

Relapse Prevention Skills for Substance Dependence Disorders

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.

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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 (Subject 8-44):</u></p> <p>A relapse prevention plan <i>first</i> involves identifying your triggers or high risk situations: and, <i>second</i> devising a plan to cope with these whenever they arise. Remember, symptoms of a Psychiatric Disorder typically leads to a relapse in alcohol and other drug use. Likewise, using alcohol and other drugs typically leads to a relapse or recurrence of psychiatric symptoms (Daley & Montrose, 1993).</p> <p>Your personal relapse prevention plan will be an essential part of your recovery. While some of your triggers will be immediately identified, others such as specific people, will be identified as you gain time in sobriety. For instance, you may not realize how slippery special occasions like weddings can be or you may not think these types of situations will bother you. Perhaps they won't, but then again maybe they will.</p> <p>Today we will discuss developing relapse preventions skills to protect the recovery of individuals with Substance Dependence Disorders.</p>	5 Minutes 

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
Relapse Prevention Plan	Subject 8-44 – 8-45	1. Summarize the remaining three paragraphs under the heading (the first two paragraphs are stated in the introduction of the group topic). 2. Summarize information in TABLE ONE below.	30 Minutes
TABLE ONE	1	Don't take the <i>first</i> drink or the <i>first</i> drug.	
	2	Learn to relax to reduce stress and prevent relapse.	
	3	Build structure into daily routines.	
	4	Remember the basics...the link between Psychiatric and Substance Disorders.	
	5	Deepen contact with your spiritual side or your Higher Power.	
	6	Never let up on the disciplines recommend for the ongoing recovery of your disorder.	
Don't Take the <i>First</i> Drink or The <i>First</i> Drug	Subject 8-45 – 8-46	1. Summarize two paragraphs. 2. Read "Beth's" Recovery Story.	
See Through The First Use	Subject 8-46 – 8-47	1. Summarize two paragraphs. 2. Illustrate GRAPHIC ONE below giving the examples provided. 3. Summarize remaining three paragraphs.	
GRAPHIC ONE	GETTING PAST THE FIRST DRINK OR DRUG		
	Goals of Early Use	Results of Later Use	
	1. Confident	1. Insecure & Paranoid	
	2. Euphoric	2. Suicidal	
	3. _____	3. _____	
	4. _____	4. _____	
	5. _____	5. _____	
	6. _____	6. _____	
Skill Building Exercise and Discussion - Suggestions for topic discussion:			
<p>To the Group:</p> <ol style="list-style-type: none"> 1. What comments do you have? 2. There is a saying in the Twelve Step Program that "<i>one</i> drink is too <i>many</i> and a <i>thousands</i> not <i>enough</i>." What do you think about that? 3. Great reminder about the potential problems with taking the <i>first</i> drink or <i>first</i> drug. 			

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
To the Group: (continued)	continued
4. What were <i>your</i> goals in <i>your</i> beginning use? For example: Feel less anxious? Less depressed? Have fun? Get high? 5. What were the results in <i>later</i> use? <i>More</i> anxious? <i>More</i> depressed? <i>No</i> or <i>less</i> fun anymore? No longer able or <i>less</i> able to reach a real high? Using just to feel “normal?” Others?	
Break	10 Minutes

