

## **Co-Occurring Disorders and Progressive Stages of The Addictive Process**

**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 1/3<sup>rd</sup> 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 1/3<sup>rd</sup> 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

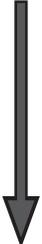
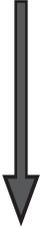
A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

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

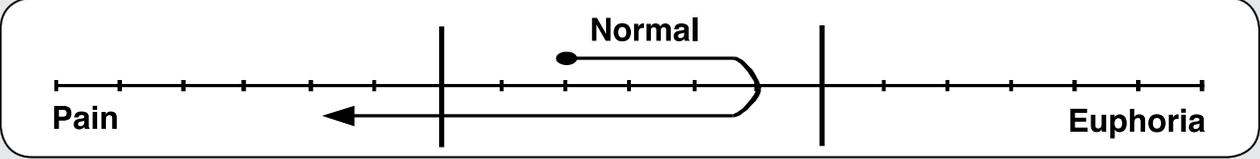
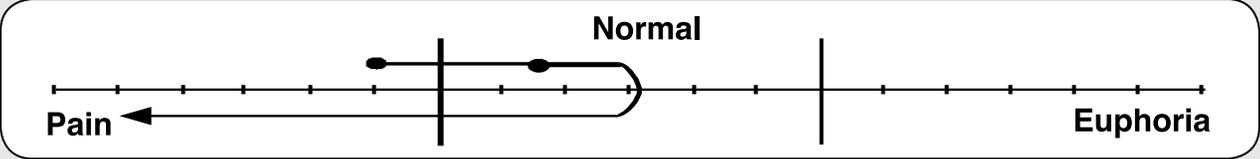
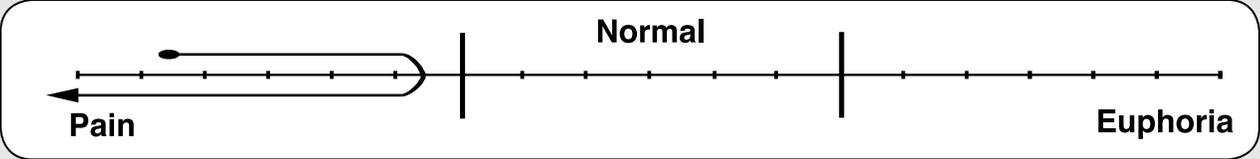
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

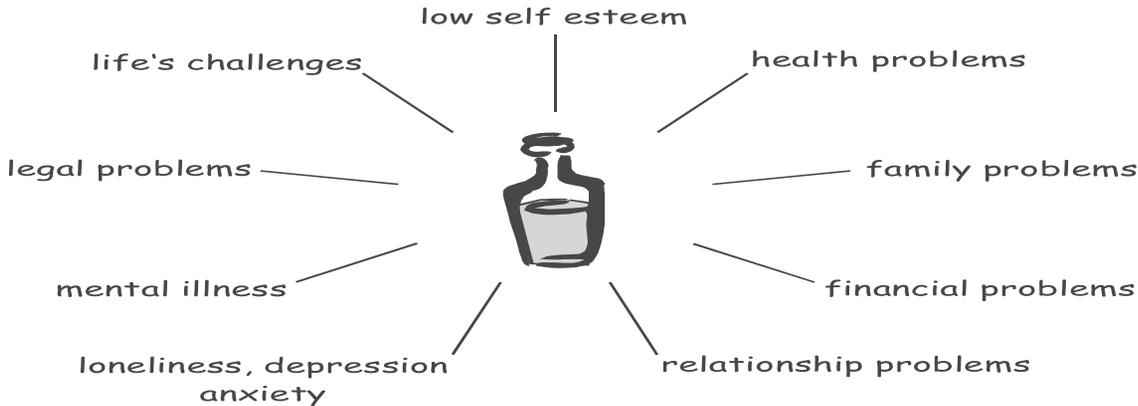
**Co-Occurring Disorders and The Progressive Stages of The Addictive Process  
Volume I; Subject Three; Pages: Subject 3-45 – 3-54; 3-55 – 3-56**

