Recognizing Ambivalence & Weighing the Pros and Cons of Change

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 Aᴘᴘᴇɴᴅɪᴄᴇs (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 Tʜᴇ Bᴀsɪᴄs, *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 Tʜᴇ Bᴀsɪᴄs, *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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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 (page Subject 3-62):</u> The vast majority of people grappling with addiction problems are *not* connected with substance abuse treatment or services. This is primarily because of something called ambivalence. This is a state of mixed or conflicting feelings. People experience, "I *want* to change because there are benefits of changing this behavior" along with, "I *don't want* to change because there would be costs of changing this behavior." No one can be coerced, forced, or confronted into making actual changes. They may attend treatment, but that does not mean they will actually make changes. Working through ambivalence is the way a person moves from the Contemplation Stage, "I have a problem yet I *want* to change and I *don't want* to at the same time," to the Preparation Stage, "I have *made a decision* to set *goals* to change this behavior," to the Action Stage, "I am *ready* to do *whatever* it takes." When people have no *personally* convincing reason for change, they don't. Today we will talk about *how* to work through ambivalence. This skill is extremely important when contemplating *any* behavior change at *any* point in your life – *now* or in the *future*.	5 Minutes ↓

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Identifying Problems By Weighing The Pros and Cons	Subject 3-63	1. Summarize two paragraphs. 2. Illustrate by drawing the major headings of the following graphic on the board. 3. State the examples for each of the four sections which are provided within the graphic below.	30 Minutes

BENEFITS AND COSTS OF USING AND NOT USING

REASONS TO NOT CHANGE= BENEFITS OF USING + COSTS OF NOT USING	REASONS TO CHANGE= BENEFITS OF NOT USING + COSTS OF USING
Benefits of Drinking or Drugging	**Benefits of Not Drinking or Drugging**
Worries go away. Feel better or different fast. Numb out and don't feel. Desired or positive emotional change. Desired or positive physical sensations. Reduction of negative emotions. Best method of coping. Social ease with friends. Something pleasurable to do.	Improved physical health. Lessening or manageable psychiatric symptoms. Enhanced ability to cope with life. Better family relations and family. Enough money to get a new apartment. Self-respect that lasts. Improved opportunities at work or school. Physical fitness and appearance. Development of genuine self-confidence.
Costs of Not Using Substances	**Costs of Using Substances**
Onslaught of negative emotions. Nothing to look forward to. Loss of friends. Inability to cope. Afraid of trying because I might fail. Not convinced life would be better.	Physical and mental health problems. Relationship problems or family violence. Arrests and legal problems. Poor modeling to children. Employment problems. Lost trust and respect of family and friends.

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To Facilitator(s):

1. The Wᴏʀᴋsʜᴇᴇᴛ Hᴀɴᴅᴏᴜᴛ for this group is *Weighing the Pros and Cons of Using Alcohol and Other Drugs "The Balance Scale"* located at the back of Subject Three.
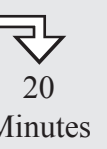
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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
To Facilitator(s): (continued)	continued
2. A group exercise can be done in one of several ways:	
a. Make a handout for each group member to write on during the discussion, *or*	
b. Make a transparency for discussion using an overhead, *or*	
c. Draw the four sections on the board and ask for examples of each for continuing a group discussion.	
To the Group:	
1. As we look at this information please give examples of the following as it applies to you personally.	
2. What are some "A. Good Things About Substance Use" on the left side of your balance scale?	
3. What are some "B. Not So Good Things About Use" on the right side of your balance scale?	
Note to Facilitator(s): This discussion will continue after break.	

Break	10 Minutes

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: (continued)	15 Minutes	20 Minutes
4. What are some "C. Not So Good Things About Change" on the left side of your balance scale?		
5. What are some "D. Good Things About Change" on the right side of your balance scale?		
6. How does the right side of your balance scale for "Weighing the Pros and Cons" compare with the left side of your balance scale?		
7. What is another example of a behavior change for Psychiatric or Substance Disorders that you are experiencing ambivalence about? For example: "I am experiencing ambivalence or the "I want to change" and at the same time "I don't want to change" my behavior of:		
a. Smoking marijuana, *or*		
b. Drinking alcohol, *or*		
c. Getting an evaluation for depression, *or*		
d. Developing healthy nutritional habits, *or*		
e. What other examples do you have?		
8. As you think about the behavior you just identified that you feel "two ways about" – give one example in each of the following areas:		
A. What is one *good* thing about ____(the current behavior)____?		
B. What is one *not* so good thing about____(the current behavior)___?		
C. What is one *not* so good thing about changing ____(the current behavior)___?		
D. What is one *good* thing about changing ____(the current behavior)___?		
9. Remember just *recognizing* and knowing the sides of ambivalence for you personally is great progress!		

