Jessie O'Brien, NAADAC: Hello, everybody! Welcome to Today's Webinar from virtual to real life. Effective treatment presented by Dr. Fred Donbrowsky and Samson. Tesla. Miriam, really happy to have you here today. It feels like it's been a while since we had a Webinar. I don't know My name is Jessie O'Brien and I'm. The Director of training and Professional Development. Here, at data, the association of Prediction professionals with me today behind the scenes is our training programs manager, Hailey Hardle,

Jessie O'Brien, NAADAC: who will be addressing any issues or questions you may have that are not specifically for our presenters. So, in other words, you do have a lot of support here today a reminder that the permanent homepage for neat webinars is www dot neda dot org

Jessie O'Brien, NAADAC: forward, Webinar. So just make sure to bookmark this page. So you can stay up to date, and the latest in addiction. Education.

Jessie O'Brien, NAADAC: Today's Webinar is sponsored by birch notes. Birch notes is an Ehr, and practice management system specifically designed for substance, use of behavioral health professionals.

Jessie O'Brien, NAADAC: The platform includes integrated telehealth management, claim processing, customize, reporting, and warrant. We're going to have a little demo at the end of today's session and before the Q. And A.

Jessie O'Brien, NAADAC: Most of you are familiar with Zoom. I know we've all been using it for a long time we are using zoom webinar for today's live event. It's very similar to zoom meetings There's just a few key features. I want to draw your attention to before we get started. I see you found the chat box. Um, that is there for you to use. Feel free to chat with each other, comments, whatever you like to do. We also have the Q. A. Boxes to queue and a little icon down at the bottom of your zoom menu, and we use that for any

Jessie O'Brien, NAADAC: questions that you have, you can. If you have any questions for us in a desk, give me questions for our presenters, please make sure you put them in the Q. And A. Box, so that they don't get lost, As you notice, the chat box is going really quickly, so questions get lost.

If we do notice a question in the chat box when we touch it, we will ask you to put it in the Q. And a box, so don't miss it. And similarly, if there's a comment in the Q and A. Box, we probably will move it out. Just so we stay organized and Don't lose track of the questions. And lastly,

Jessie O'Brien, NAADAC: we are using. Excuse me, um zoom, Webinar, for our live transcript and close captioning. Today it has been enabled. So if you want to use subtitles, just go down to the icon, hit the little of carrots and hit show subtitles, and that will be enabled for you

Jessie O'Brien, NAADAC: a reminder that every um native Webinar has its own homepage that has everything you need to about about that particular Webinar. Um. So once this is over, you can go back to that web page, and you can access the ce quiz for today's session. If you've never done our C quiz process before I recommend that you use the Instruction guide. There's a link to it right below the online seat, quiz link that will be activated. Um. And just follow that guide, and it'll walk you right through.

Jessie O'Brien, NAADAC: If you do have any issues. You can always email us at Ce. At Nadak dot org that's see as a continuing e as an education at that point.

Jessie O'Brien, NAADAC: One note

Jessie O'Brien, NAADAC: and I like to try and get people's attention if you need your ce certificate to say that we're live on a a live interactive, Webinar. Please make sure to take the cease within the next twenty four hours and then download your certificates and save that.
Jessie O'Brien, NAADAC: Okay, that's all the administrative stuff I have for you. I'm going to go ahead and introduce our wonderful presenters. We have Dr. Frederick Jambrowski, who's worked as a clinician in the field of co-chasing disorders since one thousand nine hundred and ninety eight.

Jessie O'Brien, NAADAC: Fred has used evidence-based practices in varying forms of Treatment, Cbd. For Gender, Dysphoria and chronic Pain, Dbt. For personality disorders and my for substance use Treatment. He has experienced as a supervisor and director for multiple programs, including innovation, outation and forensic treatments. As an educator, Fred is focused on experiential learning through a perspective of cultural humility and an equitable approach to clinical care. As a supervisor, Fred remains focused on a movement of clinical care through supervision dedicated to evidence-based practices.

Jessie O'Brien, NAADAC: He may recognize that the next person Samson Teklomerium is the Vice President of Clinical Services for behavioral health for the Phd. And also a former Nedac um employee. So we're glad to have him back. He is an and an accomplished leader, with a history of driving organizational results, with learning and development solutions.

Jessie O'Brien, NAADAC: known for implementing initiatives that support organizational priorities and produce measurable outcomes. Samsung has been a leader in the field of addiction treatment for over ten years.

Jessie O'Brien, NAADAC: He was formerly the director of training and professional development for nada. He is a certified lee trainer for the cognitive behavioral interventions for substance, use sophistic curriculum, calm every storm crisis prevention, and intervention curriculum and experience and treating trauma-related disorders,

Jessie O'Brien, NAADAC: using trauma-focused cognitive behavioral therapy and seeking safety. Samson previously worked for Phoenix House foundation as the national director of learning and development so i'm going to welcome them to the stage and stop my own sharing and turn myself off and let them take over.

Samson Teklemariam: Thank you so much, Jessie. Everyone just bear with me for a second here, and I will share my screen for you.

Samson Teklemariam: It's a

Samson Teklemariam: all right. Um! And here we are. So, Fred, i'll just start off with a quick review of the learning objectives. I know you all kind of saw these online as you registered for the course. Um, and then we'll just kind of tech team. I'm really honored to be here. Um, thank you so much Neat act. Thank you. Jesse. Um, Dr. Fred Debras, and thanks for the tech team we're on. This portal train is going to be um hopefully uh exciting for you all, and I have my chat box open. So if you guys have any um notes for us, feel free to drop it in the chat box. Um. So our three learning objectives today is

Samson Teklemariam: learning how to build a foundational group structure in a virtual environment, identifying three ways to build virtual cohesion. We actually talk about a few ah different ways. Um! And then perform a virtual ruling with resistance. Skills? Um! So we we were really lucky to have um some folks volunteer, so, Fred, i'll let you speak to this group who who joined us from the University of

Fred Dombrowski: Yes, thank you so much, Samson, and it's natural pleasure to have an opportunity to work with you once again. We'd like to thank everyone for being here with us. I think I saw someone from the Uk. Here, so we appreciate having you as Well, I would just like to thank my awesome students from my addictions class here at the University of Bridgeport. They volunteered to be mocked clients for us as we are going to provide a mock group session

Fred Dombrowski: which will be specific to substance use. So I know that there was a question about whether or not this would be about substance use. Yes, so this should be pretty fun, but I just never
give my students enough of a shout out. They get such a wonderful job. And this is one of my favorite presentations.

Fred Dombrowski: All right, Thank you, Samson. You can go to the next slide.

Samson Teklemariam: Yeah, thanks, Fred. So Yeah, we're going to start with the poll. So we just wanted to know a little bit more about the

Samson Teklemariam: about. You know who's in the room here. What your experience is. And then Ah, Fred and I will just tag him on the beginning of this, and we're going to go into a video clip showing you how to navigate a really specific addiction treatment. Ah group um, for you know our Svd treatment population. So um Nadak Hayley or Jessie Um, if you can go ahead and launch this poll. Um! I don't know if you guys asked the question or for you.

Samson Teklemariam: Sorry

Jessie O'Brien, NAADAC: you can do either. What is the biggest difficulty when facilitating groups, and everyone can go ahead and select the answer most appropriate for them.

Samson Teklemariam: Thank you, Jessie. You all would think that after my years with Nadak, I would know. But Jesse's keeping me here on brand. I appreciate that.

Samson Teklemariam: So yeah, you'll see one, two, three, four, five answer options. What is the biggest difficulty when facilitating groups we'll speak a little bit to each of these. I'm. Curious what your experiences will give it. About maybe twenty more seconds.

Jessie O'Brien, NAADAC: All right. I'm going to give it about two more seconds. Twenty was generous, but everyone looks like they're getting their responses in. So i'm going to close it out and show the results for you,

Fred Dombrowski: keeping everyone engaged. Yes, all right. So we completely respect that, and it makes sense as to how that can be difficult, especially when we're not directly seeing people. And when people are doing online groups, if they're at home they have the ability to lie down, they can keep their cameras off.

Fred Dombrowski: You may be doing a ton of different things, so it completely makes sense. But participants in various stages of recovery. Yes, that can be difficult as well, too. If some people might be more bought in and more willing to participate, or other people. Of course they may not know other clients or the clinicians, so they might not necessarily jump in as much makes absolute sense.