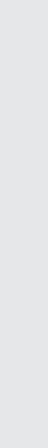
<b>Based on a 2-Hour group: Two 50 minute segments</b>	<b>Time-Frame</b>
<b>Group Beginning</b>	<b>20 Minutes Total</b>
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> <li>1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not inter-personal 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 (page Subject 3-45):</u>            The Psychoactive drugs most commonly used by individuals with Psychiatric Disorders are alcohol, nicotine, marijuana, and cocaine. All Psychiatric Disorders are negatively affected by substance use, abuse, and dependency including Mood, Anxiety, Thought, Personality, and Eating Disorders. It is difficult and often impossible to gain mental health stability or maintain recovery when people continue to drink and use other drugs.</p> <p>Today we will talk about Co-Occurring Psychiatric and Substance Disorders as well as the progressive stages of the addictive process.</p>	5 Minutes 

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame																				
Frequency of Co-Occurring Disorders	Subject 3-46	1. Summarize one paragraph. 2. Give a few examples from the table:	30 Minutes 																				
<table border="1"> <thead> <tr> <th>SPECIFIC PSYCHIATRIC DISORDER</th> <th>% WITH A SUBSTANCE DISORDER</th> <th>SPECIFIC PSYCHIATRIC DISORDER</th> <th>% WITH A SUBSTANCE DISORDER</th> </tr> </thead> <tbody> <tr> <td>MAJOR DEPRESSION</td> <td>27%</td> <td>GENERALIZED ANXIETY DISORDER</td> <td>24%</td> </tr> <tr> <td>BIPOLAR I DISORDER</td> <td>61%</td> <td>PANIC DISORDER</td> <td>36%</td> </tr> <tr> <td>OTHER MOOD DISORDERS</td> <td>32%</td> <td>PHOBIC DISORDERS</td> <td>23%</td> </tr> <tr> <td>SCHIZOPHRENIA</td> <td>47%</td> <td>OBSESSIVE-COMPULSIVE DISORDER</td> <td>33%</td> </tr> </tbody> </table>		SPECIFIC PSYCHIATRIC DISORDER		% WITH A SUBSTANCE DISORDER	SPECIFIC PSYCHIATRIC DISORDER	% WITH A SUBSTANCE DISORDER	MAJOR DEPRESSION	27%	GENERALIZED ANXIETY DISORDER	24%	BIPOLAR I DISORDER	61%	PANIC DISORDER	36%	OTHER MOOD DISORDERS	32%	PHOBIC DISORDERS	23%	SCHIZOPHRENIA	47%	OBSESSIVE-COMPULSIVE DISORDER	33%	
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Substances Can Trigger The Onset of a Psychiatric Disorder	Subject 3-46	Summarize one paragraph.																					
Effects of Co-Occurring Disorders on The Brain	Subject 3-46	Summarize two paragraphs.																					
Psychiatric Disorders and Alcohol & Drugs Do Not Mix	Subject 3-47	1. Summarize information found in the table. 2. Summarize last paragraph.																					
Specific Drugs and Mental Health	Subject 3-47 – 3-48	Briefly summarize the information in the table below:																					
<table border="1"> <tr> <td>1</td> <td>ALL DRUGS INCLUDING ALCOHOL</td> <td>2</td> <td>DEPRESSED</td> <td>3</td> <td>STIMULANTS</td> <td>4</td> <td>CANNABIS SATIVA</td> </tr> </table>		1	ALL DRUGS INCLUDING ALCOHOL	2	DEPRESSED	3	STIMULANTS	4	CANNABIS SATIVA														
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Five Stages of Drug Effects Among The Dually Diagnosed	Subject 3-48 – 3-49	Briefly summarize the information on each stage seen below:																					
<table border="1"> <tr> <td>STAGE 1: PRE-INTOXICATION</td> <td>STAGE 3: POST-INTOXICATION</td> <td>STAGE 5: PERMANENT EFFECTS</td> </tr> <tr> <td>STAGE 2: INTOXICATION</td> <td>STAGE 4: LINGERING OR RESIDUAL EFFECTS</td> <td></td> </tr> </table>		STAGE 1: PRE-INTOXICATION	STAGE 3: POST-INTOXICATION	STAGE 5: PERMANENT EFFECTS	STAGE 2: INTOXICATION	STAGE 4: LINGERING OR RESIDUAL EFFECTS																	
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<b>Break</b>			10 Minutes																				

