

The Differences Between Substance Use, Abuse, and Dependence

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)

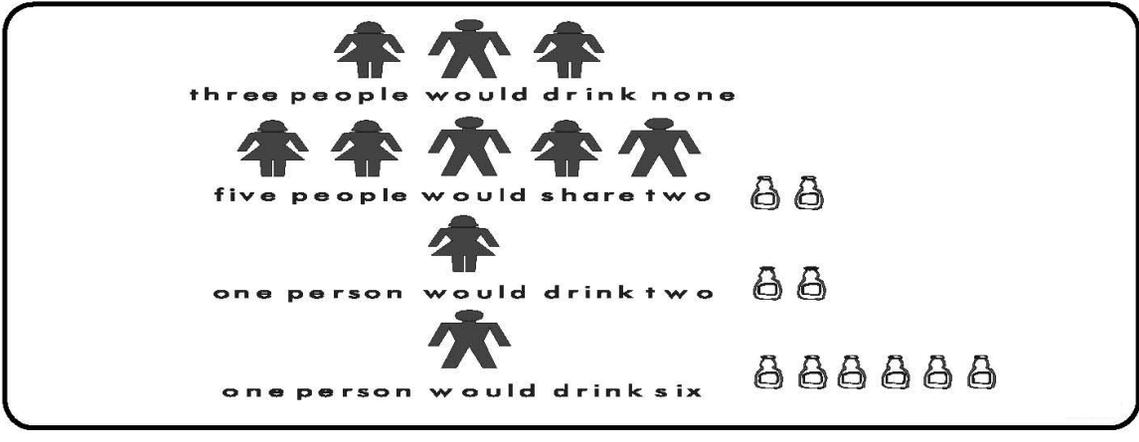
Practice Curriculum/Topic

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 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 (Subject 3-1):</u></p> <p>Substance Use Disorders affect <i>all</i> areas of a person's life, such as health, relationships, and employment. This is because alcohol and drugs cause changes in areas of the brain and in thinking, personality and mood, and behaviors. Substance Disorders also have an adverse effect on physical, mental, emotional, and spiritual well-being. (Subject 3-1)</p> <p>As with all disorders, it's important for a person to get accurate information. There is more <i>misinformation</i> in our society about Substance Disorders than with most any other illnesses. It's not important to memorize the facts. This information is intended to provide an overall understanding. Sometimes the differences between social use, substance abuse, and substance dependence are obvious. Sometimes they're subtle, but they're always there.</p> <p>Today we are going to discuss the difference between substance <i>use</i>, substance <i>abuse</i>, and substance <i>dependence</i> so a person can see where they fit in these categories.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Substance Abuse and Society	Subject 3-1	Summarize brief paragraph.	30 Minutes 
A Brief History of Mind-Altering Substances	Subject 3-1 – 3-2	Summarize three paragraphs.	
Alcohol Abuse and Modern Society	Subject 3-2	<ol style="list-style-type: none"> 1. Summarize two paragraphs. 2. Illustrate the information in the table of “10 People and 10 Drinks” shown below. (NOTE: A “visual” can be created by drawing stick figures and then an X for the bottles) 3. Summarize one remaining paragraph. 	
<p>NOTE: 1. The first line in the graphic of “<i>three people would drink none</i>” represents the 30% of the population who don’t drink alcohol. 2. The second line in the graphic of “<i>five people would share two</i>” shows Substance <u>Use</u>. 3. The third line in the graphic of “<i>one person would drink two</i>” shows Substance <u>Abuse</u>. 4. The fourth line in the graphic of “<i>one person would drink six</i>” shows Substance <u>Dependence</u>.</p>			
			
Drug Abuse and Modern Society	Subject 3-2 – 3-3	<ol style="list-style-type: none"> 1. Briefly summarize two paragraphs. 2. Briefly cover the information in the table in the text. 	
National Obsession With Consequences Instead of Treatment	Subject 3-3 – 3-4	Briefly summarize four paragraphs.	
Psychoactive Substances and “Psychoactive” Defined	Subject 3-4	<ol style="list-style-type: none"> 1. Summarize one line. 2. Summarize one paragraph. 	
Categories of Psychoactive Substances of Abuse	Subject 3-4 – 3-5	<ol style="list-style-type: none"> 1. Briefly summarize information in TABLE ONE on the next page. 2. Refer to the text for explanations of each. 	

