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LEADERS IN POLICY, TRAINING, EVALUATION AND RESEARCH

Psychoeducation

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Agenda

1. **Introduction**
2. **Curriculum Elements**
   1. Vital Components
   2. Design and Implementation
3. **Group Elements**
   1. Lesson
   2. Consolidation
   3. Application
4. **Group Dynamics**

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Introduction

What is Psychoeducation?
Why do it?
What place does it have in treatment?

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Introductions

- **Who I am:**
  - Clinician for 8 years at Phoenix House CA
  - MSW/MPH Graduate from UCLA
- **Who you are:**
  - SUD Couselors?
  - Mental Health Clinicians?
  - Admin?
  - Others?

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Objectives

- **Identify shared educational needs common to their patient population and select educational topics to address these needs.**
- **Facilitate each of the phases of a psychoeducational group: lesson presentation; learning consolidation; personal application**
- **Identify group behaviors counter to learning and implement effective interventions to facilitate change in these behaviors**

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Psychoeducation Defined

From SUD Provider Manual (p. 31)

- Psychoeducational interventions educate beneficiaries about substance abuse and related behaviors and consequences. The information provided may be broad, but is intended to lead to specific objectives.
- Psychoeducation is designed to have a direct application to beneficiaries' lives, instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.
- Elements of these practices may be used in any type of service setting and must be performed by trained providers within their scope of practice.

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Psychoeducation in Practice

- Series of groups (or components of individual sessions, less common)
- Usually 12 or 16 groups, commonly found at the beginning of treatment episodes
- Focus is on providing information that can be utilized in other components of treatment

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Psychoeducation in Practice

- Can either be an intervention in and of itself, or part of other types of interventions (CBT, MI, etc.)
- Essential for dual-diagnosis (teaching how anxiety and addiction interact, etc)
- Essentially, Psychoeducation is the practice of teaching people the things they need to know to treat their diagnosis

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Psychoeducation

Modality	Intervention
Provides information about a range of issues pertinent to diagnosis	Provides information about a specific issue or concern
Pre-planned lesson set	Responsive to individual/group concerns at a moment in time
Goal is to provide information as the end itself	Goal is to provide information as a means to an end (ie CBT)
Usually planned to occur in group sessions	Can be components of either group or individual sessions

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Evidence Base

- **Psychoeducation stands apart from other EBPs in that there are few "standalone" manuals**
- **MI, CBT, etc. have much more clearly defined processes**
- **However, all psychoeducation interventions have core commonalities, that have been studied and proven effective**

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Evidence Base

- **Substance Abuse doesn't occur in isolation, and the other problems surrounding (either leading to or resulting from) substance use are persistent triggers through the recovery process**
- **While a provider or program may not have the ability to treat the other problems (family, social, medical, etc.), providing knowledge about these problems help patients manage their triggers and correlate with higher rates of treatment success (Schmidt, Liddle, & Dakof, 1996)**

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Evidence Base

- Patients themselves aren't the only ones that benefit from psychoeducation—families do too
- Many times, the patient has been "ejected" from their family or social circles; providing the patient with the tools to re-approach these relationships and the families (or close friends) with knowledge of how to help re-integrate their loved one and/or resolve problematic dynamics also improves treatment outcomes. (Smith, Sells, Rodman, & Reynolds, 2006).

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Evidence Base

- Finally, psychoeducation is effective because it provides a context for patients to recognize and label symptoms of various conditions (withdrawal, depression, trauma, etc)
- This can improve their ability to report symptoms during treatment, or bring their awareness to new problems to seek additional services and supports; this, too, correlates with improved treatment outcomes. (Phoenix, 2007)
- Sometimes, even just knowing that treatment doesn't have a 100% success rate can remove shame from a patient and bypass a significant trigger for use.

