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Rational - Emotive Therapy (RET)

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. 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.

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Rational - Emotive Therapy (RET)
Volume II; Subject Five; Pages: Subject 5-66 – 5-74

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
Summarize Introduction of the Group Topic and Why It's Important (page Subject 5-66): The first basic point of Rational-Emotive Therapy or RET is that people are *not* disturbed by *things*, but by the *views* they takes of those things. Whether or not we become upset depends on our belief or attitude about something. There is actually no way another person, situation, or event can *make* us feel angry, anxious, depressed, guilty, worthless, or inferior (Institute for Rational Emotive therapy, n.d.). We are each responsible for creating our own emotional reactions, especially distressing and upsetting feelings. More simply said, you upset yourself. It's *your* own thinking, *your* own beliefs, and *your* own attitudes that produce feelings, not the situations themselves. The second basic point of RET is that when people learn to think rationally, they are more likely to stop inappropriately evaluating themselves, as well as things they have no control over, like other people and events in the world (Ellis &Lange, 1994). Trying to control other people, places, things, or events just leads to *prolonged*, irrational emotions, such as anger, anxiety, depression, guilt, or feelings of inferiority and worthlessness. Today we will talk about rational-emotive therapy and how to put RET – an excellent recovery skill – into action.	5 Minutes

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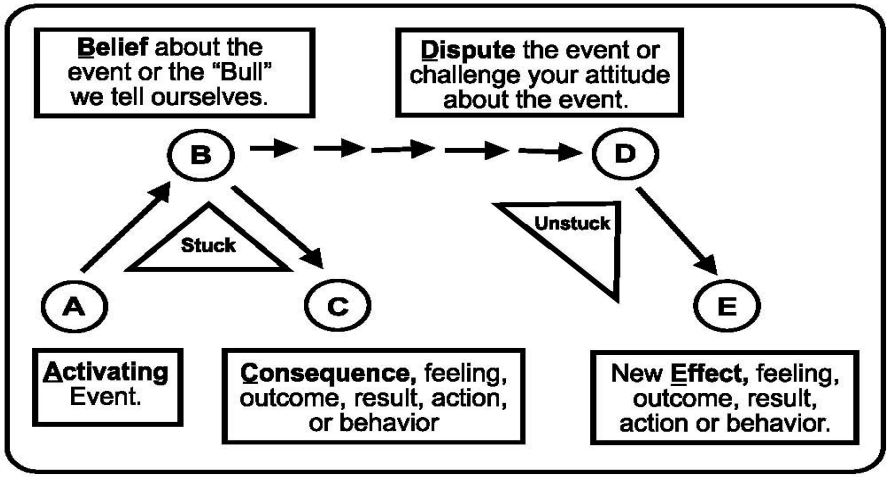
Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Outside Events Do Not Cause Emotions	Subject 5-66	Summarize one paragraph.	30 Minutes
Thinking Determines Feelings and Actions	Subject 5-66	Summarize one paragraph.	
Reasonable and Irrational Emotions	Subject 5-67	Summarize one paragraph.	
The Basics of RET	Subject 5-67	1. Summarize three paragraphs. 2. State the seven points in the table.	
ABC's of RET	Subject 5-68	1. Illustrate the following graphic. 2. Explain each of the A-B-C-D-E's shown in the graphic below.	



Irrational Beliefs (B's of the ABC's) That Disturb People	Subject 5-68 – 5-69	1. Summarize one paragraph. 2. List the ten irrational belief systems that are in the table. 3. Summarize the descriptions of each as time allows.	

1	Need for Approval	6	Preoccupation
2	Perfection & Fear of Failure	7	Avoidance
3	Blame	8	Victim of The Past or Present
4	Frustration & Catastrophe	9	Chasing Nirvana (Perfect Peace & Harmony)
5	Helplessness	10	Passivity & Avoiding Risks

