Virtual GBOT (Group-based opioid treatment) Manual

<u>This manual contains</u>:

I. Overall Structure & Format

-Groups should last between 45-60 minutes

-Begin group with GROUND RULES
- -We have provided sample Ground Rules below
- -Make sure your ground rules include rules associated with VIRTUAL visits
- -Invite participants to comment on and modify the ground rules periodically, especially during the first 4 weeks of your group

-Welcome new people and allow them to introduce themselves at the beginning

-Spend MOST of the time as a *support group*: ie allowing individual patients to "check in" about their week, any drug-related activities (slips/lapses/relases, close calls, triggers) and life in general; each patient should be expected to "check-in" and should be allotted time to do so

-Spend a smaller portion of the time engaged in a thematic activity; you can consider various formats. Example:
a) use the first 5-15 minutes to do an activity followed by individual patient check-ins *OR*
b) use a thematic prompt and ask that patients to respond to this prompt during their individual check-ins *OR*
c) mix it up

Sample:
Group Ground Rules

<u>Etiquette</u>

Be on time - Tardiness is non excusable in this group. If you are more than ten minutes late you will not be able to participate in the group.

Let Staff know ahead of time (3 hours or more) of any difficulties with attendance issues- do not call during group hours to resolve issues or discuss attendance. Your call will not be answered during group sessions or returned after the session has ended.
Do not drive while in group **it is illegal** and unsafe, Pick a spot where you can sit for the whole group time. Pick a quiet and private space where you can talk.
Please keep yourself muted until it's your turn to share / try to speak one person at a time so we can hear you. (to mute or unmute *6 on the phone / red to grey mic button on video)
Let us know if you need to speak one to one after group attendance

RULES

The purpose of our group is to support each other in our common goal of recovery, by respectfully sharing our experiences, strengths and hopes.

- BE HONEST – Share with the group your honest feelings, thoughts, hopes, close calls, struggles and relapses.
- BE PROMPT – let's start the group on time and be attentive and interactive the full hour.
- BE DRESSED - Be dressed appropriately at all times, shirt on, no offensive graphics
- COMMUNICATE – you need to let a leader know if you are not going to attend for any reason! 3 or more failure to communicate with staff will lead to termination from group.
- RESPECT – Everyone and their experiences; they may differ from yours
- SPEAK – but only for yourself "I Feel."
- NO CROSS TALKING - utilize the chat function during group, speak on your turn,during free periods or by "raising your hand"; We DO encourage you to respond to each other and support each other though *after* the person checks in- again raise your hand! Listening well, sharing advice, offering help, and acknowledging others' struggles and victories is part of being a good group member!
- LISTEN – actively participate in listening to others, do not turn off your camera.
- Do not turn off your camera - please stay focused and active in group, do not exit group.
- Wait until the person running the group says that group is over before leaving.
- Remain SEATED AND PRESENT - please do not get up and move around it is distracting, **NO driving** while in group it is illegal and unsafe, do not exit group during group hour.
- NO Name calling – foul language is not encouraged but accepted, do not call someone out of name.
- No calling or texting – you are in the group for 1 hour please do not get distracted.
- DO NOT GLORIFY PAST DRUG USE – -
- NO VAPING OR SMOKING – you are still participating in a meeting. Do not do it in video
- DO NOT COME TO GROUP IMPAIRED IN ANY WAY – let's keep this environment a safe space.
- CONFIDENTIALITY IS A MUST- thank you for participating!

Prescriptions will be filled by your Suboxone provider and you are required to come to group in order to get your prescriptions. We will let your provider know if you are not attending group as expected.

II. Group Activities

Below are some sample group activities, divided based on several behavioral therapeutic approaches defined here.

1) Motivational Interviewing (MI) A patient-centered counseling style that elicits behavior change by helping patients explore and resolve their ambience
2) Cognitive Behavioral Therapy (CBT) A counseling style that helps patients identify harmful thoughts, assess whether they are an accurate depiction of reality, and, if they are not, employ strategies to challenge and overcome them.
3) Community Reinforcement Approach (CRA) A therapeutic approach that helps patients identify goals around "people, places and things" to minimize triggers and risk factors for drug use and maximize supportive and protective factors for drug use.
4) Twelve-Step Facilitation (TSF) A therapeutic approach that encourages patients to engage and actively participate with 12-step mutual-help organizations, like AA/NA with a goal of abstinence. It uses spirituality and a "higher power" approach as patients engage sequentially in the 12 steps of the "Big Book"
5) Educational/Didactics Topics are presented in a lecture/teaching format. They can relate specifically to drugs and alcohol (such as How Suboxone Works, How Addiction is a Chronic Disease, Smoking Cessation) or other topics that are relevant to most patients (eg. Managing anxiety/depression, Sleep hygiene, Self-care around nutrition and exercise).

I. Philosophy:

In selecting curricular contact, the activates you choose should embrace a framework

-cultivates a shared identity around patients' addiction-related experiences, attitudes, and behaviors so that they relate to each other, trust each other, and can optimally support each other -encourages participation from all group members -teaches skills around positive coping mechanisms -inspires forward-thinking, individualized goal setting

-allows patients to give and receive feedback and ideas to and from each other that allows them to practice and nurture healthy socializing skills

-promotes fun and levity and hence a needed "break" from life stressors, when appropriate

-empowers self-care (for addiction, co-morbid psychiatric diagnoses, and non-addiction related conditions and behaviors)

-normalizes and de-stigmatizes addiction

-can reasonably be accomplished in a virtual group visit space, where back-and-forth dialogue is often limited and it is challenging to do hands-on activities; consider providing readings or activities that patients can complete in between groups (as "homework") and then bring to group with them

QUICK, SIMPLE PROMPTS: ie patient checks-in about their week and then responds to the prompt

Examples:

-Two truths and a lie: Name 3 statements about yourself, two of them are true and 1 is a lie. Other participants will guess which one is the lie. Be creative!

-What made you decide to enter in recovery this time around?

-Describe an idiosyncrasy about yourself (something that makes you very unique/odd/"a quirk")—example: "I don't have a gag reflex" or "I eat peanut butter at every meal" or "I can put my feet behind my neck" or "I like to eat breakfast food at dinner and dinner food at breakfast"

-Think about the last person you forgave. Why did you decide to forgive them? How did it feel?

-If you could have <u>one</u> SUPERPOWER, what would it be?

-If was the LAST DAY ON EARTH, what would you do?

-Share a SONG THAT HOLDS SPECIAL MEANING TO YOU. Why does it hold so much meaning to you?

-Who is your biggest SUPPORT in recovery? Why do you say that?

-Who has been your biggest ROLE MODEL? What was it about their behavior or personality that you admire? Can you be like them? Why/Why not?

-If you could only have <u>one food</u> to bring to a desert island and eat for the rest of your life, what would it be?

-What advice would you give to your childhood self?

-What is the most important thing you do to strengthen your recovery?

-What am I grateful for today?

-Name one activity you do to relieve boredom.

-Name one goal you are working on or would like to start working on.

-Name one hobby you engage in or would like to start.

-Name one thing you are proud of yourself for.

-What is the most helpful thing you do when you have an urge/craving?

-What was the best thing that happened to you in the last month?

-What is happening in your life now that is better since you stopped using?

-If you felt a need for support in your recovery, who would you be willing to reach out to?

