

Developing “My Personal Relapse and Crisis Prevention Plan”

EVIDENCE BASED PRACTICES (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

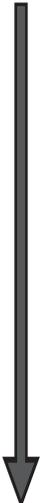
A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
 2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, or
 3. Practicing a deep breathing or a stretching exercise, *or*
 4. Sharing of one thing that each person is grateful for today, *or*
 5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, *or*
 6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.
- * Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

Developing “My *Personal Relapse and Crisis Prevention Plan*” Volume II; Subject Eight

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not inter-personal processing or case management questions which do not apply to the entire group.) <ol style="list-style-type: none"> a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): <ol style="list-style-type: none"> a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members. 	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It’s Important:</u></p> <p>Protecting recovery and preventing relapse or a recurrence of symptoms is an on-going goal from day one of recovery. That is true for all chronic illnesses. A person who has had a heart attack <i>must</i> know the warning signs of another heart problem for them personally in order to protect themselves from another heart attack. That same person must also know exactly what to do if or when a crisis occurs in the future. That only makes sense doesn’t it? If a person with diabetes didn’t have a prevention plan and know what situations or circumstances or symptoms to be on the lookout for – there’s no way that person can manage their diabetes now or in the future.</p> <p>These same principles apply to Substance and Psychiatric Disorders. Every person in recovery for a Substance Disorder or an Activity Addiction <i>will</i> use or engage in the addictive behavior again...<i>unless</i> they develop a relapse prevention plan to help them cope with relapse triggers – both internal triggers and external triggers. Every person in recovery for a Psychiatric Disorder will continue to experience a recurrence of symptoms unless they develop a prevention plan that includes a plan of action in the event that symptoms do return.</p> <p>The focus of today’s group is to develop a <i>Personal Relapse and Crisis Prevention Plan</i>.</p>	5 Minutes 

Developing “My Personal Relapse and Crisis Prevention Plan”; Volume II; Subject Eight

Skill Building Exercise and Discussion - Suggestions for topic discussion:

**Time-
Frame**

30
Minutes

To the Facilitator(s):

1. It’s recommended that any group content for each group be written on the board prior to the beginning of group whenever possible.
2. The three page handout for this group is “*My Personal Relapse and Crisis Prevention Plan*” located at the back of Subject Eight.
3. First read the 1st page of the handout to the group; or have a copy ready to pass to a group member to read one paragraph and then pass to another person for the next paragraph until the page has been read out loud.
4. There are different ways you can cover/discuss the 2nd and 3rd pages of this handout. A few examples include:
 - a. Verbally go over the information on the two pages of “*My Personal Relapse and Crisis Prevention Plan*” asking for input/discussion while group members take notes of what is relevant to them personally, *or*
 - b. Discuss the different sections of the handout by putting the main sections on the board shown in TABLE ONE, TABLE TWO, & TABLE THREE, *or*
 - c. Make a copy of the handout for each group member to write on during the discussion and to also have as additional information to take home with them. Ask group members to write on their plan what applies to them personally.
5. Rather than having the group be silent while each group member fills out their two page handout – it’s recommended that you make this a group discussion with an interaction of ideas so there isn’t any non-interactive time throughout the group.
6. Note: Examples are given in each section of the handout that can be helpful in group facilitation. Refer to the text in the handout for additional examples and explanations.

To the Group:

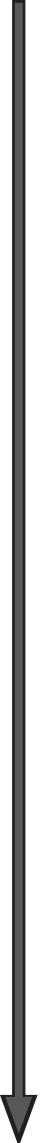
1. Today we will have a group discussion on “*My Personal Relapse and Crisis Prevention Plan.*” During the group interaction – when we go over each section of the handout – will each of you fill out (or takes note or state out loud) the information that applies to each of you personally.
2. The goal for today’s group is to have your “*Personal Relapse And Crisis Prevention Plan*” completed by the end of the group.
3. Your plan will consist of ideas that you have as well as things you will hear from other group members that you also relate to.
4. The specific topics of a relapse & crisis plan include Internal Relapse Triggers (TABLE ONE), External Relapse Triggers (TABLE TWO), and the Extreme Crisis Prevention Plan (TABLE THREE).
5. Each of these areas will be discussed so every person can benefit from the ideas of others in the group & the group can benefit from your ideas.
6. This is also a great time to *give support to* others as well as *gain support from* others.

