

Emotions or Feelings and Coping With Stress & Uncomfortable Emotions

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


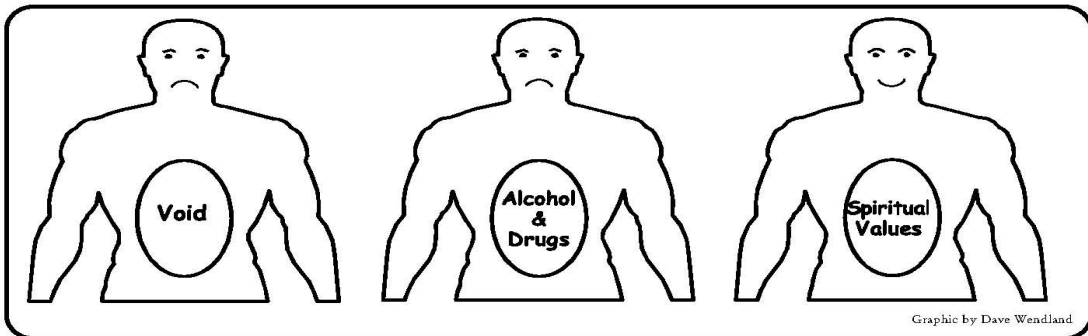
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.


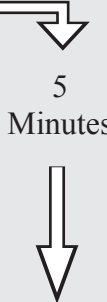
Emotions or Feelings and Coping With Stress & Uncomfortable Emotions
Volume II; Subject Five; Pages: Subject 5-1 – 5-7

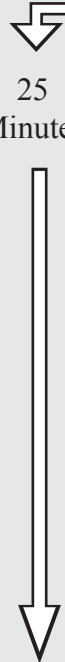
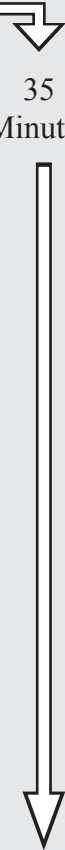
Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are 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 (page Subject 5-1):</u> It's sometimes said, "You feel better in recovery. You feel <i>everything</i> better!" This statement can generate fear for people who have numbed out or coped with stress and emotions with addictive behaviors. This fear is the foundation of another recovery saying that F-E-A-R in the recovery process is "feel everything and recover." People who struggle with Psychiatric or Substance Disorders usually find it difficult to <i>identify</i> feelings, <i>share</i> feelings, <i>cope</i> with feelings, and <i>relate</i> feelings to others either in group or out. So how do people <i>face</i> the fear, <i>feel</i> the emotions, and <i>cope</i> with the feelings <i>without</i> the use of substances?</p> <p>They accomplish these goals by <i>learning</i> new, healthy behaviors. Any newly learned behavior takes a lot of practice before the skill becomes comfortable. People don't learn how to ride a bicycle the first time out. They often use the support of training wheels or another person running along beside them. Then they ride, fall off, get back on, and fall off some more. People don't learn how to communicate their feelings without practicing, stumbling, and practicing some more. The purpose of today's group is to provide the education about coping with stress and emotions by developing healthy alternatives to alcohol and drug abuse. In other words, this material will provide the <i>learning</i> and – if you choose – you will provide the <i>practice</i>.</p>	5 Minutes 

Emotions or Feelings and Coping With Stress & Uncomfortable Emotions; Volume II; Subject Five; Pages: Subject 5-1 – 5-7

