

Alcoholism & Addiction: Genetics, Brain Chemistry (*Working & Not Working*), and Brain Healing

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 interpersonal 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 3-15):</u></p> <p>There has always been an ongoing discussion as to whether addiction is primarily influenced by a person’s <i>heredity</i> or by their <i>environment</i>. This is known as the old “nature versus nature” debate. For many years it appeared that Substance Disorders were predominately influenced by the environment. Since addiction runs in families, it was mistakenly thought that the children growing up in a home where alcoholism went untreated had learned these drug-using behaviors from their parents. It was also thought if these children had grown up in a <i>non-alcoholic</i> home they would have learned to cope with life in a healthier non-using way.</p> <p>Everyone enters life with different levels of vulnerability to specific illnesses. Some people are vulnerable to diabetes, some to heart disease, some to cancer, and some to Substance Dependence. This does not mean a person is actually predestined to develop alcoholism or addiction; predisposition means increased <i>risk</i> not <i>certainty</i>. Knowing something about the levels of vulnerabilities and risks gives a person the opportunity to take steps to minimize the chances of developing the “family disease (Schuckit, 2000).”</p> <p>The factors that account for the majority of the risk are genetic differences. A combination of other causes – such as social, environment, culture, and individual factors – interact with genetics to make up the final levels of risk. This means the differences between people who <i>do</i> develop chemical dependency and people who <i>do not</i> is determined primarily before birth. Today we will discuss an overview of alcoholism and addiction genetics, brain chemistry, and brain healing.</p>	5 Minutes 

