

Personal Identification of Relapse and Crisis Internal 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.

Personal Identification of Relapse and Crisis *Internal Triggers*

Volume II; Subject Eight; Pages: Handout Packet

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 interpersonal 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 style="text-align: center;"><i>When did Noah build the Ark? Before the flood!</i> (Universal Studios, Robert Redford, Spy Game, 2001)</p> <p>Everything you learn in treatment is about reaching the point of making a commitment to change behavior and then being able to maintain that behavior change. In other words, it's about abstinence or harm reduction with a Substance Use Disorder and getting to a point of stability with a Psychiatric Disorder by doing certain things in order to get there. The rest is about <i>staying</i> there, which is focused on preventing a relapse or recurrence of symptoms.</p> <p><i>Anyone</i> in recovery is <i>prone</i> to relapse. To assume and simply hope it will not occur is not helpful. If you want to <i>protect</i> your recovery, you must take a <i>proactive</i> stance (Black, 1999). Proactive means taking action <i>before</i> a relapse. This applies to everything of value. You don't get insurance on the house after it has burned to the ground, and you don't put sunscreen on after you've been burned. Even regular dental and physical checkups are all about prevention.</p> <p>A relapse prevention plan must include identifying your personal <i>internal</i> triggers that can lead to relapse or a crisis. Internal triggers come from different <i>internal</i> factors like feelings, emotions, thoughts, or physical sensations. Identification of what may be a risk for a relapse or reoccurrence of symptoms, or a crisis is the first step in creating a plan of solutions before the trigger appears. Developing a plan for <i>internal</i> triggers is our topic today.</p>	5 Minutes 

Personal Identification of Relapse and Crisis *Internal Triggers*; Volume II; Subject Eight; Pages: Handout Packet

Skill Building Exercise and Discussion - Suggestions for topic discussion:

Time-
Frame

To the Facilitator(s):

1. It's recommended that any group content for each group be written on the board prior to the beginning of group whenever possible.
2. The four page handout for this group is "*Personal Identification of Internal Triggers That Can Lead to Relapse or a Crisis*" located at the back of Subject Eight.
3. There are different ways you can cover/discuss the four pages of this handout. A few examples include:
 - a. Verbally go over the information on each page of "*Personal Identification of Internal Triggers That Can Lead to Relapse or a Crisis*" asking for input/discussion while group members take notes of what is relevant to them personally, *or*
 - b. Discuss the different sections of the handout by putting the main sections on the board shown in TABLE ONE below and TABLE Two on the next page, *or*
 - c. Make a copy of the four pages of the handout for each group member to write on during the discussion and to also have as additional information to take home with them. Ask group members to check/write on their plan what applies to them personally.
4. Rather than having the group be silent while each group member reads their four page handout – it's recommended that you make this a group discussion with an interaction of ideas so there isn't any non-interactive time throughout the group.
5. Ask group members to randomly (or in sequence) read one of the twenty examples of internal triggers and the description one at a time – followed by the discussion of each – until all have been read.

To the Group:

1. Today we will have a group discussion on "*Personal Identification of Internal Triggers That Can Lead to Relapse or a Crisis.*"
2. The goal for today's group is to have your "*Personal Identification of Internal Triggers That Can Lead to Relapse or a Crisis*" completed by the end of the group.
3. During our group discussions – when we go over each of the internal triggers – will each of you check off and take notes or say out loud the information that applies to each of you personally.
4. Your plan will consist of triggers that you have as well as things you will hear from other group members that you also relate to.
5. Each of the areas of internal triggers will be discussed so every person can benefit from the ideas of others in the group and the group can benefit from your ideas.
6. You are also encouraged to name any other personal internal triggers that may not be included in today's discussions/handout.
7. This is also a great time to *give support to* others as well as *gain support from* others.
8. Let's discuss the first twelve internal triggers.

(Note: This discussion of the first twelve internal triggers will continue after the break)

TABLE ONE	1	EXHAUSTION	5	BEATING YOURSELF UP	9	NOT TAKING MEDICATIONS AS PRESCRIBED
	2	ARGUMENTATIVENESS	6	"IT CAN'T HAPPEN TO ME"	10	OVERCONFIDENCE
	3	DISHONESTY	7	SELF-PITY AND VICTIM THINKING	11	COCKINESS
	4	COMPLACENCY	8	EXPECTING TOO MUCH FROM OTHERS	12	DEPRESSION



