

Neurochemistry of Toxicity and Emotions as the Brain Wakes Up

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:


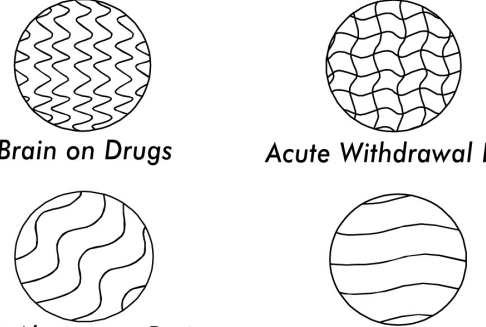
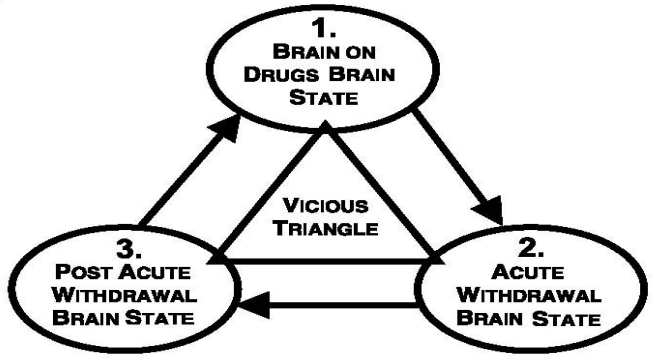
1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
 2. Reading an inspirational or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



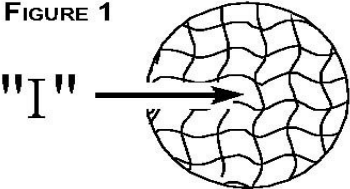
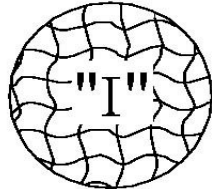
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.



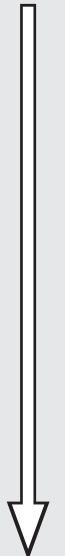
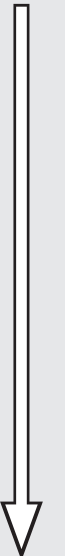
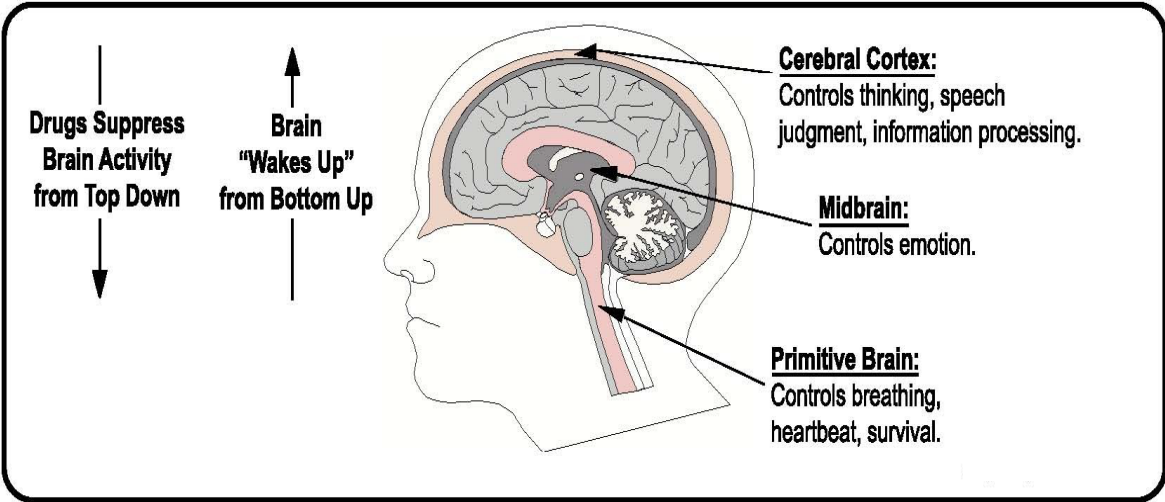
Neurochemistry of Toxicity and Emotions as the Brain Wakes Up
Volume II; Subject Five; Pages: Subject 5-8 – 5-13




