

Self-Esteem & Internal, External, Physical, and Emotional Boundaries

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


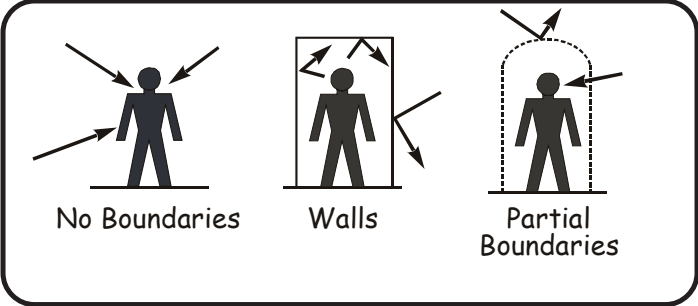
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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Volume II; Subject Seven; Pages: Subject 7-50 – 7-56

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: (Subject 7-51)</u></p> <p>Developing healthy boundaries are essential to the development of self-esteem. We all have personal boundaries. They are what define who you are and let you know where you end and others begin. Boundaries are what give you a sense of yourself and what make you different from others – physically, intellectually, emotionally, and spiritually. Today we will talk about how to recognize unhealthy boundaries and ways to develop healthy boundaries.</p>	5 Minutes 

Self-Esteem & Internal, External, Physical and Emotional Boundaries; Volume II; Subject Seven; Pages: Subject 7-50 – 7-56

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame			
Affirming Yourself	Subject 7-50	1. Read quote by Frank Lloyd Wright about affirmations. 2. Summarize two guidelines for writing affirmations found in the first table. 3. Name the five examples of affirmations found in the second table.	30 Minutes			
Develop Skills You Want To Be Strong In	Subject 7-50	Summarize brief paragraph.				
Set and Accomplish Realistic Goals	Subject 7-50	Summarize brief paragraph.				
Rewards of Self-Esteem	Subject 7-40 – 7-51	Summarize two brief paragraphs.				
External and Internal Boundaries	Subject 7-51 – 7-52	1. Summarize information in TABLE ONE located below using the text. 2. Summarize one paragraph. 3. Summarize information in TABLE TWO located below using the text.				
TABLE ONE <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 150px;">EXTERNAL PHYSICAL BOUNDARIES</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 150px;">INTERNAL EMOTIONAL BOUNDARIES</td> </tr> </table>	1	EXTERNAL PHYSICAL BOUNDARIES		2	INTERNAL EMOTIONAL BOUNDARIES	
1	EXTERNAL PHYSICAL BOUNDARIES	2	INTERNAL EMOTIONAL BOUNDARIES			
TABLE TWO <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 150px;">PHYSICAL BOUNDARIES</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 150px;">EMOTIONAL BOUNDARIES</td> </tr> </table>	1	PHYSICAL BOUNDARIES	2	EMOTIONAL BOUNDARIES		
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Types of Unhealthy Boundaries	Subject 7-52	1. Summarize one paragraph. 2. Illustrate and explain what unhealthy boundaries look like one at a time using the explanations in the text and shown in the sections below.				
						
No Boundaries	Subject 7-52	Summarize brief paragraph referring to the graphic above.				
Walls or Rigid Boundaries	Subject 7-52	Summarize brief paragraph referring to the graphic above.				
Partial Boundaries	Subject 7-52	Summarize brief paragraph referring to the graphic above.				

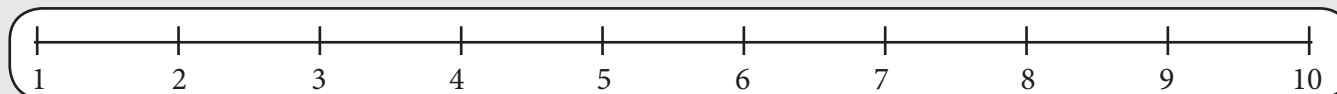
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Skill Building Exercise and Discussion - Suggestions for topic discussion:

Time-Frame

To the Group:

1. Is it difficult for you to value yourself? Is it difficult to practice affirmations? Is there a statement – like “I treat myself with respect” – that you could put beside your mirror in the bathroom or on your refrigerator – to remind yourself? If you did, what would your affirmation to yourself say? Where would you put your reminder affirmation?
2. What do *you* want to become stronger in (Pursuing your goals? Feeling confident about your abilities? Accepting responsibility? Asking for help? Others?) What goal would *you* set to develop self-esteem? How would you currently rate your self-esteem? On a 1 (where you don’t value yourself) to a 10 (where you greatly value yourself)...where do you see yourself?



(Note To the Facilitator(s): This is an excellent way for group participants to name the reasons they *feel good* about themselves at the present time. This is Motivational Interviewing consistent.)

3. Why are you at a ____ (the number picked, for example # 4) and not a ____ (a lower number, for example #1 or #2).
4. What comments (refer to TABLE ONE on the previous page) do you have about *external* physical boundaries? What comments do you have about *internal* emotional boundaries?
5. How about *physical* boundaries (refer to TABLE TWO on the previous page) and how about *emotional* boundaries? Are either of these, or perhaps both of these, difficult to maintain? Are there certain people or family members where *physical* or *emotional* boundaries are more of a challenge?
6. Which boundary do you relate to the most? No boundaries? Walls? Partial boundaries?
7. Do you notice that you have *different* boundaries with *different* people? For example, maybe you have *no* boundaries with *strangers* or perhaps *walls* with *family* members? What others do you notice?

