Introduction

This is a rolling-enrollment, co-ed psychoeducational group, with up to 12 adults to provide counseling, basic education, and information to benefit anyone who has been involved in situations in which the abuse of alcohol or other drugs has put themselves or society in danger or at risk. Referrals are accepted from the legal system, healthcare providers, family members, or individuals themselves.

Initially conceived as a psychoeducational counseling group only for persons charged or convicted of alcohol- or drug-related driving offense, content has been expanded to identify with a wider clientele. One factor that all members have in common is that the abuse of alcohol or other drugs has caused a problem in their lives—most often in the form of being arrested for an alcohol or drug related charge.

This syllabus is a modified version of *A Design for Living: the Hazelden Substance Abuse Curriculum for DUI/DWI Offenders* (1994). This weekly psychoeducational group is held at Choices Mental Health Counseling, PLLC at 6 Pelton Street, Monticello, New York, Monday evenings commencing at 7:00 PM. The outline is subject to change at any time in the discretion of the facilitator.

Members may or may not choose to identify themselves as alcoholics or addicts, but abstinence from alcohol and illicit drugs during the course is a condition of successful completion.

Random drug screens may occur at any time. While AmeriTox Laboratories accepts most health insurances, payment for lab tests is the responsibility of the member, to be negotiated directly with AmeriTox. (See their financial aid policy, as well as the Specimen Collection Procedure for Urine Drug Screenings adopted by Choices Mental Health Counseling, PLLC.

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1 "Description: *Who's Driving*, a component of the *A Design For Living* program, offers key insight into the world of drinking and driving and the consequences of such actions. Intended for first-time DUI/DWI offenders, this product provides clients with information regarding the effects of alcohol and drugs on driving skills, the effects on others that alcohol abuse can carry and myths and misconceptions on addiction. *Who's driving* is an essential guidebook for individuals dealing with the consequences of drinking and driving and wanting to pursue a safer, more motivating lifestyle.”

2 The facilitator has more than 26 years as a professional counselor; has worked in addictions since 1996, as well as in psychotherapy, mental health counseling, and family therapy since 1985.
Members are strongly encouraged to actively work a program of recovery. Attendance of at least one AA or NA meeting during the class is required, as is completion of all written assignments (which will each be graded simply as “Pass”/“Fail” and which will be treated as confidential, filed in the patient’s clinical record until the class’s end, at which time they may be returned to the student or destroyed). Patients who do not successfully graduate may repeat the class or some portion of it, engage in additional individual counseling, or be referred to a higher level of care. Such recommendations will be made together with the patient and after consulting with all involved agencies.

Group norms also include honesty, respect, confidentiality, promptness (be 15 minutes early, pay the receptionist in advance), be alert, attentive, and participate in discussion, open to feedback, focus on self (“‘I’ statements”), and zero tolerance for threats, aggression, or disruptive behavior. Limits to confidentiality include information causing suspicion that a child is being neglected, maltreated, or abused; threats of suicide or to kill or harm another person; or commission of a crime on premises.

All members must be seen individually for an initial diagnostic interview before starting the group. To be accepted, enrollees who are involved with the criminal justice system must voluntarily sign consents to release of information for probation, parole officers, courts, and attorneys, as applicable. In addition, as a matter of practice, all CMHC patients are asked to sign consents to release of information for all healthcare providers and at least one family contact for coordination of care.

Ordinarily, to qualify for successful completion, a participant must attend 15 sessions, though exceptions may be pre-arranged, such as (for example) when a significant amount of treatment has been completed elsewhere and a new plan is not disapproved by probation or other legal authorities.

Regular and prompt attendance is emphasized. Failure to attend as scheduled without an acceptable excuse (family death, documented illness or hospitalization, court, etc.) will result in an administrative surcharge in the amount of 50% of the usual per-session attendance fee. Administrative fees collected in this manner will be used to purchase and upgrade instructional material, equipment and furnishings for the group. Rather than punitive, this policy is aimed at improving the program for everyone in it.

In emergent situations such as described above, this fee may be waived. Administrative fees are not billable to insurance and must be paid by the group member in order to earn a successful completion. Any missed sessions must be made up, regardless of the reason. The goal for all members should be 100% attendance, with no absences; and also to arrive a few minutes early for each meeting.

Although most sessions are scheduled as 60 minutes in length. Members should be prepared to stay late occasionally, with no advance notice, such as when a urine specimen is requested. When group sessions are cancelled due to inclement weather, efforts will be made to reach all group members by phone, text, e-mail, and will be announced by phone and, when feasible, on local radio stations.

Exceptions to usual confidentiality expectations include when a group member threatens their own or another’s safety (including arriving or attempting to leave while impaired), or instances of child abuse.

