Supportive Education in Group Counseling for Adolescent Children Affected by Substance Use

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Professional Responsibility: This project has been reviewed by collegial professional peers and has been submitted for on-line publication before being evaluated by faculty members from Portland State University. I am the author and take full responsibility for the project’s contents and quality. This work serves as a baseline for my professional school counselor skills and demonstrates what I have done to develop and/or assess my actions directed toward serving students and schools. In other words, this is a snapshot or one indicator of my work at this stage of my career.

Abstract

This action research project is the development and implementation of a psycho-educational support group for high school students struggling with issues related to their family members’ drug or alcohol use. The purpose of this support group is to create a safe environment in which students can share feelings and learn information about the disease of addiction. The group curriculum aims to impart knowledge about the disease model of addiction, family roles associated with addiction, self-care, and coping strategies to bolster the student’s sense of self-efficacy and resiliency so that they may improve their ability to function in school. Additionally, group evaluation surveys were developed so that counselors may conduct outcome research to evaluate the effectiveness of this support group in helping adolescent children of substance abusing parents to cope with their concerns and improve their ability to perform in an academic environment.

Review of the Literature

In preparation for this project, a literature review was conducted to assess the need for supportive education for children of substance abusers (COSAs), as well as the efficacy of support groups that address the needs of these high-risk students. The definition of a COSA is any child whose parent (or caregiver) uses alcohol or other drugs in such a way that it causes problems in the child’s life (Children of Alcoholics Foundation, 2005).

The problem of parental drug and alcohol abuse is pervasive in the United States. National data demonstrate that a significant number of children are impacted by their parent’s drug or alcohol abuse and dependence. According to the Department of Health and Human Services, about one in four children in the United States are exposed to
alcohol abuse or dependence in the family (SAMSHA, 2002). This figure does not even account for those children who are living in families that are affected by illicit drug abuse and dependence. Moreover, families struggling with addiction are often closed systems in which members are forbidden to share the family secret or seek help outside the family (Edwards, 2003). Thus, statistics on the prevalence of children affected by family addiction are likely underreported. According to Lambie and Sias (2005), a professional school counselor with an average caseload of 477 students may have as many as 120 students who have been or will be exposed to alcohol abuse or dependence in their family. Again, this estimation does not account for those children who are exposed to illicit drug abuse and dependence in the family.

Parents who abuse drugs or alcohol are more likely to be ineffective in meeting their children’s educational, social, and emotional needs (Robinson & Rohden, 1998; COAF, 2005). This presents major problems for families, schools, and communities. Alcohol and drug abuse is a biopsychosocial disorder that is often passed from one generation to the next (Lambie & Sias, 2005). Evidence suggests that environmental and genetic factors can predispose children to behavioral problems or to abuse of alcohol and drugs. In one study, researchers found that children of alcoholics were four times more likely than others to develop alcohol abuse or dependence (Brooke et al., 2003). COSAs are also at a higher-than-average risk for problems in school and social relationships, increased risk of physical illness and injury, as well as depression, anxiety, conduct disorder, and the development of rigid and inflexible coping strategies (SAMSHA, 2002; NACOA, 2005; COAF, 2005). If not prevented, these problems can increase the burden on state and county governments. COSAs incur higher-than-average health care, mental
health treatment, child welfare system, educational, police and juvenile system costs (NACOA, 2005).

Though these children are high-risk, they can be quite resilient. They can often overcome the effects of these potentially damaging environmental and genetic factors, especially when they receive appropriate support (Lambie & Sias, 2005).

Unfortunately, only about 5% of COSAs receive the services they so desperately need (Riddle et al., 1997). In 1999, NACOA conducted a nationwide survey of licensed substance abuse treatment programs. Sixty-nine percent of treatment providers surveyed indicated that they do not offer services to school-aged children of their clients.

There is a clear need to develop effective programs to counter the impact of the parent’s addiction on the family. Growing evidence suggests that negative outcomes can be minimized or prevented by appropriate educational and supportive interventions (NACOA, 1999). Recent data have attested to the benefit of support groups for COSAs (Arman, 2000; SAMSHA, 2002). These groups can provide education, build a sense of belonging, enhance protective factors, strengthen family relationships, reduce stress levels, and help students develop coping strategies. Research has also demonstrated that group counseling can directly affect these students’ performance in school by improving classroom behavior, attendance, and social skills (Riddle et al., 1997). Claudia Black, a national authority on growing up with chemical dependency, asserts that group work is the preferred strategy for intervening with COSAs.

