SUBSTANCE ABUSE, POST-ACUTE WITHDRAWAL AND CO-OCCURRING CONDITIONS RESOURCES

CHANGE FOR LIFE (C4L) Units A, B, C, G, and H.

This set of five (5) ten-session units provides 50 total sessions which provide significant focus on the Precontemplation Stage of Change from substance abuse. They can be used in any order, and support open group/open admission programs. Ideally, these units can be used as the first steps in a longer-term CBT/DBT program and as the foundation for programs addressing co-occurring conditions and post-acute withdrawal (detox).

The critical intent of the resources in these units is to engage and motivate the participant, and provide the information and perspective to begin to identify their highest risk symptoms and triggers. These risk factors may be the greatest immediate threat to relapse for this specific population, and may continue to be major risk factors going forward.

In consideration of the recency of their acute withdrawal and ongoing emotional stabilization, these resources are designed to be engaging, supporting, and framing the initial and subsequent steps toward recovery.

Change for Life (C4L) Unit A

In addition to core PreContemplation, Preparation, and Situational Confidence elements, the theme of this introductory unit is to introduce successful management of **internal risk factors and difficult symptoms** - and increased awareness of symptoms commonly experienced by people immediately following acute withdrawal (or detox). Includes motivational enhancement (MI) activities and tools.

Change for Life (C4L) Unit B

In addition to core PreContemplation, Preparation, and Situational Confidence elements, the theme of this unit is successful management of **external risk factors and triggers** - and increased awareness of symptoms commonly experienced by people immediately following acute withdrawal (or detox). Includes motivational enhancement (MI) activities and tools.

Change for Life (C4L) Unit C

In addition to core PreContemplation, Preparation, and Situational Confidence elements, the theme of this unit is development of **internal strengths and insight**, as well as reduce the risks of remission or relapse. Specific tools **increase awareness of symptoms commonly experienced by people immediately following acute withdrawal** (or detox). *NOTE: Includes motivational enhancement (MI) activities and tools which guide progress from the precontemplation stage through contemplation.*

Change for Life (C4L) Unit G

Core **change-focused post-acute withdrawal resource**. Addresses thinking issues and risk factors, reducing resistance, and beginning the process of personal awareness and change **- and increased awareness of symptoms commonly experienced by people immediately following acute withdrawal (or detox).** Specific elements are designed to increase awareness of discrepancy, a critical motivational interviewing (MI) technique. (i.e. cognitive dissonance). Ideal with clients who may be early stages of change (early and later precontemplation. and contemplation).

Change for Life (C4L) Unit H

Resources in this unit increase self-awareness with the specific objective of increasing discomfort with the old choices. An additional focus is to increase **awareness of symptoms** commonly experienced by people immediately following acute withdrawal (or detox). Specific elements are designed to increase awareness of discrepancy, a critical motivational interviewing (MI) technique. (i.e. cognitive dissonance). Shaped for use with clients who may be early stages of change (later precontemplation and contemplation).

MANAGING SYMPTOMS AND TRIGGERS

- **Managing Symptoms and Triggers Unit A**
- **Managing Symptoms and Triggers Unit B**
- **C4I Unit E (Relapse Prevention)**
- **C4I Unit E (Relapse Prevention)**
- **Risk Factors and Coping Strategies (for emotional balance)**

These five Units:

1 **Model and practice key coping (distress tolerance) skills to address the most likely immediate and future feelings, symptoms, triggers and risk factors going forward.**

2 **Identify their highest risk factors for relapse prevention as well as specific critical recovery strategies and skills to address them.**

3 **Reduce specific emotional vulnerabilities which may be addressed as part of a comprehensive relapse prevention strategy.**

4 **Continue to pay attention to the frequency, intensity and duration of uncomfortable symptoms which may be experienced during the post-acute withdrawal period. These symptoms may be the greatest threat to relapse for this specific population at this point - and going forward.**

The first two units (Managing Symptoms and Triggers) provide a practical CBT approach to mental health and substance withdrawal symptoms and their triggers to addictive behaviors including dysfunctional thoughts and behaviors. A key objective is to reduce the relapse risk of recurring and new symptoms in the post acute withdrawal period (PAWS).

