

Ongoing Physical Recovery & Post Acute Withdrawal

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.

Ongoing Physical Recovery & Post Acute Withdrawal


Volume II; Subject Seven; Pages: Subject 7-1 – 7-8

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
<p>A positive group beginning (and ending) is extremely important. Positive beginnings can include:</p> <ol style="list-style-type: none"> 1. Reading the Thought For The Day from a meditation book. (Note: The daily meditation book <i>Easy Does It</i> 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. <p>* Recommended Beginning: Breathing Exercise (Master Tips-3)</p>	<p>5 Minutes</p> 
Brief Group Check-in (ask group members to briefly check in with the rest of the group and brief introductions of new members).	<p>10 Minutes</p>
<p><u>Summarize Introduction of the Group Topic and Why It's Important (Subject 7-1):</u> This subject material will focus on the <i>ongoing</i> recovery process. After the initial foundation is built on abstinence, self-care, and support, then the continued journey or work begins. These areas will be just as important to your continued recovery as the foundation is to your <i>initial</i> recovery.</p> <p>Ongoing areas of recovery include physical, mental, and emotional growth, as well as identifying and working through any issues that get in your way, such as character defects, self-defeating behaviors, or codependency. Remember is not a destination – it's a process. As you move forward in the process, you'll begin to develop relationships – first a relationship with yourself, second with others, and third with your Higher Power.</p> <p>Today we will talk about the courage recovery takes, identifying the recovery process, and ongoing physical recovery, which includes post acute withdrawal.</p>	<p>5 Minutes</p> 

Ongoing Physical Recovery & Post Acute Withdrawal; Volume II; Subject Seven; Pages: Subject 7-1 – 7-8

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																																											
Recovery Takes Courage	Subject 7-1 – 7-2	Summarize four paragraphs.	30 Minutes																																											
Recovery Is a Rebirth of a New Life	Subject 7-2	Summarize three paragraphs.																																												
New Life of Freedom	Subject 7-2	Summarize two paragraphs.																																												
Identifying The Recovery Process	Subject 7-2 – 7-3	Summarize four paragraphs.																																												
Comparisons Between “Dry Drunk Syndrome” and “Active Recovery”	Subject 7-3 – 7-4	Select a few or as many comparisons as time permits. Suggestions for topic discussions are located on page four of this lesson plan.																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" data-bbox="180 673 947 727">DRY DRUNK SYNDROME</th> <th colspan="2" data-bbox="947 673 1724 727">ACTIVE RECOVERY</th> </tr> <tr> <th colspan="2" data-bbox="180 727 947 781">ABSTINENCE WITH <i>NO</i> RECOVERY PROGRAM</th> <th colspan="2" data-bbox="947 727 1724 781">ABSTINENCE <i>WITH</i> RECOVERY PROGRAM</th> </tr> </thead> <tbody> <tr> <td data-bbox="180 781 237 829">1</td> <td data-bbox="237 781 947 829">Doesn't Care What Happens</td> <td data-bbox="947 781 1003 829">1</td> <td data-bbox="1003 781 1724 829">Cares What Happens</td> </tr> <tr> <td data-bbox="180 829 237 883">2</td> <td data-bbox="237 829 947 883">Not Drinking Is a Big Sacrifice</td> <td data-bbox="947 829 1003 883">2</td> <td data-bbox="1003 829 1724 883">Not Drinking Is Gift to Self</td> </tr> <tr> <td data-bbox="180 883 237 937">3</td> <td data-bbox="237 883 947 937">Miserable</td> <td data-bbox="947 883 1003 937">3</td> <td data-bbox="1003 883 1724 937">Happy – Peace of Mind</td> </tr> <tr> <td data-bbox="180 937 237 990">4</td> <td data-bbox="237 937 947 990">Bored</td> <td data-bbox="947 937 1003 990">4</td> <td data-bbox="1003 937 1724 990">Actively Involved</td> </tr> <tr> <td data-bbox="180 990 237 1044">5</td> <td data-bbox="237 990 947 1044">Filled With Guilt and Shame</td> <td data-bbox="947 990 1003 1044">5</td> <td data-bbox="1003 990 1724 1044">Free of Guilt and Shame</td> </tr> <tr> <td data-bbox="180 1044 237 1097">6</td> <td data-bbox="237 1044 947 1097">Aimless</td> <td data-bbox="947 1044 1003 1097">6</td> <td data-bbox="1003 1044 1724 1097">Sense of Direction</td> </tr> <tr> <td data-bbox="180 1097 237 1151">7</td> <td data-bbox="237 1097 947 1151">Unrealistic Goals</td> <td data-bbox="947 1097 1003 1151">7</td> <td data-bbox="1003 1097 1724 1151">Realistic Goals</td> </tr> <tr> <td data-bbox="180 1151 237 1205">8</td> <td data-bbox="237 1151 947 1205">Eating Poorly</td> <td data-bbox="947 1151 1003 1205">8</td> <td data-bbox="1003 1151 1724 1205">Eating Properly</td> </tr> <tr> <td data-bbox="180 1205 237 1258">9</td> <td data-bbox="237 1205 947 1258">Same Old Lifestyle</td> <td data-bbox="947 1205 1003 1258">9</td> <td data-bbox="1003 1205 1724 1258">New Lifestyle</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;"><i>table continued...</i></p>				DRY DRUNK SYNDROME		ACTIVE RECOVERY		ABSTINENCE WITH <i>NO</i> RECOVERY PROGRAM		ABSTINENCE <i>WITH</i> RECOVERY PROGRAM		1	Doesn't Care What Happens	1	Cares What Happens	2	Not Drinking Is a Big Sacrifice	2	Not Drinking Is Gift to Self	3	Miserable	3	Happy – Peace of Mind	4	Bored	4	Actively Involved	5	Filled With Guilt and Shame	5	Free of Guilt and Shame	6	Aimless	6	Sense of Direction	7	Unrealistic Goals	7	Realistic Goals	8	Eating Poorly	8	Eating Properly	9	Same Old Lifestyle	9
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Psychoeducation Part I continued		Pages & Location	Presentation Suggestions	Time-Frame
<i>table continued...</i>				Continued 
DRY DRUNK SYNDROME		ACTIVE RECOVERY		
ABSTINENCE WITH NO RECOVERY PROGRAM		ABSTINENCE WITH RECOVERY PROGRAM		
10	Same Old Friends	10	New Friends	
11	Same Old Activities	11	New Activities	
12	Hopelessness	12	Hope	
13	Victim of Life or “Why me?”	13	Life is a Challenge	
14	Use of Other Drugs for Relief or Escape	14	Drug-Free Life	
15	Self-Centeredness	15	Other-Centeredness	
16	Overconfident	16	Humble	
17	Blaming	17	Self-Responsibility	
18	Judgmental and Critical	18	Acceptance of Others	
19	Self-Loathing	19	Acceptance of Self	
20	“Pity Pot” or “Poor Me!”	20	“Living Life on Life’s Terms”	
21	Ego Centered and Grandiose	21	Recovery Centered	
22	Pessimistic	22	Optimistic	
23	Extremely Independent or Dependent	23	Inter-Dependent on Self and Others	
24	Unable To Ask For Help	24	Asking and Open to Help	
25	Procrastinating	25	Accomplishment of Plans	
26	Reacting	26	Taking Action	
27	Suppressed and Toxic Emotions	27	Appropriate Expression of Emotions	
28	No Self-Care and Low Esteem	28	Self-Care and High Esteem	
29	Low Self-Esteem or No Self-Worth	29	Love of Self or Self-Worth	

