

Identifying Patterns of Thoughts, Challenging Non-Helpful Automatic Thoughts, & Developing Reframing 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: *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. Positive beginnings can include:



1. Reading the Thought For The Day from a meditation book. (Note: The daily meditation book Easy Does It also has an index of topics at the end of the book. This is helpful in choosing a specific reading to fit with the topics presented in group.)
 2. AA Slogan(s) with brief explanation or AA/NA/Dual Recovery inspirational reading.
 3. Inspirational or humorous curriculum handout reading from THE BASICS.
 4. Deep breathing or stretching exercise.
 5. Each person telling the group one thing they are grateful for.
 6. Each group member mentioning one positive thing they did that contributed to their recovery.
- * Recommended Beginning: Breathing Exercise (Master Tips-3)

Practice Curriculum/Topic


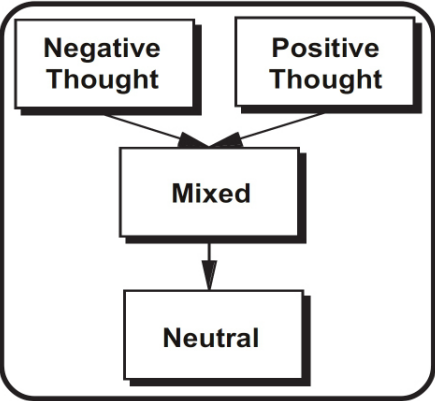
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

Identifying Patterns of Thoughts, Challenging Non-Helpful Automatic Thoughts, & Developing Reframing Skills

Volume II; Subject Seven; Pages: 7-15 – 7-19, 7-20 – 7-23

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 interpersonal 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 7-15 – 7-16):</u></p> <p>The way people think plays a big role in <i>worsening</i> or <i>improving</i> Mood, Anxiety, Thought, Personality, and Substance Disorders. Your perceptions and interpretations of events in life can also dramatically color your emotional <i>reactions</i> (Fields & Vandenbelt, 1992).</p> <p>The most powerful tool in the world for coping with unpleasant emotions and managing stress, depression, anxiety, shame, and guilt has nothing to do with eliminating specific situations from our lives. It doesn’t even have anything to do with other people “acting right” or “doing things my way.” It has to do with confronting, then changing, <i>thinking patterns</i> that contribute to you being upset (Roper, 2000).</p> <p>Remember, if events in life actually caused our responses, then <i>everyone</i> would <i>feel</i> the exact <i>same</i> way and <i>everyone</i> would <i>behave</i> in the exact <i>same</i> manner. What makes the most difference between each of our emotional and behavioral responses is what we each tell ourselves <i>about</i> a specific event. You can <i>choose</i> your responses to people, places, and things by changing your <i>thinking</i>. Today we will talk about ways to change automatic non-helpful thoughts to more helpful thoughts.</p>	5 Minutes 

Identifying Patterns of Thoughts, Challenging Non-Helpful Automatic Thoughts, & Developing Reframing Skills; Volume II; Subject Seven; Pages: 7-15 – 7-19; 7-20 – 7-23

