

## **The Family In Recovery & Developing Relationships With Others**

**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 1/3<sup>rd</sup> 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 1/3<sup>rd</sup> 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 Family In Recovery & Developing Relationships With Others


### Volume II; Subject Seven; Pages: Subject 7-63 – 7-70





| 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"> <li>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"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):               <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> </ol> | 10 Minutes<br> |
| <p><u>Summarize Introduction of the Group Topic and Why It's Important:</u></p> <p>Psychiatric and Substance Disorders affect everyone in the family. That also means that everyone in the family will benefit from recovery. Sometimes that's easier said than done. Today we will talk about the family in the recovery process. (Page: Subject 7-63)</p> <p>Any illness that affects your moods and behaviors will also have an impact on all your relationships. It only makes sense that when you're hearing voices, experiencing depression, struggling with anxiety, or racked with toxicity and withdrawal – it's going to be more difficult to relate, communicate, and interact with others. (Page: Subject 7-67) In this group we will also talk about developing relationships with others in the recovery process.</p>  | 5 Minutes<br> |

## The Family In Recovery & Developing Relationships With Others; Volume II; Subject Seven; Pages: Subject 7-63 – 7-70

| Psychoeducation Part I:<br>Topics & Focus  | Pages<br>& Location    | Presentation Suggestions   | Time-<br>Frame               |
|--|------------------------|--|------------------------------|
| Family Education   | Subject<br>7-63        | Summarize two paragraphs.  | 30<br>Minutes<br><div></div> |
| Caught Between NAMI and Al-Anon  | Subject<br>7-63 – 7-64 | Summarize two paragraphs.  |                              |
| Emotions for The Family in Early Recovery  | Subject<br>7-64        | Summarize two paragraphs.  |                              |
| Resentments of The Family Toward Recovery  | Subject<br>7-64 – 7-65 | 1. Summarize one paragraph.<br>2. Discuss information in the table below using explanations in the text. |                              |
| <div><div>The Family Working Toward Balance – Recommended Don'ts for the Family of a Recovering Person</div><div><div>Don't be jealous of the method of recovery.</div><div>Don't nag, preach, or lecture.</div><div>Don't remove a problem before the recovering person has had a chance to face it, solve it, or suffer the consequences.</div><div>Don't do for the recovering person what they can and need to do for themselves.</div></div></div>  |                        |  |                              |
| Resentments of The Recovering Person Toward The Family   | Subject<br>7-65        | Summarize one paragraph.   |                              |
| The Family in Recovery   | Subject<br>7-65 – 7-66 | Summarize three paragraphs.  |                              |
| Guidelines For The Family of a Recovering Person   | Subject<br>7-66        | Discuss suggestions for the family found in the table below:   |                              |
| <div><div>Finding Balance: What the Family Can Do</div><div><div>Be patient while the treatment plan is worked out. Talk with a trained professional to get direction and advice on how to help and how not to help.</div><div>Become educated about the disorder, learn how to take care of yourself, and attend Twelve Step Support Groups, such as Al-Anon or NAMI.</div><div>Do offer love, support, and make sure your loved one knows you're there for them. Ask the recovering person what they think will be helpful or how you can support them.</div><div>With support and direction, families can be very helpful in treatment management in a number of ways, such as encouraging people to comply with treatment recommendations.</div></div></div> |                        |  |                              |
| Guidelines for The Recovering Person   | Subject<br>7-66 – 7-67 | Summarize four paragraphs.   |                              |

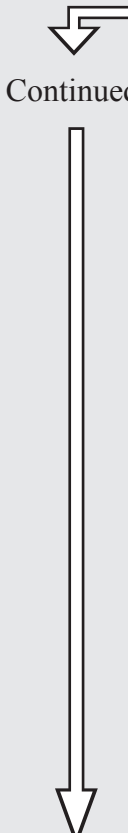
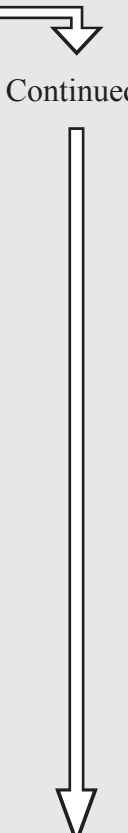
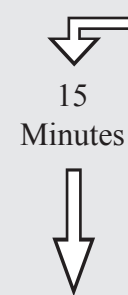
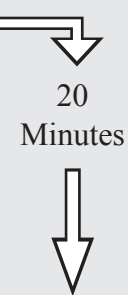
## The Family In Recovery & Developing Relationships With Others; Volume II; Subject Seven; Pages: Subject 7-63 – 7-70