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing												
<i>Think Through The First Drink or Drug</i>	Subject 8-47	1. Summarize three paragraphs. 2. Summarize information in TABLE TWO below as time allows.														
<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="2">DOES THINKING SUPPORT THE ILLNESS OR YOUR RECOVERY FROM THE ILLNESS?</td> </tr> <tr> <td>ADDICTION OR ILLNESS WINS</td> <td>YOU AND YOUR RECOVERY WIN</td> </tr> <tr> <td>I can't sleep and I have to sleep so it might be okay to have a drink, just to get some sleep.</td> <td>I really don't <i>have</i> to sleep. Not getting sleep right now won't kill me. I only need to stay sober.</td> </tr> <tr> <td>I'm at risk when I go to the grocery store, but I <i>have</i> to go to the store.</td> <td>I don't <i>have</i> to go to the store. My sister can pick up my groceries for now, especially if it keeps me sober.</td> </tr> <tr> <td>I'm still depressed, I felt better on cocaine than I do on this medication.</td> <td>One of the reasons I am so depressed is because of the cocaine. I need to give the medications a chance.</td> </tr> <tr> <td>I don't need a sponsor. I can do this on my own. I don't want anyone telling me what to do.</td> <td>A sponsor is someone who probably thought at one time that they could and should do it on their own too. I can learn from them and they can guide me.</td> </tr> </table>					DOES THINKING SUPPORT THE ILLNESS OR YOUR RECOVERY FROM THE ILLNESS?		ADDICTION OR ILLNESS WINS	YOU AND YOUR RECOVERY WIN	I can't sleep and I have to sleep so it might be okay to have a drink, just to get some sleep.	I really don't <i>have</i> to sleep. Not getting sleep right now won't kill me. I only need to stay sober.	I'm at risk when I go to the grocery store, but I <i>have</i> to go to the store.	I don't <i>have</i> to go to the store. My sister can pick up my groceries for now, especially if it keeps me sober.	I'm still depressed, I felt better on cocaine than I do on this medication.	One of the reasons I am so depressed is because of the cocaine. I need to give the medications a chance.	I don't need a sponsor. I can do this on my own. I don't want anyone telling me what to do.	A sponsor is someone who probably thought at one time that they could and should do it on their own too. I can learn from them and they can guide me.
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<i>Protect Yourself From The First Drink or Drug – Relapse Prevention Card</i>	Subject 8-48	1. Summarize one paragraph, 2. Illustrate the example of a Relapse Prevention Card shown on the next page in GRAPHIC TWO. 3. Ask group members who they would put on <i>their</i> card. 4. Summarize remaining paragraph.														

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Psychoeducation Part II: Topics & Focus (continued)		Pages & Location	Presentation Suggestions			Time-Frame with Crisis Processing	Time-Frame without Crisis Processing							
Remember The Basics – The Link Between Disorders (continued)		Subject 8-53 – 8-55	4. Discuss the information in TABLE THREE below referring to the text for explanations of each. 5. Summarize the remaining paragraph.			 continued 	 continued 							
TABLE THREE	<table border="1"> <tr> <td>1</td> <td>ALCOHOL</td> <td>3</td> <td>COCAINE OR AMPHETAMINES</td> <td>5</td> <td>HALLUCINOGENS</td> </tr> <tr> <td>2</td> <td>OPIATES (NARCOTICS)</td> <td>4</td> <td>MARIJUANA</td> <td></td> <td></td> </tr> </table>	1	ALCOHOL	3	COCAINE OR AMPHETAMINES			5	HALLUCINOGENS	2	OPIATES (NARCOTICS)	4	MARIJUANA	
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2	OPIATES (NARCOTICS)	4	MARIJUANA											
Skill Building Exercise and Discussion - Suggestions for topic discussion:														
<u>To the Group:</u>														
<ol style="list-style-type: none"> 1. What comments do you have? 2. From the list of twelve points of relapse prevention strategies for chemical dependency, which two would be helpful to you in your recovery program? Which ones are you already doing with success? 3. What comments or experiences do you have with specific drugs including alcohol and co-occurring psychiatric symptoms? 														
Crisis Processing						Time-Frame with 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								
Group “Paper Work”						Time-Frame								
Group participants fill out Group Notes.						5 Minutes								
Group Closure						Time-Frame								
Divine Intervention Experience	Subject 8-60 – 8-62	<ol style="list-style-type: none"> 1. Read one paragraph. 2. Read the recommended INSPIRATIONAL READING “MARY’S DIVINE INTERVENTION EXPERIENCE.” <i>or</i> 3. Read an inspirational message of your choice. 			5 Minutes									