

Self-Help Groups and The Twelve Step Program

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

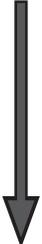
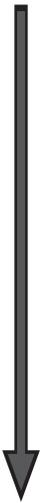
A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

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.

**Self-Help Groups and The Twelve Step Program;
Volume II; Subject Six; Pages: Subject 6-62 – 6-73**

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 (page Subject 6-62):</u> It's said, "Come into a program that is the size of the problem." That's the Twelve Step Program. The importance of the Twelve Step Program can't be overemphasized. This point is made in the following real recovery story:</p> <p align="center">"DAVID'S" RECOVERY STORY ABOUT GETTING THE POINT</p> <p>David didn't want to attend A.A. Between the effects of years of hard drinking and his depression, he'd lost more than his hope – he'd lost the fight to even care. Life had become just a series of going through the motions anyway, so he went to meetings.</p> <p>After about six months of abstinence and meetings, something began to change inside. One day he told his counselor, "I think I just figured out something. You want me to go to Alcoholics Anonymous because that's really where my continuous sobriety, sanity, and hope can be found." Happily, his counselor shared in David's happiness by replying "Now you've got it. Ongoing recovery isn't here in treatment – it's around the tables of A.A.!"</p> <p>Today we will talk about the importance of Self-Help Groups in the recovery process as we discuss the most popular Self-Help Group world-wide – The Twelve Step Program.</p>	5 Minutes 

Self-Help Groups and The Twelve Step Program; Volume II; Subject Six; Pages: Subject 6-62 – 6-73

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame		
Attending Meetings	Subject 6-62	1. Summarize one brief paragraph after “David’s” Story. 2. List the five basics of the Twelve-Step Program found in the table below:	30 Minutes		
1	ATTENDING MEETINGS	3	WORKING THE TWELVE STEPS	5	BEING OF SERVICE TO OTHERS
2	GETTING A SPONSOR	4	READING INSPIRATIONAL LITERATURE		
The History of Alcoholics Anonymous	Subject 6-63	Summarize five paragraphs.			
Not Me – Other People May Need A.A., But I Don’t	Subject 6-63 – 6-64	Summarize three paragraphs.			
First, Change Your Thinking About Meetings	Subject 6-64 – 6-65	Summarize three paragraphs.			
Second, Change Your Behavior	Subject 6-65	Summarize three paragraphs.			
Importance of Twelve Step Meetings	Subject 6-65 – 6-66	Summarize two paragraphs.			
The Purpose of Twelve Step Meetings	Subject 6-66	1. Summarize two paragraphs. 2. Read <i>SHORT STORY ABOUT SUPPORT</i> .			
“Friends of Bill W.”	Subject 6-66	Summarize one paragraph.			
Recovery For Families: Al-Anon and Alateen	Subject 6-67	Summarize three brief paragraphs.			
National Alliance for The Mentally Ill (NAMI)	Subject 6-67	Summarize two paragraphs.			
Modified Twelve Step Meetings	Subject 6-67	Summarize two paragraphs.			
Double Trouble in Recovery	Subject 6-68	Summarize two paragraphs.			
Break				10 Minutes	

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Psychoeducation Part II: Topics & Focus		Pages & Location	Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Twelve Step Groups Are The Most Recommended Self-Help Groups		Subject 6-68	Summarize two paragraphs.				
Membership of Twelve Program World-Wide		Subject 6-68	Summarize one paragraph.				
Community Socializing Opportunities		Subject 6-68 – 6-69	Summarize two paragraphs.				
Why It Works - A Sense of Family		Subject 6-69	Summarize one paragraph.				
Meeting Formats		Subject 6-69 – 6-70	1. Summarize the seven types of meetings found in the table. 2. Refer to descriptions of each in the text.				
1	CLOSED MEETING	4	SPEAKER MEETINGS	6	STEP MEETING		
2	OPEN MEETINGS	5	BIG BOOK MEETINGS	7	BEGINNER MEETINGS		
3	NUTRITIOUS FOODS						
Psychoeducation Part II: Topics & Focus (continued)		Pages & Location	Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Where to find Meetings		Subject 6-70	Summarize one paragraph.				
Going to Ninety Meetings in Ninety Days or "90 in 90"		Subject 6-70	Summarize two paragraphs.				
How Long Do I Have to Go?		Subject 6-70	Summarize one paragraph.				
Anonymity		Subject 6-70	Summarize one paragraph.				
Speaking at Meetings		Subject 6-71	Summarize one paragraph.				
Cross-Talk		Subject 6-71	Summarize one paragraph.				
Medications and The Twelve Step Program		Subject 6-71	Summarize two paragraphs.				
What to Talk About in Meetings		Subject 6-71 – 6-72	Summarize three paragraphs.				
Spirituality of The Twelve Step Program		Subject 6-72	Summarize three paragraphs.				
Why People Go to Meetings		Subject 6-72 – 6-73	Summarize four paragraphs.				

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To Facilitator(s).</p> <ol style="list-style-type: none"> The following questions are suggestions to guide the group discussion. You may also decide to ask questions throughout the entire group. The discussion is meant to encourage positive responses of attending self-help groups rather than negative ones. The responses from the group about Self-Help Groups and Twelve Step Meetings can certainly include humorous ☺ – yet true – responses like: “Well, it gets me out of the house for a while” or “I like the coffee and cookies they have from time to time.” (Even if it takes some humorous prodding to get a positive.) In the discussion below of “What do you find helpful about meetings?” you will find some suggestions to propose to the group if you choose. During the discussions you can take the opportunity to name other “Self-Help Groups” that are available in your area in addition to the Twelve Step Meetings. <p>To the Group:</p> <ol style="list-style-type: none"> What comments do you have about the lesson content so far? Have you personally attended Self-Help Groups and/or Twelve Step Meetings? Approximately how many have you attended so far? When was your last meeting? Do you currently attend meetings on a <i>regular</i> basis? What is a <i>regular</i> basis for you? i.e. One? Two? Three? Four? Five? Six? Seven meetings every week? More? What do you find helpful about meetings? Examples can include statements similar to: <ol style="list-style-type: none"> A meeting is at least an hour where I am not drinking or using other drugs. Well, I may not like them, yet I am attending because it has been recommended and that’s a good thing for me to be doing. Meeting people who are going through the same thing as I am. I am looking for a sponsor. The people who are winners at this sobriety thing say to attend these meetings until I actually <i>want</i> to go; so, I am getting out of my own way and trying to see what <i>others</i> like in these meetings until I can get that for myself. I am enjoying my Self-Help Groups and/or the Fellowship of the Twelve Step Program. I am working on my requirements for treatment. My <i>best</i> thinking got me here so I plan on doing what is recommended for me to do like “<i>Don’t Think – Don’t Drink – Go To Meetings.</i>” I like the speaker meetings because I realize the people at meetings are the same type of people I used to hang out with – they are just in recovery now. Others? 	<p style="text-align: center;">Continued</p> 	<p style="text-align: center;">Continued</p> 
Crisis Processing	Time-Frame	
<ol style="list-style-type: none"> Ask the group member(s) to tell the group what happened. Explore options and/or develop an immediate plan for coping. Allow the group to offer support. 	10 Minutes	

“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>Lessons from Geese</i>” located at the back of Subject Six. 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 to the group, <i>or</i> 2. Choose an inspirational reading of your choice, <i>or</i> 3. Ask each group participant to share a goal this week for attending a twelve-step meeting or other support group. When? Where? What time? What or who will help you follow-through with this goal? 	5 Minutes 