

Safe Medication Practices & The “Twelve Step Program and Medications”

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

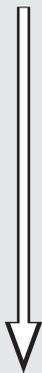
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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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
<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:</u></p> <p>Developing a medication schedule and routine is a very important issue. The success of any medication is dependent upon faithfully taking the required dosage – at the proper time – and at the same time every day. When people are experiencing symptoms, such as depressed mood or disorganized thinking, it can be particularly difficult to remember to take medications as prescribed. In fact, it is estimated that 30% of people in treatment who are taking psychiatric medications experience a relapse or are not successful in achieving a full recovery <i>because of improper use</i> of their medications (Salzman, 1991)! (Subject 4-60)</p> <p>Of course, there will be people in this group who are not currently taking medication for the treatment of a Psychiatric Disorder like Anxiety or Depression. And, of course, many with these disorders will never be prescribed medications as a part of their treatment plan. It all depends on the severity of the disorder as it does with other disorders like diabetes or high blood pressure. However, most everyone <i>will</i> take medications of <i>some</i> kind throughout their lifetime. Safe medication practices are seldom discussed – yet safe medication practices are extremely important to <i>everyone</i> taking medications of <i>any kind</i> at <i>any time</i>.</p> <p>Today we will be discussing safe medication practices and the Twelve Step Program and medications.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus		Pages & Location	Presentation Suggestions	Time- Frame	
Wanting to Be Like Others		Subject 4-59	Summarize three paragraphs.	30 Minutes 	
The Difference Between Doc’s and Dealers		Subject 4-59 – 4-60	Summarize the information found in TABLE ONE below making a comparison between Doc’s and Dealers one point at a time:		
TABLE ONE	Doc’s		DEALERS		
	1	Will not prescribe a medication unless it is <i>beneficial</i> to a person when weighed against the risks involved in taking it.	1		Will sell drugs whether people need them or not; will sell drugs like cocaine whether the person has a weak heart or not.
	2	Will monitor medications by gradually reducing dose or tapering off.	2		Not interested in helping people taper off the drug – that’s bad for business.
	3	Carefully monitor health to be sure prescriptions are not prescribed whenever they don’t mix with other medications.	3		Never going to worry about drug interactions. No bartender monitors your health or warns you not to mix alcohol with medications.
	4	Trained to look for complications and, depending on the medication, will order regular liver enzyme tests.	4		Not trained and could care less about recognizing the physical problems that can result from substance abuse or dependence.
	5	The pharmacist will not cut psychotropic medications with baby laxatives or spray them with herbicides.	5		Dealers cut drugs with anything that increases the quantity they sell, regardless of the quality, to increase their profit.
6	Monitor symptom severity and moods in order to adjust prescriptions whenever necessary.	6	No dealer will lose any sleep over a person’s mood failing to improve in six weeks.		
How to Take Medications – Taking medications properly...		Subject 4-60	1. Summarize one paragraph. 2. Name the two points in TABLE TWO below. 3. Use the explanations located in the text for each.		
TABLE TWO	1	Take all medications exactly as prescribed.	2	Never discontinue medications without medical advice.	
Remembering to Take Medication By Developing a Plan		Subject 4-60 – 4-61	Summarize three paragraphs.		
Safe Medication Practices		Subject 4-61	Summarize the information in TABLE THREE below:		
TABLE THREE	Do Not...				
	1	Self-diagnose and take medication without consulting a doctor.			
	2	Take medication prescribed for another person, or give your medications to someone else.			
	3	Transfer drugs from the original container to another.			
	4	Save unused or expired medications.			
5	Stop early, even – and especially when – you are feeling better.				