Fred Dombrowski: So within our difficulties that we experienced the first regularly, I mean. Obviously, yes, there were participants showing up late, and especially during Covid when we experienced a a huge increase in substitute streaming which has been done online. We've seen individuals showing up under the influence some of the people I worked with even had clients proportionally who are getting high during their sessions, which is an extremely difficult term, obviously for buying. And as people are talking about, they're very safe to recovery

Fred Dombrowski: and doing your best to try to navigate concerns about uneven participation as difficult as it is to run a group session in real life where you have one member who may take control of the group. It can be even more difficult, especially online, if there are problems,

Fred Dombrowski: communication or problems with how the software is working

Fred Dombrowski: and for us. So I mean, we've definitely seen problems where people can hide. And so I've seen this. This is where people will have the very dark. They won't have any light on their face and have light in the background, so you can't really see. And also, in addition to that, too, they may not participate. Very well.
Fred Dombrowski: Also. One of the biggest things we see is distractions at home. We have people who are also trying to manage taking care of kids trying to navigate stuff on home, so they might be distracted cooking and cleaning, and they're not unable to get away from those home stressors.

Fred Dombrowski: but also counselor confidence in technology. I mean, there's instances where I worked with clinicians, and they would get frustrated with the technology and feel that they're not making a difference and struggle to make that connection, and because of that, their own push to navigate these concerns impacts the group.

Fred Dombrowski: And of course, patient confidence with the technology as well. Whether or not, the client could actually use the technology if they have any concerns about the technology. And if, even if they have the most updated technology, sometimes we'll see clients try to use their phone or make adjustments with that, and it's kind of difficult.

Samson Teklemariam: So yeah, So we're going to launch this one more fall with these sort of five options. I'm: curious where they ran, you know, for you. So what is the biggest difficulty when facilitating online versus spread? Mention? Um, you know those last two i'm really curious about, because they kind of are more generic. But um, but i'm just curious what what you know. Which of these five you've seen. Um. I I'd imagine that at this point most of you have at some point facilitating a telehealth session, or you're here because You're on schedule on deck to start facilitating

Samson Teklemariam: some of you. Haven't, and there may be some anxiety in all five of these, so i'll give you a little bit to answer this. I don't know just if you guys had something to add with a polling question.

Jessie O'Brien, NAADAC: No, it's open, it's available. Go ahead and cast your your vote, so to speak. I'll give it Run about five more seconds to get there.

Jessie O'Brien, NAADAC: Thoughts recorded.

Jessie O'Brien, NAADAC: Okay, i'm going to go ahead and end it and show the results.

Fred Dombrowski: Wow! Distractions at home, as as I am watching someone potentially work on uh on our roof outside and wondering what it's gonna be to this Webinar. I can see, you know uh how that's the strongest right. And and if if you're living with a roommate, you know a partner, a spouse or a situation where you have multiple people who are also working remotely. I could see how that can kind of collide um bread. Do you want to speak to me. These other results?

Fred Dombrowski: No, no; The only thing I would like to say is as we talk about trying to get our our clients to be focused in and do their best to make the group sessions as

Fred Dombrowski: similar to real life as possible. We also have to remind all the clinicians out here that when you're running an online group session you can't be doing anything else, either. So you can't be washing your dishes or so we also encourage clinicians to do their absolute best to make the group environment online as similar to a real life

Samson Teklemariam: for sure. Yeah, um. So kind of as we as we debrief these, you know, I think I think what we see is that it? You know these difficulties of online groups are real right. And to the point now where they should be an expected norm. So we we, we try to establish both our environment. As as I was alluding to and start coaching our patients on how to design their in our communicating what our expectations are for their engagement, for their participation at the front end, and maintaining those boundaries throughout;

Samson Teklemariam: also kind of giving some grace that at the end of the day some of these, you know, you can't overcome right um. And so so hopefully, we demonstrate this well in our video. Um, uh, uh, Fred, did you want to add anything else to the difficulties with online groups?

Samson Teklemariam: Yeah. So a few a few notes specific to online groups, right? I'll let you speak to this one.

Samson Teklemariam: You're you're muted.

Fred Dombrowski: Sorry, sorry, sorry, and that teamwork is great. If you've got two counselors, you've got to look out for each other. Yes, thank you so much. So now, whenever we do any kind of online session, we always make sure that we start off with all participants. You must write their current location in the chat.

Fred Dombrowski: So whenever you're doing any kind of online telehealth, we have to know where the individuals at for every session, because we hope that we don't ever have to send it emergency services. And in case we need to, we need to know where that is.

Fred Dombrowski: Our leaders were to make sure all members participate, and there was a question in regards to how we make adolescents participate, and usually, when I start groups with adolescents, i'll ask them to bring an item, and then describe that item so they can have fun and talk about it, and have something that connects with them hopefully. Get some of them to participate

Fred Dombrowski: and adjusting the mental mental status to them. Obviously, it's difficult for us to do a full mental status. Exam Again, when we see the person, or if they're not talking, but we can compare them to themselves in the past.

Fred Dombrowski: But so, for example, the participant is engaged in a group pretty regularly will often speak, and this time barely spoke to not have camera on. Want to make sure you can document that.

Fred Dombrowski: And then the group leaders coordinate beforehand. So we make sure that if there's a group leader they walk in prepared. But if there's two group leaders that each group leader knows their role, and even if they're working together, finding ways to support their members. For example, if one group member is really struggling and violence acting out, but perhaps getting a fight with another person, maybe doing a breakout room with one of the group leaders to support them,

Fred Dombrowski: and then also have a backup for technology and as much as I do my best to be technologically savvy, anything can happen, and we definitely need that back up,

Fred Dombrowski: and also being as flexible as possible based on those limitations

Samson Teklemariam: now. So in in a second we're going to show you all a few clips We're going to provide some examples of of an actual virtual group like I mentioned before. We do. I just want to layer in some foundational principles, especially that that I think resonate today. It's interesting when history and models, you know, historically kind of really connect almost more today than ever. So you may have heard of Dr. Bruce Tuckman's phase as a team development. Um. He is a psychologist of the sixtys that really, for these um stages of

Samson Teklemariam: development, forming, storming, norming, performing some folks add on a variation of a shorting that we could spend all day on that stuff, right? So i'm not going to do that because I want to get into the video. But I do want to zero in on.

Samson Teklemariam: Why, this is so relevant today. In both, you know, corporate America, with team development and team cohesion, especially with virtual employees working all over the map. Um, but even more so from psychotherapy, especially in a disease that is incredibly isolating. Um like addiction. So the the main part of forming is building group cohesion. So you'll see things like creating a repetitive introduction, a norm or a routine. So you consider the theme of the
Samson Teklemariam: the commonality. The why we're all here. The name, the date of your last use or drug of choice, something that enters them into the dynamic. Um! You even think of what's the purpose of that establishing that routine? If you've ever studied seeking safety with Dr. Lisa hobbits, you'll see that every session starts with a quotation um. Every session starts with. You know what we're complete in the last session. Um, What's What's your current, you know. Time in in recovery. So items like that almost become a routine or a traditional

Samson Teklemariam: right for that group. So kind of giving you an anger. Um, I I always say that groups are sort of like their own organism, like I could run four different groups in one day, and every single group is sort of different, You know. It's like its own Id or its own Dna.

Samson Teklemariam: So what we try to do is establish norms and structure that are more generic, that established more of our safety and cohesion. But then we also have some opportunity for them to provide their own examples and their own norms, their own rules, easing them into the discussion. I think the most important thing that I want you to look at for me is, what are the group leaders in these upcoming videos trying to establish? What norm, What context, you know. Are we trying to build um as as we’re using into that discussion?

Samson Teklemariam: Um, hopefully, we get a chance to demonstrate it for you that there’s both a science. You know the techniques. Um. And there’s an art that’s that listening aspect and adjusting as you listen um it to to what we're practicing, so i’ll i’ll. I'll segue into the video. Um, Fred, did you want to say anything to pray before we jump into it?

Fred Dombrowski: No, No, thank you so much. Dancing, Uh: I think you hit everything right in the head. Thanks. Okay. So we'll segue into this video and you'll have to hear our voices a little bit more so. But at least there’s some, some, some incredible um, you know, participants to listen to as well. Um, here we go

all right, Fred, Should I start?

Yes, sounds good, all right. Um, Well welcome everyone. So this is our first um group session, and uh, and I know we some of us have met um. I may have met you on one. Um, but I thought maybe we should start with just some quick introduction, So my name is Sam. I'm a counselor here at the she Um, and thanks for joining us in a virtual session.

Um, we're going to talk about Cbt later today before we get into it. I’s figure we can do a quick um round of introductions, and and maybe we could also go over a few um so um friendly.

Yeah, I'm: Ah, Fred and Broski i'm the co-leader here for the group, and we're really looking forward to having an opportunity to work with everyone doing various forms of treatment, and we think it's going to be a lot of fun.

Would anyone like to start by introducing themselves? Their name drove a choice and your clean date

I can go. Okay, sounds good, Colonel.

Hi. My name is Carla. My work of choices um cocaine and hotel, and my Tina, it's May the bee two thousand and twenty two.

Thank you so much, Carl. We appreciate that it looks like you have a a couple of weeks. So Ah, it seems like you've been doing a pretty good job thus far. That sounds good,

thank you.

And who would like to go next?
I'll go. So I'm Stacey. My drug of choice is alcohol, sometimes some other little thing depends on who I'm hanging out with, and my clean date is May the first two thousand and twenty-two.

