IDDT Recovery Life Skills Program

A GROUP APPROACH TO RELAPSE PREVENTION AND HEALTHY LIVING

Objectives

Provide an overview of critical issues related to planning and conducting group interventions

Explore the theoretical framework of Recovery Life Skills and Integrated Dual Diagnosis Treatment (IDDT)

Introduce session outlines for Recovery Life Skills group curriculum

Reflection Questions (Unmute)

Some questions to think about:

What is your experience with group interventions.

How familiar are you with conducting group interventions?

What do you like most about conducting groups?

What challenges do you have while conducting groups?

FORMAT follows FUNCTION

Psycho-educational: Dissemination of information, didactic

Skills-training: Instructional, experiential

Process: Insight oriented, focus on group dynamics

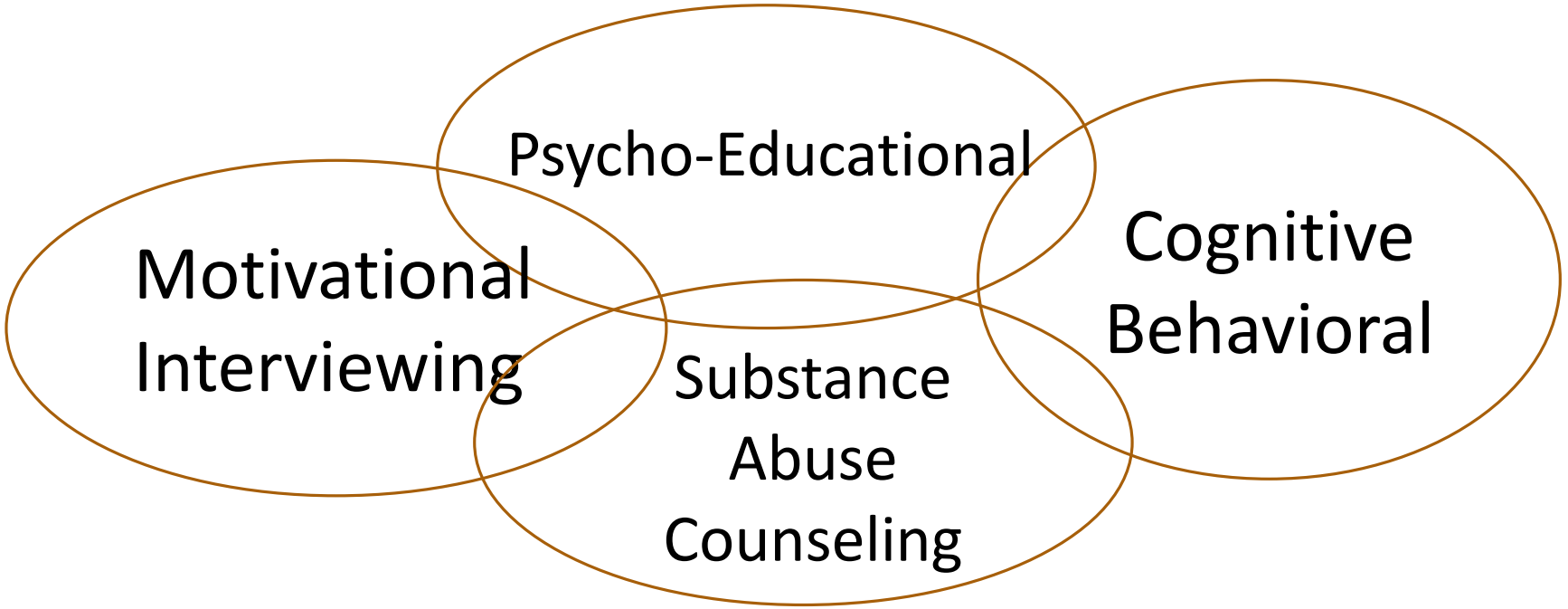
Support: Mutual responsibility, focus on community

Diagnostic Specific: PTSD, Depression, Anxiety, Substance Use

Theoretically-Oriented: DBT, CBT, MI, ACT

Setting Specific: inpatient, outpatient, drop-in

The Recovery Life Skills Program is



The Recovery Life Skills Program

Duration: Flexible: 18 sessions can be broken up into 36 sessions

Frequency: Flexible: 1-2 sessions/week

Session Length: 60 minutes

Membership: open with pre-meetings with new members; closed

Group size: 6-8 members

Client Characteristics: adults, co-occurring, active treatment, relapse prevention


MY LOVE LIFE BITES!
I'M NOT THE MAN I USED TO BE!
I FEEL HOLLOW INSIDE!
I CURSE EVERYTHING!
I HAVEN'T FELT ALIVE IN YEARS!
I JUST FEEL DISCONNECTED!
HALLOWEEN GROUP THERAPY

Reflection Questions

Think of any group you have been a part of (book club, peer support, exercise).

