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# The Role of Blood Sugar in Recovery & Managing Blood Sugar

**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.

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## 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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# The Role of Blood Sugar in Recovery & Managing Blood Sugar
## Volume II; Subject Six; Pages: Subject 6-35 – 6-37; 6-38; 6-40 – 6-44

| 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 interpersonal processing or case management questions which do not apply to the entire group.)<br>a. Ask the group members to tell the group their name.<br>b. Welcome any group members who are new to this group or phase.<br>2. Crisis Processing (when requested and optional):<br>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.<br>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 (page Subject 6-35)</u>:<br>The great majority of people with Substance Dependence have difficulties regulating their blood sugar when they're drinking, as well as when they get sober. The organs of the body responsible for regulating blood sugar – the brain, adrenal glands, pancreas, liver, and intestinal tract – have been damaged to one degree or another (Mueller & Ketcham, 1987, p.138)! These nutritional imbalances can create hypoglycemia or a condition known as low blood sugar. That's why low blood sugar plays a big role in the disease *and* in the recovery processes.<br><br>Today we will talk about the role of blood sugar in recovery and the great importance of managing blood sugar | 5 Minutes |

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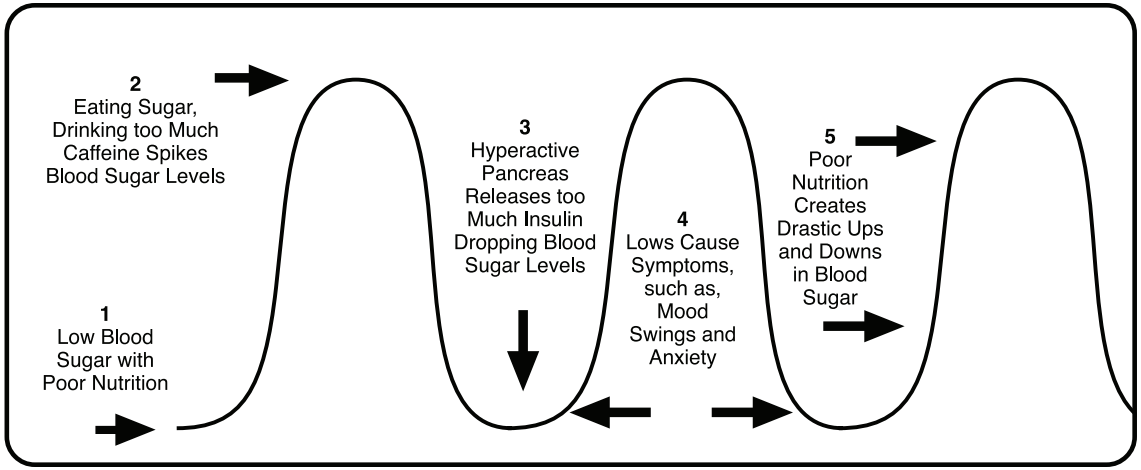
**The Role of Blood Sugar in Recovery & Managing Blood Sugar; Volume II; Subject Six; Pages: Subject 6-35 – 6-37; 6-38; 6-40 – 6-44**

| Psychoeducation Part I: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame |
|---|---|---|---|
| Hypoglycemic Tendencies | Subject 6-35 | 1. Summarize the two points found in the table below.<br>2. Use the explanations in the text. | 30 Minutes |

| 1 | Differences in The Body | 2 | Differences in The Brain |
|---|---|---|---|

| | | |
|---|---|---|
| Graphic on Blood Sugar | Subject 6-35 | Illustrate the graphic located at the bottom of Subject 3-35 to provide a visual of the up and down swings of blood sugar that results from poor nutritional habits: |




| | | |
|---|---|---|
| Low Blood Sugar Symptoms | Subject 6-36 | Summarize and give specific examples of the symptoms of low blood sugar in the following areas of the table: |

| 1 | Physical Symptoms | 2 | Mental Symptoms | 3 | Emotional Symptoms |
|---|---|---|---|---|---|

| | | |
|---|---|---|
| Treatment of Hypoglycemia | Subject 6-36 | 1. Summarize brief paragraph.<br>2. Mention the three *unhealthy* S's in the table below: |

| 1 | Avoid Sweets | 2 | Avoid Stimulants Like Caffeine | 3 | Emotional Symptoms |
|---|---|---|---|---|---|

| | | |
|---|---|---|
| Treatment of Hypoglycemia continued | Subject 6-36 | 1. Mention the three *healthy* S's in the table below.<br>2. Summarize one brief paragraph. |

| 1 | Add Suitable Diet | 2 | Add Snacks | 3 | Add Daily Vitamin Supplements |
|---|---|---|---|---|---|

| | | | |
|---|---|---|---|
| Blood Sugar and Recovery | Subject 6-36 – 6-37 | Summarize one brief paragraph. | |
| **Break** | | | 10 Minutes |