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame**
<u>To the Group:</u> 1. What do you relate to so far? 2. It often takes quite a change in thinking to realize that other people or events don't actually *cause* emotions – *beliefs* do. 3. Even words can bring about different beliefs, depending on the person, that then bring about different feelings or emotions for each person. 4. For Example: a. The word TREE may produce a belief of "Trees are beautiful and I love being in the forest or in a park." This belief can result in a feeling of calm and peace for one person. b. The word TREE for another person may produce a belief of "I am so grateful for the trees and forests because they guarantee me employment as a logger." This belief can result in a feeling of security and confidence. c. The word TREE for yet another person may bring about a belief of "I hope we get through this fire season because I'm a fire fighter and will be gone again for months." This belief may produce yet another feeling or outcome of dread and apprehension in this particular person. 5 Each example shows the same word TREE yet there are three different beliefs and three different feelings or outcomes. It is not the word that produces the feeling or outcome – it is the belief about the word. 6. Which of the ten irrational beliefs in the table on the previous page do you relate to personally? 7. How does this particular irrational belief(s) affect your behaviors and/or your life?	continued
Break	10 Minutes

Psychoeducation Part II: Topics & Focus	**Pages & Location**	**Presentation Suggestions**	**Time-Frame with Crisis Processing**	**Time-Frame without Crisis Processing**
Subtle Irrational Beliefs Sneak In	Subject 5-69	Summarize two paragraphs.	30 Minutes	40 Minutes
Even If It Is True – So What?	Subject 5-70	Summarize one paragraph.		
Shoulds, Oughts, and Musts	Subject 5-70	1. Summarize two paragraphs. 2. Give the three examples of disputing thoughts found in the table of shoulds, oughts, and musts.		
Demands | Related Thoughts | Disputed *New* Thoughts				
Awfulizing, Terriblizing, Dreadfulizing, or Horriblizing	Subject 5-70 – 5-71	Summarize two paragraphs.		

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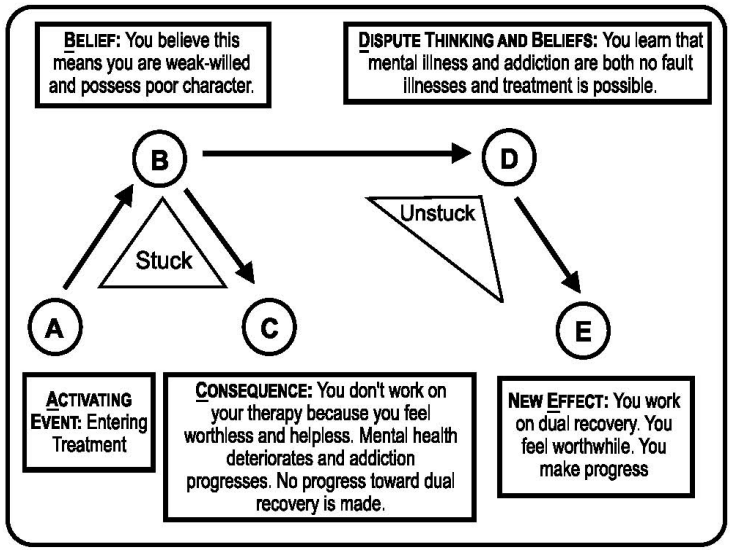
Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Disputing Old Beliefs With New Logical Questions	Subject 5-70	1. Summarize paragraph, 2. Ask the nine questions found in the table – or as many as time allows.	continued	continued
Disputing Beliefs (continued)	Subject 5-71	Discuss as many of the seven examples in the table of disputing old beliefs that time allows:		

	Old Beliefs		New Rational Thinking
1	Things *should* be the way I want.	1	This should have happened because it did.
2	Things *must* be the way I want.	2	I would prefer they be the way I want.
3	I *need* him or her to do that.	3	I want or wish for him or her to do that.
4	This is *awful* or terrible.	4	This is disappointing.
5	I *can't* stand it.	5	I am standing it – even though I may not like it.
6	Life *ought* to be easier.	6	I wish this was easier, but "no pain – no gain."
7	I *am* a failure.	7	I'm human and sometimes I make mistakes.

Disputing Old Beliefs Produces New Outcomes and Feelings	Subject 5-72	1. Summarize paragraph. 2. Illustrate the information found in the graphic below. 3. This is actually the same graphic except it shows more detail.	