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Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. What do you relate to currently in the dry drunk syndrome column?
2. Which one(s) causes you the most distress?
3. What progress are you making in the comparison to “Active Recovery?”
4. Is there an area where you are experiencing progress – like making new friends? Or setting realistic goals?
5. Which area would you work toward as a next goal – like eating properly? Or asking and being open to help?
6. It’s important to remember that the characteristics of a “dry drunk” are not criticisms or judgments. These characteristics develop during an active addiction – that’s just part of the disease process – and it takes time and effort to work though them – one at a time.
7. By identifying what you relate to in the dry drunk syndrome, you are already making progress toward the active recovery plan!!

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
Moving Past a Dry Drunk	Subject 7-4	Summarize two brief paragraphs and information in the table about ASK IMPORTANT QUESTIONS & GET HELP & SUPPORT.	15 Minutes	20 Minutes
Process of Recovery	Subject 7-4	<ol style="list-style-type: none"> 1. Summarize the two paragraphs. 2. Illustrate the <i>process</i> of recovery shown in the next graphic to create a visual, while explaining the information found in the table. 3. Emphasize the main point of the table described in the one paragraph after the table. 	15 Minutes	20 Minutes
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p>Figure One</p> </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p>Figure Two</p> </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p>Figure Three</p> </div> </div>			15 Minutes	20 Minutes

Ongoing Physical Recovery & Post Acute Withdrawal; Volume II; Subject Seven; Pages: Subject 7-1 – 7-8

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Ongoing Physical Recovery: Post Acute Withdrawal	Subject 7-5 – 7-6	Summarize three paragraphs.	continued	continued
The Basics About Post Acute Withdrawal	Subject 7-6	Summarize three paragraphs.		
Symptoms of Post Acute Withdrawal	Subject 7-6 – 7-7	1. Summarize six points in table and two paragraphs. 2. Illustrate the cycle of PAW seen below:		
<pre> graph TD 1([1. Complete Abstinence]) --> 2([2. Post Acute Withdrawal Symptoms]) 2 --> 3([3. PAW Makes It More Difficult to Stay Abstinent]) 3 --> 4([4. PAW Symptoms Won't Clear Without Abstinence]) 4 --> 1 </pre>				
Dual Disorders and Post Acute Withdrawal	Subject 7-7	Summarize one paragraph.	↓	↓
Coping With Post Acute Withdrawal	Subject 7-7	Summarize sentence as an introduction.		
Daily Living Skills	Subject 7-7 – 7-8	Discuss nine living skills in the table.		

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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 Group:					 15 Minutes	 20 Minutes
Coping Strategies	Subject 7-8		Summarize five points in the table:			
VERBALIZATION	VENTILATION	REALITY TESTING	PROBLEM SOLVING & GOAL SETTING	BACKTRACKING		
1. How are you doing on the nine DAILY LIVING SKILLS? 2. Which one(s) are you having success with and practicing regularly? 3. Which one(s) do you think it would be helpful to begin doing? 4. When will you begin? 5. Which COPING STRATEGIES do you currently put into practice? 6. Which coping strategy(s) do you think would be helpful to practice? 7. When will you begin?						
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.					Time-Frame 10 Minutes	
Group Notes						Time-Frame
Group participants fill out Group Notes.						5 Minutes
Group Closure						Time-Frame
“Don’t Quit!!” Handout located at the back of Subject One. Presentation suggestions include: 1. Read the handout to the group. 2. Give a copy of the handout to each group member. 3. Hand a copy to a group member and ask a person to read aloud to the group.						5 Minutes