

Depression, Anxiety, & Isolation and The Immune System, Stress, & Physical Health

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 (Subject 4-41):</u></p> <p>Psychological factors affect physical health. The mind and the body are irrevocably linked and one acts upon and influences the other (Cochrane, 1996). For example, a person’s susceptibility to mononucleosis or the flu, as well as their recovery, are affected by their <i>mental processes</i> (Cohen et al., 1991).</p> <p>There are no “purely mental” or “purely physical” illnesses (Preston, 1940, p. 8). Illness happens to the “total person.” No one ever saw a <i>brain</i> go to treatment <i>without the body</i> and the <i>body</i> never goes to the hospital <i>without the brain</i>. What affects the <i>brain</i> has an effect on the <i>body</i> and what affects the body has an effect on the <i>brain</i>, in sickness <i>and</i> in health.</p> <p>Today we will talk about how depression, anxiety, and isolation have an affect on stress, the immune system, and physical health.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame												
The Connection Between Untreated Psychiatric or Substance Disorders and Depression & Stress	Subject 4-41	Summarize how untreated disorders produce chronic unmanaged stress – which in turn produces or worsens depressive symptoms – which in turn creates more stress.	30 Minutes												
Psychosomatic Illnesses	Subject 4-41 – 4-42	Summarize two paragraphs.													
The Link Between Depression and Stress	Subject 4-42	<ol style="list-style-type: none"> 1. Summarize the brief introduction to the table. 2. Summarize the six points of the table. 													
Effects of Depression on The Immune System and Physical Health	Subject 4-42	Summarize information in the table shown below:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 25%;">Depression & The Immune System</td> <td style="width: 5%; text-align: center;">3</td> <td style="width: 35%;">Effects of Untreated Depression on The Heart</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 20%;">Depression & Strokes</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Depression & Illness</td> <td style="text-align: center;">4</td> <td>Depression & Cancer</td> <td></td> <td></td> </tr> </table>				1	Depression & The Immune System	3	Effects of Untreated Depression on The Heart	5	Depression & Strokes	2	Depression & Illness	4	Depression & Cancer		
1	Depression & The Immune System	3	Effects of Untreated Depression on The Heart	5	Depression & Strokes										
2	Depression & Illness	4	Depression & Cancer												
Physical Symptoms of Depression	Subject 4-43 – 4-44	Summarize the three points in the table:													
Treatment of Depression Includes Stress Management	Subject 4-44	Summarize four paragraphs. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 20%;">Sleep</td> <td style="width: 5%; text-align: center;">2</td> <td style="width: 20%;">Energy Levels</td> <td style="width: 5%; text-align: center;">3</td> <td style="width: 45%;">Appetite</td> </tr> </table>	1	Sleep	2	Energy Levels	3	Appetite							
1	Sleep	2	Energy Levels	3	Appetite										
Skill Building Exercise and Discussion - Suggestions for topic discussion:															
<p>To the Group:</p> <ol style="list-style-type: none"> 1. How do you relate to this information on depression and the immune system? 2. Do you personally relate to how depression has an effect on physical health? 3. Have you experienced any of the physical symptoms of depression? 4. How did you cope or manage these symptoms? 5. What do you do to manage stress as part of the treatment for depression? 6. What other comments do you have? 															

