GOSNOLD

TRAINING GUIDE FOR THE COURSE OF SOLUTIONS,

A COGNITIVE BEHAVIORAL CHANGE GROUP METHODOLOGY

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1.   Introduction

The Course of Solutions is a group process structure wherein clients a) choose an area of their functioning to improve; b) choose one solution to the problem, identify a measure of success and a time frame to test their solution. The problem, potential solutions, management of the experiment and outcome are all processed in a group setting. The group serves as coach, cheering squad, consultative team to each other. Because it is task based process, the process is intense, lively, and often very moving. Members learn how to get help on problems, become accustomed to the process of being "in change mode". Group members challenge each other on giving up, making poor choices about the outcome, biting off too big of a change. Patterns of sabotaging success, low self esteem, difficulty with trial and error are all played out in a here and now context.

The choice of the problem, the solution to be tested, and the measure of the solution's success are **all** placed with the client.

The Course of Solutions was developed for use in residential treatment for substance abusing individuals. As such it is an element of a comprehensive treatment program. Response of clients has been favorable to enthusiastic. Therapists are challenged by the

direction to follow the client's lead. With coaching, therapists appreciate the value of allowing the patient to develop skills with making changes. A detailed approach to introduction for therapists is described later, with suggestions throughout.

2. Starting the Course:

The client is directed to choose an area of his/her life in need of some kind of improvement. It is the client's choice. In some cases the clients will need prompts such as "pick a physical change, a behavioral change, an emotional change, a habit, a spiritual change."

The client will consider possible solutions to the problem area, answering the question: "What could improve this situation?" Brainstorming by the group is recommended as it allows others to practice problem solving. Groups often shift into a proactive rather than reactive or passive stance given the chance to help each other. *It is important to ask staff to avoid solving the problems, just as the good math teacher allows pupils to solve the equation.*

Of the possible solutions only one action is chosen for testing at a time. A measure of success will be identified. The plan is formalized, when where, what, how much. The temptation to fix everything by taking multiple actions commonly leads to a loss of interest through frustration. This pattern should be identified if the group does not figure it out as the set up for disaster, and as a precursor to relapse.

Measuring the solution's success is difficult. Staff must be encouraged to push through to some kind of measure. The Solution Sheet appended can be used to get a commitment to the action and to create a record of the outcomes.

The success of the solution is evaluated. If it didn't work the plan is revised and another rapid cycle solution can be determined and implemented. Successes are noted, celebrated. Participants who minimize achievement of a goal, or go immediately to another goal receive feedback about that reaction.

Clients work on things like wanting to change a feeling pattern—to be less angry; behaviors such as being late; wanting to lose weight, stop smoking. While some choices are predictable, there are frequently surprising choices such as wanting to grieve a friend's death or to take time to pray in the morning. This has confirmed in experience the concept of a client-driven change plan.

The therapist client relationship shifts. The therapist is the collaborator and coach.

Some benefits of the Course of Solutions

Dry-Run: The gains in one area—whether it is a decrease in smoking, an increase in healthy actions or a decrease in unhealthy is a gain. Gains in one area build knowledge and momentum for the addiction goals. Success builds success. Clearly clients who "can change" experience the "self-liberation" describes, or freedom from the

My way: in the person's own way. Individuals vary greatly in conceptualization (see Miller) of changes—how big is the change? How fast or slow is the approach to the change? What fears accompany changes? What "rewards", praise, recognition works for that person? What about when the change is made and successful, does the person feel demoralized by the need for other improvements? What idealized vision of change happens—one change fixes everything? What guilt from paying attention to the self? What entitlements? These processes all have predictive applications to the transitions from structured programs to self-managed abstinence. The Course of Solutions as an adjunct to other treatment practices provides the chance to learn how the person can manage other change efforts.

My time: The pacing of change initiatives is very individual. Some people have a resilient cast to their actions and some proceed with a more tentative demeanor to face problems. Patterns and needs can be validated for participants, and notions about "the right way" to do things, can be dissected as archaic formulations.

Clients often tackle areas which their treatment team would not view as appropriate. Treatment staff may try to keep clients safe from being overloaded while clients may see themselves as held back from what they really need. Our experience with this model validates research suggesting that clients can be helped to find solutions to problems which are important to them, but which are categorized as potentially destabilizing from a staff perspective.

Affect toleration and frustration and failure management. As important as success, are issues of set backs and frustrations. Typically first solutions are all or nothing actions, bound to fail and create disappointment. The capacity to manage frustration in recovery is a critical part of self management. Frequently practitioners find their way to using the slogans and tools of 12 step recovery based on the course of solution process.

It's all process: The course of solutions provides a powerful here and now portal to the there and then. Clients often make the leap to experiences of success and failure associated with drug and alcohol use in the teenage years. Such a here and now process creates strong bonds among members. All members know each other's change project. Unlike usual "treatment goals", course of solution goals are a topic of conversation during the treatment day and evening.

3.   **S**TEP BY STEP information for therapists

Instructions to be given to the clients are preceded by an "ⓘ", with explanations following thereafter.

ⓘ:   **P**ROBLEM. Think of a problem in your life at this time. **Or** Think of an improvement you'd like to make in your life.
(CLIENT PROMPT only if needed: What's most on your mind?
AND
ⓘ   Something you'd be willing to talk about in this group. Please write that down.
(CLIENT PROMPT: "What is the biggest concern you have about recovery right now?) (CLIENT PROMPT: Pick a physical, mental, and spiritual area to work in if that seems right.)

ⓘ   **P**LAN: What are you trying to accomplish? List strategies you can think of to improve that problem.

(CLIENT prompt: Encourage "cross talking" sharing ideas, or depending on the situation leave that feedback for a time of processing.) .