Given their past choices and issues, this population has a significant need to learn, practice, and master several key **distress tolerance (coping) skills** which are taught and modeled in each of the five units, which introduces them as soon as new members arrive in the treatment process, as well as reinforcing them systematically.

These resources are primarily constructed, and supported by incorporated Motivational Interviewing (MI) and Motivational Enhancement (MET) resources to address both the Precontemplation and Contemplation Stages of Change and to initiate movement to the Preparation stage.

Within that framework, the issue of increased confidence in their ability to be successful is a critical goal. Confidence Rulers are included in many resources, as are a significant program element: Situational Confidence Questionnaires (SCQ). Each of these SCQ program elements includes Likert-type scales identifying multiple specific situations - relating to successfully handling triggers, symptoms, feelings risk factors, and practical scenarios. They are a primary tool for counselors. Participants indicate where they feel most confident of success, and where they are less confident. This provides an opportunity for specific focus and counseling. When confidence increases, they are likely to be more willing to cope effectively (and thus reduce the risk of relapse).

4 Most sessions begin with an activity designed for engagement.

- **Managing Symptoms and Triggers Unit A**

The primary focus of these resources is awareness and self-management of symptoms and **internal risk factors** which contribute to problems. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by selected practical DBT distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

- **Managing Symptoms and Triggers Unit B**

The primary focus of these resources is awareness and self-management of triggers and **external risk factors** which contribute to problems. There is a specific emphasis on anxiety, depression, and anger/aggression, as well as a basic cognitive-behavioral (CBT) approach, supplemented by selected practical DBT distress tolerance/self-management skills, and MI tools designed to guide awareness and build motivation.

- **Change for Life(C4l) Unit E (Relapse Prevention)**

This unit provides a **change-focused approach to relapse prevention**. It targets the most common internal risk factors (lapses), external risk factors (identifying and avoiding their specific high risk people, places, things, and situations), and the development of internal and external protective factors (safety nets). This resource includes multiple tools for self-evaluation and includes instruction in four key practical coping skills for self-management (Distress Tolerance Skills - DBT).

- **Change for Life(C4l) Unit F (Relapse Prevention)**

Relapse prevention and change-focused resource guides self-analysis and the development of a plan for personal change. It helps analyze past choices, dysfunctional and functional behavior, substance use/abuse, and similar issues. It includes elements of motivational interviewing (MI) and cognitive-behavioral therapy (CBT), as well as analysis of risk factors, and the continued introduction and development of four key DBT key distress tolerance coping skills.
A key element in this unit is the inclusion of Situational Confidence Questionnaires (SCQs) in several lessons. They address **the most common risk factors for relapse**.

- **Risk Factors and Coping Strategies (Emotional Balance)**

Core change-focused and **emotion regulation** program unit. The primary focus of these resources assessing and establishing balance - emotional stability and the capability to respond in appropriate ways to events. Stress management is treated as an Emotion Regulation element in DBT. There is major emphasis on dealing with specific feelings and triggers. The final elements address protective factors, resilience and building personal confidence.

HANDLING DIFFICULT FEELINGS

- **Handling Difficult Feelings Unit #1**
- **Handling Difficult Feelings Unit (Anxiety)**
- **Handling Difficult Feelings Unit (Sadness and Depression)**
- **Life Experiences and Resilience**
- **Handling Difficult Feelings Unit #2 (includes shame, guilt, loneliness, and boredom)**
- **Handling Difficult Feelings: Grief and Loss** - with included **Sleep Hygiene** resource

Most people in similar situations have complicated issues with feelings. When recovering from acute withdrawal, these issues are even more complex. Among the highest risk factors for relapse are the feelings and symptoms associated with anxiety and depression, for example. Additional critical risk factors include sudden and extreme mood swings and the symptoms associated with drug cravings. As these symptoms come and go, and persist for days, weeks and even months, their ability to identify what's going on and to deal effectively with those feelings and symptoms will be challenged.

A first step is to help them gain some perspective on what is happening: this can start with identifying the feeling, and then identifying the experience as symptoms of that feeling. In basic terms, they can start to get a handle on what's happening - before returning to the drug.

