

Understanding Addiction and Developmental Disabilities

Facilitator's Guide



"Understanding Addiction and Developmental Disabilities" Curriculum Facilitator's Guide

This Facilitator's Guide is the culmination of work over several months with the assistance and consultation of experts in Intellectual and Developmental Disabilities (I/DD) and Substance Use Disorders (SUD). The experts in Substance Use Disorders helped us answer the question of what key recovery topics to include. Most noteworthy, an expert workgroup comprised of people with I/DD and their families provided guidance how to best present the materials in ways that would be conducive to learning the key concepts of recovery. Due to their input, some of the recovery terms may be expressed a bit differently than you have previously encountered them. This is intentional to aid in understanding.

This guide is written as a tool for using the curriculum in a group therapy setting, but the videos, educational concepts, and activities can all be used in one-on-one setting as well.

Key considerations:

- When people with I/DD have an SUD, it is most likely to be an Alcohol Use Disorder. As a result, this curriculum addresses alcohol. However, this material is easily adaptable to address SUDs other than alcohol.
- Unless you have experience working with those with issues related to I/DD, you will likely be surprised by this population's ability to understand. While it is important to be concrete in communicating with those with I/DD (i.e., avoiding metaphors, figures of speech, and abstract concepts), you will find that they are able to understand and relate to some fairly complex recovery concepts.
- When all is said and done, people with I/DD and SUD are just people. Treat them as such. Don't talk down to them. The more that you're able to connect with them as individuals while recognizing and validating their value, worth, and dignity, the more successful your use of this curriculum will be.
- As with any population, the introduction of new concepts should allow for repetition and discussion to ensure understanding. The videos, discussion, and handouts have been designed to complement one another in reinforcing the learning of each topic.
- Less is more. The group sessions are designed to be relatively brief (30-45 minutes max.) and typically present a single concept. This is intentional. Do not try to cover too much material at one time.
- While this guide provides structure for the group sessions, it is not intended to be a script. Become familiar enough with the content so that your facilitation is natural and conversational. Review the video content for each session in advance. Also, feel free to draw from your experience in providing examples of the concepts presented.

There are five components developed for each curriculum topic. Videos and educational materials for each section are available at MonarchNC.org/understanding:

Video – each video introduces and summarizes the topic for the session.

Psychoeducation - educational material that expands on the video content.

Discussion – items for the group participants to consider and discuss.

Activity – an activity that will allow the participant to use a variety of mediums, creative interactions, role play or other activities to learn the concepts taught. Most activities can be exchanged from session to session, depending on the learning style of the participants.

Summary and review – a brief review of the session content. This is facilitated by the distribution and review of handouts. Participants will keep the handouts to enable them to review the material on demand to aid retention.

While it is not specified in the facilitator guide, in group therapy it is customary to review the content from the previous session at the beginning of a new session. This is especially important when working with those with I/DD. Keep the review it short and simple.

Starting Group – Greet each person and make an effort to connect with them as they arrive for group (either in person or a virtual group setting).

At the first group session, take a moment to allow the group members to introduce themselves. Then, discuss group ground rules. Don't overwhelm them with a lot of dos and don'ts. Keep it simple with only a few ground rules. Make sure that you include the members in choosing the rules. These may include:

- What people say in group is confidential. That means you don't tell others what you hear or see in group.
- If you talk about people being mistreated or abused, the law says that the therapist must report it.
- If you talk about someone wanting to hurt themselves or others, the law says the therapist must report it.
- Everyone is expected to talk during the group meeting as you are able. You don't have to talk in every group meeting, but talking can help you get better.

You'll definitely want to briefly review the ground rules at the beginning of each weekly session.

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Screening Tool

As part of this process, a simplified tool was developed to screen for possible substance use disorders. A number of reputable tools were reviewed as part of the development of this tool. Among them are the CAGE-AID, the CRAFFT, and the DAST-10. "Yes" answers in section one indicate further assessment is needed to determine whether or not the person has a substance use disorder. "Yes" answers in section two should be followed up with further assessment to determine if the person is misusing prescription medication and to provide education about the proper use of prescription medication.

This screening tool can be used prior to the group to identify those who need further assessment for a substance use disorder. If the group is utilized more as a learning group rather than a treatment group, the tool can be used in the first session to determine if additional assessment is needed as described above.

When administering this tool, be sensitive to the person's needs. Some may not have the motor skills or coordination to write, but may be able to point or verbally answer the questions. Some may require additional explanation. Be flexible in allowing them time to complete the screening tool and in answering the questions in ways that match their abilities and communication skills.

The screening tool is available to download at MonarchNC.org/understanding and is on the next page of this guide.