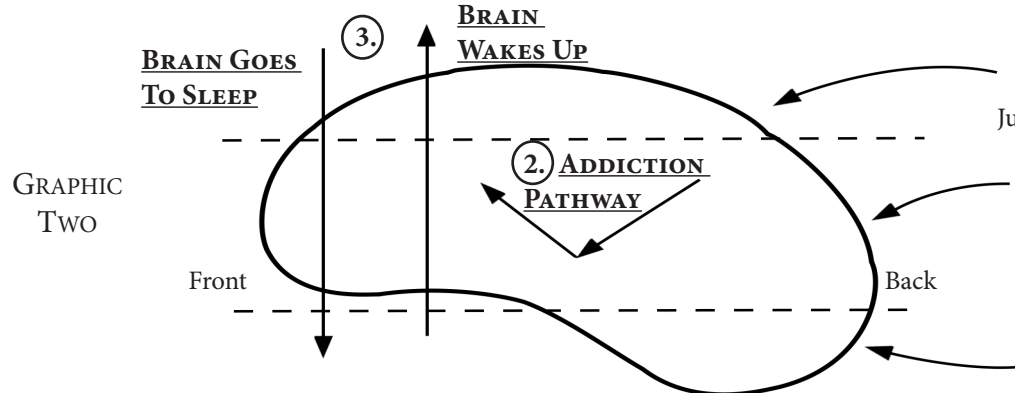

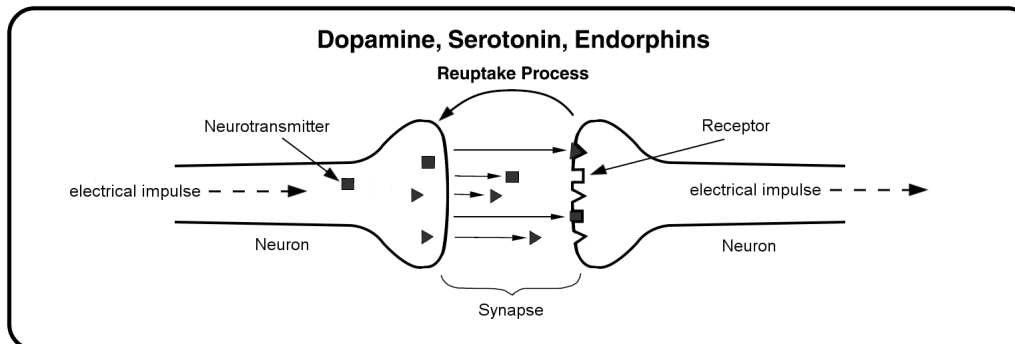
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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Adoption Studies	Subject 3-16	Summarize one paragraph.	30 Minutes
Results of Adoption and Twin Studies	Subject 3-16 – 3-17	<ol style="list-style-type: none"> 1. <i>Very briefly</i> summarize the information in the first three paragraphs. 2. Discuss only enough to be able to explain GRAPHIC ONE below. 3. Summarize the two remaining paragraphs. 	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>GRAPHIC ONE</p> </div> </div>			
<p>Overview of Brain Functions</p> <p>(<i>Note To Facilitators:</i> Pages of where to locate the expanded versions of these topics is provided on the right. However, there's no reason to refer to those pages since the brief summary is included in this group.)</p>	<ol style="list-style-type: none"> ①. <u>Basics of Brain Anatomy:</u> (Subject 3-30) ②. <u>Addiction Pathway:</u> (Subject 3-33) ③. <u>Brain “Goes To Sleep” & “Wakes Up:”</u> (Subject 5-11 – 5-12) 	<p>Only a very brief review of this information can be covered in the time allotted in this group. You can give a visual for the three important parts of brain chemistry described below using GRAPHIC TWO on the following page.</p> <ol style="list-style-type: none"> 1. The basics of <u>Brain Anatomy</u>: TOP BRAIN = Thinking; MIDBRAIN = Emotion; LOWER BRAIN = Survival. Located in every human being's brain. 2. The <u>Addiction Pathway</u> location in the brain (“V” in the middle). Located in a person who develops alcoholism or drug addiction. 3. The brain “<u>Goes to Sleep</u>” from the top-down (arrow down.) The brain “<u>Wakes Up</u>” from the bottom-up (arrow up) resulting in the “emotional brain waking up” <i>before</i> the judgment center. The judgement center (TOP BRAIN) is what makes <i>sense</i> of the emotions. This brain process occurs in the early phase of Substance Dependence recovery. 	

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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time- Frame
<p>GRAPHIC TWO</p> 		<p>①. BRAIN ANATOMY Cerebral Cortex Controls Thinking, Speech, Judgment, Information Processing</p> <p>①. BRAIN ANATOMY Midbrain Controls Emotion</p> <p>①. BRAIN ANATOMY Primitive Brain Controls Breathing, Heartbeat, Survival</p>	<p>continued</p> 
The Basics of How The Brain Works	Subject 3-31	Summarize two brief paragraphs and illustrate GRAPHIC THREE below to give a visual to the group.	
<p>GRAPHIC THREE</p> 			
Skill Building Exercise and Discussion - Suggestions for topic discussion:			
<p>To the Group:</p> <ol style="list-style-type: none"> 1. Do you have any questions or comments on the material so far? 2. The Addiction Pathway is a driving force. Can you see how powerful an addiction can be based on knowing the brain chemistry of alcoholism and addiction? 3. With the emotional brain “waking up” first – can you see how emotional and vulnerable a person would feel in early recovery? Especially while the brain is still trying to regain use of the part of the brain – the cerebral cortex – that makes <i>sense</i> of emotions? 			
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
Standard (<i>Working</i>) Neurotransmission Activity Involved in the Addictive Process	Subject 3-32	Briefly summarize how <i>properly</i> working neurotransmission functions as shown below in TABLE ONE and the results when the brain is <i>working</i> (first three columns only.)	15 Minutes	20 Minutes
(Note: This exact TABLE ONE is not actually found in THE BASICS. This table is a combination of several tables in the curriculum for the brief presentation of this particular material for this group.)				
TABLE ONE	NEUROTRANSMITTER	FUNCTION (<i>WORKING... AS INTENDED</i>)	RESULTS IN	NOW DISRUPTIONS PRODUCE (<i>NOT WORKING... AS INTENDED</i>)
	Dopamine	Reward and Pleasure	Sense of Well-Being	Inability to Experience Pleasure; Depression
	Norepinephrine	Arousal	Energy; Motivation; Drive	No Energy; No Motivation; No Drive
	Serotonin	Emotional Stabilizer	Rational Emotions; Self-Esteem	Irrational Emotions; Depression; Irritability
	GABA	Stress Management	Tranquilizer; Calmness	Insecurity; Panic; Fearfulness; Anxiety
	Endorphins	Physical Pain Management	Moderates Physical Pain; Feelings of Pleasure	Depression; No Adequate Pain Management
	Enkepalins	Emotional Pain Management	Moderates Emotional Pain; Completeness; Adequacy	Emotional Stress; Feeling Unworthy; Unfulfilled
Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions		
Results of Disruption (<i>Not Working</i>) in Neurotransmission	Subject 3-39	<ol style="list-style-type: none"> 1. Substance Dependence and Psychiatric Disorders are primarily caused by disruption of neurotransmission in the brain when the brain is <i>not working</i> as intended. 2. As a person continues to use alcohol and other drugs, the disruptions increase. 3. Review the results of disruptions of neurotransmission in TABLE ONE shown above in the last column. 	15 Minutes	20 Minutes

