

METHUEN INSIDE OUT

Sample Session LEADERS GUIDE

change
EMOTIONS
hope
GUILT
Depressed
RESOLVE
SCARED
solutions
TURNAROUND

Sample Session Users
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a powerful and engaging research-based video series

USE THE SAMPLE SESSION



The Sample Session makes it easy to try Meth Inside Out in a group setting and test out the series before investing in the full program.

1. **Get the media and screen it** in one of the following ways:

A. Download the video files from www.methinsideout.com/sample-session.html.

(On the left hand side of the site, click the Download Media button. A zip file titled MIO_Sample_Session_Media.zip containing the chapter videos will begin downloading to your computer. This may take awhile depending on the speed of your internet connection.)

Burn the files to a disk using DVD authoring software or connect your computer to a projection system to play directly from your hard drive

B. Stream the videos directly from the Sample Session webpage. If you prefer not to download the media, you may click on each thumbnail beside the chapter titles at the link above to view each video online. You will need an internet connection and may require a projector to view them well in a group setting.

C. If you cannot burn a DVD or view the files from a computer, 30-day free previews of the full video series on DVD can be ordered at www.methinsideout.com/preview.html. If you decide to keep the series for your library, an invoice will be issued. Otherwise, please return it in good condition at the end of 30-day preview period.

3. **Familiarize yourself** with the material and **adapt** it to your needs

4. **Lead** a great session

5. **Let us know how it goes!** connect@eowmg.com or 310.876.3686



Eyes of the World MEDIA GROUP

UCLA

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TIPS FOR A GREAT SESSION

Become familiar with the material.

A knowledgeable and supportive group leader is key to maximizing the value of the videos in group discussions.

Adapt the curriculum to suit your program's needs.

This sample session guide has 3 sections comprised of two chapters from each episode of Meth Inside Out. Refer to the discussion questions at the end of each section after playing an individual video segment or all the chapters at once depending on time, needs and attention span of the group.

Manage Triggering and Avoid War Stories

Caution patients in treatment that simply listening and discussing meth use can cause triggering. Reassure them that is a normal response and it will subside over time. Discourage clients from talking about their experiences of use in glorified terms or “war stories” as this can cause triggering and has no therapeutic value.

Preparing a Group of Recovering Users

Well-informed patients understand the goals of recovery and can more effectively participate in their own treatment.

1. Briefly, what was it that led you to start using meth?
2. What have you lost through your meth use?
3. Was there a point when you felt you lost control of your meth use?
4. Was there a point when you wondered, “What happened to me?”
5. Despite your losses, did you still have cravings? How did that make you feel about yourself?

Preparing a Group of Family Members

When family members understand addiction and recovery, they can be a major part of a patient's support system, rather than angry, confused bystanders.

1. How many of you feel like you have issues of strained or broken trust with your family member in treatment? Would anyone like to share why?
2. Now that your family member is entering treatment how many of you feel relief? How about fear? How many of you feel discouraged? How about angry? Would anyone briefly talk about any of these feelings?

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the cost



KEY INFORMATION

Cost of Addiction

Meth use has consequences on almost all aspects of society. It breaks up families, ruins communities, strains social services, fills jails, and bleeds taxpayers. The economic cost of meth use in the United States is over \$20 billion a year. This enormous price includes loss of productivity and quality of life; the cost of crimes, medical expenses, foster care, treatment, and incarceration; and toxic waste and injuries caused by meth production.

Meth and Crime

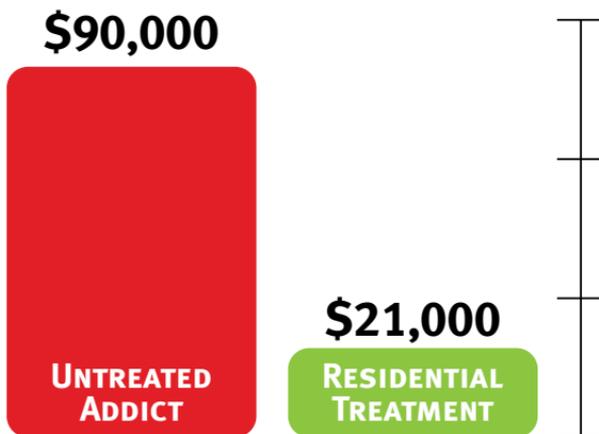
Since meth users act violently and commit crimes to sustain their addiction, they inevitably come into contact with the criminal justice system. Common meth-related crimes include burglary, fraud, identity theft, and domestic violence. The following statistics, compiled from the 2005 study released by the National Association of Counties, “The Criminal Effect of Meth on Communities,” show just how damaging meth can be:

