

Preventing a Recurrence of Symptoms & Identifying Substance Dependence Relapse Warning Signs

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.


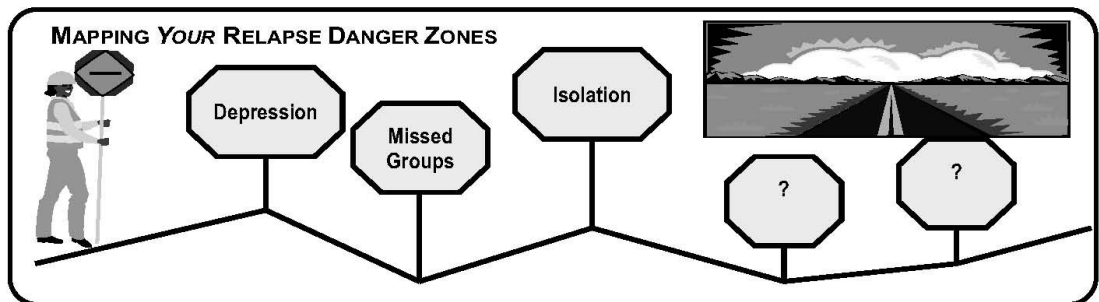
Preventing a Recurrence of Symptoms & Identifying Substance Dependence Relapse Warning Signs

Volume II; Subject Eight: Subject 8-16 – 8-22

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: (page Subject 8-16)</u></p> <p style="text-align: center;"><i>When did Noah build the Ark? Before the flood. <u>Before</u> the flood!</i> (Robert Redford, Spy Game)</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 <i>getting sober</i> or <i>reducing harm</i> with a Substance Disorder and <i>getting</i> to the point of stability with a Psychiatric Disorder. This happens by doing certain things in order to <i>get</i> there. The rest is about <i>staying</i> there, which is focused on <i>preventing</i> a relapse or recurrence of symptoms.</p> <p>Remember, all “alcoholics” and “addicts” <i>will</i> drink or <i>will</i> use drugs again or <i>will</i> engage in addictive behaviors, such as gambling...unless – yes, <i>unless</i> – they are protected. An effective relapse prevention program provides that protection (Buchanan, 1990). A recurrence of the symptoms of a Psychiatric Disorder can also be dramatically less <i>often</i> or less <i>severe</i> when a treatment prevention plan is put into action.</p> <p>Part of every recovery plan must include learning about the relapse process and devising a plan to help prevent a slip, relapse, recurrence of symptoms, or a setback, as well as developing a plan to cope <i>with</i> a relapse or recurrence of symptoms <i>should they arise</i>. Today, we will talk about relapse triggers and relapse prevention.</p>		5 Minutes ↓


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Volume II; Subject Eight: Subject 8-16 – 8-22

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Preventing a Recurrence of Symptoms	Subject 8-16	Summarize remaining two paragraphs in this section (The first two paragraphs are found in the group introduction.)	30 Minutes 
Mapping The Danger Points	Subject 8-16 – 8-17	1. Summarize three paragraphs. 2. Illustrate the graphic to provide a memorable visual of the importance of mapping danger zones along the road of recovery.	
			
Identifying Substance Dependence Relapse Triggers	Subject 8-17	Summarize the few lines under each of these headings.	
Internal Triggers	Subject 8-17		
External Triggers	Subject 8-17		
A State of Mind	Subject 8-17		
Signs of Slipping in Thoughts and Attitudes	Subject 8-17	Summarize or read the eight examples of “stinking thinking” from the table in the text.	
Signs of Slipping With Favorite Bad Feelings	Subject 8-18	Summarize one paragraph.	
Skill Building Exercise and Discussion – Suggestions for topic discussion:			
<u>To the Group:</u> 1. What thoughts about relapse or a recurrence of symptoms do you have at this time? 2. Have you experienced a relapse or return back to the use of alcohol or other drugs? 3. How did you manage to get back on track?			