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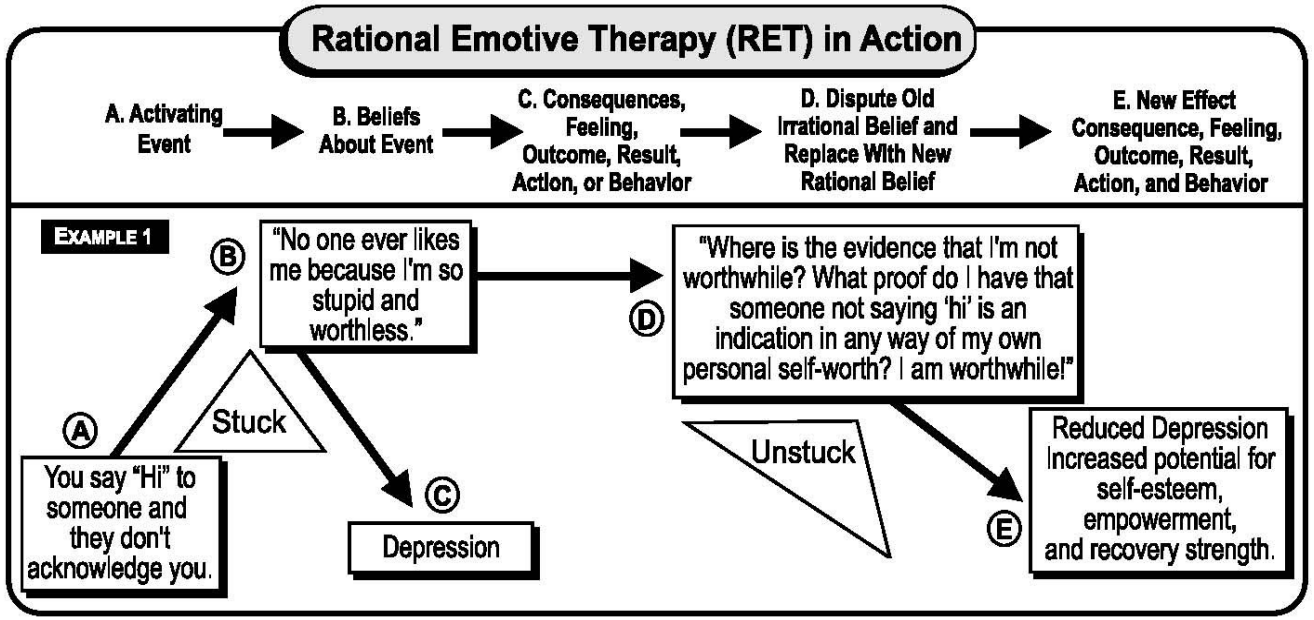
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Belief Systems Directly Affect Emotions – Putting RET Into Action	Subject 5-71 – 5-72	1. Summarize brief paragraph. 2. Continue to walk the group through the examples 1, 2, and 3. This doesn't actually take very long at all especially if you just verbally go over the examples using the original RET graphic. However, cover as many examples as time allows or pick one that you prefer. 3. Note: All of these are based on the same graphic. They just show different specific examples. Illustrating the very first A.B.C.D.E.F. graphic then gives you the foundation to simply walk the group through each example. 4. There will be time at the end of group to ask the group for a suggestion of an activating event – it will be more important to take that time of group practice than to cover every one of these examples at this time.	continued	continued