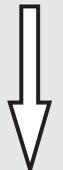
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Psychoeducation Part I: Topics & Focus (continued)				Pages & Location	Presentation Suggestions	Time- Frame	
TABLE ONE	1	DEPRESSANTS OR “DOWNERS”	3	CANNABIS SATIVA	5	INHALANTS OR “DELIRIENTS”	Continued 
	2	STIMULANTS OR “UPPERS”	4	HALLUCINOGENS OR “PSYCHEDELICS”	6	ANABOLIC STEROIDS	
The Myth of Using Substances to Self-Medicate				Subject 3-5 – 3-6	1. Summarize two paragraphs. 2. State information located in TABLE THREE below.		
TABLE THREE	1	To alleviate general feelings of isolation, loneliness, boredom, and despair.					
	2	To facilitate peer interaction and socialization.					
	3	To create a sense of well-being and escape from miserable life experiences.					
How People Use Substances				Subject 3-6	1. Summarize two paragraphs. 2. Discuss the information found in TABLE FOUR below.		
TABLE FOUR	1	SKIN CONTACT (patch) (10 minutes – 2 days)					
	2	ORAL MUCOSAL OR GASTRO INTESTINAL ABSORPTION (10–30 minutes)					
	3	NASAL SNORTING OF NASAL MUCOSAL (2–3 minutes)					
	4	INJECTING BENEATH THE SKIN OR INTO MUSCLE (30 seconds)					
	5	INHALING – LUNGS (smoking, inhaling, huffing) (6 seconds)					
How a Drug Is Used Depends on The Drug <i>and</i> The Person				Subject 3-6 – 3-7	Summarize three paragraphs.		
Polysubstance or Polydrug Abuse				Subject 3-7	1. Summarize one paragraph. 2. Name the five points in TABLE FIVE below.		
TABLE FIVE	1	To increase the effects of a drug.	3	To stay high.	5	To substitute one drug for another drug.	
	2	To lessen the intensity of one of the drugs.	4	To self-treat withdrawal symptoms.			
“Uppers” Plus “Downers” Can Equal Big Problems				Subject 3-7	Summarize two paragraphs.		
Skill Building Exercise and Discussion - Suggestions for topic discussion:							
<u>To the Group:</u>							
1. What comments do you have – if any – about the categories of psychoactive substances of abuse?							
2. What other comments do you have about what we have discussed so far?							
3. How do you relate to this information?							
Break						10 Minutes	

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing											
Substance <i>Abuse</i> and the Definition of Substance <i>Abuse</i>	Subject 3-11	1. Summarize one line. 2. Summarize one paragraph.	continued	continued											
Characteristics of a Substance <i>Abuse</i> Disorder	Subject 3-11 – 3-12	Summarize the eight points in the table located in the text.													
Skill Building Exercise and Discussion - Suggestions for topic discussion:															
<u>To the Group:</u>															
1. What comments do you have?															
2. Do you relate personally to the “human test tube?” In what way(s)?															
3. What comments do you have about Substance <i>Use</i> ?															
4. What comments do you have about Substance <i>Abuse</i> ?															
5. How do you relate to this information?															
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing											
The Difference Between Substance <i>Abuse</i> and Substance <i>Dependence</i>	Subject 3-12	Summarize two paragraphs.	10 Minutes	15 Minutes											
Treatment For a Substance <i>Abuse</i> Disorder	Subject 3-12	Summarize one paragraph.													
Substance <i>Dependence</i>	Subject 3-12	Summarize one paragraph.													
What Substance <i>Dependence</i> Is Not	Subject 3-12 – 3-13	Summarize the six points in the table located in the text.													
Definition of Substance <i>Dependence</i>	Subject 3-13	Summarize one paragraph.													
Definition of a Disease	Subject 3-13	1. Summarize introduction to the table. 2. State the four definitions in the TABLE FOUR below referring to the text for explanations of each.													
<table border="1"> <tr> <td>TABLE FOUR</td> <td>1</td> <td>ETIOLOGY</td> <td>2</td> <td>SYMPTOMATOLOGY</td> <td>3</td> <td>MORBIDITY</td> <td>4</td> <td>PROGNOSIS</td> </tr> </table>					TABLE FOUR	1	ETIOLOGY	2	SYMPTOMATOLOGY	3	MORBIDITY	4	PROGNOSIS		
TABLE FOUR	1	ETIOLOGY			2	SYMPTOMATOLOGY	3	MORBIDITY	4	PROGNOSIS					
Definition of Addiction	Subject 3-13	Summarize one paragraph.													
Diagnosing a Substance <i>Dependence</i> Disorder	Subject 3-14	1. Read the quote. 2. Summarize three paragraphs.													
What Substance Dependence <i>Is</i> – A Treatable Disease	Subject 3-14	Summarize two paragraphs.													

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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 comments do you have? 2. What comments do you have about the differences between Substance <i>Abuse</i> and Substance <i>Dependence</i>? 3. How do you relate to this information? 	 continued	 continued
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	
Group “Paper Work”	Time-Frame	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	Time-Frame	
<p>The recommended INSPIRATIONAL HANDOUT is “<i>Positively Negative</i>” which is located at the back of Subject Three. Presentation suggestions include:</p> <ol style="list-style-type: none"> 1. Read the handout to the group, <i>or</i> 2. Hand a copy to a group member and ask a person to read aloud to the group, <i>or</i> 3. Give a copy of the handout to each group member for them to take home and for a person to read aloud in the group. 	5 Minutes 	