

## **Reducing Harmful Use & Developing a Harm Reduction Plan**

**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.

## Reducing Harmful Use & Developing a Harm Reduction Plan


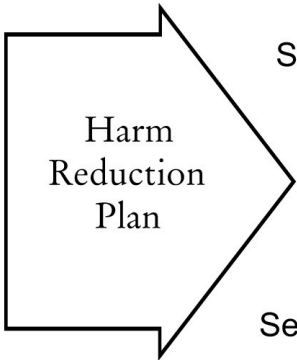
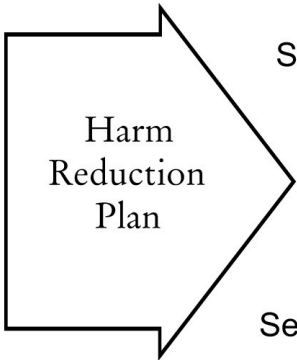
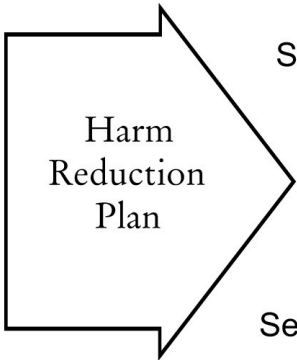
### Volume I; Subject Three; Pages: Subject 3-65 – 3-66; APPENDIX III-93 – III-98



Based on a 2-Hour group: Two 50 minute segments	Time-Frame
<b>Group Beginning</b>	<b>20 Minutes Total</b>
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> <li>1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not interpersonal processing or case management questions which do not apply to the entire group.)                             <ol style="list-style-type: none"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):                             <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> </ol>	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important:</u> (Subject 3-65 first two paragraphs)</p> <p>Harm reduction takes small steps to reduce, even to a small degree, the harm caused by the use of drugs including alcohol. Substance Disorders are certainly individual illnesses, but they are also public health problems. Harm reduction seeks to protect drug users, and <i>non-drug</i> users, from the worst consequences of substance abuse (Peele, 2002, p. 28). The goal is to reduce the harm to the individual as much as possible, even if the person chooses to not completely stop addictive behaviors. This in turn affects the public in a positive way.</p> <p>The essence of harm reduction is to reduce the behaviors that cause the <i>most consequences</i> or <i>highest risk</i> of drug use while, at least in the short-term, drug use continues (Black, 1996). Harm reduction engages people in services at <i>any</i> point, even when they are not ready to work toward the goal of abstinence. This approach accepts the fact that when people make significant progress that improves their life, by reducing the harm related to their substance abuse, they may have made as much progress as they ever will (Westermeyer, 2000).</p> <p>A harm reduction plan that <i>successfully</i> reduces the consequences of harmful use is exactly that – a <i>success</i>. Today we will discuss harm reduction models, identifying areas of risk, developing a harm reduction plan, discussing tips on cutting down on harmful use, turning a slip into a learning opportunity, and reviewing success.</p>	5 Minutes 

**Reducing Harmful Use & Developing a Harm Reduction Plan; Volume I; Subject Three; Pages: Subject 3-65 – 3-66; Appendix III-93 – III-98**

