The Basics About Family Systems & Developing Relationships With Family

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 *consistenc*y 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:
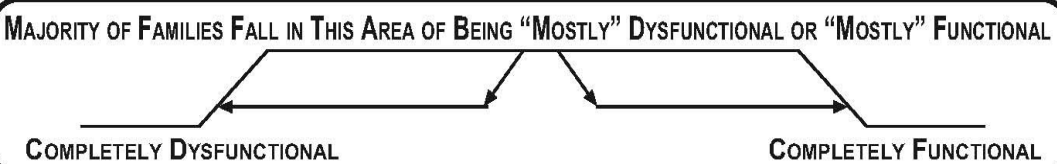
1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
2. Reading an inspirational or 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.

The Basics About Family Systems & Developing Relationships With Family
Volume II; Subject Seven; Pages: Subject 7-56 – 7-62

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
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics*, not inter-personal processing or case management questions which do not apply to the entire group.) 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): 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
<u>Summarize Introduction of the Group Topic and Why It's Important:</u> (page Subject 7-56) Families typically fall somewhere in the middle range of a continuum between "mostly" dysfunctional and "mostly" functional: MAJORITY OF FAMILIES FALL IN THIS AREA OF BEING "MOSTLY" DYSFUNCTIONAL OR "MOSTLY" FUNCTIONAL COMPLETELY DYSFUNCTIONAL COMPLETELY FUNCTIONAL In this group we will discuss the traits of an unhealthy family system, traits of a healthy family system, and the steps to recovering from dysfunctional childhoods.	5 Minutes

The Basics About Family Systems & Developing Relationships With Family; Volume II; Subject Seven; Pages: Subject 7-56 – 7-62

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Family Rules	Subject 7-56 –7-57	1. Summarize one paragraph. 2. Summarize the nine traits of dysfunctional families and compare each with the traits of healthy families shown in TABLE ONE below. 3. State the examples of rigid rules shown in TABLE TWO below.	30 Minutes

TABLE ONE	TRAITS OF DYSFUNCTIONAL FAMILIES	TRAITS OF HEALTHY FAMILIES

TABLE TWO				
	1	Don't Feel	5	Don't Talk About "It" Outside
	2	Don't Talk	6	Don't Tell The Truth, It's Easier to Lie
	3	Don't Trust	7	Maintain the Status Quo
	4	Don't Speak Out	8	Don't Change

Family Roles	Subject 7-57 – 7-58	1. Summarize one paragraph. 2. Discuss characteristics of each of the five family roles one by one as shown in TABLE THREE below.

TABLE THREE

Role	Visible Qualities	Inner Feelings	Represents To Family	Characteristics	Possible Future Characteristics	
					Without Help	With Help
Hero	Visible Success, Super Responsible, Does What's Right	Loneliness, Confusion, Inadequate, Angry	A Child the Family Can Be Proud Of "Self-Worth High Achiever"	School Jock, Company Person, Social Nice Person, Good Grades, Friends, Accomplished	Workaholic, Responsible for Everything, Marry Dependent Person	Accept Failure, Responsible for Self & Not Everyone Else, Good Employee
Scape Goat	Hostility, Defiance, Anger, Does Anything That's Wrong For Attention	Withdrawn, Sullenness, Hurt, Loneliness, Guilt, Fear, Rejection	A Child That Provides Distraction "Takes Focus Off The Alcoholic"	Negative Attention, Social Jerk, Won't Compete with "Family Hero" so Gets Attention by Acting Out	Unplanned Pregnancies, Trouble Maker in School & Later in Office	Accept Responsibility, Courageous, Ability to See Reality
Lost Child	Withdrawn, Loner, Distant, Makes Self "Invisible"	Quiet, Aloof, Hurt, Inadequate, Loneliness, Angry, Distant	A Child that Doesn't Need to be Worried About "Relief"	Quiet, No Friends, Loner, Follower, Day Dreamer	Little Zest for Life, Difficulty Making Decisions	Independent, Talented, Creative Imaginative, Self Actualized
Mascot	Humor, Need Protection, Hyperactive, Clowning	Fear, Insecurity, Confusion, Lonely, Fragile, Compulsive	Comic Relief "Fun & Humor"	Hyperactive, Learning Disabilities, Short Attention Span	Can't Handle Stress, Immature, Often Marry "Hero" for Care	Takes Care of Self, Fun to Be With, Good Sense of Humor

