

## **Gender, Age, Sexual Orientation, Culture & Family and Substance Disorders**

**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.

## Gender, Age, Sexual Orientation, Culture, and Family & Substance Disorders


### Volume I; Subject Three; Pages: Subject 3-21 – 3-28

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"> <li>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"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):               <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> </ol>	<div style="text-align: center;">           10 Minutes   </div>
<p><u>Summarize Introduction of the Group Topic and Why It's Important (page Subject 3-21):</u></p> <p>Substance disorders have an effect on specific populations in different ways. Some specific groups metabolize substances differently, as is the case with women. Others face underreporting of Substance Disorders, as is the case for seniors. Some groups face additional barriers and societal stressors, as is the case with the gay, lesbian, bisexual, transgender population (GLBT). Still others experience cultural stresses, as is the case with the Native American population.</p> <p>When you combine differences in metabolic rates, underreporting, barriers, and stressors, you find certain groups who have more serious consequences with alcohol and other drug abuse.</p> <p>Today we will talk about gender, age, sexual orientation, culture &amp; family and Substance Disorders.</p>	<div style="text-align: center;">           5 Minutes   </div>


**Gender, Age, Sexual Orientation, Culture & Family and Substance Disorders; Volume I; Subject Three; Pages: Subject 3-21 – 3-28**





Psychoeducation Part I: Topics & Focus		Pages & Location	Presentation Suggestions		Time- Frame
<b>To the Facilitator(s):</b> 1. APPENDIX III contains more in-depth information on THE BASICS ABOUT WOMEN AND SUBSTANCE DISORDERS on pages: APPENDIX III-48 – III-50. 2. You may use the material in APPENDIX III to supplement this information especially if you are presenting a group exclusively on THE BASICS ABOUT WOMEN AND SUBSTANCE DISORDERS.					30 Minutes 
Women and Substance Dependence		Subject 3-21 – 3-22	1. Summarize five paragraphs. 2. State the six common stressors in TABLE ONE below.		
TABLE ONE	1	LOWER SELF-ESTEEM	4	SEXUAL ABUSE OR DOMESTIC VIOLENCE	
	2	PARENTING CONCERNS	5	EATING DISORDERS	
	3	PRIMARILY RESPONSIBLE FOR CHILD CARE	6	DIFFICULTY WITH ASSERTIVENESS	
	<b>To the Facilitator(s):</b> 1. APPENDIX III contains more in-depth information on THE BASICS ABOUT SENIORS AND SUBSTANCE DISORDERS on pages: APPENDIX III-51 – III-53. 2. You may use the material in APPENDIX III to supplement this information especially if you are presenting a group exclusively on THE BASICS ABOUT SENIORS AND SUBSTANCE DEPENDENCE.				
Seniors and Substance Dependence		Subject 3-22 – 3-23	1. Summarize information in the three paragraphs and in the two tables. 2. Discuss information in TABLE TWO below. 3. Discuss information in TABLE THREE below.		
TABLE TWO		<u>CHANGES</u>		<u>RESULTS</u>	
	1	Decline in the ratio of body water to fat.		Less water for the alcohol to be diluted in.	
	2	Decreased hepatic blood flow.		Liver will receive more damage.	
	3	Inefficiency of liver enzymes.		Alcohol will not be broken down as efficiently.	
	4	Altered responsiveness of the brain.		Alcohol will have a faster effect on the brain.	
TABLE THREE	1	Seniors don't drink for kicks.			
	2	They drink steadily rather than bingeing, so revealing behavior changes are less noticeable.			
	3	They are often retired, on a limited income, and live alone so the common effects of alcoholism, such as loss of job, family disputes, or financial problems, are more difficult to identify.			

**Gender, Age, Sexual Orientation, Culture & Family and Substance Disorders; Volume I; Subject Three; Pages: Subject 3-21 – 3-28**

Psychoeducation Part I: Topics & Focus (Continued)	Pages & Location	Presentation Suggestions	Time- Frame						
<b><u>To the Facilitator(s):</u></b> 1. APPENDIX III contains more in-depth information on THE BASICS ABOUT THE GAY, LESBIAN, BISEXUAL, AND TRANSGENDER (GLBT) POPULATION AND SUBSTANCE DISORDERS on pages: APPENDIX III-53 – III-55. 2. You may use the material in APPENDIX III to supplement this information especially if you are presenting a group exclusively on THE BASICS ABOUT THE GAY, LESBIAN, BISEXUAL, AND TRANSGENDER (GLBT) POPULATION AND SUBSTANCE DISORDERS.			Continued 						
Gay, Lesbian, Bisexual, and Transgender (GLBT) Population and Substances	Subject 3-23	1. Summarize the definitions of TABLE FOUR below using the explanations in the text. 2. Summarize two paragraphs. 3. State the twelve stressors given in TABLE FIVE below.							
TABLE FOUR <table><tr><td>1</td><td>HOMOSEXUAL</td><td>3</td><td>BISEXUAL</td><td>5</td><td>TRANSGENDER</td></tr></table>				1	HOMOSEXUAL	3	BISEXUAL	5	TRANSGENDER
1	HOMOSEXUAL	3		BISEXUAL	5	TRANSGENDER			
TABLE FIVE	1	Stress about “coming out” process.		7	Using to cope with religious persecution.				
	2	Internalized homophobia.		8	Using to cope with limited places to socialize.				
	3	External societal homophobia.		9	Using to cope with intense emotions.				
	4	Using to cope with fears.		10	Rejection of true self or leading double life.				
	5	Using to cope with grief and loss.		11	Family problems creating isolation.				
	6	Using to cope with feeling “different.”		12	Double denial of orientation <i>and</i> disorder.				
<b><u>To the Facilitator(s):</u></b> 1. APPENDIX III contains more in-depth information on THE BASICS ABOUT NATIVE AMERICANS AND SUBSTANCE DISORDERS on pages: APPENDIX III-55 – III-58. 2. You may use the material in APPENDIX III to supplement this information especially if you are presenting a group exclusively on THE BASICS ABOUT NATIVE AMERICANS AND SUBSTANCE DISORDERS.									
Native Americans and Substance Disorders	Subject 3-24	Summarize four paragraphs.							