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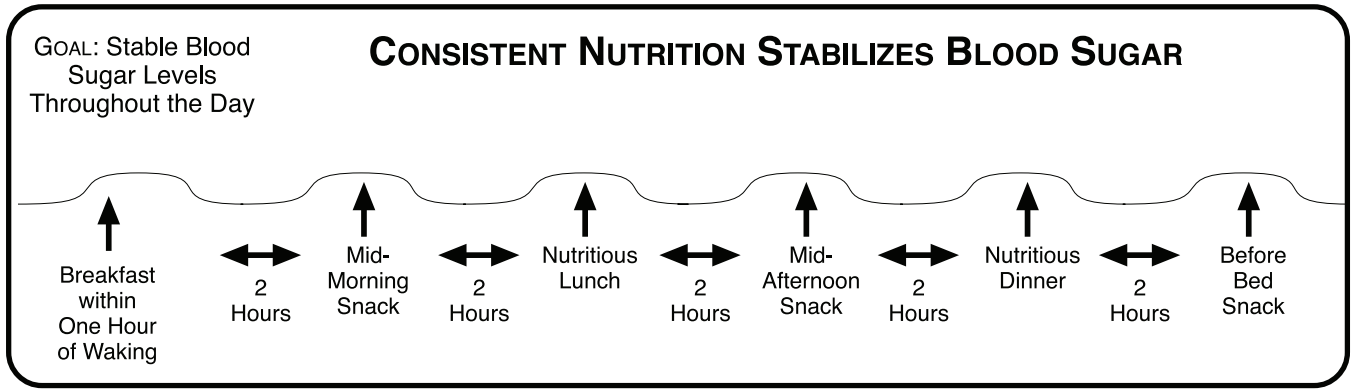
| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|---|---|
| Purpose of Eating Right | Subject 6-38 | 1. Illustrate the graphic below to provide a visual of the way three meals a day and three snacks can manage blood sugar and reduce or eliminate symptoms of low blood sugar, as well as alcohol and other drug cravings.<br>2. The graphic will be the guide in the Nutritional Planning Exercise and discussion later in this group. | 10 Minutes | 15 Minutes |




| | | |
|---|---|---|
| Vitamins and Nutrients | Subject 6-40 | 1. Briefly summarize the ten nutrients that beef up the immune system and contribute to healthy nutrition.<br>2. Give a few examples of each one from the text. |

| | | | | | |
|---|---|---|---|---|---|
| 1 | Calcium-Rich Foods | 5 | Vitamin A-Rich Foods | 8 | Vitamin E-Rich Foods |
| 2 | Protein-Rich Foods | 6 | Vitamin B-Rich Foods | 9 | Tryptophan-Production Foods |
| 3 | Nutritious Foods | 7 | Vitamin C-Rich Foods | 10 | Minerals |
| 4 | Nutritious Vegetables | | | | |

| | | |
|---|---|---|
| Shopping From The Basic Food Groups | Subject 6-41 | 1. Summarize the two line introduction to the graphic.<br>2. Briefly illustrate the food pyramid. |

**To the Facilitators:**
This is a United States National Agricultural Library Food Chart. It is not relevant to all racial, religious, cultural, or ethnic groups; however, it does provide a visual that can be adapted by other cultures.

