

Vocation & Employment, Problem Solving, and Money & Time Management

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 8-67):</u></p> <p>Employment is a recovery goal for many people because paid work is very important in the health of a recovering person. For instance, one study reported that after one year 40% of workers with Schizophrenia – who were paid for their labor – reported much improvement in all symptoms and 50% reported much improvement in the reduction of positive symptoms, like delusions and hallucinations. Those who were not paid for their work showed considerably less improvement (Nidus Information Services, Inc, 2002). Today we will talk about vocation and employment.</p> <p>Every human being faces problems. Problem solving techniques are very important to keep a <i>problem</i> from become a <i>crisis</i>. Today we will discuss the steps toward effective problem solving.</p> <p>It only makes sense that active Substance Use Disorders adversely affect a person's ability of developing money and time management skills. Developing these skills is also made much more difficult when a person is experiencing symptoms of Psychiatric Disorders. Most people with these disorders get some help from a trusted person in keeping their money until the person is able to manage it themselves – which is a smart recovery decision. If nothing else...problem solving, money and time management skills are rarely taught to any of us... but today we'll be talking about them all.</p> | 5 Minutes  |

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| Psychoeducation Part I: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame | | | | | | | | |
|---|------------------|---|--|-------------|---|----------|---|---------|---|--------|--|
| What Employers Really Look For In Employees | Subject 8-68 | 1. Summarize one paragraph. 2. Summarize and discuss the information in TABLE ONE. 3. Summarize three remaining paragraphs. | 30 Minutes | | | | | | | | |
| TABLE ONE | 1 | ATTITUDE: Capable resourceful person who can learn from others, offer something valuable, and be willing to be held accountable or take responsibility. |  | | | | | | | | |
| | 2 | INTERPERSONAL SKILLS: Ability to get along and communicate with others. | | | | | | | | | |
| | 3 | PROBLEM SOLVING SKILLS: Ability to identify what needs to be done. | | | | | | | | | |
| | 4 | COLLABORATIVE: Ability to cooperate and work with others in a team approach. | | | | | | | | | |
| | 5 | WORK RECORD: Work experience and employment history. | | | | | | | | | |
| Problem Solving Techniques | Subject 8-69 | Summarize two paragraphs. | | | | | | | | | |
| Problem Solving Styles | Subject 8-69 | 1. Summarize introductory sentence. 2. State the PROBLEM SOLVING STYLES listed in TABLE TWO shown below. 3. Refer to the text for the ATTITUDE OR THINKING of each style. | | | | | | | | | |
| TABLE TWO | 1 | AVOIDANCE | 2 | DISCOURAGED | 3 | TAKEOVER | 4 | TALKING | 5 | ACTIVE | |
| Guidelines For “Before” Problem Solving | Subject 8-69 | Summarize information in TABLE THREE shown below. | | | | | | | | | |
| TABLE THREE | 1 | Develop a positive, optimistic mood when dealing with the problem. | | | | | | | | | |
| | 2 | Respect everyone’s point of view. | | | | | | | | | |
| | 3 | Avoid blaming and fault-finding. | | | | | | | | | |
| | 4 | Be willing to compromise. | | | | | | | | | |

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| Skill Building Exercise and Discussion - Suggestions for topic discussion: | Time-Frame |
|---|--|
| <p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have? 2. What comments do you have about what employers look for in employees? 3. It's interesting how "attitude" is at the top of the list, isn't it? 4. <i>And</i> that the ability to <i>get along with others</i> is the second. What do you make of that? 5. Are you currently employed? 6. Do you currently have any goals about employment? Are you able to work toward these goals? Or what goals might you have in the future? 7. What comment do you have about problem solving? 8. Which of the five common problem solving styles would you say you currently use? Avoidance? Discouraged? Takeover? Talking? Active? 9. Does that problem solving style work well for you and others in your life? In what way? 10. Is there any changes you would like to make in your problem solving style? In what way? How would that change be helpful to you? 11. Which of the problem solving styles would you <i>like</i> to develop if it is different than the one you currently use? 12. What comments do you have about the guidelines for "before" problem solving? | <p>continued</p>  |
| Break | 10 Minutes |

| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing | |
|--|-----------------------------|---|---|---|---|---|
| Steps Toward Effective Problem Solving | Subject 8-69 – 8-70 | <ol style="list-style-type: none"> 1. Read the short quote. 2. Summarize one paragraph. 3. Read the six main points of TABLE ONE shown below. 4. Refer to the text for additional information for discussion. | |  15 Minutes |  20 Minutes | |
| TABLE ONE | 1 | Identify and define the problem. | 4 | Choose the solution. |  |  |
| | 2 | Generate positive solutions. | 5 | Plan how to carry out the best solutions. | | |
| | 3 | Evaluate the pros and cons of each solution. | 6 | Set a date to evaluate if the plan worked. | | |
| | | | | | | |