What are characteristics of an effective group leader?

List behaviors you think are essential for group leadership.

What are some signs of a healthy, functioning group?

List behaviors you would observe in a healthy, functioning group.

Characteristics of Effective Group Leaders

Supports:

The development of individual goals in a group setting

The group in developing it's own identity

Group members in collaborating, sharing, decision-making

Provides:

Structure, direction, and guidance

Instruction in a safe, stable learning environment

A model for flexibility, an openness to feedback, and a curiosity for inquiry

Empowers:

Group members to take on roles within the group

Individuals to develop skills

Recovery Life Skills

Facilitators:

May be new to Co-occurring Disorders

Must be knowledgeable about COD, Substance Abuse Counseling, and peer recovery support groups.

Warm and friendly while able to set healthy, firm boundaries

Skilled in group facilitation, motivational interviewing, and social skills training

Are responsible for communicating with the treatment team on client progress

May choose to co-facilitate for any number of reasons (role-plays, continuity)

Group Member Eligibility

Prospective Group Members:

Co-occurring mental health and substance use disorder

Active treatment (not using substances; stable mental health)

Relapse Prevention

Commitment to sobriety

Desire to learn new skills

Set goals to support lifestyle change

****Relapse can be accommodated for once stabilization is achieved and abstinence is committed to.

Pre-Group Interviews

Setting the Stage for Success: Pre-Group Interviews

- ❑ Allows for rapport to be built
- ❑ Clarification of group purpose, format, goals, homework
- ❑ Address questions/concerns
- ❑ Ensure client is in the appropriate stage of treatment for the group
- ❑ Catch client up on Orientation and Goal Identification
- ❑ Address learning/literacy concerns for accommodations
- ❑ Explain policy for relapse

-slip and recommit

-relapse and refuse to commit

-recommit and return

-stabilize and return


“ A GOAL
WITHOUT
A PLAN
IS JUST
A WISH „
Uploaded On CoolNSmart.com

Goal Setting Activity:

Consider a goal you have regarding a lifestyle change.

Write down your goal in behavioral terms (observable, measurable, achievable).

Write down the steps you are taking or plan to take towards your goal.

What are some of the small steps you are taking towards your goal?

What is one thing you plan to do towards your goal this week?

Share with your group members.

Reflection Questions:

What did you notice about your commitment to your goal when you wrote it down?

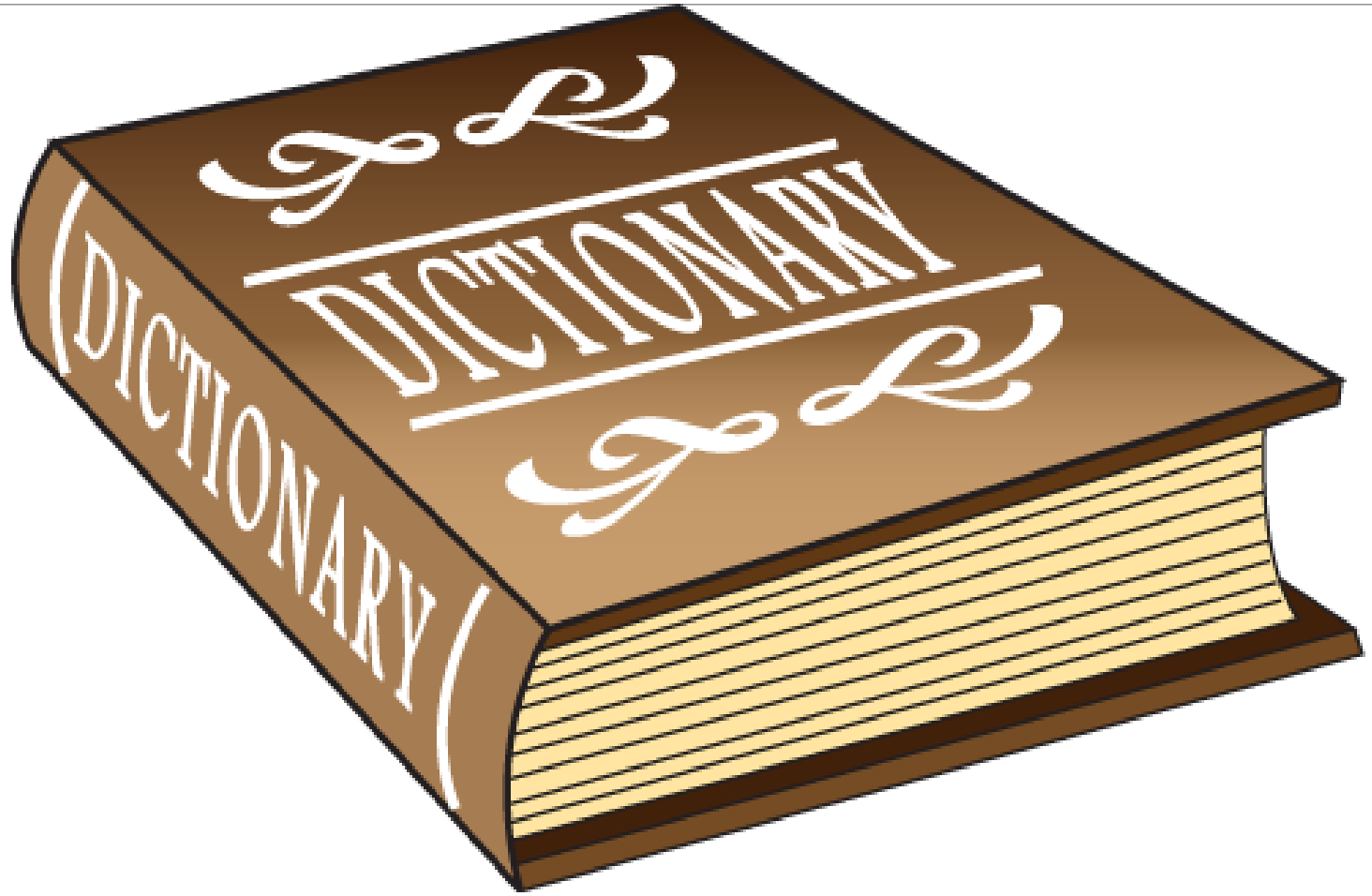
How about when you shared it with your group members?