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But Also…

- Psychoeducation alone is not the answer; it should be incorporated into a treatment milieu
- Psychoeducation-only treatment groups tend to fare worse in overall outcomes vs. milieu or CBT based modalities (Kaminer, Burleson, & Goldberger, 2002).
- Knowledge alone isn't sufficient to change behavior! (It's why M.I. exists)

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TIP 21

"The major purpose of psychoeducational groups is expansion of awareness about the behavioral, medical, and psychological con-sequences of substance abuse. Another prime goal is to motivate the client to enter the recovery-ready stage (Martin et al. 1996; Pfeiffer et al. 1991). Psychoeducational groups are provided to help clients incorporate information that will help them establish and maintain abstinence and guide them to more productive choices in their lives."

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Group Types	Group Model or Combination of Models					
	Skills Develop-ment	Cognitive–Behavioral Therapy	Inter-personal Process	Support	Specialized Group*	Psycho-educa-tional
Anger/feelings management	•	•				•
Co-occurring disorders	•			•		
Skills-building	•	•				
Conflict resolution	•	•				•
Relapse prevention	•	•		•		•
12-Step psychoeducational					•	•
Psychoeducational						•
Trauma (abuse, violence)			•	•		•
Early recovery	•	•		•		•
Substance abuse education						•
Spirituality-based				•		
Cultural					•	•
Psychodynamic			•	•		
Ceremonial healing practices					•	
Support				•		
Family roles (psychoeducational)						•
Expressive therapy					•	
Relaxation training	•					
Meditation	•					
Multiple-family	•			•		•
Gender specific				•	•	
Life skills training	•	•				
Health and wellness						•

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Psychoeducation

- Anger Management
- Conflict Resolution
- Relapse Prevention
- 12-step Education
- Trauma
- Early Recovery
- Substance Education
- Cultural
- Family Roles
- Multi-Family
- Health and Wellness

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Characteristics of Five Group Models Used in Substance Abuse Treatment

Group model	Group/ leader focus	Specificity of the group agenda	Heterogeneous or homogeneous	Open-ended/ determinate	Level of facilitator activity
Psycho-educational	Leader focused	Specific	Either	Either	High
Skills development	Leader focused	Specific	Either	Either (depending on topic)	High
Cognitive–behavioral	Mixed/ balanced	Either	Either	Either	High
Support	Group focus	Nonspecific	Either	Open	Low to moderate
Interpersonal process	Group focus	Nonspecific	Heterogeneous	Open	Low to moderate
Group model	**Level of facilitator activity**	**Duration of treatment**	**Length of session**	**Space and arrangement**	**Leader training**
Psycho-educational	High	Limited by program requirements	15 to 90 minutes	Horseshoe or circle	Basic
Skills development	High	Variable	45 to 90 minutes	Horseshoe or circle	Basic with some specialized training
Cognitive–behavioral	High	Variable and open-ended	60 to 90 minutes	Circle	Specialized training
Support	Low to moderate	Open-ended	45 to 90 minutes	Circle	Specialized training with process-oriented skills

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Characteristics

- **Leader-Focused**
- **Specific Agenda**
- **Either open-ended or determinate**
- **High Facilitator Activity**
- **Variable Duration**
- **15 to 90 minute sessions**
- **Horseshoe or circle group configuration**
- **No specialized leader training required**

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Best Practices for PsychoEd

- **Can use as part of prevention programs (for those that do not have an SUD but may be at-risk)**
- **Should be used as planned (group) component of a treatment milieu (inpatient/outpatient)**
- **Should be used as part of other approaches (group or individual) whenever a need outside the scope of the current service arises (either the session itself or treatment episode as a whole)**
- **Should be used with family/collaterals as part of preparation for discharge**

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Goals of Psychoeducation

- **Direct application to beneficiaries' lives**
- **Instill self-awareness**
- **Suggest options for growth and change**
- **Identify community resources that can assist beneficiaries in recovery**
- **Develop an understanding of the process of recovery**
- **Prompt people using substances to take action on their own behalf.**

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What is important for our clients/patients to know?

