

Activity Addictions Of Gambling, Sex, Love, Food, Spending, or Religious Addiction

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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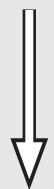
Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are 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>Brief Introduction of the Group Topic and Why It's Important:</u></p> <p>The pleasure of any addiction can be diverse because what is pleasurable to one person may not be enjoyable to another. In addition to promoting an increase in <i>positive</i> mood, such as feeling more relaxed or feeling more “up,” the addiction may also be a means to decrease <i>negative</i> moods such as, “If I do this I won’t feel stressed, anxious, angry, depressed, bored, lonely, afraid, or frustrated (Horvath, 1989).”</p> <p>What is common to <i>all</i> addictions is the desire to <i>take</i> or <i>do</i> something that changes how a person feels as quickly as possible. Even <i>thinking</i> about addictive behavior can bring about the desired effects like feeling alert, confident, or high. An addiction also allows the person to ignore reality, at least temporarily.</p> <p>Today we will talk about what is referred to as “activity addictions” which can include gambling, sex, love, food, spending, or religious addiction. In every group there’s going to be information that may not apply to every person in the group. However, if you look for similarities and not the differences, you’ll find many things in common. It’s important to get education about activity addictions as you continue with your recovery, especially since individuals sometimes “switch” one addiction for another...that’s just the way addiction works.</p>	5 Minutes 



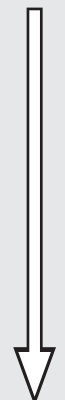

Activity Additions Of Gambling, Sex, Love, Food, Spending, or Religious Addiction

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Psychoeducation Part I: Topics & Focus		Pages & Location		Presentation Suggestions				Time- Frame				
Gambling, Sex, Love, Food, Spending, or Religious Addiction		Subject 3-36		1. Summarize two paragraphs. 2. Name these activity additions located in the table below.				30 Minutes 				
1	GAMBLING ADDICTION	2	SEX ADDICTION	3	LOVE OR RELATIONSHIP ADDICTION	4	FOOD ADDICTION		5	SPENDING ADDICTION	6	RELIGIOUS ADDICTION
Gambling Addiction		Subject 3-36		Briefly discuss the four points of gambling addiction found in the table. (Note: A more lengthy discussion of gambling addiction will be discussed after break.)								
Sex Addiction		Subject 3-36		Summarize the three points in the table.								
Love or Relationship Addiction		Subject 3-37		Summarize five points in the table.								
Food Addiction		Subject 3-37		Summarize two points in the table.								
Spending Addiction		Subject 3-37		Summarize two points in the table.								
Religious Addiction		Subject 3-37 – 3-38		Summarize six points in the table.								
Similarities and Differences of Substance Dependence and Activity Addictions		APPENDIX III – 58 – III-59		Summarize the main points of the table below using descriptions in the text.								
1	ADDICTIONS OFTEN VIEWED AS CHARACTER FLAWS & NOT ILLNESSES				4	ALL ADDICTIONS HAVE SIMILAR SYMPTOMS						
2	INTERVENTIONS WITH ACTIVITY ADDICTIONS REMAIN LESS PUBLIC				5	TREATMENT IS NOT AS AVAILABLE AS IT IS WITH CHEMICAL DEPENDENCY						
3	CONSEQUENCES MAY REMAIN HIDDEN IN THE EARLIER STAGES											
Skill Building Exercise and Discussion - Suggestions for topic discussion:												
<u>To the Group:</u>												
1. What comments do you have about a Gambling Addiction? About Sex Addiction? About Love or Relationship Addiction? About Food Addiction? About Spending Addiction? About Religious Addiction?												
2. Do you have <i>now</i> or have you <i>had</i> a problem in any of these areas?												
3. Can you see the similarities among all addictions?												