- 60% of county officials maintain that meth is the largest drug problem in their county
- 50% of law enforcement agencies say that 1 in 5 current inmates are there because of meth-related crimes
- 17% report that more than half their population is incarcerated because of meth
- 70% write that robberies and burglaries have increased because of meth
- 62% note an increase in domestic violence because of meth

Need for Treatment

Many meth users don't have access to treatment. Program capacity is limited in most communities, especially for the residential treatment needed by severely addicted users. Often, the available treatment does not meet ALL the client's needs, such as medical and psychiatric care, and employment and family counseling. Programs are underfunded and many counselors don't receive training in the most valuable, evidence-based therapies. Effective treatment saves money and lives. An untreated addict can cost taxpayers more than 4 times as much as the cost of treating an individual in residential treatment.

RELATIVE YEARLY COST



physical impact



KEY INFORMATION

Impact on the Brain

1. Psychiatric Effects

Meth causes psychiatric symptoms that may persist for weeks, months, and sometimes permanently after stopping use. Problems may include anxiety, insomnia, depression, irritability, paranoia, hallucinations, suicidal thoughts, and psychosis. While most symptoms fade after a few days off meth, the recovery process carries its own set of symptoms, including extreme drug cravings and symptoms of depression such as anhedonia, poor concentration, and low energy. One third of meth users in treatment have attempted suicide at least once, and one third of users who experience psychosis during use report symptoms lasting more than 6 months into abstinence.

2. Neurocognitive Effects

Meth use commonly results in cognitive deficits involving memory, attention, impulse control, and “executive function” (the ability to organize thoughts and activities, prioritize, manage time, and make decisions). Most of these functions can be regained with time off meth.

3. Disruption of Emotional Reactivity

Meth use dramatically affects how people feel by overstimulating the emotional control centers of the brain. During recovery, as these brain areas normalize, many people experience an emotional flatness or “anhedonia.” At the same time, feelings of irritability and anxiety can make life difficult. Over time, these feelings fade, but they often pose a challenge during the first 6 months of recovery.

4. Impact on the Cardiovascular System

Some of the most severe physical impacts of meth use occur in the cardiovascular system or heart. Meth use temporarily elevates heart rate and blood pressure. Long-term use may result in inflammation of the heart, arrhythmias (irregular heart beat), heart attack, and stroke—even in young people.

5. Infectious Diseases

Long-term meth use is associated with elevated rates of infectious diseases including human immunodeficiency virus (HIV), and hepatitis B and C. Reasons for the heightened risk of infectious diseases among meth users include:

- increase in high-risk sexual behaviors
- injection drug use and needle sharing

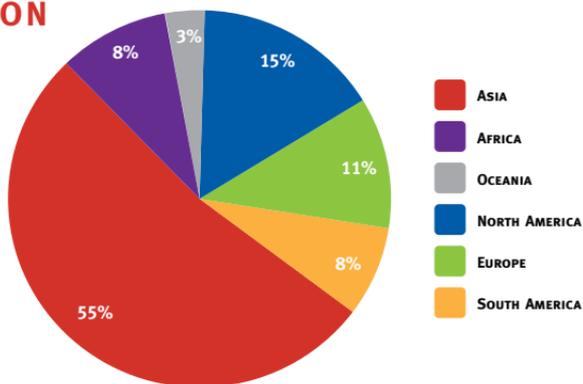
6. Dental Problems

A severe dental condition known as “meth mouth” is common among meth users, especially those who smoke meth. Symptoms include tooth fracture, disease, and decay. Doctors think this condition results from a number of factors including poor dental hygiene, dry mouth, and bruxism (the clenching and grinding of teeth).

7. Skin Problems

Most skin problems resulting from meth use are self-inflicted. These include abscesses and infection from repeated injection, accidental burns from manufacturing meth, and picking and scratching behaviors while on meth that can lead to scarring.