Interactive whiteboard exercise:

Take a few minutes to jot down the things you believe it's essential someone who has a SUD needs to know

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Curriculum Elements

What do we want to teach?

How many sessions?

How do we create our sessions?

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Anatomy of Curriculum

- **Psychoeducation curricula tend to have four component parts:**
  - Diagnosis Education
    - Symptoms of addiction, expectations of treatment, treatment approaches, co-occurring disorders (depression, anxiety), etc.
  - Substance-Specific Education
    - Withdrawal effects of particular substances, dangerousness of withdrawal, mechanism of substances acting on the brain, etc.
  - Coping/Recovery Skills
    - Thought stopping, grounding, planning, scheduling, etc.
  - Social/Community Skills
    - Reconnecting with family members, finding sober activities, obtaining benefits, accessing mental health services, etc.

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Making a Curriclum

- **Where will I get these lessons from?**
- **Three main options:**
  - Purchase a pre-built curriculum
  - Adapt and sequence standalone lessons available in the public domain
  - Use personal resources and knowledge

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Pre-Built Curriculum

- **Your organization/agency may already have one**
  - Do you have an “essentials” or “orientation” group?
- **Few prominent offerings, most curriculum available for purchase are SUD Providers making available their own in-house curricula**
  - Drug Policy Alliance, Shatterproof, etc

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Lessons in the Public Domain

- **Many individual lessons on specific topics from government-hosted SUD agencies:**
  - NIH/NIDA: www.drugabuse.gov
  - SAMHSA: https://store.samhsa.gov/
  - MedLine: https://medlineplus.gov/druguseandaddiction.html
  - World Health Organization (WHO): https://www.who.int/topics/substance_abuse/en/
  - CDC: https://www.cdc.gov/pwid/addiction.html

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Top Choices:

- **For addiction in general:**
  - NIH: Drugs, Brains, and Behavior: The Science of Addiction:
    - https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain
- **For specific drugs of abuse:**
  - NIH: DrugFacts
    - https://www.drugabuse.gov/publications/finder/t/160/DrugFacts

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Top Choices:

- **For coping/recovery skills:**
  - SAMHSA: Matrix Counselor's Treatment Manual
    - https://store.samhsa.gov/system/files/sma13-4152.pdf
- **For Family/Social resource building**
  - SAMHSA: Matrix Counselor's Family Education Manual
    - https://store.samhsa.gov/system/files/sma13-4153.pdf

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Curriculum Development

- **Ensure that, over the course of the group length, you cover several lessons from each of the 4 core areas**
- **However, the number of lessons in each may vary depending on treatment setting**
  - Ex: outpatient may focus heavily on the last 2 areas, while inpatient/residential may hold more groups on first two

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Your Training/Knowledge

- **By nature of your education and training, you can impart knowledge about substance use and various recovery skills to your patients**
- **Use your course textbooks, program materials, and the knowledge of your peers and supervisors**
- **You have a credential/license—you are empowered to teach to others the things that were taught to you**

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Your Training/Knowledge

- **To create a curriculum from your own training and knowledge, first decide the general topic of each lesson**
- **Then, prepare to present three points of information around that given topic**
- **Use the same process as previously reviewed to adapt your lessons to your setting**

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What are your patients' needs?

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Break

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Group Elements

What does a psychoeducation group look like?
What do clinicians do?

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Group Elements

- Each group session has three elements:
- Lesson Presentation (15-20 min)
- Learning Consolidation and Discussion (30-40 min)
- Generalization/Personal Application (15-30 min)

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Lesson Development

- Lessons should be mindful of the multiple different learning styles of adult learners. For more information and resources are available at http://www.ASCD.org (search "learning styles")
- Techniques such as role playing, group problem solving exercises, and structured experiences all foster active learning.