For those of you actively working on a goal, how have you handled slips?

For those of you planning on working on a goal, what needs to be in place before you can begin the work?

Integrated Dual Diagnosis Treatment for Individuals with Co-Occurring Disorders

Definition of Terms



Co-Occurring Disorders

refers to co-occurring substance use and mental health disorders.

Often referred to as COD.

Other terms have been used

-MICA, MISA, SAMI, ICOPSD, Dual Diagnosis

A Client with Co-occurring Disorders

has one or more substance use disorder ***and*** one or more mental health disorders.

Diagnosis of Co-occurring Disorders

occurs when the diagnostic criteria for a mental health disorder and a substance use disorder are independently met and are not simply a cluster of symptoms that resulting from only one disorder.

Substance induced psychosis is not also schizophrenia.

Anxiety resulting from methamphetamine use is not also panic disorder.

Reflection Questions as Clinician

Consider your experience working with individuals with co-occurring substance use and mental health issues.

What are some of your assumptions about individuals with COD? (Unmute)

What are some of the key issues you have identified as essential for successful treatment and recovery for individuals with COD? (Unmute)

Prevalence Rates of Co-occurring Disorders

1:5 adults with any mental illness also meet criteria for substance use dependence

(19.7 percent of all adults with any mental illness)

1:4 adults with serious mental illness and substance use dependence (25.7 percent of all adults with serious mental illness)

1:2 adults with substance use disorder, (42.8 percent) had co-occurring mental illness

2009 NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH) ON THE NUMBER OF INDIVIDUALS IN THE UNITED STATES EXPERIENCING CO-OCCURRING MENTAL AND SUBSTANCE USE DISORDERS.

Historical Perspective

Treatment has often been separate.

Individuals with the most severe mental health and severe substance use disorders were unable to access adequate treatment in either service delivery system.

SUD precluded an individual receiving MH treatment.

MH treatment needs may have restricted access to some SUD treatment options.

Falling Through the Cracks

Traditional Treatment Models

SEQUENTIAL TREATMENT

Lack of clarity around which disorder to treat first

Untreated disorder worsens treated disorder

Unclear when on disorder is “successfully treated”