Understanding Addiction and Developmental Disabilities



A Specialized Curriculum for People Living with Intellectual and/or Developmental Disabilities and Substance Use Disorders

Screening Questionnaire

Understanding Addiction and Developmental Disabilities is a specialized curriculum for people living with intellectual or developmental disabilities and substance use disorders. This questionnaire is intended for a health care or support professional, caregiver, guardian or parent to interview someone with an intellectual or developmental disability.

Before you start, assure the interviewee that there are no right or wrong answers. Ask the questions clearly and simply, and make note of the answers you receive. Use this as a conversion starter to talk openly and without judgment about addiction.

YES	NO	Section one: Things you drink, smoke or take that are not given to you by a doctor or healthcare provider
0	0	Do you smoke cigarettes or vape?
0	0	Do you smoke marijuana or weed?
0	0	Do you drink beer? Wine? Liquor?
0	0	Do you use cocaine or other drugs that you purchase from people, not stores?
0	0	Are you able to stop (drinking beer, wine, liquor, smoking weed) when you want to?
		How many drinks do you typically drink at a time?
0	0	ls there ever a time where the day after you were drinking, you didn't remember what happened the night before?
0	0	Do people ever tell you that you did something while drinking that you don't remember doing?
0	0	Did anyone ever tell you that they had a problem with your drinking habits (drug use)?
0	0	Do you ever drink (beer, wine, liquor) or use street drugs when you are alone?
0	0	Do you ever feel shame (bad feelings) when you drink (beer, wine, liquor) or use weed?
0	0	Have you ever felt sick when you stopped using (beer, wine, liquor, street drugs).
YES	NO	Section two: Things you take that are given to you by a healthcare provider
0	0	Do you have a doctor or nurse practitioner?
0	0	Does he/she tell you that you need to take certain medications?
0	0	Do you always take the medicine the way he/she wants you to take it?
0	0	Do you always follow the instructions about when and how much to take?

If you and your client or loved one feels he or she needs support for a substance use disorder, give **Understanding Addiction and Developmental Disabilities** a try. It's accessible, easy to understand and flexible.

Session Topics

Topic 1: Medicine and Alcohol

Video: Show the video labeled for this topic.

Psychoeducation:

Medicine can be good when taken as the doctor orders. Medicine can make you feel better. It can prevent disease. Sometimes medication doesn't have the effect you want it to. Sometimes it has an effect you don't want it to have. Effects or feelings you don't want that are caused by medicine are called side effects. Some common side effects are:

- Making you tired or sleepy
- Making you thirsty
- Making you sick on your stomach or nauseated.
- Allergies (itching, red spots or hives, hard to breathe)

It is always good to talk to your doctor or pharmacist about side effects. They can answer your questions and let you know if it's something to worry about or not.

Medicine should always be taken according to the directions on the bottle or box. Just because a little bit of medicine makes you feel better, it does not mean that a lot of it will make you feel even better. That can be dangerous. Not following the directions on the bottle or box of medicine can be dangerous. Some medicines say on the label that you should not drive a car or operate machines when taking it.

Medicine that you can buy at the store without a prescription is called over the counter medicine. This can be medicines like Tylenol or NyQuil and you can buy them almost anywhere (grocery store, discount store, convenience store, or drug store). Other medicines can only be bought when a doctor orders it by writing a prescription. Prescription medicines must be bought at a drug store or pharmacy.

Some medicines come with directions to not drink beer or take other medicines while taking them. It can be dangerous and make you very sick if you do not follow these directions. If you have a caregiver, they should make sure they know about any medicine you are taking.

If you don't like your medicine or don't like how it makes you feel, you should not just stop taking it. Sometimes you can get sick if you stop taking medicine all at once. Always ask your doctor before you stop taking a medicine the doctor has prescribed for you.

Discussion:

What kinds of things do people take medicine for?

What are some different ways that medicine can make you feel?

How can you know you are taking medicine the right way?

Who can you talk to when you have questions or problems with your medicine?

Activity: It is suggested to role play how someone feels when they take medicine, i.e., that they feel happy, healthy. What you are attempting to show is a full body approach. When you don't take medicine, you may feel droopy, tired, sad, and so on. When you do take your medicine, you feel better, happier, or great. Then you can ask, which one do you want to be?

Summary and review:

Handout – Medicines and Alcohol

Medications can be good when prescribed by a doctor or taken according to the directions on the bottle or box. Always follow the instructions!

Sometime medications have side effects (make you feel sleepy or thirsty or can give you an upset stomach). Make sure to talk to your doctor about any side effects.

Be careful to read the label of any medicines before drinking alcohol or taking other medicines.

Topic 2: What is Addiction?

Video: Show the video labeled for this topic.

