BEGINNING GROUP THERAPY WITH ADDICTED POPULATIONS

Peter D. Rogers

Focal Group Psychotherapy

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Introduction

The succinct term, addicts, will be used throughout this chapter to describe all persons with chemical dependency problems, regardless of their drug of choice. *Alcohol* is considered a drug just like heroin, cocaine, or marijuana. All addicts in recovery are faced with a variety of problems. This chapter will describe how to go about the difficult business of helping this most challenging population begin the process of recovery.

The initial stage of recovery frequently requires a medically supervised detoxification process, a safe way of "coming down" or "off" the addict's drug of choice. The cessation of drug or alcohol use is an *event.* While this may be a dramatic or traumatic event, it is only the beginning of the actual recovery *process.* Group psychotherapy is the treatment of choice for addicts. A group has the ability to provide support, structure, and reinforcement for

abstinence. One-on-one therapy, while often a useful adjunct, does not provide the therapeutic impact of a savvy peer group. No single person can match the power of a group of addicts confronting the denial system of another newly recovering addict; and *denial* is the main component of what Alcoholics Anonymous (A.A.) calls the disease of addiction.

Group therapy for addicted people must provide more than simply a place to *process* (Yalom, 1985). For addicts, process, like love, is never enough. What *is* required is a unique blend of skill-building, problem solving, and support.

Twelve-Step Programs

In any discussion of substance abuse groups, it's essential to give serious consideration to Alcoholics Anonymous (A.A.), Narcotics Anonymous (N.A.), Cocaine Anonymous (C.A.), or similar 12-step meetings. In fact, it's probably a good idea for all group leaders dealing with substance abusers to attend a few 12-step meetings themselves.

A.A. began in 1935 with "Bill W." and "Dr. Bob, " two alcoholics who talked to each other instead of drinking. From this humble start, the contemporary self-help movement has grown to international proportions. Hundreds of thousands of 12-step meetings occur daily all over the world. No matter what the addiction—whether alcohol, narcotics, gambling, or even

compulsive sexuality (S.L.A.A., or Sex and Love Addicts Anonymous), 12-step programs offer a well-trod road to recovery.

No one can match A.A. for availability. There's a meeting somewhere, literally 24 hours around the clock. This includes holidays such as Christmas and New Year's, when 24-hour "alcathons" take place.

A.A. meetings, however, do not serve the crucial need for inducting the addict into the group therapy "frame of mind." For example, A.A. actively discourages "crosstalk," or feedback, which is an important therapeutic ingredient of group psychotherapy.

Many addicts have a problem with A.A.'s "higher power." Spirituality, in any form, is often not a comfortable realm for addicts, who may have been turned off by religious trainings at an early age. There is now a movement called the *Secular Organization for Sobriety* (S.O.S.) to fill this gap. S.O.S. provides 12-step group meetings in which no reference is made to a deity.

Many people have been helped by 12-step programs. These are the fortunate ones. Regular attendance at meetings greatly increases the addict's chances for recovery. Many others, who sadly comprise the majority, are made uncomfortable by such meetings and are unable to profit from this ubiquitous, low-cost form of group therapy. Nonetheless, *all* addicts should be strongly encouraged to try out several meetings before rejecting this

extremely valuable form of help. Many group therapists do, in fact, routinely *require* members to attend A.A. meetings.

The Disease Model

A.A. is committed to the controversial concept of addiction as a *disease.* This means viewing alcoholism as a *physical illness* and not as a secondary sign or symptom of some underlying mental or emotional disorder. The disease model requires that you accept the idea that the chemically dependent person's metabolic and physiologic response to alcohol is entirely different from the rest of the population (often referred to as "Normies").

The major impact of the disease model is that it absolves the addict from personal responsibility for problematic behaviors. Alcoholics, for example, may come to see their drinking as the result of a physiological addiction. They are passive victims. Recovery involves accepting the fact, but responding actively by using increased vigilance and restraint to monitor and modify behavioral patterns.

There has been much heated discussion about this issue in the field of substance abuse. One thing is clear: as a *metaphor,* the disease model has a great deal of value. Using the disease metaphor, alcoholics are no longer seen as "weak-willed, morally bankrupt degenerates." Instead, they can now be viewed as people suffering from a treatable condition. Recovery is possible.

The Choice Model (an Alternative Point of View)

In recent years, a third approach has emerged as an alternative to the moral and disease models of addiction. From a social-learning perspective, addictive behaviors are seen as "bad habits." Habits can be analyzed and modified. The habituated person can learn to make new choices.

There is no argument about the fact that excessive indulgence in a habit can lead to disease "end-states." Cirrhosis of the liver in alcoholics, or lung cancer in smokers, is often the end result of addictive behavior. This does not mean, however, that the *behavior* is a disease, or that it is caused by an underlying *physiological* disorder.

An interesting example is provided by heavy smokers who continue to indulge their habit despite the irrefutable evidence of harmful consequences. There is also a high relapse rate among those who try to quit. This raises the question of whether the smoking habit itself qualifies as a disease.

The *choice model* circumvents the problem of blame. Individuals are not considered responsible for the development of the problem. Whether or not the addictive behavior is genetic or even environmentally based is considered irrelevant. Addicts are seen as people who can compensate for their problems by assuming responsibility for changing their behavior, even in the face of setbacks or relapses. Reverend Jesse Jackson summed it up best when he said,

"You are not responsible for being down, but you are responsible for getting up." This is the basic idea to get across to the group in explaining this model: You have a choice.

Selection and Screening

If you have the opportunity to use selection and screening in filling your group, your work as its leader will be much easier. (Most therapists working in county agencies or HMOs are not afforded this luxury.)

There are a variety of options to consider before starting a group with an addicted population. By controlling the rules for inclusion in the group, you can significantly predetermine the therapeutic course and potential outcome. A group that is gender-restricted (such as a men's group) will address different issues than one that is mixed. Groups that are restricted to a single "drug of choice" (such as cocaine) will function differently than polydrug groups.

If possible, you should individually interview each applicant. Ideally, it's preferable to have clients who are personally motivated rather than court-referred, and who have a commitment to being clean and sober. Group therapy doesn't work as well if the client is participating only to save a marriage or a job. These factors may serve to motivate the client's enrollment in a group, but they are poor prognostic indicators.

Other factors to keep in mind when selecting for group membership are

- *Recidivism.* Consider the number of previous treatment attempts or failures.
- *Insight* This refers to the client's understanding of the addiction process.
- *Type of addiction.* Alcoholics and cocaine abusers, for instance, don't usually make congenial group mates. This is not simply due to the nature of the drugs (in this case, downers versus uppers) but because the concomitant lifestyles of the drug users are often quite different (alcohol is legal, cocaine is not).

The assumption in this chapter is that you are leading a group that includes both men and women, and group members who are using a variety of drugs. For the purposes of this chapter, I'm also assuming that participation of all group members is voluntary rather than court-mandated.

Time and Duration

Groups with addicted populations are usually held weekly for a period of an hour and a half. The ideal duration for a beginners' group is ten weeks. If you can safely guide your group over the rapids and shoals of this turbulent part of the recovery process, the odds for your clients' success are greatly increased.

Structure

Addicts are people who lead very unstructured lives. It is therefore crucial to provide a group setting that gives them the security of consistency. Under no circumstances should you change the meeting time or place. It's also essential to begin and end the meeting *on time.*

Begin each session with a check-in. This usually includes following up on the previous week's material. End each session with a homework assignment. You should encourage group members to do the homework, since this will solidify the recovery process. However, don't badger people who are slow to comply. Remember, this population is known for being rebellious and "deviant."

Ask group members to make a strong commitment to attend every session. Experience will teach you that, realistically, these groups always have some relapse and dropout problems. It is therefore acceptable to start the group with up to twelve members, knowing that you will end up with the ideal group size of eight to ten participants.

Using a co-therapist (preferably one of the opposite sex) can be very helpful. However, for economic reasons, this is rarely a viable option. The assumption in this chapter is that you will be working alone.

Goals

In the long run, the only acceptable goal for addicted populations is to be "clean and sober." In fact, each client is required to make this commitment to the group.

One short-range goal involves demonstrating the ability to use alternative coping skills. It's not enough to "just say no." Addicts need to learn to say "yes" to a variety of new coping skills if they are to have a chance of remaining clean and sober.

Another short-range goal is to avoid "slippery places and people." This refers to places where relapses (slips) might occur, and to people who are not supportive of sobriety.

Ground Rules

- No alcohol or drug use. The use of caffeine and nicotine, while not encouraged, is still allowed. The same approach is used in A.A.

- These may serve some purpose in providing a bonding experience, but are generally a waste of the group's time.

- Confidentiality. There is a high value placed on honesty and self-disclosure in these groups. Confidentiality is therefore a basic requirement. This is especially true where use of illegal

substances, such as cocaine or heroin, is discussed freely.

Nonetheless, it's important for you to warn the group about the conditions for mandatory reporting. For example, in cases of child abuse, confidentiality is not as important as the need to protect the child in question. Reporting, in such cases, is your legal obligation.

- absences (when the client has failed to call beforehand) become topics for group discussion and confrontation.

- Feedback. Feedback is a valuable contribution from group members, but only *one person must speak at a time.* Clients are usually encouraged to spend more time listening than talking in the group.

Starting the Group

Since this is the first session, the check-in takes the form of an introduction. Begin by introducing yourself. Include any relevant experience, education, or background that qualifies you as the group leader. If you are in recovery yourself, this is a good time to make that fact known.