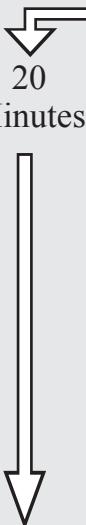
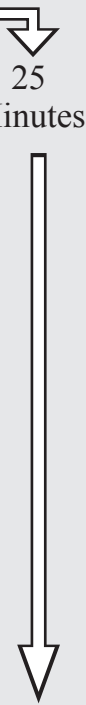
Break

10
Minutes


30
Minutes



Personal Identification of Relapse and Crisis *Internal Triggers*; Volume II; Subject Eight; Pages: Handout Packet

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> Continue discussions of each of the first twelve examples of internal relapse triggers from the previous page.</p> <p><u>To the Group:</u></p> <ol style="list-style-type: none">1. What comments do you have?2. From the twelve internal triggers we have just discussed, which three are ones that would be internal triggers for you personally?3. Solutions are listed with each of these – what will work for you personally?4. What other solutions would work for you?5. What internal triggers have you already been successful in coping with in your recovery?6. What other solutions would you need to put in place or improve on when you experience these internal triggers?				 <p>10 Minutes</p>	 <p>15 Minutes</p>	
Skill Building Exercise and Discussion - Suggestions for topic discussion:				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing	
TABLE Two	13	DEVALUING	17	IMPATIENCE, FRUSTRATION, ANXIETY, ANGER	 <p>20 Minutes</p>	 <p>25 Minutes</p>
	14	WANTING TOO MUCH	18	LETTING UP ON DISCIPLINES		
	15	SUBTLE SETUPS OR SABOTAGING	19	FORGETTING GRATITUDE		
	16	OMNIPOTENCE	20	YOU HAVE THE KEYS		
	<p><u>To the Group:</u></p> <ol style="list-style-type: none">1. What comments do you have?2. From the eight internal triggers we have just discussed, which three are ones that would be internal triggers for you personally?3. Solutions are listed with each of these – what will work for you personally?4. What other solutions would work for you?5. What internal triggers have you already been successful in coping with in your recovery?6. What other solutions would you need to put in place or improve on when you experience these internal triggers?7. Excellent job – where can you put your list of the internal triggers and your solutions for easy reminders?					
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>		

Personal Identification of Relapse and Crisis *Internal Triggers*; Volume II; Subject Eight; Pages: Handout Packet

Group “Paper Work”	Time-Frame		
Group participants fill out Group Notes.	5 Minutes		
Group Closure	Time-Frame		
<p>The recommended inspirational reading for this group is the INSPIRATIONAL HANDOUT “<i>Positively Negative</i>.” This handout is actually located at the back of Subject Three. It is written here in its entirety so you don’t need to refer to Subject Three.</p> <p style="text-align: center;">POSITIVELY NEGATIVE</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>We drank for happiness and became unhappy.</p> <p>We drank for joy and became miserable.</p> <p>We drank for sociability and became argumentative.</p> <p>We drank for sophistication and became obnoxious.</p> <p>We drank for friendship and made enemies.</p> <p>We drank for sleep and awakened without rest.</p> <p>We drank for strength and felt weak.</p> <p>We drank “medicinally” and acquired health problems.</p> </td><td style="width: 50%; vertical-align: top;"> <p>We drank for relaxation and got the shakes.</p> <p>We drank for bravery and became afraid.</p> <p>We drank for confidence and became doubtful.</p> <p>We drank to make conversation easier and slurred our speech.</p> <p>We drank to forget and were forever haunted.</p> <p>We drank for freedom and became slaves.</p> <p>We drank to erase problems and saw them multiply.</p> <p>We drank to cope with life and invited death.</p> </td></tr> </table> <p style="text-align: right;">Author Unknown</p>	<p>We drank for happiness and became unhappy.</p> <p>We drank for joy and became miserable.</p> <p>We drank for sociability and became argumentative.</p> <p>We drank for sophistication and became obnoxious.</p> <p>We drank for friendship and made enemies.</p> <p>We drank for sleep and awakened without rest.</p> <p>We drank for strength and felt weak.</p> <p>We drank “medicinally” and acquired health problems.</p>	<p>We drank for relaxation and got the shakes.</p> <p>We drank for bravery and became afraid.</p> <p>We drank for confidence and became doubtful.</p> <p>We drank to make conversation easier and slurred our speech.</p> <p>We drank to forget and were forever haunted.</p> <p>We drank for freedom and became slaves.</p> <p>We drank to erase problems and saw them multiply.</p> <p>We drank to cope with life and invited death.</p>	<p>5 Minutes</p> 
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