Client doesn’t get referred for necessary treatment

PARALLEL TREATMENT

Services are not integrated

Providers do not communicate

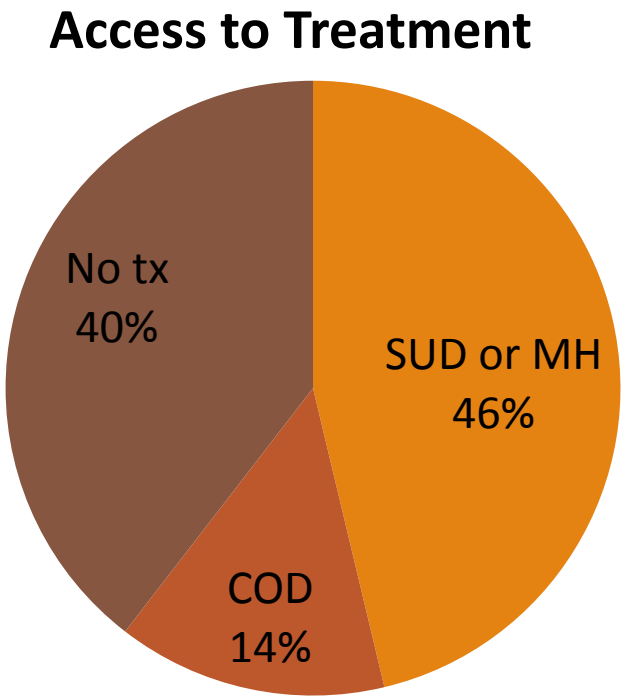
Burden of integration falls upon the client

No one accepts responsibility for the client

Lack of common language or methodology

Access to Treatment

Of 8.9 million adults with any mental illness and a substance use disorder



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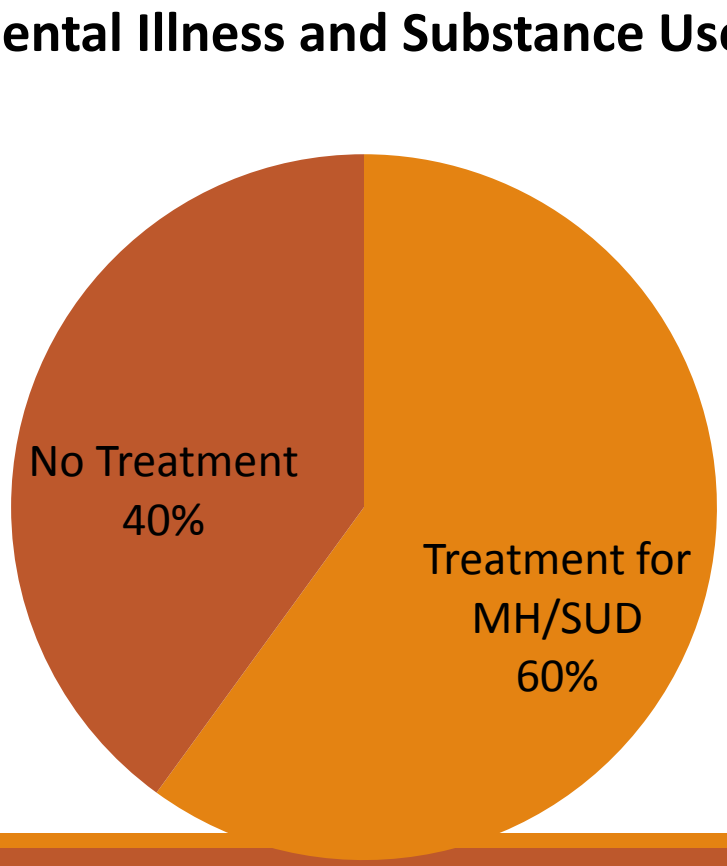
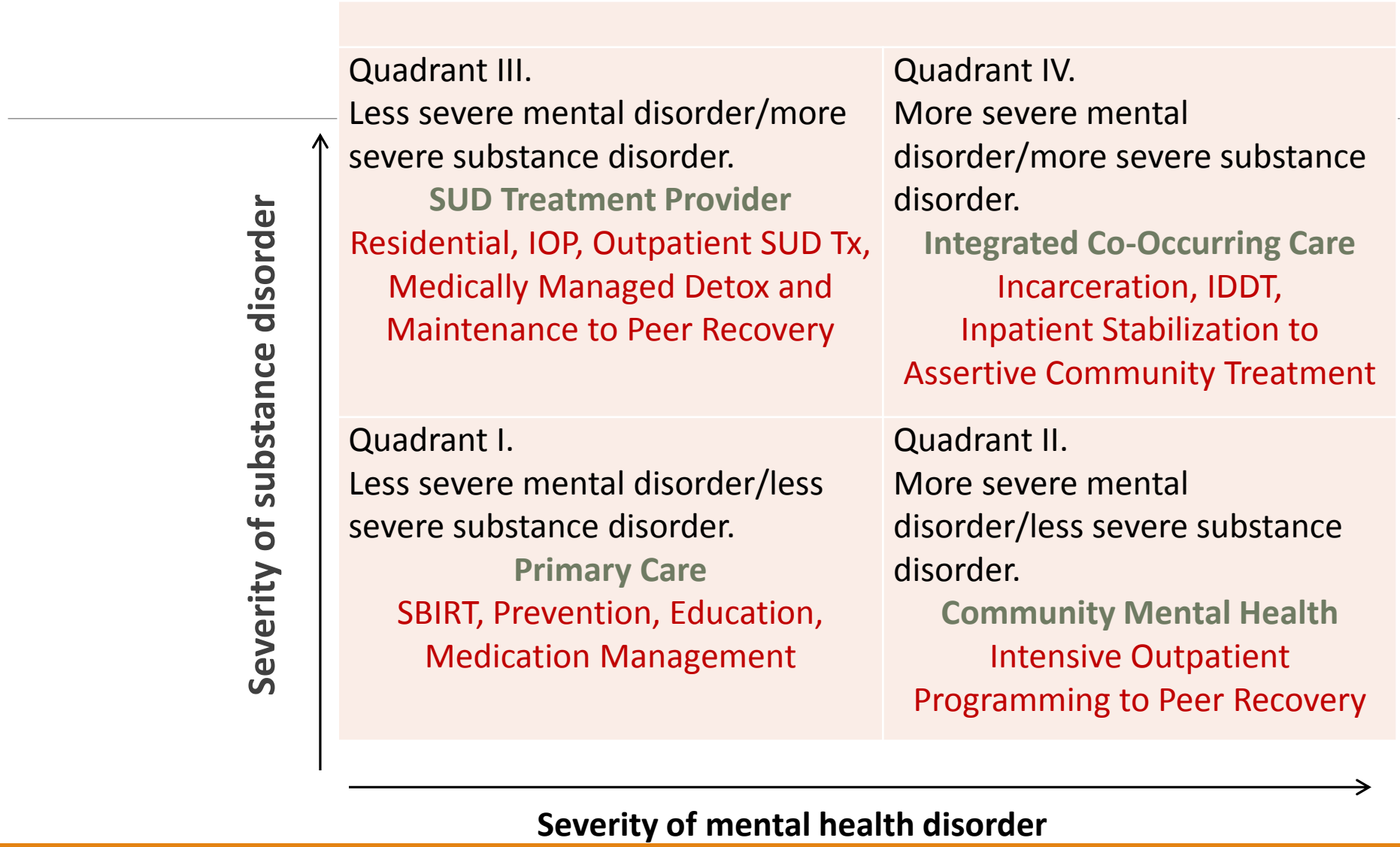
Access to Treatment



