

Effects of Alcohol, Stimulants, and Cannabis Sativa & Other Drugs on 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:</u></p> <p>The effects of alcohol and other drugs on physical health are widely known and can be found easily in books – posters – and warnings on drugs like alcohol and cigarettes. Warnings can be effective with other health risks like allergies to penicillin or to shell-fish or even bee stings among susceptible individuals. Yet, when it comes to substance dependence it’s another story. The “addicted brain” is doing the thinking and it wants to keep the person using. That part of the brain never – ever – votes to stop drinking and/or drugging and it will minimize, justify, and rationalize continued use with thoughts like, “<i>Oh, that will never happen to me, I know lots of people who drink or take drugs and they don’t have physical problems.</i>”</p> <p>Today we will discuss the effects of alcohol, amphetamines, and marijuana on physical health. These facts are not meant as scare tactics. They are presented as education which is important for all disorders. A person with heart disease or diabetes must know the physical effects and risks of their disorder. It helps a person understand the importance of a recovery program and what might happen <i>without</i> one. Keep in mind that physical problems related to alcohol and other drugs may not have happened <i>YET</i> but with continued abuse they will happen eventually. If you are not experiencing problems yet, perhaps you can identify areas where you <i>might</i> have problems in the future without recovery.</p>	5 Minutes 





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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Alcohol – Drug Classification: Depressant	APPENDIX IVA-1	Summarize four beginning paragraphs.	30 Minutes
Alcohol and Drug Combinations Equal High Risk	APPENDIX IVA-1	Summarize one paragraph.	
Alcohol and Prescription or Over-the-Counter Medications	APPENDIX IVA-2	Give just a couple of examples from the list as time permits.	
Combinations That Increase Drug Potency	APPENDIX IVA-2 – IV-3	Give just a couple of examples from the list as time permits.	
Skill Building Exercise and Discussion - Suggestions for topic discussion:			
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> The Worksheet Handout for this discussion is the <i>Physical Complications of Alcohol Abuse or Dependence</i> which is located at the end of Subject Four. You can: a. Give each group member a copy of the handout, <i>or</i> b. Make a transparency to show on an overhead projector, <i>or</i> c. Verbally go over the sections in the handout like Mouth, Gastrointestinal, Cardiovascular, etc. Education – not scare tactics – is the goal of this information. One of the skills being developed is self-awareness. The point of the discussion would be for participants to identify the areas they currently relate to as physical complications or <i>potential</i> complications related to the effects of Alcohol on Physical Health. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> We may discuss the effects of a drug that you personally don't use. However, there will be others in the group who will benefit from this education. Thank you for supporting each other in developing self-awareness of the effects of these drugs on physical health. What areas of physical complications – if any – do you personally relate to from the <i>Chronic Effects of the Drug Alcohol</i>? For example, do you throw up from time to time when you've been drinking? Do you think you might have a problem with your throat in the future? For example, do you have stomach problems? Other problems? What health problems <i>might</i> you experience in the future? For example, do you have bronchitis regularly? Might continued drinking lead to more serious pulmonary problems or healing problems? <i>Might</i> you have neurological problems? Do you experience the shakes? In the future <i>might</i> you be susceptible to seizures? Do you have accidents from time to time related to drinking? Falls? Car accidents? Others? What area(s) of physical health would be the highest risk for you personally – now or in the future? 			
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
Effects of Amphetamine, Methamphetamine, Cocaine, or Crack Cocaine on Physical Health	APPENDIX IVA-8 – IVA-11	Mention – as time permits – the effects of these drugs on Physical Health.	15 Minutes	20 Minutes
Risk From Injected Stimulants (Shared Needle Syndrome)	APPENDIX IVA-11	Name – as time permits – some of the risks in this section.		
Over-Amping (too high a dose)	APPENDIX IVA-12	Name a few of the physical effects of over-amping found in the table.		
Acute Cocaine Poisoning and Overdose	APPENDIX IV-12	Summarize the information in the table – highlighting what you choose – or mention a couple of the items in the table.		
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> Education – not scare tactics – is the goal of this information. One of the skills being developed is self-awareness. The point of the discussion would be for participants to identify the areas they personally relate to as <i>current</i> physical complications or <i>potential</i> complications of the effects of Amphetamine, Methamphetamine, Cocaine, or Crack Cocaine on Physical Health. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> What areas – if any – of physical complications from the abuse of these stimulants do you personally relate to? For example: <ol style="list-style-type: none"> Have you experienced any skin sores?...yet? Have you experienced any specific problems related to the abuse of these stimulants?...yet? Nasal problems? Mouth or throat problems? Lung problems?...yet? Injection site sores or other problems?...yet? Have you experienced heart problems?...yet? Have you found it difficult to recover from illnesses? Do you think your immune system <i>might</i> be impaired?...yet? What area(s) of physical health problems – if any – would be the highest risk for you personally? 				
Effects of Cannabis Sativa (Marijuana, Hashish, or Hash Oil) on Physical Health	APPENDIX IVA-20 – IVA-22	Name – as time permits – the effects of Cannabis Sativa on Physical Health.		

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To the Facilitator(s):</p> <ol style="list-style-type: none"> 1. Education – not scare tactics – is the goal of this information. 2. One of the skills being developed is self-awareness. The point of the discussion would be for participants to identify the areas they personally relate to as <i>current</i> physical complications or <i>potential</i> complications related to the abuse of Cannabis Sativa. <p>To the Group:</p> <ol style="list-style-type: none"> 1. What effects related to the abuse of Cannabis Sativa – if any – do you personally relate to? 2. For example: <ol style="list-style-type: none"> a. Have you experienced any problems with normal learning and memory?...yet? b. Have you experienced problems with bronchitis or other respiratory illnesses?...yet? c. Do you have difficulty – yet – in recovering from illness or other signs of an impaired immune system? <p>To the Facilitator(s):</p> <p>If you have time, you can ask the group which other drug they would like information on related to physical health.</p>	<p>15 Minutes</p>  	<p>20 Minutes</p>  
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 Evaluations.	5 Minutes	
Group Closure	Time-Frame	
<ol style="list-style-type: none"> 1. Recommended Inspirational Recommended INSPIRATIONAL HANDOUT “Which Place” located at the back of Subject One. Presentation suggestions include: <ol 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, and/<i>or</i> c. Ask a group member to read aloud the handout to the group, <i>or</i> 2. Read a daily meditation for the day of your choice. 	5 Minutes	