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Skill Building Exercise and Discussion - Suggestions for topic discussion:			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. Can you see how almost <i>easy</i> and natural it is for a person to feel “whole” if their brain chemistry is <i>working</i> in the way it was intended to work? 2. There are <i>differences</i> in the brain of a person – even before they begin using – who later develops Substance Dependence or Psychiatric Disorders – even before symptoms become noticeable. 3. Do you relate or experience any of the results of these disruptions in neurochemistry like emotional stress, feeling inadequate, etc.? 4. Do you often blame yourself for these feelings? 5. Does it help to know that these results are actually symptoms of neurotransmission disruptions or the brain <i>not working</i> as intended? 6. Does it help to know that the brain heals in <i>recovery</i> from Substance Use Disorders and Psychiatric Disorders and that you <i>can</i> change these disruptions through <i>continued</i> recovery and specific activities that contribute to brain healing like healthy nutrition? 				
Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>If Addiction Is Inherited – Exactly <i>What</i> Is Inherited?</p> <p><u>Note to the Facilitator(s):</u></p> <ol style="list-style-type: none"> 1. Additional information is located in pages APPENDIX III-67 – III-84, yet is not required to refer to the APPENDIX for this brief summary. 2. This exact TABLE TWO below and on the next page is not actually found in THE BASICS. This table is a combination of several sections for brief presentation of this particular material for this group. 	Subject 3-41	<ol style="list-style-type: none"> 1. Research studies have established that the <i>primary</i> cause of addictive disorders is biological due to inherited predispositions or differences in brain chemistry in approximately 15% of the population. 2. The brain chemistry differences between people who <i>do</i> develop an addictive disorder and those who <i>do not</i> show up <i>prior</i> to use, <i>during</i> use, and for a while <i>after</i> use has stopped. 3. A summary of a few of these differences are discussed in TABLE Two below and on the next page: 4. Mention as many examples from TABLE Two below and on the next page as time allows. 		
<p><u>Inherited Pre-Using Differences in Brain Chemistry</u></p>	<ol style="list-style-type: none"> 1. Elevated levels of anxiety in response to non-stressful <i>and</i> stressful situations. 2. Elevated stress hormones, pulse rate, and fight-or-flight reactions. 3. Lower baseline levels of serotonin, dopamine, and endorphins (“feel good” chemicals). 4. In other words, individuals who have this brain chemistry typically respond to most situations with very stressful or anxious reactions. They also typically don’t feel good about themselves, whether stressed out or not. 		<p style="text-align: right;">TABLE Two</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
TABLE TWO (CONTINUED)				
Inherited <i>Using</i> Differences in Brain Chemistry	<ol style="list-style-type: none"> 1. Exceptionally rewarding response to alcohol and other drugs. 2. Significant increases in endorphin levels and other feel good chemicals with the use of alcohol and other drugs. 3. Lower levels of cortisol activity that results in feeling less threatened or stressed about the consequences or problems related to addiction. 4. Less initial response to the intoxicating effects of alcohol. 5. Brain experiences “neuroadaptation” which increases confidence in drugs and less confidence in life. 6. Reduction in the enzyme MAO results in increased sense of control and pleasure. 7. Brain develops “triggers” in the environment as “cues” to push a person to use. 8. Brain develops “tolerance” so more of the substance is needed to produce the desired effects. 9. Diminished ability to actually get “high” <i>with</i> drugs and at the same time not being able to “feel good” <i>without</i> them. 10. In other words – the brain now has a mind of its own and all it cares about is getting more substances and a <i>better</i> high – whether the person survives or not. The brain is on the other team – the addiction team – during use. 	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  continued </div> <div style="text-align: center;">  continued </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>		
Inherited <i>Post-Using</i> Differences in Brain Chemistry	<ol style="list-style-type: none"> 1. Increased levels of EEG irregularities results in increased stress and anxiety. 2. Brain “down-regulates” to a “new level” of even <i>less</i> “feel good” chemicals. 3. Withdrawal symptoms result in physical and emotional discomfort. 4. Post abstinence symptoms make it more difficult to remain abstinent. 5. Between the discomfort of Acute Withdrawal Symptoms and Post Acute Withdrawal Symptoms – no wonder a person finds it so challenging to remain abstinent in early recovery. Hang in there! 			
Skill Building Exercise and Discussion - Suggestions for topic discussion:				
To the Group: <ol style="list-style-type: none"> 1. Do you have any questions or comments? 2. Approximately 15% of the population develops an addiction or dependency to alcohol and other drugs because there is a difference in brain chemistry <i>before</i> they use, <i>during</i> use, and <i>after</i> use. 3. Let’s look at the picture this paints: <ol style="list-style-type: none"> a. This person typically does <i>not</i> feel <i>good</i> about themselves even before they drink <i>and</i> they have an overly keyed up or stressed reaction to situations in life. 				

