

Identifying Psychiatric Relapse Triggers and Warning Signs of a Recurrence of Symptoms

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.

Identifying Psychiatric Relapse Triggers or Warning Signs of a Recurrence of Symptoms

Volume II; Subject Eight; Pages: Subject 8-22 – 8-26


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"> 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"> Ask the group members to tell the group their name. Welcome any group members who are new to this group or phase. Crisis Processing (when requested and optional): <ol style="list-style-type: none"> 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. 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>It's important to pay close attention to psychiatric symptoms and keep track of changes. The earlier the warning signs are noticed and caught, the better chance a person has to take action before psychiatric symptoms become severe. Many times, a change in medication or therapy can help reduce or stop symptoms. In some cases, a person may have to return to the hospital in order to get back on the right track (Daley & Montrose, 1993). (Subject 8-22)</p> <p>Just <i>identifying</i> relapse triggers or symptoms that might be <i>warning signs</i> of a recurrence of symptoms – like depression – are essential for the recovery of Psychiatric Disorders. In fact, knowing the warning signs for the return of <i>any</i> chronic illness or disorder – like diabetes – <i>is crucial</i> in maintaining physical and mental health. Another point to remember is that <i>untreated psychiatric symptoms and disorders</i> is the number <i>one</i> cause of relapse of a substance disorder. So whether a person has a diagnosed psychiatric disorder or <i>not</i>, it's <i>tremendously</i> important to notice and <i>identify</i> symptoms in the areas of physical sensations, emotional symptoms, cognitive or thinking symptoms, and behavioral symptoms because these can signal an increased risk for a relapse of a Substance Dependence Disorder.</p> <p>In other words, we will be talking about – for example – the behavioral warning signs for Schizophrenia which includes “Letting Up On Disciplines.” That means stopping <i>any</i> of the behaviors recommended for recovery of that specific disorder like treatment, meetings, medication, etc. For individuals in this group that don't have Schizophrenia – they can still relate to a warning sign of “Letting Up on Disciplines” as it applies to their own disorder. For instance, depressive attitude is another warning sign for Schizophrenia – yet when not identified and then not treated – depression can lead to relapse for substance disorders as well. Identifying individual triggers or warning signs is an actual <i>skill</i> in recovery and is our topic for today.</p>		5 Minutes 

Identifying Psychiatric Relapse Triggers or Warning Signs of a Recurrence of Symptoms; Volume II; Subject Eight; Pages: Subject 8-22 – 8-26

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions				Time- Frame																		
<u>To the Facilitator(s):</u> 1. You may need additional time to discuss the <u>Introduction of the Group Topic and Why It’s Important</u> on the previous page. 2. Identifying the relapse symptoms of <i>specific Psychiatric Disorders</i> is extremely important yet seldom – if ever – actually listed or discussed. 3. At the same time, it’s helpful for each group member to understand that these warning signs – while specific to each of these Psychiatric Disorders – are typically important to other disorders as well. For example, the “reduction in attention to grooming” – which is a potential sign of recurrence of symptoms for a person with Schizophrenia – can also be a risk sign for a Major Depression recurrence and/or a Substance Disorder relapse.						15 Minutes 																		
Schizophrenia Relapse Triggers or Warning Signs of a Recurrence of Symptoms	Subject 8-22 – 8-23	1. Summarize one paragraph. 2. Identify warning signs of a recurrence of symptoms of Schizophrenia from the categories in the table listed below. 3. Descriptions of each are located in the text.																						
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Skill Building Exercise and Discussion – Suggestions for topic discussion:																								
<u>To the Group:</u> 1. What symptoms <i>might be</i> or <i>have been</i> triggers for a relapse or recurrence of symptoms of Schizophrenia? 2. Do you notice changes in your mood? Changes in sleep or eating? Do you tend to isolate? Others? 3. Is there one of these symptoms or even a <i>single behavior</i> that you might notice <i>first</i> before anything else is apparent? 4. Even something that might not seem significant – like closing the curtains in your room – can be important to pay attention to <i>if</i> it signals the beginning of the return of more noticeable or serious symptoms.																								

