

Self-Care In The Areas of Sleep, Medical & Dental Care, and Balanced Living

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.

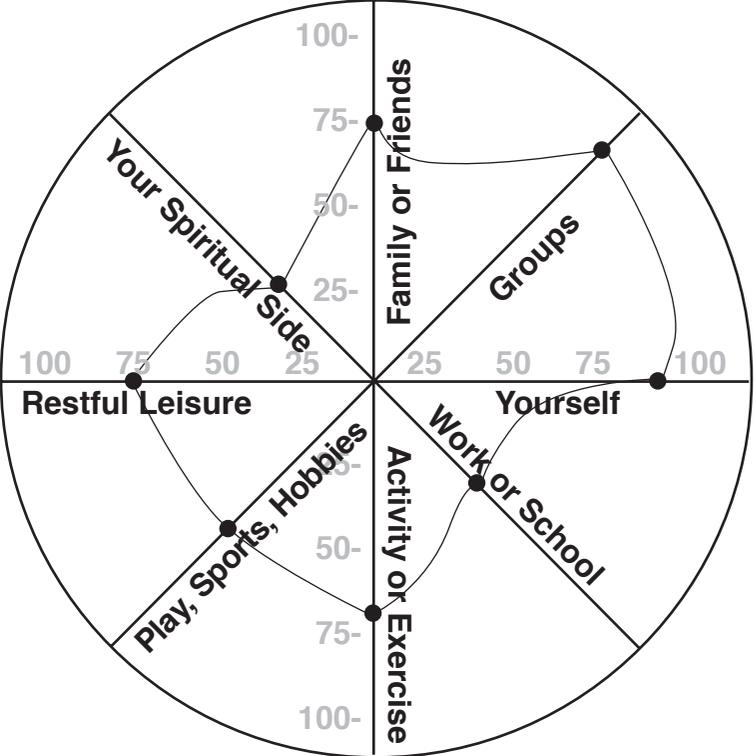
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Based on a 2-Hour group: Two 50 minute segments	Time-Frame																		
Group Beginning	20 Minutes Total																		
Positive group beginning (suggestions are located on the previous page).	5 Minutes																		
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The 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.) <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 (page Subject 6-33):</u> Self-care is part of the foundation of recovery. When people don't care <i>about</i> themselves, they are less likely to care <i>for</i> themselves. They are also less likely to follow through with recommendations that are recommended for a healthy brain and body. It's well known that doing specific things can go a long way in returning the brain and body to good health. They are:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tbody> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">DEVELOP NUTRITIONAL HABITS</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 30%;">GET MEDICAL & DENTAL CARE</td> <td style="width: 10%; text-align: center;">7</td> <td style="width: 20%;">LIVE A POSITIVE LIFE</td> </tr> <tr> <td style="text-align: center;">2</td> <td>GET PLENTY OF REST & SLEEP</td> <td style="text-align: center;">5</td> <td>PRACTICE GOOD GROOMING</td> <td style="text-align: center;">8</td> <td>LIVE AN ACTIVE LIFE</td> </tr> <tr> <td style="text-align: center;">3</td> <td>EXERCISE REGULARLY</td> <td style="text-align: center;">6</td> <td>STRIVE FOR BALANCE</td> <td style="text-align: center;">9</td> <td>LIVE IN THE PRESENT</td> </tr> </tbody> </table> <p>Today we will focus on five of those areas:</p>	1	DEVELOP NUTRITIONAL HABITS	4	GET MEDICAL & DENTAL CARE	7	LIVE A POSITIVE LIFE	2	GET PLENTY OF REST & SLEEP	5	PRACTICE GOOD GROOMING	8	LIVE AN ACTIVE LIFE	3	EXERCISE REGULARLY	6	STRIVE FOR BALANCE	9	LIVE IN THE PRESENT	5 Minutes
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Psychoeducation Part I: Topics & Focus		Pages & Location	Presentation Suggestions		Time- Frame			
Get Plenty of Rest and Sleep		Subject 6-44	1. Summarize brief paragraph. 2. Explain the three points in the table.		30 Minutes			
Sleep Problems in Recovery		Subject 6-45	Summarize information in table.					
Getting a Good Night's Sleep		Subject 6-45 – 6-47	1. Discuss the eleven tips to getting a good night's sleep in the table below. 2. Refer to the descriptions of each in the text. 3. Summarize two remaining paragraphs.					
1	Select a Waking Time & Keep it Constant - Seven Days a Week	7	Sleep Only at Night, Don't Take Naps During the Day					
2	Don't Eat or Drink a Lot Before Bedtime	8	Keep it Quiet					
3	Snack on The Right Bedtime Snacks	9	Prepare for Bedtime					
4	Avoid Caffeine & Nicotine Around Bedtime	10	Prepare Your Sleep Area					
5	Exercise Regularly	11	Separate Sleep Activity From Daytime Activity					
6	A Slightly Cool Room Is Ideal for Sleeping							
Exercise Regularly		Subject 6-47 – 6-48	1. Summarize the two paragraphs (including "Mary's" Story). 2. Summarize the four benefits of exercise located in the table below. 3. Refer to the description of each tip located in the text.					
1	Physical Health	2	Mental Health	3		Mood Stability	4	New Recovery Behaviors
<p><u>To Facilitator(s):</u></p> <p>1. It is recommended that any group content for this particular group be written on the board prior to the beginning of group whenever possible.</p> <p>2. There are many areas for discussion during this group and below are a few suggestions as time permits.</p> <p><u>To the Group:</u></p> <p>1. Are you getting a good night's sleep?</p> <p>2. Do you feel rested when you get up?</p> <p>3. Do you have a difficult time falling asleep?</p> <p>4. Do you wake often during the night?</p> <p>5. Which of the suggestions for getting a good night's sleep do you think would be helpful for you personally?</p> <p>6. Do you have at least some time to "move" – perhaps exercising, walking, climbing stairs, being active in your job, etc.?</p> <p>7. Do you think you might benefit from more movement or exercise?</p> <p>8. What would you be able to add to your schedule – perhaps parking the car farther away when you go somewhere? Getting off a bus stop earlier and walking the rest of the way? Climbing stairs instead of taking an elevator?</p> <p>9. Other thoughts for adding more exercise or movement to each day?</p>								
Break						10 Minutes		

