

De-Nial Is Not a River in Egypt & The Many Faces of Denial

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

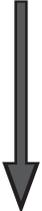
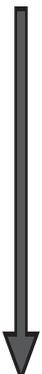
A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

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.

De-Nial Is Not a River in Egypt & The Many Faces of Denial
Volume I; Subject Two; Pages: Subject 3-59 – 3-60; APPENDIX III-91 – III-92

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 
<p><u>Summarize Introduction of the Group Topic and Why It's Important (pages Subject 3-59 – 3-60):</u> The main distortion of thinking, again a symptom of addiction, comes in the form of denial. The chemically dependent person uses in excess not as a matter of choice, but because of necessity. Denial also becomes a necessity. In fact, no addiction can continue without it.</p> <p>Once a chemical or activity addiction gets to the point that it's central in the life of a person, they can barely do anything but deny. Some people will say they had glimpses or moments of clarity that, "Things aren't going very well," or "Alcohol and drugs are causing some problems for me." These insights can quickly fade when the fear of giving up substances is combined with distortions in thinking that are part of any illness that begins in the brain.</p> <p>Today, we will look at the many faces of denial and work toward discovering how these play a part in keeping the addictive process continuing.</p>	5 Minutes 

Psychoeducation Part I: Topics & Focus		Pages & Location	Presentation Suggestions			Time- Frame											
De-Fenses Are “Fences” Used to Keep People “In” or Others “Out”		Subject 3-60	Summarize one paragraph.			10 Minutes 											
Denial or Defenses Come in Many Forms		Subject 3-60	Summarize one paragraph and name the twelve common forms of denial seen below:														
1	SIMPLE DENIAL	5	RATIONALIZING	9	DIVERSION												
2	MINIMIZING	6	INTELLECTUALIZING	10	HOSTILITY												
3	BLAMING	7	COMPLIANCE	11	EUPHORIC RECALL												
4	PROJECTION	8	PERSONALIZING	12	SUBSTITUTION												
Denial Causes Failure to See Reality		Subject 3-61	Summarize information in the table.														
Effects of Not Working Through Denial		Subject 3-61	Summarize information in the table.														
Working Through Denial and Defenses		Subject 3-61 – 3-62	1. Summarize one paragraph. 2. Present the information in the table below. 3. Summarize the one remaining paragraph.														
1	The place to start moving through denial is with the simple understanding that denial does exist.																
2	The next step is to consciously and repeatedly remind yourself to consider the opinions of others with an open mind.																
3	The next step is to talk openly about the answers to those questions.																
Skill Building Exercise and Discussion Suggestions						Time- Frame											
<u>To the Facilitator(s):</u> 1. The expanded version used in this group is found in “Recognizing The Many ‘Faces’ of Denial” on pages APPENDIX III-91 – III-92. 2. Discuss the description of each of the first six faces of denial – giving the examples from the table in APPENDIX III.						20 Minutes 											
<u>To the Group:</u> 1. We will discuss the first six faces of denial: (Page: APPENDIX III-91) <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>SIMPLE DENIAL</td> <td>2</td><td>MINIMIZING</td> <td>3</td><td>BLAMING</td> <td>4</td><td>PROJECTION</td> <td>5</td><td>RATIONALIZING</td> <td>6</td><td>INTELLECTUALIZING</td> </tr> </table> 2. Do you relate to how these defenses or denial protects a person from the painful reality of problems with alcohol, drugs, and/or addiction, and/or psychiatric disorders?							1	SIMPLE DENIAL	2	MINIMIZING	3	BLAMING	4	PROJECTION	5	RATIONALIZING	6
1	SIMPLE DENIAL	2	MINIMIZING	3	BLAMING	4	PROJECTION	5	RATIONALIZING	6	INTELLECTUALIZING						

Skill Building Exercise and Discussion Suggestions (continued):	Time-Frame
<p>To the Group: continued</p> <ol style="list-style-type: none"> 3. What comments do you have? 4. How do you think these defenses or specific “faces” of denial affect you personally? 5. What other thoughts or opinions do you have? 6. Which one(s) of these first six “faces” do you relate to personally the most? 7. Which one(s) result in changes in your thinking or behavior? In what way? 	continued 
<p>Break</p>	10 Minutes

