

The Process of Recovery and Treatment Works!

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)


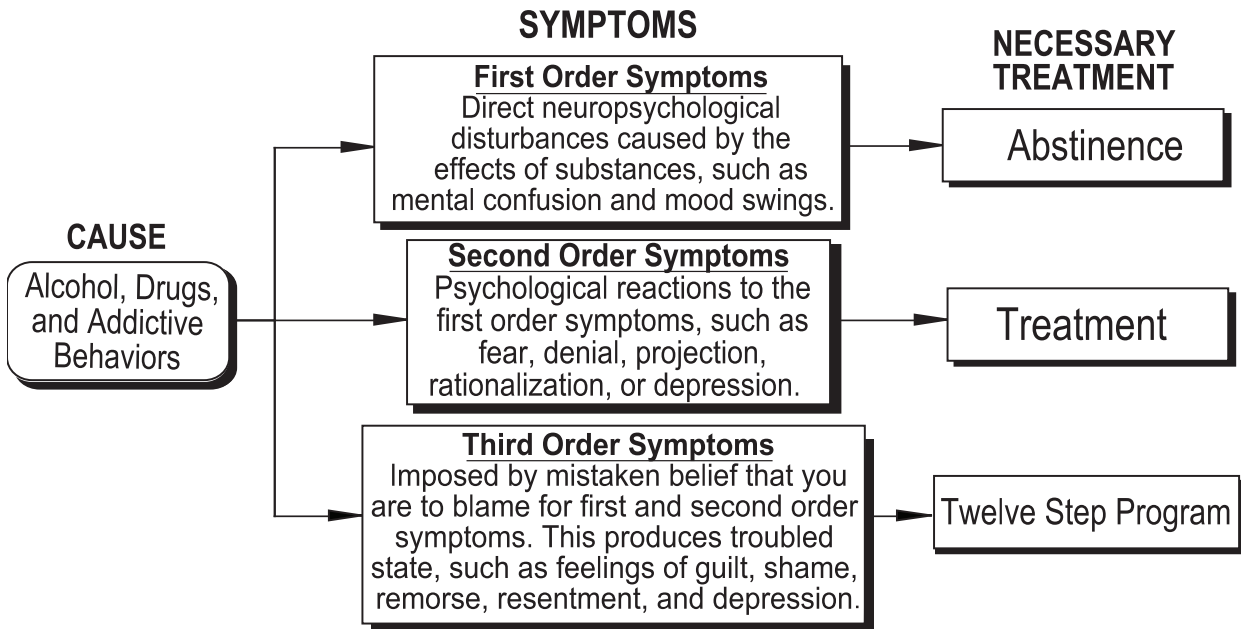
Practice Curriculum/Topic

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 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 (pages Subject 6-8 – 6-9):</u></p> <p style="text-align: center;"><i>Recovery is a process – a journey – not a destination.</i> (Author Unknown)</p> <p><i>Abstinence</i> begins when you <i>stop</i> the addictive behavior. It occurs at a point in time, as an <i>event</i>. Recovery, on the other hand, begins when an abstinent person starts <i>growing</i> and <i>changing</i> in positive ways. It occurs over a period of time, as a <i>process</i>. Abstinence requires a decision; recovery requires <i>time</i> and <i>effort</i> (Roper, 2000).</p> <p>The process of recovery is about beginning to hope, or rekindling the hope you once had for a <i>productive present</i> and a <i>rewarding future</i> – and believing you deserve it! It involves having your own vision of the life you want, recognizing and changing old patterns, and discovering that symptoms can be managed. It means doing <i>more</i> of what works and <i>less</i> of what doesn't.</p> <p>Today we will talk about the process of recovery and treatment works!</p>	5 Minutes 

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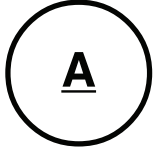

