Understanding and Coping With Guilt, Shame, Anxiety, Worry, Fear & Boredom

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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Volume II; Subject Five; Pages: Subject 5-57 – 5-66

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> Understanding, identifying, and coping with guilt, shame, anxiety, worry, fear, and boredom are a part of the recovery process for Psychiatric Disorders and Substance Use Disorders – and will our topic focus today. There are many reasons why it's so important to develop ways to cope with unpleasant emotions for persons with Co-Occurring Disorders. These reasons include: FIRST REASON: Every human being experiences unpleasant emotions – it's just a part of being human. However, learning how to cope with unpleasant emotions can certainly help in managing Psychiatric Disorders. Unpleasant emotions – unless managed – may lead to the return of more serious actual *symptoms*. For instance, managing guilt is important since unmanaged guilt could result in the return of more serious symptoms of depression. SECOND REASON: Unpleasant emotions can make it more difficult to remain abstinent or to stick to a harm reduction plan. For instance, managing boredom is very important before it might lead to being a great relapse risk in the recovery of a Substance Use Disorder. THIRD REASON: During *active* alcoholism or other drug addiction the brain is anesthetized or "GOES TO SLEEP" from the top to the bottom starting with the CEREBRAL CORTEX. That means that the judgment or reasoning section at the top of the brain is impaired first. Next the MIDBRAIN or the emotional section of the brain GOES TO SLEEP. The only section now left functioning is the SURVIVAL or the lowest part of the brain. In recovery the brain "WAKES UP" in the opposite direction. *First* the MIDBRAIN or the emotional part of the brain "WAKES UP." A person then experiences all kinds of emotions in the early recovery process!! A person, of course, thinks it is something or someone causing these exaggerated emotions. It's actually the brain healing. The CEREBRAL CORTEX or judgment center has not shown signs of healing or "WAKING UP" yet. It's the judgment part of the brain that makes sense of emotions. This process makes it vitally important for a person to learn to cope with unpleasant emotions until the brain is completely "AWAKE."	5 Minutes ↓

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Guilt	Subject 5-57	Summarize four paragraphs.	30 Minutes
Shame	Subject 5-57	Summarize one paragraph.	
Origins of Shame	Subject 5-57 – 5-58	Summarize two paragraphs.	
Moving Through Shame	Subject 5-58	Summarize one paragraph.	
Anxiety, Worry, and Fear	Subject 5-58	Summarize the three components found in TABLE ONE below.	

TABLE ONE	FIRST	There is the physical component, such as racing heart and sweating.
	SECOND	There is the mental or psychological component, such as lack of concentration or feeling on the edge.
	THIRD	There is the interpersonal component, such as an inclination to cling to other people for reassurance.

Anxiety Disorders	Subject 5-58	1. Summarize two paragraphs. 2. State the information in TABLE TWO below.	

TABLE TWO	1	Anxiety and worry that is excessive or unrealistic.
	2	The avoidance of situations that cause fear or anxious feelings.

Withdrawal From Substances and Anxiety	Subject 5-58 – 5-59	Summarize three paragraphs.	
Forms of Anxiety	Subject 5-59	1. Summarize the forms of anxiety located in TABLE THREE below. 2. Refer to the text for explanations for each.	

TABLE THREE	1	ANTICIPATORY ANXIETY	2	ANXIETY	3	WORRY	4	FEAR

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
To the Group: 1. What comments do you have? 2. How do you personally relate to guilt? Is guilt a difficult emotion for you to cope with? How have you coped with guilt in the past? How might you cope with guilt in the future? 3. How do you personally relate to shame? Is shame a difficult emotion for you to cope with? How have you coped with shame in the past? How might you cope with shame in the future? 4. How do you personally relate to anxiety? Is anxiety a difficult emotion for you to cope with? How have you coped with anxiety in the past? How might you cope with anxiety in the future? 5. How do you personally relate to worry? Is worry a difficult emotion for you to cope with? How have you coped with worry in the past? How might you cope with worry in the future?	Continued ↓
Break	**10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Managing Anxiety	Subject 5-61 – 5-62	1. Summarize one brief paragraph. 2. State the five examples of managing anxiety found in the table below. 3. Discuss each using the explanations located in the text.	15 Minutes	20 Minutes

1	DEVELOP & PRACTICE HEALTHY LIFESTYLE	3	PRACTICE RELAXATION TECHNIQUES	5	DEVELOP A SUPPORT SYSTEM
2	DEVELOP DAILY PLAN TO COPE WITH ANXIETY	4	PRACTICE STRESS MANAGEMENT SKILLS		

Topic	Pages & Location	Presentation Suggestions
Fear	Subject 5-62	Summarize one paragraph.
Understanding Fear	Subject 5-62	Summarize one paragraph.
Healthy Fear Versus Unhealthy Fear	Subject 5-62 – 5-63	Summarize one paragraph.
Fear About Recovery Is Natural	Subject 5-63	Summarize one paragraph.
Fear Is a Normal Response to New Situations – Even Treatment	Subject 5-63 – 5-64	Summarize one paragraph.

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: 1. What comments do you have? 2. From the five recommendations for managing anxiety found in the table on the previous page – which of these would be the most helpful to you personally? 3. Which of these skills are you using successfully right now? 4. Which one(s) have worked well in the past yet you stopped doing? 5. If you were to add one of these to your recovery program – what would that be? What specifically will you do? When will you start? 6. How do you personally relate to fear? Is fear a difficult emotion for you to cope with? How have you coped with fear in the past? How might you cope with fear in the future?	Continued ↓	Continued ↓

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Don't Let Fear Keep You From Moving Forward	Subject 5-64	Summarize one paragraph.	15 Minutes	20 Minutes
Working Through Fear	Subject 5-64	1. Summarize one paragraph. 2. Summarize the three points in TABLE ONE below. 3. Refer to the text for explanations.		

TABLE ONE	1	Ask yourself, "what is the worst thing that can happen?"	2	Expect the fear to get worse and know it's okay.	3	Rename your fear.

Boredom	Subject 5-65	Summarize information in two paragraphs.		
Socializing Can Be Difficult	Subject 5-65	1. Summarize one paragraph. 2. Read "Jody N's Story" to the group.		
Develop a Plan to Cope With Boredom	Subject 5-65	Summarize one paragraph.		
Learning to Have Fun *Without* Alcohol and Drugs	Subject 5-66	1. Summarize brief introduction. 2. State the four examples found in TABLE TWO below.	↓	↓

TABLE TWO							
	1	TRY NEW THINGS	2	GET INVOLVED	3	MEET NEW FRIENDS	4	RETAIN A SENSE OF HUMOR

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
To the Group: 1. What comments do you have? 2. How does fear play a role in your life at this time? 3. Which of the three suggestions of "working through fear" would be helpful to you personally? 4. How would you apply these in your recovery? 5. How do you personally relate to boredom? Is boredom a difficult emotion for you to cope with? How have you coped with boredom in the past? How might you cope with boredom in the future? 6. Of the four suggestions of how to work through boredom – which have you been successfully doing? 7. Is there another one on this list that you would start putting into your recovery plan? 8. Which one(s)? When will you start? How?	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	⬇
Group "Paper Work"	**Time-Frame**	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	**Time-Frame**	
The recommended INSPIRATIONAL HANDOUT is "*Recovery Letting Go*" which is located at the back of Subject Five. Presentation suggestions include: 1. Read the handout to the group, *or* 2. Hand a copy to a group member and ask a person to read aloud to the group, *or* 3. Give a copy of the handout to each group member for them to take home and to read in group.	5 Minutes ⬇	