

Personal Assessment of the Consequences and Problems of Substance Abuse and Dependence

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.

Personal Assessment of the *Consequences* and *Problems* of Substance Abuse and Dependence



Volume I; Subject Three; Pages: Subject 3-57 – 3-59

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 inter-personal 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 3-57 – 3-59):</u></p> <p>Symptoms of Substance <i>Abuse</i> show a pattern of drinking and/or drugging that is causing life problems. Symptoms of Substance <i>Dependence</i> show continued use in spite of the <i>consequences</i> and <i>problems</i>. Psychiatric Disorders also show a pattern of problems in thinking, emotions, and behaviors. These problems and consequences are actually symptoms. In other words, there are always problems related to untreated substance abuse, substance dependence, and/or psychiatric disorders.</p> <p>It's hard for human beings in general to be objective about themselves and their behaviors. It's even more difficult to identify and take a look at any consequences or problems related to alcohol and other drug abuse. When there are problems related to substance use, a person, of course, feels the <i>need</i> to defend their use...it's only natural. Today each person is asked to be as objective as possible and identify any problems that <i>may</i> be related to substance use disorders.</p>	5 Minutes 






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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Vicious Cycle of Substance Abuse and Psychiatric Problems	Subject 3-57	1. Summarize one paragraph. 2. Illustrate and discuss the cycle shown in the following graphic:	30 Minutes
<div><div><div><div><div>STEP 1</div><div>People with Psychiatric Disorders often use substances to cope with their symptoms.</div></div><div><div>STEP 2</div><div>Substance abuse makes the symptoms of a Psychiatric Disorder unmanageable.</div></div><div><div>STEP 3</div><div>People may use more substances to cope with increasing problems.</div></div><div><div>STEP 4</div><div>The severity of <i>each</i> illness – Psychiatric and Substance Disorder – worsen as the vicious cycle continues.</div></div></div><div><div>VICIOUS CYCLE</div></div></div></div>			
Problems Associated With Substance Abuse Among Dually Diagnosed	Subject 3-58	Summarize one paragraph.	
Severity of Problems Increase With Continued Abuse	Subject 3-58	1. Summarize one paragraph. 2. Summarize the nine effects examples located in the table.	
The Connection Between Substance Abuse and Hospitalizations	Subject 3-58	Summarize two paragraphs.	
Expecting a Different Outcome From The Same Set of Circumstances	Subject 3-59	Summarize four paragraphs.	
To The Group: 1. How do you relate to this information so far? 2. Does anything sound familiar? 3. How do you relate to the vicious cycle: A person with a Psychiatric Disorder → Uses substances to cope → Substance Abuse makes symptoms worse → Uses more substances to cope → The severity of each illness worsens and the vicious cycle starts again			10 Minutes
Break			

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To Facilitator(s):</u></p> <ol style="list-style-type: none"> It is recommended that any group content for this particular group be written on the board prior to the beginning of group whenever possible. The information to be covered in this group is the two page worksheet at the end of Subject Three called “<i>Personal Assessment of the Consequences and Problems of Substance Abuse and Dependence</i>” Worksheet pages 1 and 2. You may cover and discuss this information by verbally asking each of the questions <i>or</i> asking several at a time and then asking for feedback from the group (taking time to comment on the similarities among group members), <i>or</i> you can make a transparency of the handout and show on an overhead projector, <i>or</i> you can make copies of the two page handout for each person in the group. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> Self-awareness and self-knowledge are very important skills to develop. It takes courage to take an honest look at oneself – and courage is certainly something that people in treatment have! It takes <i>great</i> courage to live with substance use disorders and/or psychiatric disorders and <i>enormous</i> strength to work a plan of recovery. An honest personal self-assessment of the consequences and problems associated with substance <i>abuse</i> and <i>dependence</i> helps a person move forward in recovery. Looking at problems is never meant to be a criticism or to make anyone feel bad or to beat up on anyone. Remember untreated substance use disorders and untreated psychiatric disorders cause problems in all areas of a person’s life. It is the acknowledgment of these problems that bring folks through the doors of treatment and are also symptoms of the disorders themselves. So, of course, each person experiences adverse consequences and problems. For instance, looking at the problems caused by untreated diabetes or heart disease are the same. The problems are the symptoms and looking at the symptoms of diabetes helps each person see their disorder realistically and to move forward in their recovery process. Let’s take a look at the first set of fourteen questions “<i>Because of drinking and drugging my behaviors have included....</i>” Perhaps you could count how many you relate to as we go through the questions? How many did each of you relate to? Which ones made the biggest impression on you? Let’s take a look at the second set of nine questions “<i>My mood or emotions are affected by alcohol and drug use by....</i>” 	<p>30 Minutes</p> 	<p>40 Minutes</p> 

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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: continued</u> 14. Perhaps you could count how many you relate to as we go through the questions? 15. How many did each of you relate to? 16. Which ones made the biggest impression on you? 17. Lastly let’s go over the twenty-four questions of “ <i>Substance abuse has caused the following consequences....</i> ” 18. Perhaps you could count how many you relate to as we go through the questions? 19. How many did each of you relate to? 20. Which ones made the most impression on you?	 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	
“Paper Work”	Time-Frame	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	Time-Frame	
1. Read a daily meditation for the day, <i>or</i> 2. Ask what consequence or problem is being solved or has already been solved by changes you have made or your recovery? <i>or</i> 3. Ask what area of improvement will be your next recovery focus? <i>or</i> 4. Ask a group member to read aloud an inspirational reading or message of your choice, <i>or</i> 5. Read the Inspirational Handout “The Journey” located at the back of Subject Three.	5 Minutes 