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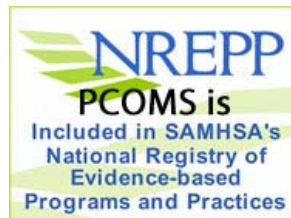
Facilitating Recovery Action and Progress Groups

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Certified Trainer in the Partners for Change Outcome Management System
(**PCOMS**) with the Heart and Soul of Change Project:
www.heartandsoulofchange.org



The endless vine: Ancient symbol of
Life, Infinity, or Discoverable Possibilities in
Interweaving Flows of Being and Movement Within and Without



Facilitating Recovery Action and Progress Groups

Friday, October 7, 2016; 11:00am – 12:15pm

- A. Description. Participants will practice relationship enhancement skills and a recovery/mental health/peer support group process that includes the Partners for Change Outcome Management System, a SAMHSA evidence-based practice. Learn to engage each group participant in setting goals, monitoring progress, and supporting one another while honoring the individual's voice and choice. We will explore how this session's participants can enhance clinical and/or peer programs with recovery action and progress (RAP) groups currently in use by service providers in the Department of Community Supervision and by Certified Addiction Recovery Empowerment Specialists (CARES).
- B. Objectives. Upon completion of this training participants will be able to:
1. Establish guidelines that promote a safe and respectful group environment,
 2. Use five fundamental relationship enhancement skills to engage as allies in courageous and healing conversations, and
 3. Facilitate a five-step support group process.
- C. Schedule
- Begin: 11:00am Adjourn: 12:15pm
- D. Promoting Safety and Respect Guidelines
1. Turn off cell phones, pagers and other PDAs (profoundly distracting accessories)
 2. No fixing: Instead, share what works for you using "I" statements
 3. Stretch: Try a different or unfamiliar role, even if for a short time
 4. Notify someone before you leave the room or if you will return to the room after more than 15 minutes beyond the start time
 5. What other guidelines will help make this a safe and respectful place to maximize the benefits of this experience for you?



E. Practical Considerations for Conducting PCOMS-informed Groups

1. Various group types or purposes
 - ☉ Interpersonal process
 - ☉ Psychoeducation
 - ☉ Skill development
 - ☉ Cognitive-behavioral/problem-solving
 - ☉ Peer support

2. Frequency
 - ☐ Weekly
 - ☐ More frequently: do ORS at the beginning of the week's first group and GSRS at the end of the last group; reference the SCORE Board throughout
 - ☐ Less frequently: reduce in-house attendance as community-based supports develop

3. Open vs. closed and use peer co-facilitators!

4. Teach the use of the Outcome Rating Scale (ORS), Group Session Rating Scale (GSRS), Self-Completed Overview of Recovery Experience Board (SCORE Board) and/or Better Outcomes Now (BON)
 - ☞ During an individual session or an orientation group is best practice

5. Size matters!
 - Σ Maximum of 10 for a 60-90 minute group (one facilitator?)
 - Σ Subdivide and separate larger groups within the group room when you have more than 10 and float between the groups

6. Name tags or tents
 - ☼ Learn and use one another's names
 - ☼ Display individual icons, mottos, contingency management rewards, etc.

7. Make the ORS available and encourage completion before group
 - ☞ Don't be late for group because they will likely start without you!



8. ORS scores above 32+ likely means something is not right or unusual; a first score of 35+ is invalid
 - ☑ Assist each participant to connect the ORS score with last week's lived experience, not how they "feel" now
 - ☑ Encourage ORS sub-scale score mark revisions when disconnects are realized with the issue(s)/need(s) for which services are sought

9. Many people like jotting down around each sub-scale areas of the ORS keywords, doodles or drawings that represent key events of the past week
 - ✍ Provides a written record of life events when they look back through their ORSs
 - ✍ Also helpful for journaling

10. Review ORS and GSRS data during clinical supervision or performance support to identify who is not on track and/or at risk of dropping out
 - ☺ Facilitates immediately experienced and cumulative career growth