Several authors suggest that the school is the ideal environment to provide COSAs the support and preventative education they need (Riddle et al., 1997; Arman, 2000; Lambie & Sias, 2005). Unfortunately, 95% of professional school counselors
surveyed by Vail-Smith and Knight (1995) felt inadequately informed about COSAs (Lambie & Sias, 2005).

Oregon’s Framework for Comprehensive Counseling and Guidance (2003), states that comprehensive counseling programs should focus on student development. It suggests that this can be accomplished by offering programs that promote self-awareness and growth, while identifying roadblocks to student success. The pervasive problems that COSAs often face are certainly hurdles, if not roadblocks, to success at school.

The majority of this group curriculum for COSAs will fall under the personal/social domain (Learn to Live). As stated previously, this supportive group curriculum will be offered to create a safe environment in which students can share feelings and learn information about the disease of addiction. It aims to impart knowledge about the disease model of addiction, family roles associated with addiction, self-care, and coping strategies to bolster the student’s sense of self-efficacy and resiliency so that they may improve their ability to function in school. Though the curriculum does not directly address the academic domain (Learn to Learn), it impacts the student’s academic success in that it may minimize negative outcomes associated with parental alcohol/drug abuse such as tardiness, truancy and dropping out (Lambie & Sias, 2005). Further, the problem-solving and communication skills that students will learn in group may serve as a foundation of knowledge that they will utilize as they enter the world of work (Learn to Work).
Group Goals

The main goals for the group include, but are not limited to, the following concepts:

1. For members to realize that they are not alone and that it is healthy for them to be able to share their feelings in a safe environment.

2. For members to identify and express the different ways they can take care of themselves.

3. For members to learn about the disease model of addiction, family roles often associated with addiction, problem solving methods, effective communication, and new coping skills.

4. To assist members in identifying and using support systems outside of their families.

Pre-Group Screening and Orientation

Members were identified by a school social worker. The students had presented to her previously with problems related to parental drug and alcohol use. Lambie and Sias (2005) suggest some other methods to help school counselors identify possible COSAs: 1) Increase your knowledge concerning substance abuse and COSAs, 2) Educate other staff about COSAs (to increase their ability to recognize and refer), 3) Facilitate classroom guidance relating to substance abuse and COSAs, 4) Be accessible and an effective listener.

With the students’ permission, the school social worker referred them to the group facilitator. The group facilitator met with each student individually to describe the group process, purpose, and goals. The facilitator also thoroughly explained the informed consent form (Appendix A). Students then made their decision to participate or not. In this author’s school district, students may participate in support groups without parent permission if they are fourteen or older. Other school districts or governing bodies may
have different guidelines for obtaining permission to participate in groups (please refer to the Human Subjects Review section of this paper).

Outline for Eight Group Sessions

Session 1

**Purpose:** The purpose of the first session is for the group members to meet other members who share common life experiences and begin to develop a sense of trust with them and the facilitator. Members will also become familiar with the group process and develop group agreements.

**Activities:** Begin the session by dividing members into pairs. Each pair is given about five minutes to share with one another their name, and what animal they would be if they could pick any animal and why. As the group comes back together, each member introduces their partner and shares the animal story with the group. This activity serves as a warm-up and provides some comic relief to anxious members.

Next, as a group, decide on group agreements (sometimes referred to as “rules”). The facilitator may give the group suggestions as needed. Some common agreements are: 1) Confidentiality, 2) Respect/Listen to one another, 3) The right to pass, 4) No put-downs. Write the group agreements on a large poster and hang in the room.

Once the group has posted their agreements, introduce check-ins. Explain that check-ins will be used in the beginning of each group and will allow members to share how their week has gone. Members rate their week on a scale from 1-5 and then explain the reason behind their rating.

Next, give each member a blank 3x5 card and a pencil or pen. Have each member anonymously write down a question or topic they would like to discuss/learn about in group. This activity allows members the freedom to express what they need while lessoning the risk of sharing in a new group. The facilitator can then adjust future sessions to meet the needs of the members.

Finally, the facilitator leads the group in a brief relaxation exercise to close the group. Each of the eight sessions ends with a stress-reducing brief relaxation (for examples, see Appendix B).
Session 2

**Purpose:** The purpose of the second session is for members to learn about addiction, dependence, and vulnerability.

**Activities:** After reviewing the group agreements, proceed to check-ins.

The facilitator will then teach students about levels of substance use. Students will read and discuss the Levels of Use handout (see Appendix B), as well as the DSM-IV-TR criteria for substance abuse and dependence.

