

Medications: Planned Effects, Coping With Side Effects, Differences Between Meds & Drugs, and Docs & Dealers

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.

**Medications: Planned Effects, Coping With Side Effects, Differences Between Meds & Drugs, and Docs & Dealers
Volume II; Subject Four; Pages: Subject 4-50 – 4-60**

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 (page Subject 4-50):</u> Disorders of the brain are treatable, and for many people an important element of this treatment is medications – especially when combined with counseling and other behavioral therapies (The National Institute On Drug Abuse [NIDA], 2001). Psychiatric medications are used to balance and stabilize brain chemistry that has gone awry through genetic irregularities, environmental stress, or alcohol and other drug abuse. They are diagnosed to relieve, diminish, or eliminate the uncomfortable symptoms associated with mental health disorders.</p> <p>Psychiatric medications don't actually cure; they are used to correct. Just as a diabetic takes insulin, many people with serious mental illnesses need medication to help correct imbalances. If we were to look at the cause of a psychiatric illness as mis-wiring in the nervous system, the role medications play is to correct the mis-wiring by affecting the relevant neurotransmitter system (Salzman, 1991).</p> <p>There may be information in this group – as in all groups – that will not directly apply to every person in this group... either now or in the future. Yet this is an important topic to every person in dual recovery. Inaccurate information about medications is unfortunately all too common. Today we will talk about <i>accurate</i> information on medication and dual diagnoses.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus		Pages & Location		Presentation Suggestions					Time- Frame	
The Planned Effects of Medication		Subject 4-50		1. Summarize one paragraph. 2. Discuss five points in the first table. 3. Summarize the six ways medication can help from the table below:					30 Minutes	
1	Stabilize Psychiatric Symptoms	4	Reduce the Length of Time Symptoms Last							
2	Eliminate Symptoms	5	Reduce Severity of Symptoms							
3	Reduce or Suppress Symptoms	6	Make Symptoms Manageable							
How Medications Work		Subject 4-50		Summarize one paragraph.						
Classes of Medications		Subject 4-51		Briefly state or summarize the information in the table below using the information in the text:						
1	Anti-Anxiety	2	Anti-Depression	3	Anti-Manic	4	Anti-Psychotic	5		Anti-Addiction
Medications and Psychology Combined		Subject 4-51 – 4-52		Summarize three paragraphs.						
Avoiding Addictive Medications		Subject 4-52		Summarize two paragraphs.						
The Difference Between Psychiatric Medications and “Drugs”		Subject 4-52 – 4-53		1. Summarize two paragraphs. 2. Summarize the eight comparisons in the table between medications & alcohol and other drugs in the following way:						
MEDICATIONS			ALCOHOL AND OTHER DRUGS							
1	Properly prescribed medications are not addictive.		→	1	Street drugs, including alcohol, are addictive.					
Skill Building Exercise and Discussion - Suggestions for topic discussion: <u>To the Group:</u> 1. What comments do you have? 2. In what ways do you relate to this information?										
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		
Frequent Concerns or Questions		Subject 4-53 – 4-54		1. Ask the six questions in the table seen below. 2. Use the explanations for each from the text.				15 Minutes	20 Minutes		
1	Are medications addictive?	4	Would I need to take them for life?					↓	↓		
2	Aren't they just a way to escape problems?	5	Don't psychiatric medications take control?								
3	Would they change who I am?	6	Shouldn't I just get treatment and not take medications?								
Coping With Side Effects		Subject 4-54 – 4-55		1. Summarize the first paragraph. 2. Name the three points in the table of the second paragraph. 3. Summarize the third paragraph and state the eight examples in TABLE ONE shown below. 4. Summarize the four points in TABLE TWO shown below. 5. Summarize two remaining paragraphs.				↓	↓		
TABLE ONE		1	Dizziness	3	Dry Mouth	5	Constipation			7	Difficulty Urinating
		2	Jittery Feelings	4	Blurry Vision	6	Nausea			8	Headache
TABLE TWO											
1	Can often be prevented or treated.										
2	Are usually minor compared with the pain of living with an untreated psychiatric illness.										
3	Usually go away after a few days or weeks.										
4	Can often be alleviated by the physician adjusting the dosage or switching to another medication if necessary.										
Mixing Medications With Alcohol and Other "Drugs"		Subject 4-55 – 4-56		1. Name the eight points in the table shown below. 2. Use the text for explanations of each. 3. Summarize last two paragraphs.				↓	↓		
1	Alcohol and other drugs create symptoms that resemble psychiatric disorders.										
2	Street drugs and alcohol lead to more medication.										
3	Street drugs and alcohol work against prescription medications.										
4	Alcohol and other drugs interfere with the absorption of medications.										
5	Substances interfere with treatment.										
6	The effects of alcohol and other drugs can be heightened.										
7	Levels of medication can be affected by alcohol and other drugs.										
8	Street drugs and alcohol increase side effects.										

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Skill Building Exercise and Discussion - Suggestions for topic discussion:			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing		
<u>To the Group:</u> 1. What comments do you have? 2. In what ways do you relate to this information?			↓ continued	↓ continued		
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing		
Reluctance About Taking Medication	Subject 4-57 – 4-58	1. Summarize nine brief paragraphs. 2. Read “Murphy’s Law of Psychiatric Medication.”	↓ 15 Minutes	↓ 20 Minutes		
Distrust of Psychiatrists	Subject 4-58 – 4-59	Summarize three paragraphs.	↓	↓		
Wanting to Be Like Others	Subject 4-59	Summarize three paragraphs.				
The Difference Between Doc’s and Dealers	Subject 4-59 – 4-60	Summarize six examples in the table of the differences between: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">Doc’s</td> <td style="padding: 5px;">Dealers</td> </tr> </table>			Doc’s	Dealers
Doc’s	Dealers					
How to Take Medications	Subject 4-60	1. Summarize one paragraph. 2. Summarize the two points in the table shown below using the information in the text: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px; width: 20px;">1</td> <td style="padding: 5px;">Take all medications as prescribed.</td> <td style="padding: 5px; width: 20px;">2</td> <td style="padding: 5px;">Never discontinue medications without medical advice.</td> </tr> </table>			1	Take all medications as prescribed.
1	Take all medications as prescribed.	2	Never discontinue medications without medical advice.			
Skill Building Exercise and Discussion - Suggestions for topic discussion:						
<u>To the Group:</u> 1. What comments do you have? 2. In what ways do you relate to this information?			↓	↓		
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	↓		

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“Paper Work”	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
<ol style="list-style-type: none"> 1. Read a daily brief meditation for the day, <i>or</i> 2. Ask each group member to name something they are grateful for today, <i>or</i> 3. Ask a group member to read aloud an inspirational reading or message of your choice. 	5 Minutes