

Effects of Alcohol, Stimulants, and Cannabis Sativa and Other Drugs on Mental Health

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

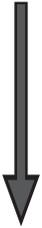
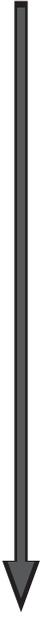
A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

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.

**Effects of Alcohol, Stimulants, and Cannabis Sativa & Other Drugs on Mental Health;
Volume I; Subject One; Pages: APPENDIX IA-1 –IA-2; IA-6 –IA-8; IA-11 –IA-14**

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:</u> People don't begin to use alcohol and other drugs so they can damage brain cells or become profoundly confused or paranoid. They use for all the same reasons every person uses. These reasons can include getting high or feeling euphoric – increasing energy – controlling anxiety – and many more. Yet for approximately 15% of the population – there's a difference in brain chemistry. This difference results in a person using more and more of one or more substances and continuing to use <i>in spite of</i> the negative consequences. Alcohol and other drugs are psychoactive substances. This means the drugs have the ability to increase or decrease the speed of electrical impulses along the neural pathways in the brain. This means alcohol and other drugs have a strong affect on mental health. The categories they affect include:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>BRAIN AND THINKING</td> <td>PERSONALITY AND MOOD</td> <td>BEHAVIOR</td> </tr> </table> <p>Today we will discuss the effects of the three most frequently used drugs among individuals with dual diagnoses – alcohol, stimulants (amphetamine, methamphetamine, cocaine, or crack cocaine), cannabis sativa (marijuana, hashish, or hash oil) – and discuss one other drug if time permits that the group wants information on.</p> <p>It's important to note that the effects of these drugs on mental health may be something a person relates to now – like black-outs. Or a person may relate to these effects in the future, especially if these times are now in a more subtle form of “gray-outs” or foggy memory or lapses in some of the events of an evening. None of this information is meant as “scare tactics.” It's all meant as education. You may not experience any of these effects, may experience a few, or may just see glimpses of the beginnings of these effects. It takes strength and courage for human beings to be objective...so hang in there!</p>	BRAIN AND THINKING	PERSONALITY AND MOOD	BEHAVIOR	5 Minutes 
BRAIN AND THINKING	PERSONALITY AND MOOD	BEHAVIOR		

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Effects of Alcohol on Mental Health	Appendix IA-1 – IA-2	Discuss, mention, or name <i>some</i> of the specific effects of Alcohol on Mental Health in the areas of: 1. Brain and Thinking, 2. Personality and Mood, and 3. Behavior	30 Minutes
Skill Building Exercise and Discussion - Suggestions for topic discussion:			
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> 1. Choose any questions you wish for the discussion. Below are just a few examples. 2. One of the skills being developed is self-awareness. The point of the discussion would be for participants to identify the areas – if any –they personally relate to. 3. Summarize the effects of alcohol on mental health from each category. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What effects do you personally relate to? 2. What have you experienced in the Brain and Thinking category? <i>Profound Mental Confusion?...Yet?</i> 3. What have you experienced in the Personality and Mood category? <i>Personality and Mood Changes?...Yet?</i> 4. What have you experienced in the Behavior category? <i>Increased Risk Taking Behavior?...Yet?</i> 			
Break			10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Effects of Amphetamine, Methamphetamine, Cocaine, or Crack Cocaine on Mental Health	APPENDIX IA-6 – IA-8	Discuss, mention, or name <i>some</i> of the specific effects of Amphetamine, Methamphetamine, Cocaine, or Crack Cocaine on Mental Health in the areas of: 1. Brain and Thinking, 2. Personality and Mood, and 3. Behavior	 15 Minutes	 20 Minutes
Skill Building Exercise and Discussion - Suggestions for topic discussion:				
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> 1. Choose any questions you wish for the discussion. Below are just a few examples. 2. One of the skills being developed is self-awareness. The point of the discussion would be for participants to identify the areas – if any – they personally relate to. 3. Summarize the effects of amphetamines on mental health from each category. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What effects do you personally relate to? 2. What have you experienced in the Brain and Thinking category? <i>Difficulty Concentrating?...Yet?</i> 3. What have you experienced in the Personality and Mood category? <i>Flattened or Dulled Emotions?...Yet?</i> 4. What have you experienced in the Behavior category? <i>Loss of Values?...Yet?</i> 				

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Effects of Cannabis Sativa (Marijuana, Hashish, or Hash Oil) on Mental Health	APPENDIX IA-11 – IA-14	Discuss, mention, or name some of the specific Effects of Cannabis Sativa (Marijuana, Hashish, or Hash Oil) on Mental Health in the areas of: 1. Brain and Thinking, 2. Personality and Mood, and 3. Behavior	15 Minutes	20 Minutes
Skill Building Exercise and Discussion - Suggestions for topic discussion:				
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> 1. Choose any questions you wish for the discussion. Below are just a few examples. 2. One of the skills being developed is self-awareness. The point of the discussion(s) would be for participants to identify the areas – if any – they personally relate to from the effects of marijuana. 3. Summarize the effects of cannabis sativa on mental health from each category. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What effects do you personally relate to? 2. What have you experienced in the Brain and Thinking category? <i>Impaired Intellectual Performance? Profound Mental Confusion?...Yet?</i> 3. What have you experienced in the Personality and Mood category? <i>Distorted Emotional Responses? Personality and Mood Changes?...Yet?</i> 4. What have you experienced in the Behavior category? <i>Amotivational Syndrome Symptoms? Increased Risk Taking Behavior?...Yet?</i> 				
The Brain Can Heal With Your Help – and With Time	Subject 3-75	Summarize five paragraphs.		
Crisis Processing			10 Minutes	
<ol style="list-style-type: none"> 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. 				

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“Paper Work”	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
<ol style="list-style-type: none"> 1. Recommended INSPIRATIONAL HANDOUT “<i>Change</i>” located at the back of Subject One. Presentation suggestions include: <ol style="list-style-type: none"> a. Read the handout to the group, <i>or</i> b. Give a copy of the handout to each group member, and/<i>or</i> c. Ask a group member to read aloud the handout to the group, <i>or</i> 2. Read a daily brief meditation for the day, <i>or</i> 3. Ask what do you think or feel when identifying any effects of these drugs on Mental Health? Remember self-awareness is progress!, <i>or</i> 4. Ask each group member to name something they are grateful for today, <i>or</i> 5. Ask a group member to read aloud an inspirational reading of your choice. 	5 Minutes