Next, go around the room. Ask group members to give their first name, drug of choice, and length of time they've been "clean and sober." This usually ranges from a couple of days to a couple of weeks—but don't be surprised if someone says, "a couple of hours." Everyone gets his or her turn: you must

provide the structure. The group is already beginning to learn that this will be a safe environment, a place where everyone will be treated fairly.

This is the time to introduce the basic framework of the group, including the rules listed above. Leave plenty of time for questions and discussion. It's important that no ambiguity exists. Addicts are always looking for "loopholes."

There is bound to be someone who wants to try to return to "social drinking" or "recreational" drug use. This fantasy is a dangerous illusion for the addict.

Defer all such questions until the person has achieved 90 days of being clean and sober. At that time, the addict will be able to look at the issue with a clear mind. Most people will value their sobriety and will not want to take the risk. There's really no point in discussing this issue with someone who is technically still "under the influence."

Group members should be encouraged to help each other over the rough spots. Let them know that it's acceptable to exchange telephone numbers and call other group members for support during the week.

Main Concepts and Skills

A. Concept: Making a Choice

The basic idea is that using or abusing alcohol and drugs is a matter of choice. No matter what the genetic predisposition or environmental stressors, choice is still possible.

There are, in fact, two levels of choice. First, there is basic choice to be "clean and sober." This is a *long-term* choice, a healthy decision to live a life free of chemical dependency. Such a choice is the basis for the addict's recovery.

This basic choice, however, must be supported by an infrastructure of smaller, everyday choices. Recovery literally takes place "one day at a time." This incremental approach leads to an examination of the *environmental cues* that might touch off problems. The emphasis is on how to make early choices involving "slippery places and people."

Pass out copies of the handout, Five Days in the Life of an Addict.

"It would be wonderful if all drug addicts could have such a productive 'week.' Then they could really enjoy the weekend! In reality, these five 'days' (or stages of recovery) are usually spread out over many years.

"The first 'day' portrays the addict as a helpless *victim.* You may be a victim of 'genetic inheritance' or a 'dysfunctional family.' You can't help it—

it's not your fault.

"The second stage of addiction is *denial.* The problem is there, but you don't want to see it.

"The third stage is the beginning of the recovery process. You see the problem for what it is, and recognize it *as a habit.* You *accept responsibility,* and are now able to respond in a more adaptive way.

"The fourth stage represents the validation of your recognition of the problem, and your decision to *act responsibly.*

"Finally, the fifth day demonstrates your ability to make new choices and open up a whole new world of possibilities."

Five Days is useful as a metaphor for talking about the recovery process. It sets the tone and mood for the difficult days ahead. This leads naturally into a discussion of specific day-to-day (even hour-by-hour) choices that must be made by the addict.

Tell the group: "It's *easy* to decide 'not to drink.' But this long-term decision must be supported by a myriad of short-term decisions. The early recovery process is actually based on "mini-decisions" during every hour of the day.

"After the first few drinks, or several 'lines' or 'tokes,' your ability to make sensible choices is severely impaired. In recovery, addicts need to learn to make *early* choices about *slippery places and people."*

B. Concept: Understanding Addiction—Physiological and Psychological Addiction

Physiological addiction is defined by two criteria. You can explain these concepts to the group as follows:

- *Tolerance.* This occurs when the body gets used to a drug. More and more of the same drug is required simply to achieve the same effect. With heroin, for example, after a week of continuous use an addict must triple (or even quadruple) his or her dose just to get the same 'high.' This is similar to the alcoholic's ability to tolerate amounts of alcohol that would 'waste' an ordinary person.

- "*Withdrawal Syndrome*. This is basically a *rebound* phenomenon. When the body gets used to an altered chemical state (such as dependence on a drug), it responds strongly when that drug is no longer administered. In withdrawal, the body may responds in the opposite way to its usual response to the drug. For example, heroin use promotes constipation, but cessation of its use will cause diarrhea. For the alcoholic, who usually gets a profound effect from alcohol, *delirium tremens* (D.T.s) and seizures are potentially life threatening."

Follow these definitions by describing the notions of *psychological addiction* and *denial.*

Five Days in the Life of an Addict

(A modified version of *Autobiography* by Portia Nelson)

Day One

I walk down the street

There is a deep hole in the sidewalk.

I fall in.

I feel lost...I feel helpless.

It isn't my fault!

I'm not responsible.

It takes forever to find a way out.

Day Two

I walk down the same street.

There is a deep hole in the sidewalk.

I pretend I don't see it.

I fall in again.

I can't believe I'm back in the same place. But it *isn't my fault.*

I *don't* feel responsible.

It still takes a long time to get out.

Day Three

I walk down the same street.

There is a deep hole in the sidewalk.

I see it is there.

I still fall in...it's a habit.

But, my eyes are open, I know where I am. It *is* my fault.

I *am* responsible.

I get out very quickly.

Day Four

I walk down the same street.

There is a deep hole in the sidewalk.

I walk around it.

Day Five

I walk down a different street.

Psychological addiction is characterized by a pattern of compulsive behavior (continued use or abuse) in the presence of clear signs of negative consequences. Several citations for Driving Under the Influence (D.U.I.s), and the loss of job, family, or friends will not deter the committed addict from using his or her drug of choice. Psychological addiction is not limited to substance abuse, as witnessed by the proliferation of f2-step groups: *O.A.* (Overeaters Anonymous), *G.A.* (Gamblers Anonymous), and even *S.L.A.A.*

Understanding *denial* is the key to understanding the addicted person. On this point there is general agreement among all theorists and practitioners in the addiction field. All addicts typically adopt a defensive posture based on rationalization and denial, which enables them to avoid seeing the disastrous results of their behavior. This characterological style prevents them from recognizing or admitting to themselves that they have a serious problem.

Most theorists agree on the necessity for identifying the addict's use of denial as an ego defense. Although there is some disagreement about how to go about breaking through this denial system, there is no doubt that such a breakthrough represents the essential first step in the recovery process. A.A. has dealt with this issue in an elegantly simple way. Their first step in the

addict's recovery process is an admission of "powerlessness" in the face of the addict's drug of choice (see A.A.'s *The Twelve Steps* at the end of this chapter).

Three Broad Categories of Drugs and Drug Use

Sideways Drugs

"Sideways" drugs are characterized by their ability to alter consciousness. They are primarily known as hallucinogens and psychedelics, but also as "psychotomimetics" (for their ability to mimic psychotic states).

LSD (D-Lysergic Acid): "Acid," "Fry," "Window Pane," "Owsley," etc. Also DOM, STP, DMT

Mescaline: Peyote, Cactus, "Buttons"

Psylocybin: "Shrooms," Magic Mushrooms

Marijuana: "Pot," "Grass," THC, also "Hash"

PCP (Phencyclidine): "Dust," Angel Dust, "Sherms"

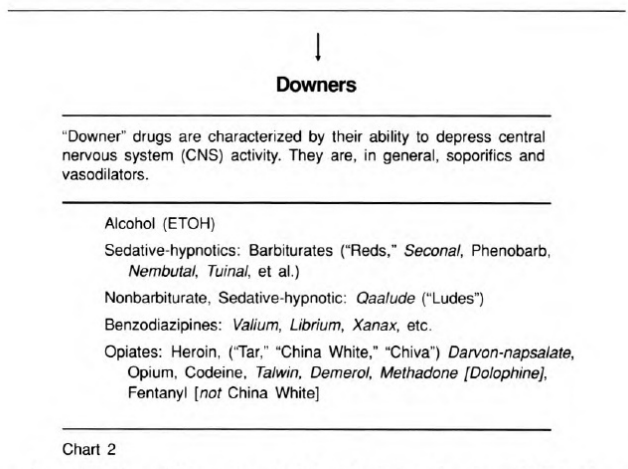
MDMA: "Adam," "XTC," (not MDA)

Designer Drugs: such as MPTP

Chart 3

Your discussion of this section should include the following information: "Free-base" is a process for altering regular cocaine (which is snorted by "doing lines") to a smokable form, commonly called "crack." The original method involved ether as a chemical reagent. This volatile substance accounted for Richard Pryor going up in flames. Baking soda is now more commonly used as a safe reagent. "Ice" is a new form of smokable methamphetamine, which has dangerous long-term effects. *Ritalin* was once

used to counteract hyperactivity in kids. It produced a paradoxical calmness. "Pellets" are *Ritalin* that has been crushed, "cooked," and injected intravenously. The danger here is that the talc covering can form emboli in the blood system.



Downers

"Downer" drugs are characterized by their ability to depress central nervous system (CNS) activity. They are, in general, soporifics and vasodilators.

Alcohol (ETOH)

Sedative-hypnotics: Barbiturates ("Reds," *Seconal*, Phenobarb, *Nembutal*, *Tuinal*, et al.)

Nonbarbiturate, Sedative-hypnotic: *Qaalude* ("Ludes")

Benzodiazipines: *Valium*, *Librium*, *Xanax*, etc.