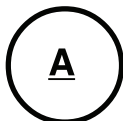









Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
The Short-Term Versus the Long-Term View	Subject 6-9 – 6-10	<ol style="list-style-type: none"> 1. Summarize first three paragraphs. 2. Summarize three examples in the table. 3. Summarize the remaining two paragraphs. 	<p style="text-align: center;">30 Minutes</p> 
Looking Forward	Subject 6-10	Summarize two paragraphs.	
Recovery Process	Subject 6-10	<ol style="list-style-type: none"> 1. Summarize brief paragraph. 2. Discuss the information found in the table below for treatment of the three kinds of impairment in overall brain functioning and psychological symptoms. 	
 <p style="text-align: center;">SYMPTOMS</p> <p style="text-align: center;">NECESSARY TREATMENT</p> <p>CAUSE Alcohol, Drugs, and Addictive Behaviors</p> <p>First Order Symptoms Direct neuropsychological disturbances caused by the effects of substances, such as mental confusion and mood swings.</p> <p>Second Order Symptoms Psychological reactions to the first order symptoms, such as fear, denial, projection, rationalization, or depression.</p> <p>Third Order Symptoms Imposed by mistaken belief that you are to blame for first and second order symptoms. This produces troubled state, such as feelings of guilt, shame, remorse, resentment, and depression.</p> <p>Abstinence</p> <p>Treatment</p> <p>Twelve Step Program</p>			
Treatment Works	Subject 6-11	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Cover information in the graphic shown on the next page. 3. Summarize remaining paragraph. 	

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
<pre> graph TD A[Alcohol or Drug Dependent Person Commits a Crime] --> B[Choice #1 Refuse Treatment & Take the Legal Consequences] A --> C[Choice #2 Go to Treatment & Attend Twelve Step Meetings & Complete at Least 20 Continuing Care Sessions] B --> D["95% Chance of Further Alcohol-Related Consequences 50% Probability of Arrest for Drug-Related Offense 20% Probability of Drug-Related Accident in One Year"] C --> E["20% Chance of Further Problems 5% Probability of Arrest"] </pre>			Continued
Importance of Dual Recovery Process	Subject 6-11	Summarize one paragraph, points in table, and remaining two paragraphs.	
Making The Recovery Process Your Number <i>One</i> Priority	Subject 6-12	1. Summarize the two “True Recovery Stories.” 2. Summarize the two remaining paragraphs.	
Break			10 Minutes





Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To Facilitator(s):</p> <ol style="list-style-type: none"> It's recommended that any group content for this particular group be written on the board <i>prior</i> to the beginning of group whenever possible. In this particular group discussion you can draw the circles on the board and then refer to the text for assistance in describing the relevance of the circles seen on the next page. This is also a skill you would encourage participants to be able to use/visualize throughout their recovery. “Am I thinking through the <i>addiction part</i> of my brain or through my <i>recovery thinking</i>?” Interaction throughout this group can be accomplished by asking group members what the “addiction part of the brain” says to them and what the “recovery thinking” would say. Examples for group discussions are found in the text or you can refer to the suggestions for interaction at the end of this section. 			10 Minutes 	15 Minutes

