

Acute Withdrawal Symptoms of Alcohol and Other Drugs

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.







Acute Withdrawal Symptoms of Alcohol and Other Drugs
Volume I; Subject One; Pages: APPENDIX 1B-1 –1B-10





| 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 |
| <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 interpersonal 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>Introduction of the Group Topic and Why It's Important (page APPENDIX IB-1):</u> Withdrawal is what happens when the brain and body have adapted to the presence of alcohol or other drugs and then the drug is stopped. This typically causes specific withdrawal symptoms such as cravings for the drug, as well as an emotional state known as “dysphoria” – which is marked by anxiety, depression, and restlessness – along with other symptoms of the sympathetic nervous system such as <i>over-activity</i> and <i>under-activity</i> (Stahl, 1996).</p> <p>Today we will talk about the withdrawal process and tips to help each person who may experience withdrawal. It is important to remember that even when withdrawal symptoms are uncomfortable – even <i>really</i> unpleasant – withdrawal is time-limited. The pain associated with active alcoholism and addiction is only limited by the time a person lives and goes on f-o-r-e-v-e-r.</p> | 5 Minutes  |

Acute Withdrawal Symptoms of Alcohol and Other Drugs; Volume I; Subject One; Pages: APPENDIX 1B-1 –1B-10

| Psychoeducation Part I: Topics & Focus | Pages & Location | Presentation Suggestions | Time- Frame |
|--|---------------------------------|---|------------------------|
| To Facilitator(s): In this group you will need to briefly summarize, briefly paraphrase, or skip some of the information in the tables altogether. (Note: It is more important to leave time in this group to discuss the “Tips to Help With Withdrawal” along with group discussion than to go over every potential symptom of the withdrawal process from alcohol.) | | | 30 Minutes |
| The Brain During The Withdrawal Process | APPENDIX IB-1 | Summarize four paragraphs. | |
| Acute Withdrawal Process Is The Opposite of The Drug Effects | APPENDIX IB-2 | 1. Summarize two paragraphs. 2. Mention the four points in the table. | |
| Co-Occurring Disorders and Withdrawal | APPENDIX IB-2 | 1. Summarize one paragraph. 2. Discuss information found in the table. | |
| Severity of Withdrawal Symptoms Vary | APPENDIX IB-3 | Summarize three brief paragraphs. | |
| Experiencing Withdrawal More Than Once | APPENDIX IB-3 | Summarize three paragraphs. | |
| Withdrawal Can Be Serious, But It <i>Is</i> Manageable | APPENDIX IB-3 – IB-4 | Summarize three paragraphs. | |
| Medical Support With Detox | APPENDIX IB-4 | Summarize information found in the nine points of the table. | |
| Benefits of Recovery Versus Discomfort of Withdrawal | APPENDIX IB-4 | Summarize two paragraphs. | |
| To the Group: Have you experienced withdrawal before? What symptoms did you have? How did you manage the symptoms? | | | |
| Break | | | |

| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing | |
|--|---------------------------------|---|--|---|--------------------------------|
| Tips to Help With Withdrawal | APPENDIX IB-4 – IB-5 | Simply name the five tips from the table shown below: (Note: This information will be discussed in more depth at the end of this group.) | 10 Minutes | 15 Minutes | |
| 1 | Hang In There | 3 | Stop Resisting & Relax | 5 | Remember, Recovery Is The Goal |
| 2 | It Is Important to Not Be Alone | 4 | Try to Keep Positive Thoughts | | |

| Psychoeducation Part II: Topics & Focus (continued) | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|--|-------------------------|--------------------------------|--|--|
| Recovery Heals | APPENDIX 1B-5 – 1B-6 | Summarize three paragraphs. |  continued |  continued |
| Treatment For Withdrawal | APPENDIX 1B-6 | Summarize one brief paragraph. |  |  |
| It's Always Important to Know What to Expect | APPENDIX 1B-6 | Summarize three paragraphs. |  |  |

| Skill Building Exercise and Discussion Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|
| <p><u>To Facilitator(s):</u></p> <ol style="list-style-type: none"> 1. It is recommended that any group content for this particular group be written on the board <i>prior</i> to the beginning of group whenever possible. 2. This particular group covers the <i>Acute Withdrawal Process From Alcohol</i>. 3. Due to the severity of the withdrawal process from alcohol and the frequency of the use of alcohol – either by itself or combined with other drugs – it is recommended that alcohol be included in the drugs to be discussed. However, you may choose to discuss the withdrawal of another drug(s) instead. 4. Due to limited time for the discussion of withdrawal from alcohol, it will be necessary to hit only the major points of the withdrawal process. 5. It will be much more important to allow time in this group to discuss in depth the “Tips to Help With Withdrawal” than to discuss more facts of the withdrawal process. 6. It is essential to provide accurate information about withdrawal because it reduces fear about the unknown. Yet it is also vital to provide tips of coping along with hope for individuals going through the withdrawal phase(s) or experiencing symptoms now or in the future. 7. In fact, you will probably need to choose from the sections of APPENDIX I-B what you will discuss, what you will briefly summarize, and still other sections you may actually skip over. 8. This particular information in APPENDIX I-B is <i>not</i> intended to “scare people straight.” Actually the only thing that scare tactics accomplish is to convince people they should just keep on drinking and/or drugging to avoid <i>any</i> withdrawal symptoms at all. 9. Continue to emphasize that <i>not all</i> symptoms are felt by everyone, other symptoms can be mild, while others <i>may</i> be very uncomfortable. The reward of the short-term pain is a new life. |  20 Minutes  |  25 Minutes  |