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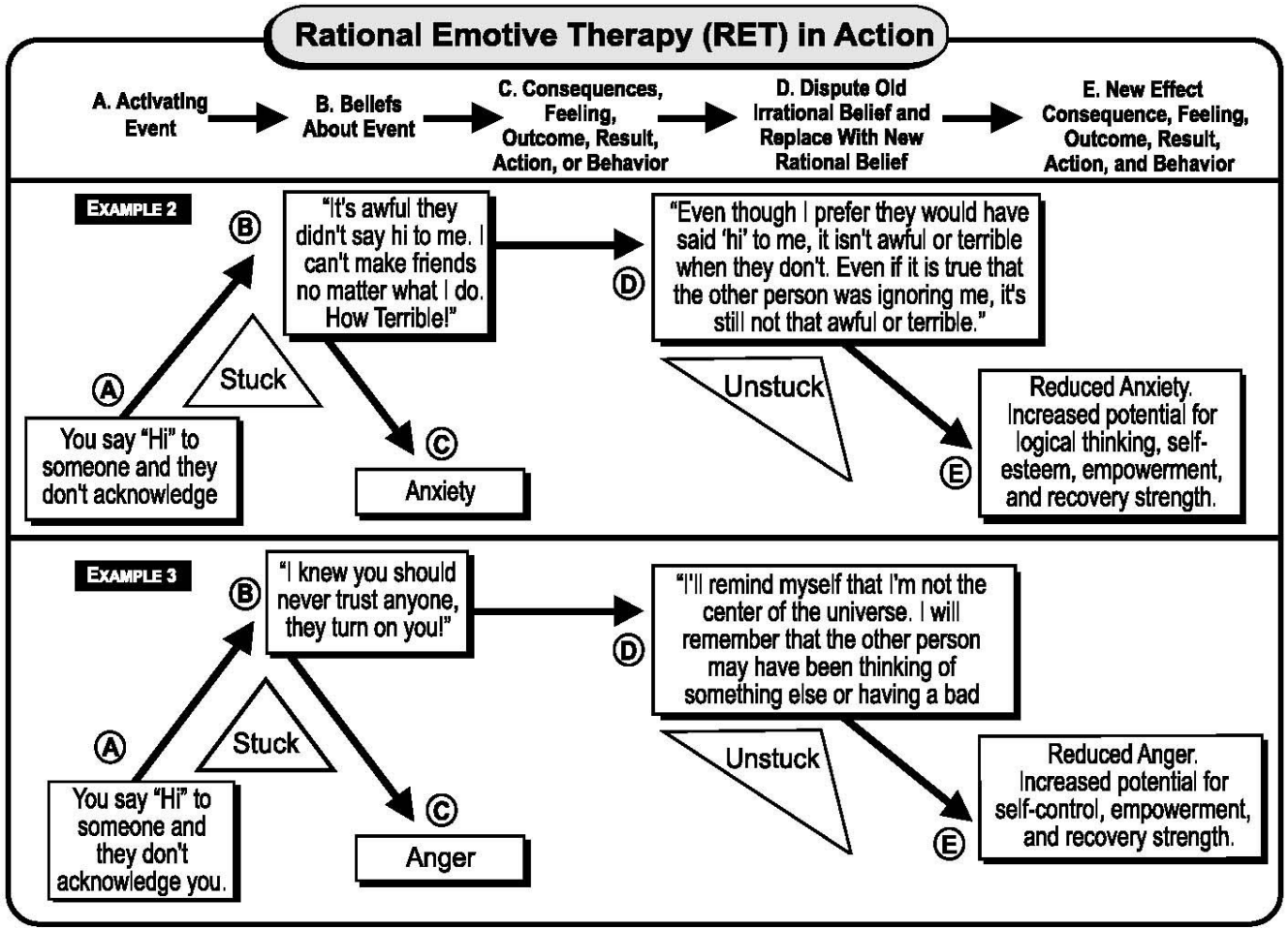
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
			Continued	Continued
Co-Occurring Psychiatric and Substance Disorders and RET	Subject 5-73	Summarize two paragraphs.		

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame with Crisis Processing**	**Time-Frame without Crisis Processing**
To Facilitator(s): 1. Skills are always remembered much better when they are practiced and certainly they must be *practiced* to actually be *learned*. 2. This exercise will be an opportunity for group members to offer suggestions of an activating event and put RET into action as a group exercise. **To the Group:** 1. Will someone give an example of an Activating Event or the "A" in RET? Perhaps something that happened this week that upset you? Or if there is not a personal example…who can offer a suggestion of an activating event so the group can practice? 2. Great! Now how about the "B" or what is your belief about that event? 3. Good! What were the consequences? Or feeling? Or outcome? Or result? Or action? Or behavior? 4. Thanks! What are some suggestions for the "D" or disputing the belief? Let's brainstorm some ideas. 5. What are some examples of a new Effect….consequence, feeling, outcome, result, action, or behavior? 6. RET will be a great technique to add to your recovery skills!	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**
Practicing RET — Subject 5-74 — 1. Summarize brief paragraph. 2. Read "A Recovering Person's Story About RET" to the group as the closure.		5 Minutes