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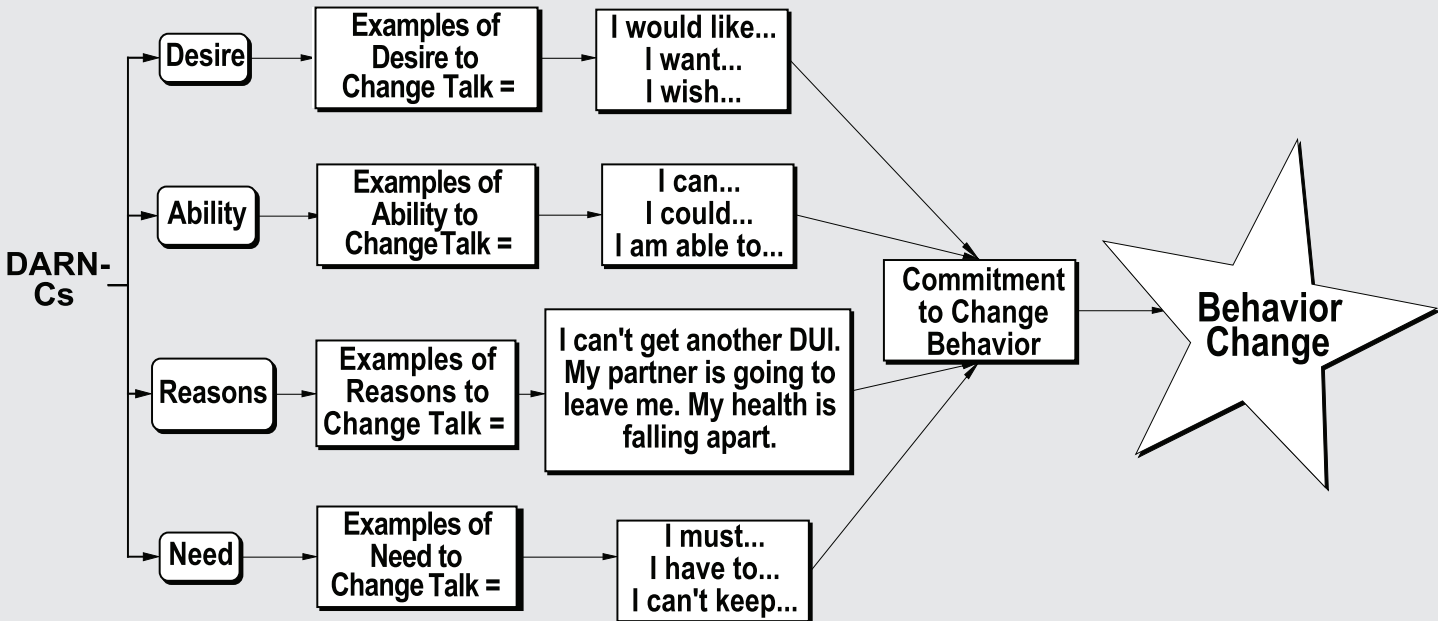
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing						
Addiction Part Versus Recovery	Subject 6-12 – 6-14	1. Illustrate the circles. 2. Demonstrate how the strength of the “A” or “R” can change. 3. Summarize two remaining paragraph.	Continued	Continued						
<div style="display: flex; justify-content: space-around;"> <div data-bbox="142 331 842 613"> <p>Figure One</p> <p><u>ADDICTIVE, ALCOHOLIC, ADDICT PART</u> <u>RECOVERY PART</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>A</p> </div> <div style="text-align: center;">  <p>R</p> </div> </div> <p>ADDICTION IS STRONGER</p> </div> <div data-bbox="932 331 1619 613"> <p>Figure Two</p> <p><u>ADDICTIVE, ALCOHOLIC, ADDICT PART</u> <u>RECOVERY PART</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>A</p> </div> <div style="text-align: center;">  <p>R</p> </div> </div> <p>STRUGGLE LOST = RETURN TO FIGURE ONE STRUGGLE WON = MOVE TO FIGURE THREE</p> </div> </div> <div data-bbox="495 643 1297 894"> <p>Figure Three</p> <p><u>ADDICTIVE, ALCOHOLIC, ADDICT PART</u> <u>RECOVERY PART</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>A</p> </div> <div style="text-align: center;">  <p>R</p> </div> </div> <p>RECOVERY IS STRONGER</p> </div>			 	 						
The Gifts of Recovery	Subject 6-14	Summarize the information found in the table.								
Foundations of Recovery	Subject 6-14	Summarize brief paragraph and mention the points in the table below:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 50%; text-align: center;">ABSTINENCE</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 50%; text-align: center;">SELF-CARE</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 50%; text-align: center;">SUPPORT</td> </tr> </table>			1	ABSTINENCE	2	SELF-CARE	3	SUPPORT		
1	ABSTINENCE	2	SELF-CARE	3	SUPPORT					
First Take Responsibility	Subject 6-14	Summarize three paragraphs.								
<p>To the Group: (Additional suggestions as time permits.)</p> <ol style="list-style-type: none"> 1. What thoughts do you have when your “addiction” is talking to you? 2. What thoughts do you have when your “recovery” is talking to you? 3. Which sides are doing this thinking? <ol style="list-style-type: none"> a. I don’t need support meetings – maybe others do – but not me! b. I don’t think I need a meeting – yet the people who know about this disease tell me there are benefits – so I’ll go anyway. 										

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To the Group: (continued)</p> <ul style="list-style-type: none"> c. I can have just one drink. d. I might be able to have just one but most of the time it doesn't work that way for me. <p>4. What other examples do you have?</p> <p>5. This is an important skill of recovery – to ask yourself “Is my thinking coming out of my addiction thinking or my recovery thinking.”</p> <p>6. You can actually call the “addiction brain” or your “recovery brain” whatever makes sense to you or is meaningful to you. Some people call it their “Addict” or “Disorder” or “Depression” and so on. Some people call the recovery brain their “wise brain.” Whatever works for you to tell the difference between the disorder thinking and your recovery thinking is a great way to question thoughts and actions throughout recovery.</p>			 Continued 	 Continued 

