

Staying Abstinent No Matter What & Tools For Abstinence

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


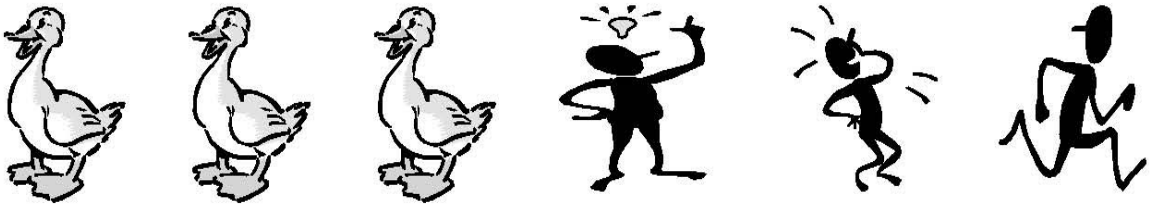
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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Volume II; Subject Six; Pages: Subject 6-15 – 6-16; 6-17 – 6-25





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 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 6-15):</u> The one behavior that most clearly reveals acceptance of the disease of addiction is not using any mood-altering substances. (This does not mean <i>prescribed</i> medications.) Abstinence is not the <i>only</i> step in the recovery process, but it’s the first step. It must also be unconditional and not dependent on other circumstances.</p> <p>The contradiction of addictive disorders is the addicted person has no control over the addiction, except through the <i>complete</i> control by abstinence (Horvath, 1989) and working a recovery program. This means not using alcohol & other drugs and not engaging in addictive behaviors like gambling. Whether or not you’ve had a <i>horrible</i> day, whether or not you’ve had a <i>great</i> day – because “no matter what” means just that, <u>no matter what!</u></p> <p>Today we will talk about the importance of “staying abstinent – no matter what” and the tools for abstinence to help you become successful in this goal.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																
Total Abstinence Is Recommended	Subject 6-15	Summarize one paragraph.	30 Minutes																
Importance of Abstinence in Dual Recovery	Subject 6-15	1. Summarize two paragraphs. 2. Summarize information in table.																	
Total Commitment to Recovery	Subject 6-15 – 6-16	1. Summarize brief paragraph. 2. List four statements in table.																	
Getting Your Ducks in a Row – Taking Action	Subject 6-17	1. Summarize three paragraphs. 2. Highlight the main points of the ducks: Thinking – Feeling – Action																	
<div style="border: 2px solid black; border-radius: 15px; padding: 10px; display: inline-block;"> <p>ARE ALL YOUR DUCKS IN A ROW? THINKING – FEELING – ACTION</p>  </div>																			
Daily Plan For Recovery – Go to Bed Abstinent	Subject 6-18	1. Summarize three paragraphs. 2. State information in the table.																	
Tools for Abstinence	Subject 6-18	Summarize brief paragraph.																	
Converting Strengths in Addiction to Strengths in Recovery	Subject 6-18– 6-19	1. Summarize two paragraphs. 2. State information in the next table:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 40%;">I'm a loner.</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 50%;">I'm a policeman; I'll see someone I arrested.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>I don't join things, anything.</td> <td style="text-align: center;">6</td> <td>I'm a salesman; I'll see client.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>I don't need a support group.</td> <td style="text-align: center;">7</td> <td>I'm a lawyer; I'll see someone I put in jail.</td> </tr> <tr> <td style="text-align: center;">4</td> <td>The war stories depress me.</td> <td style="text-align: center;">8</td> <td>I'm a _____ whatever; I can't be seen at a meeting.</td> </tr> </tbody> </table>				1	I'm a loner.	5	I'm a policeman; I'll see someone I arrested.	2	I don't join things, anything.	6	I'm a salesman; I'll see client.	3	I don't need a support group.	7	I'm a lawyer; I'll see someone I put in jail.	4	The war stories depress me.	8	I'm a _____ whatever; I can't be seen at a meeting.
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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																
Converting Strengths in Addiction to Strengths in Recovery (continued)	Subject 6-19 – 6-20	<ol style="list-style-type: none"> Summarize one paragraph. State information in the table below and give examples of “Challenge Old Thinking and Create New Thoughts” found in the text for each of the six self-defeating thoughts below. Summarize three remaining paragraphs after the table. 	continued																
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<p>To the Group:</p> <ol style="list-style-type: none"> What comments do you have? What do you relate to? What thought(s) do you have that might contribute to you not attending self-help groups? What thought(s) can you have to challenge that thought and would contribute to you attending meetings? 			10 Minutes																
Break			10 Minutes																

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Develop Survival Image and Mentality	Subject 6-20	Summarize two brief paragraphs.	 20 Minutes	 25 Minutes
Help Yourself	Subject 6-20	<ol style="list-style-type: none"> Summarize introduction to the story. Read “Your Higher Power Helps You When You Help Yourself.” 		
Start and End Your Day With Recovery	Subject 6-21	Summarize two paragraphs.		
Openly Acknowledge Your Addiction to Others (People that are crucial to your recovery)	Subject 6-21 – 6-22	<ol style="list-style-type: none"> Summarize information in the first brief paragraph and table. Summarize information in the second brief paragraph and table. 		
Remember the Old Days Realistically – Not Euphorically	Subject 6-22 – 6-23	<ol style="list-style-type: none"> Summarize one paragraph. Read the first true true recovery story by “Kate S.” Read “Barbara’s Recovery Story.” Read three remaining paragraphs. 		

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Don't Test Control – Stay Away From Using People and Slippery People	Subject 6-23 – 6-24	<ol style="list-style-type: none"> Summarize three paragraphs. Read “Joel’s” Recovery Story 	 continued	 continued
Quit for Others, Stay Quit for Yourself	Subject 6-24	Summarize two paragraphs.		
Learn From Your Mistakes	Subject 6-24	Summarize two paragraphs.		
Limit Your Access to Cash	Subject 6-25	<ol style="list-style-type: none"> Summarize one paragraph. Read “Recovering Story About Turning Over Control of Money to Others.” Summarize two remaining paragraphs. 		
Skill Building Exercise and Discussion - Suggestions for topic discussion:			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<u>To the Group:</u> <ol style="list-style-type: none"> What comments do you have? What do you relate to? What tools have you been using to support abstinence? Which of these tools for abstinence that we have discussed today would personally help you the most? Which tool will you add to your recovery program this week? Share two strengths you have by naming something you do and identify one specific strength related to that action. For example: Showing up for group is a strength and for one person that might mean <i>determination</i>...for another it may be <i>good time management</i>...yet for another it may be <i>taking responsibility</i> by solving legal problems. Just think how many times each of you in group may miss an opportunity to see every single step toward recovery as a <i>strength</i>? It's a great time to start turning that around! 			 10 Minutes	 15 Minutes
Crisis Processing			Time-Frame	
<ol style="list-style-type: none"> Ask the group member(s) to tell the group what happened. Explore options and/or develop an immediate plan for coping. 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>Autobiography in Five Short Chapters</i>” located at the back of Subject Six. Presentation 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, <i>or</i> 3. Hand a copy to a group member and ask he/she to read out loud to the group. 	5 Minutes 