

ACS

8 Session Instructional Sequence

Intervention	Processes
Self Concept & Organization	Self-Regulated Learning
Treatment Planning	ACS Treatment Planning & Tracking
Motivation Enhancement Therapy	Self-Motivation
12 Steps Facilitation	AA 12 Steps & Pharmacology and Physiology
Creativity: NLP, Jungian & Transpersonal	Heart's Desire Exercise
Neurocognitive	Biobalance
Cognitive Behavioral & Emotional Intelligence	EIT, RET, EI,ACT & Trauma Analysis & Psychopathology
TSM	Autonomy through self-efficacy, determination & regulation

1. SWOT

In the initial group session, clients engage in a round of self-introduction in which they describe the events that resulted in referral to ACS. Clients also provide a brief personal introduction of some distinctive features of their lives. Clients typically provide only limited information so the instructors provide questions which draw out more detailed responses.

ACS SWOT Analysis Form

SWOT (Strength, Weakness, Opportunities, Threats) forms are distributed and clients provide information regarding their basic profile as they view themselves. The instructor presents an overview of the SWOT process and also describes details of how the SWOT has been employed in corporate settings. Each client is coached individually to create robust self-descriptions in the 4 content areas. The purpose of the SWOT is to probe deeply into the 4 content areas and each client presents her or his individual profile to the group. Members of the group are encouraged to respond to the presentations and discuss ways to apply *strengths* to recovery and approaches to overcoming *weaknesses*, *Opportunities* are to be explored by clients who are also asked to identify possible outcomes associated with potential opportunities. Clients must also define the most probable outcomes based on the opportunities that exist. In assessing *threats* clients are to probe for irrational fears, typical self-defeating behaviors and unwarranted self-limitations. Clients are instructed to take their SWOT forms with them at the end of the treatment session and assigned to return with at least 5 specific action plans based on the SWOT profile. Clients are instructed that their SWOT responses will become the basic resources for the collaborative creation of a treatment plan in the next group session. Clients explain and illustrate with examples from their lives their personal perspectives on the four content areas.

2. ACS Treatment Plan Objectives

ACS has developed a two page list of typical treatment plan objectives that have been identified through the 15 year history of the program. Each objective is fully described and clients are given a copy of the treatment planning template and asked to review all potential topics and circle any which appear to apply. Clients are then asked to produce the SWOT form along with their action plans itemizing their SWOT related objectives. Clients are then separated into work groups based on “matches” in the selected treatment plan objectives and the similarity of SWOT issues.

In true constructivist fashion, these sub-groups of clients are assigned to collaborate on the development of individual treatment plans. Individual treatment plan forms are distributed and instructors aid the subgroups in using appropriate language in writing objectives.

These treatment plan forms are reviewed each month. Comments and amendments can be made by the client and/or Clinical Director/Supervisor regarding the completion of the plan.

The treatment plan is not only collaborative but it is a “living document” in the sense that it is continually adjusted and augmented during treatment.

3. Values, Priorities and Outcomes

Since the ACS mission statement is “aiding clients in creating more compelling priorities than the abuse of alcohol and drugs”, it is crucial that clients are able to clearly enunciate verbally and in writing, the exact nature of their life priorities and values. ACS has accumulated multiple Values and Priorities Questionnaires over 15 years of operation. A variety of these are administered during the term of each client’s treatment. The most commonly employed instrument is a four quadrant page that queries the client regarding basic life values.

The highest values in my life and the themes that are most important to me are represented by the following:

Values, Skills, Priorities, Style Quadrant

<p>The highest values in my life and the themes that are most important to me are represented by the following:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. <p>(Examples: Making money, maintaining health, serving God, taking care of my family, being a good person)</p>	<p>My greatest skills and best abilities consist of the following talents:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. <p>(What is it you do exceptionally well? For example, work out complicated mathematical equations, balance a budget, cartoon.)</p>
<p>My priorities in life, the things to which I actually devote most of my time and attention, consist of the following:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. <p>(These can be things that excite you or common tasks you often perform, even out of a sense of duty or responsibility.)</p>	<p>My style, character or distinctive way of doing things can best be described in the following ways:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. <p>(The range here would include: mellow, carefree, decisive, helpful, upbeat, serious etc..)</p>