Opiates: Heroin, ("Tar," "China White," "Chiva") *Darvon-napsalate*, Opium, Codeine, *Talwin*, *Demerol*, *Methadone [Dolophine]*, Fentanyl [*not* China White]

Chart 2

Your discussion of this section should emphasize the fact that, of all the drugs listed above, alcohol is the one that is a major cause of death in this country. Alcohol, in excess, has a harmful effect on all body systems. As a side note, alcohol and Chloral Hydrate, when combined, were known as "knock-out drops" or a "Mickey Finn." This can lead in to a discussion of the dangers of mixing drugs that are synergistic (in other words, they have a multiplying effect). The danger of mixing alcohol and barbiturates was demonstrated by Dorothy Killgalen's unfortunate death. Similarly, mixing heroin and cocaine ("Speedball") caused John Belushi's death. Fentanyl, a powerful synthetic

form of heroin (falsely advertised as "China White") has been responsible for many deaths by overdose. It's also important to note that the benzodiazepines are physiologically addicting. They can cross the placental barrier and result in addicted newborns.

↑

Uppers

"Up" drugs are characterized by increased central nervous system (CNS) activity. They are vasoconstrictors and depress appetite.

Cocaine (Regular, "Free-base" [Crack])
Methamphetamine ("Speed," "Whites," "Crank," "X-Tops," "Chrystal," "Ice")
Diet Pills (especially *Preludin*)
Ritalin ("Pellets")
Caffeine ("Java")
Nicotine ("Coffin-nails")
Sugar (not generally considered a drug, but it has similar effects!)

Chart 1

Your discussion of this section should begin with the dangers of abusing mind-altering drugs. However, some of these drugs do have legitimate uses. Marijuana has been used to offset the effects of chemotherapy in cancer victims. It also can reduce intraocular pressure caused by glaucoma. Mescaline is legally used in religious ceremonies of the Native American Church, and PCP is a common tranquilizer for large animals. Designer drugs are produced by street "psychopharmacologists" to circumvent the law, which regulates drugs by molecular formulae. Changing the molecular

structure of a drug slightly can produce a "legal" version with the same effect (such as "Eve," which followed the banned "Adam"). Sometimes, however, (MPTP is an example), these experiments go tragically awry. In an effort to produce yet another synthetic heroin, MPTP yielded a drug that caused irreversible Parkinsonian symptoms in its users.

Psychoactive Drugs	Effects	
	Average Dose	Large Dose
Alcohol Beer Wine Hard Liquors	*Depressant* Relaxation, lowered inhibitions, reduced intensity of physical sensations, digestive upsets, body heat loss, reduced muscular coordination	Loss of body control, passing out (also causing physical injuries), susceptibility to pneumonia, cessation of breathing
Sedative Hypnotics Barbiturates, i.e., Phenobarbital, Nembutal, Seconal, Tranquilizers, i.e., Valium, Milltown, Librium Quaaludes	*Depressant* Relaxation, lowered inhibitions, reduced intensity of physical sensations, drowsiness, body heat loss, reduced muscular coordination in speech movement and manual dexterity	Passing out, loss of body control, stupor, severe depression of respiration. (Effects are exaggerated when used in combination with alcohol—synergistic effect)
Opiates and Opioids Opium, Morphine, Heroin, Codeine, Dilaudids, Percodan, Darvon, Methadone	*Depressant* Suppression of pain, lowered blood pressure and respiratory rate, constipation, disruption of menstrual cycle, hallucinations.	Coma, respiratory depression, death
Stimulants Amphetamines, i.e., Dexedrine, Methamphetamines (Speed), Ritalin, Cocaine, Diet Pills, MDA	*Stimulation of Central Nervous System* Increased blood pressure and pulse rate, appetite loss, increased alertness, dilated and dried out bronchi, restlessness	Temporary psychosis, irritability, convulsions, palpitations. (Not generally true for caffeine)
Psychedelics LSD, Mescaline, Psilocybin	*Alteration of Mental Process* Distorted perceptions, hallucinations, confusion, vomiting	Psychosis, hallucinations, vomiting, anxiety, panic, stupor

PCP	Sedation, altered mental processes	With PCP: Aggressive behavior, catatonia, convulsions, come, high blood pressure
Hashish, Marijuana		Distorted perception, anxiety, panic
Other (Inhalants): A. Organic solvents: glue, paint, gasoline, kerosene, aerosol	Exhilaration and lightheadedness, excitement, reduced muscle coordination, lowered inhibitions	Mental confusion, loss of body control, slurred speech, double vision, hallucinations, memory loss, coma, collapsing of lungs
B. Nitrous Oxide, Amyl Nitrite, Butyl Nitrite	Dizziness, flushing of the face, lightheadedness, increased heart rate, decreased blood pressure, headache, nausea	Confusion, weakness, fainting, loss of body control, coma

Chart 4 Short- and Long-term Effects of Drug Use

Psycho Active Drugs	**Development of Tolerance**	**Prolonged Use of Large Amounts**	**Withdrawal Symptoms After Prolonged Use**
Alcohol Beer Wine Hard Liquors	Moderate	Liver damage, ulcers, chronic diarrhea, amnesia, vomiting, brain damage, internal bleeding, debilitation	Convulsions, hallucinations, loss of memory, uncontrolled muscle spasms, psychosis
Sedative Hypnotics Barbiturates, i.e., Phenobarbital, Nembutal, Seconal, Tranquilizers, i.e., Valium, Milltown, Librium, Quaaludes.	Moderate	Amnesia, confusion, drowsiness, personality changes	Uncontrolled muscle spasm, a series of possibly fatal convulsions, hallucinations
Opiates and Opioids Opium, Morphine, Heroin, Codeine,	High	Depressed sexual drive, lethargy, general physical	Severe back pains, stomach cramps, sleeplessness,

Dilaudids, Percodan, Darvon, Methadone		debilitation	nausea, diarrhea, sweating
Stimulants Amphetamines, i.e., Dexedrine, Methamphetamines (Speed), Ritalin, Cocaine, Diet Pills, MDA	High	Psychosis, insomnia, paranoia, nervous system damage. (Not generally true for caffeine)	Severe depression both physical and mental. (Not true for caffeine)
Psychedelics LSD, Mescaline, Psilocybin PCP Hashish, Marijuana	Moderate Mild	Psychosis, continued hallucinations, mental disruption Controversial	Occasional flashback phenomena, depression No true withdrawal symptoms except possible depression
Other (Inhalants): *A.* Organic solvents: glue, paint, gasoline, kerosene, aerosol	Moderate	Heart, liver, lung, blood cells, and brain damage; amnesia, confusion and personality changes	Irritability, sleeplessness, hallucinations, depressions, and (rarely) delirium tremens
B. Nitrous Oxide, Amyl Nitrate, Butyl Nitrate	Mild to Moderate	Confusion personality changes, blood abnormalities with the Nitrates	No true withdrawal yet observed

Chart 5

C. Skill: Surviving the Weekend Without Alcohol or Drugs

The basic strategy for surviving the weekend is to keep busy and avoid slippery places. To begin with, it's helpful to get suggestions from the group on how to keep busy. Keep adding your own ideas as a supplement. The following is a representative sampling of possible activities:

Go to the beach	Take a hike

Go for a ride

Visit friends

Bake a cake

Play cards

Play Frisbee

Wash your car

Help a neighbor

Read a book

Build a snowman

Plant a tree

Have a picnic

Rent a video

Watch the sunset

Climb Squaw Peak

Call a friend

Play racquetball

Play tennis

Listen to music

Play handball or golf

Go roller-skating

Practice Tai-Chi

Play Ping-Pong

Go shopping

Crochet

Fly a kite

Do crossword puzzles

Watch the ballgame on TV

Make a barbecue

Work in the garden

Go to a concert

Go swimming or ice skating

Make love

Take kids to the zoo

Go to the movies

Write a letter

Take a nap

Go jogging

Do aerobics

Sleep late on Sunday

Tune the car

Write a poem

Get or give a massage

Learn to tap dance

Knit a sweater

Watch Shakespeare-in-the-Park

Buy a new hat

Recycle newspapers and glass	Have a garage sale
Go to a garage sale	Practice archery
Dye Easter eggs	Lift weights
Go fishing	Go rowing
Trim the Christmas tree	Light Hanukkah candles
Visit a nudist colony (use sun screen)	Go skiing, sky diving, wind surfing
Go to a museum, an aquarium, a church or synagogue	
Go horseback riding, hang gliding, dancing	
Play soccer, baseball, basketball, football, cricket	
Play bridge, cribbage, poker, whist	
Attend a workshop	
(In California) "clear" your crystals, or take a hot-tub	
Practice playing the guitar (or your instrument of choice)	

The other part of successfully surviving the weekend is dealing with *denial.* As noted earlier, this refers to the addict's characterological inability to recognize the negative consequences of his or her behavior. At this point in the recovery process, denial is often manifested by overconfidence or cockiness in the face of early success with sobriety. Addicts may begin to delude themselves that they can “handle" such situations as going to a bar to meet old friends or—even worse—having "just one beer."

D. Skill: Relaxation Training

It's possible to learn how to relax without using alcohol or drugs.

You can introduce the topic of relaxation training to the group by saying, "To begin with, it's important to learn to breathe. In order to live, you have to breathe. In order to live well, you have to breathe well. Your best teacher is the nearest baby. Watch as the baby, at rest, fills his or her belly with air, like a balloon."

Instruct group members to put their left hand on their abdomen (belly), and right hand on their chest. Scan the room. At least one member will be "out of sync." Gently get everybody together.

Now instruct the group: "Inhale slowly, through your nose. Fill your abdomen, push the air into your belly. Notice your left hand being pushed up. Your right hand should move only slightly, and at the same time as your left one.

"Exhale through your mouth, making a relaxed, quiet, 'whooshing' sound." Instruct them to relax the mouth, tongue, and jaw. Then have the group take long, slow, deep breaths that raise and lower the abdomen."