No Wrong Door

The Four Quadrants of Behavioral Health



Integrated Treatment

Different Types of Integrated Treatment

One clinician provides an array of needed services.

Two or more clinicians work together to provide needed services.

Clinician may consult with specialists and integrate consultation into care provided.

Clinician may coordinate an array of services on an individual treatment plan that integrates services.

One program (PACT) can provide integrated care.

Multiple agencies can join together to create a program that serves a specific population.

Vision of Fully Integrated Treatment

- ✓**One program treats both disorders**
- ✓One clinician treats both disorders
- ✓All clinicians trained in psychopathology, assessment, and treatment for both disorders
- ✓**Tailored SUD treatment for SPMI population**
- ✓Treatment is characterized by a slow pace and long-term perspective
- ✓**Stage-wise and motivational counseling is available**
- ✓12-step groups are available
- ✓**Recovery from both disorders**
- ✓Pharmacotherapies are indicated according to psychiatric and other medical needs.

Individuals with co-occurring disorders are more likely to experience:

- Psychiatric episodes
- Use, abuse, and relapse to alcohol and other drugs
- Hospitalization and emergency room visits
- Relationship difficulties
- Violence
- Suicide
- Arrest and incarceration
- Unemployment
- Homelessness
- Poverty
- Infectious diseases, such as HIV, hepatitis, and sexually transmitted diseases
- Complications resulting from chronic illnesses such as diabetes and cancer

Integrated Dual Diagnosis Treatment

Increases

- Continuity of care
- Consumer quality-of-life outcomes
- Stable housing
- Independent living

Reduces

- Relapse of substance abuse and mental illness
- Hospitalization
- Arrest
- Incarceration
- Duplication of services
- Service costs
- Utilization of high-cost services

Integrated Dual Diagnosis Treatment

Shared Decision Making

Integration of Services

Comprehensiveness

Assertive Community Outreach

Reduction of Negative Consequences

Long-term Perspective

Motivation-Based Treatment

Multiple Psychotherapeutic Interventions

Shared Decision Making

Client-centered/family-centered care

Goals, treatment course, path

Client, team, support network

History, values, preferences

Combine expertise of personal and professional

Satisfaction with treatment increases

Integration of Services

Both disorders are treated by one person or a team

One treatment plans with shared responsibility

One set of goals

One relapse plan

The key to knowing if care has been successfully integrated….