Continued



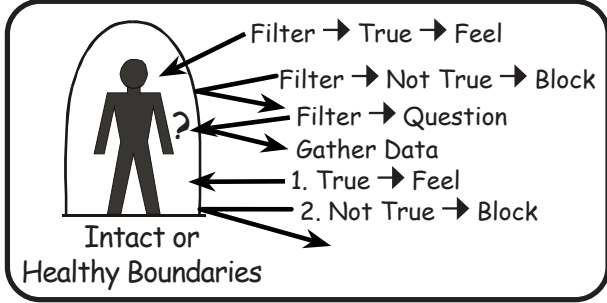


Break









10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing					
Unhealthy Boundaries in Family Systems	Subject 7-52 – 7-53	Summarize two paragraphs.	20 Minutes	25 Minutes					
Unhealthy Boundaries in Early Recovery	Subject 7-53	Summarize one paragraph.							
Unhealthy Boundaries in Treatment	Subject 7-53 – 7-54	1. Summarize brief paragraph. 2. Discuss the five common boundary issues in the table below using the text.							
1	Playing Counselor	2	I Can’t Trust You	3	Adoption	4	Romances	5	Play “Footsie”

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																	
Reacting or “Acting Out”	Subject 7-54 – 7-55	<ol style="list-style-type: none"> 1. Read introduction to the story. 2. Read “A Short Story About Reacting.” 3. Summarize one remaining paragraph. 	Continued	Continued																	
Healthy Boundaries	Subject 7-55	<ol style="list-style-type: none"> 1. Summarize first three paragraphs. 2. Discuss/explain the graphic below to provide a visual of healthy boundaries. 																			
																					
When boundaries are healthy and intact....	Subject 7-55 – 7-56	<ol style="list-style-type: none"> 1. Summarize fourth paragraph of this section on Healthy Boundaries. 2. State the nine points about healthy boundaries found in the table below. 3. Summarize last two paragraphs of this section. 																			
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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What were the boundaries like in you family? 2. Were they healthy boundaries? In what way(s)? 3. Were the boundaries in your family unhealthy? In what ways? 4. How did these healthy or unhealthy boundaries affect you personally when you were growing up? 5. What are your goals in recovery to change or improve your boundaries with others? 6. Where would you begin? Perhaps creating boundaries if there are none? Maybe taking down walls if they exist? Possibly balancing partial boundaries? 7. Would you begin with changing your external physical or your internal emotional boundaries? 8. What comments do you have about your boundaries in early recovery? 9. Whate comments do you have about your boundaries in treatment? Do you relate to any of the five boundary issues in the treatment setting? 10. Do you find you often “react” instead of “act”? How does that affect your life or relationships with others? 11. In reviewing the nine examples of healthy boundaries, which one(s) would work for you? When would you start? Is there a specific person you would begin to practice healthy boundaries with? How? 	<p style="text-align: center;">  Continued  </p>	<p style="text-align: center;">  Continued  </p>
<p>Skill Building Exercise and Discussion - Suggestions for topic discussion:</p> <p>To Facilitator(s):</p> <ol style="list-style-type: none"> 1. This exercise does not take very long. 2. It is only intended to let participants: <ol style="list-style-type: none"> a. Experience saying something positive about another person whether they actually know them or not. b. Experience saying nice things about themselves as they read out-loud what their peers said about them. c. Experience saying “thank you” and nothing more. 3. If time starts running out, you can stop the exercise and ask each person to return the paper to the person whose name appears at the top, even if they have not written on every group participant’s paper. <p>To the Group:</p> <p><u>SELF-ESTEEM EXERCISE:</u> (Note: This particular exercise is actually located at the back of Subject Two on page 2-72. However, it is written here in it’s entirety so you do not have to refer to Subject Two)</p> <ol style="list-style-type: none"> 1. Take out a blank sheet of paper and put your name on the top of the page. It would also be helpful to include a brief description of yourself. For example: “woman in brown sweater” or “man in leather jacket”, etc. 2. Then pass the papers to the person on your right. 3. Will each person now write a positive comment about the person whose name is at the top of the page. 4. Keep passing the papers around the room until each of you receives your individual page back. 5. Please read the comments on your own paper aloud to the group. 	<p style="text-align: center;">  10 Minutes  </p>	<p style="text-align: center;">  15 Minutes  </p>

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Skill Building Exercise and Discussion - Suggestions for topic discussion: continued	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To the Group: continued</p> <p>6. Please do not make any personal remarks about the comments as you read them – simply say “thank you” to the group for their positive statements.</p> <p>7. Which was more comfortable?...</p> <p>a. Making positive comments about others, <i>or</i></p> <p>b. Receiving positive comments from others.</p>	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p>	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p>
Crisis Processing	Time-Frame	↓
<p>1. Ask the group member(s) to tell the group what happened.</p> <p>2. Explore options and/or develop an immediate plan for coping.</p> <p>3. Allow the group to offer support.</p>	10 Minutes	
“Paper Work”	Time-Frame	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	Time-Frame	
<p><u>Recommended Positive Group Reading (Subject 7-56):</u> Literature from Narcotics Anonymous talks about self-esteem in the following way (Narcotics Anonymous World Service Office, Inc., 1985): “Self-acceptance permits balance in our recovery. We no longer have to look for the approval of others because we are satisfied with being ourselves. We are free to gratefully emphasize our assets, to humbly move away from our defects, and to become the best recovering “addicts” we can be. Accepting ourselves as we are means that we are all right, that we are not perfect, but we can improve.”</p>	5 Minutes	