The next step is to demonstrate a technique for systematic relaxation of all the muscles in the body. The following exercise is specifically designed to be useful for addicted populations. It is neither too short nor too long, and

will be readily accepted by the group.

Instruct the group to *begin at the bottom:*

"Extend your legs, and point your toes forward; now point your toes toward your head. Notice the tension in your calves. Hold it, hold it, and let go, and *relax.*

"Next, tighten your thighs and buttocks, hold it, hold it, and relax. *Sigh.* Now tighten your stomach muscles; hold, and *relax.* Finally, arch your back (don't do this if you have back problems), and tighten the muscles of your back. Hold, and *relax.*

"Now, tighten your hands (make a fist), forearms, biceps: demonstrate the "Charles Atlas" pose. Hold, and *relax.* Hunch your neck and shoulders (like a turtle), hold, let go. Now roll your neck around, slowly. First one way, and then in the other direction. *Breathe."*

Finally, ask the group to focus on the face. "Begin by tightening your chin, mouth, lips, nose, eyes, forehead, scalp, and ears. *Make an ugly face.* Hold it, and relax."

Lastly, ask the group to take a deep breath and compress their lips. "Now relax and blow out, making a horsey sound." This is usually followed by

relaxed laughter.

Instruct the group members to close their eyes, *relax,* and "enjoy the trip." You will then read out loud the following hypnotic induction. The *underlined* words should be gently stressed for maximum effect. Pause, as indicated by the commas. Notice the suggestions at the beginning to *see, feel, hear,* and *smell* ("smells *green"* is deliberately confusing in order to distract the critical faculties of the analytical mind). With each repetition of *down,* you are deepening the trance. Entering a "clearing" is a deliberate metaphor, reinforced by allowing the mind to clear at the stream. "And you can remember..." induces a post-hypnotic effect of relaxation. Finally, the induction begins and ends, in the chair, with a feeling of *support.*

First Visualization Exercise

"Feel yourself sitting in your chair—notice the **support**, underneath and behind you. **Now**, imagine yourself standing up and walking around. **See** yourself walking out the door, down the hallway, and outside to the parking lot.

"You can **feel** the concrete, under your feet, and **hear** the noise of traffic. Walk on down the street. Notice that there are trees in the distance. You're approaching a place where the city ends and the forest begins. You walk down the street until you come to the trees: you can **see** a path in the forest.

Follow the path, and keep walking. Notice the difference, as you walk. The ground is softer, and more yielding to your weight. There are trees to your left, and to your right. Sometimes the trees grow closer together, and the forest is darker; sometimes they grow further apart, and the forest is lighter.

"As you're walking down the path, it feels as if you're going **downhill**. You go **down**, through the trees, until you see light at the end of the path. It's light now, and you're out of the woods. You've come into a **clearing**, a quiet meadow in the middle of the forest. Here the sun is always shining, and the grass **smells** green. Walk around, explore, then find your perfect spot. When you've found it, sit **down**. Sit all the way **down**.

"**Relax**, stretch out, and lie down in the sweet-smelling grass. Feel yourself sinking, **deeper and deeper**, feeling more and more relaxed: the warm sun on your body, every muscle getting **softer and softer**. And when you're really relaxed, it's time to stretch your legs and arms.

"As you're stretching, just like a cat in the sun, you notice a gentle sound off to the side of the meadow. It's the sound of running water, and you follow the sound until you find the stream that borders the meadow. It's a clear mountain stream, and you can sit on the bank and watch the water flow. Put your feet in the stream, and feel the cool, clear water.

"Sometimes, thoughts come to you mind that you don't like. Let them

come. And **let them go**. Put those thoughts on a leaf, and let them float on the water. Watch those thoughts flow **down, down** the stream, **down** to the river, fed by the stream, and finally **down** to the sea. And you know that the water always flows **down, down** to the sea. The water has been doing that for all of time, and it always will.

"Sit for a while. And let your mind become **clear** and cool as the stream. It's very relaxing and refreshing to sit here, by the stream. Your whole body is relaxed, your mind is cool and **clear**. And you can come here any time you like, to find peace, comfort, and relaxation, and a sense of well-being.

"When you feel really **clear, relaxed, and confident**, then you can begin to **come back**. **Come back** to the meadow, and **remember** your perfect spot. And **you can remember** the relaxation, the sense of perfect peace, and strength. Continue to walk through the meadow and find the path back. Walking slightly **uphill** through the trees. Notice how sometimes the trees grow closer together, and it gets darker, and sometimes they grow further apart, and it gets lighter.

"And you follow the path all the way **back** to the edge of the forest, where the pavement begins. You walk **back** along the streets, **back** to the parking lot. **Come back** to this building, walk down the hall, back to this room. And now you're sitting in your chair. Feel the support underneath and

behind you. And now, take your time, and **come all the way back**. Take a deep breath, slowly open your eyes, and **come back to this room**."

You can finish this session by giving the group a handout on relaxation, to facilitate practice at home.

Second Visualization Exercise (to be used the week following the first visualization)

Use the first visualization exercise up to the point of reaching the meadow. Instruct the group as follows:

"... And as you return to the meadow you notice a path on the other side. This path winds uphill, and you decide to find out where it leads. It's not easy going, this path. It's hard to climb uphill. And the terrain **begins to change**. Instead of grass there are bushes, and large rocks. It really takes an effort to climb up, but **you can do it—you can make it** all the way up to the top.

"As you look up you can see that the trail ends, in front of a cave. It's a warm, dry cave. As you reach the top, and sit down to rest in front of the cave, you notice a flashlight. Turn it on. And with the light on, go inside the cave and look around. **You can safely explore** the cave. And now, you notice, **way, way in the back** of the cave, there's a chest, an old wooden chest, with leather and brass fittings. Go all the way to the back of the cave. You see the

chest and you know that there's something inside, inside the chest, just for you.

"Open the chest and look inside. Use the flashlight to look inside. And now **you have a choice**. **You can choose**: to either take what's in the chest with you, or to leave it behind. Whatever you choose, it's time to turn around and leave the cave. Come outside, turn off the flashlight, and put it down. The flashlight will be there whenever **you choose** to return to the cave.

"Now climb back down the hill. Notice that the going is **easier now**, coming down the path. And soon you're back in the clearing, the peaceful meadow, where the sun is always shining, and grass smells green. You can take a moment to feel the comfort and relaxation of being in your special place. It feels so good to be here, and **you can remember** the feeling of peace. And remember the choice you made.

"Now it's time to find the path that leads back to our room...."

Finish the trip as you did last week, by reminding clients of the chair that supports them in this room.

Once again, the underlined words are to be gently emphasized. This trip offers many possibilities: the possibility of trying something new; the possibility of taking a difficult path and successfully reaching the goal; and,

most importantly, the possibility of making new choices.

E. Concept: Stress and Addiction

"Knowing how stress affects addiction can have a major influence on your life. Let's find out a little about the stresses you've been facing, and how they may have affected your drug or alcohol use. During the past year, did you have a *major* change in any of the following areas? (This can be a major change in either direction, for example, a lot more or a lot less. Even "good" changes induce stress.)

- Sleeping habits (such as through a change in job shift)
- Eating habits (loss or gain of a lot of weight)
- Type or amount of recreation
- Social or church activities
- Number of family get-togethers
- Number of arguments with spouse

Relaxation Handout

Remember to breathe naturally (like a baby) into your diaphragm: in through your nose, out through pursed lips. Do this in between exercises.

Relaxation begins by (paradoxically) increasing the tension first, then "letting go." Tense each muscle group for five seconds. Notice the contrast between the feelings of tension and of relaxation.

Remember to begin "at the bottom":

1. Lift your legs. Point your toes away from you, then toward your face. Feel the tension in your calves. Tighten your thighs and buttocks, hold, and relax.

2. Arch your back (omit this if you have back problems), tightening muscles; take a deep breath into your chest. Hold, and relax. Tighten your stomach, hold, and relax.

3. Make a fist, tighten your forearms and biceps (make a Charles Atlas pose): hold, and relax. Hunch your neck and shoulders (like a turtle): hold, let go, and roll your neck around.

4. Finally, make an **ugly face**. Tighten your chin, mouth, lips, nose, eyes, forehead and scalp. Hold, then relax.

5. Let your lips go loose and blow air through them. (Make a "horsey" sound).

To practice the visualization, remember to

1. Walk along the street to the woods.

2. Find the path through the trees to the clearing.

3. Relax in your "perfect spot."

4. Go to the stream and let your thoughts go, down the stream, to the river, and down to the sea.

- Different personal habits (clothes, associates)
- Trouble with your boss
- In-law troubles
- Sexual difficulties

"During the past two years, did any of these things happen to you?

- Death of a close friend, family member, or spouse
- Major personal injury or illness
- Major change in health or behavior of a family member
- Major business reorganization; change in working hours, conditions, or responsibilities
- Being fired or retiring from work
- Marriage
- Marital separation or reconciliation with spouse
- Divorce or termination of a long-term relationship

- Change in living conditions or residence
- Son or daughter moving away from home
- Detention in jail or another institution
- Getting traffic tickets or being cited for D.U.I.
- Outstanding personal achievement (book gets published, win the lottery)
- Spouse beginning or ending job
- Pregnancy
- Changing to a new school or line of work
- Beginning or ending formal education
- Taking on a new mortgage (over $10,000)
- Taking out a major loan (car or major appliance)
- Foreclosure on a mortgage or loan
- Vacation

(Adapted from the "Schedule of Recent Experiences" by Thomas Holmes, M.D.)