As the class begins, clients are given the page and instructed to provide abundant detail regarding the four content areas. At least 5 responses are required in each quadrant. Clients must then determine the “top” three values in life that each actively espouses and endorses. Clients are also to indicate specifically which values in life they most heartily reject. The instructor then presents a chart created by Ken Rabac that demonstrates the process of moving through a line of consequences with purpose, meaning and determination. Clients are instructed in the principles of “uptime” and “downtime”. Uptime is time spent “in the zone” where one is so engrossed in the work at hand that attention is totally focused and there is a feeling of exhilaration. Downtime is characterized as time spent idly, or in avoidance of effort towards compelling life priorities. Another chart describes the differences between “peak performance, progressing steadily, slogging through and slipping into neutral”. Clients are encouraged to understand that most individuals are not at their peak at all times but have intermediate states of effort, motivation and energy which may effect the ability to achieve. Maximizing peak performance episodes and emphasizing steady progress is urged. Clients are encouraged to be mindful of priorities and to take action steps, even if limited, at times when energy lags and one must slog through.

Derived from Neurolinguistic Programming, the *Well-Formed Outcomes* process is a staple of NLP and most practitioners have adapted their own versions. The ACS version is a six step process in which clients are instructed to describe in vivid detail all of the components of the outcomes that they are seeking in this phases of life. The phase is normally about six months. As clients begin to write descriptions, the facilitator moves around the room offering additional prompts such as “How do you want you life to be? What do you want to see when you awaken in the morning? What has to occur for you to experience contentment?”

Five additional processes follow once a clear, sensory specific, detailed outcome statement is crafted.

Well-Formed Outcomes Questions

What is it that you want for this part of your life? How do you want your life to be? What specific conditions would create contentment or a feeling of satisfaction? Describe the exact feelings you are seeking as well as the particular results you want to achieve. Why are you living each day?

What is the most positive statement you can make about the outcomes you are seeking? Remember this statement has to be totally positive and not a negative statement of what you are trying to avoid in life.

What part of the achievement of this outcome is under your control and what parts evade your control? What are you willing to do to achieve your outcomes.

The ecology question is: How would the achievement of these outcomes affect the lives of all of those in your circle of acquaintance? Are there acquaintances or family members who would not want you to achieve your outcomes?

How will you test and/ or measure your progress in achieving your outcomes?

How will you know when you have achieved your outcomes? Answer broadly and specifically in detail.

The honing of the positive statement into an expression that is devoid of negativity is the crucial aspect of this process and the client must be able to make a statement that is comfortable and authentic. For example, “I want my Dad to get off my back” is not a purely positive statement. The facilitator challenges the respondent to continually revise any statements that are less than fully positive. (It is remarkable, by the way, how difficult it is for most respondents to make purely positive statements.)

4. 12 Steps Facilitation:

The Alcoholic's Anonymous program of successively completed steps or processes is presented to the clients by the Clinical Director in lecture form involving pre-prepared charts which emphasize an interpretation based in Cognitive Psychology. Clients complete a pre-test before the lecture.

During the tenure of treatment, each client is required to attend a weekly 12 Steps support group which is provided by ACS after the first group session on Tuesday evenings. Clients are required to have a full grasp of all 12 Steps and to complete Steps 1-4 while they are in treatment. Clients must successfully complete a post-test which mirrors the pre-test.

The Fourth Step *Fearless Moral Inventory* is required. Clients must respond to detailed questionnaires in references to each formative stage of life from childhood to present age. Each client must present an accurate self-history for each stage of development and indicate how each stage of development relates to the development of Substance Abuse. Clients are organized into sub-groups based on similar treatment objectives and life histories. Each group is charged with organizing responses to each of the questions and the sub-group must report to the full group.

5. Heart's Desire:

Clients create an art work based on their *Heart's Desire*. In this process, also derived from NLP, clients are given blank art paper and a variety of drawing and coloring instruments. They are instructed to create a work of art that symbolizes their heart's desire. Students must entirely fill the page leaving no blank spaces and are to use no stick figures or sentences. Words, phrases or bits of poetry may be used if necessary. Art can be abstract and imaginal or realistic.

The element of surprise is crucial to the authenticity of the responses. There should be no advanced detail given. Students are simply encountered as they enter the treatment area and instructed to draw their heart's desire. As the process unfolds, music of Mozart, then Bach then Beethoven is played in the background. As a five minute to completion time is given, Chopin etudes are played. During the creation of the art pieces, the facilitator walks around the tables providing prompts. One prompt is: "Any given individual at any time in her or his life should be able to immediately

respond to the question regarding your heart's desire. We should know at all time exactly why we are alive and engaging in day to day activity.” Another prompt is: “Exactly how do you want your life to be? Who do you want to see when you wake up each morning? Where do you want to be?”