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Lesson Development

"Most people, at one time or another, have had unpleasant experiences in traditional, formal classroom environments. The resulting shame, rejection, and self-deprecation strongly motivate people to avoid situations where these experiences might be brought back into aware-ness. Therefore it is critically important for the group leader to be sensitive to the anxiety that can be aroused if the client is placed in an environment that replicates a disturbing scene from the past. To allay some of these concerns, leaders can acknowledge the anxieties of participants, prevent all group participants from mocking others' comments or ideas, and show sensitivity to the meaning of a participant's withdrawal in the group. Overall, leaders should create an environment where participants who are having difficulty with the psychoeducational group process can express their concerns and receive support. (TIP 21)"

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Lesson Presentation

- **Part "0": Review previous session/check in**
- **Part 1: Introduce the topic**
- **Part 2: Assess current understanding**
- **Part 3: Introduce concepts**
- **Part 4: Transition to Discussion**

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Lesson Presentation

- **Begin with a check-in and ensure there are no crises or major issues impeding group's ability to focus**
- **Review group rules and previous topic or assignment**
- **Introduce topic**
- **Prompt for experiences or current thoughts on topic**

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Lesson Presentation

- **Example Language:**
  - Today's plan is to read and discuss information on [topic]. We will [example: learn the parts of a healthy dinner, choose our own healthy dinner, and create and share shopping lists]
  - Let's begin by discussing what experiences you have had with [topic]. What does it mean to you? What experiences have you had with [topic]? Why might this [topic] be important?

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Lesson Presentation

- **Present 2-3 points of information**
  - If available, utilize printed or visual media to accommodate different learning styles
  - Be mindful of temporary (or long-term) impacts on cognitive function resulting from drug use
- **Ask patients to re-state what they have heard**
- **Solicit feedback on their experiences with the topic**

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Options

- **Clinician has 2 options on structure:**
  - Present all points at once, then move into feedback time
  - Present one point, discuss, then return to second point, discuss, etc.
- **No set way, depends on group dynamic and clinician personal style**

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Example Group: Building a Social Support System

- **Today we will be talking about Friends in recovery**
- **Before we start, let's just see what our current thoughts are on this topic. How do your friends influence your recovery?**
  - For answers that align with the lesson, (ex: "having sober friends gives me options for free time") this is a chance to affirm and identify your "aligned" patients
  - For answers that may run counter ("My old friends wouldn't make me use with them"), you can ask a follow up question or statement using MI techniques to develop discrepancy or reflect underlying concern

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Example Group: Building a Social Support System

- **There are three things about friendships we will discuss today:**
  - Point 1: Friends have an important role
    - Review for 5 min, discussing support when triggered, accountability, modeling, etc
  - Point 2: May require change to build supportive friendships
    - Review for 5 min, discussing friendships on mutual interests, ways some acts may hurt friendships, mutuality in support, etc
  - Point 3: Where to meet people/find friends/explore hobbies
    - Review for 5 min, start with broad suggestions ("generally, people meet playing sports, or at hobby shops, etc."), then in discussion, suggest and solicit specific places

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Learning Consolidation

- **After presenting your 2-3 points, group now transitions to an overall discussion on the topic as a whole**
- **Facilitators should solicit group for any important things members feel were not covered**
- **This portion allows group to reflect and interact with material, facilitator checks for understanding/comprehension**

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Learning Consolidation

- **Facilitator is encouraged to use group members that demonstrate understanding to speak to those that need more support**
- **If available, appropriate to distribute worksheets or other pre-planned exercises here**
- **Facilitators should come with at least 6 pre-planned questions for the group to discuss in this portion of the group**

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Example Group: Building a Social Support System

- **Example Discussion Questions:**
  - Do you have friends from before treatment that will be good to keep now that you are in recovery? What qualities do these friends have?
  - How have the friends you have used substances with affected your lives?
  - Have you spoken to friends with whom you used substances since entering treatment? What were these conversations like? How can you determine if these friendships help you?
  - Have you been able to maintain friendships through other life transitions? (what helped/didn't?)
  - Where can someone find new friends in this city/town?

