Coping With Crisis, Suicide Prevention, and Spiritual Practice

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.

Coping With Crisis, Suicide Prevention, and Spiritual Practice
Volume II; Subject Eight; Pages: Subject 8-5 – 8-7; 8-55 – 8-57

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> It's crucial to protect the recovery process of *any* chronic disorder such as heart disease, diabetes, or cancer. In the recovery of substance dependence and psychiatric disorders there are two very important issues that can pose serious threats to the person in recovery. They are crisis and – of course – the most permanent and irreversible threat which is suicide. It may seem like crisis events come out of the blue and there's no way to protect from them. However, you'll see there are *definitely* ways to protect yourself and your recovery by learning ways to "cope with crisis." Then just as a person can develop ways to cope with crisis – a person can also develop skills for "suicide prevention." Suicide is the result of too many *challenges* and not *enough* solutions (Quinnett, Paul). The person at the *most* risk is actually *not* the one that is the most seriously or acutely depressed. The person at the *most* risk for suicide is the one who sees no solution(s) or a way out. That means the need to discuss solutions *before* – just like having a plan in place *before* the relapse – is crucial to suicide prevention. Another vital component to continued recovery is spiritual practice. Individuals in recovery find that connecting with their "Spiritual Side" is crucial to their recovery. Today we will talk about coping with crisis, preventing suicide, and spiritual practice.	5 Minutes

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Self-Instruction to Cope With an Event	Subject 8-5	1. Summarize one paragraph. 2. Discuss the four points in the table below using the explanations located in the text.	30 Minutes

1	Before The Feared Event	2	Just Before The Event	3	During The Event	4	Right After The Event

Evaluating Crisis Event	Subject 8-5	1. Summarize one paragraph. 2. Discuss the five points of the table below using the explanations located in the text.	

Evaluating Crisis and Coping Skills									
1	Cognitive/Thinking Distortions	2	Perception Of The Event	3	Emotional Response	4	Coping Strategies	5	Behavioral Response

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. Have you experienced a crisis? More than one? Many?
2. As you look back on these events does it seem that one or more might have been *situations* or *challenges* or may be *problems* instead of a *crisis*? What examples do you have?
3. That's great! – You have just practiced one way to cope with crisis, which is deciding if the event is actually a *situation*, *challenge*, *problem,* or *crisis*.
4. How do you think the four self-instructions to cope with an event can be helpful to you?
5. Can someone offer an example of an event or something coming up that *might* be a crisis? What statements can you and the group offer to help cope with this event?:
   a. Before the feared event?
   b. Just before the event?
   c. During the event?
   d. Right after the event?
6. Can two other people share a previous crisis so the group can practice how to evaluate crisis coping skills? What comments do you have based on the following areas?:
   a. Cognitive/Thinking Distortions?
   b. Perception of The Event?
   c. Emotional Response?
   d. Behavioral Response?

Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame
Suicide Prevention	Subject 8-6	Summarize one paragraph.	continued
Survival Tips For The Suicidal	Subject 8-6 – 8-7	1. Summarize two paragraphs. 2. Discuss the information located in the Table One and Table Two below stating the challenges first and then the individual solutions one at a time.	

(Written By Dr. Paul Quinnett, Spokane, WA)

Table One

Challenge		Solution
Thinking about suicide is an exercise in problem solving. When people are overwhelmed by problems they believe cannot be solved, thinking of suicide is like looking for an exit, a way to escape those problems.	1 →	If and when thoughts of suicide enter your mind, accept the fact that you have more problems than solutions, and that you need a little help from friends, family, or your therapist. So talk to them, tell them what's wrong, and get a little help until solutions are found.

To the Group:

1. What comments do you have?
2. How do you personally relate to this information?
3. Specifically how could you put this solution into practice as a part of a suicide prevention plan?

Table Two

Challenge		Solution
When psychological pain and suffering become intolerable, thoughts of suicide and the relief death promises may appear. In fact, no one dies by suicide who is feeling good, calm, happy, and in control.	2 →	When psychological pain feels unendurable and a drink, drug, or death seem the surest way to stop the suffering, you need a guide not a gun, and a pal not a pint. Your therapist, case manager, and doctor cannot help you through a rough time if they don't know you're in pain, so you must tell them.

To the Group:

1. What comments do you have?
2. How do you personally relate to this information?
3. Specifically how could you put this solution into practice as a part of a suicide prevention plan?

Break	**10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing

Table Three

Challenge		Solution
There is no safety without sobriety. Many people only think about suicide when they are under the influence and, once sober, their thoughts of suicide disappear. Unfortunately, the majority of people who die by suicide in America are intoxicated at the time of death. Therefore, relapse prevention is suicide prevention.	3 →	You can save your own life by staying clean and sober. You can save the life of a friend or parent or child by helping him or her stay sober. Even *if* in the past when you were drinking or abusing drugs and never experienced suicidal thoughts, feelings, or made a nonfatal attempt, any relapse is like inviting death in for another dance. So, work your program!