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Skill Building Exercise and Discussion - Suggestions for topic discussion: continued	Time-Frame
<p>To the Group: continued</p> <p>4. What differences do you see in the “activity addictions?” For example, a person with alcoholism tries to keep their time around alcohol to a bare minimum or not at all – that would be hard for a person with Food Addiction because they can’t stay away from food altogether.</p> <p>5. Do you think a person who has a substance disorder would be at a higher risk for developing a problem with an activity addiction?...like gambling?</p> <p>6. What other thoughts do you have about activity addictions being “triggers” to return to substance use?</p>	<p>continued</p> 
Break	10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing												
The Basics About Gambling Addiction	APPENDIX III-59 – III-63	Summarize the first five main points of the table shown below using the information located in the text. (Note: It would be particularly helpful when summarizing information in tables like this to get prepared prior to group by understanding it well enough to summarize the main points.)	 15 Minutes	 20 Minutes												
<table border="1"> <tr> <td data-bbox="157 987 205 1027">1</td> <td data-bbox="205 987 699 1027">PREVALENCE OF GAMBLING ADDICTION</td> <td data-bbox="699 987 741 1027">4</td> <td data-bbox="741 987 1606 1027">DIAGNOSING A PROBLEM WITH GAMBLING OR A GAMBLING ADDICTION</td> </tr> <tr> <td data-bbox="157 1027 205 1068">2</td> <td data-bbox="205 1027 699 1068">MEN & WOMEN</td> <td data-bbox="699 1027 741 1068">5</td> <td data-bbox="741 1027 1606 1068">PHASES OF GAMBLING ADDICTION</td> </tr> <tr> <td data-bbox="157 1068 205 1109">3</td> <td data-bbox="205 1068 699 1109">RISK</td> <td></td> <td></td> </tr> </table>	1	PREVALENCE OF GAMBLING ADDICTION	4	DIAGNOSING A PROBLEM WITH GAMBLING OR A GAMBLING ADDICTION	2	MEN & WOMEN	5	PHASES OF GAMBLING ADDICTION	3	RISK						
1	PREVALENCE OF GAMBLING ADDICTION	4	DIAGNOSING A PROBLEM WITH GAMBLING OR A GAMBLING ADDICTION													
2	MEN & WOMEN	5	PHASES OF GAMBLING ADDICTION													
3	RISK															
Skill Building Exercise and Discussion - Suggestions for topic discussion:																
<p>To the Group:</p> <p>1. What comments do you have?</p> <p>2. Does anyone personally relate to this information or have family members who do?</p> <p>3. If you do relate to a gambling problem or gambling addiction – what phase do you relate to at this point?</p>																

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing							
The Basics About Gambling Addiction (continued)	APPENDIX III-63 – III-65	Summarize the last four main points of the table below using the text.	15 Minutes	20 Minutes							
6	DEFINITION & SYMPTOMS OF GAMBLING ADDICTION	8	SEVERITY OF SYMPTOMS								
7	PROGRESSION OF ILLNESS	9	TREATMENT OF GAMBLING ADDICTION (shown in the table below)								
1	STRESS MANAGEMENT	2	IMPROVED COMMUNICATION SKILLS	3	SELF-AWARENESS AND ASSERTIVENESS TRAINING SKILLS	4	AUTOBIOGRAPHY	5	LEARN TO FIGHT FAIR	6	FINANCIAL RECOVERY
Skill Building Exercise and Discussion - Suggestions for topic discussion:											
<u>To the Group:</u>											
<ol style="list-style-type: none"> 1. What comments do you have? 2. Does anyone personally relate to this information or have family members who do? 3. How do you <i>specifically</i> relate to this information about activity addiction? 4. From the six examples of the <i>Treatment of Gambling Addiction</i> (shown in the table above) which one(s) do you already do for recovery of a gambling addiction – like <i>Financial Recovery</i>? 5. What two treatment recommendations – whether you relate to an activity addiction or not – have you experienced strength or progress in so far in your <i>own</i> recovery? In what ways? 6. What areas – like improved communication skills – would it be helpful to further improve upon now or in the future? In what way(s)? 											
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								
<ol style="list-style-type: none"> 1. Read a daily brief meditation for the day, <i>or</i> 2. Ask each group member to name something they are grateful for today, <i>or</i> 3. Ask a group member to read aloud an inspirational reading or message of your choice. 			5 Minutes								