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame								
Continuum of Use	Subject 3-65	1. Summarize one paragraph. 2. Illustrate GRAPHIC ONE shown below.	30 Minutes								
GRAPHIC ONE											
Concerns About Harm Reduction and Abstinence	Subject 3-66	Summarize five paragraphs.									
Importance of Engaging People With Harm Reduction	APPENDIX III-93	Summarize one paragraph.									
Community Outreach	APPENDIX III-93	Summarize one paragraph.									
Taking Steps to Reduce Harmful Consequences	APPENDIX III-93	1. State the introduction to GRAPHIC TWO. 2. Illustrate and explain GRAPHIC TWO shown below.									
GRAPHIC TWO											
Identifying Areas of Risk	APPENDIX III-94	1. Summarize one paragraph. 2. Name the four steps for developing a plan for harm reduction shown in TABLE ONE below.									
TABLE ONE	<table border="1"> <tr> <td data-bbox="380 1417 422 1463">1</td> <td data-bbox="422 1417 968 1463">List areas of risk caused by harmful use.</td> <td data-bbox="968 1417 1010 1463">3</td> <td data-bbox="1010 1417 1608 1463">List of consequences of risk.</td> </tr> <tr> <td data-bbox="380 1463 422 1511">2</td> <td data-bbox="422 1463 968 1511">Prioritize areas of risk.</td> <td data-bbox="968 1463 1010 1511">4</td> <td data-bbox="1010 1463 1608 1511">List the improvement goals of reducing risk.</td> </tr> </table>		1	List areas of risk caused by harmful use.	3	List of consequences of risk.	2	Prioritize areas of risk.	4	List the improvement goals of reducing risk.	
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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame																													
Harm Reduction Model	APPENDIX III-94	Illustrate and give examples from GRAPHIC THREE shown below.																														
GRAPHIC THREE	<table border="1"> <thead> <tr> <th>AREAS OF RISK</th> <th>CONSEQUENCES</th> <th>REDUCED RISK PLAN</th> <th>IMPROVEMENT GOALS</th> </tr> </thead> <tbody> <tr> <td>Bio or Physical</td> <td>Sick</td> <td rowspan="7" style="text-align: center; vertical-align: middle;">  </td> <td>Health</td> </tr> <tr> <td>Psychological: Mental</td> <td>Psychiatric Symptoms</td> <td>Stability of Symptoms</td> </tr> <tr> <td>Social: Relationships</td> <td>Lonely</td> <td>Friends</td> </tr> <tr> <td>Social: Financial</td> <td>Broke</td> <td>Money</td> </tr> <tr> <td>Environmental: Shelter</td> <td>Homeless</td> <td>Decent Home</td> </tr> <tr> <td>Environmental: Legal/Employment</td> <td>Jailed</td> <td>Job</td> </tr> <tr> <td>Cultural</td> <td>Culturally Disconnected</td> <td>Connected</td> </tr> <tr> <td>Spiritual</td> <td>Sense of Void</td> <td>Sense of Completeness</td> </tr> </tbody> </table>			AREAS OF RISK	CONSEQUENCES	REDUCED RISK PLAN	IMPROVEMENT GOALS	Bio or Physical	Sick		Health	Psychological: Mental	Psychiatric Symptoms	Stability of Symptoms	Social: Relationships	Lonely	Friends	Social: Financial	Broke	Money	Environmental: Shelter	Homeless	Decent Home	Environmental: Legal/Employment	Jailed	Job	Cultural	Culturally Disconnected	Connected	Spiritual	Sense of Void	Sense of Completeness
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Harm Reduction Methods	APPENDIX III-94 – III-95	<ol style="list-style-type: none"> <li>Summarize one paragraph.</li> <li>Summarize seven points in TABLE TWO below.</li> <li>Refer to the text for examples and explanations of each.</li> </ol>																														
TABLE TWO	<table border="1"> <tbody> <tr> <td>1</td> <td>Reduce harm in the way a drug is used.</td> <td>5</td> <td>Reduce duration of drug use.</td> </tr> <tr> <td>2</td> <td>Reduce physical risk.</td> <td>6</td> <td>Reduce intensity of drug combinations.</td> </tr> <tr> <td>3</td> <td>Reduce amount of drug used.</td> <td>7</td> <td>Reduce risk of high potency drugs.</td> </tr> <tr> <td>4</td> <td>Reduce frequency of drug use.</td> <td></td> <td></td> </tr> </tbody> </table>		1	Reduce harm in the way a drug is used.	5	Reduce duration of drug use.	2	Reduce physical risk.	6	Reduce intensity of drug combinations.	3	Reduce amount of drug used.	7	Reduce risk of high potency drugs.	4	Reduce frequency of drug use.																
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<b>Break</b>			<b>10 Minutes</b>																													

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing			
Developing a Harm Reduction Plan	APPENDIX III-95	<ol style="list-style-type: none"> <li>Illustrate TABLE THREE below.</li> <li>Refer to the text for examples from alcohol, coke, and pot.</li> </ol>	 <b>15 Minutes</b>	 <b>20 Minutes</b>			
TABLE THREE							
DRUG OF CHOICE	WAY OF USING	DAYS PER WK/MO	AMOUNT USED	RISKS OF USING METHOD	RISKS OF SUBSTANCE ABUSE	HARM REDUCTION PLAN	IMPROVED AREAS



**Reducing Harmful Use & Developing a Harm Reduction Plan; Volume I; Subject Three; Pages: Subject 3-65 – 3-66; Appendix III-93 – III-98**

