

## "Spark in the Dark"

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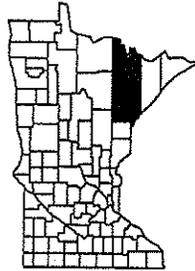
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## Overview of Presentation

- Duluth ACT history, systems and demographics
- Overview of Dartmouth IDDT Recovery Life Skills Program
- History, formation and continued success of ACT/IDDT groups.
- Strategies to strengthen IDDT groups
- Partnership with UMD School of Pharmacology & examples of interactive learning approaches

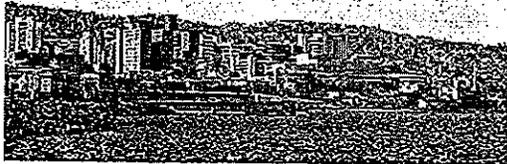
## St. Louis County, MN



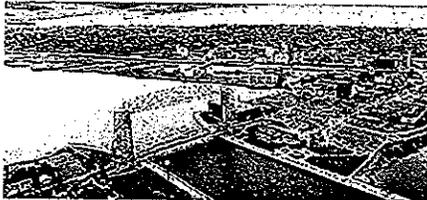
Duluth ACT (95)  
Duluth TACT (80)  
Mesabi ACT (40)

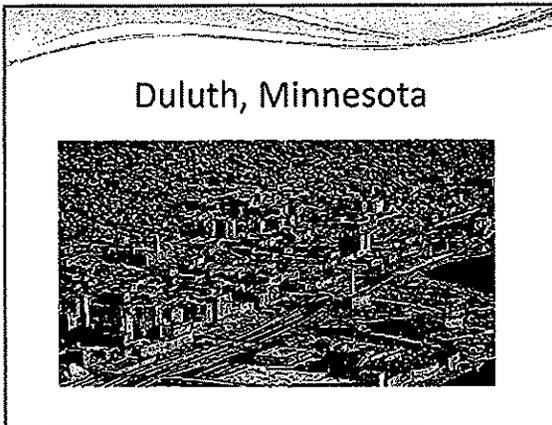
## Duluth, Minnesota

- 87.3 Square miles
- Forth Largest City in Minnesota (Pop. 86, 265)
- Second Largest city on Lake Superior after Thunder Bay, Ontario
- 19 miles long and 4 1/2 miles wide



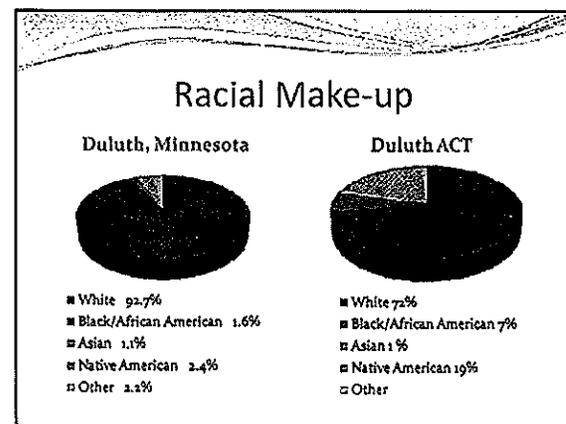
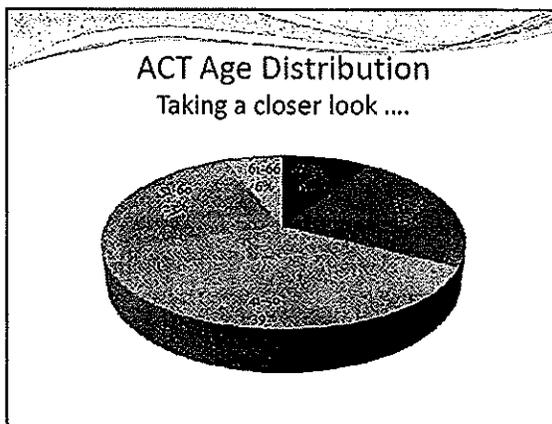
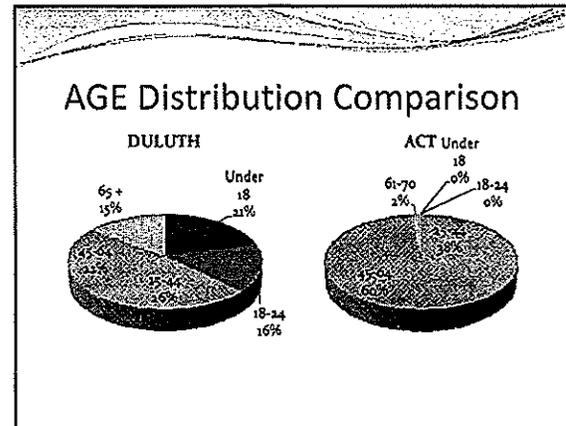
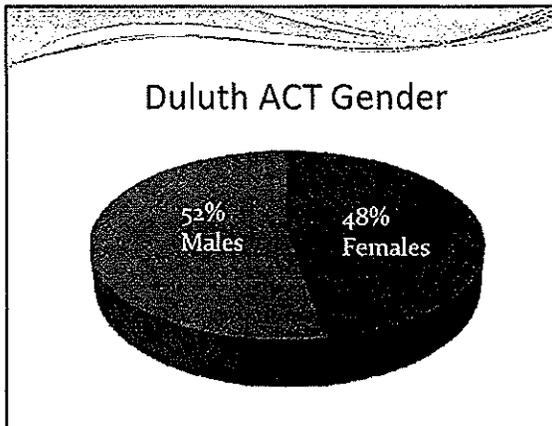
## Duluth, Minnesota