To the Group Internal Relapse Triggers:

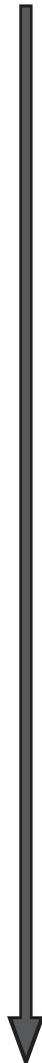
First, we will talk about internal relapse triggers (factors within yourself that cause cravings to use alcohol or other drugs or engage in addictive behaviors like gambling) shown in TABLE ONE and in the handout. Refer to the text in the handout for additional examples and explanations. Please fill out your personal plan as we go:

TABLE ONE:

My internal relapse triggers are:					
1	Feelings or Emotions	2	Thoughts	3	Physical Sensations



Developing “My Personal Relapse and Crisis Prevention Plan”; Volume II; Subject Eight

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
<p><u>FEELINGS OR EMOTIONS: TABLE ONE</u></p> <ol style="list-style-type: none"> Will someone give an example of a feeling or emotion that might be a risk to cause a craving or might be a trigger for a relapse? Example: <u>Depression</u>. If that applies to others please write it down. What other feeling(s) or emotion(s) are ones to pay attention to as possible triggers? Would someone give an example of how you will protect your recovery when experiencing this feeling or emotion? For example: <u>“I will protect my recovery by calling my support person when I feel this way” or “I will get something to eat to raise my blood sugar” or “I will get busy and distract myself by ???”</u>. What are other ideas for protecting recovery? <p><u>THOUGHTS: TABLE ONE</u></p> <ol style="list-style-type: none"> Will someone give an example of thoughts that might be a risk to cause a craving or might be a trigger for a relapse? Example: <u>“I know I can have just one drink or use drugs just once and it won’t affect my recovery” or “I don’t think this medication is working so instead of talking to my doctor, I’m just going to stop taking my medication today.”</u> If that applies to others please write it down. What other thought(s) are ones to pay attention to as possible triggers? Would someone give an example of how you will protect your recovery when experiencing these thoughts? For example: <u>“I will protect my recovery by talking to a support person” or “I will check out my thinking” or “I will remember any past consequences resulting from my behavior linked to this kind of thinking.”</u> What are other ideas for protecting recovery? <p><u>PHYSICAL SENSATIONS OR SYMPTOMS: TABLE ONE</u></p> <ol style="list-style-type: none"> Will someone give an example of physical sensations or symptoms that might be a risk to cause a craving or might be a trigger for a relapse? Example: <u>Tired, Agitated</u> If that applies to others please write it down. What other physical sensations or symptoms are ones to pay attention to as possible triggers? Would someone give an example of how you will protect your recovery when experiencing these physical sensations or symptoms? For example: <u>“I will protect my recovery by noticing what is going on physically” or “I will take action like if I’m tired I’ll get some rest; if I’m agitated I’ll do something to calm down.”</u> What are other ideas for protecting recovery? <p><u>To the Group External Relapse Triggers:</u></p> <p>Second, we will talk about external relapse triggers (factors in your environment that cause cravings to use alcohol or other drugs or to engage in addictive behaviors like gambling) shown in TABLE TWO. Refer to the text in the handout for additional examples and explanations. Please fill out your personal plan as we go:</p>	<p>continued</p> 

Developing “My Personal Relapse and Crisis Prevention Plan”; Volume II; Subject Eight

Skill Building Exercise and Discussion - Suggestions for topic discussion:

Time-Frame

TABLE TWO

My external relapse triggers are:					
1	Person or People	3	Event or Events	5	Holidays or Celebrations
2	Place or Places	4	Thing or Things	6	Any Other Situations

continued



PERSON OR PEOPLE: TABLE TWO

- Will someone give an example of a person or people that might be a risk to cause a craving or might be a trigger for a relapse?
Example: My brother.
- If that applies to others please write it down.
- What other person or people are ones to pay attention to as possible triggers?
- Would someone give an example of how you will protect your recovery when around this person or people? For example:
“I will protect my recovery by having a supportive person with me when I am around a risky person” or “I will limit my time with any person who is risky to my recovery.”
- What are other ideas for protecting recovery?

