# The Basics About Relapse or Recurrence of Symptoms of Co-Occurring 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.

# The Basics About Relapse or Recurrence of Symptoms of Co-Occurring Disorders
## Volume II; Subject Eight; Pages: Subject 8-7 – 8-15

| 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.)<br>a. Ask the group members to tell the group their name.<br>b. Welcome any group members who are new to this group or phase.<br>2. Crisis Processing (when requested and optional):<br>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.<br>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 (Subject 8-7 – 8-8):</u><br>Recovery and relapse are intimately related. You can't experience recovery without experiencing a *tendency* towards a relapse or a return of symptoms.<br>There are times when mental health and chemical dependency professionals use different terms to describe the same thing. A setback or return of symptoms is more frequently referred as a "relapse" in the addiction treatment field, which may further identify degrees of relapse by the terms slip, lapse, or relapse. The term more frequently used to describe a return of symptoms in the mental health field is a "recurrence of symptoms."<br>Whatever it's called – relapse or recurrence of symptoms – the goal of a prevention plan for a Substance Disorder is to prevent a slip back to the use of alcohol or other drugs and then further prevent a slip from becoming a full-blown relapse. The prevention plan of a Psychiatric Disorder is to prevent the recurrence of symptoms and then further prevent the recurrence from becoming an episode of serious decompensation or the worsening in the level functioning.<br>Today, we will be talking on the subject of the basics about relapse prevention or protecting from the recurrence of symptoms. | 5 Minutes |

| Psychoeducation Part I: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame |
|---|---|---|---|
| Relapse Defined | Subject 8-8 | Summarize one paragraph. | 30 Minutes |
| Relapse of a Substance Disorder | Subject 8-8 | Summarize one paragraph. | |
| Relapse of Psychiatric Disorder | Subject 8-8 | Summarize one paragraph. | |
| Co-Occurring Disorders and Relapse | Subject 8-8 – 8-9 | Summarize three paragraphs. | |
| Degrees of a Relapse or The Return of Symptoms | Subject 8-9 | Summarize four paragraphs. | |
| Concerns About Calling a Drink or a Drug a "Slip," Instead of a Relapse | Subject 8-9 – 8-10 | Summarize three paragraphs. | |
| Myths and Facts About Relapse | Subject 8-10 – 8-11 | Summarize the six myths and six facts located in the table in the text. | |
| Relapse or Recurrence of Symptoms and Chronic Illnesses | Subject 8-12 | Summarize two paragraphs. | |
| Fear in Recovery and Fear of Relapse | Subject 8-11 | Summarize four paragraphs. | |

**Skill Building Exercise and Discussion – Suggestions for topic discussion:**

**To the Group:**

1. Have you experienced a *relapse* related to a Substance Disorder? If you have…congratulations for making it back into recovery!!!
2. What helped you get back in recovery (A consequence? Sick and tired of being "sick and tired?" What else?
3. Have you had the opportunity to *completely* and *thoroughly* explore what was happening right before your return to use? If not, discussing this with your primary care provider is extremely important. In other words what valuable lesson were you able to *learn* from the relapse? Something you can apply to protecting your recovery in the future?
4. Have you experienced a *recurrence of symptoms* related to a Psychiatric Disorder? If you have…congratulations for making it back into recovery!!!
5. What helped you get back in recovery (Taking medications? Changing something in your daily routine to lessen Depression? Anxiety? What else?
6. Have you had the opportunity to *completely* and *thoroughly* explore what was happening in the days prior to the more *noticeable* symptoms? If not, discussing this with your primary care provider is extremely important. In other words what valuable *lesson* were you able to *learn* from the recurrence of symptoms? Something you can apply to protecting your recovery in the future?
7. What thoughts or comments do you have about the *myths* and the *facts* about relapse?
8. How about coping with *fear* in recovery of a relapse or return of symptoms? Can you see how a solid prevention plan is essential in not only preventing a relapse but in also what to do in case you experience one?

**Break** — **10 Minutes**

| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|---|---|
| Motivation and Relapse or Setbacks | Subject 8-11 – 8-12 | Summarize one paragraph. | 15 Minutes | 20 Minutes |
| Relapse Is a *Process Not* an Event | Subject 8-12 | 1. Summarize three paragraphs.<br>2. Name the four points in the table located in the text. | | |
| Changes Signal The Risk of Relapse | Subject 8-13 | Mention each of the areas in the table below. | | |

| *Behavior* Changes | *Attitude* Changes | *Thought* Changes | *Changes In Mood* Or Feelings |
|---|---|---|---|

| Percentages of Particular Relapses | Subject 8-13 | 1. Summarize information in one paragraph.<br>2. Summarize information in the table below: |
|---|---|---|

