

Addiction Vulnerability Is Primarily Inherited – Exactly What Is Inherited?

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.


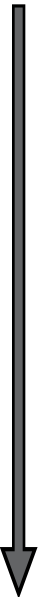
* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

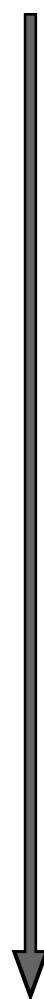
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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Based on a 2-Hour group: Two 50-Minute Segments		Time-Frame
Group Beginning and Prepare Group		20 Minutes Total
Positive group beginning (suggestions are located on the previous page).		5 Minutes
<ol style="list-style-type: none"> 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.) <ol style="list-style-type: none"> 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): <ol style="list-style-type: none"> 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 
<p><u>Summarize Introduction of the Group Topic and Why It's Important (page Subject 3-41):</u> A number of inborn, <i>pre-using</i> biological differences have been discovered in people with alcoholism or other drug addictions, along with many initial and progressive differences in their biological responses to alcohol once the abuse of substances begins (Milam, 1992). Research studies have established the primary cause of addictive disorders is biological or neurochemical due to inherited predispositions or traits. This means there are many differences between people who have an addictive disorder and those who don't. These differences show up <i>prior</i> to use, <i>during</i> use, and <i>after</i> use has stopped. So exactly what is inherited?</p> <p>Today we will focus on how addiction vulnerability is primarily inherited and exactly <i>what</i> is inherited. Remember, vulnerability does not mean <i>certainty</i> – it just means increased <i>risk</i>. For example, the risk for <i>men</i> to develop alcoholism or other dependency <i>without</i> a family history of these disorders is 10%. If a <i>male</i> has one parent who has alcoholism/addiction the risk jumps to 40% – especially if that parent is his father. The risk for <i>women</i> to develop alcoholism or drug dependency <i>without</i> a family history is 3-5%. The risk increases to 15-20% if the <i>female</i> has one parent with substance dependence – especially if that parent is her mother.</p> <p>We will talk today about the brain chemistry of people with chemical dependency. Actually these “differences” are what bonds people around the tables of Alcoholics Anonymous, Narcotics Anonymous, and Dual Recovery Anonymous – and produces the great sense of humor often found in recovering people. In these Twelve Step groups there are no “differences” – there are only similarities and common experiences. That's why it is a fellowship and shared camaraderie to millions.</p>		5 Minutes 



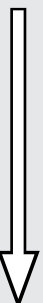

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame													
Inherited <i>Pre-Using</i> Differences in Brain Chemistry	Subject 3-41 – 3-42	Summarize/explain #1 - #5 in the table below: (Note: Additional information for this specific section is located in APPENDIX III. Reviewing the expanded information on pages APPENDIX III-67 – III-72 will give facilitators a better overall understanding. Knowledge of this material is the only way a facilitator will be able to paraphrase and summarize this information. While this is true for all material in THE BASICS, Second Edition, it is especially true for the sections on neurochemistry.)	30 Minutes													
<table><tr><td>1</td><td>Neuropsychological Functioning Difficulties</td></tr><tr><td>2</td><td>Irregular Brain Electrical Activity</td></tr><tr><td>3</td><td>Difficulties Telling the Difference Between Important and Unimportant Stimuli</td></tr><tr><td>4</td><td>Elevated Levels of Anxiety and Tension to Non-Stressful & Stressful Stimuli and Situations</td></tr><tr><td>5</td><td>Neurochemistry Imbalances</td></tr></table>				1	Neuropsychological Functioning Difficulties	2	Irregular Brain Electrical Activity	3	Difficulties Telling the Difference Between Important and Unimportant Stimuli	4	Elevated Levels of Anxiety and Tension to Non-Stressful & Stressful Stimuli and Situations	5	Neurochemistry Imbalances			
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To the Group: What questions or comments do you have at this point?																
Inherited Differences in The Response to Alcohol and Other Drugs <i>During</i> Use	Subject 3-42 – 3-43	Summarize/explain #1 - #6 in the table below: (Note: Additional information for this specific section is located in APPENDIX III. Reviewing the expanded information on pages APPENDIX III-72 – III-83 will give facilitators a better overall understanding. Knowledge of this material is the only way a facilitator will be able to paraphrase and summarize this information. While this is true for all material in THE BASICS, Second Edition, it is especially true for the sections on neurochemistry.)														
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Break			10 Minutes													