Wow! That's great. It's easy almost one full month. Here, welcome to the group. Thanks for joining anyone else. Oh, go ahead. Yes, Carly,

Hi! I'm Carly. My drive. A choice is oxy, although I've done some heroin as well. My clean day is April twentieth.

great milestone.

Welcome to the group curling.

Yeah, we're once the next jump in.

Okay, my name is Mala. My drug of choice is heroin, and my clean day is actually May thirtieth two thousand and twenty-two.

So, even though this is pretty early for you, we just appreciate you that you're here. We're very happy to have a space for you, and we're absolutely committed to helping you out for sure.

Thank you.

I'm going to think of that. I think you had your hand up.

Yeah, my name is Annette, and my drug of choice is alcohol, and my last drink was um a second. So my ah clean date is May Third.

Well, that's a that would be four weeks for today. So that's awesome.

Thank you. Appreciate that it's been that it's been hard, but I feel starting to feel better,

absolutely,

and anyone else like to jump in.

I can go.

Um. My name is Mike Jones. Um. My drug of choice is Ah, crack cocaine! Ah, my clean date is April the fifth of this year.

Thank you, Mike. Awesome. So it looks like you're approaching sixty days,

Korea.

I think we are in the right direction.
Oh, go ahead. No, I just said, that's great. Mike Hadn't in the right direction. Yeah, my name is Ashley. My drug of choice is Pcp. And my clean date is May eighteenth.

Secondly, twenty-two

Welcome to the group Ashley, Thanks for sharing.

Thank you, too. Guys that's a great milestone. Here.

Um, hi! My name is Marie. My drug of choice is Xanax, and my name Date is April, the twenty seventh two thousand and twenty-two.

Thanks, Marie welcome in.

So I think it was just about everyone.

Fred Dombrowski: So, um! While we're going over to the next slide, I see a ton of questions in regards to the rewarding um clean date. Usually I would use date of last use, and I definitely respected those concerns about clean date. I've also seen clients talk about their use of um resuming substance. Use using the word relapsed. And there's a lot of instances where we try to navigate and use use appropriate terms, especially ones that would avoid any kind of like imposition of shame

Fred Dombrowski: while conceptualizing recovery in a span. So I appreciate everyone's thoughts in the chat. Absolutely.

Samson Teklemariam: Yeah. So he had this some great conversation that chat you, sharing some of the things you noticed in this first video. You know, this was the introduction, right. So I want to kind of break some of the things you just saw, and i'll spread all tech team with you just to cover the first couple of things. Notice how we sort of set more of engagement with everyone. There are a few subtle ways to do this. If you've got a pretty disengaged audience or an audience that comes in sort of worms cross video off, you know, and and you usually just send them what kind of lead in statements, like

Samson Teklemariam: everyone as we introduce. I'd like to hear from everyone. Um, Okay, i'm just gonna do a quick round Robin. Want to check in with each person we'll start with so-and-so right like. So So you use some sort of lead in to establish that you are expecting to hear from everyone, and you're gonna kind of call on names sometimes. Sometimes you could see how they're doing. You can open it up and say, Okay, who wants to go next? Um and and give it. You know the kind of five count. I do like the jeopardy music in my head uh to give him a chance to sit with that silence,

Samson Teklemariam: and then i'll say, Well, I'd love to hear from Marlon. I love to hear from Joe. I love you, from Jane, and you get that engagement from everyone. Because again you're setting that norm right.

Samson Teklemariam: I did. You want to speak to the other points of what we observed?

Fred Dombrowski: Yes, and specifically within that what we do, especially for us as counselors. I always love the or skills like. Let's forget about Carl Rogers, and let's also forget about motivational engineering. I love the work skills on a totally different level, because it forces me to pay attention, and for me to be totally focused in on what's happening. We kind of model that to our clients, and we also kind of discuss or review the expectations

Fred Dombrowski: we're here we're participating. We're here to support individuals, and therefore kind
of modeling what that looks like. Absolutely

Fred Dombrowski: yeah, great. I'm got.

Samson Teklemariam: And i'm seeing some comments on the comments Box: Yeah, we both be in fred really um, even in just sessions of patients sort of hyper-focused on wars cause it it connects me with the patient. It forces me to listen. It helps me block out any other distractions as well. So I ask myself, you know, Have I reflected. Have I given an affirmation right? Um! Have we gone so long we're a summary as necessary. Right? We'll an open it in question. Be useful right now to guide us in the right direction. Um. So those techniques are are super.

Samson Teklemariam: So so the stage we just looked at is norming. Um, Fred, I think you'll speak to this one. What we were building in this stage.

Fred Dombrowski: Yes, absolutely so, as we had individuals from different

Fred Dombrowski: uh times in their recovery. We had some individuals who maybe more

Fred Dombrowski: happy to participate than others, and I appreciate in the chat with discussion about the individual whose light was off and within that. So, having a discussion with the individual prior in reminding them or after the group.

Fred Dombrowski: Sometimes we can encourage people during the group, and there's also ways we can, and we will talk about later on, assessing that individual's mental status exam, although we can entirely see their face. But we will give an example of that later on. But we're trying to move the group in a direction of cohesion, but also kind of create easy concepts for us as clinicians. We might be conflicted about various terms and words, and our clients can use any words that they want,

Fred Dombrowski: and so just trying to have to navigate that, but getting it by in from everyone that we're all here to support each other, and also using everyone to engage. So we asked one of the concerns that people had is people participating. This forced everyone, at least to introduce themselves and connect within that.

Fred Dombrowski: And also this allows us to work together and kind of show the group, like the connection that we, as the group leaders have,

Fred Dombrowski: and be able to then refocus in on individual's reasons for being in the group. But so we try to validate everyone's experiences for being in recovery, even if they had a recent date of last use. We still try to show validation for people being

Fred Dombrowski: in the group, but also validation for people who have more long time without using substances.

Fred Dombrowski: So for Cbt. What I appreciate about Cbt is establishing for factor model the relationship between Triggers thoughts, feelings, and actions, and i'm so sorry to admit this, but i'm completely lazy, and i'm a very lazy therapist. So what I love about Cbt, especially when we do worksheets is that it gives the client the opportunity to see the relationship between the triggers thoughts, feelings, and actions, instead of me having to work really hard and trying to

Fred Dombrowski: force them to understand.

Fred Dombrowski: And it's really easy to use this via a telehealth session, because we can bring the worksheets up, and we can do them with the clients, while also sending language sheets them for examples for many years, and within that we look for commonalities. A lot of the clients may share similar triggers, and also share similar automatic thoughts when based with the trigger. So we'll ask clients say, Why am I doing this? Why am I trying, I should just give up,
Fred Dombrowski: and then from there reinforce really shows me thoughts, feelings, and actions, and then stay within that model. So a lot of times when I use Cbt with my clients, especially trying to avoid resuming substance use they will talk about. Oh, I have the trigger, but instead of using i'm going to do this, but they're not processing what their thought and they're feeling was. So we want to make sure we keep individuals within that process, and also elicit feedback from everyone as there can be shared experiences.

Samson Teklemariam: I'm gonna i'm going to navigate straight into the video because I want to see a little bit more, and it will be brief, some after. But yeah, I just wanted to try and

Samson Teklemariam: a taxi on what bread was saying. There are certain models that really translate well into the virtual space. And I think it's those models that have some predictability and structure and guide. Now it's not to say that, you know you can't translate all you know. Evidence based practices or treatment models into the virtual space. It's just saying that Cbt is so foundational and so ground that it has worksheets. It has guided tools, and especially for addiction, treatment for substance use disorders.

Samson Teklemariam: We know that it has the highest efficacy in history of success, and in a sort of you know, kind of an established or a baseline of what patients need for recovery. So what we'll look at now is just a quick video of the therapist. You know this guy named Sam. I don't know he is trying to introduce Cbt to this group. Um. So they're perfect. Thanks. Um.

Well, yeah, thanks for those introductions. Everyone is right. It's great to kind of see where everybody’s at with with everything. So, as we said, we're gonna introduce some Cbt concepts in in this group today. Um. So uh, So first is interesting to cover. Why, we really believe that treatment for suv substance use disorders. Any substance really should have some scientific evidence to show that it works. So you know, at the age we always talk about how medication assists treatment, or we use of medications that have strong evidence of supporting recovery. Um, but it's only part of the solution. The other part is counseling therapy, or just, you know, having some discussion on um what you're dealing with day to day like to like. So how many of you have heard of Cbt to acronym, you know. So any hands who sort of all right? Okay. So so tell me, what is it? What’s Cbt:

It's um cognitive behavioral therapy. Yeah. Good job, Carly: Okay. Yeah. Thanks. So Um. What is it?

What What What happens with Cbt? I mean, what goes on? What do you all know about it. Anyone, I mean, I think it just changes. It's supposed to change your thoughts and behaviors and your actions. Yeah, great. There's a connection between Bots behavior actions. What about feelings? Right? Do they sometimes drive our actions?