Break

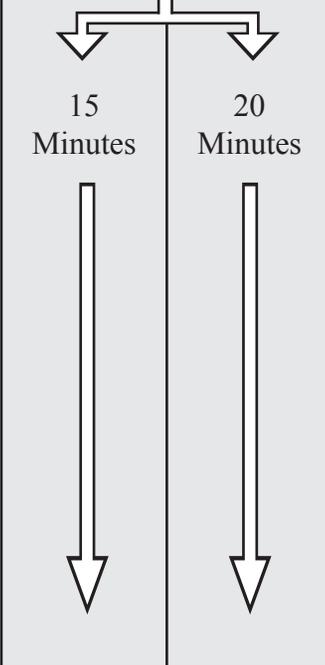
10 Minutes

Skill Building Exercise and Discussion - Suggestions for topic discussion:

Time-Frame with Crisis Processing **Time-Frame without Crisis Processing**

PLACE OR PLACES: TABLE TWO

- Will someone give an example of a place or places that might be a risk to cause a craving or might be a trigger for a relapse? Example: Where I buy gas because that is where I bought beer.
- If that applies to others please write it down.
- What other place or places are ones to pay attention to as possible triggers?
- Would someone give an example of how you will protect your recovery when experiencing this place or places?
For example: “I will protect my recovery by getting gas somewhere that does not also sell beer.” or “I will ask a supportive person to put gas in my car for me until I feel protected to do it myself.”
- What are other ideas for protecting recovery?



EVENT OR EVENTS: TABLE TWO

- Will someone give an example of event or events that might be a risk to cause a craving or might be a trigger for a relapse? Example: Dinner at my parents’ home.
- If that applies to others please write it down.
- What other event or events are ones to pay attention to as possible triggers?
- Would someone give an example of how you will protect your recovery when experiencing this event or events? For example: “I will protect my recovery by limiting my time at my parents house” or “I will not going to my parents house for dinner until I feel stronger in my recovery.”
- What are other ideas for protecting recovery?

Developing “My Personal Relapse and Crisis Prevention Plan”; Volume II; Subject Eight

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>THING OR THINGS: TABLE TWO</u></p> <ol style="list-style-type: none"> Will someone give an example of a thing or things that might be a risk to cause a craving or might be a trigger for a relapse? Example: <u>Alcohol in my home or refrigerator.</u> If that applies to others please write it down. What other thing or things are ones to pay attention to as possible triggers? Would someone give an example of how you will protect your recovery when experiencing this thing or things? For example: <u>“I will protect my recovery by not keeping any alcohol in my home” or “I will ask others not to bring liquor over to my house.”</u> What are other ideas for protecting recovery? <p><u>HOLIDAYS OR CELEBRATIONS: TABLE TWO</u></p> <ol style="list-style-type: none"> Will someone give an example of a holiday or celebrations that might be a risk to cause a craving or might be a trigger for a relapse? Example: <u>Halloween.</u> If that applies to others please write it down. What other holiday or celebrations are ones to pay attention to as possible triggers? Would someone give an example of how you will protect your recovery when experiencing this holiday or celebrations? For example: <u>“I will protect my recovery by changing my plans for Halloween this year” or “I will not celebrate Halloween for as many years as partying on that holiday is risky for me.”</u> What are other ideas for protecting recovery? 	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p> <p style="text-align: center;">↓</p>