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame								
<p><u>To the Facilitator(s):</u> At first glance it will appear there is too much information to be discussed prior to the break. However, this pre-break section only spans four pages and can easily be summarized – along with the processing questions – in the 30 minutes prior to break.</p>			<p>30 Minutes</p> 								
Automatic Thinking Patterns	Subject 7-16	Summarize two paragraphs.									
Becoming Willing to Change Thought Patterns	Subject 7-16 – 7-17	Summarize four paragraphs.									
Noticing Thought Patterns	Subject 7-17	Summarize three paragraphs.									
<p>Four Kinds of Thoughts</p> 	Subject 7-17 – 7-18	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Explain the four kinds of thoughts shown in TABLE ONE below and in the graphic on the left. Refer to the explanations of each located in the text. 3. Discuss the information in TABLE TWO below. 4. State the examples located in the text by first naming the “NEGATIVE WORDS OR OUTLOOK” and then the corresponding “POSITIVE WORDS OR OUTLOOK” to each – one at a time. 5. Summarize two paragraphs. 6. Read “June’s Recovery Story” to the group. 									
TABLE ONE											
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">NEGATIVE THOUGHT</td> <td style="width: 25%;">2</td> <td style="width: 25%;">POSITIVE THOUGHT</td> <td style="width: 25%;">3</td> <td style="width: 25%;">MIXED THOUGHT</td> <td style="width: 25%;">4</td> <td style="width: 25%;">NEUTRAL THOUGHT</td> </tr> </table>	1	NEGATIVE THOUGHT	2	POSITIVE THOUGHT	3	MIXED THOUGHT	4	NEUTRAL THOUGHT			
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Patterns of Thoughts Produce Patterns of Emotions	Subject 7-18 – 7-19	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Discuss information in TABLE THREE below, referring to the text for the more specific focus on each of the emotions of DEPRESSION, ANXIETY, and ANGER. 									
TABLE THREE											
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">EMOTION</td> <td style="width: 33%;">COMMON THEMES OF THE EMOTION</td> <td style="width: 33%;">COMMON AUTOMATIC OR FAMILIAR THOUGHTS</td> </tr> </table>				EMOTION	COMMON THEMES OF THE EMOTION	COMMON AUTOMATIC OR FAMILIAR THOUGHTS					
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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time- Frame
Thinking Increases or Decreases Emotional Intensity	Subject 7-19	1. Summarize one paragraph. 2. Illustrate the graphic on anger shown below that details how thoughts can reduce anger to frustration or thoughts can increase anger to rage. 3. Give examples shown in the table. (Note to Facilitators: Just use the graphic example for <i>anger</i> in this particular group.)	continued
<pre> graph TD Title[ANGER Pushed Up or Down in Intensity by Automatic Thoughts] Title --> Frustrated Title --> Irritated Title --> Anger Title --> Furious Title --> Enraged Thought1["Things are a little tough right now, but it will get better."] --> Frustrated Thought2["Everyone's always out to get me. I hate my life."] --> Enraged </pre>			
Skill Building Exercise and Discussion - Suggestions for topic discussion:			
<p>To the Group:</p> <ol style="list-style-type: none"> 1. Discussing non-helpful thought patterns does <i>not</i> mean that Depressive Disorders, Mood Disorders, or Anxiety Disorders are <i>caused</i> by automatic non-helpful thoughts. These disorders are actually caused by differences in brain chemistry. 2. What this information <i>does</i> mean is that the <i>symptoms</i> of these disorders include persistent thought patterns or automatic thoughts with certain themes, depending on the specific diagnosis. 3. With Substance Use Disorders, non-helpful thought patterns are often established from the shame and guilt created as the disorder worsens. Continuing these thoughts often reinforces non-helpful thoughts that can worsen anxiety, depression, and/or anger, as well as the self-loathing often found with Substance Use Disorders. 4. It also means that first <i>recognizing</i> automatic thoughts and then working to <i>change</i> these thoughts – one thought at a time – is a skill to be learned in recovery. Practicing each new positive thought will make the new more-helpful thought <i>automatic</i> over time. 5. What comments do you have? 6. How would you describe your personal patterns of thoughts? 7. Would you say you have more NEGATIVE THOUGHTS? Or more POSITIVE THOUGHTS? Or more MIXED THOUGHTS? Or more NEUTRAL THOUGHTS? 8. What example do you have of “NEGATIVE WORDS OR OUTLOOK?” What could you replace that with “POSITIVE WORDS OR OUTLOOK?” Perhaps brainstorm as a group. 			



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Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group: (continued)

9. Do you think you are prone to your thinking contributing to *depression*?
10. What “COMMON THEMES OF THE EMOTION” and then related “COMMON AUTOMATIC OF FAMILIAR THOUGHTS” do you notice with the emotion DEPRESSION?
11. Do you think you are prone to your thinking contributing to *anxiety*?
12. What “COMMON THEMES OF THE EMOTION” and then related “COMMON AUTOMATIC OF FAMILIAR THOUGHTS” do you notice with the emotion ANXIETY?
13. Do you think you are prone to your thinking contributing to *anger*?
14. What “COMMON THEMES OF THE EMOTION” and then related “COMMON AUTOMATIC OF FAMILIAR THOUGHTS” do you notice with the emotion ANGER?
15. In looking at the way the emotion ANGER (see graphic on previous page) can be pushed up or down with thinking – what are your thoughts?
16. Can you see how thinking can push any emotion up or down in intensity by just the way you think about it?

Time-Frame

continued





Break

10
Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Challenging Non-Helpful Automatic Thoughts	Subject 7-20 – 7-21	1. Illustrate GRAPHIC ONE below. 2. Explain Figure One, Figure Two, and Figure Three using the text in the graphic. NOTE: This information will be used in the group skill building exercise.	15 Minutes	20 Minutes
<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> FIGURE ONE: FEELINGS HAVE DIFFERENT INTENSITIES FIGURE TWO: EVENT FIGURE THREE: SLICE OF TIME EVENT </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>GRAPHIC ONE</p> <p>FIGURE ONE Intensity of emotions at different levels may be experienced either individually or may accumulate.</p> </div> <div style="width: 30%;"> <p>FIGURE TWO Lots of details (dots) lead up to a specific event, happen during the event, and occur after the event.</p> </div> <div style="width: 30%;"> <p>FIGURE THREE Event or 15-minute slice of time. Just the facts. Who, what, where, and when?</p> </div> </div>				