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
“Personal Recovery Story About Finding Balance”	Subject 6-50	Read the real recovery story.	continued	continued
				
<p>To the Group:</p> <ol style="list-style-type: none"> 1. Look at the lines between the dots (the small circle inside of the larger circle) and ask yourself “ Would this wheel roll?” 2. If the answer is “no” then you can tell there is less balance in this person’s life. 3. For example, this person has less time devoted to work or school. They also have less time devoted to their spiritual side. 4. To add more balance to this person’s life, they would increase productive time like work or volunteer work, or school and training. 5. They would also increase spiritual time like quiet time or meditation or whatever feeds this person’s “spirit.” <p>Note: It’s understandable, of course, that groups will take up more of the balance wheel while a person is in treatment. Also time with friends will include twelve step meetings or making new friends, or spending time with a sponsor until a recovery support system is put together.</p>				

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What percentage of the time do you spend at least <i>some</i> time devoted to each of these areas? Example, do you spend at least <i>some</i> time with your family – 25% of the time? 50% of the time? 75% of the time? 2. As you put a connecting line between the percentages, ask yourself if “your wheel” would roll? Or how balanced is your life in these areas?” 3. What area would you work to increase or perhaps decrease? For example, if 75% of the time you are devoting at least <i>some</i> time to work and 0% of your time devoted to at least <i>some</i> restful leisure, would you benefit by adding some focus to restful and leisure time activities? (Note: Of course, right now, you may be working two jobs and spending the rest of your time in treatment, self-help meetings, court, attending CPS classes, and many other requirements. Even if balance is not completely possible in early recovery – balancing your life is still a skill to learn and practice throughout recovery.) 4. What area(s) do you identify as needing your attention first to improve balance in your life? 5. What would you do in this area? 6. When will you start? 	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p> <p style="text-align: center;">↓</p>
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	↓
“Paper Work”	Time- Frame	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	Time- Frame	
<ol style="list-style-type: none"> 1. Read a daily brief meditation for the day, <i>or</i> 2. Ask each group member to share which self-care skill they will begin to practice this week? Improving rest? Adding movement or brief exercise to your daily routine? Improving more balance in what areas(s)? <i>or</i> 3. Ask a group member to read aloud an inspirational reading of your choice. 	5 Minutes	