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing			
<p><u>To the Group: (continued)</u></p> <p>b. When that person uses alcohol and other drugs, the substances “fit” into the brain in such a way so the person now feels much <i>less</i> stressed, much <i>more</i> confident, and totally “whole” or <i>complete</i> for the first time.</p> <p>c. With continued use the brain begins to create a new level that makes it almost impossible to feel good <i>with</i> or <i>without</i> substances – yet a person continues to try to seek relief by continuing to use even though they no longer reach the earlier feelings of euphoria.</p> <p>4. That’s a terrible place to be!!</p> <p>5. Given this specific brain chemistry – it makes perfect sense that a person <i>uses, continues</i> to use, and uses <i>in spite of</i> all the consequences – and that’s what alcoholism and addiction is all about.</p> <p>6. Even though recovery is difficult and challenging, millions of people have successfully walked the path of recovery if they don’t give up! So, remember, don’t give up!!</p> <p><u>To the Facilitator(s):</u></p> <p>To end on a positive and hopeful note it’s very important to leave enough time to summarize the following information:</p> <table border="1" data-bbox="155 764 1556 846"> <tr> <td data-bbox="155 764 768 846">The Brain Can Heal With Your Help – and With Time</td> <td data-bbox="768 764 919 846">Subject 3-75</td> <td data-bbox="919 764 1556 846">Summarize important points of five paragraphs.</td> </tr> </table>	The Brain Can Heal With Your Help – and With Time	Subject 3-75	Summarize important points of five paragraphs.	<p align="center">↓</p> <p align="center">continued</p> <p align="center">↓</p>	<p align="center">↓</p> <p align="center">continued</p> <p align="center">↓</p>
The Brain Can Heal With Your Help – and With Time	Subject 3-75	Summarize important points of five paragraphs.			
<p align="center">Crisis Processing</p> <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 align="center">Time-Frame</p> <p align="center">10 Minutes</p>	<p align="center">↓</p>			
<p align="center">Group “Paper Work”</p> <p>Group participants fill out Group Notes.</p>	<p align="center">Time-Frame</p> <p align="center">5 Minutes</p>				
<p align="center">Group Closure</p> <p>1. Ask each group member to share one thing they are grateful for in their recovery today, <i>or</i></p> <p>2. Ask each person to share what one thing they will do this week to strengthen their recovery, <i>or</i></p> <p>3. Ask each group member to compliment themselves out loud for the hard work they are doing as their brain and body heals – like “I’m doing good!” “I’m proud of myself today!” etc., <i>or</i></p> <p>4. Remember, <i>showing up for group</i> is an excellent choice and deserves praise. You can even emphasize this by asking the group to give themselves a round of applause – well deserved for sure!!, <i>or</i></p> <p>5. Read an inspirational reading of your choice for the day.</p>	<p align="center">Time-Frame</p> <p align="center">5 Minutes</p> <p align="center">↓</p>				