| Skill Building Exercise and Discussion - Suggestions for topic discussion:   | Time-Frame   |
|--|--|
| <p><b>To the Group:</b></p> <ol style="list-style-type: none"> <li>1. What's your experience with your family (or the people significant to your recovery) about them receiving education on Psychiatric or Substance Use Disorders or a particular disorder that you would want them to know about?</li> <li>2. What are your thoughts or feelings about whether they have received education or not?</li> <li>3. Would your family benefit from <i>more</i> education about psychiatric and/or substance disorders.</li> <li>4. Do your family members or people significant to your recovery attend Alanon meetings? NAMI meetings? Other self-help groups?</li> <li>5. How has your support group or family members benefited from these meetings? How would you hope they <i>are</i> or <i>will</i> benefit from attending these meetings?</li> <li>6. How have emotions been running in your family in early recovery?</li> <li>7. Has your family shown any resentment toward the requirements of your recovery or treatment plan?</li> <li>8. Which “don'ts for the family of a recovering person” would <i>your family</i> benefit from the most?</li> <li>9. Have <i>you</i> experienced having any resentments toward your family in your early recovery process? How are you understanding or working through <i>your</i> resentments?</li> <li>10. What do you relate to about the family in recovery?</li> <li>11. How could your family find balance? Being more patient? Becoming educated? Offering support? Helpful in the treatment recommendations?</li> <li>12. Are you able to focus on <i>yourself</i> and <i>your</i> recovery – <u>no matter what</u>? How are you able to do that? Is there an area that is more difficult? How can you make progress in that area?</li> </ol> | <p>Continued</p>  |
| Break  | 10 Minutes   |

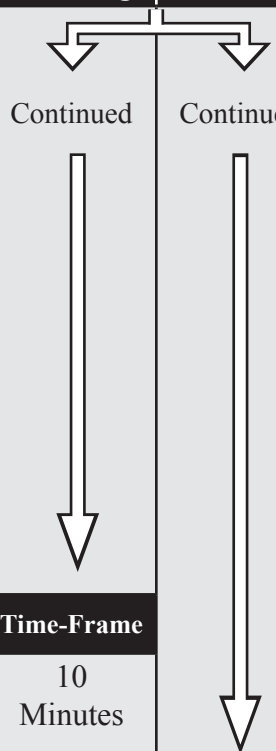

| Psychoeducation Part II:<br>Topics & Focus (continued) | Pages<br>& Location    | Presentation Suggestions   | Time-Frame<br>with Crisis<br>Processing   | Time-Frame<br>without Crisis<br>Processing  |
|--|------------------------|----------------------------|---|---|
| Disorders Affect Relationships                         | Subject<br>7-67        | Summaries two paragraphs.  |  |  |
| Renewing Friendships                                   | Subject<br>7-67 – 7-68 | Summarize four paragraphs. | 15<br>Minutes   | 20<br>Minutes   |
| Making New Friends                                     | Subject<br>7-68        | Summarize one paragraph.   |  |  |