**Skill Building Exercise and Discussion - Suggestions for topic discussion:**

**Time-Frame with Crisis Processing**      **Time-Frame without Crisis Processing**

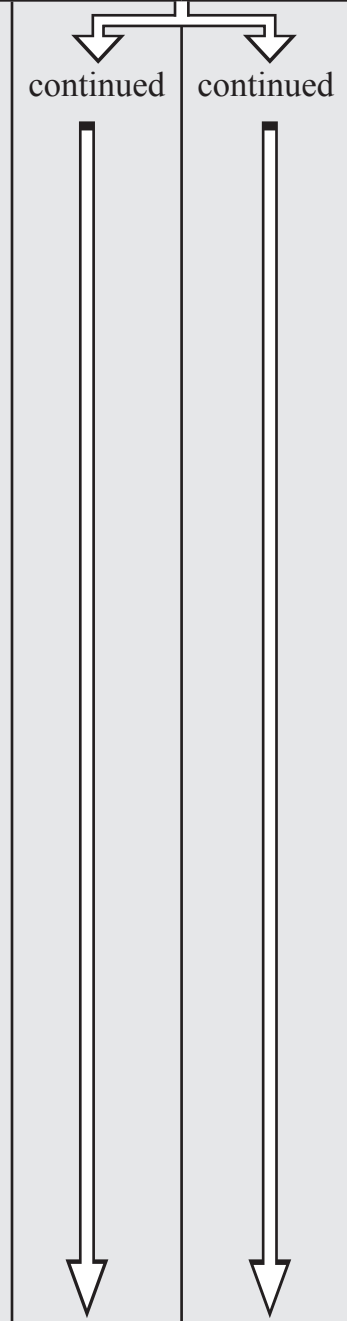
**To the Group:**

1. What comments do you have?
2. How do you relate to the range between “Excessive Harmful Use” to “Moderation or Harm Reduction” to “Abstinence”?
3. Does the use of alcohol and other drugs cause any problems in a specific area(s) of your life?
4. Or is there an area of your life that might improve if you reduced the harm related to Substance Use?
5. Which area(s) is the most risk for you personally? Or which area might improve the most?
 

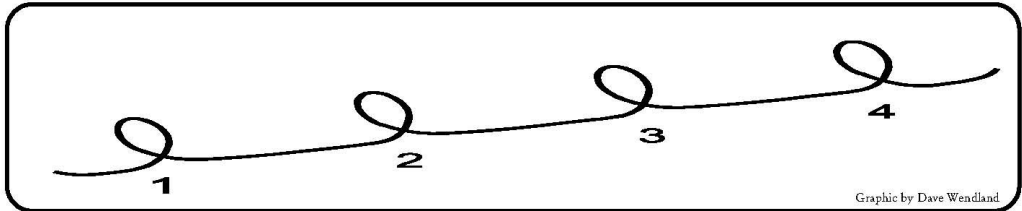
a.	Bio or Physical	e.	Environmental: Shelter
b.	Psychological: Mental	f.	Environment: Legal/Employment
c.	Social: Relationships	g.	Cultural: Being a Part of
d.	Social: Financial	h.	Spiritual: Values
6. Refer to GRAPHIC FOUR shown below, in the AREA OF RISK that you personally identify with – what is a CONSEQUENCE related to that area of risk (see example below)?
7. What is your IMPROVEMENT GOAL connected to that consequence (see example below)?
8. Let’s take a look at developing your personal “Harm Reduction Plan” for this particular area of risk so you can reduce or eliminate the consequences and meet your improvement goal – brainstorm three REDUCED RISK PLAN ideas (see examples below).
9. Which of these ideas will you choose as your REDUCED RISK PLAN?
10. Does this plan result in meeting your IMPROVEMENT GOAL?
11. If not, then choose the idea that *does* meet your IMPROVEMENT GOAL for this area of risk.
12. When your plan *does* result in meeting your improvement goal...congratulations!
13. How will you put this plan into action?
14. Is there something that will be challenging in putting your plan into action?
15. How will you meet that challenge?
16. Who can you tell about your plan and ask for their support?
17. When will you know if your “Harm Reduction Plan” is successful?

GRAPHIC FOUR





AREA OF RISK	CONSEQUENCE	REDUCED RISK PLAN	IMPROVEMENT GOAL
(Example: Financial, or relationship, or legal/employment risk)	(Example: DWI or DUI)	(Example: Take a taxi)  (Example: Designate a driver)  (Example: Limit use to not exceed legal limit)	(Example: No DWIs or DUIs)



**Reducing Harmful Use & Developing a Harm Reduction Plan; Volume I; Subject Three; Pages: Subject 3-65 – 3-66; Appendix III-93 – III-98**