Yeah. So some of that's covered in Cbt, you know. So really cognitive is a fancy word it just means related to thinking.

Um Behavioral, you know, is what we're we're saying related to behavior. So so the approach we we kind of have like a triangle that sometimes we journalists, there's There's a thought that maybe so, behavior behavior. But sometimes we need to a feeling or a feeling, a behavior or a thought can drive a feeling. Um, So it's really based on the idea that thoughts, feelings, and behaviors, they all can affect one another. Um, a really really simple illustration that we all deal with. I deal with not too many
hours ago is feeling hungry. Um. So So when you feel hungry, what pops in your head. Uh, i'd like to have a same wish.

Um, you know, if you're on I know someone doing something on the road. Um, you know. So you're thinking of stopping by picking up something quick, Right? Um! And so you have that desire to fill that up.

You know another example that
related to substance use. As someone has a thought, I always let people down.

So what kinds of feelings do you all think
would come after that? Thought

I always let people down.

What kind of feelings come after that

The ideals
say it again, Carla.

Guilt,

sadness, sadness,

Bing!

And that's it all the time.

Shame, shame, Yeah. Yeah.

Anger

right? Right? Yep, you know.

So so all these things could lead to deeper feelings right? And sometimes when you go even deeper, like Someone's like shame, you know, like what you said, or sometimes they're a little more like anger, and it may lead to hurt sadness. Um! Some of them are connected, and in some even could be to diagnosis like

question or a co-occurring issue. And so sometimes the behavior comes first. That's another part of

Cbt,

you might

um, and then start thinking, Okay, I'm never going to be able to stop using drugs, so the drug use would be to me.

You're right in the relapse, i'll say, and then there's self-talk that happens after that and you start kind of being down on yourself

with that self-talk

Samson Teklemariam: All right. So let's unpack what you just saw. So uh, Fred, i'll let you start, and i'll just fill in.
Fred Dombrowski: Yeah, absolutely. So when I use cognitive behavioral therapy, especially with the

Fred Dombrowski: when working with individuals who are experiencing dual diagnosis, such as subpoenas or and anxiety or substitution personality service. I still always use the course skills, so I always try to validate everyone's experience. Even if the individual is angry or frustrated with us, we always validate the experience, and within that What I really appreciate about what Samson was doing in that was that he was getting everyone to participate, while also finding ways that people had a shared

Fred Dombrowski: experience. So with people talking about their feelings of frustration, sadness, This is something that was applicable to everyone, and we were able to get everyone to kind of get refocused in on the trigger, their thought. And then we're feeling in common that makes sense out of it.

Samson Teklemariam: Yeah, yeah. And the only two things i'll point out, is, I want you to notice how, even with cycle ed material, where it feels like

Samson Teklemariam: um. The goal of the therapist is to educate the patients. It can still be conversational, and and notice how it's conversational through open-ended questions, through you know worst techniques. Remember, I even did like hand raise thing, you know. I I wrote it in my notes. I didn't have anywhere. But has anyone heard of Cbt. Not kind of did that, you know. Notice, like my chief attempt at humor. Right? Um! If you raise your hand you're gonna have to share, and you know i'm just trying to pull them in and bring them in um. And And so the conversation

Samson Teklemariam: you saw may appear random. It may appear conversational, but you'd be shocked hopefully to hear that I was actually using a guided script.

Samson Teklemariam: As you know, most Cbt manuals or Cbt workbooks have a guided script that should have a combination of educational information that you deliver, of course, as as the primary, you know, Facilitator. And hopefully some guided discussion. And it not kind of to bed Drone that a discussion to make sure you're giving moments for interaction, so I hope that um was was a good example. The key, though, was staying, staying true to the model staying without, you know, maintain fidelity um to the actual modeling information in the model,

Samson Teklemariam: not cheapening it or editing it, because i'm uncomfortable where I'm going to add so much of my personal style to it that I erase the efficacy. But having that blend where the the model is still there, and my own personality is still there, and we have a person's inner discussion with the patients.

Fred Dombrowski: So when we go to the next part of the group, we go to the performing aspect. Where we kind of have people apply some of these concepts where we make the concepts a little more connected to what's happening with the individual's lives within, that. We hope that members have brought into the session at that time, and that people can identify the benefits and drawbacks of their experiences within that I think a lot of times our natural response, when we hear something that could be troubling, such as if I talk about using substances or being an argument,

Fred Dombrowski: we have a natural response of like, Oh, no, Don't, do that. What we want to do is kind of go back to that motivational interviewing aspect of

Fred Dombrowski: validating the potential benefits, while also discussing the potential drawbacks, and from there it's about synthesizing and applying information. So what does that mean? That instead of the individual being able to repeat information, identifying ways that they can show how they can apply what's happening,

Fred Dombrowski: and make an information personal to the individual, as each individual has different needs within the group
Fred Dombrowski: clients, because I worked at a residential facility where I had a group of like fifty people,

Fred Dombrowski: it was very hard to get everyone to participate. Most outpatient clinics I worked out. We wouldn't have anything more than twelve, and you just unfortunately depending on where you work, you will have to navigate it.

Fred Dombrowski: And also I do agree with having less talk from the clinicians, and having more discussion from our clients. And as you’re saying this is a mock session,

Fred Dombrowski: but also within that there are instances where you would ask the the group something, and you would get crickets in a response, So that is also one of the benefits of having a group called leader as well.

Samson Teklemariam: All right, so we'll go into the clip here for the performing stage of the scene.

So so what I'm going to do is just to fast forward through.

If you guys have something called a functional analysis, it. It also is just another big word. That is just about what I'm going to have now. The Cbt strategy. Um, So i'm going to drop it in the chat box so that you can have your own copy of it to do for,

and then we'll do one together as the group. Okay, so let me go ahead and grab it real quick. Here, drop it in the chat box for you.

If you have some trouble downloading it, or you're not able to get to it. No worries. We'll make sure you get it after the session. We could also email it

you. It's just a Pdf file. So so in the chat box. Let me go ahead and open this up as a Pdf. Here's what you'll see.

There you go. This is me

a poor attempt at sharing my screen.

Okay, So you'll see something that looks a little bit like this. Functional analysis worksheet and notice how it kind of maps out some of the things we talk about, you know thoughts and feelings, behaviors. Um, but then it gives you a little bit of a way to analyze those that C. And t cognitive thinking

of the behavior the t is treatment of. There are people of what happens in between us feelings. So what contributes to what comes

right. So it may be a trigger to a thought or a trigger to a feeling or a trigger to a behavior we will objectively describe. You know, maybe, what happens.

Process some of the votes and feelings we'll talk about what could have happened after it.

So some of you said you, i'm going to switch here to a word so I can,

so I can kind of type this out. So somebody said, You know Cbt, I want something to think of an example now. It doesn't have to be personal. But if you're comfortable with sharing with the room, I loved it, if it was something authentic, something that's happened to you. Um. And and let's start off with this first question. I just want to do one example together.

So think of a trigger that contributes to your substance. Use
and just go ahead and unmute yourself and share it. You may see a little box here to the side that's me trying to figure out who i'm talking to.

There you go,

all right. So who wants to share?

I would say, not feeling well feeling

set,

maybe go into withdrawals.

That's a great Yeah. So the trigger. So you're physically not feeling well.

Okay, Okay. Now, anyone can chime in but Apollo. I'll go with you and and others. Please just think through. Let's ask yourself when I'm dealing with this trigger. You know what sorts of thoughts are happening in that moment, and what sort of

moment. So, Paula, we can start with you.

Um!

I guess the thoughts are that i'm never going to be able to stop doing this because of the way I feel.

Um.

So the way you're feeling is is sort of making

You'll never stop using

It's too hard. It's too hard to feel this way.

Okay, So that's the thought. I'll put that down as a statement, right?

And when you are thinking it's too hard to feel this way, What are you feeling?

Um
defeated?

Um. And again, if anyone else wants to try and and feel free. But ah, but, Paula, you're doing right. Okay, So Let's Let's just so. We can get this example out. I'll i'll keep going with you.