Skill Building Exercise and Discussion Suggestions:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																																																
<p>To the Group:</p> <ol style="list-style-type: none"> 1. We will discuss the next six faces of denial (pages: APPENDIX III-92): <table border="1" data-bbox="136 747 1633 799"> <tr> <td>7</td><td>COMPLIANCE</td><td>8</td><td>PERSONALIZING</td><td>9</td><td>DIVERSION</td><td>10</td><td>HOSTILITY</td><td>11</td><td>EUPHORIC RECALL</td><td>12</td><td>SUSTITUTION</td> </tr> </table> <ol style="list-style-type: none"> 2. Do you relate to how these defenses or denial protects a person from the painful reality of problems with alcohol, drugs, and/or addiction, and/or psychiatric disorders? 3. What comments do you have? 4. How do you think these defenses or specific “faces” of denial affect you personally? 5. What other thoughts or opinions do you have? 6. Which one(s) of these six “faces” of denial do you relate to personally the most? 7. Which one(s) result in changes in your thinking or behavior? In what way? 8. Other faces of defenses and denial include: <table border="1" data-bbox="178 1123 1474 1383"> <thead> <tr> <th colspan="6">OTHER FACES OF DENIAL</th> </tr> </thead> <tbody> <tr> <td>1</td><td>COCKINESS</td><td>6</td><td>JUDGING</td><td>11</td><td>WITHDRAWING</td> </tr> <tr> <td>2</td><td>HUMOR</td><td>7</td><td>EXPLAINING</td><td>12</td><td>SHOUTING</td> </tr> <tr> <td>3</td><td>DISHONESTY</td><td>8</td><td>ANALYZING</td><td>13</td><td>SILENCE</td> </tr> <tr> <td>4</td><td>MANIPULATION</td><td>9</td><td>ARGUING</td><td>14</td><td>SMILING</td> </tr> <tr> <td>5</td><td>ACCUSING</td><td>10</td><td>DEFIANCE</td><td></td><td></td> </tr> </tbody> </table> <ol style="list-style-type: none"> 9. Do you relate to how these defenses or denial protects a person from the painful reality of problems with alcohol, drugs, and/or addiction, and/or psychiatric disorders? 10. What comments do you have? 	7	COMPLIANCE	8	PERSONALIZING	9	DIVERSION	10	HOSTILITY	11	EUPHORIC RECALL	12	SUSTITUTION	OTHER FACES OF DENIAL						1	COCKINESS	6	JUDGING	11	WITHDRAWING	2	HUMOR	7	EXPLAINING	12	SHOUTING	3	DISHONESTY	8	ANALYZING	13	SILENCE	4	MANIPULATION	9	ARGUING	14	SMILING	5	ACCUSING	10	DEFIANCE			30 Minutes 	40 Minutes 
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Skill Building Exercise and Discussion Suggestions (continued):	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To the Group: continued</p> <p>11. How do you think these defenses or specific “faces” of denial affect you personally?</p> <p>12. What other thoughts or opinions do you have?</p> <p>13. Which of these other “faces” of denial do you relate to personally?</p> <p>14. Which one(s) result in changes in your thinking or behavior? In what way?</p>	<p>continued</p> 	<p>continued</p> 
Crisis Processing	Time-Frame	
<p>1. Ask the group member(s) to tell the group what happened.</p> <p>2. Explore options and/or develop an immediate plan for coping.</p> <p>3. Allow the group to offer support.</p>	10 Minutes	
“Paper Work”	Time-Frame	
<p>Group participants fill out Group Notes.</p>	5 Minutes	
Group Closure	Time-Frame	
<p>1. Recommended INSPIRATIONAL HANDOUT <i>Yesterday</i> located at the back of Subject Three. Presentation suggestions include:</p> <p>a. Read the handout to the group, <i>or</i></p> <p>b. Ask a group member to read the handout out loud to the rest of the group, <i>or</i></p> <p>c. Give a copy to each group member and ask for a volunteer to read to the group, <i>or</i></p> <p>2. Read a daily brief meditation for the day, <i>or</i></p> <p>3. Which “face(s)” of denial will you be more aware of in the future, <i>or</i></p> <p>4. Which “face(s)” of denial will you try to look at more objectively than you have in the past, <i>or</i></p> <p>5. Which “face(s)” of denial do you realize you have already begun to view more objectively recently, <i>or</i></p> <p>6. What area of improvement will be your next recovery focus, <i>or</i></p> <p>7. Ask a group member to read aloud an inspirational reading or message of your choice.</p>	10 Minutes	