Identifying Psychiatric Relapse Triggers or Warning Signs of a Recurrence of Symptoms; Volume II; Subject Eight; Pages: Subject 8-22 – 8-26





Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																							
Bipolar Disorder Relapse Triggers or Warning Signs of a Recurrence of Symptoms	Subject 8-23 – 8-24	1. Summarize one paragraph. 2. Identify warning signs of a recurrence of symptoms of a Bipolar Disorder from the categories in the table below. 3. Descriptions of each are located in the text.	15 Minutes																							
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Skill Building Exercise and Discussion – Suggestions for topic discussion:																										
<p>To the Group:</p> <ol style="list-style-type: none">What symptoms <i>might be</i> or <i>have been</i> triggers for a relapse or recurrence of symptoms for a Bipolar Disorder?Do you notice a lowered ability to cope with upsetting feelings? Major disruption in sleep? Others?Is there one of these symptoms or even a <i>single behavior</i> that you might notice <i>first</i> before anything else is apparent?Even something that might not seem significant – like being unusually annoyed with others – can be important to pay attention to <i>if</i> it signals the beginning of the return of more noticeable or serious symptoms.																										
Break																										



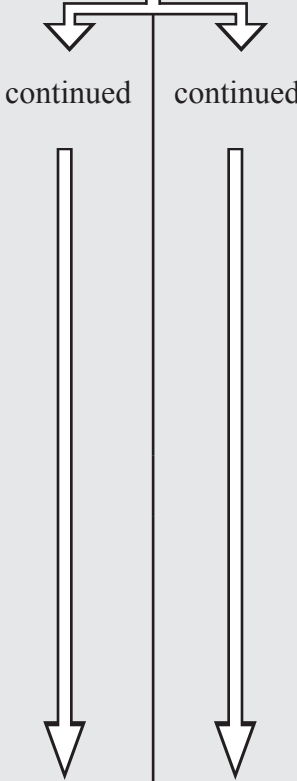
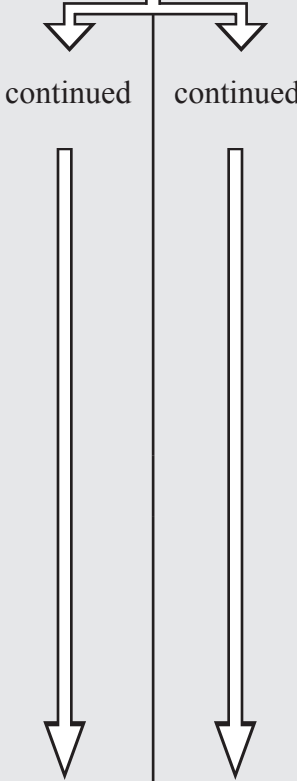
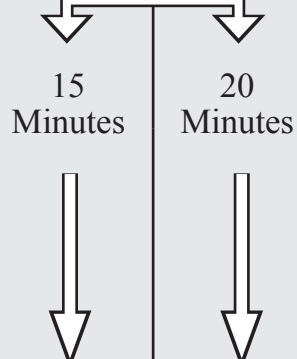
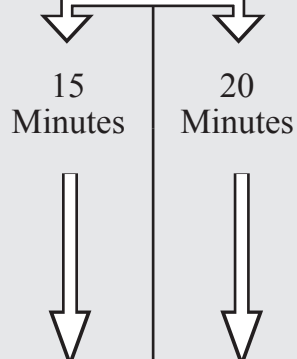
10 Minutes



Identifying Psychiatric Relapse Triggers or Warning Signs of a Recurrence of Symptoms; Volume II; Subject Eight; Pages: Subject 8-22 – 8-26