V. References

1. Corey, G. (2011, 8th ed.). *Theory and practice of group counseling*. Belmont, CA: Brooks/Cole.
2. Duncan, B. L. (2014, 2nd ed.). *On becoming a better therapist: evidence-based practice one client at a time*. Washington, DC: American Psychological Association.
3. Duncan, B. (2005). *What's right with you: Debunking dysfunction and changing your life*. Deerfield Beach, FL: Health Communications.
4. Wagner, C. C. & Ingersol, K. S. (2013). *Motivational interviewing in groups*. New York: Guilford.
5. Yalom, I. D. & Leszcz, M. (2005, 5th ed.). *The theory and practice of group psychotherapy*. New York: Basic Books.



Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____ Sex: M / F

Session # _____ Date: _____

Who is _____
Examination copy only. See www.heartandsoulofchange.com
to download a reusable version.

If other, what is your relationship to this person: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

ATTENTION: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

Individually

(Personal well-being)

I-----I

Interpersonally

(Family, close relationships)

I-----I

Socially

(Work, school, friendships)

I-----I

Overall

(General sense of well-being)

I-----I

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Group Session Rating Scale (GSRS)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F _____
Session # _____	Date: _____

Please rate today's group by placing a mark on the line nearest to the description that best fits your experience.

Examination copy only. Download the free scales at www.heartandsoulofchange.com/measures.

Relationship

I did not feel understood, respected, and/or accepted by the leader and/or the group.

I-----I

I felt understood, respected, and accepted by the leader and the group.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The leader and/or the group's approach are/is not a good fit for me.

I-----I

The leader and the group's approach are a good fit for me.

Overall

There was something missing in group today—I did not feel like a part of the group.

I-----I

Overall, today's group was right for me—I felt like a part of the group.

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Self-Completed Overview of Recovery Experience (SCORE) Board: Name: _____

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Briefly describe your WHAM goals & task(s) in the column on the right. In the bottom row, ✓ when a goal is accomplished.

*Interaction Types: Individual (face-to-face), Group, Phone, Electronic video, Text, Other

Interaction # & Type*	1__	2__	3__	4__	5__	6__	7__	8__	9__	10__	11__	12__	13__	WHAM Goal # _____:
Date														
Re-arrest Risk (0-10)														Tasks = What:
Outcome Rating Scale (ORS, 0-40)														How Much:
Craving/Challenge Rating (0-10)														How Often:
Session/Relationship/Group Session Rating Scale (0-40)														When:

Write an "O" in the column below to show each of your ORS scores.

40														When:
35														Adult SRS/GSRS/RRS Clinical Cutoff = 36
30														Adult ORS Clinical Cutoff = 25
25														WHAM Goal # _____:
20														Tasks = What:
15														How Much:
10														How Often:
5														When:
0														

Training copy only. See www.brauchtworks.com to download a reusable version.



Welcome to our Recovery Action and Progress Group - glad you're here!

- 1) Complete an **Outcome Rating Scale (ORS)** and update your **SCORE Board**.
- 2) Review the (A.) **Safety and Respect Guidelines**.
- 3) One participant does a (B.) **Check-In** with another participant using the (C.) **Relationship Enhancement Skills (OARSI)**. Repeat until each participant has checked in.
- 4) 10 minutes before group ends, complete then discuss today's **Group Session Rating Scale (GSRS)** scores. Be sure to add the GSRS score to your SCORE Board.

A. Safety and Respect Guidelines

1. Turn off cell phones, computers, etc., & tell someone before leaving the room.
2. Vegas Rules: Say "Vegas Rules" before you say something that you do not want repeated outside of this group.
3. No fixing! Instead, share what recovery activities have worked for you by saying "I..."
4. Other guidelines that help make this a safe and respectful place?