-What is the most beneficial change you have made in your life since beginning recovery?

*****Feel free to create your own prompts as long as they relate to the spirit of the goal of this Introductory Period*****

Slightly more involved activities

Cognitive Behavioral Therapeutic (CBT) Activities

Activity 1: Shame-based thinking

Many people list issues with "guilt and shame" as a critical factor related to substance abuse issues and addiction. Therefore, learning to cope with guilt and shame cane be an integral part of the healing process for many individuals.

GETTING PAST SHAME AND GUILT

Irrational thoughts and beliefs can fuel shame and inappropriate guilt. These untruths can perpetuate negative feelings we have about ourselves. Take a look at these statements. **Check off if you ever think like this:**

□ I must get everyone's approval.

□ I must be perfect.
□ Mistakes are bad.
□ If I am not like _____ then I am not a valuable person.
□ Everyone can see my faults.
□ I am not worthy of forgiveness.

What other thoughts do you tell yourself that are negative?

Activity 2: Letting Go

There's a lot in life we can control (what time we wake up in the morning, what clothes we wear, when we go to the bathroom, who we talk to, who we ignore, etc).

However, there's a lot in life we can't control (example: traffic patterns, the weather, our boss' expectations, etc). And, even if you try really hard to make plans, predict certain outcomes, life often produces different results than you expected or wanted.

Sometimes, when things don't go as expected, we can get angry, frustrated, and have negative thoughts. These breed more negative thoughts and we find ourselves in a downward spiral.

Let it go! When you let go of expectations and begin to take yourself and life less seriously you can handle what life throws at you way better and not go down a negative pathway that ends up producing more negative results.

For example, a patient once shared a story with me.about how he went to the pharmacy to fill his suboxone and they told him they did not have enough of the tabs. He used to start yelling and go ballistic on the pharmacist for denying him his medication. Instead, he realized there was nothing he could do about this, so he asked to speak with the manager and calmly explained the situation and asked if there was anything the manager could do. The manager gave him films to hold him over.

This patient old himself "I can only control the things I can control" and instead of becoming irrate, handled the situation calmly and got a much better result than he would have got by being angry.

Some people use this mantra to cope with stress "I can only control the things I can control." Others tell themselves "Everything happens for a reason."

Think about the last unexpected, frustrating thing that happened where you could have gone NEGATVE but instead you kept a positive thought.
What happened?
What did you tell yourself to stay positive?
What did you do the last time you had negative thoughts to get OUT of that mindset?

Activity 3: The Tale of Two Wolfs (A Native American Cherokee Story):

One evening an old Cherokee told his grandson about a battle that goes on inside people. He said, "My son, the battle is between two wolves inside us all.

"One is Evil – It is anger, envy, jealousy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

"The other is Good – It is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith."

The grandson thought about it for a minute and then asked his grandfather: "Which wolf wins?"

The old Cherokee simply replied, "The one you feed."

Think about the 2 wolves you have inside of you/

1) **a) What does your "evil" wolf look like?**
   b) How do you avoid your evil wolf?

2) **a) What does your "good" wolf look like?**
   b) When was the last time you used your good wolf?
   c) Why do you think you were able to ignore the evil and focus on the good wolf?

Activity 4: How we talk to ourselves:

Make two columns:

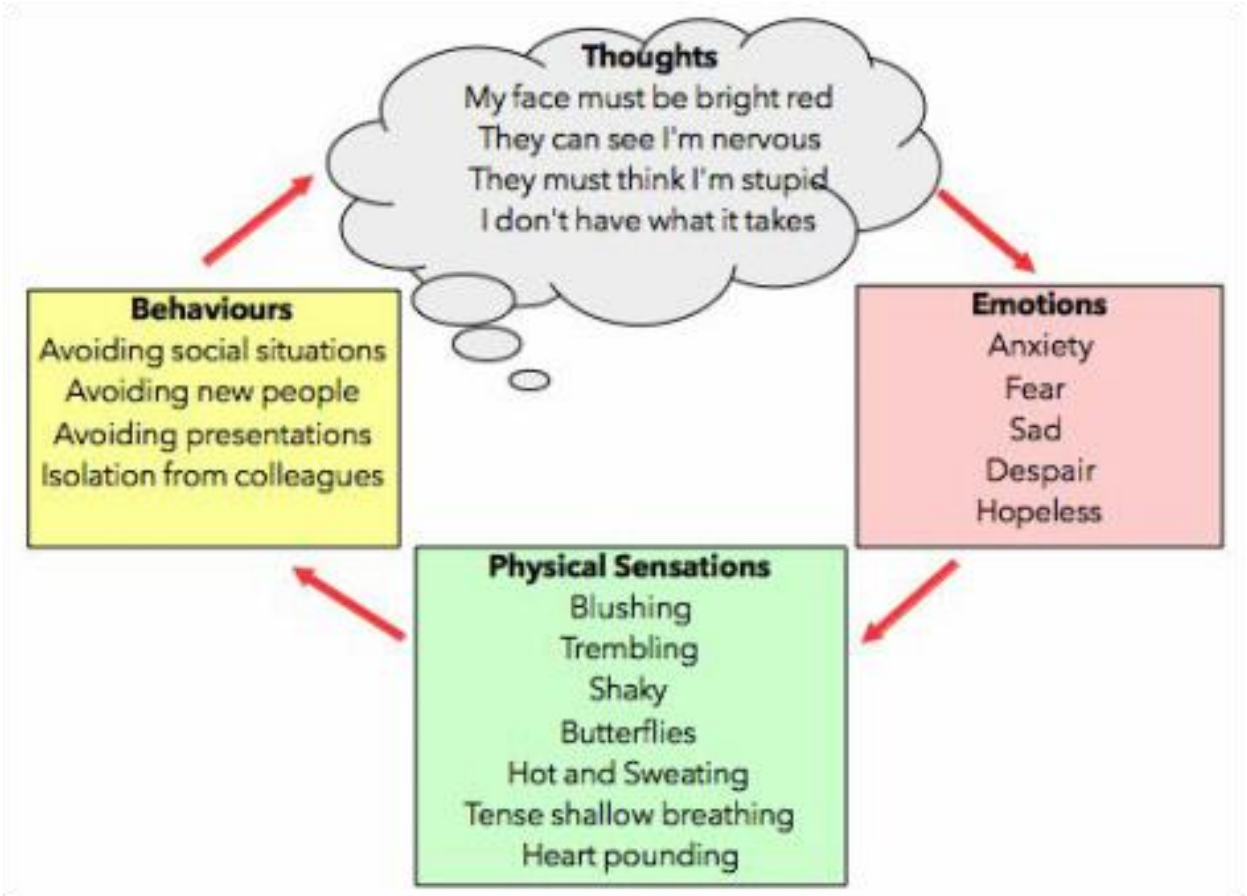
1) How I talk to myself when I'm in "addict" mode
2) How I talk to myself when I'm doing good/ in recovery

Spend 3 minutes writing down how you talk to yourself if each scenario.
Then share with the group during your check-in.

Activity 5: Cycle of Anxiety

Take a look at this cycle of anxiety.

Identify something you are worried about (your thought).
What emotion does it cause: anxiety, sad, sared, hopeless?
How does that make you feel: do you feel your heart race, do you sweat, do you feel hot?
What does it cause you to do: avoid a situation? Or person?



