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Relaxation Skills, Building Structure, & Working The Steps To Reduce Stress and Prevent Relapse

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 *consistenc*y 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.

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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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Relaxation Skills, Building Structure, & Working The Steps To Reduce Stress and Prevent Relapse
Volume II; Subject Eight; Pages: Subject 8-49 – 8-52; 8-57 – 8-60

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
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics*, not interpersonal processing or case management questions which do not apply to the entire group.) 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): 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
<u>Summarize Introduction of the Group Topic and Why It's Important:</u> All skills learned in a person's recovery are designed to *protect* recovery. That means every part of recovery can actually be considered relapse prevention. The life of a person in recovery – especially *early* recovery – can be filled to the *max* with potential *stressors*. Stressors are events or situations that have the *potential* to cause a stress *reaction*. Stressors can include court appointments, legal requirements, housing difficulties, financial challenges, and many more. However, just because something has the *potential* to cause a stress *reaction* doesn't mean it will. It all depends on the stress management skills a person practices. In fact, stress is a threat to the recovery of *any* chronic disorder. When a person with heart disease doesn't manage stress – they would be at risk of another heart attack. Learning to relax and practicing relaxation techniques helps to reduce stress and prevent relapse and is recommended in the recovery of *any* chronic illness. Today we will discuss relaxation techniques and skills, as well as building structure into your recovery program, and working the steps of the Twelve Step Program. Each of these are important in reducing stress, protecting recovery, and preventing relapse or a recurrence of symptoms.	5 Minutes

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Learn to Relax to Reduce Stress and Prevent Relapse	Subject 8-49 – 8-51	1. Summarize one brief paragraph. 2. Summarize the first ten points in the table below using explanations for each in the text.	30 Minutes

1	Practice Deep Breathing	5	Rethinking Or Reframing	8	Change Your Perspective
2	Relax Your Thoughts	6	Take A Break Daily & Weekly	9	Make Time To Play
3	Progressive Relaxation	7	Have Physical Contact	10	Develop A Healthy Lifestyle
4	Use Positive Self-Talk				

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:
1. What comments do you have?
2. Are there relaxation techniques from this list that you already use to reduce stress?
3. Are there other relaxation techniques that have worked for you in the past that you could begin to do again?
4. Which of these relaxation techniques that we just discussed would you want to add to your recovery program?
5. Which one or two would you first begin to practice?
6. When would you start?

Break — **10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Facilitator(s): Discuss the last four relaxation techniques in the table below using explanations from the text.			20 Minutes	25 Minutes

11	Talk To A Supportive Person	13	Have A Positive Lifestyle
12	Schedule Frequent Leisure Activities	14	Find Spiritual Inspiration

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:
1. What comments do you have?
2. Are there relaxation techniques from this list that you already use to reduce stress?
3. Are there other relaxation techniques that have worked for you in the past that you could begin to do again?
4. Which of these relaxation techniques that we just discussed would you want to add to your recovery program?
5. Which one or two would you first begin to practice?
6. When would you start?

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Build Structure Into Daily Routines	Subject 8-52	1. Summarize three paragraphs. 2. Illustrate an example of the seven day daily schedule found in the graphic below.	continued	continued

To the Facilitator(s):

1. You can put the Daily Schedule (found below) on the board before group with the text examples, *or*
2. You could put the grid on the board with the Sunday examples only, *or*
3. Put a grid on the board of only a few days if you prefer.
4. Ask the group to offer examples of Daily Schedules until you have seven days of one day examples (one from each of seven group members).
5. The goal is to teach and have the group practice the skill of building structure by making a daily, weekly, or even a monthly schedule.

Daily Schedule

Week of _____

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM 6	Grooming & Thought for the Day	Grooming & Thought for the Day	Grooming & Thought for the Day	Grooming & Thought for the Day	Grooming & Thought for the Day	Grooming & Thought for the Day	Grooming & Thought for the Day
7	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8							
9							
10	Snack	Snack	Snack	Snack	Snack	Snack	Snack
11							
PM 12	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1							
2	Snack	Snack	Snack	Snack	Snack	Snack	Snack
3							
4							
5		Exercise		Exercise		Exercise	
6	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
7	Twelve Step	Relaxation	Twelve Step	Relaxation	Twelve Step	Relaxation	Relaxation
8	Family Time	Family Time	Talk to Sponsor	Family Time	Talk to Sponsor	Family Time	Family Time
9	Snack	Snack	Snack	Snack	Snack	Snack	Snack
10	Bedtime	Bedtime	Bedtime	Bedtime	Bedtime	Bedtime	Bedtime

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Working The Steps	Subject 8-57	1. Summarize one paragraph. 2. Name the three guidelines in the table below using the text for explanations. 3. Summarize two paragraphs.	10 Minutes	15 Minutes
First, take each step in order.	Second, use all the steps.	Third, do each step the best you can.		
Step One	Subject 8-57 – 8-58	1. Summarize two paragraphs. 2. Discuss the information in the table in the text. 3. Summarize three remaining paragraphs.		
Step Two	Subject 8-58	1. Summarize two paragraphs. 2. Discuss the table below using the explanations in the text. 3. Summarize two remaining paragraphs.		
1 Came	2 Came To	3 Came To Believe		
Step Three	Subject 8-59 – 8-60	1. Summarize two paragraphs. 2. Summarize the four points in the table in the text. 3. Summarize one remaining paragraph.		

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. What comments do you have?
2. It takes time to work the steps of the Twelve Step Program. However, don't take too long because your recovery depends on it.
3. Step One is said to be the step that must be done *completely*. In fact, if you have difficulty with Step Two – it's recommended that you step back and work on Step One some more.
4. The steps are a process.
5. Meetings will support a person in recovery for a while. However, the steps are what will support a person in the long run.
6. Right now in your recovery – where are you in working the steps?

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

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Group "Paper Work"	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	**Time-Frame**
The recommended Inspirational Handout or reading for this group is Information on Alcoholics Anonymous located at the back of Subject Seven. Presentation suggestions include: 1. Read the *Twelve Steps of Alcoholics Anonymous* to the Group, as well as the *Twelve Traditions of Alcoholics Anonymous* if you choose, *or* 2. Give a copy of the handout to each group member to take home, *and/or* 3. Beginning with one group member, ask each group member to read one step until all have been read, followed by each of the *Twelve Traditions of Alcoholics Anonymous* if you choose.	5 Minutes