Stress and Co-Occurring Disorders & Daily Stress Management Skills

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: <u>The Master Guide</u> (located at the beginning of Volume I & II) and the <u>Master Tips to Professionals</u> (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			
Group Beginning	20 Minutes Total		
Positive group beginning (suggestions are located on the previous page).	5 Minutes		
 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.) 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): 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		
Summarize Introduction of the Group Topic and Why It's Important: (Subject 4-1) People in treatment for <i>any</i> disease or any disorder will benefit from understanding the physical risks and medical complications of their disorder. People in treatment for co-occurring Psychiatric and Substance Disorders can benefit from learning about: 1. How untreated Psychiatric Disorders and emotional distress can affect physical health and place a person at risk for illness.	5 Minutes		
 How continued Substance Abuse or Substance Dependence affects the body and eventually leads to physical complications, illness, disease, and possibly death. Knowledge can promote understanding. Understanding can then pave the way for hope, and hope is a necessary ingredient of recovery. Today we will talk about the connection between stress and the immune system, substance disorders, depression, anxiety, and isolation. 			

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Psychoeducation Part I: Topics & Focus	Pages & Location	Management Skills; Volume II; Subject Four; Pages: Subject 4 Presentation Suggestions	Time- Frame	
Chronic Disorders Versus Acute Subject Illnesses 4-1		Summarize three brief paragraphs.	30	
The Connection Between Stress and The Immune System, Substance Disorders, Depression, Anxiety, and Isolation	Subject 4-1	 Summarize two brief paragraphs. Name the connections of how stress worsens disorders which in turn creates <i>more</i> stress: 	Minute	
Deplete the Immune System and Create	Escalate or Worsen Substance Disorders and Lead o Greater Pro V De Sys	Result in or Worsen Worsen Worsen Anxiety Symptons And tribute to Stress Resulting in More Stress Contribute to Isolation and Produce the Potential for Stress Stress		
Stress Defined	Subject 4-2	Summarize two paragraphs.		
Primitive Ancestors and Stress	Subject 4-3	Summarize brief explanation.		
The "Fight-or-Flight" Response	Subject 4-3 – 4-4	 Summarize the brief paragraph. Discuss the information found in the table below using the text. 		
2 Rapid delivery of energy and oxyge 3 Current energy made available for s functions of the body.	en to parts of the bod short term needs by p	outting a halt to any unnecessary use of energy for long-term		
4 Perception is altered to better prepa	, <u> </u>		-	
Stress and Modern Life Subject 4-4 Stressors Subject 4-4		Summarize brief paragraphs. Summarize brief paragraphs.	-	
Stress Reactions	Subject 4-4 – 4-5	Summarize brief paragraphs.	-	
"Good" or Short-Term Stress	Subject 4-5	Summarize the five positive aspects of stress located in the table.		

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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	
'Bad" or Long-Term Stress	Subject 4-5	Summarize brief paragraph.	
Co-Occurring Disorders and Stress	Subject 4-5 – 4-6	Summarize three paragraphs.	
Stress Management Techniques	Subject 4-6	 Summarize two paragraphs. Discuss nine stress management techniques in Table 0 Discuss daily stress management in Table Two below 	
1 Achieving balance between v	1 ,		Table One
2 Sharing thoughts and feelings			
3 Changing negative thinking to	1		
4 Finding humor in a situation			
5 Setting achievable goals and	1 0		
		lenty of fluids and water, and exercise (St. Joseph Hospital, 1998).	
 7 Eliminating stressful practices and behaviors, including drug and alcohol abuse. 8 Choosing relaxation activities like music, walks, quiet time, or reading. 			
2	, , 1	y with supportive, positive people.	
Developing a support system	una keeping compan	with supportive, positive people.	
1 Identify the areas that cause s	stress.		Table Two
2 Choose a stress management		1 2	
3 Prectice the chose skill until i	t becomes aroutine of	r a habit.	
Skill Building Exercise and Dis	scussion Discussion	1 - Suggestions for topic discussion	
To the Group:			
	_	chniques ask yourself "How am I doing in these areas?"	
		etween work-play-rest helps relieve stress? How is the bal	•
2	_	ng great success in? Good for you! How did you achieve the	at?
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	-	ents that will lessen stress in the process?	
5. What about the other three tech6. How are you doing at identifyir	<u> -</u>	or managing <i>aauy stress!</i> e you stress? What stress management technique(s) do you	already use or
, ,	•	Finding humor in a situation? Others?	aneauy use of
7 XXI : 1 () :11 1 4	1 0	- maniform workwitch, Others.	