Oftentimes, the feelings (shaking, sweating, heart pounding) can tell our brain we feel threatened and the brain responds by causing MORE symptoms!!!

How do we break these symptoms?

We need to calm the brain AND the body!

First- challenge your thoughts—is the thought REALITY-based?

We need to calm the body- some strategies to calm the body:
-Take 10 deep breaths
-Put a cold pack on our backs
-Go for a walk! Or a jog!
-Do pushups/ jumping jacks/burprees or something to rev up the heart (you trick your body into revving your heart through exercise and NOT through your thoughts); then when you stop the exercise, you body can calm itself down.

Ask patients:
1-What has been your experience with anxiety?

2- What has worked for you to help stop your anxiety from cycling out of control (that does not involve taking medicine)?

Community Reinforcement Approach (CRA) Activities

Activity 1: Structure and Routine

Studies show that STRUCTURE and ROUTINE and KEEPING BUSY help maintain sobriety.

When you don't have structure, routines, and keeping busy, you can get bored, which leads to cravings and urges to use as well as anxiety and depression.

Prompt to give to patients:

Think about your life right now.
Do you have structures/routines in place to keep busy?
If SO, what are they and how do they help you?
If NOT, what could you do to create these?

Activity 2: Triggers

What are your biggest TRIGGERS to using?

1- PEOPLE:

2- PLACES:

3- THINGS:

Pick 1 area to share: What have you done to AVOID these?

Activity 3: Write a Letter to Yourself

WRITE A LETTER TO YOURSELF that you will read 6 months from now. Only YOU will see this letter.

1) Currently, what are you PROUD of about your recovery so far?

2) Imagine 6 months from now. What do you hope your life will look like? Share any goals you have for yourself in 6 months.

Activity 4: 5 Things to Quit Right Now

5 Things to QUIT *Right Now!*

1- Trying to Please everyone
2- Fearing change
3- Living in the past
4- Putting yourself down
5- Overthinking

Can you relate to any of these above?
Circle one of these you'd like to start working on.
Why do you want to change this?

Activity 5: Overcoming Challenges

Think about a time in your life where you OVERCAME A CHALLENGE (that you feel comfortable sharing with the group)...

Some possible examples:

-navigating a difficult relationship
-helping a friend or family member in need
-overcoming an intellectual challenge
-overcoming a physical challenge
-controlling your emotions
-other??

Complete the following:

1- What was the challenge (pick 1)?

2- Why was it so difficult?

3- How did you overcome it?

4- What was it about your unique personality and/or skills that enabled you to overcome it?

Activity 6: Examining Our Relapses

Think about the last time you relapsed/binged or "went on a run."

Write down the PRO's and CON's to this experience:

PRO's:

CON's:

Share during your check in!!!!
(some people keep these in their pocket and look at the CON list when they are thinking about using/drinking)

Activity 7: "Donkey in the Well"

One day a farmer's donkey fell down into a well.

The animal cried piteously for hours as the farmer tried to figure out what to do. Finally he decided the animal was old, that the well needed to be covered anyway and that it just wasn't worth retrieving the donkey.

So he invited all his neighbors to come over and help him. They all grabbed a shovel and began to shovel dirt into the well. At first, the donkey realized what was happening and cried horribly. Then, to everyone's amazement, he quieted down.

A few shovel loads later, the farmer finally looked down the well and was astonished at what he saw. With every shovel of dirt that hit his back, the donkey was doing something amazing. He would shake it off and take a step up.

As the farmer's neighbors continued to shovel dirt on top of the animal, he would shake it off and take a step up. Pretty soon, everyone was amazed as the donkey stepped up over the edge of the well and trotted off!

Life is going to shovel dirt on you, all kinds of dirt.

The trick to getting out of the well is to shake it off and take a step up.

Have you ever felt like a "donkey in the well?" How did you RISE above the occasion (and shake the dirt off)?

Activity 8 & 9: Character Flaws and Strengths

The following two activities make use of this character table. You can send this out ahead of time to group participants.

Checklist of Flaws and Assets

4 Character Defect	Opposite Asset 4
aggressive, belligerent	good-natured, gentle
angry[2]	forgiving, calm, generous
apathetic	interested, concerned, alert
apprehensive, afraid	calm, courageous
argumentative, quarrelsome	agreeable
arrogant, insolent	unassuming, humble
attacking, critical	fair, self-restrained
avoidant	faces problems and acts
blocking	honest, intuitive
boastful	modest, humble
careless[1]	careful, painstaking, concerned
cheating	honest
competitive (socially)	cooperative
compulsive	free
conceited[1], self-important	humble, modest
contradictory, oppositional	reasonable, agreeable
contrary, intractable, pigheaded	reasonable
controlling	lets go, esp. of other's lives
cowardly	brave[4]
critical[3]	non-judgmental, praising, tolerant,
cynical	open-minded
deceitful	guileless, honest
defensive	open to criticism
defiant, contemptuous	respectful
denying	honest, accepting
dependent	accepts help but is self-reliant
depressed, morose	hopeful, optimistic, cheerful[4]
dirty, poor hygiene	clean[4]
dishonest[3]	honest
disloyal, treacherous	faithful, loyal[4]
disobedient	obedient[4]
disrespectful, insolent	respectful, reverent[4]
enabling	setting boundaries, tough love
envying[2,3]	empathetic, generous, admiring
evasive, deceitful	candid, straightforward
exaggerating	honest, realistic
faithless, disloyal	reliable, faithful
falsely modest	honest, has self-esteem
falsely prideful[2,3]	modest, humble
fantasizing, unrealistic	practical, realistic
fearful[3]	confidant, courageous
forgetful	responsible
gluttonous[2], excessive	moderate
gossiping[3]	closed-mouth, kind, praising
greedy[2,3]	moderate, generous, sharing
hateful[3]	forgiving, loving, concerned for others
hypersensitive	tolerant, doesn't personalize
ill-tempered[1], bitchy	good-tempered, calm
impatient[3]	patient
impulsive, reckless	consistent, considered actions
inconsiderate	thoughtful, considerate
indecisive, timid	firm, decisive
indifferent, apathetic, aloof	caring
inflexible, stubborn	open-minded, flexible
insecure, anxious	self-confident, secure
insincere[3], hypocritical	sincere, honest
intolerant[1]	tolerant, understanding, patient
irresponsible, reckless	responsible
isolating, solitary	sociable, outgoing
jealous[1,3]	trusting, generous, admiring
judgmental	broadminded, tolerant
justifying (own actions)	honest, frank, candid
lack of purpose	purposeful
lazy, indolent	industrious, conscientious
loud	tasteful, quiet
lustful[2]	healthy sexuality
lying[3]	honest
manipulative	candid, honest, non-controlling
masked, closed	honest, open, candid
nagging	supportive
narrow minded	open minded
obscene, crude	modest, courteous
over emotional	emotionally stable
perfectionistic	realistic goals
pessimistic	realistic, hopeful, optimistic, trusting
possessive	generous
prejudiced	open-minded
procrastinates[3]	disciplined, acts promptly
projecting (negative)	clear sighted, optimistic
rationalizing	candid, honest
resentful[1,3], bitter, hateful	forgiving
resisting growing	willing to grow
rude, discourteous	polite, courteous[4]
sarcastic[1]	praising, tolerant
self-important[3]	humble, modest
self-centered	caring of others
self-destructive, self-defeating	self-fulfilling
self-hating	self-accepting, loving
self-justifying[3]	admitting wrongs, humble
self-pitying[3]	grateful, realistic, accepting
self-righteous	humble, understanding
self-seeking[3]	selfless, concerned for others
selfish[1,3]	altruistic, concerned with others
shy	outgoing
slothful (lazy)[2,3]	industrious, taking action
spiteful, malicious	forgiving
stealing	honest
stubborn	open-minded, willing
sullen	cheerful
superior, grandiose, pretentious	humble
superstitious	realistic, no magical thinking
suspicious	trusting
tense	calm, serene
thinking negatively[3]	being positive
treacherous	trustworthy
undisciplined, self-indulgent	disciplined
unfair	fair
unfriendly, hostile, bitchy	friendly[4]
ungrateful	thankful, grateful
unkind, mean, malicious, spiteful	kind[4]
unsupportive of others	supportive
untrustworthy, unreliable, dishonest	trustworthy[4]
useless, destructive	helpful[4]
vain	modest, humble
vindictive	forgiving
violent	gentle
vulgar[3]	polite
wasteful	thrifty[4]
willful	accepting of the inevitable
withdrawn	outgoing
wordy, verbose	frank, to the point, succinct
Other dysfunctional ways of acting, feeling or thinking which cause others or me pain (specify in the following *Review of Flaws*).	