The next activity is an icebreaker that teaches members about their vulnerability to problems with drugs and alcohol. Each member stands in a line facing one wall. Students take steps forward or back; depending on their answers to statements that the facilitator reads (please refer to Appendix B for the statements). After the activity, members should discuss how they felt participating in the activity, and any thoughts or feelings it brought up.

The session may be closed with a brief relaxation exercise.

Session 3

**Purpose:** The purpose of the third session is for members to learn about and discuss family roles that are often associated with families struggling with addiction. A common theme in these families is “Don’t talk, Don’t trust, Don’t feel.”

**Activities:** The session is opened with check-ins.

The next activity is a group discussion of “typical” family roles. Pass out the Family Roles handout (in Appendix B). Have volunteer members chose a role to “teach” to the group. The facilitator asks the group questions to facilitate discussion, such as, “Does anyone in your family take on this role?”

Next, the facilitator provides members with paper and markers. The members are instructed to draw their own role in their family using colors and symbols that are meaningful to them. Members that wish to may share their drawing with the group.

The session may be closed with a brief relaxation exercise.
Session 4

Purpose: The purpose of the fourth session is to teach members a method of problem solving.

Activities: The session is opened with check-ins.

The facilitator makes two columns on a white board: “What I Can Control,” and “What I Can’t Control.” The group brainstorms problems as the facilitator writes them in the appropriate column. The group then discusses the similarities of things they can control versus things they can’t (i.e. I can control myself, but not others).

The facilitator teaches the members the STARR problem solving method (see Appendix B). Each member then identifies a problem and the group makes suggestions utilizing the STARR method. For extra practice, group members may write the letters “STARR” down the left margin of a piece of paper and then fill in the appropriate words (Stop, Think, Act, Resources, Review). This activity is also a good way to test for retention of the STARR problem solving method.

The group may be closed with a brief relaxation exercise.

Session 5

Purpose: The purpose of the fifth session is to help members “let go” of problem saturated stories that have held them back.

Activities: The session is opened with check-ins.

The group reads “The Seven C’s” handout together out loud (see Appendix B).

The group completes the “Side Effects” worksheet (see Appendix B) in preparation for the next activity.

Next, each member is instructed to find a quiet, comfortable space in which to write. They are to write a letter to drugs and/or alcohol; describing the effect it has had on their life. Students then come back into the group and share their letters. As each member is done sharing, they rip up the letter and throw it away in a trash can at the center of the room. This activity helps members recognize that it is okay to share problems and that you don’t have to let problems define you.

The group may be closed with a brief relaxation exercise.
Session 6

Purpose: The purpose of the sixth session is for members to learn new ways to communicate with their families, and to gain insight into patterns that have developed in their relationships.

Activities: The session is opened with check-ins.

The facilitator teaches a mini lesson on the handout “Keys to Good Communication” (see Appendix B). Next, members can role-play using effective communication skills.

Members make a “Relationship Graph” (see Appendix B).

The session may be closed with a brief relaxation exercise.

Session 7

Purpose: The purpose of the seventh session is for members to identify healthy and unhealthy coping strategies that they have relied on in the past. Members will also incorporate new coping strategies.

Activities: The session is opened with check-ins.

The facilitator makes two columns on a white board and labels them, “Healthy,” and “Unhealthy.” The group brainstorms all the strategies they have used to cope with their problems.

Next, the group reads the list of healthy coping strategies (see Appendix B) and discusses which strategies they will incorporate into their lives.

The session may be closed with a brief relaxation exercise.

Session 8

Purpose: The purpose of the eighth session is to validate the growth that each member has achieved and celebrate the group’s time together.

Activities: The group is opened with check-ins.

The facilitator can bring in treats or certificates of growth, or any other celebratory element. It is also important for members to have the opportunity to discuss how they feel about termination of the group.

An evaluation (formal or informal) is conducted and referral materials are provided.

The session may be closed with a brief relaxation exercise.
Strategies for Evaluation

With ever decreasing budgets, it is imperative that professional school counselors provide school communities with evidence of successful student outcomes. Therefore, research and evaluation of intervention strategies is essential. One way to evaluate the effectiveness of a group is to survey members before and after they participate in group, and then compare the differences (if any) between the two sets of data. A pre- and post-survey was developed to evaluate the effectiveness of this group curriculum (see Appendix C). Further research could be conducted to find out if participation in group affected members’ academic performance or attendance at school. Teachers could be surveyed about students’ academic performance before and after group. Also, grades and attendance records could be reviewed and compared.