Comprehensiveness

Goal to increase psychosocial support

Housing

Case management

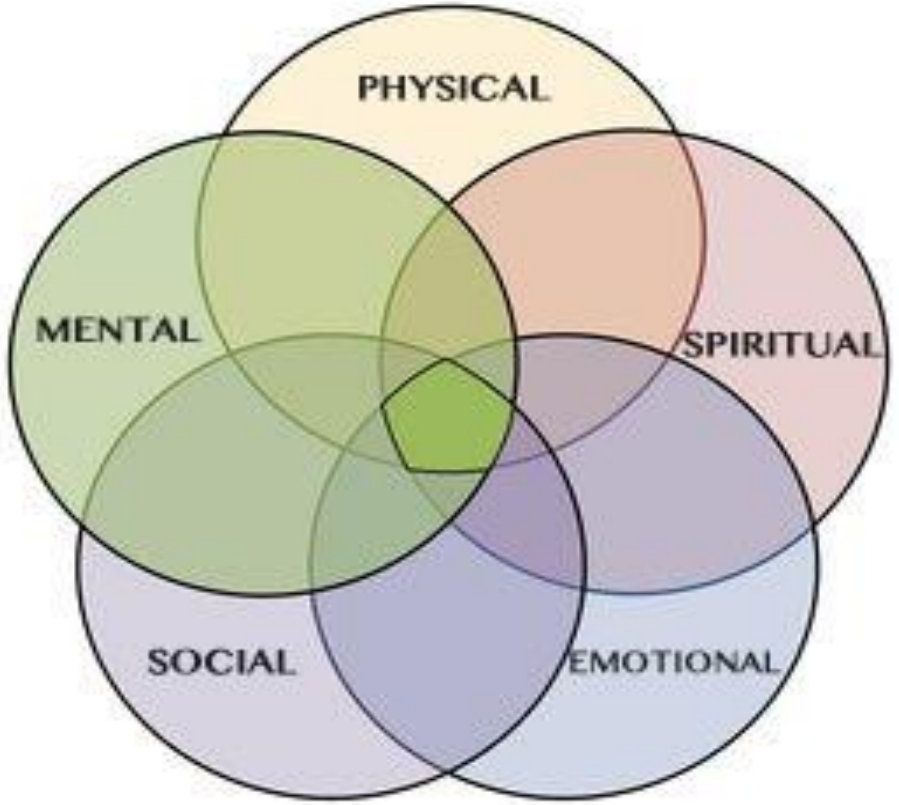
Supported employment

Family psycho-education

Social skills training

Illness management

Pharmacological treatment



Assertive Community Outreach

Engages with clients where they are

Increases access

Community case management

Homeless shelters

Mobile Crisis Outreach Teams

Jail Diversion Programs

ACT

Provides for immediate basic needs first

Connects to stabilizing supports

Case load ratio 1:15-30

Reduction of Negative Consequences

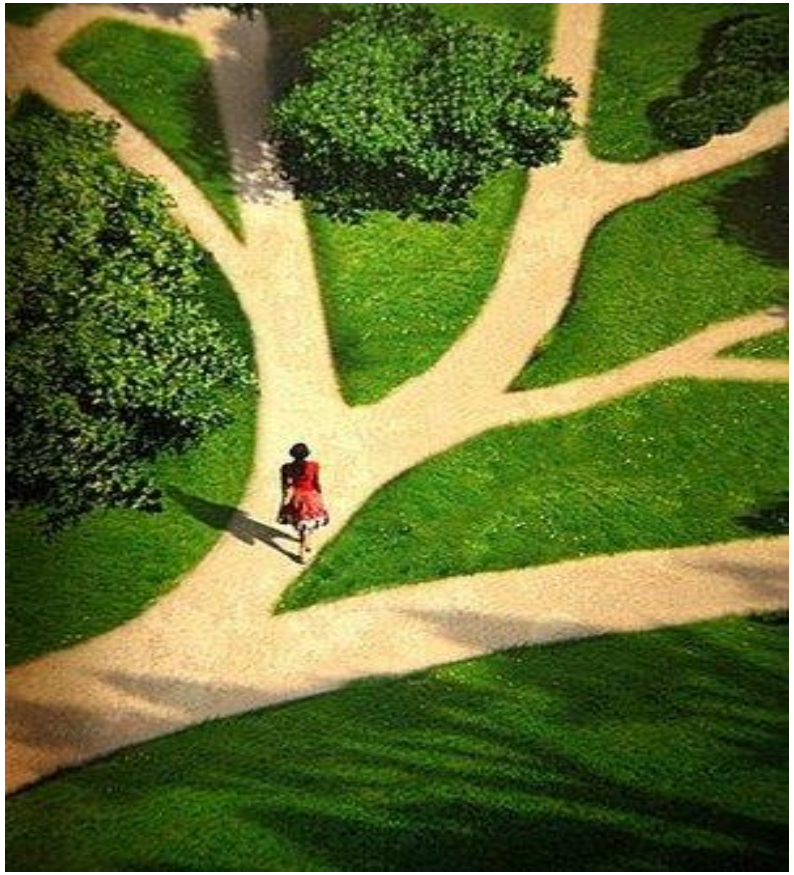
Harm reduction

Small steps before engaging in full recovery

Allows client to make progress without all or nothing approach

Increases motivation towards recovery

Long-term Perspective



Paths to recovery vary

There is no predetermined length of time

Recovery is multifaceted

Non-linear approach