See source footnotes on page 2.

Activity 8: Character Assets/Strengths:

Learning to LOVE yourself is part of the recovery process.
We all harbor shame or guilt for things we've done in the past, for the ways we've treated other people, or for the ways we've treated ourselves.

In order to move forward, we must truly love who we are.

Look at the list provided:
On the left of each column are character flaws.
BUT On the right, are characteristics we are proud about.

Circle 3 characteristics you are proud of, that you love about yourself.

When you check in:

a) **Tell us what characteristic that you LOVE about yourself**
b) **Tell us WHY these characteristics are important to you.**

Activity 9: Character Flaws

Use the character table. Circle 3 flaws (on the left side of each column) you have that you don't like about yourself.

-For each one, list reasons why you don't like this flaw.

-After check-in, share these with the group. Crumble them up and throw the into a basket/trash can in your house!

Twelve Step Facilitation (TSF) Activities

Activity 1: Acceptance

And acceptance is the answer to all my problems today.
When I am disturbed,
It is because I find some person, place, thing, situation—
Some fact of my life—unacceptable to me,
And I can find no serenity until I accept
That person, place, thing, or situation
As being exactly the way it is supposed to be at this moment.
Nothing, absolutely nothing happens in God's world by mistake.
Until I could accept my alcoholism, I could not stay sober;
Unless I accept life completely on life's terms,
I cannot be happy.
I need to concentrate not so much
On what needs to be changed in the world
As on what needs to be changed in me and in my attitudes.

Alcoholics Anonymous, 4th Edition, p. 417

What do you think of this passage/how does it relate to you?

Activity 2: Laughter From AA's *Daily Reflections*

Before my recovery began, laughter was one of the most painful sounds I knew. I never laughed and I felt that anyone else's laughter was directed at me! I was full of self-pity and anger and that prevented me from enjoying the simplest of pleasures or lightness of heart. When my addiction was really bad, I NEVER laughed.

When my A.A. sponsor began to laugh and point out my self-pity and anger, I felt annoyed and hurt, but it taught me to lighten up and focus on my recovery.

I soon learned to laugh at myself and eventually I taught those I sponsor to laugh also. Every day I ask God to help me stop taking myself too seriously.

When's the last time you laughed at yourself or laughed at a stressful/annoying situation?

How did that feel?

Activity 3: The First step

The first step in AA's 12-step model is:

"We admit we are powerless over drugs and alcohol—that our lives have become unmanageable."

Though not everyone here goes to AA/NA meetings or follows the 12 steps, it is definitely important as a first step in recovery, to ACKNOWLEDGE and ACCEPT that we have lost control; Also, in relapse, we must acknowledge that the drug is controlling us more than we can control it.

This requires brutal honesty with ourselves (which is not always easy)!!!!

Take 5 minutes to jot down answers to the following questions:

1- What does it feel like when you LOSE control? (describe what this feels like with a lot of details)

2- How does this happen (meaning- what causes YOU to relapse)?

3- Do you currently feel OUT OF CONTROL in your ability to say NO (to opioids, alcohol, benzos, cocaine, stimulants, etc)?

Why or Why not?

4- Do you think you are being HONEST with yourself about this?

5- What helps you be HONEST and know when to ask for help?

Educational Activities

Activity 1: Sober Holiday Tips

SOBER HOLIDAY TIPS

Tip #1: Remind yourself every single morning how good it feels to be sober (and how great it will feel come January).

Plant that thought in your mind right now, and think about it every morning.

Sobriety should be your NUMBER ONE priority during the holidays. Focus on this! Be selfish with your sobriety! Anything you put ahead of this has the potential to threaten your sobriety.

Tip #2: What's in your glass only matters to you.

When everyone around you is having a good time, drinking cocktails or champagne or beer, do you really think it matters what you have the bartender pour in your glass? Chances are it only matters to you. The man or woman next to you is only interested in getting his or her own drink. So, if you ask for sparkling water or tonic with lime, it's your business and no one else's.

Tip #3 It's okay to tell people you are now in recovery.

There is a lot less stigma these days to being in recovery. Nearly everyone knows someone who is in recovery and very open about it. It's your choice whether or not you want to tell people.

One good reason to be open about it: If your friends don't know you've given up alcohol, they may lead you into temptation without intending to.

Another reason: When you let it be known that you don't drink, you offer support and encouragement to others who are thinking about sobriety but are afraid to take the leap. You just might be the catalyst that gets someone else started on recovery.

Tip #4: Limit the amount of time you spend with relatives who make you crazy.

If everyone is gathering for the holiday, including your brother who drinks like a fish, plan on avoiding him as much as possible. If you can, go into stressful situations with an ally (friend or family member) who knows you well and can support you and be a sounding board for you when you get stressed, anxious, or frustrated.

Tip #5: Make sure to get adequate sleep!

Staying up wrapping presents or trying to put in extra work for more money might sound good at the time. BUT, people who are not well rested have a hard time making smart decisions, especially with the added stress of family dynamics.

Taking good care of yourself (sleeping enough, eating healthy foods, relaxing, exercising) can help you make smarter decisions.

1-WHAT ARE YOUR WORRIED ABOUT THIS HOLIDAY SEASON?

2-WHAT ADVICE DO YOU HAVE FOR OTHERS IN THIS GROUP TO MAINTAIN SOBRIETY DUING THE STRESSFUL HOLIDAYS?

Activity 2: Sleep Hygiene

Good handout/ review these tips:
https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/4%20Emotion%20Regulation%20Skills/Client%20Handouts/Sleep%20hygiene/Sleep%20Hygiene%20Tips.pdf

Ask folks:
-Why is sleep important to them?
-How does sleep affect their mood? What they are able to do during the day?
-Based on these tips, what is one thing they can start doing to get better sleep?

