

Specific Relapse Triggers and Solutions & Co-Occurring Disorders and Stress

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.

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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 (Subject 8-31):</u></p> <p>Relapse is often preventable when people are aware of the warning signs and take responsibility for making specific changes. These changes are designed to “intervene” in the relapse process before things get too bad.</p> <p>Today we will talk about specific relapse triggers like the use of other drugs, coping with holidays, handling money, and nutrition & relapse. The more you know about your specific triggers, the stronger your ongoing recovery plan will be! We will also discuss the physical effects of stress, co-occurring psychiatric and substance disorders and stress, effects of stress on depressive and anxious symptoms, and the importance of avoiding stress.</p>	5 Minutes 









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Psychoeducation Part I: Topics & Focus		Pages & Location	Presentation Suggestions	Time- Frame				
Avoiding Triggers Is an Ongoing Process		Subject 8-31	Summarize three paragraphs.	30 Minutes 				
Using Other Drugs		Subject 8-32 – 8-33	1. Summarize three paragraphs. 2. Summarize the four additional substances found in the table using the explanations located in the text.					
1	SMOKING CIGARETTES	2	DRINKING NON-ALCOHOLIC BEVERAGES		3	TAKING OVER-THE-COUNTER MEDICATIONS CONTAINING ALCOHOL	4	PRESCRIBED MEDICATIONS
Coping With Holidays or Special Occasions		Subject 8-33 – 8-34	Summarize six paragraphs.					
Handling Money		Subject 8-34	Summarize two paragraphs.					
Nutrition and Relapse		Subject 8-34	Summarize two paragraphs.					
Skill Building Exercise and Discussion - Suggestions for topic discussion:								
<u>To the Group:</u>								
<ol style="list-style-type: none"> 1. What comments do you have? 2. What are some specific relapse triggers that you would personally need to develop a plan in order to avoid them? 3. Has using other drugs eventually led back to a relapse with your primary drug of abuse? 4. Is a specific holiday more risky as far as triggers to use than other holidays? For example: Christmas? Halloween? Thanksgiving? What others? 5. How have you managed that holiday in the past? What specifically did you do to protect your recovery during that holiday? For example: Spend the holiday with someone else? Limit your time around slippery people or places? What else? 6. What might you do differently in the future? Limit your time at the event? Don't go this year? Take a recovery friend? Call your sponsor? 7. Has handling money been difficult or a challenge or impossible? What have you been successful in when it comes to handling money? What areas could use improvement? What would a plan be for improving this tricky area of recovery so it won't risk your recovery? 8. How has your nutrition been? Are you eating three healthy meals and three healthy snacks each day? Have you experienced success in improving your nutrition in your recovery? What areas could use improvement? For example: Eating breakfast? Buying nutritional snacks? Others? When and how will you start? 								
Break				10 Minutes				