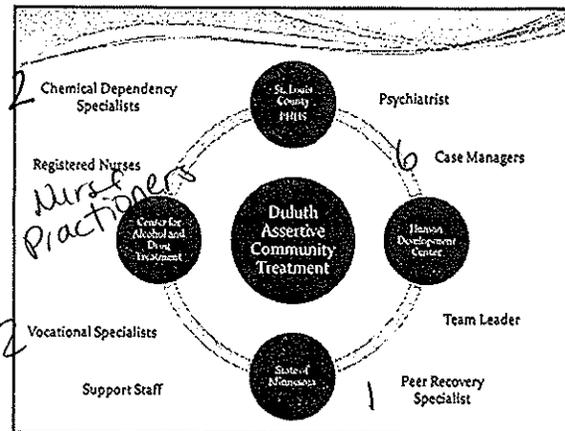
### History of Duluth ACT/IDDT

- 1998 Community Stakeholders began meeting
- 1999 Duluth ACT began serving clients
- 2003-08 MI/CD groups were co-facilitated between ACT and CD partner agency staff.
- 2009 ACT researched information on Evidenced Based Practices and strategies
- 2010 Implemented changes to IDDT
- 2011 ACT sober check-in weekly groups added



### What makes Duluth ACT Unique?

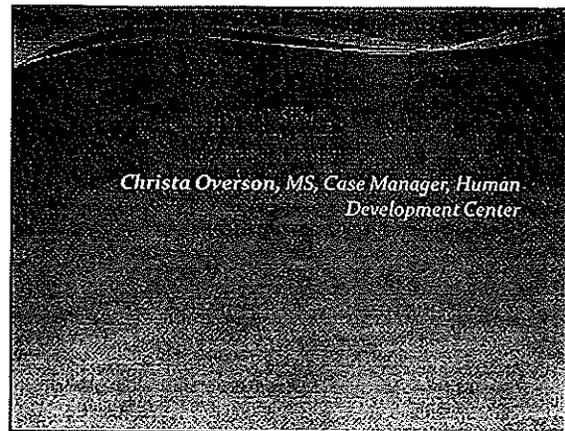
- Collaborative
- Partnership with University of Minnesota-Duluth. Clinical Pharmacist available to practice on Individual Treatment Teams.
- Learning Environment
  - Pharmacy students University of MN-Duluth (UMD)
  - MSW program field placements with UMD
  - Physician Residency Rotation with local Clinic
- Semi-Urban Setting