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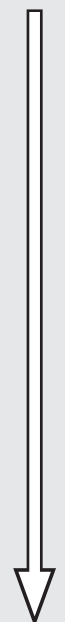

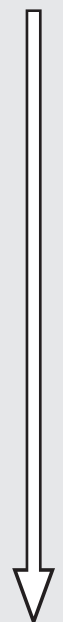



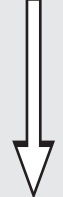
Volume II; Subject Eight: Subject 8-16 – 8-22

Skill Building Exercise and Discussion – Suggestions for topic discussion: (continued)	Time-Frame
<p>To the Group: continued</p> <p>4. What were your “Relapse Danger Zones” that led up to you actually using?</p> <p>5. What would each of you – whether you have personally experienced a relapse or not – identify as your specific “Danger Zones” like Anxiety? Not taking medications as prescribed? Not getting enough sleep? What?</p> <p>6. What “internal triggers” would you say might be a risk for a return of symptoms?</p> <p>7. What “external triggers” would you say might be a risk for a return of symptoms?</p> <p>8. What “state of mind” or signs of “stinking thinking” do you personally need to watch for?</p> <p>9. What is your “favorite bad feeling” – the one you feel the most when you are feeling bad?</p>	<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
Changes Can Be Warning Signs	Subject 8-18	1. Summarize first paragraph. 2. Illustrate the information in the GRAPHIC below to give a memorable visual. 3. Summarize second paragraph. 4. Name and the examples of the fourteen common predictors of a relapse or recurrence of symptoms in TABLE ONE below.	<div><div></div><div>15 Minutes</div></div>	<div><div></div><div>20 Minutes</div></div>
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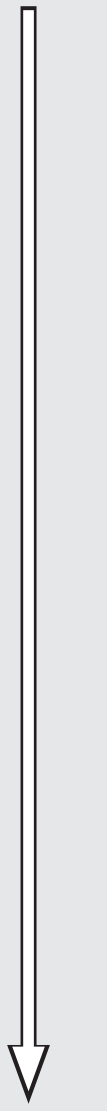

Preventing a Recurrence of Symptoms & Identifying Substance Dependence Relapse Warning Signs

Volume II; Subject Eight: Subject 8-16 – 8-22

Psychoeducation Part II: Topics & Focus (continued)			Pages & Location		Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Not <i>All</i> Changes Are Relapse Risk Factors			Subject 8-18		Summarize one paragraph.			 continued 	 continued 
Persistent Psychiatric Symptoms Are <i>Not</i> a Relapse			Subject 8-18 – 8-19		Summarize four paragraphs.				
Strategies to Cope With Persistent Symptoms			Subject 8-19 – 8-20		1. Summarize the three categories of warning signs found in TABLE TWO below. 2. Explanations of each are located in the text. 3. Discuss the eight points in TABLE THREE below.				
TABLE TWO	1	SLEEP DISTURBANCES	2	NEGATIVE UNPLEASANT EMOTIONS	3	POSITIVE OR PLEASANT EMOTIONS			
TABLE THREE									
1			Tell the symptom to go away or “stop”.						
2			Remind yourself that you can live with the symptom.						
3			Get busy with a hobby or some other activity.						
4			Talk with a friend or family member.						
5			Keep a daily record so over time you can track changes in your persistent symptoms.						
6			Sometimes an adjustment in the medicine you take or a change in your treatment plan may be needed to help reduce your symptoms.						
7			Specifically name what your symptom is so you don’t get overwhelmed, such as “I’m feeling depressed right now.”						
8			Ask yourself, “What might make it easier for me to live with these symptoms?”						
Skill Building Exercise and Discussion – Suggestions for topic discussion:								Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group:								 15 Minutes 	 20 Minutes 
1. What comments do you have at this point?									
2. How do you relate the GRAPHIC showing the “Building Up Zone?” the “Danger Zone?” and the “Management Down Zone?”									
3. Which of the fourteen examples of changes in TABLE ONE that may be a predictor of a relapse or recurrence of symptoms do you personally relate to? Or which would be a risk predictor for you as well? Others?									
4. How do you relate to doing everything possible to manage a Psychiatric Disorder and/or a Substance Disorder – yet still have a return to symptoms – like anxiety? Or returning to the use of alcohol and /other drugs? It can be very frustrating.									
5. That actually highlights the need to learn everything possible about what led up to the return of the symptoms doesn’t it? Comments? Don’t give up!									
6. Which of the “Strategies of Coping with Persistent Symptoms” in TABLE TWO do you relate to personally?									
7. Which of the eight ways to cope in TABLE THREE will be helpful to you personally? How?									