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																
Familiar or Automatic Non-Helpful Thoughts	Subject 7-21	<ol style="list-style-type: none"> 1. Illustrate GRAPHIC TWO shown below. 2. Walk the group through the three examples shown in GRAPHIC TWO below. 3. Discuss one EVENT – EMOTIONAL INTENSITY – FAMILIAR NON-HELPFUL THOUGHTS – one at a time. 4. Note that the “FAMILIAR NON-HELPFUL THOUGHTS” will result in the “EMOTIONAL INTENSITY” either remaining the same or will increase in intensity. 																		
<p>GRAPHIC TWO</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Familiar or Automatic Non-Helpful Thoughts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Event</th> <th style="width: 20%;">Event Examples</th> <th style="width: 10%;">Emotional Intensity</th> <th style="width: 30%;">Familiar Non-Helpful Thoughts</th> <th style="width: 10%;">Emotional Intensity</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="vertical-align: middle; text-align: center;">15-Minute Slice of Time (Just the Facts)</td> <td>Example 1: You can't find your Twelve Step Meeting sign-in sheet and today's the day to turn it in.</td> <td style="text-align: center;">6 Irritated</td> <td>"I'm going to get kicked out of treatment." "I'll go to jail." "I knew these treatment people were out to get me!"</td> <td style="text-align: center;">Intensity will either remain the same or will increase.</td> </tr> <tr> <td>Example 2: Someone in treatment falsely accuses you in front of the entire group of stealing <i>their</i> sweater.</td> <td style="text-align: center;">8 Angry</td> <td>"That jerk!" "Everyone's always accusing me of something." "Life is so unfair." "I hate being in treatment."</td> <td style="text-align: center;">Intensity will either remain the same or will increase.</td> </tr> <tr> <td>Example 3: Your neighbor has his music blaring again and it's so loud you can't hear yourself think.</td> <td style="text-align: center;">10 Enraged</td> <td>"They're insensitive idiots!" "This guy's just trying to mess with me." "I'm going over there to knock his block off."</td> <td style="text-align: center;">Intensity will either remain the same or will increase.</td> </tr> </tbody> </table> </div>					Event	Event Examples	Emotional Intensity	Familiar Non-Helpful Thoughts	Emotional Intensity	15-Minute Slice of Time (Just the Facts)	Example 1: You can't find your Twelve Step Meeting sign-in sheet and today's the day to turn it in.	6 Irritated	"I'm going to get kicked out of treatment." "I'll go to jail." "I knew these treatment people were out to get me!"	Intensity will either remain the same or will increase.	Example 2: Someone in treatment falsely accuses you in front of the entire group of stealing <i>their</i> sweater.	8 Angry	"That jerk!" "Everyone's always accusing me of something." "Life is so unfair." "I hate being in treatment."	Intensity will either remain the same or will increase.	Example 3: Your neighbor has his music blaring again and it's so loud you can't hear yourself think.	10 Enraged
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Reframing Non-Helpful Thoughts to More Helpful Thoughts = Reduced Emotional Intensity	Subject 7-22	<ol style="list-style-type: none"> 1. Illustrate GRAPHIC THREE shown on the following page (the Event Examples are the same in GRAPHIC TWO and GRAPHIC THREE). 2. Walk the group through the examples shown in GRAPHIC THREE. 3. Note: These examples show the <i>reduction</i> of emotional intensity as the result of “MORE HELPFUL REFRAMING THOUGHTS” which come from the process of STD’s (STOP, THINK, DECIDE). 																		