PERCENTAGE OF METH AND AMPHETAMINE USE BY REGION



DISCUSSION QUESTIONS

The Cost

1. How has your addiction cost you personally?
2. How has your addiction cost others?

Physical Impact

1. How has your meth use impacted your physical health?
2. What steps have you taken to help yourself feel better?
3. In what ways did meth affect your emotional state? What are your feelings now about your behavior while on meth?
4. How have your symptoms affected other people in your life?



Why Does It Feel So Good?

KEY INFORMATION

Normal Dopamine Neurotransmission

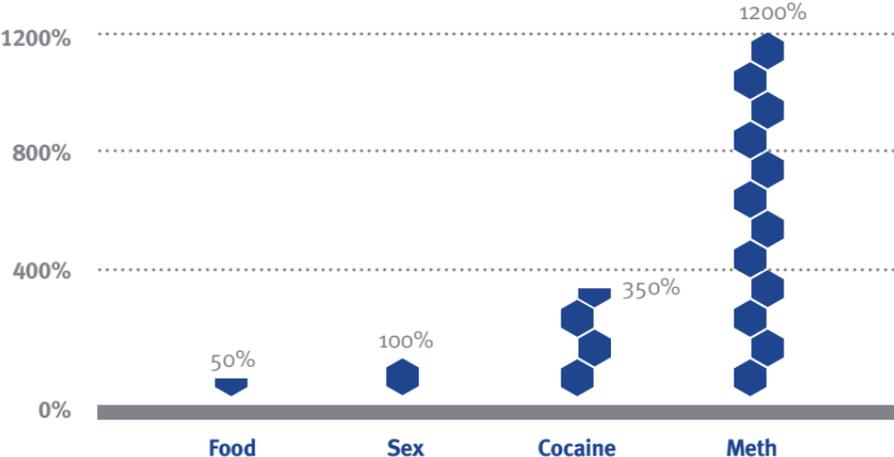
Neurons are brain cells that relay messages through the brain, creating our thoughts, actions, and emotions. Dopamine is one of the brain chemicals or neurotransmitters that allows neurons to communicate with each other. When dopamine is released in the reward center of the brain, it produces a very pleasurable feeling.

In the course of normal life, feelings of pleasure are experienced when dopamine is released by one neuron (the sending neuron) to stimulate a nearby neuron (the receiving neuron). When dopamine activates the receptors on the receiving neuron, it creates a chain reaction throughout a network of neurons in the brain's reward center and produces the sensation of pleasure. Dopamine is recycled by being reabsorbed by transporters into the sending neuron for reuse.

Meth Increases Dopamine

Meth unnaturally raises dopamine levels to more than 10 times the amount caused by life's normal pleasures, including eating and having sex. In stimulating this dopamine release, meth creates an intense rush of pleasure. This powerful rewarding effect is a major part of the biology of meth addiction.

DOPAMINE LEVELS



Tolerance

It Doesn't Feel Like It Used To.

KEY INFORMATION

How Tolerance Is Produced

Tolerance is produced as meth acts on the brain's dopamine system in two ways:

1. Meth reduces the brain's dopamine supply.

Meth penetrates the wall of the sending neuron and, once inside, causes large quantities of dopamine to be forced out of storage sacs, then out of the neuron and into the synapse, or gap between neurons. Meth also blocks transporters from recycling dopamine back into the sending neuron to be reused. Finally, meth damages the neuron's ability to produce dopamine. Over time, continued meth use results in less available dopamine. Users then increase their dose of meth to "squeeze out" the remaining dopamine and feel high.

2. Meth damages the brain's ability to use dopamine.

As described above, meth causes abnormally high levels of dopamine in the synapse and overstimulates receptors on the receiving neuron. The brain "protects" its chemical balance by withdrawing some of its receptors. As the number of receptors decreases, the dopamine that is released has fewer "targets" to stimulate. Therefore, it becomes more difficult to create the feelings of pleasure. Plus, meth damages transporters, making it harder for decreasing dopamine supplies to pass into the synapse.

Tolerance Creates a Need for Larger Doses and/or Change of Use

As tolerance to meth develops, users consume larger doses, take meth more often, and change methods of use. Smoking or injecting meth gets the drug to the brain very quickly and produces a powerful rush. Many people who snort meth often switch to smoking or injecting to get this rush. All of these factors accelerate the process of tolerance and addiction.

Tolerance Contributes to Addiction

Tolerance contributes to many of the negative consequences of meth use. Because people need more meth to get high or even feel normal, they need more money to buy it. People plunder family savings, sell possessions, and even steal or get involved in other crimes. This futile effort of taking more and more meth and feeling less and less effect is part of the long destructive spiral of addiction.