Break

7. Which one(s) will you work to make progress?

10 Minutes

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions			
Stress Reduction Stretching Exercise	Subject 4-7	 Summarize one paragraph. Walk the group through the stretching exercise below using the text. Finger Fan Ear to Shoulder Upper Back Stretch Overhead Reach Waist Bend 	20 Minute		
Daily Stress Management Skills: R-E-L-E-A-S-E	Subject 4-7 – 4-8	Discuss each of the daily stress management skills using the information in the text: R Rest & Sleep E Exercise Regularly L Learn Acceptance E Eat Nutritiously A Allow Time for Leisure S Set Goals E Express Worries & Concerns			
Skill Building Exercise an	d Discussion	Discussion - Suggestions for topic discussion			

To the Group:

- 1. How are you doing in each of these areas of *daily* stress management skills?
- 2. What areas have you had success in?
- 3. What area(s) will you focus on next for improvement?

Skill Building Exercise and Discussion Discussion - Suggestions for topic discussion (continued)

To the Facilitator(s):

- 1. The remainder of this group will be devoted to the "Stress Management Survival Plan" WORKSHEET.
- 2. You may present the handout information in whatever way meets your specific facilitating needs/style which might include:
 - a. Give each group member a copy of the handout to work on, share with the group, and take home, or
 - b. Put the ten different major headings on the board for group discussions, or
 - c. Verbally state the ten examples of a "Stress Management *Survival Plan*" using the text of the handout while eliciting group discussion about each.

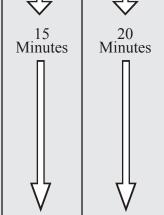
1	Good Nutrition	6	Learn to Tolerate and Forgive
2	Learn to Plan	7	Avoid Unnecessary Competition
3	Recognize and Accept Limits	8	Get Regular Physical Exercise
4	Have Fun	9	Learn a Systematic Method of Relaxing
5	Be a Positive Person	10	Talk Out Your Troubles

Time-Frame with Crisis Processing

Time-Frame without Crisis Processing

Time-Frame without Crisis Processing

Minutes



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Skill Building Exercise and Discussion Discussion - Suggestions for topic discussion (continued)	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: 1. Which of the examples of a "Stress Management <i>Survival Plan</i> " do you practice and/or have success in?	7	
2. How does that personally help <i>you</i> manage your stress?	continued	continued
3. Which one(s) of these do you think would also be helpful to you personally in <i>further</i> managing stress?4. Which one would you begin to practice in your recovery plan?		
5. What would be your specific plan? How, for example, would you begin to "Have Fun?" <i>or</i> How would you begin "Get Regular Exercise?" What else?	to V	
6. When will you start?		
Crisis Processing	Time- Frame	
1. Ask the group member(s) to tell the group what happened.	10	
2. Explore options and/or develop an immediate plan for coping.	Minutes	V
3. Allow the group to offer support.		
"Paper Work"	Time-	-Frame
Group participants fill out Group Notes.	5 Mi	inutes
Group Closure	Time-	-Frame
1. Read a daily brief meditation for the day, <i>or</i>	5 Mi	inutes
2. Ask each group member which specific daily stress management skill they will begin to do this week (rest, sleep, exercise, etc.) this week, <i>or</i>		
3. Ask a group member to read aloud an inspirational reading or message of your choice.		