Preventing a Recurrence of Symptoms & Identifying Substance Dependence Relapse Warning Signs

Volume II; Subject Eight: Subject 8-16 – 8-22

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing					
Identifying Substance Dependence Relapse Warning Signs	Subject 8-20 – 8-22	1. Summarize one paragraph. 2. Name and discuss warning signs in the tables found below.	 continued	 continued					
Skill Building Exercise and Discussion – Suggestions for topic discussion:									
<u>To Facilitator(s):</u> It is recommended that any group content for this particular group be written on the board prior to the beginning of group whenever possible.									
<u>To the Group:</u> 1. Relapse warning signs for a relapse of Substance Dependence can be divided into four major categories in the table below:									
PHYSICAL & EMOTIONAL TRIGGERS	ATTITUDES	THOUGHTS	 						
EXHAUSTION OR FATIGUE	NEGATIVE ATTITUDE ABOUT SOBRIETY OR LIFE	EUPHORIC RECALL OF USING ALCOHOL OR OTHER DRUGS							
CRAVINGS TO USE									
NERVOUSNESS OR JITTERINESS	REACTIVATION OF DENIAL	DISTORTED HIGH RISK THINKING PATTERNS ABOUT ALCOHOL AND OTHER DRUG USE							
UNPLEASANT OR UNCOMFORTABLE EMOTION	SECRET THOUGHTS AND PLANS TO USE								
	NEGATIVE ATTITUDES ABOUT OTHERS	BUILDUP OF STRESS CAUSED BY EITHER NEGATIVE OR POSITIVE LIFE EVENTS							
FORGETTING GRATITUDE	WANTING TOO MUCH								
OMNIPOTENCE OR FEELING PERSONALLY POWERFUL	EXPECTING TOO MUCH FROM OTHERS	COMPLACENT THINKING PATTERNS							
2. As we look at these categories – and the symptoms that are in each category – think about which category might be the most risky for you personally.									
3. Identifying risky areas or warning signs or cues to relapse is the first important step toward developing a relapse prevention plan.									

Preventing a Recurrence of Symptoms & Identifying Substance Dependence Relapse Warning Signs

Volume II; Subject Eight: Subject 8-16 – 8-22

Skill Building Exercise and Discussion – Suggestions for topic discussion: (continued)		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
4. Recovery is a gift and must be tended like a lovely garden – the weeds or threats to the garden or recovery must be removed so the new flowers or new life of recovery is protected, cared for, and allowed to thrive. 5. What warning signs should you guard against in order for your new life to flourish and grow?		 continued	 continued
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	
Recommended inspirational reading for this group is the “ <i>Trouble Tree</i> .” This story is actually located at the back of Subject Seven. It is written here in its entirety so you don’t have to refer to Subject Seven.		5 Minutes	
<p style="text-align: center;">THE TROUBLE TREE</p> <p>The carpenter I hired to help me restore an old farmhouse had just finished a rough first day on the job. A flat tire made him lose an hour of work, his electric saw quit, and now his ancient pickup truck refused to start.</p> <p>While I drove him home, he sat in stony silence. On arriving, he invited me in to meet his family. As we walked toward the front door, he paused briefly at a small tree, touching tips of the branches with both hands. When opening the door, he underwent an amazing transformation. His tanned face was wreathed in smiles and he hugged his two small children and gave his wife a kiss.</p> <p>Afterward he walked me to the car. We passed the tree and my curiosity got the better of me. I asked him about what I had seen him do earlier. “Oh, that’s my trouble tree,” he replied. “I know I can’t help having troubles on the job, but one thing’s for sure, troubles don’t belong in the house with my wife and the children. So I just hang them up on the tree every night when I come home. Then in the morning I pick them up again.”</p> <p>“Funny thing is,” he smiled, “when I come out in the morning to pick ‘em up, there ain’t nearly as many as I remember hanging up the night before.”</p> <p style="text-align: right;">Author Unknown</p>		