F. Concept: Family Roles in Addiction

It's helpful for addicts to put their lives in perspective. Learning the role that families have in the addiction process often helps the addict realize that he or she is not alone.

Explain to the group that children in alcoholic families often assume one or more or the following roles:

The Family Hero

"This is usually the oldest child in the family, a 'parentified' child who is overly responsible and rarely misbehaves. Often encouraged to take on adult tasks such as cooking, cleaning, and babysitting, the family hero is deprived of his or her own childhood. This child is well organized, good in school, and often a class leader. Family heroes like order and structure. They learn early on to rely only on themselves, making it difficult to develop intimacy or trusting relationships."

The Scapegoat

"These children often do poorly in school and display delinquent behavior in order to distract attention from the family secret (alcoholism or drug abuse). The scapegoat will often resort to sexual 'acting out' (females may even get themselves pregnant) or use a variety of drugs in their attempt to 'save' the family. These kids will have to learn to *talk* about their feelings,

rather than acting them out."

The Lost Child

"This child tends to be nonverbal and to withdraw to avoid attention. The lost child is often literally forgotten by other family members. Regardless of ability, this child will be only an average achiever in school. Similarly, the lost child will make few if any friends, and will be detached from social circles. Issues involving trust in others will be a problem."

The Mascot

"Often the family clown, this child laughs harder (and cries harder) than anyone else. The mascot's job is to make others feel better by diverting attention from pain by making jokes or trying to smooth things over. By staying focused on others, children in this role are able to avoid focusing on their own pain."

G. Skill: Assertiveness

Addicts may use and abuse alcohol and drugs in an attempt to deal with everyday stress. This behavior often *does* provide temporary relief, by numbing or masking feelings. Unfortunately for the addict, this "solution" makes for more problems in the long run.

Many therapists working with addicts believe that a good deal of drug abuse and alcoholism could be eliminated through teaching people to be more assertive. The reasoning is that assertive behavior—standing up for your legitimate rights and saying "no" when you don't want to do something—can reduce stress and thus reduce the need for the short-term fix of alcohol or drugs.

Explain to the group that there are three basic styles of interpersonal behavior: passive, aggressive, and assertive.

Passive

"The passive style of interaction is characterized by letting others push you around. Passive people do not stand up for themselves, and usually do what they are told, regardless of how they feel about it. When using this style, you will rarely experience direct rejection. On the other hand, you will feel that others are taking advantage of you, and will carry around a load of resentment and anger."

Aggressive

"The aggressive style is typified by fighting, accusing, and threatening behavior. In general, the person using this style steps on others without regard for their feelings, in the manner of a bully. This style has its

advantages, since aggressive people often get what they want. On the "down" side, other people may avoid your company."

Assertive

"Finally, the assertive style allows you to stand up for yourself, express your feelings, and get what you want. You can have all this without feeling guilty or being inconsiderate of other people's feelings. You can be direct in asking for what you want or saying what you *don't* want. For example, you can say, 'No thank you, I don't want a drink.'"

Continue by explaining to the group that the key to being assertive is making *assertive statements.*

"An assertive statement has three basic components that relate to the situation at hand:

1. Your perception of the situation ('I think...')
2. Your feelings about the situation ('I feel...')
3. What you want in this situation ('I want...')

H. Skill: Dealing With Relapse

Remember—having a "slip" is the norm for this population. Picking up

the pieces and continuing the recovery process as gracefully as possible is the way to success.

Say to the group that some things to be careful about include the following:

Negative physical or emotional states

"Don't allow yourself to become overly hungry, tired, depressed, or angry. If you feel bad enough, drinking or drug use will seem like an attractive solution." As a helpful reminder, write the following on the blackboard. First write the *HALT* vertically, then fill in the rest horizontally:

***H** ungry*

***A** ngry*

***L** onely*

***T** ired*

"These are the primary things to watch out for. These are the main causes of relapse. The solution is obvious. *Take care of yourself.* If you're hungry, eat something. If you're angry, deal with it by being assertive. If you're lonely, call a friend, or go to an A.A. meeting. If tired, take a nap. Be

good to yourself *without using drugs or alcohol."*

Thinking about drinking (or using drugs)

"Some reflection or fantasizing about drinking or drug use is normal and natural during the early stages of recovery. However, if you find yourself dwelling

on such thoughts, you may be heading for a relapse. Carry a notebook around with you and make a note of every alcohol- or drug-related thought, along with what you were doing at the time. You may begin to see a pattern in the circumstances that trigger such thoughts."

Dishonesty

"Dishonesty may begin with little lies to friends and family. When you start lying to yourself, making rationalizations or excuses for not doing things you know you should, *be careful. A* relapse may be just around the corner."

Expecting too much

"Many people in recovery think that once they've stopped 'using,' everything will be fine. Unfortunately, you'll continue to have problems, just like before. This does not mean that you should return to drug abuse. Problems are part of being human. When you're clean and sober, you're

better equipped to deal with them."

Feeling "cocky" (too self-assured)

"A really subtle trap in early recovery is feeling cavalier or overly self-assured. 'I've got it made,' you may find yourself thinking after a period of abstinence. Having made a good beginning is great! However, *recovery is a long-term process.* The recovering addict is 'at risk' for the rest of his or her life."

Letting go of healthy activities

"It's all too easy to stop doing the things that are good for you. These might include exercise, relaxation and meditation, or attending A.A. meetings. Fighting your impulse to procrastinate or just drop out might mean the difference between winning and losing your struggle with addiction. Your healthy activities are part of your support system: treat them as vital aspects of your survival, as important as food and shelter."

I. Skill: Preventing Relapse

One helpful way to prevent relapse is to develop a "map" that allows the addict to avoid the "holes in the sidewalk."

You can begin discussion by saying:

"Once you're in the middle of a 'run,' there's *no choice.* After the first couple of drinks or a couple of 'lines,' you have no choice but to continue until your body tells you to stop. And your own body's signals are unique.

"Choice is only possible during periods of sobriety. These are the only times when addicts are truly responsible for their choices, being capable of responding in new and different ways. The trick is to learn to recognize the *triggers* that will inevitably result in a relapse.

"A simple solution is not to take the first drink or the first 'line.' This will work every time. But 'Just say no' is a simplistic solution that fails to take all the temptations of modern life into consideration. There is danger everywhere. One client counted 28 places to buy liquor between our meeting place and her home, which was one and a half miles away. Some cars seem to 'automatically' stop at liquor stores; cocaine is increasingly plentiful. In some places, it's hard to go into a bathroom without finding someone doing a Tine.'"

Main Interventions

Week 1

Introduction

See Starting the Group.

A. Concept: Making a Choice

Intervention 1: Didactic Presentation

Hand out *Five Days in the Life of an Addict* (see Concepts and Skills section) and discuss specific choices that an addict can make.

Intervention 2: Group Sharing

Ask group members to discuss situations in which they were aware (or unaware at the time) of having made a choice that led to drinking or using drugs. Some examples might be 1) went to a party with old drinking buddies; 2) slept with an old girlfriend with whom coke was always the third member of a *ménage a trois;* 3) accepted an invitation to a family reunion during which the client expected to be criticized; 4) spent the evening alone instead of seeking needed support.

It's important to reexamine all these situations to find the point at which a new choice could be made. Remember, the earlier the choice is made, the easier it is to change habitual behavior.

Homework

For homework this week, simply suggest (with a smile) that the group "watch out for holes in the sidewalk."

Week 2

Check-in

This is a very important component of the ongoing structure of the group. Basic ingredients include:

1. Querying group members about how their last week went and whether they encountered any problems

2. Asking for questions regarding the material presented in group last week

3. Doing a follow-up on the previous week's homework assignment.

Always leave plenty of time for clients' responses. The important thing here is for group members to feel comfortable sharing their concerns. But you should nonetheless discourage "war stories." Encourage group interaction by asking other members how they would respond in a similar situation. This sets the tone for future group work.

There are times when this process is so productive that it may take up the entire session. Be flexible. There's plenty of time in the ten weeks to

present the didactic and structured material. However, it's best to cover the material in the *order* suggested by this outline.

If you're running late this week, omit the drug overview, saving it for a later date. It's more important to leave enough time to do a thorough job on *surviving the weekend.*

B. Concept: Understanding Addiction—Physiological and Psychological Addiction

Intervention 3: Group Exercise—Haight-Ashbury Drug Rap

The first step is to provide an overview of "Drugs of Abuse," a pamphlet put out in the early 1970s by STASH (Student Association for the Study of Hallucinogens). This is usually introduced as "The Haight-Ashbury Drug Rap," since that's where the style originated.

This exercise is designed to be fun, and is best done with audience participation. As the categories are drawn on the blackboard, people shout out names of drugs. These are recorded in the appropriate spaces, with additional commentary from the group leader.

To begin, divide the blackboard into three equal sections. At the top, label each section as follows:

"There are three basic types of drugs: Then turn to the group and ask ingenuously," any questions so far?"

The three basic types of drugs are; Uppers, stimulants; Downers, which are depressants; and Sideways, which are drugs that can work both ways (such as psychedelics or hallucinogens)." (Refer to charts 1, 2, and 3 in the Concepts and Skills section.)

Next, discuss the specific short- and long-term effects of these drugs, including tolerance and withdrawal effects. (See charts 4 and 5 in the Concepts and Skills section.)

