

Discovering The Brain Chemistry of Cravings, Managing Cravings, & Developing Refusal Skills

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. Positive beginnings can include:

1. Reading the Thought For The Day from a meditation book. (Note: The daily meditation book *Easy Does It* also has an index of topics at the end of the book. This is helpful in choosing a specific reading to fit with the topics presented in group.)
 2. AA Slogan(s) with brief explanation or AA/NA/Dual Recovery inspirational reading.
 3. Inspirational or humorous curriculum handout reading from THE BASICS.
 4. Deep breathing or stretching exercise.
 5. Each person telling the group one thing they are grateful for.
 6. Each group member mentioning one positive thing they did that contributed to their recovery.
- * Recommended Beginning: Breathing Exercise (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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Volume II; Subject Four; Pages: Subject 4-31 – 4-35

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>Just because a person understands that Substance <i>Dependence</i> Disorders are disorders of the brain and even when a person really, <i>really</i> wants recovery – it doesn't mean they won't want to <i>use</i>. And just because a person understands that a Substance Abuse Disorder has caused them problems and they don't want those problems to happen ever, ever again – doesn't mean they won't <i>want</i> to use to excess – putting themselves at jeopardy of even <i>more</i> problems. And just because a person with a Gambling Addiction wants desperately to stop – it doesn't mean they won't have urges to gamble.</p> <p>Cravings, urges, temptations, or thoughts about using are a natural part of all Substance Use Disorders and other addictions like Gambling Addiction. Cravings may range from very uncomfortable to very intense for a person with a Substance <i>Dependence</i> Disorder. For others – perhaps for those with a Substance <i>Abuse</i> Disorder – cravings may be more of a passing thought or a minor discomfort.</p> <p>The challenge is to find ways to manage urges, temptations, or cravings to use or engage in the addictive behavior. Developing refusal skills is another way of managing temptations or cravings. Today we will talk about understanding the brain chemistry of cravings, ways to manage cravings, and developing refusal skills.</p>	5 Minutes 

Discovering The Brain Chemistry of Cravings, Managing Cravings, & Developing Refusal Skills; Volume II; Subject Four; Pages: Subject 4-31 - 4-35

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																					
Cravings to Use Alcohol and Drugs	Subject 4-31	Summarize five paragraphs.	30 Minutes																					
Denying a Craving Is a Mistake	Subject 4-31 – 4-32	Summarize three paragraphs.																						
Cravings Are The Result of Brain Chemistry	Subject 4-32	Summarize four paragraphs.																						
Conditioned Response Leads To a Craving	Subject 4-32 – 4-33	1. Summarize three paragraphs. 2. Illustrate and explain GRAPHIC ONE below.																						
<p>GRAPHIC ONE</p> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">Pavlov's Dogs Response</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Meat</td> <td style="width: 30%; text-align: center;">→</td> <td style="width: 40%;">Mouth Waters</td> </tr> <tr> <td>Meat + Bell</td> <td style="text-align: center;">→</td> <td>Mouth Waters</td> </tr> <tr> <td>Bell</td> <td style="text-align: center;">→</td> <td>Mouth Waters</td> </tr> <tr> <td colspan="3" style="padding: 10px 0 0 0;">Addictive Response = Craving for Alcohol or Drugs</td> </tr> <tr> <td>Drug</td> <td style="text-align: center;">→</td> <td>Craving</td> </tr> <tr> <td>Drug + Trigger</td> <td style="text-align: center;">→</td> <td>Craving</td> </tr> <tr> <td>Trigger</td> <td style="text-align: center;">→</td> <td>Craving</td> </tr> </table> <p style="text-align: right; font-size: small;">(Roberts et al., 1999)</p> </div>				Meat	→	Mouth Waters	Meat + Bell	→	Mouth Waters	Bell	→	Mouth Waters	Addictive Response = Craving for Alcohol or Drugs			Drug	→	Craving	Drug + Trigger	→	Craving	Trigger	→	Craving
Meat	→	Mouth Waters																						
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Drug	→	Craving																						
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Trigger	→	Craving																						
Physical Response To a Craving or Urge To Use	Subject 4-33	State the information in the table below.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-radius: 15px; padding: 5px;">Heart Palpitations</td> <td style="border-radius: 15px; padding: 5px;">Elevated Blood Pressure</td> <td style="border-radius: 15px; padding: 5px;">Rapid Pulse & Sweating</td> <td style="border-radius: 15px; padding: 5px;">Shortness of Breath</td> </tr> </table>				Heart Palpitations	Elevated Blood Pressure	Rapid Pulse & Sweating	Shortness of Breath																	
Heart Palpitations	Elevated Blood Pressure	Rapid Pulse & Sweating	Shortness of Breath																					
Taking Responsibility For The <i>Response To The Craving</i>	Subject 4-33	Summarize three paragraphs.	↓																					

Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
<p>To the Group:</p> <ol style="list-style-type: none"> 1. Do you experience cravings to use alcohol and other drugs or engage in addictive behavior like gambling? 2. Remember, whether a person experiences a “MILD” or a “STRONG” craving doesn’t mean anything about their character or will-power. 3. The intensity of a craving or having cravings at all is the result of how strongly the brain was conditioned to respond to a trigger. 4. Do you experience mild cravings? 5. Do you experience intense cravings? 6. What helps you manage a craving to use? 7. Do you experience <i>temptations</i> more often than perhaps an actual <i>craving</i>? 8. How do you manage these? 9. Do you experience physical sensations when you have a craving? What are they? 	<p>continued</p> 
Break	10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing		
Managing Cravings Is A Healthy Choice	Subject 4-34	<ol style="list-style-type: none"> 1. There are two ways to manage a craving as shown in GRAPHIC Two below. 2. Walk the group through the progression of the two options. 	 15 Minutes	 20 Minutes		
<p>GRAPHIC TWO</p> <div style="border: 2px solid black; padding: 10px; text-align: center;"> <p>Getting Rid of a Craving to Use Alcohol and Drugs</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <p>↓</p> <p>Drink or Drug</p> <p>↓</p> <p>Leads to More Problems</p> <p>↓</p> <p>Cravings Increase With Time</p> <p>↓</p> <p>Disease Progresses</p> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <p>↓</p> <p>Learning to Manage Cravings</p> <p>↓</p> <p>Leads to Continued Abstinence</p> <p>↓</p> <p>Cravings Decline With Time</p> <p>↓</p> <p>Recovery Progresses</p> </td> </tr> </table> </div>					<p>↓</p> <p>Drink or Drug</p> <p>↓</p> <p>Leads to More Problems</p> <p>↓</p> <p>Cravings Increase With Time</p> <p>↓</p> <p>Disease Progresses</p>	<p>↓</p> <p>Learning to Manage Cravings</p> <p>↓</p> <p>Leads to Continued Abstinence</p> <p>↓</p> <p>Cravings Decline With Time</p> <p>↓</p> <p>Recovery Progresses</p>
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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																	
Managing Cravings With The Three Ds	Subject 4-34	1. Summarize one paragraph. 2. Summarize the three suggestions in TABLE ONE below. 3. Refer to the text for explanations of each.	 continued	 continued																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">TABLE ONE</td> <td style="width:15%; text-align: center;">1</td> <td style="width:30%; text-align: center;">DE-CATASTROPHIZING</td> <td style="width:15%; text-align: center;">2</td> <td style="width:30%; text-align: center;">DISPUTING EXPECTANCIES</td> <td style="width:15%; text-align: center;">3</td> <td style="width:30%; text-align: center;">DISTRACTING</td> </tr> </table>					TABLE ONE	1	DE-CATASTROPHIZING	2	DISPUTING EXPECTANCIES	3	DISTRACTING										
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“Distracting” Takes The Power Out of a Craving	Subject 4-35	1. Summarize one paragraph. 2. Discuss the information found in TABLE TWO below. 3. Summarize last paragraph.																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width:10%; text-align: center;">TABLE TWO</td> <td style="width:5%; text-align: center;">1</td> <td style="width:40%;">Exercise or go for a walk.</td> <td style="width:5%; text-align: center;">5</td> <td style="width:40%;">Call a sponsor or a support person.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Eat a healthy meal or snack.</td> <td style="text-align: center;">6</td> <td>Go to a Twelve Step Meeting.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Go somewhere else.</td> <td style="text-align: center;">7</td> <td>Distract yourself with <i>any</i> activity.</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Find someone to talk to.</td> <td style="text-align: center;">8</td> <td>Do house work, garden, or work on a hobby.</td> </tr> </table>					TABLE TWO	1	Exercise or go for a walk.	5	Call a sponsor or a support person.	2	Eat a healthy meal or snack.	6	Go to a Twelve Step Meeting.	3	Go somewhere else.	7	Distract yourself with <i>any</i> activity.	4	Find someone to talk to.	8	Do house work, garden, or work on a hobby.
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Refusal Skills	Subject 4-35	Discuss information found in the table located in the text of the five strategies for refusal skills.																			
Urges To Use and The Intensity of Cravings Lesson Over Time	Subject 4-35	Summarize one paragraph.																			
<p>Skill Building Exercise and Discussion - Suggestions for topic discussion:</p>																					
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. How would the left side of “Getting Rid of a Craving to Use Alcohol and Drugs” (GRAPHIC TWO located on the previous page) turn out for you personally? 2. How would the right side of “Getting Rid of a Craving to Use Alcohol and Drugs” (GRAPHIC TWO located on the previous page) turn out as you continued to find ways to manage thoughts, temptations, urges, or cravings? 3. Which of the three Ds (De-Catastrophizing, Disputing Expectations, Distracting) would be helpful for you in your recovery? 4. Of the eight actions listed in TABLE TWO above that help distract a person away from a craving – which would be helpful to you? 5. From the five strategies of refusal skills (located in the text) – which would be helpful to you? 6. Which of the strategies are you already doing that has helped to refuse alcohol and other drugs? 7. What skill would you add to your recovery program in the next week? 																					