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| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing | | | | | | |
|---|------------------------|---|--|--|-----------------|--------------------|---|--------------|---|-----------------|
| Money Management | Subject 8-70 – 8-71 | 1. Summarize one paragraph. 2. State main headings of TABLE TWO below. 3. Refer to the text for explanations of each. |  continued |  continued | | | | | | |
| TABLE TWO <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1</td> <td style="padding: 2px 10px;">DEALING WITH DEBTS</td> <td style="padding: 2px 10px;">2</td> <td style="padding: 2px 10px;">GETTING HELP</td> <td style="padding: 2px 10px;">3</td> <td style="padding: 2px 10px;">MAKING A BUDGET</td> </tr> </table> | | | | | 1 | DEALING WITH DEBTS | 2 | GETTING HELP | 3 | MAKING A BUDGET |
| 1 | DEALING WITH DEBTS | 2 | GETTING HELP | 3 | MAKING A BUDGET | | | | | |
| Skill Building Exercise and Discussion - Suggestions for topic discussion: | | | | | | | | | | |
| <p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What comments do you have about the steps to problem solving? 2. As we look at the six steps toward effective problem solving, do you already experience success in using the steps to problem solving? What steps do you find helpful? 3. As you can see, there are several steps in this process. Each step you put into practice is a success in its own. If some steps were not completed or were skipped and IF the problem was not improved or solved – you can reevaluate the process again for this problem or the next. 4. Does someone have a current problem they would be willing to suggest so we can use the problem as a group exercise? <i>or</i> 5. Can the group think of a common problem to examine? <i>or</i> 6. How about: <ol style="list-style-type: none"> a. I need to get to an AA/NA/DRA Twelve Step Meeting, <i>or</i> b. I have a big problem in remembering to take my medication, <i>or</i> c. I have trouble managing my own money and when the rent comes due each month I don't have it anymore, <i>or</i> d. What others? 7. Now that we have identified a problem, let's brain storm the other five steps in the problem solving steps. 8. What comments do you have about money management? 9. What comments do you have about dealing with debts? 10. How about getting help? 11. What comments do you have about making a budget? 12. Other comments or ideas or thoughts of changes you will make? | | | | | | | | | | |
| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing | | | | | | |
| Time Management | Subject 8-71 | 1. Summarize two paragraphs.. |  15 Minutes |  20 Minutes | | | | | | |
| Spending Your Time | Subject 8-71 – 8-72 | 1. Summarize introduction. 2. Read the nine main headings located in TABLE THREE on the following page. 3. Refer to the text for additional information for discussion. | | | | | | | | |

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| Psychoeducation Part II: Topics & Focus (Continued) | | Pages & Location | Presentation Suggestions | | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|--------------------------|---------------------------------------|---|--|
| TABLE THREE | 1 | Set your priorities. | 6 | Make your schedule flexible. | ↓ continued | ↓ continued |
| | 2 | Use calendars and lists. | 7 | Break larger tasks into smaller ones. | | |
| | 3 | Observe how you spend your time. | 8 | Take a break when you need one. | | |
| | 4 | Make a master schedule of fixed activities. | 9 | Reward yourself. | | |
| | 5 | Schedule your “free” time. | | | | |
| <p>Skill Building Exercise and Discussion - Suggestions for topic discussion:</p> <p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have about time management? 2. Are you successful in your time management? How are you able to do that? Good for you. 3. Are there others in this group that struggle with time management? Being late for appointments? Missing appointments altogether? What else? 4. Many time management problems can be solved by developing a Daily/Weekly Schedule. 5. Often people have either <i>too much</i> to do each week without enough time to possibly get everything done. 6. <i>Or</i> people have too few activities throughout the week so they aren't getting the interaction, fresh air, and time with others which is recommended as a recovery goal for substance and psychiatric disorders. <i>Plus</i> boredom and isolation when a person has too few activities can threaten the recovery of Substance Use Disorders and worsen the symptoms of a Psychiatric Disorder. 7. Which of these – too much to do <i>or</i> too little to do – refers to you personally? 8. If you relate to having too much to do, what activity could you reduce or take away from your schedule? If you can't eliminate it – like grocery shopping – is there someone you can ask to help you while your schedule is so busy with treatment? Who would that be? 9. If you relate to too few activities what you could you add to your weekly schedule – like a hobby? More time with your sponsor, etc.? 10. Which of the nine suggestions in TABLE THREE (shown above) do you <i>already</i> do that is helpful in time management and spending your time? In what way(s)? 11. Which of the nine suggestions would you find helpful to begin doing? | | | | | | |

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| Crisis Processing | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|--|--|---|
| <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 | continued |
| Group “Paper Work” | Time-Frame | |
| Group participants fill out Group Notes. | 5 Minutes | |
| Group Closure | Time-Frame | |
| <ol style="list-style-type: none"> 1. Read or ask a group participant to read an inspirational reading of your choice, <i>or</i> 2. Ask each group participant what they will do this week to protect their recovery, <i>or</i> 3. Ask each group member to name one thing they are grateful for today, <i>or</i> 4. Read an inspirational reading of your choice. | 5 Minutes | |