The critical intent of the materials in these six (6) Units:

1 **Identify and address specific feelings and symptoms which are highest risk for them. Gain insight into their triggers for these feelings, and the signs that they are moving closer to risky thinking and behaviors.**

2 **Identify their highest risk factors for relapse prevention as well as specific critical recovery strategies and skills to address them.**

3 **Reduce specific emotional vulnerabilities which may be addressed as part of a comprehensive relapse prevention strategy.**

4 **Continue to pay attention to the frequency, intensity and duration of uncomfortable symptoms which may be experienced during the post-acute withdrawal period. These symptoms may be the greatest threat to relapse for this specific population going forward.**

5 **Increasing motivation and behaviors relating to commitment and confidence in successfully addressing their highest risks for remission and relapse.** An important feature of these units Is the inclusion of multiple Motivational Interviewing (MI) tools integrated into the actual program resources.

- **Handling Difficult Feelings Unit #1**

The primary focus of these resources is awareness and <u>self-management of symptoms and triggers</u>. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by key distress tolerance skills, and MI tools designed to assist awareness and motivation for successful symptoms self-management. A major focus of this unit is self-management of <u>Anger</u>.

GOALS: Increased understanding and successful management of angry feelings.
Success in handling angry feelings from specific problem situations.
Successful handling other difficult feelings in problem situations
Demonstrated understanding (CBT).
Movement to Contemplation Stage. (❑ awareness, ❑ understanding, ❑ insight, ❑ acceptance)

- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

- **Handling Difficult Feelings Unit (Anxiety)**

The primary focus of these resources is awareness and self-management of symptoms relating to anxiety. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management, especially anxiety.

- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

- **Handling Difficult Feelings Unit (Sadness and Depression)**

The primary focus of these resources is awareness and self-management of symptoms relating to sadness and depression. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, coping and distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

- **Life Experiences and Resilience**

The primary focus of these resources is awareness, insight, and more effective self-management of the impact of **distressful life experiences, such as past traumatic events**. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by distress tolerance, affect regulation, and coping skills, and tools designed to assist awareness and motivation for successful symptoms self-management and effective sleep hygiene.

Please note: While this unit is not designed as an intensive PTSD therapeutic resource, it does provide a strong and helpful psycho-educational perspective. It may be assumed that most participants have been exposed to traumatic events in their lives. Some group members may have experienced the symptoms of post-traumatic stress, and certain others may qualify for a PTSD diagnosis. As with any program, the guidelines of trauma-informed care should rule. First: do no harm and seek to avoid making things worse.

- This unit includes multiple Motivational Interviewing (MI) tools.
- This unit teaches specific self-management skills.
- This unit provides many opportunities for problem solving.

Key questions for participants:

- How do certain kinds of life experiences affect who you are today?
- How could certain kinds of life experiences affect what you choose to do going forward?

NOTE: Overdosing itself is likely to be a traumatic experience and potentially a trauma-related risk factor going forward.

- **Handling Difficult Feelings Unit #2 (includes shame, guilt, loneliness, and boredom)**

The primary focus of these resources is awareness and self-management of symptoms from difficult feelings like shame, guilt, loneliness, and boredom. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

- This unit teaches specific self-management skills.
- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

Handling Difficult Feelings: Grief and Loss - and Sleep Hygiene

This unit addresses two specific issues:

- Sleep hygiene (better sleep management)
- Grief and loss issues as underlying risk factors

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Improved sleep hygiene, including mastery of key coping skills for self management as well as improved sleep.

Sleep disturbances are among the most significant recurring symptoms in post acute withdrawal. As such, they are uncomfortable in themselves, but also in leaving the individual tired and less likely to cope effectively with other stressors or symptoms during the day. They become a major risk factor for recovery. Additionally, requests for sleep meds are a familiar issue. In the perspective of past addictions and in a withdrawal or post-overdose period, most providers are reluctant to authorize more drugs. The development of healthy sleep hygiene and habits (DBT-based emotion regulation strategies and distress tolerance coping skills) is likely the best available alternative.

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This unit provides a CBT-based approach to significant grief and loss issues.

