## STDs, HIV/AIDS, Hepatitis A, and B, and C, & Reducing Risk

**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: <u>The Master Guide</u> (located at the beginning of Volume I & II) and the <u>Master Tips to Professionals</u> (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.

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> <li>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> <li>Ask the group members to tell the group their name.</li> <li>Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>Crisis Processing (when requested and optional):         <ol> <li>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>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	
Summarize Introduction of the Group Topic and Why It's Important:  Alcohol and other drugs reduce a person's inhibitions. Lowered inhibitions affect the choices a person makes and their behavior. That then puts a person at increased risk for STD's, HIV/AIDS, and Hepatitis A, B, and C. It's important to learn about these illnesses – the risk, prevention, transmission, symptoms, and the treatment. Equally or possibly even more important is learning how to reduce risky sexual behaviors and then learning how to develop plans for protection, safe sex practices, and resisting pressure from others. These topics will be our focus in group today.	5 Minutes	

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame	
Types of Sexually Transmitted Diseases	Subject 4-11	Summarize the two types of STDs in the table below using the text.  1 Viral STDs 2 Barcterial STDs	30 Minutes	
The Risks of Not Seeking Treatment	Subject 4-11 – 4-12	Summarize two brief paragraphs.	1	
The Benefits of Seeking Treatment For STDs	Subject 4-12	Summarize two brief paragraphs.		
Checking Out Concerns Is Worth It!	Subject 4-12	1 9 1		
To the Group:  Do you have questions or comments on what we have tal	ked about so fa	r?		
Human Immunodeficiency Virus (HIV) Defined	Subject 4-13	Summarize two paragraphs.		
Acquired Immune Deficiency Syndrome (AIDS) Defined	Subject 4-13	Summarize two paragraphs.		
Transmission of The HIV/AIDS Virus	Subject 4-13 – 4-14	<ol> <li>Summarize one paragraph.</li> <li>Explain the three important points in the table below using the text.</li> </ol>		
1 An Infectious Substance 2 A Potentially Infectious Dose 3 Penetration Into the Blood Stream				
The Benefits of Seeking Treatment For HIV/AIDS	The Benefits of Seeking Treatment For HIV/AIDS Subject 4-14 Summarize four paragraphs.			
Testing and Treatment For HIV/AIDS	Subject 4-14 – 4-15	Summarize four paragraphs.		
To the Group:  Do you have questions or comments on what we have talked about so far?				
Hepatitis	Subject 4-15	Summarize the second paragraph.		
Symptoms of Hepatitis	Subject 4-15	<ol> <li>Summarize three brief paragraphs located in the text.</li> <li>State symptoms found in the table located in the text.</li> </ol>		
Hepatitis A Virus	Subject 4-15	State two line definition of Hepatitis A Virus.		
Transmission of Hepatitis A Virus	Subject 4-15 – 4-16	Summarize two brief paragraphs.		

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame without Crisis Processing
Prevention and Treatment of The	Subject 4-16	Summarize two paragraphs.	continued
Hepatitis A Virus			
Break			10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Good Hand Washing Techniques	Subject 4-16 – 4-17	<ol> <li>Discuss the ten points in the table.</li> <li>Summarize last paragraph after the table.</li> </ol>	15	20
Hepatitis B Virus	Subject 4-17	Summarize two paragraphs.	Minutes	Minutes
Transmission of Hepatitis B Virus	Subject 4-17	Summarize two paragraphs.	111111111111111111111111111111111111111	111111111111111111111111111111111111111
Prevention and Treatment of The Hepatitis B Virus	Subject 4-17 – 4-18	Summarize four paragraphs.		
Hepatitis C Virus	Subject 4-18	Summarize two brief paragraphs.	]	
Transmission of Hepatitis C Virus	Subject 4-18	Summarize brief paragraph.	]	
Treatment of Hepatitis C Virus	Subject 4-18	Summarize two brief paragraphs.		
Testing For Hepatitis A, B, and C Virus	Subject 4-18 – 4-19	<ol> <li>Summarize two brief paragraphs.</li> <li>Discuss the information in the table below using the text.</li> </ol>		
1 HEPATITIS A TESTING	2 H	TEPATITIS B TESTING   3   HEPATITIS C TESTING		
Hepatitis Can Be Prevented	Subject 4-19	Discuss and summarize the eleven points in the table located in the text.		
Skill Building Exercise and Discus	sion - Suggestio	ns for topic discussion:		
To the Group:  1. What comments do you have?				
2. Isn't it amazing how "good hand washing techniques" are actually so <i>thorough</i> ?				
3. Which techniques do you <i>currently</i> use when washing your hands that are mentioned in this material?				
4. Which technique(s) <i>will</i> you add to your hand washing in the future to further protect yourself from illness?				
5. What comments do you have about the eleven points of preventing Hepatitis?				
6. Which of the points do you <i>already</i> do as a prevention from Hepatitis? 7. Which preventions <i>will</i> you <i>remember</i> to add to your prevention plan in the future?				
7. Which preventions <i>will</i> you <i>reme</i>	ember to add to y	our prevention plan in the future?		