Dated: October 10, 2011
Monticello, New York
Unit A – Impaired Driving

Monday, October 24, 2011

Week 1 (Module A-1) – What’s the Problem? (white pp. 1-2, blue pp. 1-2)
1. Introduction of facilitator and group members
   a. Group Values and Norms (review each time a new member joins the group)
   b. Handout: “Mandate (criminal law)”
2. A major social problem, not a new one
   a. Video: “Classic” DUI video clip, circa 1940s (about 10 minutes)
3. It’s hard to stop DWI
4. Looking at behavior
5. Probability of repeat offense
6. Powerless over all drugs
7. Substituting one drug for another
8. The importance of understanding the nature of “free will” and making choices
   a. Worksheet: “Changing Beliefs #1” (10 questions, 1 p.)
   b. Worksheet: “Changing Beliefs #2” (3 questions, 1 p.)
   c. Handout: “50 Signs of Visible Intoxication”
   d. Homework: Start a daily journal of the thoughts and emotions you have each day, as they occur to you, as you process your driving-related legal issues. Continue this journal for the next 15 weeks and bring it to group with you each Monday.

Monday, October 31, 2011 (Halloween)

Week 2 (Module A-2) – Drinking, Drugs, Driving, and the Law (white pp. 1-2, blue pp. 3-7)
1. DWI: A crime
2. Penalties for first offense
3. Repeat offenses
4. Changing beliefs and attitudes
   a. Video: 60 Minutes: Is It Murder? (12 minutes)
   b. Handout: “The Costs of Driving Drunk” (NYSP)
   c. Handout: "Relicensing DWI Offenders: Q&As" (NYS Stop-DWI)
   d. Handout: “Penalties for Alcohol and Drug Related Violations” (NYS Stop-DWI)
   e. Homework: “My Arrest” worksheet

Monday, November 7, 2011

Week 3 (Module A-3/4) – Myths/Facts About Drinking & BAC (white pp. 1-3, blue pp. 4-7)
1. Designated drivers – “If you drink, don’t drive.”
2. Absorption and elimination
3. Factors that influence BAC (list on board without commenting on accuracy)
4. Factors that influence behavior (tolerance, attitude, mood, tiredness)
5. Amount of alcohol (put formula on board: “Volume x percent of alcohol = amount of pure alcohol. Compare beer, wine, and distilled spirits.”)
6. Effects of AOD on driving skills (white pp. 1-2, blue pp. 6-7)
7. Driving is complicated
8. Participants’ experiences: List ways your or another’s driving has been impaired.
   a. Handout: “Commonly Abused Drugs” chart (US NIDA)
   b. Handout: “Formula To Determine Amount of Alcohol in a Drink” (1 p.)

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c. Handout: BAC Calculator Wheel  
a. Worksheet: “Effects of AOD on Driving Performance (2 pp.)  
b. Homework: “My Personal BAC Estimates”

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Unit B – Consequences and Complications of Substance Use and Abuse

Monday, November 14, 2011

Week 4 (Module B-1) – DWI Costs You and Society (white pp. 1-2, blue pp. 1-2)  
1. Loss of life  
2. Financial costs  
3. Costs to Society  
4. Costs to individuals  
5. Signs of chemical dependency  
6. Costs to your health  
   a. Video: DUI – Dead in 5 Seconds (18 minutes)  
   b. Worksheet: “What Would You Do?” (role-play)  
   c. Handouts: “The Costs of Driving Drunk” (NYSP)  
   d. Handout: “Alcoholic Liver Disease”  
   e. Handouts: Hepatitis educational materials and magnets (DOH)  
   f. Homework: “What Has Your DWI Cost You?” worksheet

Monday, November 21, 2011

Week 5 (Module B-2) – AOD Use Can Put You At Risk for HIV (white pp. 1-2, blue pp. 3-4)  
1. Myths about AIDS  
2. HIV infection  
3. Chemicals and AIDS  
4. Precautions  
5. Healthy living when “positive”  
6. Screenings and immunizations for cancer and hepatitis  
   a. Video: Telling People Who Need To Know (DOH) (21 min.)  
   b. Handout: “RU+: Take the Time, Take the Test, Take Charge” (DOH)  
   c. Handout: Contact information and procedures for local HIV testing sites.  
   d. Handouts: “Alcohol Use and Cancer” (American Cancer Society)

Monday, November 28, 2011

Week 6 – Sexual Health and Pregnancy Risks of Alcohol and Other Drug (AOD) Use  
1. Alcohol and other drugs (AOD) interfere with or destroy intimate relationships  
   a. Handout: “Sexual Health Groups Help Patients Avoid Relapse” (Behavioral Health)  
   b. Handout: "Alcohol & Sex: Physiological, Psych, Social, and Sexological Aspects"  
2. (Module B-3) – AOD use during pregnancy can harm or kill your baby  
3. Pregnancy and tobacco use (and smoking cessation generally)  
4. Pregnancy and amphetamines, barbiturates, and IV drug use  
   a. Handout: “When You’re Pregnant Your Baby Drinks What You Drink” (SAMHSA)  
   b. Video: Recovering Hope: Mothers Speak Out About FAS (SAMHSA) (___ min.)  
   c. Homework: “Substance Abuse and Pregnancy” worksheet