B. Check-In. Use the Relationship Enhancement Skills (OARSI) to listen intentionally to...

1. What's **right** with you today?
2. What is your Outcome Rating Scale (ORS) score?
 - a. What **progress** did you make since your last group on your **goals**? You may show your Self-Completed Overview of Recovery Experience Board (**SCORE Board**).
3. What is your highest **craving/challenge level** since the last group, from 0-10, with **0** = No alcohol or illicit drug use, feelings, thoughts about the challenges that brought you to this group occurred; **10** = Had challenging feelings, thoughts or behaviors
4. Do you have a **safe and sober place** to stay tonight?
5. Would you like **more time** after everyone has checked in?

C. Relationship Enhancement Skills (OARSI) for Mutually Beneficial Relationships

1. **Open-Ended Questions**: First listen from the position of not knowing with curiosity, imagination, intuition, and wonder then ask; Who, What, When, Where, How or Why
2. **Affirmations/Validations**: Validate or show appreciation for the other person and her or his strengths; "You stayed sober last weekend!"; "You avoided..."; "You're concerned about..."; "You learned..."; "You would like for us to..."; etc.
 - Begin with "You...", not "I"
 - Describe observed characteristics and behaviors
 - Avoid problem solving
 - Attribute interesting qualities to the person
 - Focus on strengths or positive attributes
3. **Reflections/Paraphrases**: State feelings or thought that you heard the other person say
 - Begin with: "You think (feel)...," "You're wondering if..."
4. **Summaries**: Short, clear statements that organize what's been said
5. **Information giving**: Use OARS first, ask for permission before sharing **as potential options**, share how you feel and what you need in this mutually beneficial relationship



Participant Feedback

Title: Facilitating recovery action and progress groups

Facilitators: Peri Kyriacos, LMSW & CARES & George Braucht, LPC

Date: October 7, 2016

Location: Lake Lanier GA

	Poor				Excellent
1..Please rate your overall impression of this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate **the presenters** on the following aspects of effectiveness.

2. Explained the purposes of the training.	<input type="checkbox"/>				<input type="checkbox"/>
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3. Defined terms and concepts clearly.	<input type="checkbox"/>				<input type="checkbox"/>
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4. Gave clear instructions.	<input type="checkbox"/>				<input type="checkbox"/>
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5. Is knowledgeable about the concepts presented.	<input type="checkbox"/>				<input type="checkbox"/>
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6. Established an environment that was conducive to learning.	<input type="checkbox"/>				<input type="checkbox"/>
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7. Answered questions clearly and completely.	<input type="checkbox"/>				<input type="checkbox"/>
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8. Provided reasonable opportunities of participations and interaction.	<input type="checkbox"/>				<input type="checkbox"/>
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9. Made learning interesting and exciting through his enthusiasm.	<input type="checkbox"/>				<input type="checkbox"/>
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Please rate **the training** on:

	Poor				Excellent
10. Content relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Training methods	<input type="checkbox"/>				<input type="checkbox"/>
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12. Handouts	<input type="checkbox"/>				<input type="checkbox"/>
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13. Training site and location	<input type="checkbox"/>				<input type="checkbox"/>
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14. Training room comfort - space, lighting, temperature, acoustics & ventilation	<input type="checkbox"/>				<input type="checkbox"/>
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Please continue on the other side

Poor

Excellent

Based on this training, I am able to:

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. Establish guidelines that promote safe and respectful group environments | Poor | | | | | Excellent |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Use five fundamental relationship enhancement skills to engage as an ally in courageous and healing conversations..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Facilitate a five-step recovery support group process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Poor | | | | | Excellent |

18. What aspects of the training did you find most helpful?

19. What aspects could be improved?

20. If an advanced training were held on this topic, what content would you hope to see addressed or covered? Please comment.

21. In summary, I would like the event organizers and trainer(s) to know...

- Optional: Please ✓ **all** that apply
- | | | |
|---|-------------------------------|---------------------------------|
| | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| American Indian/Alaska Native | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> | <input type="checkbox"/> |
| Hispanic or Latino | <input type="checkbox"/> | <input type="checkbox"/> |
| Native Hawaiian/Other Pacific Islander..... | <input type="checkbox"/> | <input type="checkbox"/> |
| White | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Thank **you** for providing this feedback, and for attending the training!