**Gender, Age, Sexual Orientation, Culture & Family and Substance Disorders; Volume I; Subject Three; Pages: Subject 3-21 – 3-28**

Psychoeducation Part I: Topics & Focus (Continued)	Pages & Location	Presentation Suggestions	Time- Frame
<b><u>To the Group:</u></b> 1. What comments do you have? 2. How do you relate to this material? 3. What comments do you have about the additional challenges for specific populations in their recovery process? 4. What about stressors for women? 5. What about the information about seniors and Substance Use Disorders? 6. What about the additional challenges for the Gay, Lesbian, Bisexual, and Transgender (GLBT) population? 7. What comments do you have about Native Americans and Substance Use Disorders?			Continued 
<b>Break</b>			<b>10 Minutes</b>

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing										
Treatment for Specific Populations	Subject 3-24 – 3-25	Summarize three paragraphs.	<div> 15 Minutes</div> <div></div>	<div> 20 Minutes</div> <div></div>										
Substance Disorders Are Family Illnesses	Subject 3-25	Summarize two paragraphs.												
Defining a “Family”	Subject 3-25	Summarize two paragraphs.												
The Family in The Disease Process	Subject 3-25 – 3-27	1. Summarize one paragraph. 2. Summarize the five behaviors related to enabling in the table below. 3. Refer to the explanations of each located in the text.												
<table><tr><td>1</td><td>ENABLING</td><td>3</td><td>TAKING OVER RESPONSIBILITIES</td><td>5</td><td>REINFORCING USE WITHOUT INTENDING TO</td></tr><tr><td>2</td><td>DENYING</td><td>4</td><td>RESCUING</td><td></td><td></td></tr></table>					1	ENABLING	3	TAKING OVER RESPONSIBILITIES	5	REINFORCING USE WITHOUT INTENDING TO	2	DENYING	4	RESCUING
1	ENABLING	3	TAKING OVER RESPONSIBILITIES	5	REINFORCING USE WITHOUT INTENDING TO									
2	DENYING	4	RESCUING											
Skill Building Exercise and Discussion - Suggestions for topic discussion:														
<p><b><u>To the Group:</u></b></p> <p>1. What comments do you have?</p> <p>2. How do you relate to Substance Use Disorders being “family” disorders?</p> <p>3. Which enabling behaviors do you relate to?</p> <p>4. Which behaviors – even though your family meant well – contributed to the progression of Substance Use Disorders for you personally?</p> <p>5. Can you share this information with them so they can understand the <i>family in the disease process</i>?</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
Emotional Reactions of The Family Toward Chemical Dependency											Subject 3-27 – 3-28	1. Summarize two paragraphs. 2. Discuss common emotional responses of families found in the table below.	15 Minutes 	20 Minutes 
1	ANGER	3	EMBARRASSMENT	5	GUILT	7	INSECURITY	9	LOSS OF HOPE	11	SUSPICION			
2	DISAPPOINTMENT	4	FEAR	6	HURT	8	ISOLATION	10	RESENTMENT					
The Family in Recovery											Subject 3-28	Summarize two paragraphs.		
<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>														
<b><u>To the Group:</u></b> 1. What emotional responses has your family expressed? 2. How has this affected you personally? 3. How would you <i>like</i> your family relationships to improve in the <i>recovery</i> process? 4. What will you do to help that become a reality? 5. Is your family involved in your recovery at this time? 6. Would you like them to be more involved? Less involved? 7. Can you ask your family at this stage of your recovery what it is you need from them? More support? In what specific way(s)? Less hovering? Less worrying? 8. Can you share this information with them so they can understand the <i>family in the recovery process</i> ?														
<b>Crisis Processing</b>													<b>Time-Frame</b>	
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	
<b>Group “Paper Work”</b>													<b>Time-Frame</b>	
Group participants fill out Group Notes.													5 Minutes	
<b>Group Closure</b>													<b>Time-Frame</b>	
The recommended INSPIRATIONAL HANDOUT is “ <i>The Journey</i> ” which is located at the back of Subject Three. Presentation suggestions include: 1. Read the handout aloud to the group, <i>or</i> 2. Hand a copy to a group member and ask the person to read aloud to the group or ask the group to share reading portions until the handout has been completely read, <i>or</i> 3. Make a copy of the handout for each person to take home and to read aloud in the group.													5 Minutes 