The immediate issue of potentially quitting an addiction is also a kind of loss. **These issues are addressed as potential risk factors to successful recovery. Specific self-management skills are reinforced to assist awareness and motivation for successful symptoms self-management.**

- This unit teaches specific self-management skills, including specific skills for sleep hygiene.
- This unit includes multiple Motivational Interviewing (MI) tools.

10-session Units: Risk and Protective Factors Curriculum Set

- Change for Life - C4L - Unit D
- Issues in Recovery #1 (IR-1)
- Issues in Recovery #2 (IR-2)
- Risk Factors and Protective Factors - Moving Forward (RFPF)
- The Bridge - Unit D - Treatment Adherence and Medication Compliance

This set of five (5) ten-session units provides 50 total sessions.

The content, structure, and intention of these five (5) units are somewhat different from the other fifteen Units (150 sessions) in the program resources. Significant factors in these units include:

The first three units are specifically focused on relapse prevention.

- C4L Unit D is an intensive relapse prevention unit, designed to build insight and strength in recovery, paying specific attention to signs increasing risk.
- Issues in Recovery #2 provides multiple topics, shaped for recovery group processing.
- Risk factors and Protective factors focuses primarily on the development of internal protective factors and self-management (emotion regulation).

The final two units are also focused on dealing with recovery, but provide additional DBT skills in managing stress and developing healthy sleep patterns. Both of these areas are critical to reducing risk of relapse in the Post Acute Withdrawal population. Specifically, these two units also include emotion regulation strategies and additional practice in coping skills (distress tolerance skills).

Three Units (IR-1. IR-2, and RFPF) are especially appropriate for long-term treatment and aftercare, or for EOP settings,

The Bridge Unit D may be used at any point in the programming to address treatment adherence and medication compliance.

Change for Life (C4L) - Unit D

Helps participants identify and plan to address the symptoms and cues that they are moving closer to their highest risk situations. This is a key step toward self-efficacy. **NOTE: this is the most intensive treatment-focused unit.**

This unit provides a **risk factors approach** to **relapse prevention**. It focuses primarily on the most common internal risk factors, but also identifies early warning signs ("red flags") that their thinking may be drawing them closer to their highest external risk factors (high risk people, places, things, and situations). The final elements provide a working model for building on their internal protective factors and making specific changes.

This resource also includes a brief overview for the group leader.

Issues in Recovery (IR-1)

The resources in this unit provide a collection of important topics and activities for relapse prevention and recovery. As such, this unit is flexible in application, though most of the issues and topics are appropriate to the Contemplation and Preparation Stages of change.

Many of these topics lend themselves to extended discussion, and may also be useful if revisited in an aftercare setting.

Risk Factors and Protective Factors - Moving Forward

This relapse prevention resource places a major focus on internal protective factors and self-management. It includes several key components of Emotion Regulation strategies (DBT).

After completing this program, most participants will go forward into settings with limited external protective factors. Many options available in the community may not be immediately available to them (employment, second jobs, volunteer and community activities, safe spaces for leisure or recreational activities, multiple weekly support group meetings, counseling programs, or faith-based options - all of which can serve to reduce their exposure to many of the traditional high risk factors (people, places, things and situations).

As these options may be limited in their immediate future, internal protective factors become more critical. This unit provides multiple self-assessment and planning opportunities. Additionally, it provides practice in problem solving against multiple potential future stressors and risk factors.

ISSUES IN RECOVERY #2

The resources in this unit provide a collection of important topics and activities for relapse prevention and recovery. As such, this unit is flexible in application. Materials included are appropriate to the Contemplation and Preparation/Determination, as well as Action Stages of change.

A critical element in this unit is the inclusion of instruction and helpful review/reinforcement in four key coping skills for self-management (Distress Tolerance Skills - DBT.

THE BRIDGE - UNIT D - TREATMENT ADHERENCE AND MEDICATION COMPLIANCE

Core mental health program unit focused on increasing treatment adherence and medication compliance. Addresses a critical stage of change in mental health treatment: symptom awareness, but treatment non-compliance. Supplemented by DBT mindfulness activities, self-management skills, and tools designed to assist awareness and motivation for successful symptoms self-management.