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On-Going Emotional Recovery, Hidden Fear, Outward Defenses, and Ways to Express Emotions

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 *consistenc*y 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.

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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.

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On-Going Emotional Recovery, Hidden Fear, Outward Defenses, and Ways to Express Emotions
Volume II; Subject Seven; Pages: Subject 7-8 – 7-15

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
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics*, not interpersonal processing or case management questions which do not apply to the entire group.) 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): 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
<u>Summarize Introduction of the Group Topic and Why It's Important (Subject 7-8):</u> Every Psychiatric Disorder has an emotional component such as depression, anxiety, irritability, fearfulness, and many others. Symptoms of these disorders often result in a person having a difficult time expressing their emotions in a way that is consistent with the situation they are experiencing. Identifying emotions and coping with emotions is a part of the treatment and recovery of each Psychiatric Disorder as well as each Substance Use Disorder. Individuals who have been using alcohol and other drugs have been altering their emotions and feelings in one of two ways. People typically use mind and mood altering substances to feel *more* of something or to feel *less* of something. When people reduce or stop using psychoactive substances, learning ways to cope with unpleasant emotions is an important skill to develop. For individuals who have a more serious Substance Use Disorder like Substance Dependence, the use of alcohol and other drugs may have resulted in hidden or frozen feelings on an even deeper level. The uncomfortable emotions are just too painful to acknowledge. *Hidden feelings* result in *outwardly acting out behaviors* or defenses like blaming others. *Identifying*, *coping*, and *expressing* these hidden feelings are an important part of the recovery process and will be our focus of today's group.	5 Minutes

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Ongoing Emotional Recovery: Frozen Feelings	Subject 7-8 – 7-9	1. Read the quote. 2. Summarize three paragraphs.	30 Minutes
Emotional Pain Is Okay, Even Helpful at Times, Trust the Process	Subject 7-9 – 7-10	1. Summarize four paragraphs. 2. Read the quote by Bill W.	
Identifying Emotions	Subject 7-10	Summarize three paragraphs.	

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. What comments do you have?
2. Have you abused alcohol or other drugs to feel *more* of something?
3. Have you abused alcohol or other drugs to feel *less* or something?
4. For individuals with a Substance *Abuse* Disorder, abusing alcohol and other drugs can be a way of coping with stress, emotions, etc. except those choices create *problems* – not *solutions*. Have you abused substances to cope with unpleasant emotions or to create positive emotions? In what ways?
5. For individuals with a Substance *Dependence* Disorder – the brain "recovers" by the emotional brain "waking up" first. That means a person experiences many intense emotions in early recovery – before the judgment part of the brain "wakes up" which is the part of the brain that makes sense of these intense emotions. Have you noticed emotional ups and downs? Or intense emotions? In what ways?
6. Is it difficult at times to identify your emotions?
7. Do you know your "favorite bad feeling?" The one that you feel the most often when you are feeling bad? For some people it is anger. For others it may be depression. Still for others it may be inadequacy.
8. Identifying the *bad feeling* that you feel the most often when you are feeling bad is helpful in learning coping skills for that particular emotion. What is yours?
9. How do you personally cope with that bad feeling?

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
Defenses and Masks	Subject 7-10 – 7-11	1. Read the quote from D. Grubb, MD. 2. Summarize three paragraphs	15 Minutes	20 Minutes
Hidden Fear – Frozen Feelings	Subject 7-11	1. Illustrate the graphic shown below. 2. Discuss how "Inward Hidden Emotions or Fear" create "Outwardly Acting Out Behaviors."		
Origins of Fear	Subject 7-11 – 7-12	Summarize four paragraphs.		
Defenses Protect From Fear Inside	Subject 7-12	Summarize one paragraph.		
Natural Fear Versus Unnatural Fear	Subject 7-12 – 7-13	Summarize two paragraphs.		
Realistic Versus Unrealistic Fears	Subject 7-13	Summarize three paragraphs.		

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Facilitator(s): 1. The questions in 1. 2. and 3. below are located in the table on Subject 7-10 under the heading Coping with Unpleasant Emotions. 2. You will not have enough time to ask all of these questions. 3. However, there are plenty of questions for you to choose among. **To the Group:** 1. Are you able to accept your feelings as part of the healing process, or do you *act out* your emotions? (Acting out emotions is something that is understandeable and very common because hidden emoitions or fear are so vulnerable and hard to identify.) 2. When you're angry, what do you do? What do you say? How do you behave? Do you have the ability to get over it without hurting yourself or others? Do you become silent and not talk to anyone for hours, days, or weeks? Do you stuff your anger or act it out? 3. How about sadness or anxiety? What do you do? Go to bed and pull the covers over your head? Eat a chocolate cake by yourself or zone out in front of the T.V.? Is your health affected by your emotions? Do you get headaches or have stomach problems? 4. What comments or thoughts do you have about realistic versus unrealistic fears?	continued	continued

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Finding Ways to Express Emotions	Subject 7-13 – 7-14	1. Summarize one paragraph. 2. Summarize information in the table below. 3. Refer to explanations located in the text	15 Minutes	20 Minutes
Sharing Feelings With Others	Subject 7-15	Summarize four paragraphs.		

1	Write or Journal	4	Dance or Movement Therapy
2	Music Therapy	5	Poetry or Bibliography
3	Art Therapy	6	Drama Therapy

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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 activities do you *currently* enjoy that are helpful in expressing your emotions? 2. How does that activity help? Feeling calm? Feeling happy? Lessening unpleasant feelings? What other ways? 3. What activities *might* you try in the future? Music therapy? Art therapy? Others? 4. Is it difficult for you to share your feelings with others? If it is – then you are among the majority! 5. What person are you able to share your feelings with? How is that helpful? 6. If you don't have a person you can share your emotions with – who can you ask to help your recovery process by listening to your feelings? 7. Or where – like treatment or a self-help group – can you begin to *practice* sharing more of your positive or negative feelings with until it becomes *less* uncomfortable and *more* comfortable over time? 8. When will you begin?	continued	continued
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	
Group "Paper Work"	**Time-Frame**	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	**Time-Frame**	
The recommended Inspirational Handout is the "*Things I Have Learned*" which is located at the back of Subject Seven. Presentation suggestions include: 1. Read the handout aloud to the group, *or* 2. Hand a copy to a group member and ask a person to read aloud to the group, *or* 3. Give a copy of the handout to each group member for them to take home and to read in group.	5 Minutes	