Diagnosing Substance Dependence & Why People Use Alcohol and Other Drugs

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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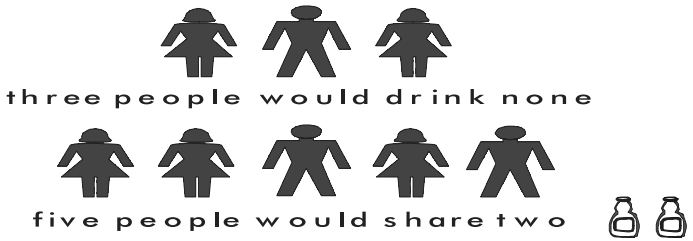
Volume I; Subject Three; Pages: Subject 3-2; 3-12 – 3-14; Appendix III 8-10; III 12-14; Subject 3-5

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
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics,* not interpersonal processing or case management questions which do not apply to the entire group.) 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): 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 ↓
<u>Introduction of the Group Topic and Why It's Important (page Subject 3-12)</u>: Substance Dependence is a medical disorder of the brain, not a behavioral problem (Minkoff, 2002). Substance Dependence is also referred to as chemical dependency, alcoholism, or drug addiction. In this particular group we will discuss what Substance Dependence *is* and what it is *not*. We will also talk about defining and diagnosing substance dependence, as well as *why* people use.	5 Minutes ↓

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Alcohol Abuse and Modern Society	Subject 3 -2	1. Draw the graphic found below. (Note: A "visual" can be created by drawing stick figures and then an **X** for the bottles.) 2. Discuss the information in the three brief paragraphs relating to this graphic:	30 Minutes ↓



Kinney, 2000

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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame
The Difference Between Substance *Abuse* and Substance *Dependence*	Subject 3-12	Summarize brief paragraph.	continued
Treatment for a Substance *Abuse* Disorder	Subject 3-12	Summarize one paragraph.	
What Substance *Dependence* Is *Not*	Subject 3-12 – 3-13	List or summarize the six characteristics in the table.	
Definition of Substance Dependence	Subject 3-13	Summarize one paragraph.	
Definition of a Disease	Subject 3-13	Summarize four criteria found in the table.	
Definition of Addiction	Subject 3-13	Summarize one paragraph.	
Diagnosing a Substance *Dependence* Disorder	Subject 3-14	Summarize three paragraphs.	
What Substance Dependence IS – A Treatable Disease	Subject 3-14	Summarize two paragraphs.	
Break			**10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Impairment Begins With The First Drink	Appendix III-8	Summarize one paragraph.	15 Minutes	20 Minutes
Another Way of Viewing Impairment: Five Levels of Drinking ☺	Appendix III-9 – III-10	Read aloud to the group…with gusto!		
Portrait of a Non-Alcoholic Drinker	Appendix III-12	Summarize the seven characteristics of a *Non*-Alcoholic Drinker found in the table.		
DSM-IV Diagnostic Criteria of Substance *Dependence*	Appendix III-12 – III-13	1. Summarize one paragraph. 2. Discuss the seven criteria found in the table. Note: *Tolerance* (one of the 7 diagnostic criteria) and *Withdrawal* (one of the 7) are no longer considered the hallmarks of diagnosing Substance Dependence. The other 5 criteria, which all indicate Impaired Control, are the hallmarks of dependence.		

Skill Building Exercise and Discussion Suggestions

Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
15 Minutes	20 Minutes

To Facilitator(s):

1. Historically, it was recommended that facilitators *not* ask people *why* they used substances.
2. Asking – it was believed – would reinforce the "reasons or excuses" people were already telling themselves about *why* they drank or used other drugs.
3. And for that matter, the literal truth is that approximately 15% of the population – who develop alcoholism and/or addiction – drink or use other drugs in the way they do because they can't drink/drug any other way. Remember, it's in the brain.
4. In other words, research studies tell us that people use the way they do because of vulnerability in brain chemistry. This means the *desired effect(s)* for each person – like increasing energy for example – are often the result of imbalances or deficiencies in the Neurotransmission that create predictable patterns in approximately 15% of the population.
5. Actually, understanding the desired effects that each person is seeking *is* extremely important.
6. Identifying the most wanted effects allows each person to find alternative ways of accomplishing these effects *without* the use of substances.
7. For example, if the most wanted effect is "Gaining Self-Confidence," we can then explore if that means a person is feeling *less* confident, and then further explore ways of achieving confidence. "Controlling Anxiety" would be another example. This would then lead to exploring whether anxiety is a problem or perhaps a co-occurring disorder and finding ways of treating the anxiety.

To the Group:

Why People Use Alcohol and Other Drugs	Subject 3-5	1. Summarize one paragraph. 2. List the fifteen desired effects of using alcohol and other drugs in the table below:

Why People Use Alcohol and Other Drugs

1	Numb Out	6	Increase Energy	11	Gain Self-Confidence
2	Combat Emptiness	7	Relieve Pain	12	Increase Social Confidence
3	Alter Consciousness	8	Control Anxiety	13	Achieve Competitive Edge
4	Deal With Isolation	9	Reduce Boredom	14	Self-Medicate Emotions
5	Get High or Feel Euphoric	10	Lessen Fears	15	Cope With Problems

Skill Building Exercise and Discussion Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: continued 1. From the list of fifteen desired effects, what were two effects that you sought or wanted the most often? 2. How did the alcohol or other drugs help you cope with _____(Example: Controlling Anxiety)_____? 3. How are you coping with _____(Example: Controlling Anxiety)_____ in your recovery? 4. What are some other ways you might deal with, manage, or cope with _____(Example: Controlling Anxiety)_____ in recovery? 5. Did you find that alcohol and other drugs really helped you cope with _____(Example: Controlling Anxiety)_____ in the *long run*? 6. Were there times that drinking and/or drugging actually made _____(Example: Controlling Anxiety)_____ worse? 7. If you find that alcohol or other drugs do not help in _____(Example: Controlling Anxiety)_____ in the long run or even make it worse – do you think finding an alternative way of _____(Example: Controlling Anxiety)_____ would be helpful? 8. Can other group members relate to this particular desired effect of _____(Example: Controlling Anxiety)_____? 9. What desired effects do others in this group seek out _____(Example: Increasing Energy)_____?	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. Use the *"Positively Negative"* Handout located at the back of Subject Three. Presentation suggestions include: a. Read the handout to the group, *or* b. Give a copy of the handout to each group member, *or* c. Hand a copy to a group member and ask the person to read aloud to the group. 2. Use a closure or positive reading of your choice.		5 Minutes