

Professionals Treatment Program Group Syllabus

Confidential Treatment. Clinical Excellence. Compassionate Care.

The Professionals' Groups at the Center for Professional Recovery are structured to help with the demands and requirements of our professional patients. Group topics range from 12-Step facilitation to psychological issues such as grief, attachment and healthy coping to return to work and other professional related issues. Our licensed group facilitators are highly-experienced in working with professionals and promote a milieu of honesty, openness, and inclusiveness.

Attending groups with other highly-functioning professional peers help to promote a de-stigmatizing environment, where you can feel at home while discussing and working through complicated and often emotionally painful topics. Being in a group along with other professionals also helps to hold you accountable, as others have walked in your shoes and can help make sure you are honest with yourself and others in the group.



Gregory Skipper, MD - Medical Director

Gregory Skipper MD, Distinguished Fellow, American Society of Addiction Medicine, Board Certified in Internal Medicine and Addiction Medicine, Medical Director of CPR, Consultant to numerous medical regulatory boards and government agencies for professional health, drug testing, monitoring and addiction treatment. Dr. Skipper has worked in the field of professional health for over 30 years. For 12 years he was the Medical Director of the Alabama Physician Health Program and he has intervened on or treated more than 3,000 professionals. Dr. Skipper has written and published over 100 articles on physician health. He was the co-author and principal investigator of the most extensive study ever performed regarding outcomes for physicians treated and monitored by Physician Health Programs. Dr. Skipper was the innovator of Ethyl Glucuronide (EtG) testing and is an expert in drug testing and biomarkers.



Matthew Goldenberg D.O. - Associate Medical Director

Dr. Goldenberg is double board-certified in psychiatry and addiction psychiatry and is a certified Medical Review Officer (MRO). He is an expert in the evaluation and treatment of mental health disorders and specializes in assisting professionals with addiction return to work safety. Dr. Goldenberg is a HIMS qualified pilot evaluator for the FAA. In addition to his clinical work, Dr. Goldenberg is an active author, researcher and invited speaker at local and national conferences. He is an active member of several committees and societies that are engaged in Statewide and National efforts to improve early detection and treatment for professionals. Additionally, Dr. Goldenberg volunteers his time as a clinical instructor in the Department of Psychiatry at UCLA and is an assistant professor of psychiatry at Cedars Sinai Medical Center. Dr. Goldenberg completed an addiction psychiatry fellowship through UCLA, in Los Angeles, California, and psychiatry residency at Banner University Medical Center of the University of Arizona, in Phoenix, Arizona. He completed medical school at Midwestern University, Arizona College of Osteopathic Medicine.

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Gregory Skipper, MD - Medical Director

Dr. Skipper conducts at least two ninety-minute groups per week for professionals. The groups are highly-interactive and address professional and return to work issues. Writing exercises, role-playing, and psychodrama are frequently used by Dr. Skipper.

Dr. Skipper's Group Topics Include:

1. Shame and the cognitive dissonance are inherent in being a professional and being addicted to alcohol and/or drugs.
2. When returning home what does one say to whom regarding where one has been when in treatment? What if they ask? Practicing and role-playing are frequently used.
3. Meeting with the Regulatory Board, Professional Health Program, employers, hospital wellbeing committee, medical executive committee or others. What does one tell them? Role-playing frequently utilized as an exercise.
4. What does one do about questionnaires? Such as License renewal, Hospital privileges, Insurance companies, Malpractice insurance, Driver's license renewal, Life insurance applications, etc. Is it ever appropriate to lie on these forms? Would you lie and why? All patients develop a statement and read it to peers and accept feedback regarding their explanation of a Yes answer. Patients are encouraged to keep a copy of their account for future use and/or to always share an intended response to an appropriate person or group to help avoid "accidental denial."
5. DEA certification - Is it helpful to have a restricted DEA Certificate? For how long? Should you ever surrender your DEA? How to answer the DEA renewal questions etc.
6. Prescribing controlled substances - risks and procedures to follow. Can you practice medicine without prescribing controlled substances? If so, how?
7. Disability insurance - when to use it, how to use it, who to get to help you, etc.
8. Medical Board and other regulatory board procedures, structure, function, purpose, etc. How to work with the board.
9. Professional boundaries: Dual relationships, gifts from clients or patients, hugging, risk factors and vulnerability (professional and patient) for intimacy with patients or clients, prescribing to self, family or friends, etc.
10. Use and risks of social media, texting, cell phones, websites, etc.
11. History of Medical (and other regulatory) Boards, purpose, function, structure, national organizations (e.g., FSMB.org), newsletters, procedures, etc.
12. History of Physician (and other Professionals) Health Programs, purpose, function, structure, national organizations (e.g. FSPHP.org), newsletters, procedures, etc.
13. Going to 12-step meetings or other support groups and seeing clients or patients...What do you do, say, think, or feel?
14. The optimal work/life balance...Write out your average schedule for your weekday and/or weekend then write your optimal schedule. How are they different? What are the barriers to working the optimal schedule? How can you overcome the obstacles? How important is it?
15. How to apply for a new job. When to mention your history of psychiatric issues? How much do you tell? How to mitigate the damage?
16. The importance of being vulnerable and honest to be in recovery and what are the barriers, risks, etc.

These topics are rotated about every 2 months. Others come up as needed.

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Group Facilitator - Matthew Goldenberg D.O.

- *The format of each group promotes learning, interaction and peer-driven discussion within the group.*
- *Most groups have a set outline, but the direction of discussion is group member driven. Patients are encouraged to ask questions, give feedback to peers and provide their experience and options on the topic of discussion.*
- *Each group has a handout that the participants can take home to continue their learning.*

Groups run 60-90 minutes and are on the following topics:

1. Addiction Medicine: A General Overview of the Disease of Addiction.
2. General Overview of the Recovery Process.
3. Post-Acute Withdrawal and its impact on Recovery Recovery.
4. Relapse Prevention Strategies to Overcome Post-Acute Withdrawal.
5. The Difference Between Mental Health and Mental Wellness: How improving mental wellness can improve your recovery.
6. Coping Skills: Moving from negative coping strategies to positive strategies to improve recovery.
7. Cognitive Distortions: How your thoughts impact your behaviors and your risk of relapse.
8. Sleep Part 1: Improving Sleep in Recovery with non-medication and medication treatment options.
9. Sleep Part 2 & 3: Use of Relaxation and Changing habits to improve sleep quality.
10. The Importance of Family Support During and After Residential Treatment.
11. Putting it All Together/Development of a Weekly Recovery Plan: Utilizing the Client Relapse Risk Scale.
12. Decreasing Professional Burnout and Increasing Career Resiliency



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Group facilitator - Laura McLauchlin, LMFT

Laura Kay McLauchlin, MS, LMFT has worked with families in recovery since 2010. She takes a family systems approach to account for the broader impact that addiction has on the entire family. In therapy, she focuses on improving communication patterns, which are compromised in any relationship in which addiction is present. When working with individuals she uses empirically based cognitive behavioral techniques to assist clients understand their depression and anxiety which maybe underlying their addictive behaviors.

Laura also organizes a family program once every other month for family members of clients to attend at the treatment center. Research has indicated that family participation is extremely important during substance abuse and mental health treatment. The program will encompass educational and experiential learning surrounding addiction, its impact on the family and how treatment, recovery, and healing can be successful the family.

Family Dynamics Group

The purpose of this group is to:

1. To learn how relationships in our formative years influence how we relate to ourselves and others and influence are addictive behaviors.
2. To identify how addiction has impacted our present relationships with ourselves, colleagues, friends and family, and has prioritized the relationship with our drug of choice.
3. To actively discover new ways of effectively communicating with others through group interaction and exercises, written lessons, and role play.

Topics include, but are not limited to: codependency, adult children of alcoholics, family roles, family trauma, multi-generational influences, cultural influences, differentiation from family, emotional role modeling, validating and invalidating messaging, family belief systems, parenting, and attachment issues.

