Anxiety & Anxiety Disorders Co-Occurring With Substance Disorders

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.

Developed by: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP, Consulting/Training/Program Development; © *The Basics, Second Edition;* Volume I = Subject 1-3; Volume II = Subject 4-8

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.

Based on a 2-Hour group: Two 50-Minute Segments	Time-Frame
Group Beginning and Prepare Group	**20 Minutes Total**
Positive group beginning (suggestions are located on the previous page).	5 Minutes
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics,* not interpersonal processing or case management questions which do not apply to the entire group.) 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): 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
<u>Summarize Introduction of the Group Topic and Why It's Important</u>: Occasional feelings of anxiety, fear, and worry are natural. Words used to describe life in today's fast-paced world often include stressed out, nervous, or descriptions like "having too much on my plate." Practically every person in early recovery experiences *some* level of anxiety. The nervous system is under an incredible amount of stress. It is trying to adjust to *not* having psychoactive drugs in the body, which results in the nervous system *over*reacting *big time*. And wouldn't individuals *also* be overwhelmed with all the demands being placed on them? Of course they would. Requirements can include court dates, treatment groups, 1x1 sessions, and twelve-step meetings. Other requirements may be court orders to get released or stay *out* of jail or stay *in* jail; court orders to *keep* or regain child custody or perhaps the *loss* of custody…and many more. While all of these are positive steps toward a new life – they can produce understandable worry and anxiety. Yet aside from this type of anxiety – many people in treatment will *also* experience a diagnosable Anxiety Disorder. This type of anxiety will *not* lessen as the body recovers from the effects of alcohol and other drugs. It does not go away when a person sees their busy stress-filled schedule being reduced one requirement at a time. An Anxiety Disorder is actually common among people who are diagnosed with a Substance Use Disorder. It does not mean there is something weak or wrong with a person, it means that they are experiencing an *over*production of excitatory chemicals in the brain. The brain chemistry then affects mood, thinking, and behavior. Today we will discuss anxiety and Anxiety Disorders.	5 Minutes

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Feeling Anxious Versus an Anxiety Disorder	Subject 2-21	1. Summarize two paragraphs. 2. List the information in the table.	30 Minutes
When Anxiety Becomes Excessive	Subject 2-21	Summarize one paragraph.	
Anxiety Disorders Aren't Just a Case of "Nerves"	Subject 2-21 – 2-22	Summarize two brief paragraphs.	
The Frequency of Anxiety Disorders	Subject 2-22	Summarize one brief paragraph.	
Types of Anxiety Disorders	Subject 2-22 – 2-23	Name all the types of Anxiety Disorders, or name a few.	
Similarities Among Anxiety Disorders	Subject 2-23	Discuss the key similarities found in the table.	
<u>To the Group</u>: In this group we will discuss one of the types of Anxiety Disorders – Generalized Anxiety Disorder (GAD).			
Generalized Anxiety Disorder (GAD)	Subject 2-23	Summarize one brief paragraph.	
Symptoms of Generalized Anxiety Disorder	Subject 2-24	1. Summarize one brief paragraph. 2. Summarize the symptoms found in the table below:	

Physical and Cognitive/Thinking Symptoms	Emotional Symptoms	Behavior Symptoms
<u>Physical Complaints</u>: easily fatigued; muscle tension <u>Sleep Disturbances</u>: difficulty falling asleep; trouble staying asleep; restless unsatisfying sleep <u>Difficulty Concentrating</u>: mind goes "blank"	<u>Excessive Anxiety and Worry</u>: about a number of events or activities like work or school performance; person finds it difficult to control the worry; feeling irritable, restless, keyed up, or on edge	<u>Functioning Impairment</u>: anxiety, worry, or physical symptoms cause significant distress in areas of social, occupational, or other important areas of functioning

Treatment of Generalized Anxiety Disorder	Subject 2-24	Summarize one brief paragraph.

Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame
To Facilitator(s): 1. It is recommended that any group content for this particular group be written on the board *prior* to the beginning of group whenever possible. 2. This group is never intended to diagnosis an Anxiety Disorder. It *is* intended to provide enough information for participants to decide how they relate to the symptoms of anxiety. 3. In many cases individuals will identify their "nervousness" or "worry" as a part of the anxiety associated with the withdrawal process and/or the early recovery process of Substance Use Disorders. 4. Facilitator(s) can suggest that the person(s) be aware if *either* of the following happens in the future: a. *If* something *does change* like anxiety becoming more acute, *or* b. *If* something *does not change* like anxiety not lessening with abstinence or harm reduction. If *either* of these do occur then the person(s) is encouraged to bring this up with their primary counselor for further discussion or assessment. 5. For any individual(s) who *do* see a strong identification with the symptoms of anxiety – or perhaps have a history of anxiety – it would be recommended that they follow-up with their primary counselor as soon as possible. **To the Group**: 1. It's important to remember that in order for a person to actually *be* diagnosed with an Anxiety Disorder the person would need to: a. Experience *specific* symptoms, *and* b. Experience a set *minimum* of symptoms, *and* c. Experience those symptoms for a certain *length of time*, *and* d. Experience a *disruption in functioning level* as a result of the symptoms. 2. What symptoms of anxiety do you currently relate to? 3. Have you experienced these symptoms for a very long time? 4. Was your anxiety worse during times of abstinence? Better? The same? 5. Do most of the symptoms on the list (located in the text or on the previous page) seem to be related to a Substance Use Disorder? 6. Do you experience symptoms of anxiety that seem more bothersome than the anxiety associated with substance use, substance withdrawal, or the early recovery of a Substance Use Disorder?			continued
Break			**10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To Facilitator(s): You will – of course – need to pick and choose, summarize, paraphrase, or skip some information altogether to allow time for the *Skill Building Exercises and Discussion* in this group.			10 Minutes	15 Minutes
The Basics About Anxiety Disorders (table)	Appendix II-20	Summarize *#1 Prevalence* found in the table.		
Risk Factors (#2 in table)	Appendix II-20 – II-21	Briefly summarize the three points located in the text and below:		