Activity 3: How Suboxone Works

-We all have opioid receptors in our brains

-When we use drugs like heroin, fentanyl, oxys, these drugs bind to our opioid receptors and make us feel "high"; we get used to having these receptors full of drugs and when we don't have them full of drugs, we start to feel withdrawal symptoms (we feel very crappy- sweating, shaking, nervous, nauseas, diarrhea etc)

-We know that in early recovery, medication assisted treatment with buprenorphine, methadone, or vivitrol, is important and necessary. On MAT, 50-60% of people will still be in recovery at one year, so we know this stuff, in early recovery, is ESSENTIAL for patients to do well.

-Suboxone is considered a "partial opioid agonist"- when it binds to the receptors, it blocks heroine/fentanyl/oxys from binding. AND it partially stimulates the receptors so that we feel NORMAL. We do not feel high and we do not have cravings/withdrawals.

-When suboxone is on board and we feel NORMAL, we can then go about our daily activities without feeling high, without feeling in withdrawal, without feel cravings. We can go to work, take care of our kids, and do think that are important to us.

-One question that comes up often is "How long do I need to be on this medication. I feel like I'm handcuffed to it?"

-We tell people that you should be on this medication AS LONG AS YOU NEED TO BE. For some people that could be the rest of their life. Others might want to come off but there should be no rush.

-We know that it takes a minimum of 6 months for the brain to start rewiring itself and usually at least 18 months before the brain is fully functioning again, not wired by drugs.

Once the brain is functioning normally, it takes awhile for folks to develop new social networks, new healthy coping mechanisms, new routines, amend relationships that have been tattered, get back to working, and getting all the things in place so that if you feel stressed or have a craving, you have developed healthy coping mechanisms that don't involve drugs. This takes a WHILE to happen-- this is definitely a marathon rather than a sprint.

Does that mean you need to be on this for life? Not necessarily, but there is no rush in coming off it. Addiction is a chronic-lifelong disease. It's like having high blood pressure. If you have to take a high blood pressure medicine every day, that's what you need. If taking Suboxone every day helps you go to work and take care of your kids, then it certainly makes sense for you to stay on it.

If you want to taper, that is always an option, but it takes a LONG time (a minimum of 6 months), and your focus should really be on prioritizing your recovery and there is certainly NO rush in coming off this stuff.

Ask patients:
-What has been your experience taking Suboxone?

-What do you think about the idea of taking Suboxone as long as you need to?

-What recommendations do you have to others who are new to taking it?

Activity 4: What it means that Addiction is a Chronic Disease

Addiction is like OTHER chronic diseases, like high blood pressure, diabetes, and depression.

It is *neurobiochemical disease* that is influenced by many factors: our genes (often times people who struggle with addiction have family members who often struggle), our environment (the people, places, and things surrounding us) and our childhood. It is NOT a "moral failing." Granted, addiction can cause people to do things they are ashamed of (like stealing money or failing to fulfill obligations to our friends and family) but when people are struggling with addiction, they are in a dark place and they are often ashamed of their behaviors and desire to improve.

Addiction also *lasts throughout our entire lives*. It is not something we can "get rid of" or "overcome." It has to be a daily commitment people make to living a life in recovery. That might mean waking up every day and taking a medication, journaling or listening to AA

reflections, attending meetings, calling a sponsor, seeing a therapist, volunteering/giving back: but every day has to be a new commitment to being in recovery. When people become complacent about their recovery, that's when they can slip up. I've known several people who have had over 30 years in recovery and they slip. I've also known people who've had 30 years in recovery and treat each day as a NEW recommitment to their sobriety- they still attend meetings or do daily journaling—whatever uniquely works for them.

As a chronic disease, addiction also means *periods of sobriety and periods of slips/lapses/and relapses*. We define these as:

Terminology	Definition
Slip	an impulsive action that happens once with regret
Lapse	a return to the addiction behavior that is time-limited with less immediate insight
Relapse	a return to original level of use or problematic behaviors

When you have a slip/lapse/relapse, the important thing is that you are honest, reach out for help, and get back on track.

Questions for patients:
-What do you think about the idea of Addiction being a chronic disease?

-What do you do on a daily basis to stay active in your recovery?

<u>Activity 5: Quitting Smoking</u>

You might send this out as "homework" the week prior to group, have patients who smoke complete it, and bring it to group to share their responses. You can also allocate time at the beginning of group for patients to complete it.
During group, ask patients who smoke to share "What are your goals are for quitting smoking, based on completing the worksheet?"

Quitting Smoking: Worksheet

-Have you ever quit (even for a short period of time) in the past? If so, how did you do it?

-Currently, what are your triggers? When are you most likely to smoke?

-List 5 things you could realistically do instead of smoking?

1.

2.

3.

4.

5.

-When do you think you could quit? Quit date: _____

-What do you need to do BEFORE this date to adequately prepare?

-What are you worried most about when it comes to quitting?

-How might you overcome this?

Inspirational/ Fun/ Lighten-the Mood/ "Other" Activities:

Activity 1: Inspirational Quotes:

Which quote offers the most meaning to you and why?

"The first step to getting somewhere is to decide that you are not going to stay where you are."

"Every day is a second chance."

"Before you can break out of prison, you must realize you are locked up."

"It's not selfish to love yourself, take care of yourself, and to make your happiness a priority. It's necessary."

"Forget all the reasons why it won't work and believe the one reason why it will!"

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending."

"Recovery is a process…
It takes time.
it takes patience.
it takes everything you've got…."

"No matter what the situation, remind yourself you have a choice."

"You gain
Strength, courage, and confidence
by every experience
in which you stop to
Look fear in the face
You are able to say to yourself

'I have lived through this horror
I can take the next thing that comes along'

You must do the thing
You think you cannot do"

"I'm not telling you it is going to be easy. I'm telling you it is going to be worth it."

"It is not heroin or cocaine that makes one an addict, it is the need to escape from a harsh reality."

Activity 2. "Rules for Happiness"

•Don't blame others for making you unhappy. Take responsibility for making yourself happy.
• Give yourself permission to make yourself happy — even if in so doing, others make themselves unhappy.
• Make time for yourself to do things which bring you pleasure and enjoyment in the short-term.
• Do things for others and your community without expecting anything back in return.
• Sacrifice short-term pleasures and put up with short-term discomforts in order to achieve longer-term gains.
• Accept the fallibility of others and yourself (ie Remember- NO ONE is perfect!)
• Don't take things personally.
• Take a chance even when you might fail at things at work or in your personal relationships.
• It doesn't matter so much what people think about you and what you are doing.

• See uncertainty as a challenge — do not be afraid of it.

Everyone is entitled and deserves happiness; sometimes we tell ourselves we don't deserve happiness.

1-What do you do that prevents you from being happy?

2-What can you do to make yourself happier?

<u>Activity 3: Honesty in Recovery</u>

Introduce idea that: honesty is KEY to the recovery process.
When using drugs, people often get used to lying.
Everyone in this room had to be HONEST with themselves at one point to enter into recovery.
Now it's key that you maintain your honesty in order to maintain your recovery.

Take 3 minutes and write down:
"What does leading a truly HONEST life mean to you?"
Share this after you check in.

<u>Activity 4: Gratitude: The importance of expressing our gratitude (giving thanks to others!)</u>

We all work with people throughout the day.
We are likely to encounter conflict with others.
We put a lot of energy into our interactions with other people-- we are constantly giving of ourselves. So, we need to renew our emotional energy.
One way to do this is to *<u>express appreciation to others</u>*-in any form- write a note, send an e-mail, place a call, or tell someone- <u>expressing our appreciation actually refuels us!!!</u>

Answer these questions below and share with the group.

