

## **Developing Skills to Refuse Alcohol and Other Drugs & Controlling Cravings Before They Control You**

**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 1/3<sup>rd</sup> 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 1/3<sup>rd</sup> 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.

## Developing Skills to Refuse Alcohol and Other Drugs & Controlling Cravings Before They Control You

### Volume I; Subject Six; Pages: Subject 6-32 – 6-33

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"> <li>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"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):               <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> </ol>	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important (Subject 6-32):</u>            Some people will pressure you, directly or indirectly, to get high. If you expect these pressures, you can plan ahead to cope with them by having strategies in place to help you refuse offers to get loaded. The most important word in any refusal is “no.” You actually don’t need any other explanation or reason. You can add “thank you” by saying “No, thank you” if you want, but the “no” is still the most important word.</p> <p>Today we will talk about strategies for refusing alcohol and other drugs. We will also discuss another threat to recovery – cravings to use alcohol and other drugs – and ways to control cravings before they control you.</p>	5 Minutes 



**Developing Skills to Refuse Alcohol and Other Drugs & Controlling Cravings Before They Control You; Volume I; Subject Six; Pages: Subject 6-32 – 6-33**

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																				
Refusing Alcohol and Other Drugs (continued)	Subject 6-32	1. Name the other suggestions for refusing alcohol or other drugs found in the five points in the table. 2. Summarize the last paragraph in this section.	30 Minutes 																				
Refusing Drugs Offered By Persistent Dealers	Subject 6-32	1. Summarize the information in the table of “ <i>Donts With Drug Dealers</i> ” seen below. 2. Summarize the information in the table of “ <i>Dos With Drug Dealers</i> ” seen below.																					
<table><tr><th colspan="4">DON'TS WITH DRUG DEALERS</th></tr><tr><td>1</td><td>DON'T LOOK AT HIM OR HER.</td><td>5</td><td>DON'T START MAKING EXCUSES.</td></tr><tr><td>2</td><td>DON'T SLOW DOWN OR DON'T STOP WALKING.</td><td>6</td><td>DON'T GET INTO A CONVERSATION.</td></tr><tr><td>3</td><td>DON'T SMILE.</td><td>7</td><td>DON'T LET THEM PUT ANYTHING IN YOUR HAND.</td></tr><tr><td>4</td><td>DON'T USE A SOFT VOICE.</td><td></td><td></td></tr></table>				DON'TS WITH DRUG DEALERS				1	DON'T LOOK AT HIM OR HER.	5	DON'T START MAKING EXCUSES.	2	DON'T SLOW DOWN OR DON'T STOP WALKING.	6	DON'T GET INTO A CONVERSATION.	3	DON'T SMILE.	7	DON'T LET THEM PUT ANYTHING IN YOUR HAND.	4	DON'T USE A SOFT VOICE.		
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Role-Playing Is Helpful	Subject 6-32 – 6-33	Summarize one paragraph.																					
Remember Your Plan	Subject 6-33	Summarize one paragraph.																					
<b><u>To The Group:</u></b> 1. What comments do you have so far? 2. What have you found that was helpful in refusing alcohol and other drugs? Especially to the most persistent person? 3. Which of the ones we just talked about might or would also be helpful to you personally?																							
Break			10 Minutes																				

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><b><u>To the Facilitator(s):</u></b>            Practicing ways to refuse alcohol and other drugs is <i>very</i> helpful. You can ask group members to practice refusal skills in several ways. You can choose <i>one</i> from the following suggestions if you wish:</p> <ol style="list-style-type: none"> <li><b><u>Practice Suggestion One:</u></b> <ol style="list-style-type: none"> <li>Ask a group member to volunteer to practice refusal skills.                (“No, I don’t want any ____.” “No.” etc.)</li> <li>Ask other group members to offer statements.                (“Oh come on, you’re more fun when you use.”                Or, “You never had a real problem with alcohol only with meth.”                Or, “Aren’t you taking this treatment thing too far.” “They’ll never know.”)</li> </ol> </li> <li><b><u>Practice Suggestion Two:</u></b> <ol style="list-style-type: none"> <li>Ask a group member to tell the group about the person it’s the hardest to refuse alcohol and other drugs to and what they say.                (“My sister is always telling me she wants me to party with her because ____.”)</li> <li>Ask group members to say the same or similar things to the person and ask the group member to practice responding with refusal statements.                (“We can go to ____ but I won’t party with you.” “Please respect my decision to not use.”                “I can’t be around you for a while because I always end up using with you.”, etc)</li> </ol> </li> <li><b><u>Practice Suggestion Three:</u></b> <ol style="list-style-type: none"> <li>What person is the hardest for you to refuse alcohol and other drugs to?</li> <li>What do they say that is the <i>most difficult</i> for you to say “no” to?</li> <li>What do you tell yourself that might contribute to you saying “yes?”                (For example: “They won’t like me anymore.” “They’ll think I’m a ____ for not using”                “They won’t give me a ride or do ____ for me if I don’t use with them.”)</li> <li>What might you say to yourself that will be more helpful?                (For example: “The people who don’t support me aren’t my true friends anyway.”                “They will get used to me not using in time, they are just threatened by me changing.”                “I have to do what is best for me, even if some people don’t like it.”)</li> </ol> </li> </ol>	<div data-bbox="1701 235 1764 284" style="text-align: center;">↓</div> <div data-bbox="1669 292 1795 373" style="text-align: center;">10 Minutes</div> <div data-bbox="1711 414 1753 1323" style="text-align: center;">↓</div>	<div data-bbox="1869 235 1932 284" style="text-align: center;">↓</div> <div data-bbox="1837 292 1963 373" style="text-align: center;">15 Minutes</div> <div data-bbox="1879 414 1921 1323" style="text-align: center;">↓</div>

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Skill Building Exercise and Discussion - Suggestions for topic discussion:		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<b><u>To the Facilitator(s):</u></b> 1. This part of group will be a discussion on the two page Worksheet Handout named “ <i>Controlling Cravings Before They Control You</i> ” located at the back of Subject Six. 2. If copying both pages of the handout is possible, you can have those ready. 3. If copying costs or other reasons prevent you from having copies available or wanting to use the handout, then put the main points of the handout on the board for discussion like <i>Get Something to Eat or a Snack</i> . 4. As you go over each tip – either by handout, writing on the board, or verbally – discuss the explanations and information for each of the suggested tips found in the handout.		20 Minutes 	25 Minutes 
<b><u>To the Group:</u></b> 1. What are the top three tips to manage cravings that would be the most helpful to you personally? 2. What are you currently doing that is helpful or what has worked in the past? 3. Which one(s) have you not tried that you will try in the future? 4. How will you put this information into action? a. Make a list for my wallet of the tips I’ll use, b. Tell my sponsor, friend, or family member about my plan, c. Educate my support people about cravings, etc.			
Crisis Processing		Time-Frame	
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	
“Paper Work”		Time-Frame	
Group participants fill out Group Notes.		5 Minutes	
Group Closure		Time-Frame	
Recommended INSPIRATIONAL HANDOUT <i>I’ve Learned</i> located at the back of Subject Six. Presentations suggestions include: 1. Read the handout to the group, <i>or</i> 2. Ask a group member to read the handout out loud to the group, <i>or</i> 3. Give a copy to each group member to take home and ask for a volunteer to read the handout to the group.		5 Minutes	