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To the Group:</u></p> <p><u>OTHER SITUATIONS: TABLE TWO</u></p> <ol style="list-style-type: none"> Will someone give an example of other situations that might be a risk to cause a craving or might be a trigger for a relapse? Example: <u>Camping.</u> If that applies to others please write it down. What other situations are ones to pay attention to as possible triggers? Would someone give an example of how you will protect your recovery when experiencing this other situation? For example: <u>“I will protect my recovery by not going camping this year” or “I will take something to drink like lemonade” or “I will only camp with people who support my recovery.”</u> What are other ideas for protecting recovery? 	<p style="text-align: center;">↓</p> <p style="text-align: center;">15 Minutes</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">↓</p> <p style="text-align: center;">20 Minutes</p> <p style="text-align: center;">↓</p>

Developing “My Personal Relapse and Crisis Prevention Plan”; Volume II; Subject Eight

Skill Building Exercise and Discussion - Suggestions for topic discussion:

EXTREME CRISIS PREVENTION PLAN: TABLE THREE

Third, we will talk about developing an extreme crisis prevention plan. Refer to the text in the handout for additional examples and explanations. Please fill out your personal plan as we go:

TABLE THREE

Extreme Crisis Prevention Plan:			
1	Extreme circumstance.	4	Other prevention plan ideas.
2	Crisis coping plan.	5	What might get in the way?
3	Who will you tell before the crisis?	6	I am making progress in_____.

1. What circumstance would shake your recovery the most?
2. What is your crisis coping plan to deal with this “worst case scenario?”
3. If following through with your plan would be difficult to follow through on once you have experienced this “worst case scenario” who will you tell your plan to *before* the crisis?
4. What other things would help you follow through with your crisis prevention plan?
5. What will get in your way of using your “*Personal Relapse and Crisis Prevention Plan?*”
6. How will you keep this from getting in your way.
7. How would you answer “I am making progress in this area or these areas by _____?”

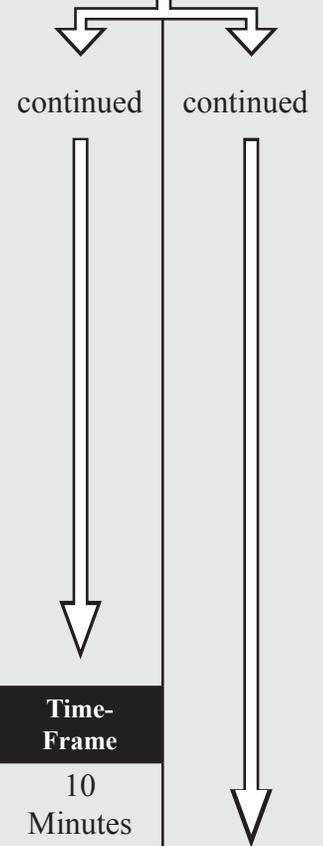
Crisis Processing

1. Ask the group member(s) to tell the group what happened.
2. Explore options and/or develop an immediate plan for coping.
3. Allow the group to offer support.

“Paper Work”

Group participants fill out Group Notes.

Time-Frame with Crisis Processing **Time-Frame without Crisis Processing**



Time-Frame
10
Minutes

Time-Frame
5
Minutes

Developing “My *Personal Relapse and Crisis Prevention Plan*”; Volume II; Subject Eight

Group Closure

Time-Frame

Recommended inspirational reading for this group is the INSPIRATION HANDOUT “*Don’t Quit.*” This handout is actually located at the back of Subject Seven. It is written here in its entirety so you don’t have to refer to Subject Seven.

5
Minutes

“DON’T QUIT”

When things go wrong, as they sometimes will,
When the road you’re treading seems all uphill,
When the funds are low and the debts are high,
And you want to smile – but you have to sigh,
When the cure is pressing you down a bit –
Rest if you must, but don’t you quit.

Success is failure turned inside out.
The silver tint of the clouds of doubt,
And you never can tell how close you are.
It may be near when it seems afar,
So stick to the fight when you’re hardest hit –
It’s when things go wrong that you mustn’t Q-u-i-t

Author Unknown