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Alcohol and Other Drugs Affect	Subject	Summarize three brief paragraphs.	4	
Behavior	4-36	2. State the five points in table.	15	$\begin{array}{c c} \mathbf{v} \\ 20 \end{array}$
High Risk Behaviors Associated With	Subject	1. Summarize three paragraphs.	Minutes	Minutes
Substance Disorders	4-36 – 4-37	2. Discuss the five points in the table.	_	_
Reducing The Risky Behaviors of	Subject	Summarize the five points of risk reduction in the table.		
Substance Disorders	4-37			
Develop a Plan For Protection – When Sober	Subject 4-37	Summarize three points in the table located in the text.		
Reducing Risks – Safe Sex Practices and Resisting Pressure	Subject 4-38	Summarize brief paragraph.		
Safe Sexual Activity	Subject 4-38	Discuss the three points of the table below using the explanations of each located in the text.		
1 TOTAL SEXUAL ABSTINENCE 2 MC	NOGAMOUS REI	LATIONSHIPS 3 TALKING TO PARTNERS ABOUT SEX & PROTECTION		
Using a Condom	Subject 4-38	Discuss the two points of the table below using the explanations of each located in the text.		
1 ALWAYS USI	e a Latex Cond	OM 2 USE A WATER-BASED LUBRICANT		
Reducing Risk With Sexual Partners	Subject 4-39	Discuss the two points in the table below using the explanations of each located in the text.		
1 Avoi				
Resisting Pressure From Others	Subject 4-39	Summarize one paragraph.		
Ways To Resist Pressure For Sex	Subject 4-39	Summarize the five ways of resisting pressure for sex located in the table in the text.		
Skill Building Exercise and Discussion	on - Suggestion	as for topic discussion:		
		<ul><li>– when sober or drug free. What are your thoughts?</li><li>ion? What has already been working well? What will you do</li></ul>	V	

Skill Building Exercise and Discussion - Suggestions for topic discussion: (continued)	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<ul> <li>To the Group: (continued)</li> <li>5. Let's talk about developing safe sexual practices. What are your thoughts?</li> <li>6. What would you do to assure safe sexual practices? What has already been working well? What will you do differently in the future?</li> <li>7. Let's talk about reducing risk with sexual partners. What are your thoughts?</li> <li>8. What would you do to reduce risk with sexual partners? What has already been working well? What will you do differently in the future?</li> <li>9. Let's talk about resisting pressure from others for sex. What are your thoughts?</li> <li>10. What would you do to resist pressure from others for sex? What has already been working well? What will you do differently in the future?</li> </ul>	continued	continued
Crisis Processing	Time- Frame	
<ol> <li>Ask the group member(s) to tell the group what happened.</li> <li>Explore options and/or develop an immediate plan for coping.</li> <li>Allow the group to offer support.</li> </ol>	10 Minutes	\( \frac{\lambda}{\pi} \)
Group "Paper Work"	Time-l	Frame
Group participants fill out Group Notes.	5 Mii	nutes
Group Closure	Time-Frame	
Recommended Inspirational Handout "Looking For Some Serenty? Try Putting The Serenty Prayer Into Your Day" located at the back of Subject Four. The goal of this exercise is to walk group participants through the process of actually putting into practice the Serenty Prayer. Presentation suggestions include:  1. Read the handout to the group, or  2. Give a copy of the handout to each group member to share and take home, or  3. Hand a copy to a group member and ask he/she to read aloud to the group.  Ask group members – as time allows – to give suggestions for:  1. An example of "grant me the Serenty to accept the things I cannot change" (something you can't change)?  2. An example of "courage to change the things I can" (something you can change)?  3. An example of "and the Wisdom to know the difference." (Today I don't have to:  Actually all I have to do today is not drink or drug. To meet that goal Today I will:	5 Mir	nutes