To the Group:

1. What comments do you have?
2. How do you personally relate to this information?
3. Specifically how could you put this solution into practice as a part of a suicide prevention plan?

Table Four

Challenge		Solution
The majority of people who die by suicide in America use a gun. The three most dangerous things in the world are: (1) alcohol on board, (2) a firearm, and (3) an upset person.	4 →	If you own a gun or have one in your home, either lock it up, disable it, or get it out of the house. Out of the house is best. Houses need to be detoxified just like people and by getting rid of the whisky, gunpowder, and anger, many lives can be saved.

To the Group:

1. What comments do you have?
2. How do you personally relate to this information?
3. Specifically how could you put this solution into practice as a part of a suicide prevention plan?

Table Five

Challenges		Solutions
More than 90% of people who die by suicide suffer from a brain disorder, and the majority of these are suffering from Depression. About one in five persons with Bipolar Disorder will die by suicide *if* they don't receive competent treatment.	5 →	Understand that Depression, Alcoholism, and other brain disorders are potentially fatal illnesses and that, if you suffer from one or more of these, you must share in the responsibility to take good care of yourself and that includes taking good care of your brain. A good place to start is to follow medical advice and work with your counselor or therapist to obtain and maintain your recovery and optimal health.

15 Minutes

20 Minutes

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: 1. What comments do you have? 2. How do you personally relate to this information? 3. Specifically how could you put this solution into practice as a part of a suicide prevention plan?			continued	continued

Table Six

Challenge		Solution
Your therapist wants you to live! So do your family, friends, and the other people working with you in your recovery and treatment program. If you become suicidal, they want to help you! If they don't know, they can't help.	6 →	If you experience thoughts of suicide, understand that such thoughts are common, not rare, and that we humans sometimes try to solve our problems by solving them all at once. What we don't realize is that when we do this, we create big problems for those we leave behind. So, understand that hope is a shared thing. You may be running low on hope, but please understand that those around you are not. They've got hope to spare, so just ask to borrow a cupful until you get through the crisis.

To the Group:
1. What comments do you have?
2. How do you personally relate to this information?
3. Specifically how could you put this solution into practice as a part of a suicide prevention plan?

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Deepen Contact With Spiritual Side and Higher Power	Subject 8-55	1. Summarize one paragraph. 2. Read "John's" Recovery Story to the group.	15 Minutes	20 Minutes
The Presence of Truth Is Spiritual Practice	Subject 8-55 – 8-56	1. Summarize three paragraphs. 2. Discuss points in the table below. 3. Read "A Story About Faith" located in the text to the group.		

1	Relationship With Oneself	2	Relationship With Others	3	Relationship With A Higher Power

To the Group:
1. How is developing, improving, or strengthening a relationship with *yourself* going for you right now in your recovery?
2. How is developing, improving, or strengthening a relationship with *others* going for you right now in your recovery?
3. How is developing, improving, or strengthening a relationship with your *Higher Self* or *Higher Power* going for you right now in your recovery?

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
The recommended Inspirational Reading for this group is "Mary's Divine Intervention Experience." (Note: This reading is located on pages 8-61 – 8-62, however, it is written here in its entirety so you do not need to refer to those pages in the text.) "Mary's" Divine Intervention Experience Mary was sober three years when she got word that her mother's doctor had summoned everyone to her hospital bed. Mary and her husband left work immediately and made flight reservations on the way to the airport. She had been under tremendous stress for over a year due to her mother's illness. Hearing of her mother's condition seemed to push her into an emotionally vulnerable state she had not experienced yet in her recovery. The pain was almost too much to bear and she immediately decided, "I'm going to drink. I simply can't stand this, it hurts too bad." She decided not to drink on the plane because it was a short flight and her mother might need her when she got to Orlando, Florida. She said to herself, "I'm going to the airport bar as soon as this plane lands." Upon arriving at the airport, she was greeted by her family and found out her mother had passed away. Again she was determined, "I'm going to the house and cook for the family and as soon as I'm done, I'm having a drink. I have to have some relief from this emotional pain." After dinner, her plan was ready to become a reality. As she rose to go to the kitchen where the liquor was kept at her mother's home, her husband motioned her. Walking up to him he said, "I ran by the house on the way to pick you up at work. I realized I didn't have time to pack but as I left the house I picked up your A.A. coin because it was lying on the table by the door." Mary's husband handed her the coin. She was speechless. Her coin had been put in a necklace by her dear friend in the program. Her husband had never paid any attention to her necklace or even much attention to the significance of the coins, yet here he was handing it to her at the very moment she was going in to fix her a drink. Mary put the necklace around her neck where it remained for the next three months. At times it felt like an iron weight and at times it felt like a comforting barrier between her and her addiction. She remained sober and remained addiction free to honor the memory of her mother…which would have been exactly as her mother would have wished it to be. A truly Divine Intervention!	5 Minutes