



THE BASICS, Second Edition

A Curriculum for Co-Occurring Psychiatric and Substance Disorders

ORGANIZATION OF THE CURRICULUM

VOLUME I AND VOLUME II

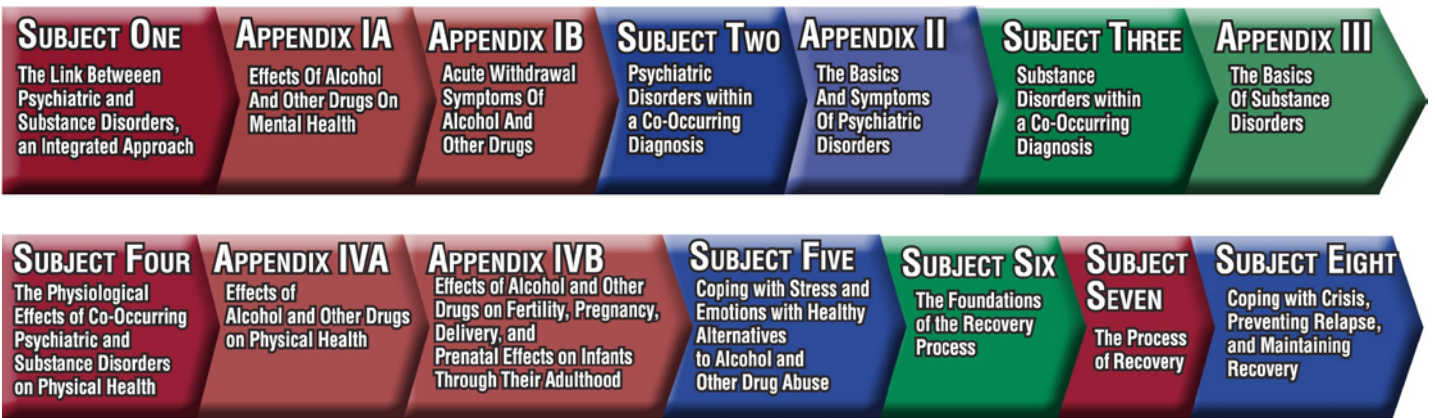
SUBJECTS INCORPORATE THE STAGES OF CHANGE

SUBJECT LANGUAGE MATCHES STAGES OF CHANGE

SUBJECTS – SECTIONS – SEGMENTS

SECTIONS

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VOLUME I

The curriculum content in VOLUME I is:

VOLUME I	SUBJECT ONE & APPENDICES	The Link Between Psychiatric and Substance Disorders, An Integrated Treatment Approach
		Appendix IA: Drug Categories Sections, Effects of Alcohol and Other Drugs on Mental Health
		Appendix IB: Drug Categories Sections, Acute Withdrawal Symptoms of Alcohol and Other Drugs
	SUBJECT TWO & APPENDIX	Psychiatric Disorders Within a Co-Occurring Diagnosis
		Appendix II: The Basics and Symptoms of Psychiatric Disorders
	SUBJECT THREE & APPENDIX	Substance Disorders Within a Co-Occurring Diagnosis
		Appendix III: The Basics of Substance Disorders
MASTER TIPS TO PROFESSIONALS		

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VOLUME II

The curriculum content in VOLUME II is:

VOLUME II	SUBJECT FOUR & APPENDICES	The Physiological Effects of Co-Occurring Psychiatric and Substance Disorders on Physical Health
		Appendix IVA: Drug Categories Sections, Effects of Alcohol and Other Drugs on Physical Health
		Appendix IVB: Drug Categories Sections, Effects of Alcohol and Other Drugs on Fertility, Pregnancy, Delivery, and Prenatal Effects on Infants Through Their Adulthood
	SUBJECT FIVE	Coping With Stress and Emotions With Healthy Alternatives to Alcohol and Other Drug Abuse
	SUBJECT SIX	The Foundations of The Recovery Process
	SUBJECT SEVEN	The Process of Recovery
	SUBJECT EIGHT	Coping With Crisis, Preventing Relapse, and Maintaining Recovery

SUBJECTS INCORPORATE THE STAGES OF CHANGE

The subjects of the curriculum follow the Stages of Change Model (Prochaska, DiClemente & Norcross, 1992) in the following way:

1	PRE-CONTEMPLATION STAGE OF CHANGE	LEVEL OF READINESS TO CHANGE	The Pre-Contemplation Stage of Change is when a person is unaware there even is a problem. No actual change is being contemplated because there appears to be nothing to change.
		CURRICULUM SUBJECT	Subject One: The Link Between Psychiatric and Substance Disorders, An Integrated Treatment Approach
2	CONTEMPLATION STAGE OF CHANGE	LEVEL OF READINESS TO CHANGE	The Contemplation Stage of Change is when a person understands there's a problem and begins to think about or contemplate changing a behavior.
		CURRICULUM SUBJECTS	<ol style="list-style-type: none"> 1. Subject Two: Psychiatric Disorders Within a Co-Occurring Diagnosis 2. Subject Three: Substance Disorders Within a Co-Occurring Diagnosis 3. Subject Four: The Physiological Effects of Co-Occurring Disorders on Physical Health
3	PREPARATION STAGE OF CHANGE	LEVEL OF READINESS TO CHANGE	The Preparation Stage of Change is when a person makes a decision to change a behavior in the near future.
		CURRICULUM SUBJECT	Subject Five: Coping With Stress and Emotions With Healthy Alternatives to Alcohol and Other Drug Abuse

