

Acceptance, Patience, Attitude, and Gratitude

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.





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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 6-1):</u> There are specific foundations in the recovery of <i>all</i> illnesses that make further recovery possible. For instance, if a person has a broken leg but doesn't get the recommended cast, then future treatment recommendations, like physical therapy, will be of no use.</p> <p>This principle doesn't apply just to illnesses. It applies to anything that is built. A house will not stand if the foundation is not built properly. No one would think about building the second floor or the roof without first building a strong foundation.</p> <p>The recovery of Psychiatric and Substance Disorders works the same way. The foundation includes abstinence, self-care, and support. As with all good foundations, there is preparation work first. The best place to start is with acceptance, patience, attitude, and gratitude. Today we will discuss these principles.</p>	5 Minutes 




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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame											
Acceptance Is The First <i>Problem</i> and The First <i>Solution</i>	Subject 6-1	Cover brief paragraph and read the quote from Bill W.	30 Minutes 											
Acceptance of Disorders of The Brain Can Be Difficult	Subject 6-1	Summarize two paragraphs.												
Acceptance Is a Process of Willingness	Subject 6-1 – 6-2	Summarize two paragraphs.												
Acceptance Of Life As It Is	Subject 6-2	Summarize two paragraphs.												
Acceptance Is an Ongoing Process	Subject 6-2 – 6-3	1. Read “A Little Story About Accepting Life As It Is.” 2. Summarize remaining one paragraph.												
Accepting Others as They Are	Subject 6-3	1. Summarize brief paragraph. 2. Read four points in the table. 3. Summarize one remaining paragraph.												
Acceptance Takes Place in Many Areas – Eventually	Subject 6-4	1. Summarize one paragraph. 2. Name the six areas of acceptance located in the table below.												
<table border="1" data-bbox="121 808 1482 898"> <tr> <td data-bbox="121 808 191 854">1</td> <td data-bbox="191 808 642 854">Each Diagnosis</td> <td data-bbox="642 808 705 854">3</td> <td data-bbox="705 808 1205 854">Need For Abstinence</td> <td data-bbox="1205 808 1266 854">5</td> <td data-bbox="1266 808 1482 854">Self</td> </tr> <tr> <td data-bbox="121 854 191 898">2</td> <td data-bbox="191 854 642 898">Recommended Treatment</td> <td data-bbox="642 854 705 898">4</td> <td data-bbox="705 854 1205 898">Need For Support From Others</td> <td data-bbox="1205 854 1266 898">6</td> <td data-bbox="1266 854 1482 898">Others</td> </tr> </table>	1	Each Diagnosis		3	Need For Abstinence	5	Self	2	Recommended Treatment	4	Need For Support From Others	6	Others	
1	Each Diagnosis	3	Need For Abstinence	5	Self									
2	Recommended Treatment	4	Need For Support From Others	6	Others									
Patience Takes Effort, Time, and Practice	Subject 6-4	Summarize three paragraphs.												
Be Patient With Symptoms	Subject 6-4 – 6-5	Summarize two paragraphs.												
Skill Building Exercise and Discussion Suggestions														
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What are your thoughts about acceptance? 2. Are some things easy to accept and others more difficult? 3. How about accepting others or yourself? 4. From the list of six areas in the table of acceptance – are some easier to accept than others? 5. There are probably many other areas you have been or are challenged to accept. Can you share one or two? 6. Do you find that patience can be challenging? In what way? 7. Does it help to remember that it took awhile – months or years – to get to the point where there were so many problems and it will take awhile to achieve full recovery? 														
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												
Developing Patience Takes Time – Ugh!	Subject 6-5	Summarize two paragraphs.														
Attitudes About Recovery Are Everything	Subject 6-5	1. Summarize one paragraph. 2. Read the statements about attitude by Charles R. Swindoll.			15 Minutes	20 Minutes										
Some Attitudes Can Get In the Way	Subject 6-5 – 6-6	1. Read “A Little Story About A Ham.” 2. Summarize three remaining paragraphs.														
Attitudes Change in Stages With Recovery Commitment	Subject 6-6	1. Summarize paragraph. 2. Summarize information in the table below using the text.														
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 50px;">Admit</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 50px;">Comply</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 50px;">Accept</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 50px;">Surrender</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 50px;">Conversion</td> </tr> </table>			1	Admit	2	Comply	3	Accept	4	Surrender	5	Conversion		
1	Admit	2			Comply	3	Accept	4	Surrender	5	Conversion					
Changing Attitudes	Subject 6-7	Summarize one paragraph.														
Skill Building Exercise and Discussion Suggestions																
To the Group:																
<ol style="list-style-type: none"> 1. Do you find being patient is hard to do? 2. What can you tell yourself when you are feeling impatient about something? 3. That change takes time? That it’s going to be okay? 4. How about attitudes? 5. Which ones might get in the way of your recovery? 6. Have you noticed your attitude about things – perhaps recovery – are beginning to change? 7. Any other comments or thoughts about these topics? 																
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing												
Keeping an Open Mind Creates a Positive Attitude	Subject 6-7	Summarize one paragraph.														
Working on an “Attitude of Gratitude”	Subject 6-7	Summarize two paragraphs and read Bill W.’s statement.			15 Minutes	20 Minutes										
Attitude “Pity Party”	Subject 6-7 – 6-8	Summarize information in one paragraph.														
An “Attitude of Gratitude” Means Changing One’s Perspective	Subject 6-8	1. Summarize information in brief paragraph. 2. Name two facts in the table.														
Things to Be Grateful For	Subject 6-8	1. Cover the six points found in the table. 2. Summarize one remaining paragraph.														