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. Practicing ways to refuse alcohol and other drugs is extremely helpful. When a person practices saying “no” they are already <i>much better prepared</i> for when the time comes that they need these skills. 2. You can ask group members to practice refusal skills in several ways. You can choose one from the following suggestions. 3. In each practice suggestion you would ask group members to alternate roles until everyone has had the chance to personally experience refusing alcohol and other drugs or addictive behaviors like gambling. <p><u>Practice Suggestion One:</u></p> <ol style="list-style-type: none"> 1. Ask a group member to volunteer to practice refusal skills. For example: (“No, I don’t want any ____.” “No.” etc.) 2. Ask other group members to offer statements. For example: (“Oh come on, you’re more fun when you use.” Or, “You never had a real problem with alcohol only with meth.” Or, “Aren’t you taking this treatment thing too far.” “They’ll never know.”) <p><u>Practice Suggestion Two:</u></p> <ol style="list-style-type: none"> 1. Ask a group member to tell the group about the person it’s the hardest to refuse alcohol and other drugs to and what they say. For example: (“My sister is always telling me she wants me to party with her because ____.”) 2. Ask group members to say the same or similar things to the person and ask the group member to practice responding with refusal statements. For example: (“We can go to ____ but I won’t party with you.” “Please respect my decision to not use.” “I can’t be around you for a while because I always end up using with you.”, etc) <p><u>Practice Suggestion Three:</u></p> <ol style="list-style-type: none"> 1. What person is the hardest for you to refuse alcohol and other drugs to? Sister? Brother? Best friend? 2. What do they say that is the most difficult for you to say “no” to? We always had so much fun partying.., etc. 3. What do you tell yourself that might contribute to you saying “yes?” For example: (For example: “They won’t like me anymore.” “They’ll think I’m a _____ for not using” “They won’t give me a ride or do _____ for me if I don’t use with them.”) 4. What might you say to yourself that will be more helpful? For example: (For example: “The people who don’t support me aren’t my true friends anyway.” “They will get used to me not using in time, they are just threatened by me changing.” “I have to do what is best for me, even if some people don’t like it.”) 	<p style="text-align: center;">15 Minutes</p> 	<p style="text-align: center;">20 Minutes</p> 

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Crisis Processing	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<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. 	10 Minutes	continued 
Group “Paper Work”		Time-Frame
Group participants fill out Group Notes.		5 Minutes
Group Closure		Time-Frame
<p>The recommended INSPIRATIONAL HANDOUT is the “<i>Which Place?</i>” which is located at the back of Subject Four. Presentation suggestions include:</p> <ol style="list-style-type: none"> 1. Read the handout aloud to the group, <i>or</i> 2. Hand a copy to a group member and ask a person to read aloud to the group, <i>or</i> 3. Give a copy of the handout to each group member for them to take home and to read in group. 		5 Minutes 