### Duluth ACT Weekly Groups

Monday	Tuesday	Wednesday	Thursday	Friday
IDDT		IMR (Intensive Management Recovery)		Sober Check-In
1:00-2:30		1:00-2:00		1:00-2:00
SMOKING CESSATION 2:45-3:30				

Previous ACT groups: Job Club, Women's Health Group, Social Skills Group



### What is IDDT?

Integrated  
Dual  
Disorder  
Treatment

### Dartmouth Evidence- Based Research – 14 Week Active Tx. Meets Monday Afternoons

- Week 1: Recovery
  - What does recovery mean to you?
- Week 2: Relapse Prevention I
  - Triggers and early warning signs
- Week 3: Relapse Prevention II
  - Developing a Plan
- Week 4: Dealing with Social Situations
  - Drink/drug refusal skills

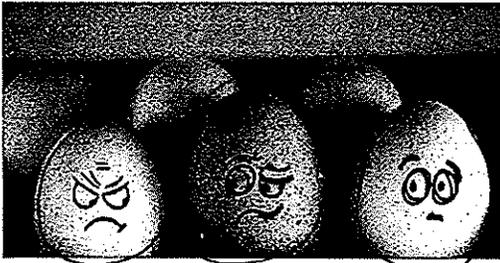
## Curriculum

- Week 5: Developing a Sober Peer Group
- Conversational skills
- Week 6: Peer Recovery Support Groups
- Type of meetings and sponsor
- Week 7: Spirituality
- What does it mean and how can you get it
- Week 8: Healthy Lifestyles I
- Diet and exercise

## Continued...

- Week 9: Healthy Lifestyles II
- Sleep and personal hygiene
- Week 10: Leisure and Recreation
- What is fun and trying something new
- Week 11: Work
- What role does work play in recovery
- Week 12: Coping with Negative Feelings
- Brainstorming and coping
- Week 13: Personal Recovery Plan
- Week 14: End Session

## Tired and Frustrated Eggs



## Research ....

- The majority of studies confirmed the following "

GIVE PEOPLE  
TOOLS/EMPOWERMENT  
INCENTIVES TO DECREASE  
SUBSTANCE ABUSE AND  
STABILIZE MENTAL HEALTH.

## Where do we start? Share....

- Past and present mistakes and shortcomings
- Broken Confidentiality and Trust
- Respect for cultural and spiritual differences

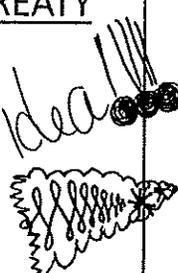
## Group formulated their own rules.

- Group decision on what works/what does not work best in the group environment
- Group wrote down these rules
- Group presented/reviewed in each meeting
- Group created "Group Treaty"

**COMMON GROUND TREATY**  
Est. 2009

- Trust
- Respect
- Acceptance
- Safe
- Shared decision-making

*Good idea!!!*



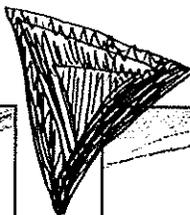
**Current Format of IDDT**  
**Monday Group**

*Agenda.*

- Welcome and Introductions
- Review of upcoming events and group rules
- Health/motivation/humor handout
- Members select various readings and read/discuss
- Group Check-In - (the heart and breath of group)
- Break and refreshments
- Education format (Coordination with educational materials and student participation)

**Current Format of**  
**Sober Check-In Group**

- Meets every Friday afternoon and provides support to prevent relapses over the weekend until the Monday group
- The Power of "Check In"
- Setting an intention to stay sober



**The Power of the Group:**  
**What keeps members coming back?**

**Core Foundations and Themes**

- Snacks
- Trust
- Respect
- Humor
- Non-judgmental stance
- Acceptance
- Rapport-building
- Peer-to-peersupport, encouragement, and praise

**Strategies that work**

- On-going review of group rules, confidentiality, civility and social skills
- Active Learning Activities
- Incorporating Native Cultural Practices - lots of Native American people have Native American culture.  
Having Tactile Fidgety Items available
- Grateful meals