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. The last part of this group will be devoted to identifying where you are at the present time in your readiness to change. 2. Remember, every person goes through stages of change: Pre-Contemplation, Contemplation, Preparation, Action, and Maintenance when they are making <i>any</i> behavior changes. Ambivalence (feeling two ways about something – like “I want to because ___” but “I don't want to because ___” is a natural way to work out the “Pros” and “Cons” of change. 3. Think of a behavior change you are <i>Contemplating</i> about changing or a behavior change you are <i>Preparing</i> to change in the very near future or a behavior change you are currently taking <i>Action</i> to change. (i.e. Abstinence, Treatment for Depression, Medication Evaluation, Getting a Sponsor, etc.) 4. It is a great help to evaluate your current commitment and readiness to change using the following guide: 			 20 Minutes 	 25 Minutes 
Identifying Your Darn-Cs	Subject 6-16	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Illustrate the graphic. 3. As time permits ask group members to make their own statements of (a) Desire, (b) Ability, (c) Reasons, and (d) Need pertaining to a specific behavior change. 4. Summarize remaining two brief paragraphs. 		
<p>To the Facilitator: The point is to help group members to simply identify how behavior change(s) are looked at in these four categories.</p>				

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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"> The last part of this group will be devoted to identifying where you are at the present time in your readiness to change. Remember, every person goes through stages of change: Pre-Contemplation, Contemplation, Preparation, Action, and Maintenance when they are making any behavior changes. Ambivalence (feeling two ways about something – like “I want to” but “I don’t want to” is a natural way to working out the “Pro’s” and “Con’s” of behavior change. Think of a behavior change you are Contemplating about changing or a behavior change you are Preparing to change in the very near future or a behavior change you are currently taking Action to change. (i.e. Abstinence, Treatment for Depression, Medication Evaluation, Getting a Sponsor, etc.) This group is not intended to reach a commitment to change. It is meant to show a skill that each person can use throughout recovery to evaluate or think about these four categories: <ol style="list-style-type: none"> What is my <i>desire</i> to make this change. How do I view my <i>ability</i> to make this change? What is/are my <i>reason(s)</i> for making this change? Why do I <i>need</i> to make this change? It is a great help to evaluate your current commitment and readiness to change using the following guide: 			<p>Continued</p>  	<p>Continued</p>  
Identifying Your Darn-Cs	Subject 6-16	<ol style="list-style-type: none"> Summarize one paragraph. Illustrate the graphic. As time permits ask group members to make their own statements of (a) Desire, (b) Ability, (c) Reasons, and (d) Need. Summarize remaining two paragraphs. 		
 <p>The diagram illustrates the DARN-Cs process. On the left, a vertical label 'DARN-Cs' is connected to four categories: Desire, Ability, Reasons, and Need. Each category flows into a box for 'Examples of Change Talk =', which then flows into a box for specific statements. 'Desire' leads to 'I would like... I want... I wish...'. 'Ability' leads to 'I can... I could... I am able to...'. 'Reasons' leads to 'I can't get another DUI. My partner is going to leave me. My health is falling apart.'. 'Need' leads to 'I must... I have to... I can't keep...'. All four statement boxes point to a central box 'Commitment to Change Behavior', which points to a large star labeled 'Behavior Change'.</p>				

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Skill Building Exercise and Discussion - Suggestions for topic discussion:			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Readiness Ruler	Subject 6-16 – 6-17	<ol style="list-style-type: none"> Summarize one paragraph. Illustrate the <i>Readiness Ruler</i>. 	Continued	Continued
<p>To the Group:</p> <ol style="list-style-type: none"> Think of a behavior you might be contemplating changing. As you look at the <i>Readiness Ruler</i> for this behavior change you are currently thinking about – where do you see yourself in the readiness ruler of making this change? 1? 2? 3? 4? 5? 6? 7? 8? 9? or 10? Why are you at a ___? (Example “4”) and not a “1.” For Example: “Well I am a “4” instead of a “1” because I have had legal problems, etc.” (Note to Facilitators: The idea that “it isn’t that bad yet” is still there, however, a person names reasons they may see the current behavior as a problem – or respond with problem statements.) It takes courage to be objective about problem behaviors, yet naming them is the first step. Great job! 				
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	
“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:</p> <ol style="list-style-type: none"> Read the handout to the group, <i>or</i> Ask a group member to read the handout out loud to the rest of the group, <i>or</i> Give a copy to each group member and ask for a volunteer to read to the group. 			5 Minutes	