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Example Group: Building a Social Support System

- **More example questions:**
  - How were you able to meet new people before? Did you have any ways that did not involve substances?
  - What qualities do you look for in a good friend?
  - What separates a friend from an acquaintance? How can you decide if an acquaintance might make a good friend?
  - What role does a friend play in your life vs an acquaintance?
  - What changes have you made, or are thinking about making, to enable you to make/keep good friendships?

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Generalization/Personal Application

- **There is, by design, less structure to this component**
- **As the group draws to a close, facilitator's tasks are:**
  - Reflect themes (either positive or negative)
  - Assist with creating action steps for positive change
  - Summarize content

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Reflect Themes

- **As the group discusses the topic, be mindful of common points of discussion**
  - Look for common concerns that may prevent understanding
    - "You can't trust that source," "My friend had a different experience," or a misunderstanding in content shared by several
  - Look for points of resistance
    - "That won't be true for me/us," "Maybe other people need this, but not me"

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Reflect Themes

- **As the group discusses the topic, be mindful of common points of discussion**
  - Look for points of agreement (verbal or nonverbal)
    - "It seems like a lot of you feel that "x" is important," "a lot of you nodded your head when "x" was said."
  - Look for emotional reactions to topic
    - "Hearing this seemed to make a few of you frustrated," "The mood of the room seemed to change when "x" was brought up…"

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Resolve Action Steps

- **Participants may indicate that they want or intend to make some sort of change during discussion**
  - At end of group, revisit these changes and assess the strength of their plan to do so
  - If they are unsure of next steps, solicit group and then add your own thoughts as facilitator
  - If available, solicit group member support throughout the week to support action

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Resolve Action Steps

- **Prepare one piece of "homework" for the group to end the session**
- **This may or may not be written**
- **This should be a clear task to encourage further action on this between sessions**
  - Visit a place, set an appointment, discuss with a peer, etc.

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Summarize Content

- **End with restating the 2-3 educational points**
- **Can also reflect high level group opinions, but never end on a concern**
- **Use opportunity to praise positive contributions to group ("John shared a really nice example of x")**

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Example Group

- **"I've heard from the group that, even though many of us say having a good friend who is sober is important, not many would know where to start building a new friendship."**
  - Then review point or solicit a member who shows understanding to speak
- **"I've also heard a few of you don't think it's important, and that you want to maintain friendships with friends who use substances…what risks do we have to plan for if we make that choice?"**
  - Have group briefly list problems (don't allow opportunity to debate, move on after list)

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Example Group

- **"Today, two of you stated that you wanted to work on being more honest with your friends…how exactly will you accomplish that?"**
  - Again, use group before responding with your own thoughts on their plan
- **"Do you need any support from the group to accomplish this?"**

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Example Group

- **"As we end today, let's work on creating a list of three things you can do this week that will help you meet new friends."**
- **"I'd challenge you to try all three, but pick at least one of these things and do it this week."**

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Example Group

- **"To close, today we reviewed three things about friendships in recovery, can you name them?"**
  - Ask three clients to name a single point each
- **"Yes! We reviewed that friends are important in recovery; that they can help it or hurt it. How so?"**
  - Solicit one or two brief answers

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Example Group

- **"We also talked about the behavior that we engage in that can harm friendships. What are some of those behaviors?"**
  - Solicit perhaps 3 answers from the group
- **"We talked about some places to go and ways to meet people. What are some of those ways?"**
  - Again, solicit perhaps 3 answers from the group

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Group Dynamics

How do I align with clients to help them teach peers?

What do I do with challenging dynamics?