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Analyzing the Benefits of Using and Costs of Not Using	Subject 3-64	1. Summarize one paragraph. 2. Name the five "*Benefits of Using*" shown in Table One below. 3. As you go over each of these ask the "*Important Questions to Ask*" for each. NOTE: Present questions without *persuasion* which is consistent with Motivational Interviewing.	15 Minutes	20 Minutes

Table One	Benefits of Using – Important Questions to Ask			
	1	Positive Emotions	4	Best Method of Coping
	2	Positive Physical Sensations	5	Assessing Benefits
	3	Reduction of Negative Emotions		

| Analyzing the Benefits of Using and Costs of Not Using Continued | Subject 3-64 – 3-65 | 1. Name the five "*Costs of Not Using*" shown in Table Two below. 2. As you go over each of these ask the "*Important Questions to Ask*" for each. NOTE: Present questions without *persuasion* which is consistent with Motivational Interviewing. | | |

Table Two	Costs of Not Using – Important Questions to Ask			
	1	Onslaught of Negative Emotions	4	Nothing to Look Forward To
	2	Loss of Friends	5	Assessing Costs
	3	Inability to Cope		

To the Facilitator(s):
1. The following discussion and group interaction is *not* meant to confront participants.
2. It's *not* meant to talk participants out of their beliefs in the benefits or the costs as they view them.
3. It's meant to teach participants the skill of a person taking another look at "Weighing the Pros and Cons" whenever they are contemplating a behavior change.
4. This is a skill that will be helpful throughout a person's recovery.

To the Group:
1. Moving forward in recovery will always be met with thoughts of the "*Good Things About a Behavior* (like drinking)" plus the "*Not So Good Things About Change* (like I'll be bored)" Versus the "*Not So Good Things About Use* (like getting hangovers) plus the "*Good Things About Change* (like "I'll feel better and start exercising)" for every behavior change.
2. These thoughts are a perfectly natural part of the process of making behavior changes.
3. And throughout recovery – even after years of successful recovery or behavior change – the thoughts of the "*Good Things About a Behavior* (like drinking)" will show up from time to time.

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: (continued) 4. Sometimes the thoughts of the benefits or the good things about a behavior like drinking will be *shouting*, sometimes the thoughts will be *loud*, sometimes the thoughts will *whisper* – but they will be there from time to time. 5. These fluctuating thoughts of "*Weighing the Pros and the Cons*" may be about using substances, going to meetings, taking medications, getting an assessment, seeing a specialist, following a nutritional plan, or any part of a recovery or treatment plan. 6. Of course, there are benefits or "pros" of any behavior – whether that behavior is a problem or not. It's these benefits that keep people doing the behavior – in spite of the problems. 7. For instance, alcohol and other drugs either make a person feel *more* of something like happy or *less* of something like depression. And those may be the benefits for one person. 8. Not taking psychiatric medications or seeing a psychiatrist may benefit a person because they don't have to either go through the process of making the appointment or other benefits. 9. However, developing the skill of *analyzing* more completely the benefits and costs for *any* behavior change is very important since a recovery journey will be *full* of behavior changes all along the way. 10. As you think of a behavior that may be causing you problems – what are the *benefits* of that behavior? Now take another look at these benefits and ask yourself important questions about those benefits. 11. As you think of a behavior that may be causing you problems – what are the *costs* of *not* changing this behavior? Now take another look at these costs and ask yourself important questions about those benefits. 12. What comments do you have?			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 "*Yesterday*" which is located at the back of Subject Three. Presentation suggestions include: 1. Read the handout aloud to the group, *or* 2. Hand a copy to a group member and ask the person to read aloud to the group, *or* 3. Make a copy of the handout for each person take home and to read aloud in the group.			5 Minutes	