Um! We all know I I come from a family of interruptors, so just unmute, interrupt, you know. Ah, this is this is a good exercise for that. Um! So we have some thoughts right where we'll say, you know our feeling, our our thought is it's it's too hard to feel this way. Um! When we have that thought we need

sort of feeling defeated in that moment objectively describe what? Usually

Um, if if I were

and i'm watching, what would I see? What sort of

what sort of mannerisms or or physical sensations would be going on,

and what type of action might happen in that moment.
Whoa!
I'm! Usually not feeling well I may be,
and
having a rough time getting out of bed because I I have chills, and i'm just feeling like I have the flu.
Okay. So sometimes your behavior, your action when you have this thought in this feeling is, you force yourself to get up,
and you push through
so others. What else might happen if we
are not feeling well physically, and there's a maybe sick feeling. Maybe someone with falls. And we start thinking this is way too hard to feel this way. We feel defeated. What are other behaviors that might happen right after that
you feel like you want to go get a drink,
Are you? Are you thinking as well, too?
Yeah, Yeah.
Alright, So let's let's map this out. Okay, let's let's have these two potential behaviors. All right. So the same behavior. One um. I'll just put a B one Um! If we force ourselves just to get up and move. Um! What are some of the positive things that can occur after we force ourselves to get them in. What can happen?
You can go to a meeting instead.
Okay, yeah, Great great. So you force yourself to get up. You didn't want to
you ended up at a meeting instead. Awesome
Isn't, my mom maybe say it again,
maybe like
or no has my back,
or just go for a walk outside.
Great, Very great.
Okay. So then, what will be some positive consequences if we just went ahead and got a drink?
It's because it's not. So you're gonna to start feeling the wavelength.
Yeah. So you'll get immediate relief.
Okay, others
sometimes getting some to eat or so. I'm going to drink this.
I don't know. Just make you feel better overall. Yeah.

Yeah. So just feeling better. Okay,

I can. Um. If i'm getting drunk, I can hang out with the rest of my friends who will also drink, you know. Get that little socialization?

Yeah. And not feeling lonely. Absolutely.

Yeah. Okay,

that's great. Okay. So then, the last step. Here is is what are some negative outcomes or negative consequences, So you know. Let's go right back to this action. We'll start with a one

and force yourself to get up.

You know. What are some negative things that can happen if you force yourself to get up,

repeat the cycle

i'm using.

Get an argument with someone.

I do something embarrassing myself,

all right. And then what are the negative consequences? If we do? B two, if we

feel like we want to get a drink, and we just don't even get that out. All go and get that drink. What are some negative consequences that would occur?

Just keep drinking all day. Keep getting another drink

for getting drop and getting sick,

getting sick. Okay,

they get a dui.

Yeah, Yeah.

Others bodily harm, like dame
dangers to your liver. It's gorgeous or the liver.

Yeah,

or other legal consequences.

Great, great wow! That's a good list. Okay. So if I had a dry race for it. I'll be young.

You'll be trying to switch up colors on, you know. I like some colors, but but this is an example of a

functional analysis, or some other folks have models of this called a behavior

forces us to do is really really slow down. What happens when we face a trigger,
because most
feel pretty unnatural to slow things down and to start saying, Okay, what do I think? What am I thinking? What can happen if that of this, however, you can actually get this to rule

a new habit. And so what i'd like you to do for homework is you're going to get your own functional analysis for machine, and you can use this as many times as you'd like. But start with just one treasure, and maybe to make it easy. Think of the most typical trigger for you something that would contribute, or trigger

using substance as your substance choice. Slow down the whole process, because I know a lot of times it feels like trigger use. You know what I mean. But instead of trigger, use trying to think through. Okay, Trigger, What am I thinking in that moment,

Trigger? What am I feeling in that one?

Then take a moment to pause in, just a objectively describe and map out.

Put yourself on the other side. If you're watching yourself to be seen, map out the positive consequences, the negative consequences, and then we'll share in our next group,

and we'll just focus on what you

Fred Dombrowski: So what you just saw was, we went through that four-factor model and talked about the benefits and draw of action use. But what I appreciate about the way Samsung

Fred Dombrowski: ran that part of the group was he got by in from everyone, so I don't know if you can see all of the members when you were talking. But even the individual who we couldn't necessarily see her face, we could always see her so what she was participating as well, which really does help us out with our mental status exam. We also talked about the expectation of work between sessions. So talking about using this activity, one of the questions was, What activities did we lose online? So for me, I would use a lot of worksheet

Fred Dombrowski: which could be shared, and for mindfulness, techniques as ridiculous as it sounds, I would say, Hey, what do you see in my background right now? Can we talk about that, but various leads of connecting

Fred Dombrowski: we can. We're just going to go to the next slide, really quick.

Fred Dombrowski: Now, what we really wanted to talk about since when I, when we were thinking about doing this presentation, was really showing ways to navigate the difficult group experiences online. So we expect interpersonal conflict to happen.

Fred Dombrowski: It makes sense, as our clients are in recovery, as they are trying to navigate various stressors in their lives, that things can be difficult for interpersonal connections

Fred Dombrowski: as clients have different perspectives. Clients have different ways of making sense out of their lives, and they have different ways of responding to problems. So we wanted to kind of show ways that we would kind of navigate that without necessarily wanting to jump in and kind of using the process of the group,
Fred Dombrowski: we use the group as a tool, and we want to validate the experiences of each individual. So we're really looking forward to showing you these next couple of clips as Samson and I try to navigate some interpersonal problems.

So, Carly tell us about some of the stuff that you had some of your figures.

Well, you know it's pretty much the same thing all the time,

You know. I I stay at home with my kids. I I come out this you have

I have two. I have twins

um, and so i'm with them all day long just and it's non-stop and it's like every day. It's the same. You know. And then but my husband, he comes home, and he just, you know, doesn't even know everything that we try to help out with the kids or anything. No, not even a little bit like maybe when they get like extra cute at the end of the night, you know, somebody wants them to eat, though.

Oh, yeah, yeah, that's the only thing we basically talk about is when's dinner going to be ready? Was it good? Was it not good? It's not going to deal with that at all.

No, it's. It's so frustrating. And so, anyway, it's just the same thing every single day, and you know I'm just frustrated with him, and he doesn't help me. I gotta try to get somebody else, because i'm telling the military i'll find somebody else in a heartbeat. Can't deal with that.

That's too much for one person to deal with.

Yeah.

So, Stacey, I can't. I can't leave my husband like. If I divorce him. It's gonna be this huge court thing. He might take my kids. Yeah, but that's something we don't worry about that right now. Right now you're dealing with a whole bunch of stress. He's not helping you. He's not so good to you right now. He's coming in, you there with the kids all day by yourself, and he's coming into band and stuff for me to get him.

No, I I We've been together a long time, fifteen years.

Yeah, and you've been miserably a long time for fifteen years

I feel like the Problem's only been bad since I passed them since I've started the problems, you know. I'm not saying that he can't. Well, you're blaming themselves. You're taking up for him. So why are you been talking about it? It's you know you'll complain about these things, and then i'm giving you a solution. You don't want to take it. So what's the point?

Well, I thought, you guys are here to support me, And you know we're talking about things that are triggers and things that are problems. Yeah, you know, i'm working. It's not working out for you. So what's the use of easy for there,

all right, So it's kind of seems like Carly and Stacy are

having a pretty good discussion about how Harley can kind of manage what's happening, And what do you think that

Carly's experiencing right now, especially with her family? What she's saying?

Um, you know I i'd like to support Carly. Um, I think. Um, she's going through a lot right now, and she's an early sobriety, and I think it's important for her to work on her sobriety right now, and not to make
any other drastic changes in her personal life.

Um, as Ah Stacy is suggesting. Ah! Since she's been with her husband a long time. Ah, because that would complicate things possibly further. So

So we're. Ah, you're kind of stating that, given Carly's early stage of recovery. It would be really hard to get the recovery with some major additional life changes.

Exactly.

Yes, just work on one thing at a time,

absolutely. And while Stacey was also stating her thoughts on her experience. Carla, what were you thinking about where Stacy is coming from?

So

I guess what i'm hearing you say is that, as Stacey may have had something similar, it seems like she's trying to help Carly based on her own experiences. Am I hearing that correctly?

Yes,

currently, what did you think about? And that's feedback?

Well, I didn't really even think about that. But yeah, like, if I

kind of got into, you know, a big conflict with my husband, more so than what it is right now, and was thinking of leaving him. And you know, worried about the kids and how That was how they were dealing with it, or what might happen to them like that. That's probably just going to make you know my my use, you know,

Fred Dombrowski: so we sincerely appreciate everyone's feedback in the chat. So I appreciate people saying, this is cringe. This is difficult,

Fred Dombrowski: and this does happen in real life, which is one of the reasons why I really thank my students. They did an excellent job, but what you saw specifically within, that we did allow participants to state what they were feeling, and also talk about some of their experiences, and what was contributing to their feedback.

Fred Dombrowski: Now, what we did is we tried to diffuse that by getting feedback from other members of the group, while also trying to validate the

Fred Dombrowski: the underlying themes of what each individual was saying, one individual was saying. You you need to leave the individual. You need to leave your your significant other. That's the only way you can stay sober. What they're saying is, We want you to stay sober. And while the other person is saying that their life is very difficult, and they're saying that it's not as easy as just making this huge change. So a one of validity where everyone's coming from and use the group as an opportunity to navigate that

Fred Dombrowski: we're going to go to the next slide, because we definitely want to work on getting this information. So

Fred Dombrowski: now for us, we can feel conflicted, especially when there's a a problem with within drew members, but it's normal. It's okay. And our clients can feel conflicted about what they need to do in regards to making their lives better,

Fred Dombrowski: and it makes sense that people would be ambivalent and feeling that they don't
know what to do.