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing								
Tips to Cutting Down on Alcohol and Other Drug Use	APPENDIX III-95 – III-96	1. List the ten tips in TABLE FOUR shown below. 2. Refer to the text for explanations and examples of each.	15 Minutes	20 Minutes								
TABLE FOUR	1 EAT BEFORE DRINKING OR USING DRUGS	6 LEARN HOW TO SAY “NO”										
	2 DRINK SLOWLY	7 STAY ACTIVE										
	3 SPACE DRINKS	8 GET SUPPORT										
	4 WATCH IT AT HOME	9 WATCH OUT FOR TEMPTATIONS										
	5 TAKE A BREAK FROM ALCOHOL & OTHER DRUGS	10 DO NOT GIVE UP!										
Slips Are Learning Opportunities	APPENDIX III-96 – III-97	1. Summarize three paragraphs. 2. Illustrate GRAPHIC FIVE shown below to give a visual for the text.										
GRAPHIC FIVE	 <p style="text-align: right; font-size: small;">Graphic by Dave Wendland</p>											
	Reviewing Success	APPENDIX III-97	1. Summarize two paragraphs. 2. Summarize six points of the table located in the text.									
Evaluating Harm Reduction on a Case By Case Basis	APPENDIX III-98	1. Explain/Summarize the individual example of a harm reduction plan. 2. Refer to the two tables located in the text. 3. Summarize remaining paragraph.										
Evaluating Success	APPENDIX III-98	Summarize one paragraph.										
Cutting Back Leads to a Sense of Accomplishment	APPENDIX III-98	Summarize one paragraph.										
<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>												
<p><b>To the Group:</b></p> <ol style="list-style-type: none"> <li>1. What comments do you have?</li> <li>2. What have you already been successful in doing in your own harm reduction plan either now or in the past?</li> <li>3. From the ten tips on cutting down on alcohol and other drug use – which two do you think might be helpful to you personally?</li> </ol>												

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<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>	<b>Time-Frame with Crisis Processing</b>	<b>Time-Frame without Crisis Processing</b>										
<p><b>To the Group:</b> (continued)</p> <ol style="list-style-type: none"> <li>4. What have you already learned from previous slips or setbacks?</li> <li>5. How have those setbacks been turned into learning experiences?</li> <li>6. Did you put that learning experience into action? In what way?</li> <li>7. How would you answer the questions in reviewing your success?</li> <li>8. What is your next goal for yourself in reducing harm caused by alcohol, other drug use, or activities like gambling?</li> <li>9. Congratulate yourself on the areas and ways you have already reduced risk!!</li> </ol>	<p>continued</p> 	<p>continued</p> 										
<p style="text-align: center;"><b>Crisis Processing</b></p> <ol style="list-style-type: none"> <li>1. Ask the group member(s) to tell the group what happened.</li> <li>2. Explore options and/or develop an immediate plan for coping.</li> <li>3. Allow the group to offer support.</li> </ol>	<p><b>Time-Frame with Crisis Processing</b></p> <p>10 Minutes</p>											
<p style="text-align: center;"><b>Group “Paper Work”</b></p> <p>Group participants fill out Group Notes.</p>	<b>Time-Frame</b>											
	5 Minutes											
<p style="text-align: center;"><b>Group Closure</b></p> <p>The recommended INSPIRATIONAL HANDOUT is “<i>Autobiography in Five Short Chapters.</i>” This handout is actually located at the back of Subject Six. It’s written here in its entirety so you don’t need to refer to Subject Six.</p> <p style="text-align: center;"><b>AUTOBIOGRAPHY IN FIVE SHORT CHAPTERS</b> Source: Portia Nelson “There’s a Hole In my Sidewalk”</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>Chapter I</b> I walk down the street. There is a deep hole in the sidewalk. I fall in. I am lost... I am helpless... It isn’t my fault. It takes forever to find a way out.</p> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">➔</td> <td style="width: 33%; vertical-align: top;"> <p><b>Chapter II</b> I walk down the same street. There is a deep hole in the sidewalk. I pretend to not see it. I fall in, again. I can’t believe I am in this same place, But, it isn’t my fault. It still takes a long time to get out.</p> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">➔</td> <td style="width: 33%; vertical-align: top;"> <p><b>Chapter III</b> I walk down the same street. There is a deep hole in the sidewalk. I see it there. I still fall in...it’s a habit... But, my eyes are open... I know where I am. It is my fault. I get out immediately.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>Chapter IV</b> I walk down the same street. There is a deep hole in the sidewalk. I walk around it.</p> </td> <td style="text-align: center; vertical-align: middle;">➔</td> <td style="vertical-align: top;"> <p><b>Chapter V</b> I walk down another street.</p> </td> <td></td> <td></td> </tr> </table>	<p><b>Chapter I</b> I walk down the street. There is a deep hole in the sidewalk. I fall in. I am lost... I am helpless... It isn’t my fault. It takes forever to find a way out.</p>	➔	<p><b>Chapter II</b> I walk down the same street. There is a deep hole in the sidewalk. I pretend to not see it. I fall in, again. I can’t believe I am in this same place, But, it isn’t my fault. It still takes a long time to get out.</p>	➔	<p><b>Chapter III</b> I walk down the same street. There is a deep hole in the sidewalk. I see it there. I still fall in...it’s a habit... But, my eyes are open... I know where I am. It is my fault. I get out immediately.</p>	<p><b>Chapter IV</b> I walk down the same street. There is a deep hole in the sidewalk. I walk around it.</p>	➔	<p><b>Chapter V</b> I walk down another street.</p>			<p>5 Minutes</p> 	
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