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																																													
Emotions or Feelings	Subject 5-1	Summarize one paragraph.	30 Minutes 																																													
Emotions Are Not “Good or Bad” or “Right or Wrong”	Subject 5-1	Summarize one paragraph.																																														
Emotions Are Brought About By External and Internal Factors	Subject 5-1– 5-2	Explain two kinds of emotional responses: 1 <u>External</u> or Exogenous 2 <u>Internal</u> or Endogenous																																														
Intensity Levels of Emotions	Subject 5-2	1. Summarize one paragraph. 2. Give examples of the different intensities of emotions in the table below:																																														
		<table border="1"> <thead> <tr> <th></th> <th>Emotion</th> <th>Mild Intensity</th> <th>Medium Intensity</th> <th>High Intensity</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Happy</td> <td>Glad</td> <td>Cheerful</td> <td>Ecstatic</td> </tr> <tr> <td>2</td> <td>Sad</td> <td>Blue</td> <td>Down</td> <td>Depressed</td> </tr> <tr> <td>3</td> <td>Mad</td> <td>Annoyed</td> <td>Angry</td> <td>Furious</td> </tr> <tr> <td>4</td> <td>Confused</td> <td>Undecided</td> <td>Mixed-up</td> <td>Lost</td> </tr> <tr> <td>5</td> <td>Afraid</td> <td>Apprehensive</td> <td>Scared</td> <td>Terrified</td> </tr> <tr> <td>6</td> <td>Weak</td> <td>Unsure</td> <td>Incapable</td> <td>Helpless</td> </tr> <tr> <td>7</td> <td>Strong</td> <td>Capable</td> <td>Confident</td> <td>Powerful</td> </tr> <tr> <td>8</td> <td>Guilty</td> <td>Embarrassed</td> <td>Sorry</td> <td>Ashamed</td> </tr> </tbody> </table>			Emotion	Mild Intensity	Medium Intensity	High Intensity	1	Happy	Glad	Cheerful	Ecstatic	2	Sad	Blue	Down	Depressed	3	Mad	Annoyed	Angry	Furious	4	Confused	Undecided	Mixed-up	Lost	5	Afraid	Apprehensive	Scared	Terrified	6	Weak	Unsure	Incapable	Helpless	7	Strong	Capable	Confident	Powerful	8	Guilty	Embarrassed	Sorry	Ashamed
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Feelings May Be Signs of a Problem <i>or</i> Are Just Typical Emotions	Subject 5-2	Summarize two paragraphs.																																														
Avoiding Painful Emotions	Subject 5-2 – 5-3	Summarize two paragraphs.																																														
Dissociation or Suppression of Emotions	Subject 5-3	Summarize two paragraphs.																																														
Families Give Messages About Emotions	Subject 5-3	Summarize one paragraph.																																														
Messages From Society About Expressing Emotions	Subject 5-3	1. Name messages found in the table. 2. Summarize one paragraph.																																														
Trying to Control Psychiatric Symptoms	Subject 5-3 – 5-4	Summarize one paragraph.																																														

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Projecting Emotions Onto Others	Subject 5-4	Summarize two paragraphs.	
Personal Attitudes About Certain Emotions	Subject 5-4	Summarize two paragraphs.	
Substance Abuse Creates an Emptiness or “Void”	Subject 5-4 – 5-5	Summarize two paragraphs.	
Using Substances to Fill The “Void”	Subject 5-5 – 5-6	1. Summarize three brief paragraphs. 2. Illustrate the graphic to give a memorable visual to the “void.” Note: See “Tips to Professionals” for tips on the graphic.	
			
Mistaken Beliefs Contribute to Low Self-Esteem and Self-Doubt	Subject 5-6	Summarize two paragraphs.	10 Minutes
Break			

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing									
Addictions Alter or Change Emotional States	Subject 5-6 – 5-7	1. Summarize paragraph. 2. Summarize information in the two tables:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 40%;">Taking the drugs of choice.</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 40%;">Initiating the addictive behavior of choice.</td> </tr> </table>		1			Taking the drugs of choice.	2	Initiating the addictive behavior of choice.						
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Early Recovery Produces Exaggerated Emotional Responses	Subject 5-7	Summarize three paragraphs.											

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> This section will be a discussion on the following Worksheet Handout (4 pages) located at the back of Subject Five called: <p style="text-align: center;"><i>Personal Emotions Management Plan: Coping with Stress & Uncomfortable Emotions (Stress, Anger, Depression, Anxiety, and Worry) WITHOUT Drinking and/or Drugging</i></p> This is a four page handout. If copying all four pages of the handout is possible, you can have those ready. If copying costs or other reasons prevent you from having copies available, then put the main points of the handout on the board for discussion like “Practice Healthy Nutrition” and “Share Your Feelings With Others,” etc. As you go over each tip to manage emotions – either by handout, writing on the board, or verbally – discuss the explanations located in the text on the handout for each choice to the group. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> What top three tips to manage emotions would be the most helpful to you personally? What are you currently doing that is helpful or what has worked in the past to manage emotions in a healthy way? Which one(s) will you remember and put in your “recovery tool belt” for future management of stress and uncomfortable emotions? 	 <p>25 Minutes</p>	 <p>35 Minutes</p>
Crisis Processing	Time-Frame	
<ol style="list-style-type: none"> Ask the group member(s) to tell the group what happened. Explore options and/or develop an immediate plan for coping. Allow the group to offer support. 	10 Minutes	
“Paper Work”	Time-Frame	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	Time-Frame	
<ol style="list-style-type: none"> Read a daily brief meditation for the day, <i>or</i> Ask each group member to name something they are grateful for today, <i>or</i> Ask a group member to read aloud an inspirational reading or message of your choice. 	5 Minutes	