

Culture, Family, Gender, and Relapse & Personal Identification of External Relapse Triggers

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.


Culture, Family, Gender, and Relapse & *Personal* Identification of *External* Relapse Triggers



Volume II; Subject Eight; Pages: Subject 8-26 – 8-31



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"> 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:</u></p> <p>There are a number of important areas to cover when it comes to preventing relapse. In fact, it could be said that actually <i>all</i> treatment is about preventing relapse or the recurrence of symptoms. Today we will talk first about the areas of culture, family, and gender as they relate to relapse.</p> <p>Second, we will talk about identifying your <i>personal</i> external relapse triggers of people, places, things, events, and situations. Remember <i>triggers</i> are triggers to relapse because they actually <i>trigger</i> a response in the addiction pathway of the brain. In substance dependence the addiction pathway becomes <i>conditioned</i> to specific cues in the environment. Brain studies show that the addiction pathway is blue when it is resting or inactive. Then when a person is around a trigger in the environment that triggers their particular brain – like a bottle for a person with alcoholism or pipe for someone who smoked drugs or even driving to a casino for a person with a gambling addiction – the addiction pathway becomes activated and turns red. At that point it is much, <i>much</i> more difficult to say no to alcohol, other drugs, or addictive behaviors like gambling. The person is now at even greater risk for a relapse.</p> <p>Willpower will not completely protect a person from this increased risk of relapse once the brain “lights up” from a trigger. Where willpower does come in is by <i>staying away</i> from triggers. This is particularly true in early recovery.</p> <p>Identifying and avoiding triggers will help strengthen recovery. In time, a person may be able to be around people, places, or things – but in early recovery the risk is simply too great. Identifying these external triggers is the first important step and will be our focus in this group.</p>	5 Minutes 

Culture, Family, Gender, and Relapse & Personal Identification of External Relapse Triggers; Volume II; Subject Eight; Pages: Subject 8-26 – 8-31

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame												
Culture, Family, Gender, and Relapse	Subject 8-26	Summarize two paragraphs.	30 Minutes 												
Educating The Family About The Relapse Process	Subject 8-26	Summarize three paragraphs.													
Relapse Prevention Means Engaging the Family in The Process	Subject 8-27	Summarize six paragraphs.													
Don't Let Your Family Get to You	Subject 8-28	Summarize two paragraphs.													
Asking Family and Other Supportive People For Feedback	Subject 8-28	Summarize two paragraphs.													
Celebrating Recovery With Your Family	Subject 8-28	Summarize two paragraphs.													
Women and Relapse	Subject 8-29	Summarize two paragraphs.													
Lack of Support For Women Compared to Men	Subject 8-29	Summarize one paragraph.													
Relationship Challenges	Subject 8-29 – 8-30	Summarize four paragraphs.													
Sexual Abuse and Relapse	Subject 8-30	Summarize two paragraphs.													
Relapse Triggers Specific to Women	Subject 8-30	Summarize information in table.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 35%; text-align: center;">ABORTION</td> <td style="width: 5%; text-align: center;">4</td> <td style="width: 55%; text-align: center;">CHILDREN TAKEN AWAY</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">MISCARRIAGE</td> <td style="text-align: center;">5</td> <td style="text-align: center;">DISLIKING MOTHERHOOD</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">CHILDREN GIVE UP</td> <td></td> <td></td> </tr> </tbody> </table>				1	ABORTION	4	CHILDREN TAKEN AWAY	2	MISCARRIAGE	5	DISLIKING MOTHERHOOD	3	CHILDREN GIVE UP		
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3	CHILDREN GIVE UP														
Relapse Prevention and Women	Subject 8-30 – 8-31	Summarize three paragraphs.													
Skill Building Exercise and Discussion - Suggestions for topic discussion:															
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What comments do you have? 2. Does your culture have particular views about relapse? 3. How are things going with your family? Do they have specific views on relapse? 4. Has your family received any education about substance disorders? Do they realize how difficult it is? 															

Skill Building Exercise and Discussion - Suggestions for topic discussion: (continued)	Time-Frame
<p><u>To the Group: continued</u></p> <ol style="list-style-type: none"> 5. Is there something you feel your family needs to <i>do</i> to help support you? Or something they should <i>do less</i> of to show their support? 6. Women have gender specific challenges in their recovery. They also have gender specific challenges about relapse. How do you relate to this? Or what are your comments? 7. Have the women in group experienced relationship challenges in your recovery? 8. Have the women in group developed relationships with other women in recovery? Do you have “sisters” in recovery? 9. If you do, how did you create those relationships? How do you benefit from these friendships with other women? 10. If not, would you like to develop a friendship with another female in recovery? How would you go about doing that? What would be your first step? 	<p>continued</p> 
Break	10 Minutes