DISCUSSION QUESTIONS

Pleasure

1. What activities in your life have given you natural pleasure? Be specific as you describe what felt good to you. For example, “I loved how my body felt playing sports,” or “I loved just laughing with good friends.” That’s your dopamine at work.
2. What was the difference between natural pleasures and the meth high?
3. What natural pleasures do you enjoy in your life today? What natural pleasures do you miss?

Tolerance

1. Was there a moment when you admitted to yourself that you were addicted? Describe it.
2. Specify how your increasing need for meth created problems in your life?



Now I Know What To Do.

KEY INFORMATION

Group Counseling

Group therapy sessions are a key component of any treatment program. They are often used to provide tools and concepts for recovery, while promoting a sense of camaraderie and peer support that increases the likelihood that clients will stay in treatment. Many topics can be discussed in group settings, but it is important for treatment programs to plan an agenda in advance to use this time effectively.

Individual Counseling

Some clients enter treatment filled with anxiety, shame, and depression. They may not want to disclose all these feelings immediately to a group of strangers, no matter how accepting and understanding the group. Many clients need and benefit from one-on-one sessions with a counselor to help orient them to treatment properly and provide them with an ally and teacher in the treatment process. Throughout the course of treatment, individual sessions are frequently needed to address issues requiring sensitivity and privacy, and treatment plans should include opportunities for clients to receive individual attention.

TREATMENT APPROACHES

Cognitive Behavioral Therapy

Meth treatment includes teaching clients about their addiction and the “tools” needed to cope with challenging thoughts and emotions. Cognitive behavioral therapy is one of the most effective strategies for helping clients deal with cravings and other obstacles. Some key elements in cognitive behavioral therapy are:

1. Scheduling Time

Helping clients develop the skills and behavioral routines to stop meth use is a priority. During addiction, life is chaotic and free-form, as everything revolves around getting and using meth. In the early recovery period, counselors should help clients build structure into their lives by having them schedule their time hour by hour. Scheduling exercises teach clients to avoid meth-using friends and situations, develop healthy new activities and behaviors, and stay off meth “one day at a time.”

2. Learning to Recognize Triggers

The brain automatically associates or “connects” the people, places, things, and emotions surrounding meth use with a powerful feeling of pleasure. All of these can then become “triggers” for using meth. For an addicted user, thinking about or coming into contact with these triggers often leads to an intense craving for meth.

Early treatment sessions are often focused on helping clients recognize external triggers (the people, places, and behaviors that put them at high risk for use), so they can avoid them whenever possible.

3. Coping with Craving

Not all triggers can be avoided. Internal triggers (emotions associated with use) are especially hard to avoid. Encountering a trigger sets off a craving response. There are methods to cope with these cravings, including:

- Cognitive Techniques: Thought stopping, urge surfing, etc.
- Behavioral Coping Strategies: Calling a sober friend, going to an AA meeting, etc.

Contingency Management

Because clients are so cognitively impaired and behaviorally disorganized, it can be hard for them to regularly attend meetings and follow through with treatment activities. A reward technique called contingency management can be a powerful motivator for clients to achieve treatment benchmarks. Small rewards (e.g., movie tickets, coffee vouchers, gas and grocery cards) are awarded to clients who give negative urine samples or regularly attend sessions or other treatment activities.



continuing care



Looking Forward.

KEY INFORMATION

Ongoing Recovery

Treatment for addiction used to be thought of as a place you went for 28 days to “get fixed.” Now it is clear that treatment serves as training wheels to get people started on the road to recovery, but they still need to learn how to live in the world without meth. Recovery is a lifelong process, and so it is essential for clients to stay connected to treatment even after they have completed an intensive program.

As they go through the recovery process, many people try multiple kinds of treatment and stay involved in different ways. It may be necessary to start meth treatment in a hospital or residential rehab and then move to an intensive outpatient treatment program. After they’ve finished outpatient treatment, it is typically recommended that clients “step down” to a less intensive type of outpatient support. Over time, support may be further reduced to telephone contact, periodic recovery check-ups, and continuing care groups. Throughout the treatment journey and into long-term care, it is recommended that clients participate in 12-Step or other peer support groups, family counseling, individual psychotherapy, and other support activities.