Emotional Sobriety Group

The purpose of this group is to enable a client to handle a range of feelings in a positive way without turning to substance abuse as a method to cope.

There is a different topic each week. However, the primary objectives are to help group members become familiar with their emotions, learn how to talk about their feelings, and to be able to share them in a group setting while increasing their emotional balance and the ability to remain calm and steady in difficult situations. Clients are taught grounding and resourcing to help them regulate their nervous system during the group, and they are made aware of body and mind connection.



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Group Facilitator - Angela Aiello, Ph.D.

Angela Aiello, Ph.D., utilizes a rigorous study of the spirituality of the 12 steps while presenting each step as a compatible partner to various empirically evidenced cognitive behavioral, psycho-dynamic and mindfulness therapies, thus bridging the science of addiction with the 12-step model of recovery. In accordance with the scientific steps of discovery, i.e., make an observation, ask a question, make a hypothesis, design an experiment and make a conclusion, is exactly the way Dr. Aiello approaches the 12 steps as a whole; breaking each step down into a palatable, rational, comprehensive approach to healing. But this is not an overnight process. It takes training, practice and “putting one foot in front of the other” to retrain the brain to accept a new way of living, and a permanent lifestyle change.

Process Group

Process groups are excellent therapeutic forums for clients to gain insights into how their relationships coping mechanisms have been dysfunctional. The premise is based on that we “repeat or enact” in the outside world, all of the unhealthy patterns of interpersonal behavior we learned in our original group process: our families of origin. Usually, these behaviors and beliefs about oneself are repeated within the group becoming a microcosm of what life is like outside of treatment.

Daring Way™

The Daring Way™ is a highly experiential methodology based on the research of Dr. Brené Brown exploring vulnerability, courage, shame, and worthiness in the context of our lives as men and women. Through interactive methods, we examine thoughts, emotions, and behaviors that are holding us back and identify new choices and practices that will move us toward more authentic and wholehearted living. The primary focus is on developing shame resilience skills and daily practices that transform the way we live, love, parent, and lead.

Rising Strong™ Resilience skills

Building on Dr. Brene Brown’s earlier work on vulnerability and courage, the Rising Strong™ curriculum utilizes videos, handouts and mutual discussion to examine the character traits, behavioral and emotional patterns that facilitate recovering people to transcend the catastrophes of life; from personal heartbreak, professional collapse and chronic relapsing to rise up not only unbroken, but more resilient and authentic.

Lectures

Psychoeducation is an integral part of treatment. Becoming knowledgeable about addiction and its related components will speak to the intellectual part of our recovery. In this lecture/interactive group, clients will be introduced to a variety of topics related to addiction including: Addiction as an Attachment Disorder, Process addictions, Love and Sex Addiction, Codependency, Personality traits and disorders, Family Dynamics and other related topics and issues pertinent to recovery.

The Dovetailing of Alcoholics Anonymous and Scientific Discovery.

The disease model recognizes biological forces beyond our will and has been evinced by AA for almost 75 years. This model has been proven by scientific research over the last 15 years, which shows that the brain is trainable to alter neurotransmitter function at the cellular level. You can change what you pay attention to. Thus, being sober, one can learn to recognize one’s addictive thinking (obsessions, cravings, poor behavioral choices) along with their “give me a pill or a drink to alleviate my suffering” mantra, and approach (however haltingly at first), the fellowship of Alcoholics Anonymous and the recovery tools of the 12 steps to identify their self-destructive urges and poor impulse control and develop more positive, recovery focused thinking, keeping the goal of behavioral change as the new mindset.

Treatment in AA occurs as new behaviors are developed and habituated through the community participation, which of course is the fellowship. Along the way, the structure and function of the brain change as a result of a comprehensive, action-oriented engagement through the 12 steps. The maintenance and continued practice of these positive brain changes, perceptual shifts, and behavioral changes, is conducted through the actions of being of service to others. Science and the 12-step model dovetail beautifully as a result of these integrated processes. The mystery (concepts of God, for example) and resistance to the 12 Steps, is removed and replaced with a logical acceptance and understanding of one’s own recovery.

