

## **Cravings: Defining, Identifying, and Managing Urges to Use Alcohol & 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 1/3<sup>rd</sup> 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 1/3<sup>rd</sup> 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.


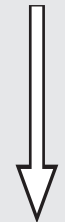
## Cravings: Defining, Identifying, and Managing Urges to Use Alcohol & Other Drugs







### Volume II; Subject Six; Pages: Subject 6-26 – 6-31

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"> <li>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"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):               <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> </ol>	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important (page Subject 6-25 – 6-26):</u>            Just because a person understands that addiction is a disease – and even though a person wants to get and stay abstinent – doesn't mean they won't want to use. Cravings, urges, or thoughts about using are a natural part of recovery for almost everyone. For most people they are very intense, especially during the first few months of abstinence. For others, cravings may be more of a passing thought or a minor discomfort. The challenge is for each person to find ways to manage their urges to use alcohol, other drugs, or engage in addictive behaviors like sex addiction.</p> <p>Managing cravings is an extremely important recovery tool. Today we will discuss cravings and how to manage them – before they manage you.</p>	5 Minutes 



**Cravings: Defining, Identifying, and Managing Urges to Use Alcohol & Other Drugs; Volume II; Subject Six; Pages: Subject 6-26 – 6-31**

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Cravings Defined	Subject 6-26	Summarize paragraph.	30 Minutes 
Brain Chemistry and Cravings or Urges	Subject 6-26	Summarize three paragraphs.	
Location of Cravings in The Brain	Subject 6-26 – 6-27	Summarize three paragraphs.	
Intensity, Frequency, and Duration of Cravings	Subject 6-27	Summarize one paragraph.	
Making Cravings Better or Worse	Subject 6-27	Summarize three paragraphs.	
Take the Responsibility But Not The Blame	Subject 6-28	Summarize two paragraphs.	
Cues or Triggers	Subject 6-28	Summarize one paragraph.	
External Cues	Subject 6-28	Summarize brief paragraph.	
<b><u>To the Group:</u></b> 1. What comments do you have so far? 2. Have you experienced cravings or urges to use when you were trying not to use? 3. Did the craving drive you back to using? 4. If not, what did you do to not use?			
<b>Break</b>			10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Internal Cravings	Subject 6-29	Summarize two paragraphs.	10 Minutes 	15 Minutes 
Managing Cravings	Subject 6-29 - 6-30	Summarize one paragraph.		
Managing Mild Cravings	Subject 6-30	Summarize one paragraph.		
Managing Intense Cravings	Subject 6-30	Summarize one paragraph.		
Think It Through	Subject 6-30	1. Summarize one paragraph. 2. Name the eight strategies located in the table.		

Skill Building Exercise and Discussion - Suggestions for topic discussion:						Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<b><u>To Facilitator(s):</u></b> 1. It is recommended that any group content for group be written on the board prior to the beginning of group. 2. The remainder of time in this particular group is intended to help participants identify individual specific triggers that may produce a craving or urge to use alcohol and other drugs, and then think about ways to manage cravings when they arise. 3. One of the many sayings in recovery is “If you fail to plan – you plan to fail.” Having a plan of action <i>before</i> cravings show up is the <i>best step</i> toward managing them. <b><u>To the Group:</u></b>						 20 Minutes	 25 Minutes
Avoid Triggers of People, Places, and Things		Subject 6-28 – 6-29	1. Summarize one paragraph. 2. State the people and places in the table below that are typically dangerous to any recovering person’s recovery:				
1	DEALERS	4	USING CO-WORKERS	6	USING FAMILY MEMBERS		
2	USING FRIENDS	5	USING SEX PARTNERS	7	USING NEIGHBORS		
3	BARS	6	USING PARTIES	8	PLACES YOU BOUGHT ALCOHOL OR DRUGS		
Slippery People, Places, Things, and Situations		Subject 6-29	1. Summarize one paragraph. 2. Draw the graphic or go over the information in the graphic shown below:				
1	SLIPPERY PEOPLE	1. _____	2. _____	3. _____			
2	SLIPPERY PLACES	1. _____	2. _____	3. _____			
3	SLIPPERY THINGS	1. _____	2. _____	3. _____			
4	SLIPPERY SITUATIONS	1. _____	2. _____	3. _____			
1. Remember triggers are a reaction in the brain; they are not the result of any weakness in a person. 2. What “people” do you personally have in your life that might be triggers to cravings? 3. What “places” do you personally have in your life that might be triggers to cravings? 4. What “things” do you personally have in your life that might be triggers to cravings? 5. What will you do the next time you are around these specific triggers? 6. Can you avoid any of these triggers all together – at least during early recovery?							

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Skill Building Exercise and Discussion - Suggestions for topic discussion: continued				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing										
Get Busy and Do Something – Anything – Except Use	Subject 6-30	1. Summarize one paragraph. 2. Briefly summarize the information found in the table for continued discussion:		Continued  	Continued  										
<table><tr><td>1</td><td>TALK WITH A SUPPORT PERSON</td><td>4</td><td>GET SOMETHING TO EAT</td></tr><tr><td>2</td><td>GET BUSY TO DISTRACT YOURSELF</td><td>5</td><td>LEAVE THE SITUATION</td></tr><tr><td>3</td><td>SPECIFIC MENTAL OR PHYSICAL DISTRACTIONS</td><td>6</td><td>GET SUPPORT</td></tr></table>		1	TALK WITH A SUPPORT PERSON			4	GET SOMETHING TO EAT	2	GET BUSY TO DISTRACT YOURSELF	5	LEAVE THE SITUATION	3	SPECIFIC MENTAL OR PHYSICAL DISTRACTIONS	6	GET SUPPORT
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3	SPECIFIC MENTAL OR PHYSICAL DISTRACTIONS	6	GET SUPPORT												
1. The next time you experience an urge to use alcohol and other drugs or engage in an activity addiction like gambling – which of the examples from the table will you do to manage the craving or urge? 2. Are there other things you can do to help you to manage a craving that have helped before? 3. Where will you get support right away? 4. Now that you have decided on a plan, what are the specifics? a. What support person will you talk to? b. What will you do to distract yourself? c. What mental distractions will you do? d. What physical distractions? e. What foods will you keep with you at all times that have protein? Peanuts? Packet of cheese and cracker? What? f. Can you give yourself permission to leave a slippery situation? Leave the family gathering? Leave the store? g. What situation would you personally need to leave to protect 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											
“Paper Work”				Time-Frame											
Group participants fill out Group Notes.				5 Minutes											
Group Closure				Time-Frame											
1. Suggestion: Read “George’s” Recovery Story on page subject 6-31 (by the way this is a true story) for a positive closure, or 2. Ask each group member to name the top two ways they will manage a craving the next time one occurs, or 3. Read or ask a group member to read a positive message of your choice.				5 Minutes											