4

The Basics About Family Systems & Developing Relationships With Family; Volume II; Subject Seven; Pages: Subject 7-56 – 7-62

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
To the Group: 1. How do you relate to any of these family roles? Hero? Scapegoat? Lost Child? Mascot? 2. Which one do you relate to the most during the years you were growing up? Hero? Scapegoat? Lost Child? Mascot? 3. How did that role meet the overall needs of the family? Hero? Scapegoat? Lost Child? Mascot? 4. Which role do you currently relate to in your life today? Hero? Scapegoat? Lost Child? Mascot? 5. How does that role currently meet the needs of the family you are living with now? Hero? Scapegoat? Lost Child? Mascot? 6. Is this role helpful in your life today? With other interactions like work? Your family? Or your relationships with others? 7. In other words, is it healthy and contributes to your interacting with others? *Or* is playing that role unhealthy in your life today? Does it get in the way of your relationships with others? Hero? Scapegoat? Lost Child? Mascot?	Continued
Break	**10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
How Roles Develop – Family Sculpture	Subject 7-58 – 7-59	1. Summaries one paragraph. 2. Explain how these roles (see TABLE FOUR below) can develop in a family using the information in the text. 3. Summarize the three remaining paragraphs.	15 Minutes	20 Minutes

TABLE FOUR	SUBSTANCE DEPENDENT PERSON, "ALCOHOLIC" OR "ADDICT"	ENABLER, ALANON, OR CO-ALCOHOLIC	HERO	SCAPEGOAT	LOST CHILD	MASCOT

Adult Children of Alcoholics	Subject 7-59 – 7-60	Summarize three paragraphs.
Traits of Children From "Alcoholic" or Dysfunctional Homes	Subject 7-60 – 7-61	1. Read one paragraph. 2. Briefly discuss the 13 major traits located in TABLE FIVE shown below. 3. Give brief explanations of each using the text.

TABLE FIVE			
1	Guess at What Normal Is	8	Difficulty Following Through With Projects
2	Are Overly Self-Critical & Judge Themselves Without Mercy	9	Fear Losing Control
3	Have Difficulty With Relationships	10	Difficulty Focusing on Own Needs
4	Can't Seem to Relax & Difficulty Having Fun	11	Caregivers or Place Others First
5	Fear Being Abandoned or Rejected	12	Loyal Beyond Reason
6	Often Overreact	13	Trouble Expressing Feelings
7	Over or Under-Developed Sense of Responsibility		

5

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: ⬇ ⬇ 1. How do you relate to the way that roles develop in a family? 2. Are there traits (typical of "mostly" dysfunctional homes – yet can develop in any family system) like "*difficulty focusing on own needs*" that you relate to in your life today? **To Facilitator(s):** 1. State the nine solutions located in TABLE SIX below (Subject 7-62). 2. Use the text to provide a brief explanation of each of the solutions. 3. ***It will be important in this group to leave enough time to read the last paragraph on page Subject 7-62 as the positive group closure on this topic.*** **To the Group:** 1. Take a look at each of the following solutions for recovering from "mostly" dysfunctional families: 2. Which of the solutions for recovering from "mostly" dysfunctional childhoods have you been successful with? 3. If you were raised in a "mostly" functional home – which of these "*like learning how to play and have fun*" can you view as a tip to your current recovery? 4. Which solution(s) or tips for your recovery have you found helpful, yet need to continue to work on? 5. Which solution(s) or tips for recovery will you begin to work on next?	15 Minutes ⬇	20 Minutes ⬇

1	See your past realistically.	6	Develop healthy relationships with others.
2	Explore important issues.	7	Learn how to play and have fun.
3	Express your needs and emotions.	8	Build self-confidence in order to build self-esteem.
4	Learn to trust basic instincts and yourself.	9	Live in the present.
5	Begin to accept yourself as a valuable person.		

Crisis Processing	**Time-Frame**
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**
Recommended reading to end this particular group in a positive way is to read the last paragraph at the bottom of page Subject 7-62.	5 Minutes