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What thoughts do you have about medications? 2. For those in this group who may be taking medications for their disorders – was it a struggle to accept the need for medication? How were you able to work through any struggles? 3. Or was your experience one of immediate acceptance of the need to take medications as well as the medications that you were prescribed? 4. Can you give others some suggestions on the topic of accepting medications? 5. What thoughts do you have about “DOC’S” and “DEALERS?” Pretty funny when you look at it this way? 6. Is it difficult sometimes to take medications exactly as prescribed? And sometimes difficult to never discontinue the use of medications without consulting with the prescribing doctor ...especially when you are perhaps experiencing any uncomfortable side effects? 7. What comments do you have about the “Do NOT’S...” of safe medication practices? TABLE THREE 	<p>continued</p> 
Break	10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																				
Safe Medication Practices (continued)	Subject 4-61	Summarize the information in TABLE ONE below:																						
TABLE ONE	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="268 980 1650 1045">Do...</th> </tr> </thead> <tbody> <tr> <td data-bbox="268 1045 310 1094">1</td> <td data-bbox="310 1045 1650 1094">Tell health care professionals the names of all the medications you take.</td> </tr> <tr> <td data-bbox="268 1094 310 1143">2</td> <td data-bbox="310 1094 1650 1143">Ask questions about how to take prescribed drugs and what to expect.</td> </tr> <tr> <td data-bbox="268 1143 310 1208">3</td> <td data-bbox="310 1143 1650 1208">Take medications exactly as prescribed, following instructions for quantity, time of day, food and drink recommendations, or restrictions of any kind.</td> </tr> <tr> <td data-bbox="268 1208 310 1256">4</td> <td data-bbox="310 1208 1650 1256">Pick a technique that works for you to remember to take your medications at the appropriate times.</td> </tr> <tr> <td data-bbox="268 1256 310 1305">5</td> <td data-bbox="310 1256 1650 1305">Store medications in airtight containers and out of reach of children.</td> </tr> <tr> <td data-bbox="268 1305 310 1370">6</td> <td data-bbox="310 1305 1650 1370">Keep in contact with the doctor, keep track of your symptoms, and report any new symptoms or medication side effects to your physician.</td> </tr> <tr> <td data-bbox="268 1370 310 1419">7</td> <td data-bbox="310 1370 1650 1419">Follow your doctor’s instructions about what to do if you miss a dose.</td> </tr> <tr> <td data-bbox="268 1419 310 1468">8</td> <td data-bbox="310 1419 1650 1468">Report any drug side effects or allergies.</td> </tr> <tr> <td data-bbox="268 1468 310 1521">9</td> <td data-bbox="310 1468 1650 1521">Continue medication for as long as it is being prescribed.</td> </tr> </tbody> </table>		Do...		1	Tell health care professionals the names of all the medications you take.	2	Ask questions about how to take prescribed drugs and what to expect.	3	Take medications exactly as prescribed, following instructions for quantity, time of day, food and drink recommendations, or restrictions of any kind.	4	Pick a technique that works for you to remember to take your medications at the appropriate times.	5	Store medications in airtight containers and out of reach of children.	6	Keep in contact with the doctor, keep track of your symptoms, and report any new symptoms or medication side effects to your physician.	7	Follow your doctor’s instructions about what to do if you miss a dose.	8	Report any drug side effects or allergies.	9	Continue medication for as long as it is being prescribed.	<p>15 Minutes</p> 	<p>20 Minutes</p> 
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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing											
Basics About Storing Medications	Subject 4-62	1. Summarize information in the table shown below. 2. State the “DON’T” and then the “Do” one at a time.	continued 	continued 											
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%; text-align: center;">DON'TS</th> <th style="width: 50%; text-align: center;">Do's</th> </tr> </thead> <tbody> <tr> <td data-bbox="128 365 848 483">1 Don't keep medications that can absorb moisture in the kitchen or bathroom – the lids aren't that tight and the potency could be affected.</td> <td data-bbox="848 365 1644 483">1 Do store all medications in their original containers, with labels securely attached. Some medications must remain packaged in their special containers to retain potency.</td> </tr> <tr> <td data-bbox="128 483 848 561">2 Don't keep medications in the refrigerator unless you've been told to do so.</td> <td data-bbox="848 483 1644 561">2 If you want to use a pillbox that holds all of your day's pills in one compartment, get your pharmacist's okay.</td> </tr> <tr> <td data-bbox="128 561 848 712">3 Don't put your medications on a windowsill or in the glove compartment of your car. Excessive heat or cold can affect potency.</td> <td data-bbox="848 561 1644 712">3 Keep all medications and vitamins out of the reach of children. Federal regulations consider 85% a passing grade for child-resistant caps. This means 15% of children may be able to open them.</td> </tr> <tr> <td data-bbox="128 712 848 863">4 Don't keep the cotton filler, that was used to protect the pills in the bottle during shipping, once you have opened it. In some cases, the cotton will absorb the active ingredients in the medications.</td> <td data-bbox="848 712 1644 863">4 After you open the medication, throw the cotton away. This also prevents the possibility of laying the cotton down on a wet counter, and then putting it back into the pill bottle – something people mistakenly do.</td> </tr> </tbody> </table>		DON'TS			Do's	1 Don't keep medications that can absorb moisture in the kitchen or bathroom – the lids aren't that tight and the potency could be affected.	1 Do store all medications in their original containers, with labels securely attached. Some medications must remain packaged in their special containers to retain potency.	2 Don't keep medications in the refrigerator unless you've been told to do so.	2 If you want to use a pillbox that holds all of your day's pills in one compartment, get your pharmacist's okay.	3 Don't put your medications on a windowsill or in the glove compartment of your car. Excessive heat or cold can affect potency.	3 Keep all medications and vitamins out of the reach of children. Federal regulations consider 85% a passing grade for child-resistant caps. This means 15% of children may be able to open them.	4 Don't keep the cotton filler, that was used to protect the pills in the bottle during shipping, once you have opened it. In some cases, the cotton will absorb the active ingredients in the medications.	4 After you open the medication, throw the cotton away. This also prevents the possibility of laying the cotton down on a wet counter, and then putting it back into the pill bottle – something people mistakenly do.		
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What To Tell or Ask Your Doctor	Subject 4-62	Summarize three paragraphs.													
Skill Building Exercise and Discussion - Suggestions for topic discussion:															
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have? 2. What comments do you have about the “Do’s” of safe medication practices? TABLE ONE 3. Is it difficult to keep taking medications when you are feeling better? Even medications like antibiotics? 4. What comments do you have about the “Do’s” and the “DON’TS” of storing medication. 5. Can it be challenging to remember what to tell your doctor during your appointments? 6. Will it be helpful to make notes of what you want to discuss and take those notes to the appointment? What are things you might put on your list? Updates on how you are sleeping? Updates on your nutrition? Progress you have experienced? Problems you might be experiencing? Medication questions? Others? 															