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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame	
The Connection Between Untreated Psychiatric or Substance Disorders and Anxiety & Stress	Subject 4-44	1. Summarize how untreated disorders produce chronic unmanaged stress – which in turn produces or worsens anxiety symptoms – which in turn creates more stress. 2. Summarize one paragraph after the graphic.	continued	
Effects of Anxiety on The Immune System and Physical Health	Subject 4-45	Summarize two brief paragraphs.		
Physical Symptoms of Anxiety	Subject 4-45	Mention as many of the physical symptoms of anxiety as time allows.		
Treatment of Anxiety Includes Stress Management	Subject 4-45	Summarize the five points in the table.		
Skill Building Exercise and Discussion - Suggestions for topic discussion:				
<p>To the Group:</p> <ol style="list-style-type: none"> 1. How do you relate to this information about anxiety and the immune system? 2. Do you personally relate to how anxiety has an effect on physical health? 3. Have you experienced any of the physical symptoms of anxiety? 4. How did you cope or manage these symptoms? 5. What do you do to manage stress as part of the treatment for anxiety? 6. What other comments do you have? 				
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
The Connection Between Untreated Psychiatric or Substance Disorders and Isolation & Stress		Subject 4-46	<ol style="list-style-type: none"> 1. Summarize how untreated disorders produce chronic unmanaged stress – which in turn contributes to isolation – which in turn creates more stress. 2. Summarize three paragraphs after the graphic. 				15 Minutes	20 Minutes
Effects of Isolation on The Immune System and Physical Health		Subject 4-46 – 4-47	<ol style="list-style-type: none"> 1. Summarize three paragraphs. 2. Summarize six points in the table below by using explanations in the text. 				↓	↓
ISOLATION IS STRESSFUL	ISOLATION & THE IMMUNE SYSTEM	ISOLATION & PHYSICAL HEALTH	ISOLATION & SEVERITY OF AN ILLNESS	ISOLATION & RECOVERY FROM ILLNESS	ISOLATION & MENTAL HEALTH			
<p>Skill Building Exercise and Discussion - Suggestions for topic discussion:</p> <p>To the Group:</p> <ol style="list-style-type: none"> 1. How do you relate to this information about isolation and the immune system? 2. Do you personally relate to how isolation has an effect on physical health? 3. Have you experienced any of the physical symptoms of isolation? 4. How did you cope or manage these symptoms? 5. What do you do to manage stress as part of the treatment for isolation? 6. What other comments do you have? 								
Psychoeducation Part II: Topics & Focus (continued)		Pages & Location	Presentation Suggestions				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Benefits of a Social Support System To Physical Health		Subject 4-47	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Summarize the five points of information in the table. 				15 Minutes	20 Minutes
Benefits of Support Groups To Physical Health		Subject 4-48	Summarize the five points located in the table.					

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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 Benefits of Expressing Emotions		Subject 4-48 – 4-49	1. Summarize the seven points in the table below. 2. Use examples found in the text.			Continued
1	LAUGHTER & THE IMMUNE SYSTEM	5	HUMOR IS A POWERFUL ANTIDOTE TO STRESS	Continued		
2	EXPRESSING EMOTIONS BENEFITS HEALTH	6	HUMOR IS AN EFFECTIVE SELF-CARE TOOL			
3	EXPRESSING JOY LEADS TO INTERNAL FOCUS OF CONTROL	7	LAUGHTER IS GOOD FOR THE HEART			
4	EXPRESSING EMOTIONS, BOTH POSITIVE & NEGATIVE, IMPROVES THE IMMUNE SYSTEM					
The Benefits of Laughter on The Immune System and Physical Health		Subject 4-49	Summarize one paragraph.			
Skill Building Exercise and Discussion - Suggestions for topic discussion:						
<u>To the Group:</u>						
1. How do you relate to this information about the benefits of a social support system <i>and</i> support groups to physical health? 2. What about the importance of expressing emotions – what comments do you have? 3. How about laughter and the immune system? 4. Typically recovering individuals <i>eventually</i> have a great sense of humor – even though nothing might seem funny in early recovery. That’s why there’s lots of laughter around the tables of Twelve Step Meetings. 5. Nice to see that laughter isn’t only good for the spirit – it’s also very important for a healthy immune system and physical health!						
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	
“Paper Work”					Time-Frame	
Group participants fill out Group Notes.					5 Minutes	
Group Closure					Time-Frame	
1. Recommended INSPIRATIONAL HANDOUT “Which Place” located at the back of Subject Four. Presentation suggestions include: <ul style="list-style-type: none"> a. Read the handout to the group, <i>or</i> b. Give a copy of the handout to each group member, <i>or</i> c. Hand a copy to a group member and ask a person to read aloud to the group. 2. Ask a group member to read aloud an inspirational reading or message of your choice.					5 Minutes	