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																		
Manic Episode Relapse Triggers or Warning Signs of a Recurrence of Symptoms	Subject 8-24 – 8-25	1. Summarize one paragraph. 2. Identify warning signs or a recurrence of symptoms of a Manic Episode from the categories in the table below. 3. Descriptions of each are located in the text.				 15 Minutes	 20 Minutes																		
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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions																							
To the Group: 1. What symptoms <i>might be</i> or <i>have been</i> triggers for a relapse or recurrence of symptoms of a Manic Episode? 2. Do you notice feeling too excited? Racing thoughts or flight of ideas? Grandiose thoughts? Others? 3. Is there one of these symptoms or even a <i>single behavior</i> that you might notice <i>first</i> before anything else is apparent? 4. Even something that might not seem significant – like being overly generous with others – can be important to pay attention to <i>if</i> it signals the beginning of the return of more noticeable or serious symptoms.																									
Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions																							
Depressive Episode Relapse Triggers or Warning Signs of a Recurrence of Symptoms	Subject 8-25	1. Summarize one paragraph. 2. Identify warning signs of a recurrence of symptoms of a Depressive Episode from the categories in the table on the next page. 3. Descriptions of each are located in the text.																							

Identifying Psychiatric Relapse Triggers or Warning Signs of a Recurrence of Symptoms; Volume II; Subject Eight; Pages: Subject 8-22 – 8-26

Psychoeducation Part II: Topics & Focus (continued)		Pages & Location	Presentation Suggestions		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing	
PHYSICAL SENSATIONS	EMOTIONAL AND COGNITIVE/ THINKING SYMPTOMS		BEHAVIORAL SYMPTOMS				
	FATIGUE		HELPLESSNESS				
	SLEEP DISTURBANCES	HOPELESSNESS		LOW MOTIVATION			
		DEPRESSION		ENJOYING ACTIVITIES LESS THAN USUAL			
		EXCESSIVE FEARS		DECREASED EFFICIENCY			
		LOW SELF-ESTEEM OR SELF-WORTH					
		SUICIDAL THOUGHTS					
Skill Building Exercise and Discussion – Suggestions for topic discussion:							
To the Group:							
1. What symptoms <i>might be</i> or <i>have been</i> triggers for a relapse or recurrence of symptoms for Major Depression or a Depressive Episode of a Bipolar Disorder?							
2. Do you notice feeling more fatigue? Feeling hopeless? Excessive fears? Low motivation? Others?							
3. Is there one of these symptoms or even a <i>single behavior</i> that you might notice <i>first</i> before anything else is apparent? Even something that might not seem significant – like cancelling activities with others – can be important to pay attention to <i>if</i> it signals the beginning of the return of more noticeable or serious symptoms.							
Psychoeducation Part II: Topics & Focus (continued)		Pages & Location	Presentation Suggestions		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing	
Anxiety Disorder Relapse Triggers or Warning Signs of a Recurrence of Symptoms		Subject 8-25 – 8-26	1. Summarize one paragraph. 2. Identify warning signs of a recurrence of symptoms of an Anxiety Disorder from the categories in the table below. 3. Descriptions of each are located in the text.				
		PHYSICAL SYMPTOMS	EMOTIONAL SYMPTOMS				
		CHANGES IN APPETITE	EXCESSIVELY FEARFUL				
		RESTLESSNESS	ANGER				
			ANXIETY				

Identifying Psychiatric Relapse Triggers or Warning Signs of a Recurrence of Symptoms; Volume II; Subject Eight; Pages: Subject 8-22 – 8-26

Skill Building Exercise and Discussion – Suggestions for topic discussion:		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: 1. What symptoms <i>might be</i> or <i>have been</i> triggers for a relapse or recurrence of symptoms for and Anxiety Disorder? 2. Do you notice changes in appetite? Restlessness? Feeling excessively fearful? Anger? Others? 3. Is there one of these symptoms or even a <i>single behavior</i> that you might notice <i>first</i> before anything else is apparent? 4. Even something that might not seem significant – like difficulty relaxing – can be important to pay attention to <i>if</i> it signals the beginning of the return of more noticeable or serious symptoms.		<div>continued</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> 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