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Healing Body & Brain By Eating Right and Developing Nutritional Planning & Shopping Skills

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: <u>The Master Guide</u> (located at the beginning of Volume I & II) and the <u>Master Tips to Professionals</u> (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.

Based on a 2-Hour group: Two 50 minute segments						
Group Beginning	20 Minutes Total					
Positive group beginning (suggestions are located on the previous page).	5 Minutes					
 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.) Ask the group members to tell the group their name. Welcome any group members who are new to this group or phase. Crisis Processing (when requested and optional): 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. 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					
Summarize Introduction of the Group Topic and Why It's Important: (Subject 6-38 first paragraph only)	5 Minutes					
It's incredible just how much of a difference something as basic as nutrition can make. Through careful attention to nutrition, you can greatly reduce or even eliminate many of the unpleasant symptoms that most recovering people go through in the first two years of recovery – by simply providing a source of slowly and regularly available glucose. It doesn't matter if a person has a Substance Use Disorder like Alcohol Abuse or a Psychiatric Disorder like a Mood Disorder or another disorder or <i>no</i> disorder at all. Healthy nutrition helps <i>every</i> human being – disorder or not. It's a <i>must</i> for sound health, a <i>must</i> for prevention of illness, and a <i>must</i> to help guard against the reoccurrence of symptoms.						
Today, we will talk about the importance of good nutrition, and developing nutritional planning and shopping skills.	٧					

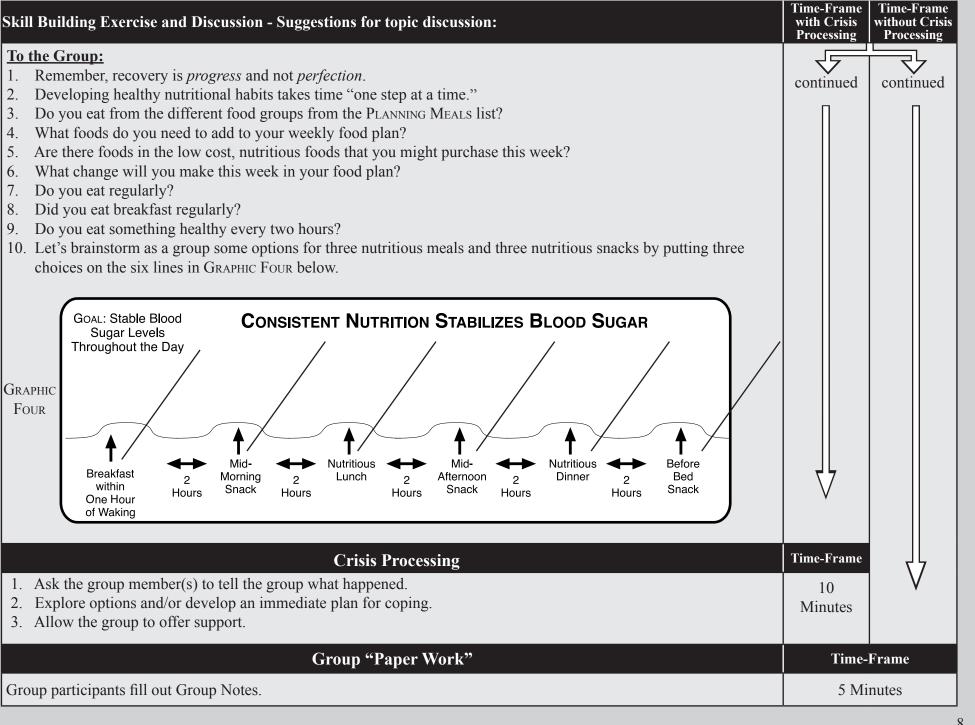
Psychoeducation Part I: Pages Topics & Focus & Location					Time- Frame					
Benefits of			Subject 6-38		_	tive effects of eating properly found in Table One below. explanations of each.	30 Minutes			
		Table One 1 Hea	LS THE BODY	2 HEALS THE M	Heals The Mind 3 Promotes Recovery					
Purpose of Eating Right Subject 6-38			effects of three 2. Positive effects in: a. Reducing or anxiety, mod b. Reducing or c. Helping in the Mood Disor 3. Note to Facilitation	in: a. Reducing or eliminating symptoms of low blood sugar like irritability, anxiety, mood swings, depression, crying spells, confusion, etc.						
GRAPHIC ONE Hours One Hour of Waking GRAPHIC ONE GRAPHIC ONE GRAPHIC ONE Hours One Hour of Waking GRAPHIC ONE Hour One Hour of Waking										
1 0 30 0 37 1					poir	agraph. ats of the "Diet for Sobriety" shown in Table Two below. explanations of each.				
	1	Eat Thr	ee Good Meal	s A Day	5	Avoid Stress Whenever Possible				
Table Two	2	Eat The	ree Nutritious	Snacks	6	INCREASE FLUID INTAKE TO KEEP YOUR BODY HYDRATED	V			
I WO	3	CUT BACK ON CA	AFFEINE OR AVO	OID IT ALTOGETHER 7 REBUILD CALCIUM LEVELS						
	4	CUT BACK ON SW	EETS OR AVOID	THEM ALTOGETHER	8	Take Daily Vitamin Supplements				

