non-alcohol or other drug dependency	“A” for alcohol or other drug dependency	“U” for Unknown
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5. Depression, anxiety, and other psychiatric disorders also run in families. That means that if a person has – for example – a Mood Disorder among their first or second-generation relatives, they are at a much higher risk of also developing a Mood Disorder.



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Skill Building Exercise and Discussion Suggestions

To the Group: continued

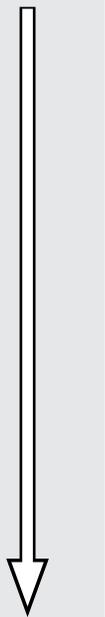
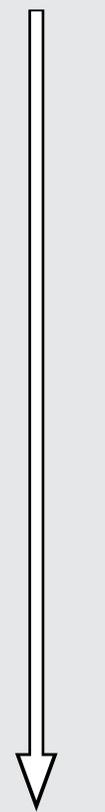
6. What does your family risk for Psychiatric Disorders look like?
7. In the circles on the board please put:

“D” for Depression	“A” for Anxiety	“M” for Mood Disorder/ Bipolar Disorder	“S” for Schizophrenia	“P” for Psychiatric Disorder	“U” for Unknown
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8. Let’s continue to discuss the Family Tree information:
 - a. What do you identify as your risk factors for developing Substance Dependence? One parent – approximately 40% risk? Two parents – approximately 60% risk?
 - b. Do you have other family members who also have alcoholism or other drug dependence?
 - c. Do you have *no* family members or parents with alcoholism? Then your risk factor would be approximately 10%.
 - d. Do you have family members or parents who have a Psychiatric Disorder?
 - e. Are you at a higher risk for Depression? Anxiety? Mood Disorder or Bipolar Disorder? Schizophrenia? Other Psychiatric Disorder?
9. It is important to remember that all of these disorders are due to genetic vulnerability and *not* a lack of willpower or character.
10. It is also very important to remember that knowing about your high risk – for any chronic disorder like heart disease – helps a person take responsibility for their recovery and health, as well as helping to eliminate the guilt for just having a disorder in the first place.

Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
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 continued	 continued
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Crisis Processing

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.

**Time-
Frame**

10
Minutes

Group “Paper Work”

Group participants fill out Group Evaluations.

**Time-
Frame**

5
Minutes

Group Closure

1. Read a daily meditation for the day or ask a group member to read aloud an inspirational message of your choice, *or*
2. Ask each group member to name something they are grateful for today, *or*
3. Ask group members to share what was meaningful to them in group today.

**Time-
Frame**

5
Minutes