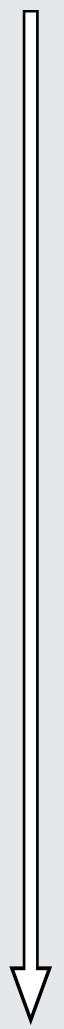

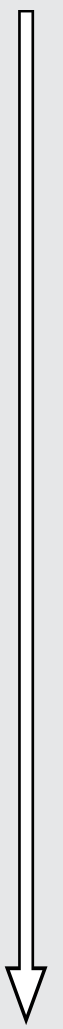
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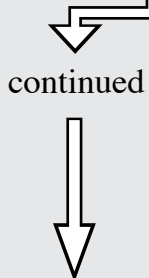

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing														
continued... Inherited Differences in The Response to Alcohol and Other Drugs <i>During</i> Use	Subject 3-42 – 3-43	Summarize/explain #7 - #13 in the table below: (Note: Additional information for this specific section is located in APPENDIX III. Reviewing the expanded information on pages APPENDIX III-72 – III-83 will give facilitators a better overall understanding. Knowledge of this material is the only way a facilitator will be able to paraphrase and summarize this information. While this is true for all material in THE BASICS, Second Edition, it is especially true for the sections on neurochemistry.)	<div><div></div><div>10 Minutes</div><div></div></div>	<div><div></div><div>15 Minutes</div><div></div></div>														
<table><tr><td>7</td><td>Significant Increases in Endorphin Levels With Use</td></tr><tr><td>8</td><td>Neuroadaptation to Substances</td></tr><tr><td>9</td><td>Reduced Activity of the Enzyme Monoamine Oxidase (MAO)</td></tr><tr><td>10</td><td>Blocked Reuptake Process in the Brain</td></tr><tr><td>11</td><td>Brain Develops Tolerance in an Attempt to Balance Itself</td></tr><tr><td>12</td><td>Lower Levels of Cortisol Activity</td></tr><tr><td>13</td><td>Reward Pathway in the Brain Begins to Seek Pleasure</td></tr></table>			7	Significant Increases in Endorphin Levels With Use	8	Neuroadaptation to Substances	9	Reduced Activity of the Enzyme Monoamine Oxidase (MAO)	10	Blocked Reuptake Process in the Brain	11	Brain Develops Tolerance in an Attempt to Balance Itself	12	Lower Levels of Cortisol Activity	13	Reward Pathway in the Brain Begins to Seek Pleasure	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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<u>To the Group:</u> What questions or comments do you have at this point?			<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>														