At the completion of the work period each client presents her or his art work and explains to the group, its significance. The facilitator provides a process of additional inquiry to each client and encourages other clients to join in the inquiry. The facilitator explains “what to look for” as the process unfolds. Some typical queries involve symbols or color choices, the positioning of objects and the use of unusual pictorial devices. For example, blacks and grays and somber colors may indicate a depressive state of mind. A house with no door may indicate an unwillingness to admit non-family members. A stone wall across the middle of the page can indicate a separation from reality or the outside world. Such unusual features are normally deeply meaningful and the artist's interpretation is deeply probed. The client must be able to provide insight as well as interpretation.

If possible, selected clients are chosen for a *walk through* process in which the artist affixes her or his work to a wall or display board and then chooses a position to stand in relation to the art work. The client is asked to find the most comfortable place and then to step back and define what those steps back into the past would represent. She or he is then asked to move forward and indicate what actual steps would be taken to move into the achievement of the heart's desire. This process aids the client in identifying specific steps to be taken to achieve most cherished priorities in life, and to also review the past “steps” which led to the current condition.

Over 15 years, the Clinical Director/Supervisor has employed this process with clients ranging from cocaine addicted mothers to severely pathological schizophrenics to moderately impaired seniors with dementia. Art works from past clients are displayed in a follow up session, including those provided by a multiple personality client who claimed to have 32 distinct identities. This client was also an accomplished artist and her various creations, attributed to various personalities are awe inspiring as is her story of recovery from her severe pathologies to relative normalcy. From these presentations, clients come to understand the value of repeating the heart's desire exercise at various stages of life and in different moods and frames of mind. This can be a rich source of “right brain” creative, often

unconscious self-knowledge.

Pharmacology and Physiology:

Clients are expected to develop a full understanding of the pharmacology and physiology of substance abuse. Clients will be able to identify and define specific illnesses associated with prolonged substance abuse and/or dependence, and to identify the progression, that is the stages of addiction. Clients will memorize the major drugs of abuse and be able to recall and list the particular side effects associated with each class of drugs. Clients will recognize the chain of physical events that occur in the body when drugs and/or alcohol are ingested.

This session is offered as a lecture on current scientific and medical data on pharmacology and physiology but it is also an interactive and creative enterprise for constructivist learning.

Two pages of illustrations and text demonstrating the range of physical ailments and debilitations associated with drug and alcohol abuse are distributed to the clients who colorize the illustration artistically with fine art pencils. When the colorizing is completed, clients read the descriptions of the details of the maladies aloud. The combination of coloring debilitated, compromised human organs and reading the descriptions aloud provides for clients a dramatic, evocative, left and right brain instructional process. Due to the constructivist process, clients will retain knowledge regarding physiology and pharmacology in a vivid, memorable manner.

RET:

Rational Emotive Therapy as developed by Albert Ellis provides a process of analyzing emotional and cognitive responses to typical life scenarios. In this session, clients demonstrate their recognition of the process by providing a full depiction of a life event as processed in RET perspective. An RET form developed by ACS, based on Ellis's RET work is distributed.

R E T – Rational-Emotive Therapy

Situation_____

Beliefs_____

Consequences, Feelings, Actions

Dispute_____

Realistic Expectations

Constructive Options

Course of Action

Clients complete the form by fully identifying the situation which occurred which led to distress. They provide an account of their beliefs regarding the significance of the event and its cause. They fully describe the consequences, feeling and actions that ensued. Clients then dispute their own findings by “playing the devil’s advocate” and considering alternative schemata. Grounded in the possibility of alternate explanations, without the need for beliefs, clients are expected to provide realistic expectations of possible consequences and ripple effects. Clients must construct a menu of constructive options which ACS terms *Hypothetical Response Sets*. These sets provide for clients reliable action step regimens to “fall back on” under conditions of stress, duress or relapse. Clients must also identify the most rational course of action to take in the light of the RET analysis they have conducted.

Psychopathology and Self-Regulation:

The theory base for the instructional design of this section was designed by the author in his initial semester of study at Western Governors University in the Summer of 2006. The appended nine page document entitled *Integrative Psychoeducation* provides detailed information regarding the content of this session. (Appendix B)

Clients will appraise psychopathy evident in themselves and within their circle of acquaintances and formulate regimens of behavior and response appropriate to the psychopathologies they recognize. Clients will not diagnose specific syndromes but rather become aware of the gross features and traits of Psychopathic Types (PT’s) In cases where severe psychopathologies are suspected, appropriate referrals will be made. Clients will recognize the need for caution regarding Psychopathic Types and take precautions.

Clients will learn to recognize, identify and respond safely to Psychopathic Types and preserve their own well-being.

Strengths

Weaknesses

Opportunities

Threats