In doing this exercise, it's important to maintain a neutral and nonjudgmental attitude. Drugs are neither good nor bad—it's the *abuse* that's a problem. The bottom line of this session must make the basic point that all of these drugs, while useful in some situations, are not necessary. In fact, there is nothing that any of these drugs can do that cannot be accomplished in their absence. Nondrug alternatives, however, such as relaxation techniques and meditation, *do* take longer and involve more effort.

Intervention 2: Group Sharing

Explore with the group how denial has had an impact on each person's drug or alcohol abuse. Remember that when it comes to the issue of denial, group therapy is the most potent solution for this population. From the addict's point of view, the so-called experts can only preach what they've learned from books. Group members, who have "really been there," can confront the addict based on their own experience with substance abuse. Such statements as, "I only drink beer (two six-packs a day)" or "I only drink wine with dinner (well, one of those big 1.5 liter bottles)" are met with howls of laughter among a group of recovering alcoholics. "Yes, brother, you're one of us." The group can bring a sobering dose of reality to even the most recalcitrant of addicts.

C. Skill: Surviving the Weekend Without Alcohol or Drugs

Intervention 3: Group Exercise

Gather suggestions from the group for keeping busy, and write each one of them on a blackboard until it is completely filled. (See example in the Concepts and Skills section.)

It should be acknowledged that many, if not most, of the activities you'll list may carry some association with drinking or using drugs. The bottom line,

however, is that none of these activities *requires* the use of alcohol or drugs. Of course, the addict won't be able to comfortably attend a wine-tasting party, but that's pretty much the only limitation on the weekend activity.

After the list is made, go around the room and solicit individual plans for the weekend.

Intervention 3: Group Exercise—Handling Potential Problems

Not only do group members need to plan safe weekend activities: they also need to plan to handle potential problems and problematic activities. It's best to use real-life situations as ways to talk about potential problems, and to formulate well-planned strategies to deal with them.

Raise a typical problem situation, such as going to a party, and ask members to suggest strategies for dealing with such "slippery places."

One potential solution is for clients to take their own nonalcoholic beverages to the party. Holding a glass of ginger ale (or bubbly water with a twist) is usually adequate protection against being offered an alcoholic drink. It's unlikely that anyone will ask that the contents of the glass be identified. Having their own transportation is helpful, too, in that clients won't be stuck if the urge to drink at the party becomes overwhelming.

What if group members find themselves in a situation in which their drug of choice is available? What if the drug is offered in an act of hospitality or friendship? Allow clients to brainstorm various strategies. You might add that one of best responses is, "I'd love to, but my doctor told me that it's not good for me."

Below is a sample dialogue from an addiction group meeting:

Therapist: OK, Bob, what are you doing this weekend?

Bob: I don't know, I guess I'll just hang out.

Therapist: Uh oh, that sounds like trouble. You know you need to keep busy in the early stages of recovery.

Bob: Yeah, maybe I'll go to a barbecue at my brother's house.

Therapist: Sounds okay—but don't your brother and his friends drink a lot of beer?

Bob: Yeah, but I'll just tell them that I don't want any.

Therapist: Uh huh, do you think they'll buy that?

Bob: I don't know. They all know I love beer. I guess they might rag me about not drinking.

Therapist: Group, any suggestions for Bob?

Amanda: Well, you could take a six-pack of one of those nonalcoholic beers. I hear they taste pretty good.

Gil: Or, you could just tell 'em that you're an alcoholic, and can't drink any more.

Bob: I don't think I'm ready to do that yet.

Gil: Well, you could go to an A.A. meeting first and practice saying it...

Amanda: Yeah, that's a good idea. Or you could just take a six-pack of Diet Coke, and say you're on a diet. [Laughter: Bob has a big "beer gut."]

Therapist: Whatever you do, don't get stuck at the barbecue. If people start pressuring you to have a beer, make sure you have a way out. Either take your own car, or have a supportive friend along who can bail you out.

Don't forget to bring up the issue of denial at this point. The addict needs someone on whom to rely for honest feedback. A.A. members can use their "sponsor"; others can use the group as a reality check.

End the session by saying, "Remember—your *friends,* the people who care about you, will be glad that you've stopped drinking or using drugs. The people who *aren't* glad obviously aren't your friends. And, yes, there will be many people who will be made uncomfortable by your decision to be 'clean and sober.' Good luck this weekend."

Homework

Ask the group to notice the slippery places and people in their lives, and to try out some of the alternatives suggested by the group if the need arises.

Week 3

Check-in

It's very important to follow up on the previous session by asking about the weekend. Go around the room getting reports from each group member. Applaud successes. If someone has had a slip, gently ask, "What happened?" Ask the group to help with suggestions. If one of the causes of the slip was a need to relax, you have a natural segue to the topic of the day.

For many substance abusers, drinking or drug use began as an attempted *solution* to a problem, such as how to relax. This session offers the addict a *different solution,* and an alternative to chemical dependency.

D. Skill: Relaxation Training

Intervention 3: Group Exercise (See Concepts and Skills section)

Begin by reading the deep-breathing and progressive muscle relaxation script. Then lead the hypnotic induction—the visualization about the walk to the meadow.

The exercise is followed by a "debriefing." Go around the room and ask clients to share what the experience was like for them. Ask for specific information about the trees in the forest. You'll hear a variety of descriptions of trees—redwoods, birch, pine, eucalyptus. Emphasize these differences: everyone has a *unique path* to recovery.

The entire group will now have shared a common experience, which will help build group cohesion. At the same time, clients are beginning to learn the valuable skills of relaxation and visualization.

Homework

Ask group members to practice the relaxation exercise, using the handout, three or four times during the week, and to "return to the meadow" at least once before the next session.

Week 4

Check-in

How was the week? What sorts of experiences did people have with the relaxation technique? How about the visualization exercise? By now a familiar pattern is emerging for clients. The consistency of the group format is reassuring to the addict. Structure means safety and helps build trust.

D. Skill: Relaxation Training (continued)

Intervention 3: Group Exercise

This session builds on the previous one. Repeat the relaxation exercise verbatim. *Repetition enhances skill-building.* Once again, lead the group to the

meadow and stream. Tell the group, "And now you're *feeling so good* that you're ready for an adventure—a new experience."

Using that comment as a segue, you can proceed with phase two of the visualization exercise (see Concepts and Skill section for the script for phase two).

This visualization "seeds" the work that the group will do in the weeks to come. Individuals will explore scary places inside themselves, and perhaps will go "way, way back." It will be *safe to remember,* because you've built a sense of support in the room.

Intervention 2: Group Sharing

Now it's time to go around the room and share the experience. Not everyone will have gone into the cave during the visualization. Some people will have seen the chest and chosen not to open it. Others will have opened it, only to find it empty. The number of group members who will admit to having opened the chest, and who will talk about its contents, is a diagnostic indicator of the trust level in the group.

It is crucial at this stage of group development that you respond carefully and respectfully to each person's offering. Don't allow group members to make frivolous interpretations or take "cheap shots" at another

member's confidences.

For clients who have chosen not to enter the cave, you can say: "I support your choice not to enter the cave at this time. You can go back there anytime you like, to check it out." Emphasize the importance of the good feelings in the meadow, and the accomplishment of their successful climb to the top of the hill.

Use a similar strategy for those who chose not to open the chest. Underline the fact that they made a choice. This situation can call to mind Pandora's box, and can therefore feel threatening to clients who know the myth.

It helps to remind the group that when Pandora looked at the bottom of the box after all the world's troubles were released from it, she found a precious gift: *hope.*

Where the opened box in the visualization was empty for individuals, remind them that this exercise is open-ended. "Many people don't find what they're looking for *at first.* But you can go back as often as you like. It's your box, and *you will* find something of value there *when the time is right for you."* Another option is to use the empty box as a repository in which to store some things for safekeeping. You might pose the question, "What would you like to put in the box, to keep safe there, during your recovery?"

Whatever is found in the box is to be valued. This is a simple matter when the image involves a pirate treasure chest filled with gold and jewels. You can tell the group, "We all have within ourselves a source of wealth."

Sometimes people are embarrassed to report finding drugs in the chest. One client in a group of mine saw an ice chest full of cold beer. If a similar situation comes up, it's important to emphasize the choice made during the visualization, rather than passing judgment on anyone's fantasy. Usually if people imagine drugs or booze in the chest, they choose to turn around and leave it behind. "You've made the choice to turn your back on drugs and start a new life. Drugs will always be around, but you can always choose to turn your back on them."

If someone finds drugs or alcohol during the visualization, and chooses to take them, this is usually an indicator of a poor prognosis. "Perhaps you're not ready to stop using *right now.* The choice to turn your back on drugs is available *at any time in the future.* As the people in A.A. say—and they're right —*today* is the first day of the rest of your life."

People find the damnedest things in that old chest. Tim, a Silicon Valley technician, found a samurai sword during the visualization. This was interpreted in our group as a symbol of honor and integrity. When last seen, he was sporting a four-year "chip" from A.A. Inez, a flight attendant, found a

blue crystal in the box, radiating a cool light. She has been clean and sober for over three years.

Sometimes there are unpleasant things in the box. An occasional pile of bones—certainly a disconcerting image for the client—might prompt you to say, "We all have a few skeletons in the closet." Or you might comment, "Sometimes we have to let our addiction die before we can be reborn into a clean and sober life."

This kind of sharing—taking a risk in a group—builds trust when it is carefully and sensitively handled. Taking special care in the beginning sets the stage for future painful revelations.

