

Biological-Psychological-Social-Cultural-Environmental-Spiritual Approach and Recovery

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:

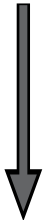
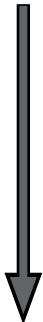
1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), *or*
2. Reading an inspirational 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.

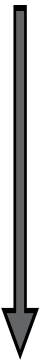
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Volume I; Subject One; Pages: Subject 1-1 – 1-10


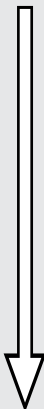
Based on a 2-Hour group: Two 50-Minute Segments	Time-Frame
Group Beginning and Prepare Group	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational 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>Introduction of the Group Topic and Why It's Important (page Subject 1-1):</u> A person with <i>any</i> illness needs to learn as much as possible about that disorder. Education on Psychiatric and Substance Disorders is an essential part of the treatment process (Sciacca, 1991).</p> <p>It's not important to remember the specific facts of any lesson. Facts are simply statements of something that is real and can be verified or backed up. The goal is to gain an <i>understanding</i> of the material. Understanding means a person is grasping the overall <i>meaning</i> of the facts.</p> <p>Today we will talk about the "Link Between Psychiatric and Substance Disorders" and the importance of an integrated treatment approach.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus		Pages & Location	Presentation Suggestions	Time- Frame				
Psychiatric, Substance, and Co-Occurring Disorders Defined		Subject 1-1	1. Cover/summarize the first two paragraphs. 2. Discuss the information found in the table below. 3. Summarize the last four paragraphs of this section.	30 Minutes				
1	Mask a mental illness.	2	Mimic a Psychiatric Disorder.	3	Worsen mental health disorders.	4	Complicate treatment of Psychiatric Disorders.	
Medical Disorders of the Brain		Subject 1-3	Cover the information found in the table:					
1	First, it is true that these disorders are medical disorders of the brain.	2	Second, it helps a person to understand they are not their illnesses.	3	Third, identifying these disorders as medical disorders leads to acceptance.			
The Brain – Body Connection		Subject 1-3	Cover the paragraph & table at the bottom of page Subject 1-3.					
The Effects of <i>Untreated</i> Psychiatric Disorders on the Brain and Body		Subject 1-4	Brief review of the information in the tables or mention one or two examples from the table.					
The Effects of <i>Untreated</i> Substance Disorders on The Brain and Body		Subject 1-4	Brief review of the information in the tables or mention one or two examples from the table.					
The Effects of <i>Untreated</i> Co-Occurring Disorders on The Brain and Body		Subject 1-4	Brief review of the information in the tables or mention one or two examples from the table.					
Causes of Psychiatric and Substance Disorders		Subject 1-5	Summarize first two paragraphs and the graphic below:					
<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p align="center"> PSYCHIATRIC ILLNESSES = Biology (primary influence) + Psychology + Social or Environment + Stress ADDICTIVE ILLNESSES = Biology (primary influence) + Psychology + Social or Environment + Stress + Alcohol and Other Drugs </p> <p align="right">Daley, 1994</p> </div>								