**The Family In Recovery & Developing Relationships With Others; Volume II; Subject Seven; Pages: Subject 7-63 – 7-70**

| <b>Psychoeducation Part II:<br/>Topics &amp; Focus (continued)</b>  | <b>Pages<br/>&amp; Location</b> | <b>Presentation Suggestions</b>  | <b>Time-Frame<br/>with Crisis<br/>Processing</b>                                      | <b>Time-Frame<br/>without Crisis<br/>Processing</b>                                   |
|---|---------------------------------|--|---|---|
| Early Recovery Guidelines For Current Romantic Relationships  | Subject 7-69                    | 1. Summarize two paragraphs.<br>2. Discuss the “Guidelines of Relationships in Early Recovery” shown in the table located in the text. |   |   |
| Developing Healthy Communications With Others   | Subject 7-69                    | Summarize one paragraph.   |   |   |
| Sex and Relationships   | Subject 7-69 – 7-70             | Summarize three paragraphs.  |   |   |
| New Romantic Relationships  | Subject 7-70                    | Summarize one paragraph.   |   |   |
| <b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>   |                                 |  |   |   |
| <b><u>To The Group:</u></b> <ol style="list-style-type: none"> <li>Have the symptoms of substances, depression, anxiety, or mood disorders, or others affected your relationships with others? In what way(s)?</li> <li>Are there any friendships that you would like to renew or rebuild?</li> <li>How about making new friends?</li> <li>What comments do you have about the “Guidelines of Relationships in Early Recovery?” If you are currently in a romantic relationship, can you protect your recovery? In what way(s)?</li> <li>Are you working to improve your communications with others?</li> <li>What comments do you have about your sexuality in early recovery?</li> <li>What comments do you have about developing new romantic relationships in early recovery?</li> <li>What other comments do you have?</li> </ol>  |                                 |  |   |   |
| <b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>   |                                 |  | <b>Time-Frame<br/>with Crisis<br/>Processing</b>                                      | <b>Time-Frame<br/>without Crisis<br/>Processing</b>                                   |
| <b><u>To The Facilitator(s):</u></b> <ol style="list-style-type: none"> <li>The “<u>Balance Is the Key to Recovery – Personal Recovery Involvement Checklist</u>” WORKSHEET located at the back of Subject Seven will be the focus of the remainder of this group.</li> <li>You may present the handout information in whatever way meets your specific facilitating needs/style or time-frame which might include: <ol style="list-style-type: none"> <li>Give each group member a copy of the handout to work on, share with the group, and take home, <i>or</i></li> <li>Read the first paragraph of the WORKSHEET and put the key areas on the board (Support Groups, Balance, Nutrition, Health).</li> <li>Read the statement under each of the main areas of balance so each person can see how well they are doing as well as areas where progress is needed.</li> </ol> </li> </ol> |                                 |  |  |  |

**The Family In Recovery & Developing Relationships With Others; Volume II; Subject Seven; Pages: Subject 7-63 – 7-70**

| <b>Skill Building Exercise and Discussion - Suggestions for topic discussion: (continued)</b>  |  | <b>Time-Frame<br/>with Crisis<br/>Processing</b>                                    | <b>Time-Frame<br/>without Crisis<br/>Processing</b>                                   |
|--|--|---|---|
| <b><u>To the Group:</u></b><br><b>Part I <u>BALANCE IS KEY TO RECOVERY WORKSHEET:</u></b><br>1. How are you currently doing in the area of Support Groups? Strengths? Progress? What goals do you have for this area?<br>2. How are you currently doing in the area of Balance? Strengths? Progress? What goals do you have for this area?<br>3. How are you currently doing in the area of Nutrition? Strengths? Progress? What goals do you have for this area?<br>4. How are you currently doing in the area of Health? Strengths? Progress? What goals do you have for this area?<br><b>Part II <u>MY RECOVERY GOALS:</u></b><br>1. The area(s) that need my attention (nutrition, health, etc.) are _____.<br>2. The goals I have in these areas (eat more nutritiously, get some exercise, find relaxation activities, etc.) are _____.<br>3. The steps I will take (buy nutritious snacks, walk daily, buy a book, etc.) are _____. |  |  |   |
| <b>Crisis Processing</b>   |  | <b>Time-Frame</b>   |   |
| 1. Ask the group member(s) to tell the group what happened.<br>2. Explore options and/or develop an immediate plan for coping.<br>3. Allow the group to offer support.   |  | 10<br>Minutes   |   |
| <b>“Paper Work”</b>  |  | <b>Time-Frame</b>   |   |
| Group participants fill out Group Notes.   |  | 5 Minutes   |   |
| <b>Group Closure</b>   |  | <b>Time-Frame</b>   |   |
| Recommended INSPIRATIONAL HANDOUT “Twelve Steps Downward” located at the back of Subject Seven. Presentations suggestions include:<br>1. Read the handout to the group, <i>or</i><br>2. Give a copy of the handout to each group member and ask for a volunteer to read aloud to the group, <i>or</i><br>3. Hand a copy of the handout to a group participant and ask them to read aloud to the group.   |  | 5 Minutes   |  |