Homework

Once again, ask the group to practice the relaxation *at least once* during the upcoming week, using the handout as a guide. Daily practice is the ideal, but you need to be realistic with this population. For people who are having trouble, suggest that they listen to a prerecorded relaxation tape that includes music. Adventurous clients may return to the cave for a second peek.

Week 5

Check-in

More people will report success with relaxation this week. Some others will have had an interesting experience with their visualization involving the chest. Follow the protocol outlined for the previous session.

E. Concept: Stress and Addiction

Intervention 3: Group Exercise

Hand out paper and pencils. Let the group know that this is not a quiz. As you read the list of stressful events from the Concepts and Skills section, ask the group to note how many of the experiences apply to their recent lives. They should tally up one point for each item checked.

Remind the group that *all change* can be stressful, even "good" change. Point out that a changed lifestyle that is drug- and alcohol-free will unfortunately bring increased stress as well—although this is different in nature from the stresses of an addicted lifestyle.

Ask the group how many points they got. Since this is only a partial list, you can solicit ideas about additional stressful events. These can be added to you master list for future groups.

Intervention 2: Group Sharing

The Schedule of Recent Experiences exercise will usually lead the group

to discuss past painful personal events. Ask individuals, "How did you deal with that?" Often you'll hear such responses as, "I stayed stoned for a month after that happened"; or "1 went immediately to the bar and stayed until closing time." At this point in the recovery process, it's appropriate to respond to this sort of admission with nonjudgmental acceptance. Remember, *sharing* in the group builds trust.

An all-too-common response to stressful events is for the addict to resort to chemical solutions. After all, these do provide temporary relief from the emotional pain brought on by stress.

This is a good time for you to encourage the group to do some brainstorming for alternative ways in which to cope with stressful events. Group members might suggest going to church or synagogue, prayer, A.A. meetings, relying on family support, meditation, or getting a good lawyer or tax accountant. Other suggested solutions might involve the group's newly acquired relaxation skill. If no one else suggests it, point out that a walk in the woods or on the beach often provides a new perspective and some relief from painful emotions.

At the end of this session, remind the group, when all else fails, to remember the "Serenity Prayer" promulgated by A.A.:

God grant me the *serenity* to accept the things I cannot change, the *courage*

to change the things that I can, and the *wisdom* to know the difference.

Homework

Have group members continue their relaxation regimen. For new homework this week, suggest a simple exercise using the serenity prayer. Ask the group to look at a couple of events in their lives in terms of 1) something to be accepted or 2) something that can be changed. Emphasize the value of knowing the difference.

Week 6

Check-in

At the beginning of this session, many members will spontaneously report that they've noticed all sorts of stressful things going on in their lives, things that they

hadn't noticed before. Since much of this stress will involve family issues, you'll have the perfect lead-in for this week's discussion topic: roles in an alcoholic family.

F. Concept: Family Roles in Addiction

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing

The group discussion in this session usually focuses on personal revelations. Group members share what role they believe they played in their family of origin. Let the group know that roles can change over time. When there is only one child, he or she may be required to play more than one role. Children can also switch roles over the course of years. This session capitalizes on the trust the group has built over previous sessions.

Homework

Ask group members to continue their relaxation exercises. In addition, assign them the task of discovering their role in their family of origin.

Calling siblings or talking to parents will help clients gain perspective on what they were like as children. Since denial often plays such a large role in dysfunctional families, clients will have to check the opinions of family members carefully against their own recollections. It might also be useful to seek out the perspectives of childhood friends and friends of the family.

Week 7

Check-in

Ask group members what they found out from their investigations. For

many of them, their insights will have come as a revelation. Take as much time as necessary in this process. There is a real benefit for group members to know that they are not alone in the odd or unhappy role they were forced to play in their families.

This is a golden opportunity to ask group members who are working the "fifth step" of A.A. (see The Twelve Steps at the end of this chapter) to do some sharing.

Check in about the relaxation regimen, and suggest that members set up a definite schedule for their relaxation exercises.

G. Skill: Assertiveness

Intervention 3: Group Exercise

Hand out paper and pencils. This exercise is a way to ascertain the groups' current level of assertiveness. Read the following five scenarios (adapted from Davis et al., *The Relaxation and Stress Reduction Workbook,* 1988), and have group members write down what they would *actually* do in each situation:

1. You're at a convenience store, and have just brought some Seven-Up. When you're just *outside* the store, you realize that your change is a dollar short.

2. In this situation, you are a person who likes his steak rare. You go to a restaurant and order a steak—rare, of course. The waiter eventually brings you the steak, and it's medium-well.

3. You've got the car and have promised to give a friend a lift to your A.A. meeting. When you arrive, your friend isn't ready. He keeps 'putzing around' for half an hour. At this rate, you're going to be late for the meeting.

4. You leave the house to go to the movies. You're carrying ten dollars cash, but you've left your credit cards, automatic teller card, and checkbook at home. On the way, you stop at a gas station and ask the attendant for *five dollars'* worth of gas (the movie will cost five dollars also). A few minutes later the attendant returns and says, "I've filled up your tank. That'll be $9.50."

5. You're buying a sweater in a clothing store. You take it to the cashier. While you wait for the clerk to finish with the customer ahead of you, another customer comes in. The clerk then proceeds to help the new customer, instead of you.

After each scenario, ask, "What would *you* do?" Instruct group members to write their answers down. When they're finished, ask people to put the paper aside. Now proceed with the following iInterventions.

Intervention 1: Didactic Presentation: (See Concepts and Skills section)

As you discuss the three interpersonal styles of behavior—passive, aggressive, and assertiveness—include how assertiveness affects addiction.

Intervention 3: Group Exercise

Now, go back to the assertiveness "quiz." Read out each situation again and go around the room asking for individual responses. Note out loud which answers fall into the passive or aggressive style.

Some people will passively accept the loss of a dollar in situation 1, and will continue to feel irritated all day. There's always someone who ends up passively eating an overdone steak *(and then won't leave a tip!).* Similarly, many others will hang around (with their guts churning inside), while their disorganized friend looks for his socks, his shoes, his shirt, his tie...

Many people respond in an aggressive way to situation 4. Maybe it's just the accumulation of frustrating scenarios up to this point: anyway, many people end up yelling at or threatening the gas station attendant. Others, of course, pay up and passively go home, missing the movie. Finally, situation 5 is a toss-up, depending largely on how much of a hurry you're in. Still, most people will assertively (politely, but firmly) remind the clerk that they were next.

In a recent group of mine, one client reported seeing a bumper sticker

that seems to sum it up best: "SHIT HAPPENS." Being assertive is a way to reduce stress in the context of inevitable frustrations. Assertive behavior won't always get you what you want, but it's probably your best bet. The most important point to emphasize is that the passive and aggressive styles increase stress, and often lead to alcohol and/or drug abuse.

Intervention 4: Dyadic Exercise

You can follow up the assertiveness quiz by having group members form into dyads. The pairs will take turns making *assertive statements* (see Concepts and Skills section) concerning a variety of current issues in their lives. Remember the three elements of assertive statements: "I think...," "I feel...," "I want...." Have the member of the dyad who is listening give feedback noting whether all three elements of an assertive statement are present.

Suggested areas of concern might include the following:

- Doing the dishes
- Finances
- Taking out the garbage
- Sexuality
- Respect

Homework

Ask group members to be assertive during the week in a situation in which they would usually act otherwise. Specifically focus on situations in which they might be tempted to drink or use drugs—for example, saying "no" when offered a joint during a coffee break, or refusing to join the guys who are going out for a couple of beers after work. Mention the importance of continuing with the relaxation exercises.

Week 8

Check-in

Ask group members to share what new experiences they had last week doing the assertiveness assignment. Sometimes people will report feeling great after standing up for themselves for the first time in years. Others may take this opportunity to sheepishly announce that they have had a "slip."

Remember, nearly two-thirds of all relapses occur in the first 90 days of recovery (Marlatt & Gordon, 1985). This well-documented phenomenon occurs across all addictions, regardless of treatment modality.

It's a helpful strategy to "reframe" a relapse as a slip in the recovery *process* and perhaps an inevitable part of that process. For the lucky few,

recovery, once begun, proceeds smoothly—"all downhill and shady." The vast majority of recovering addicts, however, have a rockier road to travel.

Every group therapy program should have a built-in mechanism that allows people who perceive themselves as failures to continue in treatment. Group members who have had a slip should be welcomed back like the proverbial prodigal son. Commend them for their courage in admitting to having had a slip. Praise these clients for having cut short a potentially disastrous course of events (a full-blown relapse).

There is, of course, a limit. Group members who continually have slips are obviously not committed to recovery. Worse, they can become a drain on the group's energy. A helpful rule is, "Three slips and you're *out."*

This naturally leads into a group discussion of the potential causes of relapse.

H. Concept: Dealing With Relapse

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing

It's always helpful when you can encourage the group to share their hard-earned wisdom. Most group members will have had some personal

experience with relapse. Minimize the war stories, and maximize the helpful advice. (This is called "separating the wheat from the chaff.")

Like so many other journeys, the road to relapse is usually paved with good intentions. Relapses occur when addicts have a "lapse" of attention, and don't follow their program. This might mean not attending their customary A.A. meetings, failing to exercise, or not using their support system. A support system can entail nothing more than a list of telephone numbers or friends to visit in person. Making human contact with others who are committed to sobriety can be an excellent alternative to drinking or using drugs.

Homework

Ask the group to watch out for potential relapse triggers and other "holes in the sidewalk" during the next week. Ask clients to maintain their relaxation regimen.