Client driven view point

Motivation-based Treatment

Stage of change

-Precontemplation

-Contemplation

-Preparation

-Action

-Maintenance

Stage of treatment

-Engagement

-Persuasion

-Active Treatment

-Relapse Prevention

Multiple Therapeutic Approaches and Considerations

Interventions must be individualized

Goals, values, stage of change, stage of treatment

Intensity of needs

Severity and persistence

Functioning Impairments

Family Involvement

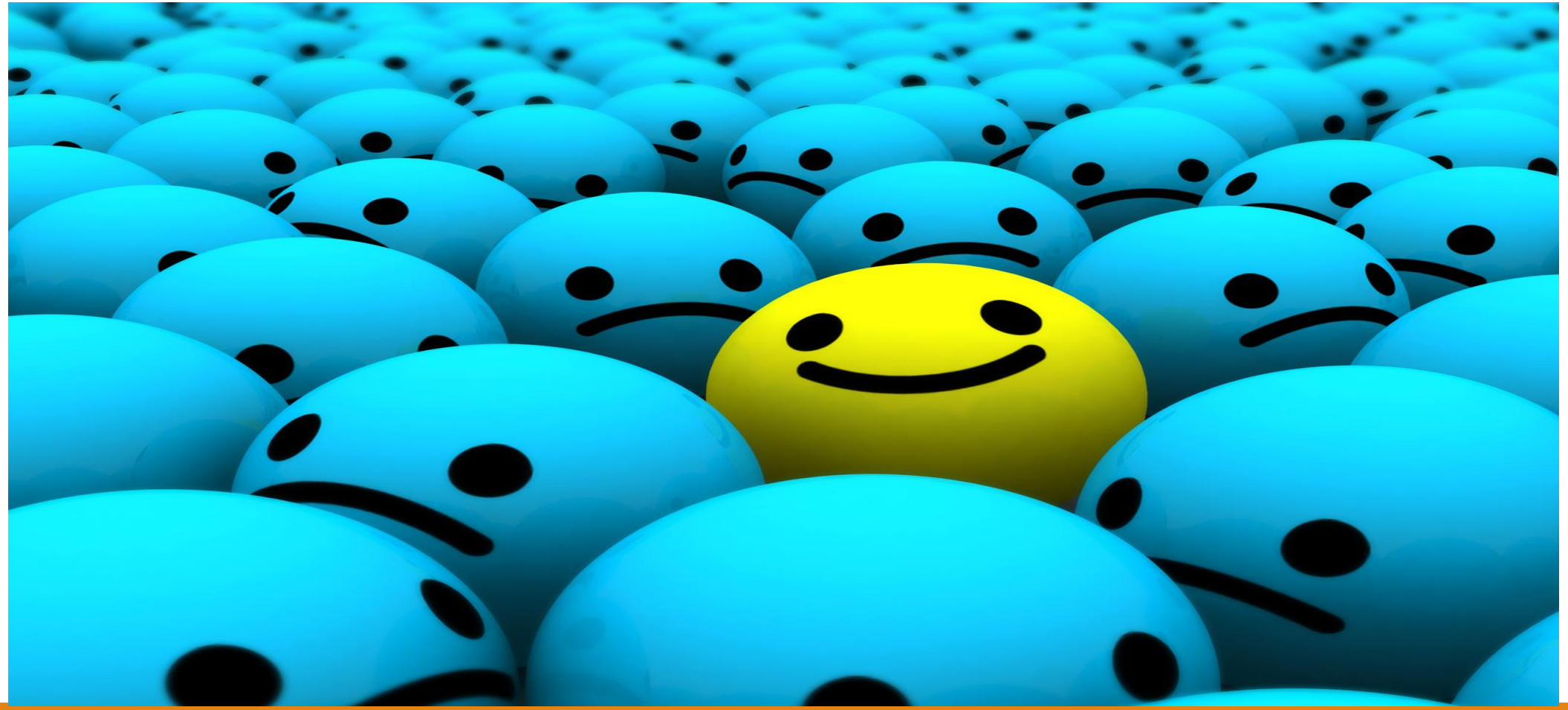
Peer Supports

Trauma

Cultural Differences

Employment, Parenting, Health

Let’s Talk about Recovery



Reflection Questions:

What is your definition of recovery? (unmute)

What is needed for an individual to achieve recovery? (unmut)

How does your definition of recovery inform your work with individuals with chronic, recurring, disabling conditions such as serious and persistent mental illness and/or addictions?