Human Subjects Review

As mentioned previously, this author’s school district allows students aged fourteen and older to participate in support groups without parent permission. Conversely, the research review board at Portland State University requires parental permission to participate in research for any subject under the age of twenty-one. Therefore, as a Portland State University student, this author was not permitted to conduct formal outcome research.

However, informal feedback was solicited during the final group session. One member reported that they looked forward to group more than anything else at school. When asked what they would change about group, they all agreed that it should be longer (more sessions). Several members also mentioned using skills that they learned during group in their “real lives.”
Referral Procedures for Follow-up

The group facilitator should be prepared to provide referral and follow-up services to members, as needed. Organizations such as Al-Anon and Alateen are important resources; as well as other community agencies that provide services to families. It is also very important to reassure members that they can make an appointment to meet with their counselor when they need extra support.
References


Appendix A

• Student informed consent
Dear Student,

The counseling department is offering a new support group this term. The group is for teens affected by drug/alcohol use in their family. The main goals of the group are:

- For members to realize that they are not alone and that it is healthy for them to be able to share their feelings in a safe environment.
- For members to identify and express the different ways they can take care of themselves.
- For members to learn about the disease model of addiction, family roles often associated with addiction, problem solving methods, effective communication, and new coping skills.
- To assist members in identifying and using support systems outside of their families.

This group will be held in room 413, on Wednesdays, from noon to one o’clock each week. The group will consist of a check-in, group activities, and a closing. The group will be led by Yvonne Howard, PSU counseling intern. In order for group members to feel safe in the group, it will be confidential. That means that group members must not talk about what is said in group, outside of group. The group facilitator will also protect your confidentiality by keeping what is said in group private. There are some special circumstances in which she may be required to report information to others: 1) If you tell her you are being abused, 2) If you are going to physically harm yourself or someone else.

As part of Yvonne’s requirement for her counseling internship at PSU, she will be conducting an action research project. Her research will try to determine the effectiveness of this group curriculum. In order to do this, she will be giving you an assessment before and after group. The assessment will be used to determine how much you learned in group, and to find out if you thought the group was helpful to you. Participation in group and/or the related research is voluntary, and you won’t get in trouble if you decide not to participate. All assessments will be kept confidential. Your name will be removed and you will be assigned a research number. If you have any questions about the group or research, please ask.

By signing below, I have read and understood the information above. I am deciding to participate, and if I change my mind at any time, I will let Yvonne know right away.

__________________________________________  __________________________
Student Signature                                      Date
Appendix B

- Brief Relaxation Exercises
- Ice Breaker on Vulnerability
- Family Roles
- STARR Problem Solving Method
- The Seven C’s
- Side Effects
- Keys to Good Communication
- Relationship Graph
- List of Healthy Coping Strategies
**Brief Relaxation Exercises:**

1) Sit or lie down and uncross your legs and arms. Take a deep breath in and then exhale as much air as you can. Breathe in and out again, this time relaxing your muscles while breathing out. Keep breathing in and out, focusing on your mind on your breath and how relaxed you feel.

2) Sit in a comfortable chair, feet flat, hands resting on your legs, or lie flat on the ground. Tense each muscle group for at least 7 seconds and rest about 20 seconds between contractions. Inhale as you tense, exhale as you relax. Begin at your feet and move toward your head. Visualize a peaceful, calm place using all five senses.

3) Awareness: Bring yourself into the present moment by sitting comfortably and closing your eyes. Then ask yourself: “What is my experience right now…in thoughts…in feelings…and in bodily sensations?” Acknowledge your experience even if it is negative or unwanted. Gathering: Then, gently redirect full attention to breathing, to each in-breath and to each out-breath as they follow, one after another. Your breath functions as an anchor to bring you into the present and help you tune into a state of awareness and stillness. Expanding: Now expand the field of your awareness around your breathing, so that it includes a sense of the body as a whole, your posture, and facial expression.

4) Guided visualizations and meditations can be adapted for use with adolescents from Maureen Garth’s books, *Earthlight, Starbright, and Moonbeam*.

