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Coping With Relapse & Turning a Relapse Into a *Learning* Experience

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.

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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.

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Coping With Relapse & Turning a Relapse Into a *Learning* Experience
Volume II; Subject Eight; Pages: Subject 8-38 – 8-44

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: (page Subject 8-38)</u> In some ways, relapse is more difficult to accept and work through than the initial discovery of the addiction or mental illness. It reopens the wounds that were finally beginning to heal. The first reaction to relapse is usually defeat. People may feel like helpless victims but these are temporary feelings, not permanent realities. Ironically, relapse is often the best teacher the person will ever have because it teaches a powerful lesson, which apparently can't be learned any other way. Today we will talk about: 1. Reactions to relapse. 2. Not turning a slip into a full-blown relapse. 3. Turning a relapse into a learning experience. 4. Identifying what led up to using. 5. Doing an autopsy on a relapse, and 6. Identifying what needs to be learned.	5 Minutes

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
The First Thing to Do Is Stop Immediately	Subject 8-39	Summarize one brief paragraph.	30 Minutes
The Second Thing To Do Is Call Someone Right Away	Subject 8-39	1. Summarize paragraph. 2. Summarize information in the table located in the text.	
Reactions to Relapse	Subject 8-39	Summarize three paragraphs	
Put the Hammer Away	Subject 8-39 – 8-40	Summarize three paragraphs	
Don't Turn a Slip Into a Full-Blown Relapse	Subject 8-40 – 8-41	Summarize two paragraphs.	

Skill Building Exercise and Discussion - Suggestions for topic discussion :

To the Group:

1. What comments do you have?
2. Can you set a plan to stop immediately? Many people unfortunately decide to just go ahead and use more and "stay out" for a while. That decision can be deadly for many. It also is not reasonable and is an example of the "addictive pathway" in action. Just think about it. If as person over-extends themselves when they have an injured leg – they don't just say "Oh well, I might as well just keep over-extending myself and keep running." Of course not. That doesn't even sound sensible. The injured leg only becomes more injured and more difficult to treat. The same principle applies to addiction. Yet the difference between a leg and the brain is the addiction pathway. The purpose of the addiction pathway is to make continuing to use sound more reasonable and lead a person back into addiction.
3. It is, of course, more important to call someone before you use alcohol and other drugs. However, it is very important to have a plan for every situation. Who will you call if you relapse to alcohol and other drugs or addictive behavior like gambling? Who will you call if you experience a return of psychiatric symptoms?
4. Can you let that person know in advance that you have selected them as the person you will call and perhaps even let them know how you would like them to help you if this happens? Example: Come over? Take you to a meeting? Come and pick you up and take you to their house? Have medications refilled? What?
5. What do you think your reaction to a relapse would be? Example: Perhaps you would tend to return to a precontemplation stage of change and convince yourself you never had a problem in the first place? Return to recovery as soon as possible? What?
6. Do you or would you tend to beat yourself up or "get the hammer out?" How can you stop immediately? What will you do?

Break — **10 Minutes**

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Turn a Relapse Into a Learning Experience	Subject 8-41	1. Summarize information in the table located in the text. 2. Summarize two remaining paragraphs.	10 Minutes	15 Minutes
Identify What Led Up to Using	Subject 8-41- 8-42	1. Summarize introduction to "Jim's Relapse Story." 2. Read "Jim's Relapse Story." 3. Summarize remaining paragraph.		
From the Unconscious to The Conscious	Subject 8-42 – 8-43	Summarize six paragraphs.		

Skill Building Exercise and Discussion - Suggestions for topic discussion :

To the Group:

1. What comments do you have?
2. If you have experienced a relapse in the past, what did you learn? Example: I really do need a sponsor? I need to attend more meetings? Ask for help? Stay away from triggers? Stay on medication? What?
3. What unconscious thoughts might you have or did you have that lead to relapse? For example: I will go over to her house because she is a real friend and I know it won't lead me back to use even though we always used together. Or I'll just go out to the casino because I love the buffet. Or, I know they say that being around my dealer will light up my brain, but I'm different because I am stronger than that!
4. How can you bring these ideas or thoughts out to the conscious? What was I thinking before I returned to drinking that I did not pay attention to? How did I end up in this risky situation?

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Autopsy of a Relapse	Subject 8-43	1. Summarize one paragraph. 2. State and discuss questions in Table One:	20 Minutes	25 Minutes

Table One

1	What triggered or led up to my relapse?
2	What happened when I relapsed?
3	What types of thoughts was I thinking prior to my relapse?
4	What feelings was I experiencing before I began using chemicals again?
5	What kinds of behaviors was I exhibiting before I started using chemicals again?
6	What types of control did I attempt to use to prevent further use after I started drinking or using?
7	Was peer pressure or family pressure a factor leading to my relapse?
8	What areas of my life were unmanageable before I relapsed?
9	What type of feelings or emotions did I try to manage with the use of chemicals?

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Identifying What Needs to Be Learned	Subject 8-43	1. Summarize introduction to the table. 2. State and discuss questions shown in Table Two:	continued	continued

Table Two

1	Were there suggestions from others that I did *not* follow?
2	How did I fail to be responsible for my *own* behavior?
3	What could I have *done* differently?
4	What will I *do* differently the next time?
5	Why do I *think* I should forgive myself for relapsing?
6	How do I *plan* to avoid future relapse?

Validating What Had Been Learned	Subject 8-43 – 8-44	1. Summarize one paragraph. 2. Summarize the three points in Table Three. 3. Summarize last paragraph in this section.		

Table Three

1	Summarize what you have learned as a result of your relapse.
2	Name the areas of your recovery that need to be changed to prevent further relapses.
3	Give five reasons why you should continue in recovery.

Skill Building Exercise and Discussion - Suggestions for topic discussion:

<u>To the Group:</u>

1. What comments do you have?
2. How would you answer the nine questions in Table One about a *Autopsy of a Relapse*?
3. How would you answer the six questions in Table Two about *Identifying What Needs To Be Learned*?
4. What comments do you have about Table Three of *Validating What Has Been Learned*?

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

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"Paper Work"	**Time-Frame**
Group participants fill out Group Notes.	5 Minutes

Group Closure	**Time-Frame**
The recommended Inspirational Handout is *"Autobiography in Five Short Chapters."* This handout is actually located at the back of Subject Six. It is written here in its entirety so you don't need to refer to Subject Six.	5 Minutes

Autobiography In Five Short Chapters

Source: Portia Nelson "There's a Hole In my Sidewalk"

Chapter I
I walk down the street.
There is a deep hole in the sidewalk.
I fall in.
I am lost…
I am helpless…
It isn't my fault.
It takes forever to find a way out.

Chapter II
I walk down the same street.
There is a deep hole in the sidewalk.
I pretend to not see it.
I fall in, again.
I can't believe I am in this same place,
But, it isn't my fault.
It still takes a long time to get out.

Chapter III
I walk down the same street.
There is a deep hole in the sidewalk.
I see it there.
I still fall in…it's a habit…
But, my eyes are open…
I know where I am.
It is my fault.
I get out immediately.

Chapter IV
I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

Chapter V
I walk down another street