*Empowering to have their own ideas*

*So be aware!*

### Other Group Highlights:

- Identification in the Stages of Change
- Meaning of the word Ambivalence in one's life
- Identifying the stage of sobriety – struggling to remain sober versus complete sobriety
- Enjoyed varied group format and activities

### Sober Check-In Group

- Activities:
  - Challenge Question (for example: If you could have any career you wanted, what would it be?)
  - Positive Affirmations
  - Homework
  - Education (nutrition, exercise, symptom management)

### What a difference...

- Sustainable Membership
- Average Group size 10-12 members
- 30% of all ACT consumers have attended at least one IDDT group

### Differences....

- Reduction of relapses as evidenced by increased relapses during weeks that group did not meet
- Integration of naturally occurring Active Learning opportunities
- Members reaching out to one another before/after group
  - Ride sharing to/from group
  - Independently exchanging phone numbers
  - Including one another as part of their relapse prevention

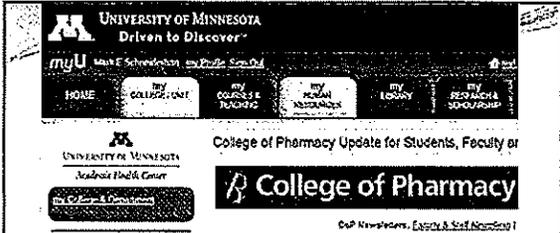
### Outcomes continued...

- Experience and Longevity of Group Facilitators
- Embracing the Native American practices
- Members doing outreach to educate other community providers
  - Presented at St. Louis County Conference
  - Trained Duluth Police Department
  - UMD medical school students presentation
  - On-going training of Pharmacy students

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## Objectives

- Develop active learning projects for UMN 4<sup>th</sup> year pharmacy students on clerkship practicum.
- Engage clients in active learning projects.
- Provide information that is relative and applicable outside of group setting.
- Measure client retention and understanding of information.



## Pharmacy Students

- Development of a curriculum
- Practice facilitating small groups
- Assessment of audience/student learning

## Evolution of teaching methods

- Passive learning:
  - Formal presentation "Introduction to Basic Brain Physiology and Structure"
- Described the pathophysiology (negative changes) of "addiction" on brain activity.
  - Highly technical and theoretical
  - Lecture based
  - No audience discussion
  - Feed back to students "it was over their head"

## Active Learning Outcomes

- Brain Chemistry Play
- Poster Presentation
- Jeopardy Game
- Oral Presentation
- Crucial Conversations
- Who wants to be a Millionaire?
- Group Questions
- Candy Land
- Recipe for Success

## Play

### (5 Acts) on Brain Chemistry and Substance Abuse

- Recruited group members to play characters
- Theme: "The Grinch" and toy stealing
- ACT 1: Normal Brain Functioning - Prior to drug use/abuse
- ACT 2: Drug High
- ACT 3: Tolerance
- ACT 4: Withdrawal
- ACT 5: Recovery

## Poster Presentation

### Drugs, Cravings, and the Brain

- Poster depicting a neuronal synapse with neurotransmitters and receptors
- States of
  - Normal functioning
  - Initial abuse
  - Repeated abuse / Craving
  - Abstinence / Withdrawal
- Group involved by throwing ball around and responding to verbal questions

### Jeopardy Game

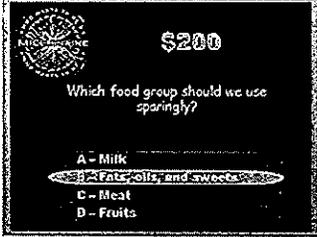
- Categories
  - Health Impact of Addiction
    - Ex: What is tolerance for?
  - Treatment for Addiction
    - Ex: What is step one in the 12 step program?
  - Miscellaneous
    - Ex: True or False: overcoming addiction is a matter of willpower and you can stop if you really want to?

