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Identifying and Working Through Character Defects

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: <u>The Master Guide</u> (located at the beginning of Volume I & II) and the <u>Master Tips to Professionals</u> (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.

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Based on a 2-Hour group: Two 50 minute segments					
Group Beginning	20 Minutes Total				
Positive group beginning (suggestions are located on the previous page).	5 Minutes				
 Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not interpersonal processing or case management questions which do not apply to the entire group.) Ask the group members to tell the group their name. Welcome any group members who are new to this group or phase. Crisis Processing (when requested and optional): 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. 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				
Summarize Introduction of the Group Topic and Why It's Important: All human beings have personality traits that cause them problems from time to time. Individuals with Substance and Psychiatric Disorders can develop personality traits that cause them problems. This is especially true when these disorders remain untreated and as the person continues to struggle with what are actual symptoms of these disorders. Another way of looking at it is when "alcohol" is taken away from "alcoholic" a person ends up with the "ic." The "ic" represents the traits that developed while alcoholism and other drug addiction went untreated. This "ic" often includes what is called "character defects." It only makes sense that for addiction to remain active, a person would develop traits that might include being distrustful, selfish, judgmental, unreliable, impatient, and others. It's just a fact of the way addiction distorts a person's emotions, thinking, and perceptions.	5 Minutes				
It is <i>really</i> important to remember that even though a person developed a character defect – like arrogance for example – that does not mean they are actually an arrogant person. It means they may have developed "arrogant traits" to protect themselves from feeling so vulnerable from the things they did in addiction. Or to protect themselves from the difficult reality of coping with the symptoms of a Psychiatric Disorder like "helplessness" in depression or a sense of "worthlessness" of a Mood Disorder. These character defects continue into recovery. That means a person will need to identify, acknowledge, and work on character defects to remain in recovery over time. Today we will talk about identifying character defects and working through character defects.					

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Character Defects	Subject 7-24	Summarize three paragraphs	30
Letting Go of Control	Subject 7-24 – 7-25	 Summarize brief paragraph. Read "Bob's Recovery Story About Character Defects" to the group. 	Minutes
Identifying Character Defects	Subject 7-25 – 7-26	Discuss the character defects found in the table below using the explanations in the text:	

1	Alibis		Extreme Guilt, Shame, & Remorse	13	Passive-Aggressive Tendencies
2	Antisocial		False Pride	14	Procrastination
3	Compulsive	9	Impatience	15	RESENTMENT
4	Dependent		Intolerant	16	Self-Centeredness
5	Envy & Jealousy	11	Narcissism	17	Self-Pity
6	Excessive Fears, Worries, & Anxieties	12	Overly Sensitive		

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

- What comments do you have?
- Do you relate to some of these particular "character defects?"
- 3. How did these traits benefit you during addiction? For example, "I became dependent on others because I could not take care of myself well." "I became antisocial so people would leave me alone."
- 4. Even if some of these traits protected you from hurt in the past what traits do you identify with that are not helpful now in your recovery?
- 5. Which one(s) will you begin to change first?

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
Other defects of character can include				Subject 7-29	 State as many of the additional examples of character defects as time allows from the table below. Ask group members to acknowledge – perhaps even a show of hands – which ones they relate to. 					15 Minutes	20 Minutes
	1 Arrogance 8 Distrust 15 Insensitivity 22 Rudeness										
	2	Conceit	9	Egotistic	CAL	16	Insincerity	23	Self-Righteous		
	3	Controlling	10	Gossipin	NG	17	Intellectualizing	24	SELFISHNESS		
	4	Critical	11	Grandios	SITY	18	Irresponsibility	25	Spiritual Pride		
	5	DISHONESTY	12	Greed)	19	Judgmental	26	Stubbornness		
	6	Disorganization	13	Immoral		20	Possessiveness	27	Unfaithfulness		
	7	Disrespect	14	Ingratiti	JDE	21	Prejudice	28	Unreliability		
Working Through Character Subject Summarize brief table shown below of the two levels of working on character defects.											
		1		Changing th	ose trait	s that	t cause you problems.				
		2	De	eveloping traits	s you dor	n't ha	ive but would like to have	ve.			
Changing Personality Traits Subject 7-29 Summarize two paragraphs.											
Skil	Skill Building Exercise and Discussion - Suggestions for topic discussion:										
	To the Group: 1. Domardor these character defeats typically developed as a protection or defense.										
2.											
3.											
		bjective, but it is an i	-				2	ara no	more self centered		
4. In other words, people with alcoholism, drug addiction, or psychiatric disorders are no more self-centered, controlling, dishonest, intolerant, etc. than the general population. They do, however, develop traits that will need											
to be changed in recovery so a person can feel comfortable in their own skin and develop emotional recovery.											
5. The tables in Twelve-Step Meetings are surrounded by people world-wide that are on this same journey.									▼		