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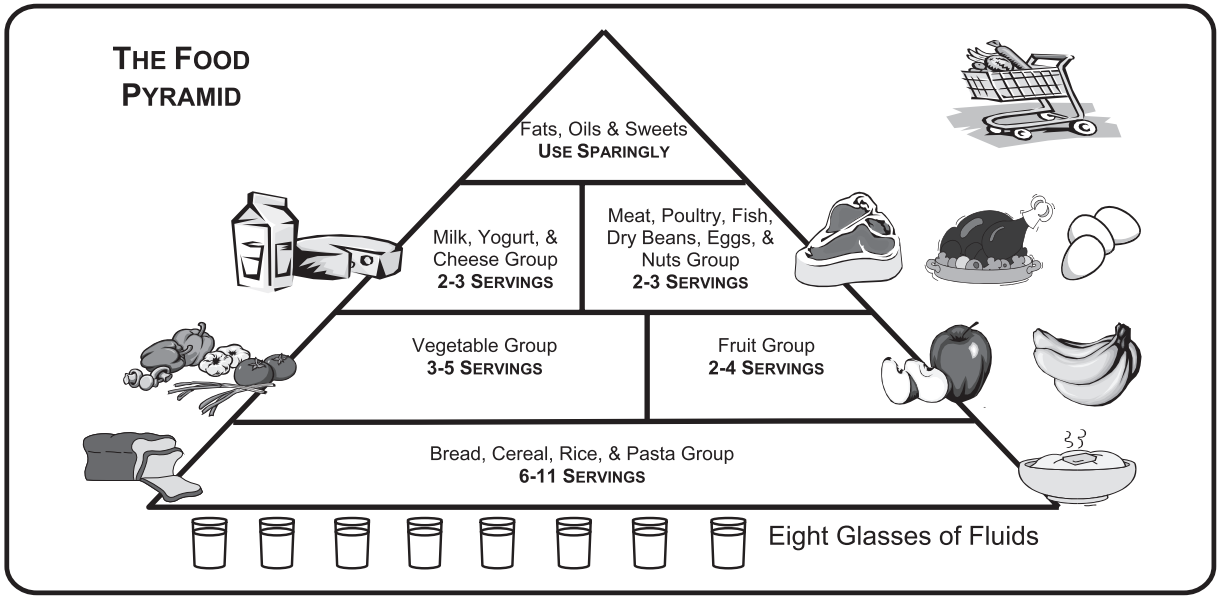
| Psychoeducation Part II: Topics & Focus (continued) | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|---|---|




| | | | | |
|---|---|---|---|---|
| Shopping Tips to Eat Better For Less Money | Subject 6-43 | 1. Briefly summarize the information found in the table below.<br>2. Give specific food category examples located in the text. | Continued | Continued |

| | | | |
|---|---|---|---|
| 1 | Breads, Cereal, Rice, Pasta | 4 | Milk, Yogurt, Cheese |
| 2 | Vegetables | 5 | Meat, Fish, Poultry, Beans, Nuts |
| 3 | Fruits | 6 | Fats, Oils, Sweets, & Extras |

| | | | | |
|---|---|---|---|---|
| Developing Healthy Nutritional Habits | Subject 6-43 – 6-44 | Briefly summarize six paragraphs. | | |

| Skill Building Exercise and Discussion - Suggestions for topic discussion: | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|
| **To the Facilitator(s):**<br>1. Refer back to the "Consistent Nutrition Stabilizes Blood Sugar" graphic.<br>2. The rest of this group time can be devoted to developing a plan to stabilize blood sugar.<br>3. On the next page are some suggestions that you may choose from to guide this discussion. | 20 Minutes | 25 Minutes |



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| Skill Building Exercise and Discussion - Suggestions for topic discussion: | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|
| **To the Group:**<br>1. Remember recovery is *progress* and not *perfection*.<br>2. Developing healthy nutritional habits takes time "one step at a time."<br>3. It first begins with *understanding* the *importance* of nutrition, then *buying* healthy food, then remembering to actually *eat* it – it means gradually having better nutritional habits *this* week than *last* week and better *next* week than *this* week.<br>4. When you don't eat, skip meals, or go for long periods of time without eating do you experience any of the symptoms of low blood sugar?<br>5. Do you eat regular portions of protein such as fish, pork, beef, cheese, eggs, milk, yogurt, and peanut butter?<br>6. How soon do you eat after you get up for the day?<br>7. How many times a day do you eat?<br>8. Do you eat something nutritious when you do eat?<br>9. Do you eat snacks during the day? Are they healthy like protein, fruits, veggies?<br>10. How do you feel your nutritional habits are? Healthy? Not healthy? Need improvement?<br>11. What would a healthy plan look like for you specifically? What will you eat for breakfast? Mid-morning snack? Lunch? Afternoon snack? Dinner? Evening snack? | Continued | Continued |
| **Crisis Processing** | **Time-Frame** | |
| 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 Minutes | |
| **"Paper Work"** | **Time-Frame** | |
| Group participants fill out Group Notes. | 5 Minutes | |
| **Group Closure** | **Time-Frame** | |
| 1. Read a daily brief meditation for the day, *or*<br>2. Ask each group member what nutritional goal they will set for this week? (East breakfast? Eat more regularly? Add a snack?), *or*<br>3. Ask a group member to read aloud an inspirational reading of your choice. | 5 Minutes | |