### Oral Presentation Stress and Anxiety

- Presentation: Coping with stress and anxiety
- Assessment following the presentation:
  - Example Question
    - Immediate methods used to decrease anxiety are
      - A. Change your environment
      - B. "Pamper" yourself with water, foot soaking, etc...
      - C. Eat comfort foods
      - D. A & B only
- 1 week later: a second assessment was integrated into a game.....

### Who Wants To Be A Millionaire?

- Modeled after the TV show
- Theme: Nutrition, Diet, and Health



A - Milk  
B - Fats, oils, and sweets  
C - Meat  
D - Fruits

### Group Questionnaire

- Break (1 month) in the group timeframe
- Asked 6 questions about IDDT integration, contact, and personal reflections

5. Do you have any ideas/suggestions on how the group can be better/improved?

6. Other things you would like to comment:

### Oral Presentation Keeping Cool in the Heat

- Information presented about hydration and safety in warmer weather
- Provided a patient handout
- Follow-up questionnaire to assess application of the learned material
- Example question:
  - Do you take medications which call for reduced time in the sun/heat?

### Oral Presentation/Handouts

Exercise Principles – Increase Your Physical Activity for Healthy Benefits

- Handout highlighting
  - Principles of exercise
  - Target heart rate graph.

example question:  
What is your goal for exercise? Please also include a date/time you would like to accomplish this by.  
(Some examples include being able to walk a block uphill without being out of breath by the end of November, etc...)

### Facilitated Discussion

#### "Crucial Conversations"

- A discussion between two or more people where there are high stakes, emotions run strong, or opinions vary
- Examples:
  - Ending a relationship or asking a roommate to move out
  - Asking a friend to repay a loan
  - Resolving custody or visitation issues with an ex-spouse
- Participation: Role-playing and facilitated discussions
- "Conversation Style Test" 33 questions to identify conversation styles under stress and level of dialogue skills.

### "Candy Land" Game

#### Medication Education

- Objective: Be the first player to reach the last station
- Set-up: Tables act as a board game the players move around
- Game: Players advance when they answer a medication education question correctly
- Pros: Good active participation
- Cons: Questions were too simplistic, Game was "childish" according to clients

### Recipe for Success

- Objective: The team who has and follows directions (recipe) will have a better outcome (taste, presentation, etc.) ie. following medication directions
- Set up: 2 groups (with and without a recipe) were provided with food ingredients
- Game: Groups had 15 minutes to create a food dish
- Pros: The group with the recipe seemed to work as a "team" compared to the group without a recipe who were not.
- Cons: Purpose was not well explained to the participants. Too many acceptable variations to the recipe making it difficult to demonstrate the objective

### What WE learned from active learning strategies

1. Games are popular means of teaching and engagement.
2. Pharmacy students are creative and "tech savvy".
3. Focus on positive behaviors: "sober living"
4. Avoid presenting on topics that just focus on the "problems" of addiction.
5. Role-playing appeared to be enjoyed by clients. (ie. Crucial Conversations)
6. Need to be clear about the purpose of the exercise.
7. Need better ways to assess outcome.
8. Utilization of all visual, auditory, kinesthetic, etc. methods

### What's next for IDDT Group?

- Full Consumer facilitation
- Continue measurement of IDDT positive outcomes
- Integration of 10 x 10 material and nutrition education re: healthy eating
- Formation of a welcome committee/mentor for new group members
- Bridging between IDDT and community groups (AA, NA, NAMI)

### Client Testimony

## Spark in the Dark

- We've begun our journey with finding some strategies to ignite a flame and illuminate the shadows consumers offer face during recovery.
- What can you do?

Questions/Comments/Ideas?

## Resources

- Allness, D.J., & Knodler, W.H. (1998). *PACT model*. National Alliance for Mental Illness.
- Fox, M.B. (2011). *Integrated dual disorders treatment recovery life skills program: A group approach to relapse prevention and healthy living*. Center City: Hazelden.
- Weiss, R.D., & Connery, H.S. (2011). *Integrated dual disorders treatment manual: Best practices, skills, and resources for successful client care*. Center City: Hazelden.

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