Treatment for meth addiction can help promote wonderful changes in people and improvements in their lives. Treatment professionals deliver help that works and saves lives.

DISCUSSION QUESTIONS

Tools

1. Describe some of your specific external and internal triggers and how you learned to identify them.
2. Describe how you experience meth craving and any beliefs you have about craving, for example, “Once it starts, I must use.”
3. Identify and discuss tools for avoiding triggers and cravings in your life. What has helped you cope previously?
4. Have you ever tried to stop using and become discouraged when you couldn’t? Describe what happened?

Continuing Care

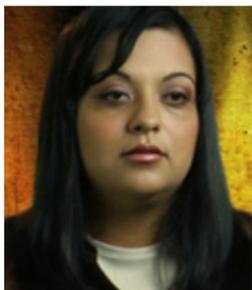
1. What, if any, types of treatment methods have you tried? How have recovery services been successful for you? Unsuccessful?
2. If you are in early recovery, describe how you are now feeling.
3. What concerns do you have about recovery?

ADDITIONAL CHAPTER SNEAK PEAK

For information on all the chapters of each episode, please visit <http://methinsideout.com/series/episodes/series-CP-chapters.html>.

EARLY Recovery

Diane's Story



At first, I used meth as a way to excel at work and loose weight. I liked the lifestyle and attained many material possessions from the fast money. Because of my dangerous lifestyle, I separated myself from my family, mostly impacting the well being of my young daughter. Eventually, my daughter became my major motivations to enter treatment even though I did not really want to. I was not up for entering a residential program but agreed to give it a chance after my daughter had to come visit me in prison. In treatment, I was able to learn valuable life skills that helped me become a better parent and regain the trust of my daughter.

relapse

Rene's Story



After six years in recovery, I was not a full time employee for the first time in my life. I was the president of the Parent Teacher Association and planned events for the local elementary school instead. However, I was not happy and felt unfulfilled. One night while working late with my committee, one of the mother's asked me if I like to "party"; before I knew it, they had meth out on the table and I was doing a line. To me this was not even a decision; just a reflex.



ABOUT *Meth Inside Out*

Meth Inside Out is a ground breaking video-based treatment curriculum on methamphetamine addiction and recovery. The series is designed to equip meth users, their families, and the professionals who assist them with a solid understanding of the biological basis of addiction, effective tools for recovery, and, most importantly, hope for the future.

Presented by UCLA Integrated Substance Abuse Programs, a leading research institution on the topic of methamphetamine, and Eyes of the World Media Group, this research-based series presents the most up-to-date information in a compelling and easy-to-understand format. *Meth Inside Out* emphasizes the human impact of addiction by sharing personal stories of users and their families. Shot in high definition with state-of-the-art graphics, the series is designed to engage and inspire viewers.

Created for maximum flexibility, the curriculum is designed to meet the needs of treatment centers, correctional facilities, community centers, social service agencies, and universities. The series is composed of 3 episodes, which can be used individually or as a set. Handbooks allow counselors to maximize the educational potential of each episode.

METH INSIDE OUT EPISODES



Episode 1 **Human Impact**

Human Impact provides an eye-opening introduction to meth's impact on individuals, families, and communities across the globe. Focuses on the magnitude and consequences of use, including physical and mental health problems, job loss, violence, incarceration, and effects on children. Explores motivations for use and examines why women and gay men are disproportionately affected, and how specialized treatment can benefit these groups. Concludes with concrete solutions.



Episode 2 **Brain & Behavior**

Brain & Behavior equips viewers with an understanding of how meth changes the brain and, consequently, behavior. 3D animations, accessible explanations, and personal accounts help viewers understand complex scientific concepts. Users learn how to better cope with the stages of meth addiction and recovery by gaining an understanding of the biological underpinnings of the high, tolerance, craving, paranoia, aggression, anhedonia, and healing.



Episode 3 **Windows To Recovery**

Windows to Recovery explores effective treatment practices across program types and settings. This episode empowers the viewer by providing actionable information and concrete tools for recovery, including creating structure, participating in sober activities, avoiding high-risk situations, and coping with craving. *Windows to Recovery* reveals that treatment is not a quick fix, but a set of activities leading to long-term changes in lifestyle, thinking, and behavior. The episode shows, without a doubt, that recovery is within reach.

Purchase Order



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BY EPISODE



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2 BRAIN & BEHAVIOR



3 WINDOWS TO RECOVERY

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