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Group Process

- **As we know, everyone participates in these groups actively, is ready to be vulnerable, and will always agree with what we say. Right?**
- **Plan for problematic dynamics in group, and prepare to counteract them**

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Dynamic Balance

- **Also known as the "I/We/It Principle"**
- **Groups are always held in tension between:**
  - Need of individual ("I")
  - Needs of the collective group ("We")
  - Need to attend to content ("It")
- **If these three are balanced, groups tend to be more successful**

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Dynamic Balance

- **If group is too "It" focused:**
  - People hide problems, people disengage, get bored, forget needs, no personal relationship develops
- **Too "We" focused:**
  - Individual views are suppressed, topics relevant to minority are left unexplored, no progress made on topic
- **Too "I" focused:**
  - Acting out behaviors, disrupting, monopolizing time, insulting, isolating

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Group Defenses

- **Distraction/Complication**
  - Brings up multiple topics tangential to focus, avoids by moving topic before group can process/remember information
  - Feelings: disjointed, pointless, confused, frustrated, restless, bored
- **Intervention:**
  - Compassionate redirection, limit setting
  - "Indeed, that is an important topic, we can explore that at a later time"

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Group Defenses

- **Domination/Monopolization**
  - In which one member shares for a disproportionate amount of time about topic of interest to them and resists changing subject
  - Can be attention-seeking behavior
  - Feelings: frustration (leader), disengagement (group), anger, withdrawal, passivity
- **Intervention:**
  - Reinforce group rules, give choice to appropriate setting to share, "take a break"

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Group Defenses

- **Passive Monopolization**
  - "Individual therapy in group;" this is similar to monopolization but usually occurs on a more subconscious level
  - Facilitator and participant focus on a clinically meaningful issue and get "stuck"
  - Feelings of group: discomfort, anxiety ("am I next?")
- **Intervention:**
  - See if topic is related to others in group, refer for individual session, validation and redirection

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Group Defenses

- **Disengagement**
  - No one talks or answers questions, silent stares, feeling of time going by slowly
  - Facilitators can feel shame or discomfort
  - Group may enjoy causing negative feeling in facilitator (if active disengagement)
- **Interventions:**
  - Open ended inquiry, MI (rolling with resistance), increase time for education/lesson

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Group Defenses

- **Active Defiance**
  - Rare, but does happen when there are many clients in precontemplation that may not have chosen treatment on their own accord
  - Will resist all interventions
- **Interventions:**
  - MI (sometimes), Program contingency management, potential outside consequences

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Group Problems

- **The "Professor/Pastor"**
  - Group facilitator talks over 80% of the time
  - Limits opportunities to interact with group
  - Can present opinion as fact, can be same-based or rule-following
  - Feelings: shame, disengagement, irritation
- **Interventions:**
  - Supervision, role clarification, training, exploring countertransference

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Group Problems

- **"I just work here"**
  - No engagement from facilitator, "we need to run a group from 5-6:30, so talk about things"
  - No coherent plan or interventions
  - Group feelings: boredom, disengagement, cynical
- **Interventions**
  - Purchase curriculum, supervision, program design change

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Group Development

- **From Yalom (2005):**
  - Groups move toward the "here and now" as they move to greater health
  - Move from advice to exploration
  - Group develops an identity and direction separate from facilitator
- **This mostly concerns "depth work" but must still be considered in Psychoeducation groups**

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Roles in Group

- **"Dependent" Type:**
  - This is a compliant-presenting participant; will mostly conform to rules and expectations, will seek to give "right" answers.
  - High utility in psychoeducation groups, but these behaviors may mask disengagement or hide true thoughts/opinions/feelings
  - Lean on them in review and consolidation, to answer questions or get discussions started; though they will be uncomfortable opposing contrary ideas

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Roles in Group

- **"Counterdependent" Type:**
  - The opposite of previous, will seek to oppose facilitator, particularly when direction goes against their individual needs.
  - Will challenge answers, regardless of if they are "right" or not, will test agreed upon consequences of group rules
  - Useful in discussion to get past the "surface" and to explore topic in depth, can move group to a deeper level of understanding and represent unexpressed concerns

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Roles in Group

- **"Interdependent" Type:**
  - The previous two types are "stuck" in their roles and inflexible.
  - Interdependent can switch back and forth depending on the group needs
  - More comfortable than other types at challenging other group members; but will do so (usually) appropriately
  - Can help to consolidate learning and "translate" to both dependent and counterdependent types.

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