Fred Dombrowski: So we acknowledge we validate ambivalence. We'll also use the group hopefully as an opportunity to walk people over to the benefits of change. So, using motivational interviewing, we start off with,

Fred Dombrowski: We start off with talk, to identify and validate the person's experience while then rocking them and guiding them to considerations of change. And so it's a process by which we do that. So we're going to show that in our next video.

So, Paula, I we really appreciate you coming in, and if I heard you correctly, I think yesterday was your date of last use. Is that correct?

Yes, it was.

Yeah. So I can imagine. This has got to be extremely difficult for you to today being your your first day of sobriety.

Yeah, I i'm not feeling really well at all.

But my husband, you know, he gave me the ultimatum, and he said, I really needed to come today. So I'm forcing myself to be here.

So I definitely appreciate you being here, and although your husband kind of gave me an ultimatum. It does sound like he cares, but it's very normal for people to be. Ah encouraged to go to treatment by people that they love. We think it's really important to make sense out of it.

That and try to identify, maybe some of your own reasons for being in treatment as opposed to just your husband. And so i'm going to review a worksheet. But i'm also going to ask for other people to participate and see what they think about this

all right. So, as you see, this worksheet, this worksheet is specifically about identifying your motivation to change.

So if we can think about this, many people may be forced to get help from family members, work or justice related agencies. It is important to allow you an opportunity to express yourself and your concerns.

Ah, so, Paula, on a scale of I don't want to change. I'm thinking about change. I don't know if I want to change. I'm kind of ready to change. But i'm very motivated to change. Where would you be?

I think i'm in the middle

um pathway between one and the other. Okay, so you would be more in the middle.

Yeah, perfect. That sounds good. And let's let's hear from someone else, too. Let's hear from. Ah, let's go with Ashley. Where would you be with that? I don't want to change. I'm thinking about change. Where would you be?

I don't want it.

I'm sorry I you broke up that I hear you say that you don't want to change you again. I don't really want to. I just have to.

So in a perfect world you would still be able to use whenever you felt like it. But it seems like now you have some kind of consequences which are forcing you to change. Am I hearing you correctly.
Yeah, I would definitely keep going if I could. But

i’m staying with my mom and she’s not taking care of me. So
do what I gotta do so. I have a place to stay.

Makes sense absolutely, although

perfect world. You're kind of saying that you still have an urge that you would like to use it, and it
seems like your mom is a big motivator, and let’s go with Marie. Ah, Marie, how about you? I don’t
want to change. I'm thinking about change. I don't know if I want to change. I'm kind of ready to
change very, and what we did. Where would you be

um,

I guess i’m like in between. I don’t know if I want to change, and i’m kind of ready to change just
because you know

my drug of choice does help with my anxiety,

So, knowing that I might have to experience some sort of symptoms of anxiety, gives me anxiety.

So, even though I know I need to change, and I’m kind of ready to just going through the process just
seems really difficult.

The

so it seems like managing your anxiety is really important to you, and I can imagine It's going to be
very scary for you not to have the thing that worked for you to manage your anxiety.

Yeah. Yeah.

Well, thank you so much for sharing. Let’s go back up to Paula Paula, who’s making you attend
my husband, my husband,
your husband,

and it’s not really just him. I mean part of me really wants to stop this because i'm tired of the roller
coaster and the feeling really sick, and then feeling better temporarily. So it’s not all him, but he’s
really He's getting kind of watching me just way around the house

and do nothing.

So, although he is kind of Ah, he’s the primary agent about helping you change You're also kind of
saying that you see some of the you can kind of see where he’s coming from.

Mhm Yeah,

yeah, I I just want to have a normal life,

and it seems like, you know, not going through those ups and downs. It’s definitely important to be
able to kind of level off. What does your husband say? The problem is

well, you know, taking care of the kids, or when i’m trying to feed baby. I want you know, one of the
children. Um, So he’s concerned
about. You know any danger coming to the family.

So it seems like he's really focusing on the family, and he wanted us to make sure that both you and the kids are okay.

You know

absolutely what doesn't he understand about your use?

He doesn't understand that when I feel that bad, that's the only thing that's going to help me. Um! That I just I need to. It's a physical addiction for me, and I don't have a choice when it comes down to it.

So it's not something I'm morally choosing to, you know. Put my my children in danger. It's just I don't have a choice,

or else i'm just

so he doesn't understand that

this really impacts your body. You can feel like this isn't about getting high anymore. This is just about not getting

survival.

And what is valid about his concerns, though

why it's it's valid that I

sleep, you know, when i'm trying to take care of my children, and something could happen to them. I could also overdose I mean heroines of, you know. There's Bet and all out there these days. Um, then you know what would happen. My children wouldn't be without a mother.

So Samson and I do want to just skip her one of quick heads up. We have the

Fred Dombrowski: full videos. We have so much more to show everyone. But we're just kind of limited in time, and we really want to talk about navigating some other things. But what you saw was like the basic motivational engineering model. And later on in the video we were able to get everyone to give feedback to the client, while also comparing their own experiences, using the steps within the motivational,

Fred Dombrowski: we validate the individual's ambivalence, while also asking them to put into words their experiences. Now, within that, as you can see within that worksheet.

Fred Dombrowski: We ended the discussion with the client, identifying and refocusing on their own benefits to change, and then, having other people buy into their own benefits of change.

Fred Dombrowski: So we validated the concerns, while also discussing the difficulty that other people don't understand, while then, having the client refocus in on that change. So we have another. We have another polling question coming up. We do in,

Samson Teklemariam: and i'll say, you know what? Just for time let's keep going. Um. So so made X. All right. We had two bullying questions, this third one. We're gonna go ahead and skip um, you know, just just to go into some of the challenges. I really want you guys to get more of that authenticity of what can and could happen in group. So, um, Fred, I'll let you speak to the slower as we prepare to show that last.

Fred Dombrowski: Yes, absolutely, and with sanction that I really wanted to show everyone was like to
navigate the most difficult aspects of doing a group, and we have instances where there could be a cultural connect

Fred Dombrowski: for me. I completely value cultural humility, and also within that it makes sense that clients would struggle to have a connection with me, and that's totally fine. Also, we have instances where clients can focus in on the negatives of the group and the neck, and spread like wildfire and kind of pull. The good work that you did from the group away, and within that clients could then have negative thoughts, as we were using the Cbd aspect before which could then contribute to.

Fred Dombrowski: Then we're using substances. Now, also, as the problems can happen within the group, there can be a rupture between the relationship between clients or a rupture even within the relationship between client and permission,

Fred Dombrowski: and that could ultimately lead to concerns about dropping out. So what we want to do is kind of show you some examples of things that we've done, and we've seen so to help kind of navigate this problem. So when these things happen, we'd still use the or skills and validate,

Fred Dombrowski: and I've had instances where clients will directly try to humiliate me in a group and talk, crap about how i'm running the group, and I completely respect where they're coming from.

Fred Dombrowski: Even if I do get frustrated in a relax. I'm a person still focusing on what's important of the client, the

Fred Dombrowski: normalizing the client's concerns, and then also using the rolling with resistant skills,

Fred Dombrowski: and then using the client's own words to discuss positives and reconnect them to their commitment for attending. And so this next video is going to be the most difficult video we were probably going to see. But Samson and I really wanted to show how to navigate this, especially with clients, are frustrated and intense. And if you want to jump in and say anything about the upcoming video,

Samson Teklemariam: No, no, I think it'll speak for itself. We'll debrief after you know I'll I'll just say, yeah, let me let me not mess it up. I'll let you guys see it, and then we'll be

well. Thanks. Everyone for sharing, and I know some more sharing some. We're listening, and you know, at some point we all got to participate. But i'm curious if we can just do a quick kind of go around, and i'd love to just hear about something that you're taking away from the session that you think was valuable for you.

I mean I could go first. I don't think the session was valuable at all

like I feel like. We sat here for an hour, and this things that Carly and Stacey argue like I don't care about Carly's husband not supporting her like

It's just a waste of my time being here today.

Yeah, I kind of felt the same. You know. I was really looking for some advice. Um, about Methadone, or or maybe sboxone or something, because I thought that's what your agency did. Um, And no one really did anything to you know. Give me any kind of insight on that so kind of disappointed with that.

Actually, you were looking for something that sounds like that that didn't go off the rails, I guess, with A with a side discussion. And and it sounds like Paula, you're saying that you wanted some feedback, something more specific to a next step.

Yeah.
Here,

yeah, Aren't, You guys supposed to be able to handle that

as counselors like. Yeah, Run the group walking in Shelley.

Control them.

Yeah, you know. Why can't we control the the conversation that you that you feel like was a
distraction.

Yeah,

but I was just giving advice. That's what I was doing,

I know. But you know. I'm here, too, because I got out the va stuff, and i'm here, and nothing is
happening. But whatever.