Think of a time you told someone how grateful you were for their help, support, or even just for being in your life.

1)Who did you thank? And for what?

2)How do you think it made them feel?

3)How did it make you feel?

<u>Activity 5: Silly Jokes</u>

Go around the "virtual room" and have patients read a joke and call out someone's name to read the next one.

When you have a bladder infection, urine trouble.

Our wedding was so beautiful even the cake was in tiers.

Why can't a nose be 12 inches long? Because then it'd be a foot.

What did the big chimney say to the little chimney?

-You're too young to be smoking.

Why do they put fences around graveyards?

-Because people are dying to get in.

Why did Cinderella get kicked off the soccer team?

-Because she kept running from the ball.

Did you hear about that new movie called Constipation?

-No? That's because it's not out yet

Who writes ghost stories?

-A ghost writer.

How do you catch a bra?

-With a booby trap.

Why don’t they play poker in the jungle?

-Too many cheetahs.

I got fired from my job at the bank today.

-An old lady came in and asked me to check her balance, so I pushed her over.

Why shouldn’t you write with a broken pencil?

-Because it’s pointless!

Why did the scarecrow win an award?

-He was outstanding in his field.

What did the buffalo say when his son left?

-Bison!

A communist joke isn’t funny…

… unless *everyone* gets it.

Did you hear about the two thieves who stole a calendar?

-They each got six months.

I used to be addicted to the hokey pokey…

… but then I turned myself around.

Ever tried to eat a clock?

-It’s time-consuming.

Don’t worry if you miss a gym session.

-Everything will work out.

What did baby corn say to mommy corn?

-Where’s popcorn?

What do you guys call a fake noodle?

-An impasta!

Why did the blonde snort artificial sweetener?

-She thought it was diet coke.

I bought some shoes from a drug dealer. I don't know what he laced them with, but I've been tripping all day.

What does an alcoholic ghost drink?

- BOO’S

“No officer, I’m sotally tober”

III. FACILITATING GROUPS

Overall principles for group facilitation

- Set clear group rules and review them regularly (these can be developed by the group members to give them a sense of ownership); invite revision of the rules as problematic behaviors come up.
- Set the expectation that there may be times when you, as the group leader, may need to interrupt or redirect to manage time and keep the group on track.
- Conduct the orchestra--use your facilitation efforts to:
  a) Manage time
  b) Guide direction of conversation (keep in focused, avoiding tangents)
  c) Balance participation (invite quiet folks into the conversation, contain others)
  d) Create a safe and respectful space by managing uncomfortable feelings, conflict, differences in opinion and hurtful/insensitive comments
  e) Promote ground rules
- Go in with a framework that the patients' own experiences and wisdom are often most helpful to supporting each other (it's very different when patients tell each other to "delete their drug dealers' phone numbers" than when you say it!).
- Thus your goal is to promote active participation from all group members:
  a. Ask follow-up questions in a curious way
  b. Paraphrase comments to allow participants to understand and develop their ideas
  c. Revisit participants' previous contributions and build them into subsequent conversations
  d. Encourage others to react to or build off of someone's comments (Help build a sense that "we are all in the same boat"). This can either be by unmuting themselves and making a comment verbally OR by entering their thoughts into the chat function. Group members can use the chat function to support each other while check ins continue**.**
  e. With virtual groups, it is important that each person complete their check-in (and others stay muted) BEFORE others are encouraged to chime in/offer support/ask questions (and unmute themselves)
- Step back when a group is functioning well (often times, an indication of a GREAT group is when you, as the facilitator, need to say very little because the group members actively engage in supporting each other and stay on topic without you intervening!).
- Do not be afraid to admit you do not know something or are confused. Just be transparent – invite others to share what they know about the topic or ask the group how one might go about researching the issue.
- Make comments conveying sympathy, compassion, or understanding
- Examine patients' thoughts and emotions that lead to use/relapse
- Help patients prepare for possible triggers/situations that may lead to use
- Help patients in identifying specific goals (related to sobriety or other life goals)

Specific Communication Strategies with Facilitation "Scripts"

1. Listening
    a. Open-ended, invitational, facilitative prompts

"What's been going on?"

"What's on your mind?"

"How have you been doing with some of the goals you set for yourself."

b. Reflective comments (this lets the person know you heard what they said)

"*Sounds like you had a busy week."*

"You are worried that if you top being busy all the time that you might get the urge to use."

c. Empathic understanding/naming (this helps the person know you understood what they were feeling, communicating)

"Sounds like the busy-ness of the week left you feeling overwhelmed."

"I can't imagine how painful that must be."

d. Offer of humanity, compassion, sympathy (let's person know you care)

"I'm sorry you feel so depleted."

2. Asking/ Inquiry

"Why is that important to you?"

"What is most important to you about that?"

"Would you like people to comment on what you said?"

3. Telling

"Would you like my thoughts about that?"

"I don't think you understood what I meant."

4. Connecting the conversation

"When Mollie talked about her cat dying, did that make you think about some of your losses?"

"I'm not sure how your comment connects to this conversation. Can you explain a little more?"

5. "Conducting the orchestra"

a. Manage time

"Wow, you have been through a lot this week. Thank you for sharing all of that with us. In the interest of time, we need to move on so everyone gets a chance to share. We can talk more later if you'd like."

b. Guide direction of conversation

"Just a reminder, right now the focus of the conversation is….."

c. Guide the speaker (when you are getting lost)

"This is a complicated story and I'm having trouble following. Can you summarize for me really simply what you're trying to say."

d. Balance participation (invite quiet folks into the conversation, containing others)

"I'm sorry to interrupt. I know you have a lot to say, but I want to make sure everyone has a chance to speak."

"I noticed you've been quiet, would you like to say something."

"I'm wondering what you're thinking."

"It would be great if you shared a little with the group. People like to get to know each other."

6. Create a safe and respectful space:

a. Manage uncomfortable feelings

" I know it can be hard to see others struggling."

"Wow. There's a lot of tension in the room right now."

b. Address conflict or differences of opinion

" Sounds like people have STRONG feelings about this topic!"

"Sometimes there isn't a single right answer."

"People think about these kinds of things very differently."

c. Manage hurtful or insensitive comments

"Hmmm. I can imagine that comment felt a little critical."

"Sounds like you're feeling a little inpatient. Let's give Jane a little longer to speak and then you can respond."

d. Promote ground rules (especially if you feel you are losing control of the group)
" I just want to remind everyone of our ground rules about keeping your video on the entire time and staying in the same room" (This could be said privately if need be)

e. Ask people to stay at the end to address behaviors in group that are not responsive to the in-group suggestions and feedback above.

f. If in-group behaviors threaten others safety, stability or sobriety, remove people from the group for a period of time and provide individual counseling for a period of time.

Providing positive and constructive feedback

In addiction recovery, especially early recovery, individuals may be in a more vulnerable physical and/or emotional state. Being thoughtful in your approach to giving positive and constructive feedback. It can be important in supporting the group member build their own capacity to engage in effective communication in group and their daily lives.