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing				
<p>GRAPHIC THREE</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center; background-color: #e0e0e0; border: 1px solid black; border-radius: 5px; padding: 5px;">Reframing Non-Helpful Thoughts to More Helpful Thoughts = Reduced Emotional Intensity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top; padding: 5px;"> <p style="text-align: center; font-weight: bold;">Event 15-Minute Slice of Time (Just the Facts)</p> </td> <td style="width: 25%; padding: 5px;"> <p style="text-align: center; font-weight: bold;">Event Example</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Example 1: You can't find your Twelve Step Meeting sign-in sheet and today's the day to turn it in.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Example 2: Someone in treatment falsely accuses you in front of the entire group of stealing their sweater.</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Example 3: Your neighbor has his music blaring again and it's so loud you can't hear yourself think.</p> </div> </td> <td style="width: 25%; padding: 5px; text-align: center;"> <p style="font-weight: bold;">STD's of Reframing Thoughts: <u>S</u>top, <u>T</u>hink, and <u>D</u>ecide</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center; font-weight: bold;">STD's of Reframing or Changing Familiar Non-Helpful Thoughts to New, More Helpful Thoughts: <u>S</u>top, <u>T</u>hink, and <u>D</u>ecide</p> <p style="text-align: center;">You'll know if you have not reframed the event because the intensity of the emotion will remain high or unchanged. 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"I'm okay."</p> <p style="text-align: right; border: 1px solid black; padding: 2px;">8 to 4</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>"Perhaps they're hard of hearing or don't know the sound carries over here. I can talk to them and let them know." 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<p>Practice Is Essential</p>	<p>Subject 7-23</p>	<ol style="list-style-type: none"> 1. Summarize the first paragraph. 2. Discuss eight questions in the table located in the text. 3. Summarize the two remaining paragraphs. 	<p>Time-Frame with Crisis Processing</p>	<p>Time-Frame without Crisis Processing</p>				
<p>Skill Building Exercise and Discussion - Suggestions for topic discussion:</p> <p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> 1. This time can be devoted to group or individual examples using the PRACTICE TABLE shown on the next page. Additional presentation information is located on Subject 7-22 in the Tips to Facilitators. 2. <u>Group Examples:</u> Ask the group to brainstorm and then select a particular event or a slice in time where the emotion of anger was particularly intense. The group can then give examples of familiar or automatic non-helpful thoughts followed by more helpful thoughts and how those thoughts might reduce the intensity of the anger. 			<p>15 Minutes</p>	<p>20 Minutes</p>				

Skill Building Exercise and Discussion - Suggestions for topic discussion: (continued)

Time-Frame with Crisis Processing **Time-Frame without Crisis Processing**

To the Facilitator(s): (continued)

3. Individual Examples: Ask a couple of participants to give examples from their own personal experiences to share an event or most intense 15 minute slice in time, the level of intensity of the anger, and the familiar non-helpful thought. Ask the group to brainstorm more helpful thoughts that would reduce the intensity of anger.

continued

continued



Time-Frame

10
Minutes



PRACTICE
TABLE

EVENTS (JUST THE FACTS)	FEELINGS (1-10)	NON-HELPFUL FAMILIAR THOUGHTS	EMOTIONAL INTENSITY RELATED TO NON- HELPFUL THOUGHTS	REFRAMING: STOP, THINK, AND DECIDE	MORE HELPFUL OR MORE REALISTIC THOUGHTS	FEELINGS (1-10)
?	?	?	?	?	?	?

To the Group:

1. Practicing any skill is the best way to *learn* the skill, *remember* the skill, and be able to *repeat* the skill.
2. The skill of changing *non-helpful* thoughts to *more helpful* thoughts can be put to use with any event that results in intense emotions.
3. First, we'll start with anger.
4. Focus on just the 15-minute slice of time when your emotions were the most intense – remember events don't cause emotional responses – it's our thoughts *about* the event that cause the emotions:
 - a. What were “just the facts” of the event?
 - b. On a 1 – 10 scale, what was the intensity of your emotions or feelings?
 - c. What were your non-helpful familiar thoughts?
 - d. Did the intensity of your emotions increase due to these thoughts? Or at least did they remain at the same level of intensity as before?
 - e. Using the STD's of reframing thoughts – Stop, Think, and Decide – what is a more helpful thought or more realistic thought you might have?
 - f. Now, what is your lessened emotional intensity? Is it less intense?
 - g. If the emotion is *not* less intense – try a different more helpful thought? Is the feeling now less intense?

NOTE: If the reframing does *not* bring about a *decrease* in the intensity of the emotion – created by non-helpful automatic thoughts – then the “reframing” was *not* actually *reframing*. Successful reframing is developing a “more helpful thought” that then *results* in a *lessening* of the emotional intensity. You would then work to try another more helpful thought that *does* result in the *reduction* of the *intensity* of the emotion.

Crisis Processing

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.

Identifying Patterns of Thoughts, Challenging Non-Helpful Automatic Thoughts, & Developing Reframing Skills; Volume II; Subject Seven; Pages: 7-15 – 7-19; 7-20 – 7-23

Group “Paper Work”	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
<ol style="list-style-type: none"> 1. Read an inspirational message of your choice, <i>or</i> 2. Ask each participant to name something from the list below that each person will practice this week: <ol style="list-style-type: none"> a. Noticing what thoughts you had right <i>before</i> you realized you were depressed, anxious, or angry, <i>or</i> b. Noticing the thought you had immediately <i>after</i> you realized you were depressed, anxious, or angry that might contribute to increasing depression, anxiety, or anger, <i>or</i> c. What event coming up this week has the potential to create or worsen your depression, anxiety, or anger – how can you reframe this event to lessen the intensity of these emotions? 	5 Minutes 