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Psychoeducation Part II: Topics & Focus		Pages & Location	Presentation Suggestions				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																																							
Sex and Relapse		Subject 8-34 – 8-35	1. Summarize one paragraph and discuss the points in TABLE ONE below. 2. Summarize remaining paragraph.				 15 Minutes	 20 Minutes																																							
TABLE ONE	SITUATIONAL TRIGGERS		SEXUAL TRIGGERS																																												
1	Bars	1	Sexual Desire or Arousal	3	Certain Sex Partners																																										
2	Your Home	2	Sexual Thoughts or Fantasies	4	Prostitutes																																										
Over-Stimulation and Excitement	Subject 8-35	Summarize three paragraphs.																																													
Relapse and Stress	Subject 8-35 – 8-36	Summarize one paragraph.																																													
The Effects of Stress on Physical Health	Subject 8-36	Summarize two paragraphs.																																													
Co-Occurring Psychiatric and Substance Disorders and Stress	Subject 8-36	Summarize three paragraphs.																																													
Vicious Cycles of Stress, Symptoms, and More Stress	Subject 8-36 – 8-37	Summarize one paragraph.																																													
Effects of Stress on Depressive and Anxious Symptoms	Subject 8-37	1. Summarize one paragraph. 2. Summarize and discuss the information found in TABLE TWO below.																																													
TABLE TWO		<table border="1"> <thead> <tr> <th colspan="4">DEPRESSION AND ANXIETY SYMPTOMS OF MOOD DISTURBANCES RESULTING FROM STRESS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Apathy or “The Blahs”</td> <td>10</td> <td>Excessive and Exaggerated Worries</td> </tr> <tr> <td>2</td> <td>Feelings of Worthless</td> <td>11</td> <td>Irritable or Frustrated</td> </tr> <tr> <td>3</td> <td>Feelings of Rejection</td> <td>12</td> <td>Grouchy and Irritable</td> </tr> <tr> <td>4</td> <td>Belief “No One Cares”</td> <td>13</td> <td>Restlessness and Impatience</td> </tr> <tr> <td>5</td> <td>Sadness, Little Joy, and Depression</td> <td>14</td> <td>Anger or Hostility</td> </tr> <tr> <td>6</td> <td>Emptiness and Insecurity</td> <td>15</td> <td>Arrogant or Inflexible</td> </tr> <tr> <td>7</td> <td>Unrealistic Fears</td> <td>16</td> <td>Numbed Emotions</td> </tr> <tr> <td>8</td> <td>Sense of Dread or Fear of Dying</td> <td>17</td> <td>Feeling Out of Control</td> </tr> <tr> <td>9</td> <td>Constant Feelings of Uneasiness</td> <td>18</td> <td>Feelings That Things are “Unreal”</td> </tr> </tbody> </table>						DEPRESSION AND ANXIETY SYMPTOMS OF MOOD DISTURBANCES RESULTING FROM STRESS				1	Apathy or “The Blahs”	10	Excessive and Exaggerated Worries	2	Feelings of Worthless	11	Irritable or Frustrated	3	Feelings of Rejection	12	Grouchy and Irritable	4	Belief “No One Cares”	13	Restlessness and Impatience	5	Sadness, Little Joy, and Depression	14	Anger or Hostility	6	Emptiness and Insecurity	15	Arrogant or Inflexible	7	Unrealistic Fears	16	Numbed Emotions	8	Sense of Dread or Fear of Dying	17	Feeling Out of Control	9	Constant Feelings of Uneasiness	18	Feelings That Things are “Unreal”
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Skill Building Exercise and Discussion - Suggestions for topic discussion: continued				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing	
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have? 2. Can you see how the connection between alcohol & other drugs and sex can be strongly connected for some people in recovery? 3. What are some over-stimulating environments that might put your recovery at risk for a Substance Disorder? 4. Which over-stimulating environments might put your recovery for a Mood Disorder, Depression, Anxiety, or Schizophrenia in jeopardy? 5. How can you avoid these environments or limit your exposure to them? 6. How have you accomplished reducing your stress in recovery? Of course, that can be difficult with all the requirements in early treatment. However, what have you been able to do to reduce stress as much as possible? 7. What do you think would be helpful to do in the future or to work on to stop the vicious cycle of stress – symptoms – more stress? 8. What symptoms of mood disturbances do you experience as a result of stress? 9. How do those symptoms increase the risk of a relapse to alcohol and other drugs? How do those symptoms increase the risk of a recurrence of an anxiety disorder? Or a depressive disorder? Or a mood disorder? 10. What do you personally do to reduce your stress? Is that working well? Would there be other things you might do to better manage stress? Perhaps changes in your thinking? Or an activity? Or better nutritional habits? 11. Which one(s) will you work to make progress in the future? For example: Anger or hostility resulting from stress could make learning anger management techniques a great goal. 				 continued 	 continued 	
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing	
TABLE ONE	COGNITIVE/THINKING SYMPTOMS OF MOOD DISTURBANCES RESULTING FROM STRESS		BEHAVIORAL SYMPTOMS OF MOOD DISTURBANCES RESULTING FROM STRESS		 15 Minutes 	 20 Minutes 
	1	Mentally Distracted or Preoccupied	1	Easily Startled		
	2	Forgetfulness	2	Social Isolation		
	3	Repetitive Upsetting Thoughts	3	Recides Behaviors		
	4	Difficulty Concentrating	4	Reckless Driving		
	5	Negative Self-Talk	5	Overeating		
	6	Suicidal Thoughts	6	Easily Discouraged		
	7	Cynicism and Negativity	7	Poor Hygiene		
	8	Mentally Fatigued	8	Suicidal Gestures		
Importance of Avoiding Stress	Subject 8-37 – 8-38	Summarize three paragraphs.				

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“Paper Work”	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
<p>Recommended inspirational reading for this group is the true story of <i>“PATRICK AND HELEN’S DIVINE INTERVENTION EXPERIENCE.”</i> This story is actually located on Subject 8-61. It is written here in its entirety so you don’t have to refer to page Subject 8-61.</p> <p style="text-align: center;">“PATRICK” AND “HELEN’S” DIVINE INTERVENTION EXPERIENCE</p> <p>Patrick and Helen were close friends even before treatment and greatly influenced each other...not always in a healthy way. One weekend they decided to go drinking. They also decided to not only leave the city where they were both now going to treatment...they left the state too.</p> <p>Once they got to Seattle, Washington, they decided to ease their way into a relapse by going to the bar at a large hotel and ordering a Pepsi. The bartender exclaimed, “What another Pepsi?” Patrick and Helen looked around and everyone seemed to be drinking the same looking drinks.</p> <p>What they came to find out was they had unknowingly wound up at the hotel holding the National Alcoholics Anonymous Convention! A coincidence?...they didn’t think so.</p> <p>Returning to treatment on Monday, they shared with the group what the experience meant to them. They said they felt their Higher Power knew they were up to no good and of all the hundreds of hotels in the city of Seattle – their Higher Power guided them this specific hotel where the convention was. Wow!</p> <p>Did they relapse? No, because they said no telling what their Higher Power might have in store for them if they had. Now that’s an intervention</p>	<p style="text-align: center;">5 Minutes</p> 