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.

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	**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
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. The time and detail you devote to these sections will depend on your specific group. 3. However, it's worth consideration to remember that the causes (which includes neurochemistry) of Psychiatric Disorders is often the most meaningful to group participants – at all levels of symptom severity. 4. Understanding causes of anxiety disorders is an excellent way to: a. Understand Anxiety Disorders, b. Relieve self-judgment for experiencing the symptoms of anxiety, and c. Explain the reasons for the specific treatment of Anxiety Disorders. **To the Group:** 1. This group is not meant to diagnosis an Anxiety Disorder. It *is* intended to provide enough information to help you decide how you relate to the symptoms of anxiety. 2. In many cases you may identify your "nervousness" or "worry" as a part of the anxiety related to the withdrawal process and/or the early recovery process of Substance Use Disorders. 3. If that is true for you, then please be aware if *either* of the following happens in the future: a. If something *does change* like anxiety becoming more serious, *or* b. If something *does not change* like anxiety not lessening with abstinence or harm reduction. 4. So if *either* of these *do* occur you are encouraged to bring this up with your primary counselor for further discussion or assessment. 5. If you *do* see a strong identification with the symptoms of anxiety – or perhaps have a history of anxiety – it would be recommended that you follow-up with your primary counselor as soon as possible.			30 Minutes
The Basics About Anxiety Disorders (#1 in Appendix Table)	Appendix II-20	Summarize #1 Prevalence found in the table in Appendix II.	
Risk Factors (#2 in Appendix Table)	Appendix II-20 – II-21	1. Summarize the three points located in Table One below. 2. Refer to the text for explanations of each.	
Table One			
Causes of Anxiety Disorders (#3 in Appendix Table)	Appendix II-21 – II-23	1. As time permits, summarize or mention the six causes of anxiety found in Table Two below. 2. Refer to the text for explanations of each as time permits.	
Table Two			

1	Genetics/Inherited	2	Social and Environmental
3	Personality		

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

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. Name the function of anxiousness at different ages located in the table in the text.	continued
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 paragraphs.	
The Frequency of Anxiety Disorders	Subject 2-22	Summarize one paragraph.	
Types of Anxiety Disorders	Subject 2-22 – 2-23	1. Name the ten examples of Anxiety Disorders shown in Table Three below. 2. Refer to the brief explanations of each as time allows.	

Table Three

1	Generalized Anxiety Disorder	Excessive anxiety and worry about every day routine life events and activities even though the source of the worry may be hard to pinpoint.
2	Panic Disorder & Panic Attacks	Repeated episodes of intense fear or discomfort that strike repeatedly and often without warning.
3	Specific Phobia	Excessive and unreasonable fear of an object or situation that poses no actual danger like heights, dogs, or closed-in places.
4	Social Anxiety Disorder or Social Phobia	Persistent fear of being watched by others, embarrassed, or humiliated in social situations.
5	Agoraphobia	Profound fear of being in any situation or place that escape might be difficult or help would be unavailable in the event of a Panic Attack.
6	Acute Stress Disorder & Posttraumatic Stress Disorder	Specific symptoms like recurrent, intrusive, and distressing recollections of an event that occurs after exposure to a terrifying event or ordeal where grave physical harm occurred or was threatened.
7	Obsessive-Compulsive Disorder	Repeated, unwanted thoughts or compulsive, repetitive behaviors that seem impossible to stop or control.
8	Adjustment Disorder With Anxious Features	Excessive nervousness, worry, or jitterness within three months after an indentifiable stressor like divorce or a string of problems that wear a person down.
9	Anxiety Disorder Due To A Medical Condition	Significant anxiety, panic attacks, obsessions, or compulsions that develop wtihin one month of substance intoxication or acute withdrawal.
10	Substance Induced Anxiety Disorder	Excessive anxiety, panic attacks, obsessions, or compulsions that develop within one month of substance intoxication or acute withdrawal.

Break	**10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Similarities Among Anxiety Disorders	Subject 2-23	Discuss the key similarities found in the table in the text.	15 Minutes	20 Minutes
To the Group: In this particular 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 paragraph. 2. Summarize the symptoms found in Table Four below.		

Table Four

Physical and Cognitive/Thinking Symptoms	Emotional Symptoms	Behavioral Symptoms
Physical Complaints: easily fatigued; muscle tension Sleep Disturbances: difficulty falling asleep; trouble staying asleep; restless unsatisfying sleep Difficulty Concentrating: mind goes "blank"	Excessive Anxiety and Worry: 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	Function Impairment: 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.		

Skill Building Exercise and Discussion - Suggestions for topic discussion:

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 *minimum* set 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 (shown above) 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?

Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame with Crisis Processing**	**Time-Frame without Crisis Processing**
	15 Minutes	20 Minutes

To the Facilitator(s): The tables shown below are located on page Subject 7-19. However, since the tables are provided in this lesson plan, there's no actual need to refer to Volume II, page Subject 7-19.

To the Group (Exercise One – Anxiety Themes):

Changing thinking patterns is a part of the recovery process for anxiety. That includes individuals who experience a more serious and persistent Anxiety Disorder as well as those that experience Substance Induced Anxiety that typically lessens with abstinence.

1. There are common themes related to the emotion of anxiety. For some people the "theme" is danger and for others it is vulnerability. Then for others it is another theme. Let's take a look at Table Five below:

Table Five

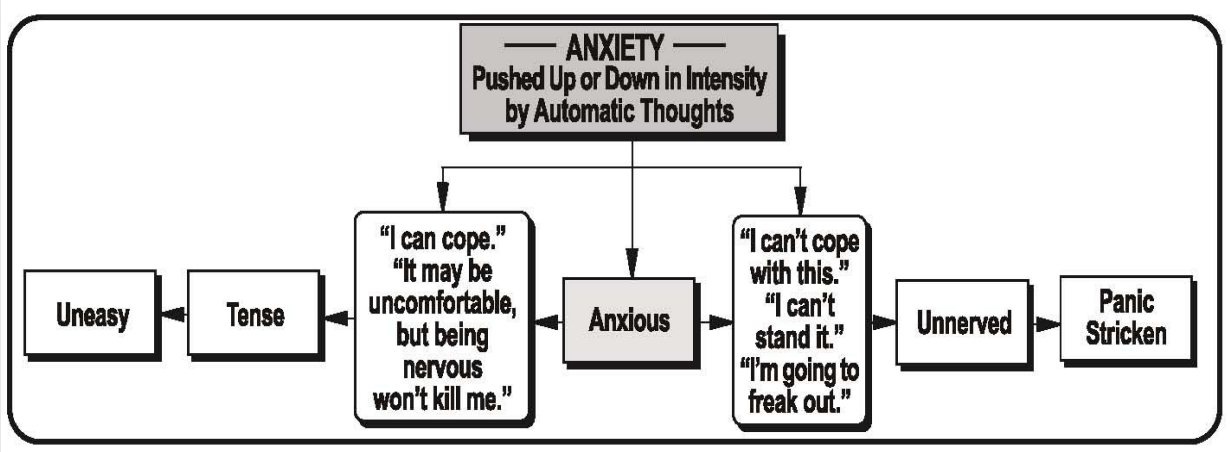
Emotion	Common Themes of The Emotion	Common Automatic or Familiar Anxious Thoughts
Anxiety	1. Danger 2. Vulnerability	1. It will be terrible or I won't be able to cope. 2. People will think I'm an idiot, no one will like me, or I'll never recover.

2. Do you relate to the theme of Danger or Vulnerability? Is there another theme of anxiety you relate to better?
3. Do you relate to the Common Automatic or Familiar Anxious Thoughts mentioned in the table? Are there other thoughts you relate to more like *"I'm going to die"* or *"I am losing my mind"* or *"No one will ever love me?"* or "_____". In other words, when you are feeling anxious what is the first thought you typically have?
4. Have you been successful in replacing one of these thoughts with another thought that reduces your anxiety? What is the new thought?

To the Group (Exercise Two – Pushing Anxiety *Up* or *Down* with Automatic Thoughts):

All emotions have a range of intensity. Familiar & Automatic Thoughts can push emotions *up* and make them more intense. Or they can push them *down* and make them less intense. This all depends on your "self-talk" or what you tell yourself. Let's take a look at Table Six below:

Table Six



Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame with Crisis Processing**	**Time-Frame without Crisis Processing**
<u>To the Group (Exercise Two – Pushing Anxiety *Up* or *Down* with Automatic Thoughts):</u> (continued) In the boxes to the left and right of the middle box (Anxious): 1. Do you relate to the example to the right of Anxious of *"I can't cope with this."* Or *"I can't stand it."* or *"I'm going to freak out?"* Or others? 2. What thought(s) do *you* typically have that can push *your* anxiety *up* and increase its intensity to *Unnerved* or *Panic Stricken*? 3. Do you relate to the example to the left of Anxious of *"I can cope."* Or *"It may be uncomfortable, but being nervous won't kill me."* Or others?" 4. What thought(s) do you typically have that can push *your* anxiety *down* and decrease its intensity to *Tense* or *Uneasy*? 5. What progress would you like to make in changing one thought that *increases* your anxiety to a thought that *decreases* your anxiety? What is the new more helpful thought? When will you begin practicing this new thought?	continued	continued
Crisis Processing	**Time-Frame**	
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.	10 Minutes	
Group "Paper Work"	**Time-Frame**	
Group participants fill out Group Notes.	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 of the day of your choice.	5 Minutes	