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Skill Building Exercise and Discussion Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. When you hear people at Twelve Step Meetings or Self Help Groups talk about being grateful, what do you think? 2. Does that sound silly for people to say they are grateful – given all the things the person has been through? 3. If you were to start with naming one thing you are grateful for, what would that be? “I am grateful for _____.” 4. What other thoughts or comments do you have about acceptance, patience, attitude, and gratitude? 	<p>continued</p>	<p>continued</p>
<p>Crisis Processing</p>	<p>Time-Frame</p>	
<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. 	<p>10 Minutes</p>	
<p>“Paper Work”</p>	<p>Time-Frame</p>	
<p>Group participants fill out Group Notes.</p>	<p>5 Minutes</p>	
<p>Group Closure</p>	<p>Time-Frame</p>	
<p><u>Note to Facilitator(s):</u> This Group Closure is actually located in Subject Seven on page Subject 7-84. It is written here in its entirety. There is no need to actually go to it in Subject Seven. Just wanted to let you know where it is located since it is not in Subject Six.</p> <p><u>To the Group:</u> Spirituality isn’t just something that occurs on the inside. It can be seen on the outside as well. When you connect with your spirit, it reflects in the way you relate to people, in the way you live your life, in the way you enjoy your recovery, and in how you share that joy with others. Developing an attitude of gratitude is <i>all</i> about <i>perspective</i>. The story on the next page is an excellent example of this point of view.</p>	<p>5 Minutes</p>	

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Group Closure (continued)

Time-Frame

continued

OH, GOD FORGIVE ME WHEN I WHINE

ONE

Today, upon a bus,
I saw a girl with golden hair.
I envied her, she seemed so gay,
And I wished I was as fair.
When suddenly she rose to leave,
I saw her hobble down the aisle.
She had one leg and used a crutch.
But as she passed, she gave a smile.
Oh, God forgive me when I whine.
I have two legs, the world is mine.

TWO

I stopped to buy some candy.
The lad who sold it had such charm.
I talked with him, he seemed so glad.
If I were late, it'd do no harm.
And as I left, he said to me,
"I thank you, you've been so kind.
It's nice to talk with folks like you.
You see," he said, "I'm blind."
Oh, God forgive me when I whine.
I have two eyes, the world is mine.

THREE

Later while walking down the street,
I saw a child with eyes of blue.
He stood and watched the others play.
He seemed not to know what to do.
I stopped a moment and then I said,
"Why don't you join the others dear?"
He looked ahead without a word.
And then I knew he couldn't hear.
Oh, God forgive me when I whine.
I have two ears, the world is mine.

FOUR

With feet to take me where I'd go.
With eyes to see the sunset's glow.
With ears to hear what I'd know.
Oh, God forgive me when I whine.
I've been blessed indeed, the
world is mine.



Author Unknown

Even people who do cope on a daily basis with being blind or other physical challenges will say they reached a point of changing *their* perspective. Their other senses, such as hearing, had been strengthened, for which they were truly grateful. Of course, this does not mean that a person is grateful to not have sight. It simply means that when a person, any person, experiences an enormous challenge to accept something they cannot change – thinking of what they *can* be grateful for changes their perspective about their loss.

An “attitude of gratitude” is free and available for everyone!