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	choeducation Part II: Topics & Focus	Pages & Location		Presentatio	on Suggestions	Time-F with C Proces	Crisis without Crisis
pers	cific problem sonality traits fall into following categories	Subject 7-28 – 7-39	related to the ten ca 2. Ask the group – as	tegories listed i you go – which	 the "Descriptions of Behavior n the table below. th five problem traits they want or Changing The Trait(s)" also 	s" t to	5 20
	1 THE ANTISOCIAL T	RAIT 5	THE PASSIVE-AGGRESSIVE	ve Trait 8	THE CONTROLLING OR RIGID T	RAIT	
	2 THE AVOIDANT TO	rait 6	THE SELF-CENTERED	Trait 9	THE IMPULSIVE TRAIT		
	3 THE PASSIVE TRA	AIT 7	THE PERFECTIONIST	Trait 10	The Dependent Trait		
	4 THE AGGRESSIVE T	RAIT		'	1		
	<u>'</u>						
Ski	ll Building Exercise ar	nd Discussion	on - Suggestions for to	pic discussio	on: continued		
To 1	the Group:						
1.	Which five traits would	you like to fo	ocus on in this group toda	ay?			
2.	This discussion will foll	ow this form	at:	-			
	PERSONALITY TRAIT						
	LEKSONALITY TRAIT	DESCR	PTORS OF BEHAVIORS	Suggestion	NS FOR CHANGING THE TRAIT		
3.	What are your thoughts		I		NS FOR CHANGING THE TRAIT trait	?	
3. 4.		about the sug	gestions for changing the	e	trait	?	
3. 4. 5.	What are your thoughts Is that something you w What are your thoughts	about the sug ould be able about the sug	gestions for changing the to practice? Other though gestions for changing the	e hts or commen e	trait ts? trait		
4. 5. 6.	What are your thoughts Is that something you w What are your thoughts Is that something you w	about the sug ould be able about the sug ould be able	gestions for changing the to practice? Other though gestions for changing the to practice? Other though	e hts or commen e hts or commen	trait ts? trait	?	
4. 5. 6. 7.	What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts	about the sug ould be able about the sug ould be able about the sug	gestions for changing the to practice? Other though gestions for changing the to practice? Other though gestions for changing the	e hts or commen e hts or commen e	trait ts? trait trait trait trait	?	
4. 5. 6. 7. 8.	What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w	about the sug ould be able about the sug ould be able about the sug ould be able	gestions for changing the to practice? Other though gestions for changing the to practice? Other though gestions for changing the to practice? Other though	ehts or commen ehts or commen ehts or commen	trait ts? trait ts? trait ts?	?	
4. 5. 6. 7. 8. 9.	What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts	about the sug ould be able about the sug ould be able about the sug ould be able about the sug	gestions for changing the to practice? Other though gestions for changing the to practice? Other though gestions for changing the to practice? Other though gestions for changing the	e hts or commen e hts or commen e hts or commen e	trait ts? trait ts? trait ts? trait trait trait	?	
4. 5. 6. 7. 8. 9. 10.	What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w	about the sug ould be able about the sug ould be able about the sug ould be able about the sug ould be able	gestions for changing the to practice? Other though gestions for changing the to practice? Other though gestions for changing the to practice? Other though gestions for changing the to practice? Other though to practice? Other though	e hts or commen e hts or commen e hts or commen e hts or commen	trait ts? trait ts? trait ts? trait ts?	? ? ?	
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4. 5. 6. 7. 8. 9. 10. 11.	What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts	about the sug ould be able about the sug ould be able about the sug ould be able about the sug ould be able about the sug ould be able	gestions for changing the to practice? Other though gestions for changing the gestions for changing the to practice? Other though gestions for changing the to practice? Other though	e hts or commen	trait ts? trait ts? trait ts? trait ts? trait ts? trait	? ? ?	7
4. 5. 6. 7. 8. 9. 10. 11.	What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w What are your thoughts Is that something you w	about the sug ould be able about the sug ould be able about the sug ould be able about the sug ould be able about the sug ould be able	gestions for changing the to practice? Other though gestions for changing the gestions for changing the to practice? Other though gestions for changing the to practice? Other though	e hts or commen is hard and yo	trait ts? trait ts? trait ts? trait ts? trait ts? trait	? ? ?	7 Frame
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"Paper Work"	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
Recommended Inspirational Handout "Twelve Steps and Twelve Traditions" located at the back of Subject Seven. Presentation suggestions include: 1. Read the handout to the group, or 2. Give a copy to each group member to take home and to read in the group, or 3. Ask a group participant to read out loud to the group.	5 Minutes