

The Definitions and Purposes of Denial & Defenses

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

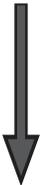
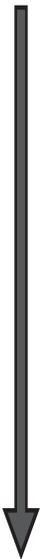
A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

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.

The Definitions and Purposes of Denial & Defenses
Volume I; Subject Three; Pages: Subject 3-59 – 3-60; Appendix III-89 – III-90

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 3-59 – 3-60):</u> When people don't understand the addictive process or psychiatric disorders, they can't possibly understand why they act in certain ways, or feel the emotions they feel, or think in the ways they think. It is almost unbearable to actually think a person is choosing drugs over people they love, or feel as depressed as they are, or have so many frightening thoughts.</p> <p>A person can get caught up in believing: "Only really bad people choose drugs over their families – I can't bear to think I am that kind of person" <i>or</i> "I am not dependent on alcohol or other drugs – I drink or use drugs because I'm under so much stress" <i>or</i> "Only weak people get depressed – the thought of being a weak person depresses me more" <i>or</i> "I can't have an anxiety disorder – just the thought of that makes me nervous."</p> <p>Denial and defenses protect a person from these painful and self-loathing thoughts and from reality. Forms of denial become stronger over time. In fact, most people with substance dependence disorders are caught up in destructive patterns for at least seven to ten years before they seek help for their problem. Likewise, people with a Bipolar Disorder typically struggle with symptoms as long as fifteen years before a diagnosis is made.</p> <p>A person who becomes addicted or has a psychiatric disorder is not a <i>bad</i> person – they have an illness and defenses are part of the addicted part of the brain struggling to keep the addiction going, or are understandable protections from having a psychiatric disorder and allow the mental health disorder to go untreated. Recovery is about slowly being able to take an objective view of defenses and challenging them one at a time...don't give up!</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.	30 Minutes										
Skill Building Exercise and Discussion Suggestions													
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> The rest of the text in this group will come from the text in APPENDIX III in “THE BASICS ABOUT DENIAL AND DEFENSES” located in pages APPENDIX III-89 – III-90. Summarize the information in the table of each definition of denial and defenses found in APPENDIX III. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> We will discuss the first 5 definitions of denial and defenses: (pages: APPENDIX III-89 – III-90) <table border="1" data-bbox="380 695 1503 976"> <tbody> <tr> <td data-bbox="380 695 432 748">1</td> <td data-bbox="432 695 1503 748">AUTOMATIC PSYCHOLOGICAL PROTECTIVE PROCESSES</td> </tr> <tr> <td data-bbox="380 748 432 808">2</td> <td data-bbox="432 748 1503 808">INBORN PROTECTIVE DEFENSE SYSTEM</td> </tr> <tr> <td data-bbox="380 808 432 868">3</td> <td data-bbox="432 808 1503 868">DENIAL PROTECTS FRAGILE SELF-IMAGE</td> </tr> <tr> <td data-bbox="380 868 432 928">4</td> <td data-bbox="432 868 1503 928">COMMON TO ALL LIFE-THREATENING ILLNESSES</td> </tr> <tr> <td data-bbox="380 928 432 976">5</td> <td data-bbox="432 928 1503 976">DEFENSES CAN BE REACTIONS OF THE NERVOUS SYSTEM</td> </tr> </tbody> </table> <ol style="list-style-type: none"> How do you relate to this information personally? What comments do you have? Do you notice defenses related more to protecting yourself against the reality of a Substance Disorder? From the reality of a Psychiatric Disorder? From the reality of both? What other thoughts or opinions do you have? 			1	AUTOMATIC PSYCHOLOGICAL PROTECTIVE PROCESSES	2	INBORN PROTECTIVE DEFENSE SYSTEM	3	DENIAL PROTECTS FRAGILE SELF-IMAGE	4	COMMON TO ALL LIFE-THREATENING ILLNESSES	5	DEFENSES CAN BE REACTIONS OF THE NERVOUS SYSTEM	
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Break			10 Minutes										

Skill Building Exercise and Discussion Suggestions (continued):		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing								
<p>To the Group:</p> <p>1. We will discuss the next 4 definitions of denial and defenses (pages APPENDIX III-89 – APPENDIX III-90):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">6</td> <td style="text-align: center;">DEFENSES ARE PROTECTION AGAINST THE “ENEMY”</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">EASY TO IDENTIFY IN OTHERS AND DIFFICULT TO SEE IN ONESELF</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">PERSON LOSES CONTACT WITH REALITY</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">DENIAL IS NOT LYING</td> </tr> </table> <p>2. How do you relate to this information personally?</p> <p>3. What comments do you have?</p> <p>4. Do you notice defenses related more to protecting yourself from the reality of a Substance Disorder? From the reality of a Psychiatric Disorder? From the reality of Both?</p> <p>5. What other thoughts or opinions do you have?</p>		6	DEFENSES ARE PROTECTION AGAINST THE “ENEMY”	7	EASY TO IDENTIFY IN OTHERS AND DIFFICULT TO SEE IN ONESELF	8	PERSON LOSES CONTACT WITH REALITY	9	DENIAL IS NOT LYING	<p style="text-align: center;">15 Minutes</p>	<p style="text-align: center;">20 Minutes</p>
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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>		<p style="text-align: center;">10 Minutes</p>									

“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>Positively Negative</i> located at the back of Subject Three. Presentation suggestions include: <ol style="list-style-type: none"> a. Read the handout to the group, <i>or</i> b. Ask a group member to read the handout out loud to the rest of the group, <i>or</i> c. Give a copy to each group member and ask for a volunteer to read to the group, <i>or</i> 2. Read a daily brief meditation for the day, <i>or</i> 3. Related to these definitions and purposes of denial – what will you be more aware of in the future? <i>or</i> 4. Related to these definitions and purposes of denial – what will you try to look at more objectively than you have in the past? <i>or</i> 5. Related to these definitions and purposes of denial – what do you realize you have already begun to view more objectively recently? <i>or</i> 6. What area of improvement will be your next recovery focus? <i>or</i> 7. Ask a group member to read aloud an inspirational reading of your choice. 	5 Minutes 