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Group Facilitator - Alexis Maron, MA, RDT #543

Ms. Maron facilitates a weekly 90 minute group that focuses on unresolved issues from the clients' past or potential roadblocks in the future. Through Psychodrama and other drama therapy techniques, they look at addiction and surrounding elements through a creative lens.

The intent of this group is to guide the participants through the Psychodrama process. I will explain how the use of active techniques, such as re-enacting past conversations or enacting potential future conversations, will help discover the reparative words that need to be said and heard for obtaining closure, therefore propelling the client into forward- motion.

Beyond Psychodrama, specific warm-up exercises and other creative Drama Therapy techniques, such as mask work, puppets, sand-play, role theory/role cards and poetry might be explored.

The group participants will leave the group with a grab bag of active techniques that can be used specifically to help eliminate shame and anger, and reinforce honest and open communication, dispelling the power of secrets and hiding one's true self.



Group Facilitator - Mary Ann Rege, LMFT, TMF

As a trained Mindfulness Facilitator from the Semel Institute for Neurobiology and Human Behavior at UCLA, Mary Ann brings passionate drive to help those in recovery build mindful awareness skills.

Mary Ann utilizes a combination of Mindfulness-Based, Stress Reduction (MBSR) and Mindfulness-Based Relapse Prevention (MBRP) to assist clients with awareness of thought, emotion and body sensation. This nourishes their ability to respond skillfully to internal and external triggers. Taking a mindful approach to recovery can decrease magnification of negative emotional states and can contribute to overcoming stigma, shame, and blame which are common struggles for those battling addiction.

Relapse Prevention

The primary purpose of this group is to assist clients with the acquisition of skills needed to reduce the likelihood and severity of relapse on substance following cessation. This is accomplished through utilization of traditional relapse prevention (RP) and Mindfulness-Based Relapse Prevention (MBRP) which is the work of G. Alan Marlatt, PhD, Sarah Bowen, PhD, and Neha Chawla, PhD. Endogenous factors of relapse, such as cravings and urges, are examined as symptoms of an underlying disease state as well as contextual factors, such as cognitive processes and environmental stimuli, as relapse antecedents. This approach allows for the breaking of volitional abstinence (a lapse) to be viewed as a setback versus a failure of the behavioral change process thus reducing the propensity of Abstinence Violation Effect (AVE). Group sessions consist of examining cognitive factors, such as the inner dialogue of the addictive voice and maladaptive thought, creating positive lifestyle change through implementation of healthy coping, scaling and navigation of high-risk situations, creating lapse/relapse management plans, and the like. The therapist applies several interventions including psychoeducation, experiential exercises in dyads or triads, writing assignments, and mind training via mindful awareness practices (meditations) which help to mitigate auto- responsivity.

Mindfulness Practice

This group serves as mind training time for the building of both formal (meditation) and informal (daily living) mindfulness skills. Mindfulness, which can be conceptualized as the art of conscious living, requires practice for its benefits to be reaped. It is integral in recovery to assist clients with the ability to remain in the present moment versus being caught up in the past which fuels depression or living in the future which fuels anxiety. Research shows that meditation impacts several areas in the brain including the hippocampus which governs learning and memory, the amygdala which is responsible for fear, anxiety, and stress, and the default mode network (DMN) responsible for self-referential thinking and mind wandering. In a session, clients have the weekly opportunity to engage in a variety of facilitated practices led by the therapist who is a Trained Mindfulness Facilitator from the Semel Institute for Neuroscience and Human Behavior at UCLA. An inquiry, after facilitated practices, is a hardy component of a group which aids in the identification of direct experience to solidify learning. This practice group helps clients build a good foundation for mindfulness skills which they can continue to nourish long after treatment. Psychoeducation is included as are resources for additional practice.