Recovery from SAMHSA's Perspective

Working definition of recovery from mental disorders and/or substance use disorders

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem— and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable and safe place to live

Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community

Relationships and social networks that provide support, friendship, love, and hope

HTTP://STORE.SAMHSA.GOV/SHIN/CONTENT//PEP12-RECDEF/PEP12-RECDEF.PDF

10 Guiding Principles of Recovery

Hope

Person-Driven

Many Pathways

Holistic

Peer Support

Relational

Culture

Addresses Trauma

Strengths/Responsibility

Respect

IDDT Recovery Life Skills Program

A GROUP APPROACH TO RELAPSE PREVENTION AND HEALTHY LIVING

Keys to Session Outlines

jwhieuhfiufkjed kdklisihdiisyfhds nhkdnchikdhoi	The shaded text in the session outlines is a script and is a suggestion for what you *might* say directly to the group. It is not intended to be read out loud verbatim.
	This icon indicates when group discussion should occur. When this icon precedes shaded script, it is a reminder that you are to engage with the group at this point in the session, addressing them directly and inviting group interaction and discussion.
	This icon reminds you to record important group comments and thoughts on the board (blackboard or white board). At the end of each session outline, you will find a reminder to transfer what you have written on the board onto the Recovery Life Skills Program Group Record for Facilitators (available on the CD-ROM or in the three-ring binder).

5 Step Session

Step 1: Welcome and Check-in: 15 minutes

Step 2: Review Previous Session: 10 minutes

Step 3: Topic Discussion: 15 minutes

Step 4: Personal Recovery Plan Worksheet and Goals: 15 minutes

Step 5: Home Assignment: 5 minutes

Step 1: Welcome and Check-in: 15 minutes

1. On the board, write the topic for the session and the names of the facilitators.

2. Write the affirmation, the check-in questions, and the group guidelines, or display the poster board that contains this information already written.

"I can't always choose what happens to me, but I can choose what I do about it."

3. Review the group guidelines that were established during session 1.

4. Hand out the Personal Recovery Plan Worksheets and then ask for volunteers to answer the check-in questions.

5. Review the coping strategy they will use until the next session.

6. Record the responses onto your Recovery Life Skills Program Group Record for Facilitators.

7. Look over the answers recorded on the board and summarize the common patterns since the last session.

Step 2: Review Previous Session: 10 minutes

1. Ask group members what they remember about the last session's topic. You may need to remind members of the session title to jog their memory. Ask a few open-ended questions regarding their understanding of the topic.

2. Review the home assignment from the last session. Take the time needed; address any incomplete work to emphasize importance. Record answers to homework on board.

3. Ask for a volunteer to share one thing they did on their home assignment.

4. Distribute the handouts for the current session.

Step 3: Topic Discussion: 15 minutes

1. Reference the individual session outlines in the facilitator manual for specific information

and advice on leading the topic discussion. Take the time you need to cover the topic.

2. Each topic in the program has a group member handout linked with it.

3. Sometimes you will spend a lot of time on the topic, and other times, you may spend more time on other elements of the session, such as the review.

4. There is no one right way to conduct a session, other than to engage with the group and follow their lead.

Step 4: Personal Recovery Plan Worksheet and Goals: 15 minutes

1. Ask group members to take out their Personal Recovery Plan Worksheet and their Recovery Life Skills Worksheet for the session.

2. As the facilitator, you will hand out Personal Recovery Plan Worksheets during every session.

3. Ask what progress they have made on their goal since you last met. Problem-solve around no progress

4. Give members 10 minutes to fill out their worksheets, depending on how you are structuring your session.

5. After they have finished, ask them to share their answers to your questions on this session's topic.

6. Make a copy of each one and keep them in a separate folder for each group member. Encourage members to store the originals in one place (a folder or a three-ring binder work well).

Step 5: Home Assignment: 5 minutes

1. Tell members what their home assignment is for the session.

2. Encourage group members to get people in their support network involved in their home assignments as much as possible to support them in their efforts and to help them practice new skills.

3. Check in with two group members about the progress they are making on their goals and ask

whether they have accomplished any of their short-term goals.

4. Ask group members to choose one of their short-term goals to work on until

the next session.

5. Remind members of the satisfaction they'll receive from crossing one of their short-term goals off their list, once they have accomplished it.

6. Ask the group if there are any questions or comments.

Questions? Comments? Remarks?