Week 9

Check-in

In many ways, relapse prevention is the most important component of the entire program. By now, the group has done a good job of identifying the various *slippery places and people* that will put them at risk. Remind the group

that drinking or drug use is a matter of choice. Having a relapse is *also* a matter of choice. Therefore, it's important to pay attention to the "choice junctures" that occur in their lives.

I. Skill: Preventing Relapse

Intervention 1: Didactic Presentation (See Concepts and Skills section)

It's difficult, but not impossible, to avoid drinking or using drugs. One solution is to make a *map.*

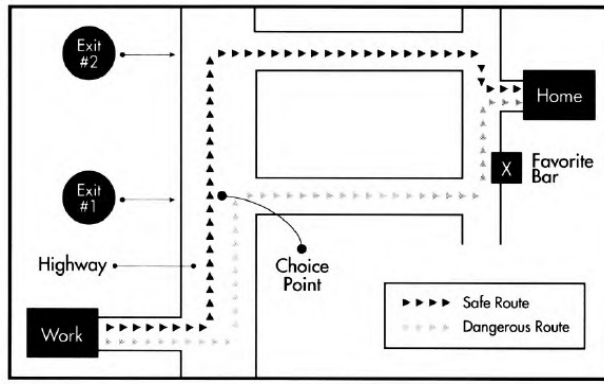
Intervention 3: Group Exercise

Have group members draw simple maps of their usual routes to and from work, school, shopping, and so on. Using a different colored pen or pencil, they should mark the areas to avoid, such as liquor stores, addicted friends' houses, parks where addicts hang out—the danger zones will be different, depending on your client population and geographical location. Next, have clients figure out how to avoid these places and still get to where they need to go.

Unfortunately, the map may highlight as perilous many favorite places and people. Explain to the group that an addict's social structure is often unconsciously designed around supporting the addiction. Toxic friends and

even family members may have to be rejected right along with alcohol and drugs, especially in the early stages of recovery.

The map will indicate all the client's "choice junctures." Explain to group members: "You don't have to turn off the freeway in the direction of your drug connection—take another exit instead. On your way home, when you find yourself in the liquor store, you can choose to buy a soda or a lottery ticket rather than booze. If you're on your way to a party that will involve heavy drinking or drug use, you can choose to turn around and go home. Choices are not easy. And some of your choices, even though they'll speed your recovery, may also bring you sadness and pain."



The group can use this opportunity to discuss the difficulty of staying clean and sober. Urge clients to be optimistic—the odds are beginning to turn in their favor.

Below is an example of a dialogue that might take place at this point in the group:

Therapist: Okay, now we're getting down to the bottom line. You all know, by now, that you have the ability to choose. Whether you choose to drink [use drugs] or not is up to you. Let's discuss your maps for success.

Douglas: I've drawn my map, but I'm still concerned about staying straight.

Therapist: Okay, let's look at your map.

Douglas: Well, the problem is right here [points to diagram]. You see, on Friday, when I get off from work, I have to pass this bar where all my friends are relaxing and having a good time.

Therapist: I can see how that would be a problem for you. Any suggestions from the group?

Terry: I've had the same problem myself. I hated it when I had to go home without some brew. And I could picture my drinking friends in that bar having a good old time. Finally, I decided to go one more exit on the freeway. It takes a little longer, but the extra gas costs a lot less than the booze.

Therapist: That's great. Really helpful. Any other feedback?

Dana: I used to have trouble with my map, too. My connection's house was in a direct line between my house and where I used to work. My "higher power" solved that problem for me: I lost my job by being late too many mornings! [Laughter] My new job is in a different direction.

Therapist: Well, that's one way of solving the problem. Most people will be able to work out alternate routes for themselves that avoid their danger zones.

Homework

Ask group members to make additional maps showing their potential relapse points. These can involve other places and situations than those explored in the first map. The more specific the maps are, the better. Again, remind clients to continue their relaxation regimen.

Week 10

Check-in

Follow up on the relapse maps. This exercise will provide clients with guidance for a lasting recovery.

Graduation Celebration

It's useful to use a graduation ceremony to mark the official end of this phase of treatment. Our culture is notably lacking in transitional rituals. Handing out a “diploma" enhances the specialness of the event. You can easily create a diploma, such as the sample at the end of this chapter, on a Macintosh-type computer.

In this final session, you should stress the following concepts:

Enjoying sobriety

Instead of “white-knuckling it," recovering addicts should try to relax

and feel good about not drinking or using drugs.

Continuing plans

Ask the group, “What will you do now to *maintain* your sobriety?" One alternative that you can make available is a long-term follow-up group. Another alternative is for clients to utilize a 12-step group for support. Tell clients to keep looking until they find a comfortable “home group" for themselves.

Clean and sober friends

Finding and maintaining a clean and sober support system is probably the single most important factor in a successful recovery. A good place to find these people is at 12-step meetings.

Keep in touch

Encourage group members to exchange telephone numbers and to use them when slippery situations arise.

Finally, end the meeting with some nonalcoholic refreshments. Coffee and cake, or sparkling apple cider, provide a sweet finish to this group experience.

Criteria for Change

In the case of addiction groups, there is only one criterion for change: the client must be *clean and sober* and remain so for the duration of the group.

Resistance

A good part of the group work is accomplished by the *modeling* of other members. At times, *the group leader who does least, does best.* Depending on your client population, the words of a group leader (often a licensed therapist with advanced degrees but no actual substance abuse experience) may have far less clout than those of a streetwise recovering addict.

There are other times, however, when the group leader must make a stand. This is especially true when confronting denial. Sometimes the group will collude with an errant group member, replicating a dysfunctional family. Here, the therapist must step in firmly to break up an unhealthy process. By confronting the relapsed member and the group simultaneously, the therapist demonstrates a willingness to "take the heat" and bring up painful issues.

Confrontation of Denial

Synanon and similar groups that routinely practiced "hard" confrontation have earned their place in the history of substance abuse group

therapy. Although there is some value in breaking down the character armor of the hard-core addict (in the hope of rebuilding a better structure), this confrontational approach is rarely useful in the average therapy setting. On the other hand, confrontation *is* required to counteract denial. When an addict continues to "use," or will not admit to a drug's negative impact, confrontation is necessary. Involvement of the entire group, rather than just the group leader, is optimally effective.

Antabuse

The therapeutic application of Antabuse (disulfiram) was discovered accidently. Certain workers in the rubber industry, where disulfiram was used as an antioxidant, were getting sick after lunch. Eventually, heavy lunch-time beer drinking combined with exposure to disulfiram was discovered to be the cause of extreme flushing and vomiting.

Antabuse does not have any effects on the body *per se.* In fact, a double-blind study (Christensen, Ronsted, & Vaag, 1984) found that the control group reported more side effects than the group receiving the antabuse. The drug does, however, affect the body's ability to metabolize alcohol.

In other words, if a client takes Antabuse *and drinks,* he or she will get very sick, very quick. While such clients probably *won't* die, they'll probably *wish* they would.

Antabuse, administered under the supervision of a qualified M.D., can be a useful adjunct to ongoing group therapy. The drug can provide added insurance to maintaining sobriety for alcoholics in difficult situations. The client may *want* to drink, but won't want to face the unpleasant physical consequences.

You can describe the situation as being analogous to a broken leg. "When someone has a broken leg, using a crutch (Antabuse) can be a necessary part of the recovery process. When the leg (alcoholic) is well enough to support itself, then it's great to throw the crutch away—perhaps to serve as fuel for a ceremonial bonfire!"

Serendipity

When life gives lemons, make lemonade. Capitalize on chance events. When all the women in the group fail to show up for a particular meeting, use the opportunity to explore "men's only" issues.

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The Twelve Steps

1. We admitted we were powerless over alcohol— that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked him to remove our shortcomings.

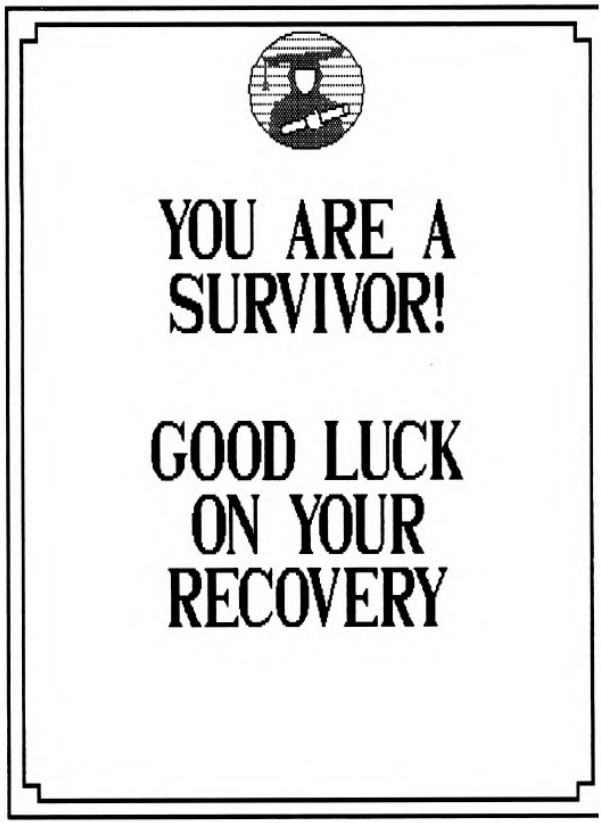
8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him,* praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.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GOOD LUCK
ON YOUR
RECOVERY