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SUBJECTS INCORPORATE THE STAGES OF CHANGE (CONTINUED)

4	ACTION STAGE OF CHANGE	LEVEL OF READINESS TO CHANGE	The Action Stage of Change is when a person is actively doing things to change a specific behavior.
		CURRICULUM SUBJECTS	1. Subject Six: The Foundations of The Recovery Process 2. Subject Seven: The Process of Recovery
5	MAINTENANCE STAGE OF CHANGE	LEVEL OF READINESS TO CHANGE	The Maintenance Stage of Change is when a person is avoiding relapse by maintaining the behavior change.
		CURRICULUM SUBJECT	Subject Eight: Coping With Crisis, Preventing Relapse, and Maintaining Recovery.

People certainly don't progress through the Stages of Change in the time it takes to work through this curriculum – or even attend a treatment program for that matter – since each stage can take months or even years to complete. You will have people in your group with the *same* Psychiatric or Substance Disorders who will be at *different* levels of readiness to change their behaviors. Even the same person can be in *different* stages of change for *different* behaviors. For instance, a person may be in the Action Stage of Change regarding cocaine abuse, yet in the Pre-Contemplation Stage of Change regarding alcohol abuse, and perhaps in the Contemplation Stage of Change regarding a Psychiatric Disorder, such as Major Depression. The possible scenarios are only limited by the number of people you have in your group and by how many disorders or behavior change goals each person has!

It's still extremely important to organize the subjects of the curriculum so they correspond to the Stages of Change. This provides a foundation of program development that's consistent with the way people progress through stages when changing a behavior. It also provides you with specific points of reference to identify the Stages of Change of each group and treatment participant. This knowledge will guide your individualized responses to specific group members, as well as provide the basis of their individualized treatment planning.

Remember, our job is to help people work through *their* treatment goals – not identify people as resistant or unmotivated because they are not working toward *our* treatment goals for *them*. It's also inconsistent to have a treatment philosophy of supporting a person's self-efficacy (sense of capability to master challenges and achieve goals) and at the same time treat the person as if they have no say or understanding of what they need. For instance, throughout any given treatment experience, some people will *remain* in *one* Stage of Change (for instance, the Contemplation Stage of Change) during one treatment experience for either one behavior change or more or even all behavior changes regarding their Psychiatric or Substance Disorder.

By accurately matching each person's level of readiness for change and supporting their self-efficacy in meeting the goals for that stage, each person is much *more* likely to move to the next stage of readiness to change. For instance, in Pre-Contemplation a person may simply want to complete treatment to make "them" happy, such as the legal system or a domestic partner. Mismatching the level of readiness for change, such as trying to push a "pre-contemplator" into an "action taker," can produce a sense of hopelessness for the "treated" and the "treater." It also makes a person much *less* likely to move *ahead* in the stages of behavior change.

The curriculum also contains different sections designed to educate group members about the Stages of Change. It includes ways they can identify their *own* levels of readiness to change specific behaviors.

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SUBJECT LANGUAGE MATCHES STAGES OF CHANGE

The language of the curriculum is also consistent with the Stages of Change in the following ways:

	STAGES OF CHANGE & CORRESPONDING SUBJECTS	SUBJECT LANGUAGE
1	<p>PRE-CONTEMPLATION & CONTEMPLATION STAGES OF CHANGE</p> <p>SUBJECT ONE: THE LINK BETWEEN PSYCHIATRIC AND SUBSTANCE DISORDERS, AN INTEGRATED TREATMENT APPROACH</p> <p>SUBJECT TWO: PSYCHIATRIC DISORDERS WITHIN A CO-OCCURRING DIAGNOSIS</p> <p>SUBJECT THREE: SUBSTANCE DISORDERS WITHIN A CO-OCCURRING DIAGNOSIS</p> <p>SUBJECT FOUR: THE PHYSIOLOGICAL EFFECTS OF CO-OCCURRING DISORDERS ON PHYSICAL HEALTH</p>	<ol style="list-style-type: none"> 1. In these Stages of Change, people often believe the only <i>real</i> problem is the people who forced them into treatment in the first place. 2. The use of the word "you" is an action word. It can be met by people in these particular stages with, "No, I don't need to <i>do</i> anything, <i>they</i> need to <i>do</i> something – mainly get off my back." These Stages of Change can be further identified in statements such as, "I'm here because <i>they</i> think I should be here." 3. As treatment providers, we join with people in what they are motivated toward at this level, which is probably a "letter" – a letter for the court, the employer, or whichever "they" are requiring the letter. In other words, the person completes the treatment and we complete the paperwork. 4. The language in these particular subjects is geared to the <i>least</i> resistance producing approach. This is done in two ways. One, there is <i>no</i> use of "you," such as statements like "You may need to..." are not used. Two, the language is designed around an educational "other people" approach, such as "People who have problems with...", "People in treatment often find...", or "When people have problems with Psychiatric and Substance Disorders they typically...". 5. Lowering the resistance, by presenting the information in a non-threatening, non-persuasive way, allows people to see where they fit in the diagnostic criteria for these disorders and is much more likely to facilitate behavior change.