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing								
Post-Using Differences in Brain Chemistry	Subject 3-43	Summarize/explain #1 - #4 in the table below: (Note: Additional information for this specific section is located in APPENDIX III. Reviewing the expanded information on pages APPENDIX III-83 – III-84 will give facilitators a better overall understanding. Knowledge of this material is the only way a facilitator will be able to paraphrase and summarize this information. While this is true for all material in THE BASICS, Second Edition, it is especially true for the sections on neurochemistry.)	 20 Minutes	 25 Minutes								
<table><tr><td>1</td><td>The Brain Attempts to Protect Itself By “Down-Regulating” the Production of Naturally-Occurring Neurotransmitters as well as the Number of Receptor Sites in the Brain</td></tr><tr><td>2</td><td>EEG Irregularities Associated With Increased Stress Continue Into Sobriety</td></tr><tr><td>3</td><td>Withdrawal Symptoms Range From Mild to Severe as the Brain Withdraws From the Substances It Has Become Used To</td></tr><tr><td>4</td><td>Post Abstinence Symptoms Continue for Many Months as the Body Continues to Adjust to Abstinence</td></tr></table>			1	The Brain Attempts to Protect Itself By “Down-Regulating” the Production of Naturally-Occurring Neurotransmitters as well as the Number of Receptor Sites in the Brain	2	EEG Irregularities Associated With Increased Stress Continue Into Sobriety	3	Withdrawal Symptoms Range From Mild to Severe as the Brain Withdraws From the Substances It Has Become Used To	4	Post Abstinence Symptoms Continue for Many Months as the Body Continues to Adjust to Abstinence		
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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing									
Alcohol and Other Drugs Eventually Damage The Brain	Subject 3-44	1. Summarize one brief paragraph. 2. Give examples from the text of the table below:	 continued 	 continued 									
<table><tr><td>1</td><td>Brain Shrinkage and Tissue Damage</td></tr><tr><td>2</td><td>Brain Damage and Deficits Found in Various Areas of the Brain</td></tr><tr><td>3</td><td>Deficits Continue to Show Up in Early Detox</td></tr><tr><td>4</td><td>Chronic Use Can Lead to Serious Physical Complications</td></tr><tr><td>5</td><td>Brain Changes Can Result in Behavioral Changes</td></tr></table>		1			Brain Shrinkage and Tissue Damage	2	Brain Damage and Deficits Found in Various Areas of the Brain	3	Deficits Continue to Show Up in Early Detox	4	Chronic Use Can Lead to Serious Physical Complications	5	Brain Changes Can Result in Behavioral Changes
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Brain Damage Is Usually Reversible With Abstinence	Subject 3-44	1. Summarize one brief paragraph. 2. Summarize the information in the table.											
Two Different Brain Chemistries – Two Different Outcomes	Subject 3-45	Summarize information in four paragraphs.											
<u>To the Group:</u> 1. Understanding the brain chemistry of alcoholism and addiction is, of course, not a reason to continue to use by saying, “Well, my brain <i>makes</i> me do it so I don't need to try to make any changes in my substance use.” 2. Understanding the neurochemistry of the <i>pre</i> -using – the <i>using</i> – and the <i>post</i> -using brain is about gaining knowledge, which is very empowering. 3. This knowledge can then reduce the guilt or shame about <i>having</i> a substance disorder in the first place. It can also pave the road to recovery. 4. It's helpful for each person to be able to understand themselves better and why they may have a different response to substances, why they have a bigger response to stress, and why they drank alcohol or used other drugs the way they did...plus many more. 5. It just makes sense that since substance dependence and psychiatric disorders are disorders of the brain, then recovery would need to include activities that contribute to brain healing and stabilization of the brain chemistry. 6. In fact, every illness of an organ of the body includes activities that are healing to that particular organ. For instance, heart disease calls for activities that help heal the heart, while reducing activities that make it worse. It's essential in the recovery of brain disorders to add activities that contribute to brain health and stability to your recovery program.													

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<u>To the Group (continued):</u> 7. Just a few of these activities that are helpful to brain healing include healthy nutritional habits, getting more sleep or rest, practicing relaxation skills, finding balance between active-time and down-time, finding ways to reduce stress. 8. How will this education about the <i>pre</i> -using, the <i>using</i> , and the <i>post</i> -using differences in the brain of a person with substance dependence be helpful to you? 9. What “brain healing activity” will you begin to practice? Reducing stress? Improving nutritional habits? Getting more sleep? Practicing relaxation skills? What else is helpful to you personally _____?			 continued	 continued
Crisis Processing			Time-Frame	
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	
Group “Paper Work”				Time-Frame
Group participants fill out Group Evaluations.				5 Minutes
Group Closure				Time-Frame
1. Read a daily thought for the day, <i>or</i> 2. Ask each member to say one thing they are proud of accomplishing today, <i>or</i> 3. Ask a group member to read aloud an inspirational reading or message of your choice.				5 Minutes