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Group Facilitator - John Pustaver MDiv, MA

John Pustaver, MDiv, MA, has been involved in professional evaluations and treatment for fifteen years. John's honesty, sense of humor and personal experiences have helped many feel much more at ease during their treatment stay and more trusting of the incredible process they have begun.

Spirituality Group

Perhaps no other awareness in the lives of recovering persons is, or becomes, more important than the individual's ongoing sense of being connected to something greater than themselves - regardless of whether they are currently experiencing a pleasant "stretch of road" or a difficult one. The development of this awareness is, by its very nature, personal and completely voluntary. It does not require anyone to change their current beliefs or their religious or philosophical convictions.

During a participant's stay with us, they will be asked to explore any beliefs, values or principles that have either helped or hindered them in the past. They will also be exposed to different perspectives, including the spiritual principles outlined in Alcoholics Anonymous and other 12-Step based fellowships that have helped so many recovering persons experience peace of mind and renewed purpose. To the great relief of most, these principles encourage honesty, humility (rightly understood), service, forgiveness and courage.

The method I find most useful in discovering and developing a meaningful sense of spirituality is simply, honesty. As we become increasingly honest about ourselves, we naturally become more honest with, and connected to, others. We then, quite naturally, become increasingly interested and engaged in our life and the lives of others.

Honesty, openness and willingness have been identified as essential to ending our sense of isolation and confusion about our purpose. The Spirituality groups at the Center for Professional Recovery's, Professionals Treatment Program, are designed to encourage each participant to hear from others, and discover a personally meaningful approach to spirituality and a way of life that places "principles before personalities."



Group Facilitator - Elizabeth Davies-Ulirsch, MA, APCC, CSAT

Elizabeth specializes in helping individuals dealing with the effects of childhood trauma, Post Traumatic Stress Disorder (PTSD), internet addictions, intimate disorders and drug and alcohol addiction. Her clinical work is focused on addressing the issues while helping individuals learn how to be in relationships in a healthier, more life-affirming way. Elizabeth holds a Masters degree in Counseling Psychology from Bowie State University and is a Certified Sex Addiction Therapist (CSAT) through the International Institute for Trauma and Addiction Professionals.

Facing Addiction - Starting Recovery From Alcohol and Drugs

A research based 30 task model group that teaches step by step how to break through denial and engage in a long term recovery process. This group will help recovering people understand the interaction between trauma and brain science, and how these factors play a role in the development of addiction to drugs and alcohol.

The tasks were developed by Dr. Patrick Carnes, PhD and are research evidence based practice within a 12 step program.

This group will utilize the workbook Facing Addiction.

Recovering from Addiction

A themed group designed to enhance holistic treatment in order to help equip members with the tools needed for recovery.

Each group will have a structured topic designed to help facilitate conversations about what members value and to help prevent relapse.

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Group Facilitator - SallyAnn Cross, LCSW, Executive and Clinical Director

SallyAnn Cross, LCSW, Executive and Clinical Director has over 20 years of experience in addiction medicine and behavioral health services. SallyAnn has formal training in Relapse prevention, Schema Focused therapy, 12-Step, Harm Reduction, Cognitive Behavioral Therapy, Attachment theory, Rational Recovery, and Family systems.

Addictive Voice Recognition Technique (AVRT)

The primary focus of this group lecture is to educate clients on Addictive Voice Recognition Technique (AVRT), this interactive group process explores the biomedical aspects of addiction more specifically, the paired pathways, neo-cortex, and sub-cortex of the brain.

Schema Therapy

Based on Jeffrey Young's work Schema focused therapy, this educational group is conducted over several weeks. The schema questionnaires are administered in a group setting which provides the client the ability to identify and explore maladaptive behaviors that are rigid, resistant to change, and perpetuates addictive behaviors and creates barriers to living a fulfilled life. Clients are educated on the defining core schema characteristics, coping styles and life traps. The goal of the group is to assist the client in identifying events that trigger the behaviors, integrate all the information and work toward adapting healthy coping responses.