So i'm just gonna let her talk to me like this like.

Well, I was going to jump in actually. What I was going to say is, it sounds like it's really important to

for you, if you have more of an opportunity to have things being more ah focused in on some of the
things that are important to you. And as you're here with your time. It makes sense that you would
definitely want to be able to focus in on those things, although we have to still open up the group for
everyone to provide people an opportunity to talk, as some people might be experiencing and

sharing some of the problems that they have with each other,

I guess. Yeah,

I Um,

yeah. I also want to share some of the same sentiments.

Listen. I do crack cocaine right? And I live. I'm not sleeping to be in the buildings. I don't step outside.
So coming into this meeting, I have a hard time listening to no disrespect to you by Den Rowski. But
this white guy who's trying to tell me to better my life, and he has no idea about my experiences.

He's never used crack cocaine. He's never slept in an abandoned building before.

He's never had to do unmentionable things just to get money for a crack cocaine. So it's like you
know. What can you guys teach me? You guys look like you know you were born with silver spoons in
your mouth like you came from good neighborhoods like you guys, don't understand my experience.
So what can you teach me?

What can you tell me to do Like i'm having a hard time being a receptive to what you guys are saying,
because I know you guys will have the same experiences. I do.

Yeah. And as you're here it makes sense that you want to get the most out of treatment, and also be
able to connect with people who really do understand your experience. And it seems like, although it's
you said. Things are kind of difficult for you right now. I am hearing that you are doing your apps with
the best
to get the most out of recovery, and it makes sense that you have concerns that the people that are
working with you may not know what they're talking about. It seems like you really want to get
focused on in yourself and and get better as soon as possible.

Yeah, that's true. That's why I came to this meeting, and then I was a little disappointed at the ah at the leaders, because I don't see how we can find a common ground to relieve,

but I do want to. I do want to get the most out of treatment, though.

Yeah, I don't even know why they sent me to this group because nobody served with the military in here, so none of you guys can even tell me but what I need to do so. It's feel like it's pointless.

It's not like you can connect with Mike Stakesy. It's hard to get help when you don't feel like people can understand. You relate to you.

So, um, unfortunately, as we are kind of running out of time. So for Paula, you know I appreciate you talking about some concerns in regards to medication-assisted treatment. We do have a nurse who is available if you like to speak of her after a group, and she might be able to give you some more specific information that you're requesting to be able to make an informed decision.

I would appreciate that. Thank you

and um, Mike. It also seems like, you know, we definitely respect where we're coming from in regards to having a good connection, and also,

you know, wanting to know if ah or one, he said, Yeah, I want you to know that the person you're working with really is able to give you the the best service. Would you mind um meeting with your individual counselor afterwards to try to talk about a way that we might be able to provide a better fit for you. And we're going to be able to provide that support for you.

Yeah, I'm interested in that.

And And I was just curious. Actually, you almost kind of gave us a great idea, you know. Maybe in our next group you can help us with our agenda. Would Would you be willing to contribute to helping us with our agenda and kind of our structure in our next room meeting.

Oh, definitely, I'm. Really good at that.

Okay, Okay, Good. Good.

Yeah. I think we could benefit from from kind of the the different gifts and skill sets. You all bring um. Well. Okay, so, Fred, it sounds like we're We're just about at a time.

Yes, we are out of time, but we definitely look forward to seeing everyone soon. Thank you.

Samson Teklelamiam: And speaking of being out of time. So we're going to wrap up here, You know I I wanted you all to see this, and you know Fred

Samson Teklelamiam: was so kind to bring his students in. We didn't give them a script, you know. So even you know, they really had a very like simple prompt. That was, we're gonna do a worksheet, you know um or or okay, guys. Um, you know, tear us apart, right? Um. And and you know I get it. Groups are messy

Samson Teklelamiam: for most of us as counselors. Technology is messy, but so is recovery.

Samson Teklelamiam: So is the reality of where patients go through day to day. Um, you know, this slogan means something to me. You know this is real recovery. Um, that's that's the Behavioral Health group. Um kind of model Right now you'll see it on our website. But I think there is almost nothing
more real in recovery than group work

Samson Teklemariam: and creating work in virtual spaces helps us resolve, deepened access to care problems in rural communities and communities where people would not get the care delivered to them that can now be delivered because of the virtual platform. So So I want to speak to the authenticity of both the moments where, as a therapist, you think all crap, I forgot to block You know. I forgot to make this person say that that person say, I forgot to do this. I forgot to do that.

Samson Teklemariam: It's going to be messy, you know. Um, but what you can anger in on your foundational skills. The science of what we do with motivational interviewing words, skills the Cbt model, validating your experience. That's where you really get to anchor yourself in those fundamental skills. We don't have to lose them just because we're in a different environment because we're not in a group or people shoulders or touching email. Um, you know. So so you can still incorporate yourself in the same um

Samson Teklemariam: clinical group facilitation skills and recreate that group by. And as you tie them in at the end with with maybe even some subtle assignments where they're able to take ownership and autonomy of their work together. So, in conclusion, make sure

Samson Teklemariam: to acknowledge that difficulties will always occur in both virtual and in-person space make those subtle adjustments for online sessions maintain that structure um use the room as a tool, create those connection points uh from each individual, let them intervene and share with one another, and create that cohesion. Um validate role with resistance. Um! And and I will um in this over. Uh, Fred, I don't know if you have any closing thoughts. But

Samson Teklemariam: um,

Fred Dombrowski: yeah, nothing like Samsung. You did an excellent job. I appreciate all the people who said the students did a good job. We kind of gave them just a quick heads up about things that

Fred Dombrowski: it would come up in the group. But our students really brought up their their concerns, their experiences, and that's their students, the stuff that they're seeing as well, so I can't thank them enough, because they did an excellent job of recreating things that we do see in real life

Fred Dombrowski: making an effort to maintain cultural humility and an equitable approach. And we and I think Samson and I are doing our absolute best to show that in every aspect of this motivational interviewing Cbt, but still showing the client that we respect them, especially when people have concerns about the nomenclature and the words that we use finding ways to connect. So thank you, Samson. You said everything

Samson Teklemariam: awesome. All right, Nadeak.

Jessie O'Brien, NAADAC: I'm coming

Jessie O'Brien, NAADAC: all right, So we have a few minutes. We're just going to stop sharing, so that I can see how you both disappear. Um! So that I can see you on the screen and ask. I saw Fred you were answering some of the questions. Thank you for doing that. But if anyone has any last questions, we're going to get to those in a second. But first, before we do that, write them in the box, it's there. I'm going to introduce the Natalie Humble, who is from birch notes, and she is going to do a quick demo

Jessie O'Brien, NAADAC: for you guys, and then you can go off and then come back. I was early in calling you back on, and she's going to do a quick demo for you. And then, if you have any questions for Natalie as well, you can also write those in the Q. And a box, and she's going to start answering all of those. So I will turn this over to you now.

Natalie Humbel (Sponsor): Thanks, Jessie. Okay, I'm going to go ahead and share my screen. I think
you all can see it Now, As Jessie mentioned, I am Natalie. I work with birch notes. We are an electronic health record and practice management solution.

Natalie Humbel (Sponsor): We are specifically designed for substance abuse, providers and mental health providers. So i'm going to do a really quick run through and hit on some of the highlights that help, especially in the group setting based on this conversation we had today.

Natalie Humbel (Sponsor): So when you first log in to merch notes. This is your dashboard, and one of the things that we really try to do is help you to manage a practice and stay in compliance, especially if you're working with any mandating agencies. County State Federal.

Natalie Humbel (Sponsor): Um. So we've got different alerts to make sure that, hey? You completed your bio- psychosocial treatment plans, progress notes based on really your operational needs.

Natalie Humbel (Sponsor): Um! I'll show you kind of quickly what our client chart looks like. So this is the main view of the client's chart and their profile within birch notes. We work with a lot of dui providers. So you know, if you have license, images sometimes can be really nice to attach that to the chart.

Natalie Humbel (Sponsor): You can see, you know all of the history related to this client during their time and treatment with your practice.

Natalie Humbel (Sponsor): Um. In the demographics section, You know, we've got really general information, but we've also got some nice little features, you know, around Referral Source. If you are working with referring agencies or a Po. That's something you want to capture.

Natalie Humbel (Sponsor): If your client is mandated and you need to put case information in there. We've got, you know, great places to do that.