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><b>To Facilitator(s):</b></p> <ol style="list-style-type: none"> <li>The graphics of the Vernon Johnson Model are a great way to give a visual of the progression of addiction.</li> <li>You may choose to draw just one graphic and then mark the progression on that one drawing of each stage or draw individually:</li> </ol> <div data-bbox="247 391 1507 548" style="border: 1px solid black; padding: 10px; text-align: center;"> </div> <p><b>To the Group:</b></p>			<p>15 Minutes</p>	<p>20 Minutes</p>
<p>Progressive Stages of the Addictive Process</p>	<p>Subject 3-49 – 3-51</p>	<ol style="list-style-type: none"> <li>Summarize two paragraphs.</li> <li>Illustrate and explain the progression of addiction using the Vernon Johnson Model and in the explanation of the text.</li> </ol>		
<p>Learns The Desired Mood Swing Stage</p> <div data-bbox="247 813 1507 976" style="border: 1px solid black; padding: 10px;"> </div>				
<p>Seeks The Mood Swing Stage</p> <div data-bbox="247 1057 1507 1219" style="border: 1px solid black; padding: 10px;"> </div>				
<p>Harmful Use Stage</p> <div data-bbox="247 1317 1507 1479" style="border: 1px solid black; padding: 10px;"> </div>				

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>Acute Stage, Pain Relief</p> 			<p>Continued</p> 	<p>Continued</p> 
<p>Chronic Stage, Use to Live</p> 				
<p>Terminal Stage, Escape Life</p> 				
<p><b>To the Group:</b></p> <ol style="list-style-type: none"> <li>1. How do you relate to the progression of addiction?</li> <li>2. Where do you currently see yourself in this progression?</li> <li>3. If you continue to use alcohol and other drugs, do you relate to how the progression might affect you personally?</li> <li>4. What other thoughts and comments do you have about the progression of addiction?</li> </ol>				

Skill Building Exercise and Discussion Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Identifying Problems Related to Substances	Subject 3-52	Summarize one paragraph.	15 Minutes	20 Minutes
Problems Can Be Hard to Identify	Subject 3-52	Summarize one paragraph.		
The Picture Is Not Accurate	Subject 3-52	1. Summarize one paragraph. 2. Illustrate and explain the graphic. (Note: The <i>Tips to Facilitators</i> includes some suggestions about this graphic and the next one.)		
				
An Accurate Picture Makes A Difference	Subject 3-53	1. Summarize brief paragraph. 2. Illustrate and explain the graphic. 3. Summarize remaining brief paragraph.		
				

Skill Building Exercise and Discussion - Suggestions for topic discussion:			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Severity of Problems Increase	Subject 3-53	Summarize one paragraph.	Continued 	Continued 
“But I’m Not That Bad - Really!”	Subject 3-53 – 3-54	Summarize the three Scenarios and the Responses found in the table.		
“Just How Bad Does It <i>Have</i> to Get?”...Warning Signs of Problems	Subject 3-54	1. Summarize brief paragraph. 2. Read as many of the twelve points found in the table as time permits.		
<p><b><u>To the Group:</u></b></p> <ol style="list-style-type: none"> <li>1. What comments or thoughts do you have?</li> <li>2. It’s easy to see how problems related to alcohol and other drug abuse can creep up on a person without them even being very aware of them isn’t it?</li> <li>3. How “bad” do you think it would have to get before making changes?</li> <li>4. What is your bottom? Or what is the worst case scenario for you personally? DUI? Divorce? Lose Job? Housing? Health?</li> <li>5. Is it “bad enough” now?</li> <li>6. Are you making changes? In what way(s)?</li> <li>7. What specifically would have to happen – that hasn’t happened yet and you don’t think will <i>ever</i> happen – that would tell you personally that changes <i>must</i> be made?</li> </ol>				
<b>Crisis Processing</b>			<b>Time-Frame</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	
<b>“Paper Work”</b>			<b>Time-Frame</b>	
Group participants fill out Group Notes.			5 Minutes	
<b>Group Closure</b>			<b>Time-Frame</b>	
<ol style="list-style-type: none"> <li>1. Recommended reading - with gusto - the Fifteen Questions 😊 and The Solutions on pages Subject 3-55 – 3-56 and the grading of the “Sure-Fire, Fool-Proof Test” on page 3-56, <i>or</i></li> <li>2. Read a daily brief meditation for the day, <i>or</i></li> <li>3. Ask a group member to read aloud an inspirational reading or message of your choice.</li> </ol>			5 Minutes	