- Be timely with the feedback. If you wait too long, the memory of the events that need to be addressed may have faded.
- As the group leader, it is important to understand how you are feeling in a moment before giving the feedback and how that may affect the quality of the feedback, i.e. countertransference. Individuals in recovery and with a history of trauma can be highly attuned to both verbal and non-verbal communication, i.e. microaggressions, and in turn may put up barriers to the feedback. When possible speak from a compassionate place.
- Use "I" statements.
  "Tony, after your check-in today, I am worried that your job situation is toxic to your recovery, and I want us to think if there are other options for you that might be more supportive."
- Approach situations and individuals calmly, with respect, warmth, empathy, and actively listen.

- Asking permission to give feedback or provide information may lead to it being received with them defensiveness or resistance. Checking in after with the person about how they are feeling about the feedback or information after it was provided will help to close the loop and make sure the information was received or if further discussion is needed. This is known as ASK-PROVIDE-ASK.
- Avoid sarcasm, which may be perceived as insensitive or invalidating.
- If feedback is given outside of the group, make sure no one else is on the call and it is just you and the patient (and/or other providers meant to be part of the conversation).
- Be specific with examples of the observed behavior to be addressed.
  "Earlier in group, when Sally was sharing a really awful experience and asking the group for help, I noticed that you were wondering around your house and seemed distracted by other things."
- Sandwich Method – provide authentic positive feedback about something the individual has been doing well, then discuss the issue of concern in a constructive manner, and then finish with another positive behavior that the individual has demonstrated or progress they have been
  making. https://dmh.mo.gov/dd/docs/tieredsupportsummarythesandwichmethod.pdf
  "*Chris, you seem to really be taking your recovery seriously, talking open and honestly about your slips. I am concerned that you continue to relapse on cocaine week after week. You've been able to stay away from using opiates a good chunk of time now, and you should feel so proud of yourself. What do you think you need to do so you get away from ALL substances?"*
- Strengths-based approach – recognizing that every individual has inherent strengths, identifying them together, and brainstorming how to use those strengths moving forward to prevent similar problems from occurring in the future.
  Maria, that was such a touching story you shared about your daughter today. You were so determined to make sure Alison had a special birthday and did not stop until everything was perfectly planned out. Man, when you put your mind to something, nothing gets in your way. Now, how do we use that determination you have to help you better manage your anxiety, like you said you want to?

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Forms/Templates

Sample Triage Scripts:

Sample #1
Overdoses:***
Substances:***
IV Use?:***
Trauma:***
Support:***
Anyone Around Using:***
Groups Tuesday or Thursday:***
Methadone Clinic or Street Use?: ***
Suboxone Clinic or Street Use:***
Live with: ***
SI:***
Mental Health Diagnosis:***
Sectioned:***
Counselor:***
Jail time:***
Parole?, Open Cases?:***
Safe at Home:***
Homeless:***

Sample #2
Are you willing to do a group, as some of the sessions are
designed as group visits? {yes no:314532}
(if no, why?)
Do you have work schedule limitations? {yes no:314532}
Current or **prior addiction treatment?** {YES **_NO:12608} (e.g. Buprenorphine, methadone, naltrexone) (note - make sure to distinguish between illicit medications and 'real' MAT)
Have you ever overdosed? {yes no:314532} If yes, when was the last time you overdosed? {TIME FRAME:9076}
Have you ever injected drugs? {yes no:314532}
What prescribed medications do you take? ***
Do you have a diagnosed **mental health condition** other than addiction? {yes no:314532}
Suicide attempts? {yes no:314532}
Other non-prescribed substance use? {YES **_NO:12608} (e.g. cocaine, alcohol, BZD, stimulant)

Next Steps for Patient Treatment:
___ Primary Care ____ (try and make an appointment)
___ Outpatient dual diagnosis treatment referral
___ OTP (methadone, give pt info)
___ Inpatient detox
___ Emergency Department Referral
___ Other
___ Needs further review, triage staff to contact review team and get back to patient with treatment option for them

Sample Intake History:

"Buprenorphine Intake"

-why sobriety now?

-h/o opioid use: when did you first start using? did it start with pills? Progress to heroin? IVDU?
-other drugs you've used: cocaine? Meth? Benzos? Alcohol?
-If Alcohol, any inpatient hospitalizations/ICU admissions, blackouts, w/d seizures, DTs, DUIs?
-previous hx with sobriety- detoxes? Residential? Sober house? Been on buprenorphine/naloxone (suboxone), methadone, or injectable naltrexone (vivitrol) before? (this includes legally being prescribed and also going to the street for meds) How much suboxone were you getting/taking? How do you take it? Once daily?
-what's the longest sober time you've had?
-number of overdoses?
Past/current medical complications: endocarditis, cellulitis, TBI/head injury, HCV, HIV, dental needs?

Psych hx: (depression? Anxiety? Bipolar? PTSD? h/o sexual abuse or domestic violence? ie trauma hx?)
-dx?
-meds?
-hospitalizations?
-past suicide attempts?
-are you currently in therapy?

Other social stuff (to get a sense of how *functional* they are):
-working?
-got kids? Custody of them?
-who do you live with? Do they struggle with addiction?
-current legal issues?
-h/o jail time?

Smoker?

-do you have any supports/ clean and sober family or friends or significant others in your life?

-do you go to meetings (NA/AA)? Have sponsor?

II. Assess for problematic meds:
-do you take benzos (like klonopin, ativan, xanax, valium)? Do you take stimulants (adderall)? If so, would you be willing to taper off?

III. Assess for Pain:
-do you have chronic pain? (understand that if we start you on suboxone you will need to be able to manage your pain with nsaids or acetaminophen; Suboxone will help with pain ~ equivalent to a vicodin, but it would need to be spaced out to TID dosing)

IV. Labs/Testing needs:
last tested for:
-HIV?
-Hep B?
-Hep C?
(if not recent, please order these labs + urine drug screen + urine pregnancy test for females)

Sample Consent forms

A. Buprenorphine Treatment Contract

I understand that as part of my Buprenorphine Treatment contract I can expect to be treated professionally and with respect at all times regardless of race, color, gender, sexual orientation, national origin, age, disability or veteran status.

As a participant in Buprenorphine treatment for opioid use disorder, I freely and voluntarily agree to accept this treatment contract as follows:

- To arrive on time for all scheduled appointments
- I agree to adhere to the payment policy outlined by xxx clinic-- including making required co-payments if required by my health plan
- I agree to conduct myself in a courteous manner in the buprenorphine prescribing physician's office
- I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
- I agree not to deal, stelal, or conduct any illegal or disruptive activities in the clinic.
- I understand that if dealing, stealing, or any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my buprenorphine is filled, that the behavior will be reported to this office and could result in my treatment being terminated without any recourse for appeal.

- I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
- I agree that the medication that I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why or how it was lost
- I agree not to obtain medications form any doctors, pharmacies, or other sources without telling my treating physician
- I understand that mixing buprenorphine with other medications, especially benzodiazepines (like Valium, Klonopin, Xanax) can be dangerous. I also recognize that several deaths have occurred among people mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
- I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
- I understand that research and addiction treatment has shown that the best outcomes are achieved when medication is combined with counseling. Therefore, I agree that my treatment plan will include:

  _____

  _____
- I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (except for nicotine).
- I understand that violations of the above may be grounds for me needing to get more support at a higher level of care.
- I understand that I may be asked at any time during my treatment to provide a urine for a drug screen and that random urine screens will be a routine part of my treatment here.
- I agree to sign consent forms that will allow all of my current treaters to communicate with each other regarding my buprenorphine treatment.