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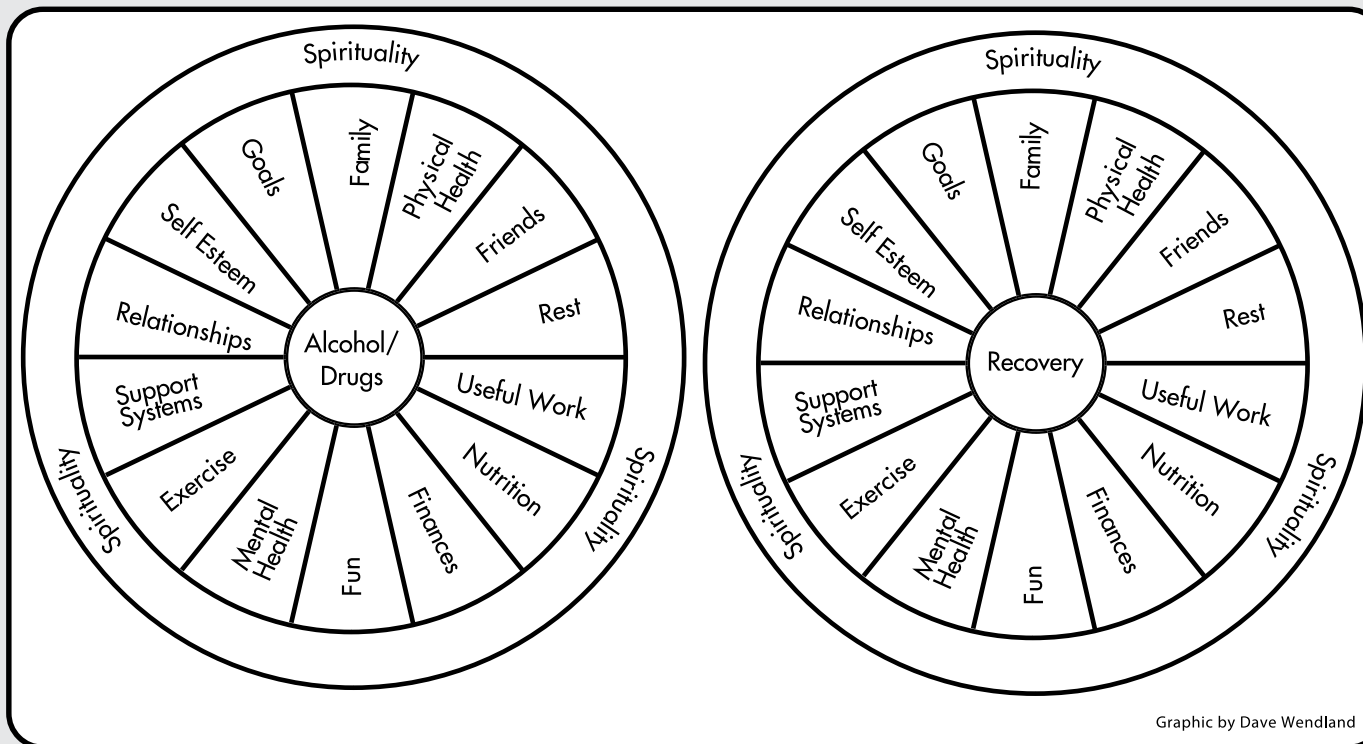
Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time- Frame
Bio-Psycho-Socio-Cultural-Environmental-Spiritual Approach	Subject 1-5	Summarize one brief paragraph.	
“Bio” or Biological Component	Subject 1-5	Summarize two lines.	
Biochemistry	Subject 1-5 – 1-6	Summarize five paragraphs.	
Addictive Disorders and Biochemistry	Subject 1-6	Summarize one paragraph.	
Psychiatric Disorders and Biochemistry	Subject 1-6	Summarize one paragraph.	
Heredity	Subject 1-6 – 1-7	Summarize one paragraph.	
Genetics	Subject 1-7	Summarize one paragraph.	
Break			10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing		
“Psycho” or Psychological Component	Subject 1-7	Summarize one paragraph.				
“Socio” or Social-Cultural-Environmental Components	Subject 1-7 – 1-8	Summarize four paragraphs.			10 Minutes	15 Minutes
Spiritual Component	Subject 1-8	Summarize one paragraph.				
Weighing the Components of Risk	Subject 1-8	Summarize two paragraphs.				
Bio-Psycho-Socio-Cultural-Environmental-Spiritual Recovery	Subject 1-8 – 1-9	Summarize four paragraphs.				
Biological Wellness	Subject 1-9	Summarize information in the table.				
Psychological Wellness	Subject 1-9	Summarize information in the table.				
Socio-Cultural-Environmental Wellness	Subject 1-9	Summarize information in the table.				
Spiritual Wellness	Subject 1-10	Summarize information in the table.				

Skill Building Exercise and Discussion Suggestions

To Facilitator(s):

1. It is recommended that any group content for this particular group be written on the board *prior* to the beginning of group whenever possible.
2. Draw a circle(s) similar to the ones found at the the bottom of page Subject 1-10 and below.
3. The “Tips to Professionals” on page Subject 1-10 also gives suggestions for using an “Alcohol/Drugs Wheel” and a “Recovery Wheel.”
4. The wheel can be as detailed or as simple as you care to make it. You can certainly put less spokes to the wheel or modify it in any way.
5. The point is to provide a visual guide for a discussion about the effects of “Dual Disorders” *without* treatment in specific areas of a person’s life and the effects of “Recovery” in these same areas.



Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
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20 Minutes	25 Minutes
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Skill Building Exercise and Discussion Suggestions		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> The wheels show some of the areas of life that can be affected by addiction and/or psychiatric disorders – either in the disease or <i>disorder process</i> or in the <i>recovery process</i>. Take a look at the wheel(s). What three areas <i>are</i> or <i>will</i> be the most affected for you personally in a bad way by substance use disorders or psychiatric disorders? If you <i>don't</i> make any changes in your drug abuse patterns, what area will be the worst affected in the future? Now I'll put "recovery" in the middle of this same wheel (To Facilitators: You may draw one wheel and change the center or draw two wheels to compare if you prefer). What three areas <i>are</i> or <i>will</i> be the most affected in a good way with change or recovery? If you <i>do</i> make changes, what area will be the best affected in the future? Which area on the wheel will you focus on making changes next? 		<p>continued</p>	<p>continued</p>
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	
Group "Paper Work"			Time-Frame
Group participants fill out Group Evaluations.			5 Minutes
Group Closure			Time-Frame
<ol style="list-style-type: none"> Use an inspirational reading or closure of your choice. Use the Handout "<i>Change</i>" located at the back of Subject One. Presentation suggestions can include: <ol style="list-style-type: none"> Read the handout to the group, <i>or</i> Give a copy of the handout to each group member, <i>or</i> Hand a copy to a group member and ask he or she to read it aloud to the group. 			5 Minutes