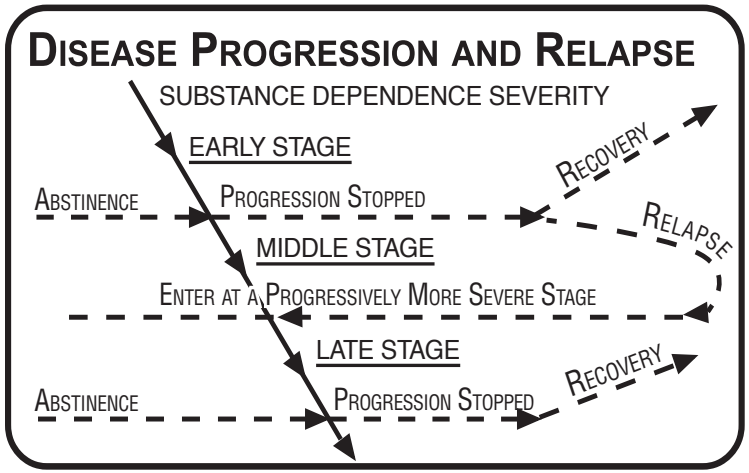
| | Specific Trigger | % | Examples |
|---|---|---|---|
| 1 | Negative Emotions | 35% | Primarily anger and frustration. This could be negative emotions, such as boredom, jealousy, depression, or anxiety. |
| 2 | Social Pressure | 20% | Being in a social situation where people are using, or being directly encouraged by someone to use. |
| 3 | Interpersonal Conflict | 16% | This can be a conflict with a parent, spouse, child, boss, or friend. |
| 4 | Positive Emotions | 12% | Something positive happens and the person wants to celebrate. This can be a promotion, wedding, birth of a child, or graduation. |
| 5 | Test Personal Control | 5% | Using to find out if they can control the alcohol or drug again. |

**Skill Building Exercise and Discussion – Suggestions for topic discussion:**

**To the Group:**

1. What comments do you have?
2. What Behavior Changes are an early risk sign of relapse or a recurrence of symptoms for you personally? (Stop attending self-help groups? Not practicing self-care? Stopping medications? etc.)
3. What Attitude Changes are an early sign of relapse or a recurrence of symptoms for you personally? (Egotism? Impatience? Complacency? Indifference? etc.)
4. What Thought Changes are an early risk sign of relapse or a recurrence of symptoms for you personally? ("I don't need to stay abstinent." "I don't need to take medication." etc.)
5. What Changes in Mood or Feelings are an early sign of relapse or a recurrence of symptoms for you personally? (Depression? Anxiety? etc.)
6. Which category of a relapse trigger do you think would put you at the most risk? (Negative Emotions? Social Pressure? etc.)

**The Basics About Relapse or Recurrence of Symptoms of Co-Occurring Disorders; Volume II; Subject Eight; Pages: Subject 8-7 – 8-15**

| Psychoeducation Part II: Topics & Focus | Pages & Location | Presentation Suggestions | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|---|---|
| Substance Disorder Relapse Can Be a Life or Death Matter | Subject 8-13 – 8-14 | 1. Summarize two paragraphs.<br>2. Read three outcomes in the table located in the text. | 15 Minutes | 20 Minutes |
| Disease Progression and Relapse | Subject 8-14 | 1. Summarize three paragraphs.<br>2. Illustrate and describe information in the graphic below (visuals are more meaningful and helpful in understanding this information). | | |
|  | | | |
| Psychiatric Disorder Relapse Can Be Extremely Serious | Subject 8-14 | Summarize one paragraph. | | |
| Psychiatric Disorder Progression and Relapse | Subject 8-15 | Summarize one paragraph. | | |
| Why Do People "Go Back Out?" | Subject 8-15 | Summarize one paragraph. | | |
| Causes of Relapse | Subject 8-15 | Summarize three paragraphs. | | |

| Skill Building Exercise and Discussion – Suggestions for topic discussion: | Time-Frame with Crisis Processing | Time-Frame without Crisis Processing |
|---|---|---|
| **To the Group:**<br>1. What comments do you have?<br>2 If you experienced a relapse or return of symptoms in the past:<br>a. Did you notice how substance dependence had progressed?<br>b. Was it more difficult to get back on track with recovery or to stabilize sypmtoms?<br>3. If you experienced a relapse or recurrence in the past – what contributed to you "going back out?"<br>4. Taking this information from today's topic – what are the two things you will watch out for the most? (Attitude changes? Behavior changes? Positive emotions? Testing control? Depression? etc.) | continued ⇩ | continued ⇩ |
| **Crisis Processing** | **Time-Frame** | |
| 1. Ask the group member(s) to tell the group what happened.<br>2. Explore options and/or develop an immediate plan for coping.<br>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 Handout *"This is Recovery"* located at the back of Subject Eight. Presentation suggestions include:<br>1. Read the handout to the group, *or*<br>2. Give a copy of the handout to each group member to take home and read in the group, *or*<br>3. Hand a copy to a group member and ask the person to read out loud to the group. | 5 Minutes ⇩ | |