

## **Identifying Negative Thinking Patterns & Changing Negative Thinking to Positive Thinking**

**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.

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<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:</u></p> <p align="center"><i>“You are what you think and believe, so think and believe the very best.”</i></p> <p>The way people think about themselves, the world, and their relationships affects how they feel and how they behave – for better or for worse. If a person looks outside and it is gray and rainy, and thinks, “This is going to be a terrible day,” it probably will be. If they walk outside, see the rain and think about how nice the air smells after a rain, or what a good day it is to sit inside and read – they usually feel better.</p> <p>Today we will look at negative thinking patterns and positive thinking patterns as well as steps to positive thinking.</p>	5 Minutes 

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<b>Psychoeducation Part I: Topics &amp; Focus</b>	<b>Pages &amp; Location</b>	<b>Presentation Suggestions</b>	<b>Time- Frame</b>
Changing Negative Thinking to Positive Thinking	Subject 2-63	1. Summarize remaining two paragraphs of this section. 2. Read the story to the group <i>A Little Story About Positive "Self-Talk."</i>	30 Minutes
Negative Thoughts Adversely Affect Physical and Mental Health	Subject 2-64	Summarize three paragraphs.	
Positive Thoughts Contribute to Good Physical and Mental Health	Subject 2-64	Summarize three paragraphs.	
<i>But...Always Be Sincere With Thoughts and Feelings</i>	Subject 2-64 – 2-65	Summarize three paragraphs.	
Co-Occurring Disorders and Negative Thinking Patterns	Subject 2-65	Summarize two paragraphs.	
Negative Thinking – Defenses and Habits	Subject 2-65	One line introduction under heading.	
Negative Thinking As Defenses	Subject 2-65 – 2-66	Summarize two paragraphs.	
Negative Thinking Patterns Become Habits	Subject 2-66	Summarize paragraph.	
<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>			
<b><u>To the Group:</u></b> 1. What comments do you have so far? 2. Do you relate to having negative thoughts? 3. Which one(s) do you have the most often? 4. How do you relate to these negative thoughts becoming habits over time? 5. How do these negative thoughts affect your self-esteem? How does that affect your life? Your relationships?			
<b>Break</b>			<b>10 Minutes</b>

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing						
Steps to Positive Thinking	Subject 2-68 – 2-69	<ol style="list-style-type: none"> <li>1. State the major headings of the table shown below.</li> <li>2. Give explanations of each using the text.</li> </ol>	10 Minutes	15 Minutes						
1	IDENTIFY NEGATIVE THINKING PATTERNS	5	FOCUS LESS ON THE NEGATIVE & MORE ON THE POSITIVE – <i>ONE THOUGHT AT A TIME</i>							
2	REVIEW PROGRESS & ACCOMPLISHMENTS	6	CHECK THE EVIDENCE FOR NEGATIVE THOUGHTS							
3	SAY “NO” OR “STOP” TO NEGATIVE THOUGHTS	7	BRING NEGATIVE SELF-TALK OUT IN THE OPEN							
4	BE SURROUNDED WITH POSITIVES									
<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>			20 Minutes	25 Minutes						
<p><b><u>To Facilitator(s):</u></b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. You may cover this information in several ways. One would be to discuss each of the steps to positive thinking in the following way:</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 15%;">Name a step.</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 35%;">Relate to the group the descriptions &amp; information in the table.</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 15%;">Ask for group comments on this particular step.</td> </tr> </table> <p><b><u>To the Group:</u></b></p> <ol style="list-style-type: none"> <li>1. Let’s talk about the steps to positive thinking.</li> <li>2. What do you personally relate to?</li> <li>3. Which one(s) of these suggestions for changing negative thinking to positive thinking have you already found to be helpful?</li> <li>4. Which one(s) would be helpful for you personally to add to your daily recovery plan?</li> <li>5. Which step would you begin with? When would you start? What will you use to remind yourself (note on refrigerator, note in your purse or wallet, etc.) to practice this step to positive thinking or positive thought?</li> </ol>			1	Name a step.	2	Relate to the group the descriptions & information in the table.	3	Ask for group comments on this particular step.		
1	Name a step.	2	Relate to the group the descriptions & information in the table.	3	Ask for group comments on this particular step.					
<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							

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<b>“Paper Work”</b>	<b>Time-Frame</b>
Group participants fill out Group Notes.	5 Minutes
<b>Group Closure</b>	<b>Time-Frame</b>
<u>PRACTICE INCREASES THE STRENGTH OF POSITIVE THINKING</u> (Subject 2-70) Reading the two paragraphs in this section is the recommended positive closure for this group.	5 Minutes