5) There are also many resources for brief relaxation exercises available online.
Ice Breaker on Vulnerability

Everybody stands in a line facing one wall

Take a step forward if you have on parent who has abused drugs or alcohol.  
*You are 34% more likely to become addicted to drugs or alcohol than your peers.*

Take a step back if you have a high level of support or love in your family.  
*Strong family relationships can help protect you from addiction.*

Take two steps forward if both of your parents have abused drugs or alcohol.  
*You are 400% more likely to become addicted to drugs or alcohol than your peers.*

Take a step back if you do at least one hour of homework per day.  
*Your education will give you opportunities in the future that protect you from addiction.*

Take a step forward if you feel a large amount of stress or anger in your life.  
*You are more likely to use substances if you are Hungry, Angry, Lonely, or Tired (HALT).*

Take two steps back if you frequently tell the truth even when it isn’t easy.  
*Positive internal values will help build resistance to addiction.*

Take one step forward if you have a drug connection- if you know a dealer.  
*The easier it is to get drugs, the easier it will become to get addicted.*

Take two steps forward if more than 50% of your friends use drugs or alcohol.  
*Peer group influence plays a large role in addiction.*

Take one step back if you have a hobby or sport you enjoy.  
*Having opportunities for fun and satisfaction will guard you against addiction.*

Those who are most vulnerable to addiction are those at the front of the room.

**Vulnerability** is a very complicated concept. The same individual can have different levels of vulnerability in different environments and different life situations at different times in his or her life. For example, you may not be a vulnerable person most of the time, but when you lose your girlfriend or boyfriend or get a failing grade at school, you may become more vulnerable.

(Adapted from materials provided by Al-Anon)
Family Roles

1) The Chief Enabler

*Behaviors*: shelters and shields the substance-abusing family members, makes excuses for and may lie to protect the substance abuser, minimizes negative consequences, blames others for the problems, sometimes sabotages progress toward recovery

*Feelings*: anger, hurt, guilt, resentment, anxiety, fear, desperation to control everything, helpless, hopeless, exhausted

- Offers the family a sense of stability and protection

2) The Family Scapegoat

*Behaviors*: rebels, tests limits, breaks rules, usually gets in trouble, acts aggressively and angrily, uses substance abuse as an outlet and relief from pain, sometimes uses extreme language and behaves and dresses inappropriately (but usually has the most realistic picture of the family)

*Feelings*: anger, confusion, resentment, inadequacy, self-blame for family problems, feeling of being “out of control”

- Offers the family a sense of purpose and provides the family with someone to blame for its problems
3) The Family Mascot

*Behaviors*: acts as class clown, seeks attention through humor and acting out, uses humor to keep people at a distance, is seldom serious

*Feelings*: anxiety, measures self-worth by how others see him or her, anger, hurt, loneliness

❖ Offers the family a sense of comic relief from the pain

4) The Family Hero

*Behaviors*: high achiever, excels, leads, is very busy, takes on many tasks, almost never says no, responds to adults, controlling

*Feelings*: anxiety, inadequacy, unworthiness, resentfulness, self-blame, loneliness

❖ Offers the family a sense of being OK

5) The Lost Child

*Behaviors*: quiet, daydreamer, isolates himself or herself, fantasizes, avoids conflict, passive

*Feelings*: loneliness, fear, unworthiness, inadequacy, lack of fulfillment

❖ Offers the family a sense of relief and success and is no trouble to the family
The STARR Problem Solving Model

Stop.  What is the problem? Name it.

Think.  How do I feel? How can I solve this problem? Identify options.

Act.  Choose the best option that helps me stay safe and allows me to take good care of myself.

Resources.  Who can help me? Where can I find assistance? Find safe people and places.

Review.  Would I try to solve this problem the same way again? What would I do differently next time?

The Seven C’s

I didn’t C ause it.

I can’t C ontrol it.

I can’t C ure it.

but

I can help take C are of myself by

C ommunicating feelings

m aking good C hoices and

C elebrating myself.

Side Effects

Do you have a parent, relative, or friend who has a drinking or drug problem? If you do, then you know that there are some side effects. One of them is how their problem affects you.

DIRECTIONS:
Put a check next to each statement that tells what it’s like for you. Add one or two ideas of your own.