Skill Building Exercise and Discussion Suggestions

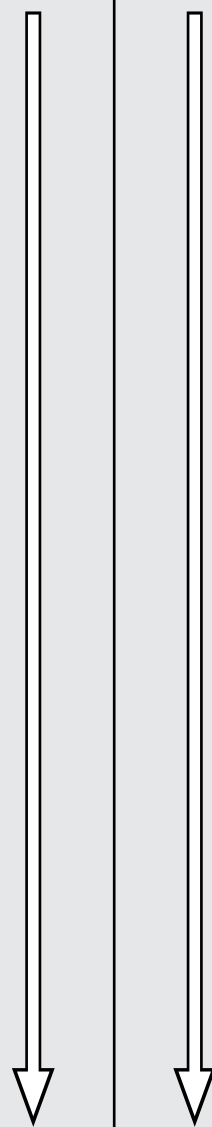
Time-Frame with Crisis Processing **Time-Frame without Crisis Processing**

To the Group:

- Remember, withdrawal is always time-limited – alcoholism and addiction running rampant is not.
- The phrase “short-term *pain* versus long-term *gain*” applies perfectly to the withdrawal process.
- We will now discuss the acute withdrawal process from alcohol:

continued continued

| | | | | | |
|---|--|--|--------------------------------------|---|---------------------------|
| Alcohol Withdrawal | APPENDIX 1B-7 | Summarize one brief paragraph. | | | |
| Acute Withdrawal Process From Alcohol | APPENDIX 1B-7 – 1B-8 | Briefly summarize as time permits – using the information in the text – the six points of the table: | | | |
| 1 | Range of Symptoms | 4 | Onset of Phase III | | |
| 2 | Onset of Phase I | 5 | Duration of Peak Symptoms | | |
| 3 | Onset of Phase II | 6 | Severity of Withdrawal Symptoms | | |
| Phases of Alcohol Withdrawal | APPENDIX 1B-8 | Briefly summarize one paragraph. | | | |
| Acute Symptoms of Phase I Alcohol Withdrawal | APPENDIX 1B-9 | Briefly summarize the six points in the table below as time permits: | | | |
| 1 | Increased Over-Activity of the Autonomic Nervous System | 3 | Cognitive or Thinking Difficulties | 5 | Physical Discomfort |
| 2 | Psychomotor Agitation or Muscle Activity Related to Mental Processes | 4 | Rapid Emotional Responses or Changes | 6 | Gastrointestinal Problems |
| Acute Symptoms of Phase II & Phase III Alcohol Withdrawal | APPENDIX 1B-10 | Summarize as time permits – using the examples in the text – the seven points in the table below: | | | |
| 1 | Increased Over-Activity of The Autonomic Nervous System | 4 | Delirium Tremens (DTs) | | |
| 2 | Transient Visual, Tactile, or Auditory Hallucinations or Illusions | 5 | Serious Medical Problems | | |
| 3 | Alcoholic Convulsions or Seizures | 6 | Serious Emotional Disturbances | | |
| | | 7 | Serious Cognitive Impairment | | |



| Skill Building Exercise and Discussion Suggestions | | | | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|----------------------------------|---|---------------------------------|-----------------------------------|--------------------------------------|
| <u>To the Group:</u> (continued) | | | | | |
| 2. We will now discuss in depth each of the “Tips to Help With Withdrawal” (page APPENDIX 1B-4) shown in the table below. (Facilitator(s): Summarize the information of each tip located in the text.) | | | | | |
| 1 | Hang in there. | 4 | Try to keep positive thoughts. | | |
| 2 | It is important to not be alone. | 5 | Remember, recovery is the goal. | | |
| 3 | Stop resisting & relax. | | | | |
| 3. How do you relate to the process of withdrawal? | | | | | |
| 4. Whenever or if ever you experienced withdrawal symptoms...What did you <i>do</i> that was <i>not</i> helpful? What did you <i>do</i> that was helpful? What did you <i>need</i> that you <i>did not</i> get? What did you <i>need</i> that you <i>did</i> get? | | | | | |
| 5. Which tip(s) will be helpful for you to remember whenever you may be experiencing withdrawal? | | | | | |
| 6. What comments do you have about this information? | | | | | |
| Crisis Processing | | | | Time-Frame | |
| 1. Ask the group member(s) to tell the group what happened. | | | | 10 | |
| 2. Explore options and/or develop an immediate plan for coping. | | | | Minutes | |
| 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. Read a daily thought for the day of your choice, <i>or</i> | | | | | 5 |
| 2. Ask a group member to read aloud an inspirational reading, <i>or</i> | | | | | Minutes |
| 3. End with a positive group closure of your choice. | | | | | |