1	Genetics/Inherited	2	Social and Environmental	3	Personality

Causes of Anxiety Disorders (#3 in table)	Appendix II-21 – II-23	As time permits, summarize or mention the six causes of anxiety found in the text and the table below:

1	Genetics	4	Neural Circuit Response
2	Brain Chemistry Imbalance	5	Irregular Levels of Certain Hormones
3	Naturally Occurring Fear Response	6	Environment and Life Experiences

Skill Building Exercise and Discussion Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To Facilitator(s): The table and graphic (seen on the next page) are located on page Subject 7-19. However, since the graphic and table are provided in this lesson plan, there's no actual need to refer to page Subject 7-19, Volume II. **To the Group:** 1. *Changing thinking patterns* is a part of the recovery process for anxiety and an Anxiety Disorder. 2. *Benefits* of becoming aware of anxious thinking patterns applies to individuals that experience substance-induced anxiety that typically lessens with abstinence or harm reduction, as well as those who experience more serious and persistent Anxiety Disorders. 3. Let's take a look at the emotion of anxiety, the common themes of anxiety, and the common automatic or familiar thoughts related to anxiety.	20 Minutes	25 Minutes

Skill Building Exercise and Discussion Suggestions

Time-Frame with Crisis Processing: continued

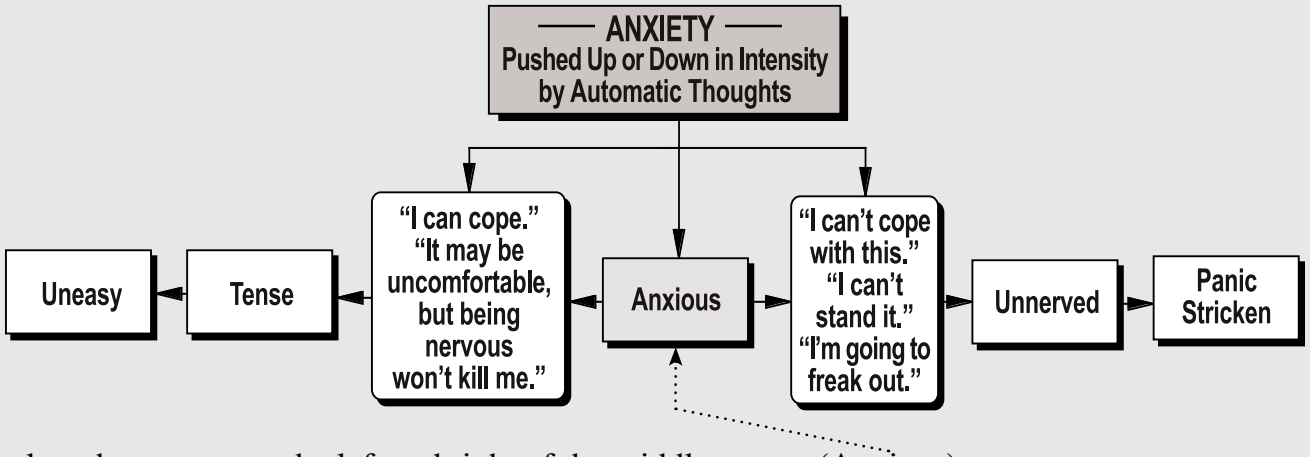
Time-Frame without Crisis Processing: continued

To the Group: (continued)

Emotion	Common Themes of The Emotion	Common Automatic or Familiar Anxious Thoughts
Anxiety	1. Danger 2. Vulnerability	1. It will be terrible or I won't be able to cope. 2. People will think I'm an idiot, no one will like me, or I'll never recover.

4. Which themes of anxiety do you relate to?
5. What are some of the automatic or familiar anxious thoughts that you have?

All emotions have a range of intensity. Familiar thoughts can either push emotions *up*, worsen them, or increase their intensity, or *down*, lessen them, or reduce their intensity. It all depends on your self-talk or what you tell yourself. Examples of how this works with anxiety can include (see graphic below):



Let's look at the squares to the left and right of the middle square (Anxious):

1. What thought(s) do you have that can push your anxiety or nervousness up or *increase* its intensity to Unnerved or Panic Stricken?
2. What anxious thought(s) do you have the most often?
3. When you are feeling anxious, what thought(s) do you have that *decrease* your anxiety or make it better?
4. What thought(s) could you develop and practice that will *decrease* or push your anxiety down to a lesser intensity of Tense or Uneasy?

Crisis Processing

Time-Frame: 10 Minutes

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.

Group "Paper Work"	Time-Frame
Group participants fill out Group Evaluations.	5 Minutes
Group Closure	**Time-Frame**
1. Ask each group member to name one relaxing thought they will begin practicing to replace an anxious thought, *or* 2. Ask a group member to read a positive meditation or thought for the day of your choice.	5 Minutes