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"> 1. The one page handout for this group is the “<i>Personal Identification of External Relapse Triggers</i>” located at the back of Subject Eight. 2. First, summarize the three paragraphs found in the handout. 3. A group exercise can be done in one of several ways: <ol style="list-style-type: none"> a. Make a handout for each group member to write on during the discussion, <i>or</i> b. Make a transparency for discussion from an overhead, <i>or</i> c. Put the four areas on the board for group interaction and discussion: <ol style="list-style-type: none"> (1) <i>Slippery</i> People for Me are: _____ (2) <i>Slippery</i> Places for Me are: _____ (3) <i>Slippery</i> Things, Events, or Situations for Me are: _____ 4. Refer to the handout for examples of the three areas above to help with group participation. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. We will now discuss your “<i>Personal Identification of External Relapse Triggers.</i>” 2. As you brainstorm as a group, please take notes (or fill in your handout) of the triggers that apply to you personally. 3. Will someone give an example of a <i>person</i> or <i>people</i> (for example: my best friend) that are slippery or a risk for you because they might put your recovery in jeopardy – for either a Substance or a Psychiatric Disorder? Who relates to this? Will someone else share another <i>person</i> or <i>people</i> that are slippery for them personally? Who relates to that slippery <i>person</i>? Who else has a slippery <i>person</i> to share? 	<p>30 Minutes</p> 	<p>40 Minutes</p> 

Skill Building Exercise and Discussion - Suggestions for topic discussion: continued	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p>To the Group: continued</p> <ol style="list-style-type: none"> 4. How will you protect your recovery from these <i>people</i> that are slippery for you personally? What steps will you take? What will you do first? 5. Will someone give an example of a <i>place</i> or <i>places</i> (for example: the lake because I always drank when I went to the lake or the grocery store because I always buy my alcohol there) that are slippery or a risk for you because it might put your recovery in jeopardy – for either a Substance or a Psychiatric Disorder? Who relates to this? Will someone else share another <i>place</i> or <i>places</i> that are slippery for them personally? Who relates to that slippery <i>place</i> or <i>places</i>? Who else has a slippery <i>place</i> or <i>places</i> to share? 6. How will you protect your recovery from these <i>places</i> that are slippery for you personally? What steps will you take? What will you do first? 7. Will someone give an example of a <i>thing</i> or <i>things</i> (for example: money) that are slippery or a risk for you because it might put your recovery in jeopardy – for either a Substance or a Psychiatric Disorder? Who relates to this? Will someone else share another <i>thing</i> or <i>things</i> that are slippery for them personally? Who relates to that slippery <i>thing</i> or <i>things</i>? Who else has a slippery <i>thing</i> or <i>things</i> to share? 8. How will you protect your recovery from these <i>things</i> that are slippery for you personally? What steps will you take? What will you do first? 9. Will someone give an example of an <i>event</i> or <i>events</i> (for example: family reunion) that are slippery or a risk for you because it might put your recovery in jeopardy – for either a Substance or a Psychiatric Disorder? Who relates to this? Will someone else share another <i>event</i> or <i>events</i> that are slippery for them personally? Who relates to that slippery <i>event</i> or <i>events</i>? Who else has a slippery <i>event</i> or <i>events</i> to share? 10. How will you protect your recovery from these <i>events</i> that are slippery for you personally? What steps will you take? What will you do first? 11. Will someone give an example of a <i>situation</i> or <i>situations</i> (for example: someone being angry at you or being under stress or feeling overwhelmed) that are slippery or a risk for you because it might put your recovery in jeopardy – for either a Substance or a Psychiatric Disorder? Who relates to this? Will someone else share another <i>situation</i> or <i>situations</i> that are slippery for them personally? Who relates to that slippery <i>situation</i> or <i>situations</i>? Who else has a slippery <i>situation</i> or <i>situations</i> to share? 12. How will you protect your recovery from these <i>situations</i> that are slippery for you personally? What steps will you take? What will you do first? 	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p> 	<p style="text-align: center;">↓</p> <p style="text-align: center;">continued</p> 
Crisis Processing	Time-Frame	
<ol style="list-style-type: none"> 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. 	<p>10 Minutes</p>	

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“Paper Work”	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
<p>Recommended inspirational reading for this group is the true story of “STEVE’S DIVINE INTERVENTION EXPERIENCE.” This story is actually located on Subject 8-61. It is written here in its entirety so you don’t have to refer to page Subject 8-61.</p> <p style="text-align: center;">“STEVE’S DIVINE INTERVENTION EXPERIENCE”</p> <p>Steve attended a 28-day inpatient treatment program. When he returned home he didn’t use for a month. Slowly not attending meetings or getting a sponsor caught up with him. The thought of relieving the depression he felt because of his isolation by using cocaine drowned out all the motivation he had felt in treatment. He went to his dealer’s house to make a buy. Several of the people he used to get high with were at the dealer’s house. Knowing he had been in treatment, they thought he was now a Narc (Narcotic’s Officer) and they began beating the daylights out of him – for real. Steve was hurt badly and it was all he could do to crawl out the front door and get himself to the hospital. After this terrible experience, Steve believed his Higher Power had saved him three times...first from the addiction, then from a relapse, and finally from being beaten to death. He was released from the hospital after two weeks and started working his program with earnest, attending meetings, getting a sponsor, and sharing his story of a Divine Intervention with others.</p>	<p style="text-align: center;">10 Minutes</p> 