☐ When they use drugs or alcohol I feel sad or angry.
☐ I feel ashamed to have friends over at my house.
☐ I can’t focus on my school work.
☐ I feel like it’s my fault that they use drugs/alcohol.
☐ It’s hard to have fun.
☐ The rules at home are always changing.
☐ I worry about what will happen.
☐ There’s arguing and yelling at home.
☐ I don’t feel safe.
☐ Sometimes they don’t remember what they said or did.
☐ I feel scared and alone sometimes.
☐ 
☐ 
☐ 
☐ 
☐
Keys to Good Communication

Good communication involves the following rules:

- deliberately using the word “I”
- expressing thoughts, feelings and ideas directly and honestly
- eye contact
- firm, strong voice
- appropriate facial expression
- relaxed body posture
- appropriate distance from the other person

Listening is essential for effective communication:

<table>
<thead>
<tr>
<th>Listening Responses</th>
<th>Blocks to Listening</th>
</tr>
</thead>
<tbody>
<tr>
<td>undivided attention</td>
<td>jumping to conclusions</td>
</tr>
<tr>
<td>appropriate time and place</td>
<td>making assumptions</td>
</tr>
<tr>
<td>free from outside distractions</td>
<td>hidden agendas</td>
</tr>
<tr>
<td>asking for clarification</td>
<td>preparing your own reply</td>
</tr>
<tr>
<td>reflecting what you heard</td>
<td>worrying about how to respond</td>
</tr>
</tbody>
</table>

Good feedback is:

- descriptive, not evaluative or judgmental
- specific, not general
- sensitive to both receiver and giver
- directed toward specific behavior
- checking for understanding

Purpose of feedback:

- to check out assumptions
- to share observations
- to share how you are affected by others
Relationship Graph

Making a relationship graph gives you a way to see the highs and lows of your connections with other people. It also helps you remember things you may have forgotten or “stuffed.”

The long line on the page represents your life. The line is divided into parts which represent year chunks of time.

Starting from your first memories, think about the relationship you had with your mother in each time chunk of your past. Make a dot either above or below the life line for each of the events you remember in relationship to your mother.

Dots above the line will stand for positive events/relationships; the higher the dot the more positive the feelings about the event the dot represents. The further below the line you place the dots, the more negative the feelings are about the event/relationship the dot represents.

Label the dots with a short note to yourself about why you placed the dot where you did. Then connect the dots.

Next, using different colored pens, go through the same process to draw your relationship with your father. Do the same for a step-mom or step-dad and/or any other significant people in your life (brothers, sisters, girl/boyfriends, etc…)

Finally, put dots to symbolize how you felt about yourself. This will reflect periods of high, low, or average self-esteem.

Example:

<table>
<thead>
<tr>
<th>Age</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

How have the relationships you’ve had changed over the years? Have they improved or grown more negative? What did you learn about yourself and your relationships by completing this project?
List of Healthy Coping Strategies

- Listen to music
- Help someone around you
- Count in your head
- Take a different perspective
- Pay attention to your breathing
- Do a brief relaxation exercise
- Dance to music in your room
  - Play a game
  - Exercise
  - Ask for help
  - Journal
- Take a bath or shower
- Paint your toenails
- Create something artistic
- Call a friend
- Do something fun
- Give yourself permission to have strong feelings
- Look at pictures or a magazine
- Read a book or watch TV
- Write a letter or email
- Play a musical instrument
- Call a hotline or support group
- Clean your room
- Plant flowers
Appendix C
• Pre/Post Group Evaluations
Pre/Post Test (COSA Group)

1. List 3 of the 5 roles associated with families struggling with addiction

2. What do the letters in the STARR problem solving method stand for?

3. What are the 7 C’s?

4. List 3 keys to good communication

5. List 3 healthy coping strategies that you have used in the past
Confidential Group Evaluation

Please answer these questions honestly, as we would like to have your valuable feedback for planning future groups.

1. On a scale of 1-10, how helpful was this group to you? (1=not at all, 10=extremely). Circle one.
   Not at all 1 2 3 4 5 6 7 8 9 10 Somewhat Extremely

2. Since starting group, on a scale of 1-10, has there been any change in your behaviors/feelings? Circle one.
   Not at all 1 2 3 4 5 6 7 8 9 10 Some change A lot of change

3. Briefly describe the change.

4. On a scale of 1-10, how often do you use the information presented in group? (1=not at all, 10=all the time). Circle one.
   Not at all 1 2 3 4 5 6 7 8 9 10 Somewhat All the time

5. What suggestions do you have for making the group better or more valuable next time?

6. Please explain how this group has helped you, what you gained from group, liked about group, or why it was not helpful.

7. Would you recommend this group to a friend, why or why not?

8. Do you have any other comments/suggestions about group that we should know?