Skill Building Exercise and Discussion - Suggestions for topic discussion:						
To the Group: 1. What are your eating habits like?	continued					
2. Do you eat three nutritious meals each day?3. How about three healthy snacks each day?						
4. How is your caffeine intake? 5. How much sugar do you eat each day? 6. Do you ever a strong well?						
 6. Do you avoid or manage stress well? 7. Do you drink fluids in the form of water, juices, soups, milk, etc.? 8. Do you eat foods that contain nutrients? Like calcium? Protein? Vitamins? 						
9. Do you take multiple vitamins or vitamin supplements? 10. What good nutritional habits have you been successful in putting into practice?						
11. What improvements do you think you could make to your food plan? 12. What are three goals you would name to improve your nutritional planning?	\ \ \ \ \ \ \ \ \					
13. What is the next step you will make to improve your nutrition?	10					
Break	Minutes					

Psy	choeducation Part II: Topics & Focus	Pages & Location	Pres	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing		
Vitan	nins and Nutrients	Subject 6-40	 Briefly summarize the and contribute to health Give a few examples o 	10	15		
	Table Three					Minutes	Minutes
1	CALCIUM-RICH FOODS	5	VITAMIN A-RICH FOODS	8	VITAMIN E-RICH FOODS		
2	PROTEIN-RICH FOODS	6	VITAMIN B-RICH FOODS	9	Tryptophan-Producing Foods		
3	Nutritious Foods	7	VITAMIN C-RICH FOODS	10	Minerals		
4 Nutritious Vegetables							
1 *	ping From The Basic Groups	Subject 6-41	 Summarize the two line following page. Briefly illustrate the formula. 				

Psychoeducation P Topics & Focu		Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
	<u> </u>	food pyramid are not relevant to all racial, religious, cultural or ethnic so different cultures can adapt this to their specific dietary needs.	continued	continued
	THE FOOD PYRAMID	Fats, Oils & Sweets USE SPARINGLY		
Course		Milk, Yogurt, & Cheese Group 2-3 SERVINGS Meat, Poultry, Fish, Dry Beans, Eggs, & Nuts Group 2-3 SERVINGS		
Graphic Two		Vegetable Group 3-5 SERVINGS Fruit Group 2-4 SERVINGS		
		Bread, Cereal, Rice, & Pasta Group 6-11 Servings Eight Glasses of Fluids		
		of this food pyramid are not relevant to all racial, religious, cultural, or ethnic groups. ve a good visual so different cultures can adapt this to their specific dietary needs.)		
Psychoeducation P Topics & Focus (con		Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Planning Meals	Subject 6-42	 Summarize the brief introduction. Illustrate Graphic Three shown on the following page so the group can visualize a helpful way of Planning Meals. 	20 Minutes	25 Minutes

Psychoeduca Topics & Focu			Pages & Location			Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
	B	READ, CEREA	AL, RICE, & PASTA	a Group		MILK, YOGURT, & CHEESE GROUP	continued	continued
Graphic Three		\	/egetable G rou	P		MEAT, POULTRY, FISH, DRY BEANS, EGGS, & NUTS GROUP		
			FRUIT GROUP			FATS, OILS, & SWEETS GROUP		
Shopping Tips to Symptoms	o Cope	With	Subject 6-42			ize brief paragraph. ize six points in the table located in the text.		
Shopping Tips to Less Money	o Eat E	Better For	Subject 6-43			e six food categories in Table Four below. Imples of each located in the text.		
TABLE	1	Breads	, Cereal, Ric	CE, PASTA	4	Milk, Yogurt, Cheese		
Four	2		VEGETABLES		5	Meat, Fish, Poultry, Beans, Nuts		
	3		FRUITS		6	Fats, Oils, Sweets, & Extras		
Developing Hea Habits	lthy Nu	ıtritional	Subject 6-43-6-44	Summariz	ze s	six paragraphs.	\bigvee	V



Group Closure	Time-Frame
1. Ask each group member what one nutritional goal they will set for this week:	
a. Eat breakfast?	5 Minutes
b. Shop for nutritious food?	
c. Make a nutritional food plan?	
d. Eat more regularly?	
e. Add a snack?	
f. Add more protein?	
g. Or?, or	7
3. Ask a group member to read aloud an inspirational reading or message of your choice.	V