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STAGES OF CHANGE & CORRESPONDING SUBJECTS	SUBJECT LANGUAGE
<p>2</p> <p>PREPARATION STAGE OF CHANGE</p> <p>SUBJECT FIVE: COPING WITH STRESS AND EMOTIONS WITH HEALTHY ALTERNATIVES TO ALCOHOL AND OTHER DRUG ABUSE</p>	<ol style="list-style-type: none"> 1. Most people with co-occurring disorders need hope and inspiration to help them <i>become</i> prepared for a commitment to change behavior and begin the process of recovery. This subject is designed to focus on exactly that, the <i>hope to cope</i> without relying on alcohol and drugs. 2. Motivational Interviewing focuses on what is called the DARN-Cs. This is where "Change Talk" follows specific categories of D=Desire to Change, A=Ability to Change, R=Reason to Change, and N=Need to Change. The combination of these four areas bring about the C=Commitment to Change, which ultimately results in actual behavior change (Miller, Wagner & Ingersoll, 2003). This subject further focuses on the skills necessary to increase the ability to change behavior. 3. The language in this subject begins transitioning from "other people" to "If you choose to...this is what <i>most</i> people find happens" approach.
<p>3</p> <p>ACTION & MAINTENANCE STAGE OF CHANGE</p> <p>SUBJECT SIX: THE FOUNDATIONS OF THE RECOVERY PROCESS</p> <p>SUBJECT SEVEN: THE PROCESS OF RECOVERY</p> <p>SUBJECT EIGHT: COPING WITH CRISIS, PREVENTING RELAPSE, AND MAINTAINING RECOVERY</p>	<ol style="list-style-type: none"> 1. The language of these subjects change to the action word of "you," such as "When <i>you</i> go to a meeting <i>you</i> will usually find..." language. 2. While you will have people still working <i>toward</i> action and maintenance – as well as people who are still "contemplating" action – the language is never written in a "you <i>must, should, or ought to...</i>" manner. 3. The "you" approach reflected in these stages of readiness to change still reflects choice, support, and encouragement.



The curriculum is purposefully designed in this way, divided first by subjects, then by sections, and then presented in segments to allow for (1) flexibility in presentation, and (2) create a presentation style of interaction. The curriculum divisions allow you to meet the needs of the group by paraphrasing subject material, highlighting the main points, briefly summarizing the material, or choosing to focus on specific sections while skipping others altogether. Each subject can be easily presented throughout a *number* of group sessions or presented in its entirety in a single group session by choosing the highlights, paraphrasing topics or skipping others altogether.

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SECTIONS

Each one of the *eight* subjects is divided into four sections with the express goals of allowing the material to be easily presented, as well as easily divided into several groups to meet your curriculum needs. The subjects are approximately 80 pages each and the sections are approximately 20 pages each. SUBJECT ONE and SUBJECT FOUR have APPENDICES that contain material to be presented with the relevant subjects. In these two subjects, the actual APPENDICES make up one of the four sections.

Each subject – made up of four sections – is designed around three segments that make up the Presentation Style. The segments of each group are: (1) PREPARE (prepare professionals, prepare the group), (2) PRESENT (present curriculum topic(s) of the group), and (3) PRACTICE (discussions, exercises, worksheets).

SUGGESTED TIME FRAMES

The sections are divided by SUGGESTED TIME FRAMES, which serves the dual purpose of dividing the subject material as well as providing actual SUGGESTED TIME FRAMES for single group presentations.

The SUGGESTED TIME FRAMES are for a 1¼ hour group or a 3½ hour group. They can provide you with some guidelines to help manage group time. Of course, coverage of subject material is always flexible. The time frames are simply that – suggestions.

The actual time will vary from the suggested time depending on the needs of the group and the group discussion time spent on particular key points of a subject. Always keep in mind, the most important aspect of any group is the interaction generated between group participants, especially during the handout discussion. The group should never feel like your need to cover the material, instead of interacting with them, is your most important goal.

That's all the more reason to *prepare* beforehand, in case you need to skip forward in order to highlight key points in a particular subject. In other words, if the *group's* desire to productively discuss a specific point or subject goes twice as long as you thought it might – then jump ahead to your key points. You would still, of course, end the material presentation within the SUGGESTED TIME FRAMES that match the recommended time to fully cover the subject handout and group closure. The recommended time for working on the handout and discussion is 25 minutes for a 1 ¼ hour group and 60 minutes for a 3 ½ hour group. The recommended time for the group closure for either group is ten minutes.

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