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing	
Be Patient – It Takes Time For Medications to Work	Subject 4-63 – 4-64	Summarize eight paragraphs.	15 Minutes	20 Minutes	
Be Realistic With Expectations	Subject 4-64	Summarize three paragraphs.			
Don't Give Up	Subject 4-64 – 4-65	Summarize four paragraphs.			
Twelve Step Programs and Medications	Subject 4-64 – 4-65	1. List the three common misconceptions about AA and medications located in the table below. 2. Summarize eight paragraphs.			
FALSE	1	Alcoholics Anonymous and other self-help groups prohibit the use of antidepressants.			FALSE
	2	Antidepressants and other medications of this kind are mood-altering and intoxicating			
	3	Antidepressants or other psychiatric medications are addictive.			
Treatment and Recovery	Subject 4-68	1. Summarize two paragraphs. 2. Summarize the five areas of improvement located in the table located in the text.			
Hope for Recovery	Subject 4-69	1. State quote located in the text. 2. Summarize one paragraph.			
The Gift of Time	Subject 4-69	Summarize four paragraphs.			
Skill Building Exercise and Discussion - Suggestions for topic discussion:					
To the Group: <ol style="list-style-type: none"> 1. What comments do you have? 2. Is it sometimes difficult to be realistic with expectations about medications? 3. Have you had experiences in the TWELVE STEP PROGRAM about medications? 4. How will this information change your reaction to any comments you may have heard? Or help you understand if you experience misunderstanding in the TWELVE STEP PROGRAM about medications? Or help you support others? 5. It takes time for a disorder to become apparent enough to be diagnosed. And it takes time for the body to heal from the effects of the disorder. 6. Can you give yourself the gift of time? You are worth it! 					
Crisis Processing			Time-Frame		
<ol style="list-style-type: none"> 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		

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“Paper Work”	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
<p>Recommended INSPIRATIONAL HANDOUT “<i>Which Place?</i>” located at the back of Subject Four or you may read a positive group closure of your choice. Handout presentations suggestions include:</p> <ol style="list-style-type: none"> 1. Read the handout to the group, <i>or</i> 2. Give a copy of the handout to each group member to read in group and take home, <i>or</i> 3. Hand a copy to a group member and ask a person to read aloud to the group, <i>or</i> 4. Go around the room and ask each group member to read a paragraph from the handout. (If you are uncomfortable with the last line...“and he can go to <i>Hell</i>” then you can certainly replace it with... “and he can go to ‘you know where’.” 	<p>5 Minutes</p> 