Patient:: _____ Prescribing provider (MD/PA/NP): _____

Date: _____

B. Sample Consent for Treatment with Buprenorphine

Buprenorphine is a FDA- approved medication for the treatment of people with opiate dependence. Qualified physicians, physician assistants, and nurse practitioners can treat up to 30 patient for opioid dependence with Buprenorphine for the first year of practice and then can apply for another waiver to increase to 100 patients and then can apply for another waiver to increase to 275 patients. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine treatment can result in physical dependence of an opioid. Withdrawal from Burpenorphine generally is less intense than heroin or fentanyl or methadone. If Buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms. Others may have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opioid withdrawal, Buprenorphine should be discontinued gradually over several weeks or more.

If you are dependent on opioids, you should be in as much withdrawal as possible when you take the first dose of Buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opioid withdrawal.

It may take several days to get used to the transition from the opioid that had been taken (like heroin) to using Buprenorphine. During this time, any use of other opioids may cause an increase in symptoms. After becoming stabilized on Buprenorphine, the use of other opioids will have less effect. Attempt to override Buprenorphine by taking more opioids could result in an opioid overdose.

You should not take any other medications without first discussing with your healthcare provider.

Combining Buprenorphine with alcohol or other medications may be hazardous Combining Buprenorphine with medications such as Klonopin, Valium, Haldol, Librium, or Ativan has resulted in deaths.

The form of Buprenorphine that you will be taking (Suboxone) is a combination of Buprenorphine with a short-acting opioid blocker (Naloxone). If the suboxone tablet were dissolved and injected by someone taking heroin or another strong opioid (fentanyl), it would cause severe opioid withdrawal.

Buprenorphine tablets must be held under the tongue until they completely dissolve. Buprenorphine will not be absorbed from the stomach if it is swallowed.

Name (print): _____ Name (sign): _____

Witness: _____ Date: _____

C. HIPAA Contract

Shared Medical Appointment Waiver

Name: _____

Date: _____

Physician: _____

Date of Birth: _____

Home address: _____

Privacy is something almost everybody is concerned about when they come for shared visits. Information revealed during an individual appointment is normally considered confidential, but this confidentiality may be lost by revealing the same information in a group setting. Family members and others may be present during these shared visits.

During my shared medical appointment, I understand that I will have the opportunity to listen to discussions between doctors and other patients and to ask questions about my own medical conditions. I understand that information provided in response to another patient's questions may not be appropriate for me. My doctor will advise me about the recommended treatment of my conditions. I understand that I have the right to request an individual appointment at any time to discuss personal issues I don't feel comfortable discussing in front of the group.

By signing below, I agree that your providers at xxxx shall not be liable for any financial or other damages resulting from any breach of confidentiality committed by other members of the group. Along with supporting xxxx's commitment to maintaining the privacy of its patients, I agree to protect the privacy of other patients in the group by not identifying other patients or discussing their health or psychiatric problems outside of this group.

I also understand that my insurance company will be billed for these appointments. I am aware of my responsibility to pay my co-pay and other costs my insurance does not cover for any services provided to me in the course of this visit.

I agree to participate in the group and agree to honor the rules above.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Witness Name: _____ Witness title: _____

Sample Pre-visit Questionnaires

NAME: _____DATE: _____

Recovery Group Pre-Visit Survey

How have you been feeling since your last visit?

Any relapses since your last visit?

Any close calls since your last visit?

What were the circumstances / Triggers for the relapses or close calls?

Have you been going to any support groups or therapy since your last visit?

Have you learned any new lessons or skills from support groups or therapy?

Have you overcome any challenges since our last meeting?

Since your last meeting, please rate how you have experienced the following symptoms:

Sense of Opiate Withdrawal (circle)
1= no withdrawal 10= severe withdrawal

1 2 3 4 5 6 7 8 9 10

Cravings for opiates (circle)
1= no cravings 10= frequent cravings

1 2 3 4 5 6 7 8 9 10

Anxiety (circle)
1= no anxiety 10= severe anxiety

1 2 3 4 5 6 7 8 9 10

Depression (circle)
1= no depression 10= severe depression

1 2 3 4 5 6 7 8 9 10

Please rate your confidence in your ability to stay sober (circle)
1= no confidence 10= very confident

1 2 3 4 5 6 7 8 9 10

Please rate your confidence in your ability to manage your health care. (Circle)
1= no confidence 10= very confident

1 2 3 4 5 6 7 8 9 10

In general, how would you rate your health? (Circle)

Excellent very good good fair poor

Optional:
Please rate your satisfaction with the recovery group:

What would you change about the recovery group:

Any topics you would like us to discuss as a group?

Weekly Medication and Recovery Check-In

Name: _____ Date: _____

1. Please circle any of the physical symptoms you have been experiencing this week:

Sweating	Runny Nose	Vomiting
Chills	Teary Eyes	Diarrhea
Hot Flashes	Stomach cramps	Twitching/Tremors
Restlessness	Nausea	Yawning
Body Aches	Loose Stool	Goosebumps

2. Please circle any of mental health symptoms you have been experiencing this week:

Nervousness	Sleep Disturbance
Anxiety	Visual or Auditory hallucinations
Irritability	Paranoia or Severe Fear
Lack of Interest/Motivation	Thoughts of hurting self/others
Lack of Appetite	Guilt / Shame

3. Did you have any high-risk situations, craving, close calls, or slips this week?

4. Do you have any needs about your buprenorphine prescription or urgent concerns about your recovery that you need to address with the group leaders today?

5. Please fill out the information below regarding your buprenorphine prescription:

Medication name: _____

Dose: _____

Formulation (film/tablet): _____

Pharmacy Name/Address: _____

Sample Websites for SUD-related group-based activities

- http://twodreams.com/dream-journal/142-substance-abuse-group-therapy-activities
- www.dailygood.org
- Check out AA's Daily Reflections
- Smart Recovery: http://www.smartrecovery.org/resources/toolchest.htm
- Google "group activities for substance abuse groups"
- Video about Buprenorphine: https://www.youtube.com/watch?v=nFC-z0a90YQ

Sample Note Template:

Follow Up Addictions Visit - Opiate Dependence

CC: @NAME@ is a @AGE@ @SEX@ seen in follow up for opiate dependence:

Suboxone dose: 16 mg/day

Social history/events:
***

Present Medications:
@MED@

Past Social history
@SOCDOC@

Review of Systems:
Constitutional: no fevers, chills, unintended weight loss
Neurological exam: no motor or sensory changes

@PHQ9TOTAL@
PHYSICAL EXAMINATION:

General appearance - healthy @SEX@ in no distress
Eyes - pupils 2 mm
Skin - warm and dry
Neuro - nonfocal
Affect-euthymic

Assessment:
Opioid Dependence
Comment: this week in group we ***
Plan:
-continue current dose of suboxone (16 mg/day); getting refills q weekly;
-f/u in group in 1 week

Patient is counseled regarding relapse prevention, involvement in recovery groups, encouragement of psychotherapy, potential side effects of suboxone, and eventual taper of medication.

@ME@