| 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 5-8 – 5-13):</u></p> <p>There are several neurological principles that provide a guide and understanding to emotional responses in the early recovery healing process. These principles include toxicity, brain states, and the response of the brain when waking up from toxicity.</p> <p>The brain is affected – of course – when a person is using alcohol and other drugs. The brain is also affected when a person cuts down or stops using these substances. Even though these symptoms of brain states feel <i>emotional</i> – they are actually caused by <i>physical</i> changes in the brain.</p> <p>Understanding these changes and how the changes have an effect on the nervous system and the emotions is very, very important. Understanding that having strong emotional responses or feeling <i>over-emotional</i> <i>or</i> having dulled emotional responses or feeling <i>under-emotional</i> in early recovery does not mean a person is not doing well. It means the nervous system is <i>healing</i> and the person is doing very well. Understanding what happens when the brain wakes up can help a person cope with intense emotions.</p> <p>Our focus today is toxicity and the effects on the nervous system and emotions.</p> | 5 Minutes  |

| Psychoeducation Part I: Topics & Focus | Pages & Location | Presentation Suggestions | Time- Frame | | | | | | | | |
|---|----------------------------------|--|---|---|---------------------|---|-----------------------------|---|----------------------------------|---|-----------------------|
| Toxicity Defined | Subject 5-8 | Summarize one paragraph. | 30 Minutes  | | | | | | | | |
| Toxicity and Brain States | Subject 5-8 | Summarize two paragraphs (the explanation of each state is found in the table). | | | | | | | | | |
| Brain States | Subject 5-8 – 5-9 | <ol style="list-style-type: none"> 1. Illustrate the graphic below of the brain states found in the table. <div data-bbox="814 381 1564 430" style="border: 1px solid black; display: flex; justify-content: space-around; padding: 5px;"> Brain States Toxic Response </div> <ol style="list-style-type: none"> 2. Summarize the information about the brain states. 3. Summarize two remaining paragraphs | | | | | | | | | |
| <table border="1" data-bbox="126 625 651 852" style="width: 25%; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">1</td><td>The brain on drugs.</td></tr> <tr><td style="text-align: center;">2</td><td>The acute withdrawal brain.</td></tr> <tr><td style="text-align: center;">3</td><td>The post acute withdrawal brain.</td></tr> <tr><td style="text-align: center;">4</td><td>The recovering brain.</td></tr> </table> <div data-bbox="787 527 1449 966" style="border: 2px solid black; padding: 10px; text-align: center;">  <p style="font-size: small; margin-top: 10px;">Graphic by Dave Wendland</p> </div> | | | | 1 | The brain on drugs. | 2 | The acute withdrawal brain. | 3 | The post acute withdrawal brain. | 4 | The recovering brain. |
| 1 | The brain on drugs. | | | | | | | | | | |
| 2 | The acute withdrawal brain. | | | | | | | | | | |
| 3 | The post acute withdrawal brain. | | | | | | | | | | |
| 4 | The recovering brain. | | | | | | | | | | |
| Vicious Cycle | Subject 5-9 – 5-10 | <ol style="list-style-type: none"> 1. Illustrate the graphic below to create a visual. 2. Explain the vicious triangle by summarizing the material in the four paragraphs found in the text. | | | | | | | | | |
| <div data-bbox="619 1128 1312 1518" style="border: 2px solid black; padding: 10px; text-align: center;">  </div> | | | | | | | | | | | |

| Psychoeducation Part I: Topics & Focus | Pages & Location | Presentation Suggestions | Time- Frame |
|--|---------------------|--------------------------|--|
| <p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have so far? 2. It makes sense doesn't it, that it takes <i>time</i> for the brain to recover? 3. Is it understandable that if a person does not give themselves enough time to work through post acute withdrawal then they will not gain the actual benefits of brain healing? 4. Isn't it like a broken leg? It takes time. And if a person does not go through the stages of recovery as recommended...the chances of their leg healing is jeopardized isn't it? 5. Isn't it like heart disease? Recovery also takes time. Each time a person does not follow a treatment program...the disorder returns and a person will have lost ground in the meantime. | | | <p>Continued</p>  |
| <p>Break</p> | | | <p>10 Minutes</p> |

| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing | | |
|--|---------------------------|--|---|---|----------------|-------------------|
| <p>Toxicity Affects Perception</p> | <p>Subject 5-10</p> | <p>Explain the meaning of the graphic by summarizing the three paragraphs located in the text.</p> | <p>10 Minutes</p>  | <p>15 Minutes</p>  | | |
| <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FIGURE 1  FIGURE 2 </p> <p>Graphic by Dave Wendland</p> </div> | | | | | | |
| <p>Toxicity Affects Thinking</p> | <p>Subject 5-11</p> | <p>Summarize two paragraphs.</p> | | | | |
| <p>Effects of Toxicity</p> | <p>Subject 5-11</p> | <p>Summarize the effects:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>ANXIETY AND IRRITABILITY</td> <td>CONCENTRATION PROBLEMS</td> <td>MOOD SWINGS</td> <td>SLEEP PROBLEMS</td> </tr> </table> | ANXIETY AND IRRITABILITY | CONCENTRATION PROBLEMS | MOOD SWINGS | SLEEP PROBLEMS |
| ANXIETY AND IRRITABILITY | CONCENTRATION PROBLEMS | MOOD SWINGS | SLEEP PROBLEMS | | | |

| Psychoeducation Part II: Topics & Focus (continued) | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|--|--|--|--|--|
| <p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have? 2. Sometimes it can be difficult to realize that a person’s perception is still affected in early recovery. What thoughts to do you have this? 3. What symptoms of toxicity do you relate to? 4. How are you coping with these symptoms? 5. Remember it took time to cause these effects on the nervous system and the brain and the body. It will take time for them to recover. Hang in there!!! | | | <p>Continued</p>  | <p>Continued</p>  |
| <p>Psychoeducation Part II: Topics & Focus (continued)</p> | <p>Pages & Location</p> | <p>Presentation Suggestions</p> | <p>Time-Frame with Crisis Processing</p> | <p>Time-Frame without Crisis Processing</p> |
| <p>The Brain Wakes Up From Toxicity</p> | <p>Subject 5-11 – 5-13</p> | <ol style="list-style-type: none"> 1. Summarize seven paragraphs. 2. In the “Tips to Professionals” you will find suggestions about the graphic. | <p>20 Minutes</p>  | <p>25 Minutes</p>  |
|  | | | | |
| <p>Effects on Emotions in The Waking Up Process</p> | <p>Subject 5-13</p> | <p>Summarize five paragraphs.</p> | | |

| Psychoeducation Part II: Topics & Focus (continued) | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---------------------|--------------------------|--|--|
| <p>To the Facilitators:</p> <ol style="list-style-type: none"> 1. This particular information is very important for many reasons. 2. It helps a person make sense of why early recovery feels so intense. 3. It helps a person realize that what feels so intense or bad is actually because of the healing process...similar to understanding the benefits of the discomfort of physical therapy for instance. <p>To the Group:</p> <ol style="list-style-type: none"> 1. Do or are you experiencing intense emotions in early recovery? 2. Did you realize these are a part of the recovery process? 3. Will it help to remind yourself that intense emotions are caused by the nervous system healing? 4. The brain and nervous system are saying “What are you doing? Where are the drugs?!” 5. Does it sometimes feel like if someone said, “How are you feeling?” and if they asked in 15 minutes, “Well, how are you feeling Now!” that the answers would be different? With continued recovery, the mood swings of the nervous system even out – Hang in There! | | |  <p>Continued</p> |  <p>Continued</p> |
| Crisis Processing | | | Time-Frame | |
| <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. | | | 10 Minutes | |
| “Paper Work” | | | Time-Frame | |
| Group participants fill out Group Notes. | | | 5 Minutes | |
| Group Closure | | | Time-Frame | |
| <p>Recommended INSPIRATIONAL HANDOUT <i>Here Are Some Helpful Hints On the Care of Depression Monsters</i> (two page handout) located at the back of Subject Five. Presentations suggestions include:</p> <ol style="list-style-type: none"> 1. Read the handout to the group, <i>or</i> 2. Ask a group member to read the handout out loud to the group, <i>or</i> 3. Give a copy to each group member to take home and ask for a volunteer to read the handout to the group. | | | 5 Minutes  | |