Natalie Humbel (Sponsor): We do bill insurance from birch notes. So you are able to run verification of benefits and submit claims, and we're integrated with ability as our clearing house. You can also generate super bells from here

Natalie Humbel (Sponsor): and from our billing section. In our invoices we are integrated with strait to do credit card processing. You can set up cards for auto pay, and a really nice feature is you can require payment or telehealth. If you have some clients that don't like to pay

Natalie Humbel (Sponsor): um hopefully, that doesn't happen to any of you all

Natalie Humbel (Sponsor): in the clinical sections, you can really keep track of the attendance, and how many sessions clients have attended, especially if they're mandated to complete a certain amount, you can set up a kind of a signing fee schedule. We do have company fee schedules as well,

Natalie Humbel (Sponsor): and then our documents and forums are great. We've got a robust library of, you know, really everything. You need from an operational perspective to go through intake with a client

Natalie Humbel (Sponsor): clinical assessments. Bio- psychosocial treatment plans, discharge reports, a lot of screening tools and some form specific to some Asian criteria as well as drug test documentation.

Natalie Humbel (Sponsor): The one piece I really want to head on, though, is the management of groups, since. That's really what the session was about. We think we do that really well in birch notes. So i'm within our calendar here, and I'm going to open this men's group. So I saw in the chat. Someone said, You know fifty people in a telehealth group is crazy, I agree.

Natalie Humbel (Sponsor): Um. But within birch notes you can do up to twenty five, and that is a huge
differentiator, because some platforms can't do more than one on one.

Natalie Humbel (Sponsor): Um, so I can really easily see my group here. I've got six folks or five folks in my group. I can come through and quickly update their attendance across the board.

Natalie Humbel (Sponsor): I can generate invoices for them, and what's nice is, I can add a group. Note

Natalie Humbel (Sponsor): this: as well say that, and then, when I come into the client's progress. Note:

Natalie Humbel (Sponsor): Nice thing is they've already got some of the information pulling through from their treatment plan. I can do it. A really quick mental status assessment and say it was in not within normal limits, but

Natalie Humbel (Sponsor): they were speaking a little quietly. Talk about any risks, you know. Check any goals or objectives that we were able to hit upon, and I'll see that group summary go through.

Natalie Humbel (Sponsor): Um. So it’s a really easy and straightforward way to manage groups. The charting the the telehealth sessions itself, as well as the billing. So with that I will pass it back, and any questions feel free to send them to me in Q. And A.

Natalie Humbel (Sponsor): And check us out at birch notes. Com. Thanks.

Jessie O'Brien, NAADAC: Awesome. It looks like a really good platform. Um, definitely Write any questions for Natalie in the Q. And a box um, and we'll get to the questions here. I see, Fred, you started. Maybe surgery to answer. I don't know the question was from an anonymous attendee that said, Would you ever share as a therapist

Jessie O'Brien, NAADAC: your own life experience? If, for example, you lived with a parent with an alcohol, use disorder, and were often hungry or hid somewhere to escape a violent parent? Or does that get into sounding defensive,

Jessie O'Brien, NAADAC: and that still it is so different to his experience. I think this might be pertaining to a specific example from your group, perhaps. But I'll let you guys answer that.

Fred Dombrowski: Yeah, I love that question. And um! So I feel totally ashamed to admit this. So in my early experiences of working as a subsidies counselor, I had clients put me on a spot all the time, and I said yes and no, so yes, i'm in recovery and no, i'm not recovered, no matter what I said. I received the same example, the same response with you.

Fred Dombrowski: You can't tell me what to do within that, especially with the individual who is discussing, he said, I never smoke crack cocaine. I don't know what it’s like, even if I did know what it’s like, though i’m not that individual.

Fred Dombrowski: We've had different experiences. We've had different backgrounds. So even if I shared

Fred Dombrowski: with my own personal life, using a drug of choice or having similarities with family dysfunction or family problems. I don't share that information, because God forbid! If I’m late at work, or if I miss a day, then I have clients worry about me, and they'll say, Well, maybe he has a problem. But in addition to that I try to get to the heart of what the individual is saying

Fred Dombrowski: with this example that we had. The individual is saying that they want to get the most out of treatment, and they want to know that the clinician is there for them, and can understand them. The truth is, though I don't know my client any better than they do, and if I, no matter what I've been through it doesn't.
Fred Dombrowski: They know themselves better, so I will always want to try to build that bridge, so I never disclose anything about myself. I always try to keep it, as I'm not so professional. Get to the point of what they're saying. They want to know that we're bought into their recovery, and all that sense and jump in. But that's the way I kind of navigate that.

Samson Teklemariam: Oh, my God, you answered it perfectly.

Samson Teklemariam: I was like ready. You don't

Samson Teklemariam: to get on that question, I will just add that you know, in addiction treatment

Samson Teklemariam: it's so common to think that self-disclosure is the quick major reaction or a quick response or answer for the problem of a lack of You know they don't trust me, hey? You like pizza. I like pizza. Let's be best friends, you know, and but it's It's such like a cheap attempt at reward that, as Fred mentioned, you can't predict the response. You don't know that our work. The cool thing is that in recovery work now

Samson Teklemariam: we have peers where their lived. Experience is designed to make that connection point. So as a counselor or a professional. However, you yourself don't have to do that because it is unpredictable. Um! It can go completely awry in a hundred different ways, and once you think you made that connection or solve that challenge? What next, you know? Are we going to try to relate to them on every other challenge they throw at us, you know. So

Samson Teklemariam: I would say, whenever self-disclosure comes up, start creating a layer of filters. You know What could happen if I self disclose right. Now, what could go wrong? Um, do I have a chance to connect with the supervisor with with colleagues to filter through this and see if this really is necessary right now, like create some safety, check some safety points in your thinking before you go right into that self disclosure. Um! At same with Fred. I don't self disclose, you know I just I just I've I've already seen it

Samson Teklemariam: go in way too many different ways. So it's really just through experience. Um, but I but I will tell you It's just important to maintain safety there and create some checkpoints. Um Ah, Jesse, do we have any other.

Samson Teklemariam: It's it's.

Jessie O'Brien, NAADAC: Yep, there's one more that just command some thanks. And then um. I have noticed that often that often names are being called on for group. I have a group member that made this statement twice that you, Aren't, going to get much out of me in that situation. What would your thoughts be on calling on him

Jessie O'Brien, NAADAC: for her.

Samson Teklemariam: Fred. I mean Fred, I I I had a quick question. I I don't usually change my consistency like in structure and template structure. Um, but I do modify my expectations, you know, for people I think I think you know patients are allowed to be in and out mentally in sessions, you know i'm not going to shame them or force them um to be, you know, more involved than they want to be. I mean when we do that for someone who's wrestling with cancer? Um, someone who's in a a support group, you know, for for just recently being on on uh medication,

Samson Teklemariam: and treated her diabetes like So why would we treat some of the major depressor disorder, or generalize anxiety, disorder, or substance, to sort of any differently than we would with someone with any other medical condition. Um, I allow them to bring their full, true, authentic self in; and if that self is not in compliance, you know, with my structure. That's fine, but i'm still going to check it on them, you know, and and give them a chance to pass right. But I don't. I don't already have a different
Fred Dombrowski: No, no, I completely agree with you. I'll make this very
different.

Fred Dombrowski: will often take an equitable approach where the individual says you're not going to
get much out of me, and so I would just
do small snippets to make sure that they're engaged, and I can do some stuff for
their mental status, while also giving it time over time, meaning that the individual has to ten degrees
various groups to then build a rapport to then feel safe. So, just like Samson said
we wouldn't expect someone who was looking through cancer to just jump in and expect them to talk,
and we had to be
flexible to me
of our groups. So perfectly stated. Samsung.

Jessie O'Brien, NAADAC: All right. Well, we are out of time.

Jessie O'Brien, NAADAC: Thank you, Fred. Thank you, Samson. I saw a lot of really great comments.
Everyone really appreciated such a great um and interactive and engaging presentation. So
appreciate both of your time. Thank you. I'll wrap up quickly just to thank you for participating in the
night access today and learning a bit about Birch nose.

Jessie O'Brien, NAADAC: Our solution can help to solve many of the group therapy challenges
discussed during both in-person and virtual sessions. So if you're interested in learning more, and
how much notes can support and enable the growth of your practice. You can visit them at www.dot
perchnos.com

Jessie O'Brien, NAADAC: just a reminder that the ce quiz for this Webinar specifically should be
active. Um, So you can go back to the same web page where you registered for this webinar and
access to see Quiz don't forget. If you haven't ever done this before, I highly recommend you
download the instructional Guide um, and if you have any issues, please send us an email at Ce. At,
and we will do a best to help you get those certificates.

Jessie O'Brien, NAADAC: If you need your separate certificate to stay, live on it, just make sure you
take that quiz within the next twenty four hours, and then download the certificates,

Jessie O'Brien, NAADAC: some upcoming webinars. The next one is September, the twenty first, so
we have one more, and then we have our annual conference, which is my next slide. It's in
Indianapolis. It's from October seventh to twelve. You can still sign up. There's so many great
presentations that are scheduled, and we hope that you can join us in the in-person.

Jessie O'Brien, NAADAC: And that's it. Thank you all for being here with us. Stay connected with us on
social media reminder that a short survey will pop up when this is over, so you can give us your
feedback for the presenters and for us. Thanks so much. Everyone have a really great rest of your
week.