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Monday, December 5, 2011
Week 7 (Module B-4) – Physical Abuse Hurts Your Body, Mind and Spirit and is Often Mixed Up with Your Substance Abuse
   1. Interpersonal abuse
   2. Power and control
   3. Getting help
      a. Video: It’s Not Okay (NYSP) (20 minutes)
      b. Handout: Safe Passage contact info (brochure)
      c. Handout: “Cycle of Violence”
      d. Handout: “A Power and Control Perspective”
      e. Handout: “How Can I Know If He Has Changed?”
      f. Homework: “Substance Abuse and Physical Abuse” worksheet

Monday, December 12, 2011
Week 8 (Module B-5) – Sexual Abuse Is Often Associated With AOD Abuse
   1. Child Sexual Abuse
   2. Acquaintance or “date rape”
   3. What circumstances and elements make up “consent”?
      a. Video: Healing Sexual Abuse: Recovery Process OR Teen Health - Child Abuse
      b. Handout: "Alcohol & Sexual Assault" (Butler University)
      c. Handout: “Helping Yourself Heal”, male and female versions (SAMSHA)
      d. Handout: “Say No! Protecting Children Against Sexual Abuse” (OCFS)
      e. Homework: “Substance Abuse and Sexual Abuse” worksheet

Unit C – Myths and Misconceptions About Addiction

Tuesday, December 19, 2011
Week 9 (Module C-1) – Historical Perspective
      a. Handouts: To be determined
      b. Homework: “Images” worksheet

Monday, December 26, 2011
Week 10 (Module C-2) – Disease Concept: Addiction As An Illness
   1. Primary
   2. Chronic, progressive, fatal if left untreated
   3. Warning signs – impaired control, preoccupation, use despite consequences, denial
   4. Cross-addiction
   5. DSM IV-TR vs DSM 5 criteria for “dependence”, “abuse”, “use”
   6. Dual diagnosis (MICA) and prescribed psychotropic medications
      b. Handout: “Should You Talk to Someone About D&A or MH Problems?” (HHS)
      c. Handout: “Addiction and Recovery: The Jellinek Curve” (chart)
      d. Handout: “Double Trouble In Recovery” (DTR) literature and meetings
      e. Handout: “Sleep Hygiene”
      f. Worksheet: “Where do I stand?”

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Monday, January 2, 2012
Week 11 (Module C-3) – The Family Connection
1. Family conflict
2. Children of alcoholics and ACOAs
3. Al-Anon and Nar-Anon
4. Rebuilding trust
5. Healthy sexuality and intimacy
6. A gift
   a. Video: 10 Toughest Questions Families and Friends Ask About Addiction Recovery (23 minutes)
   b. Handout: “Alcohol and Drug Addiction Happens in the Best of Families” (HHS)
   c. Worksheet: “My Effect on the Family Mobile”

Monday, January 9, 2012
Week 12 (Module C-4) – AA, NA and the Twelve Steps: A Solution
1. The meaning of “fellowship”
2. Identifying with a recovering community
3. The Twelve Steps as a map
4. Alternatives to Twelve Step programs
5. Asking support people for help solving problems
6. Taking suggestions
   a. The Twelve Steps and Twelve Traditions (AA)
   b. Video: Just For Today – Narcotics Anonymous (20 min.)
   c. Homework: Local meeting lists – attend a meeting and share what you got from it
   d. Homework: “Is My Drinking or Drug Use a Problem?” worksheet

Monday, January 16, 2012
Week 13 (Addendum) - Spirituality
1. Religion as one vehicle
2. Humility and surrender
3. Spiritual connection through mindfulness and rituals
4. Clarifying personal values and priorities
5. Conscious daily contact with an HP
6. Identifying with a recovering community
7. Connecting with nature and loved ones
8. Rediscovering pleasure
   a. Video: God As We Understood Him (segments, as time permits)
   b. Handout: “What Is Spirituality” (Richard Dunn)

Monday, February 23, 2012
Week 14 (Module C-5) – Your Next Step
1. The problem
2. The solution
3. The decision
4. Taking action
   a. Handout: “Stages of Change” (Prochaska & DiClemente)

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Monday, March 1, 2012
Week 15 (Addendum) – Relapse Prevention

5. Relapse is part of the disease, but it can be avoided
6. Planning to prevent relapse (contingency planning)
7. Positive, supportive associates
8. Addiction medicine and maintaining mental health
9. Affirming a healthy sober lifestyle, eating well, sleeping well
10. Mindfulness, self-soothing, and reliance on one's “wise mind” – vs. rational/emotional
11. Maintenance and support, working the steps, selecting and using a sponsor
12. Giving back and making amends
   a. Feedback by peers to graduating group members
   b. Certificates of Completion