ⓘ   **D**O: Pick **one** action you are willing to try as an improvement for this problem and write that down.

(Typical problems are that people pick actions which are too broad, too long, and too vague.

ⓘ   **M**EASURE: How will you know that this change is an improvement?
(CLIENT PROMPT: What would it look like if your improvement worked?)
Suggest clients avoid feeling words as a measure. Ask them to describe something that would be *changed*, *more of or less* of something.

ⓘ And *how long* would you measure this improvement?

ⓘ **A**CT: Good change/Bad change/Who cares change? Is this improvement one you would want to adopt? Adapt? Or abandon? Is there another solution which would be better?

4.   Processing the experience

a)   Common findings about the PROBLEM:

The problem is too big. Encourage clients to help refine the problem into a manageable piece. Ask "who else has encountered this problem"; "anyone else ever experienced that?" Example the patient wants to stop drinking/drugging →to do that they have to stay in treatment over the weekend→but he/she misses family→the problem is loneliness→the solution is need regular contact with family. The course of solutions

focuses on developing more satisfactory and continuous contact with family during treatment. The need to feel less lonely in treatment can be analyzed and other solutions can be tested.

The Plan is something that is not in the control of the participant! These usually need some gentle but steady processing—"what would it be like if you could work on something that you could do something about?" Answer: I'd still be angry? "What needs to happen for your anger?"   Answer: I need to be heard by----   and the PDMA emerges from the sequence.

"I have no problems"! is common with young people. The word improvement can be used instead of problem. What do you want to improve? If the participant is still unable to identify a project, let other people make improvements. Peer pressure usually helps provide a push. Putting dates, goals and achievements on a chart to display progress for the group, or for the individuals can increase participation. Another strategy is to help identify goals—new car, new job and then have the person work on how he/she would go about attaining that goal.

The Problem shifts as the process is written. This happens very quickly for some people. Example: I want a job, but I have no transportation, I have no license to drive, I need to apply for a license—how do I do that?

b)   COMMON FINDINGS ABOUT THE PLAN:

Planning is a key curative tool for recovering individuals. As many of our clients have patterns of reaction and acting out rather than reflective planning, the idea of planning can bring up great resistance. Planning closes down the options of "random" reactions and puts the responsibility on the client!   The planning stage is modeled on the "ask for help" strategy. It requests that the participant seek options.

The plan is formulaic or without much interest to the participant. Group is becoming compliant. Groups working together over time can fall into bored patterns where the plan is without real interest. Going back to basics to reenergize the choices is very helpful. Why are you here? What do you want? What are the challenges to the goal you have by being here? What's in it for you?

Group As a Whole Problems as an energizer.   Have the group pick a common issue—such as resentments. Instruct the group to spend a 24 hour segment working on the issue. Example, every member keeps a resentment inventory for 24 hours, then shares in the group. Group will develop plans for dealing with resentments, pick one thing to do. The group will develop a measure of the impact of the doing.

c)   COMMON FINDINGS ABOUT THE SOLUTION

Picking one action is antithetical to the style of individuals who are impulsive. The idea of doing one action in an orderly, disciplined way may be met with resistance because it

does not fit with the identity of the spontaneous addict or alcoholic. This too can be a very helpful learning.

Another group for whom "doing" is problematic is those whose locus of control is external to self. These are folks who have a ready list of those who have harmed them or are waiting for someone to fix or save them. Self-initiated action upsets the inertia of those frozen in waiting for the rescue—frozen in inaction. As participants shift to action it is common for a grief response to follow along with a sense of self efficacy and empowerment.

Finding a solution other than drug and alcohol use is a double edged experience.

d)   COMMON FINDINGS ABOUT THE MEASURE:

The measure is vague. Encourage specific actions and measures. The key is accomplishment.

e)   COMMON FINDINGS ABOUT THE ACT. Success is devalued. A client wanted to re-establish contact with his mother after many years of strife due to his addiction. He met with his mother and reported that his mother hugged him for the first time in 20 years. His change group was very happy for him. However, during the processing he complained that she had not kissed him.

SOLUTION WORK SHEET

1) WHAT PROBLEM AREA?   Physical   or Mental or Spiritual
PROBLEM: (what do you want to fix, get, change, do more or less)

2) DO: List things that could help the problem, proposed solutions AND
THEN, pick **ONE** ACTION you think will help the problem:

3) **MEASURE**: _How_ will you know if your ACTION plan is helping?
For how long?

PLAN   DO   MEASURE   ACT

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
ACTION:						
MEASURE:						
Other factors:						

ACT: Did your plan work? What changes do you need to make to achieve
your goal?

Plan Do Measure Act SAMPLE

PROBLEM AREA: Physical   DATE: _____

PROBLEM: (what do you want to fix, get, change, and do more or less of?)
        Can't sleep
PLAN: (list things that could help)
        warm milk, shower before bed, don't take a nap, wake up on time, drink sleepy
        time tea, and don't drink coffee after noon.
DO: pick <u>ONE</u> ACTION you think will help the problem
        will try a shower before bed time for two days
MEASURE: How will you know if your ACTION plan is helping? That is
your measure.
                I want to sleep for 5 hours not 2 a night
How long will your STUDY CYCLE last?
        Three nights.
Problem: Sleepless in Falmouth
PLAN   DO   MEASURE   ACT

MONDAY	TUESDAY	Wednesday	Thursday	Friday	Saturday	Sunday
shower	shower	Shower At 12:00	Sleepy Tea+shower			Sleep tea + exercise
3 hrs. sleep	4 hours	5 hours	6 hours			6hours
Up at 6 Bed at 1230	Up at 6 Bed at 12;00					