Psychoeducation:

Addiction is use of alcohol or another substance (see next for definition of substance) that is out of control. It causes the person problems, and they cannot stop using on their own.

A substance is a drug or other chemical that can affect the brain and the body and cause changes in mood, senses (seeing, hearing, touching, tasting, smelling), thoughts, feelings, or behaviors.

Addiction is a chronic (ongoing) relapsing (it can get worse again after getting better) brain disease. Addiction happens because of the way the brain responds to alcohol or another substance. Some people can drink or use in social settings with no problems. Other people develop addictions because the alcohol or other substance affects their brain differently than it does other people.

Addiction can harm the body (liver, kidneys, other body systems). Addiction can sometimes cause death (overdose or illnesses that result from the damage that drugs or alcohol can do in the body).

Genetics or heredity can influence addiction the same way they can influence whether you have asthma or diabetes. In other words, if you have family members (parents, grandparents, uncles/aunts, sisters/brothers) with an addiction, then it is more likely that you will have problems with addiction. If you have family members who have problems with diabetes, asthma, or high blood pressure, you are more likely to have problems with those same things.

Chronic Disease	Substance Abuse	Asthma	Diabetes	High Blood Pressure
% who inherit the disease	34-61%	36-70%	30-55%	25-50%

Is it my fault if I have an addiction? No. Remember the Four Cs"

- 1. You didn't cause it.
- 2. You can't cure it.
- 3. You can't control it.
- 4. You can cope with it and get better!

The good news is you can learn to cope with addiction and manage it to become healthy again by getting treatment. There are professionals such as doctors or therapists who can work with you to help you get better. Family members can often help you find help.

Discussion:

What is addiction?

What are some things that people can get addicted to?

What kinds of things can a substance (alcohol or other drugs) affect in the person who uses it?

If you have people in your family with problems with addiction, are you less likely or more likely to have problems with addiction?

What are some other illnesses that you're more like to have if other family members have it?

If you believe you have a problem with addiction, who can you talk to about it?

Activity: Ask each person to create a collage about things that people can be addicted to. If the therapist does not have magazines to cut from, then he/she/they can draw those things.

Alternate: Ask each person to create a collage about how people feel when they ARE or ARE NOT addicted. What you are reinforcing is the concept that addiction is a disease, so the pictures should be about people looking sad or people looking happy.

Summary and Review:

Handout: What is Addiction?

What is a substance?

A substance is a drug or other chemical that can affect the brain and the body and cause changes in mood, senses (seeing, hearing, touching, tasting, smelling), thoughts, feelings, or behaviors.

What is addiction? Addiction is use of a substance that is out of control.

Is it my fault if I'm addicted? No. Remember the four Cs:

- I didn't cause it.
- I can't cure it.
- I can't control it.
- But I can cope with it and get better!

Topic 3: Alcohol and Your Brain and Body

Video: Show the video labeled for this topic.

Psychoeducation:

Alcohol affects the part of the brain that decides if something is a good idea. Because of this, it affects how you think and make decisions. People sometimes do risky or silly things when drinking that they normally wouldn't do. Drinking alcohol can make it easier for people to talk you into doing things you don't want to do. Avoid making important decisions when you're drinking alcohol.

Alcohol affects how people see you. If you make bad decisions while drinking alcohol or say or do hurtful things, people won't like to be around you. This can make it harder to have friends or to have good relationships with your family.

Alcohol can affect how you feel. Some people feel happier when drinking. Others may feel sad or angry.

Alcohol slows down your body and brain. It can make you sleepy. Alcohol also slows down your reflexes and reaction time. This is why you should NEVER drive after drinking alcohol. If you've been drinking, either wait until the alcohol is out of your system or have someone else drive.

Alcohol can affect your coordination and balance. Because of this, you can be more likely to fall if you drink.

Because the liver is responsible for filtering the alcohol out of your body, people who drink a lot of alcohol are more likely to have problems with their liver. People who drink a lot of alcohol over a period of years often develop liver damage or liver disease. Some forms of liver disease can cause death.

Alcohol can affect a person with certain disabilities in different ways than it does others. Some speech disabilities can improve when the person is drinking alcohol. Also, some forms of muscle spasticity (stiffness in muscles that makes it difficult to move easily or that can cause awkward or uncoordinated movements) get better when a person is drinking alcohol. While this may seem like a good thing, drinking alcohol to make these things better can cause problems and lead to addiction.

Having problems with alcohol or even having an alcohol addiction doesn't make you a bad person, just like having diabetes or asthma doesn't make you a bad person. As we talked about last week, addiction is a brain disease. Who remembers the four Cs? (You didn't cause it, you can't control it, and you can't cure it. However, you can cope with it, learn to manage it, and live a healthy life.)

Discussion:

What are some ways alcohol affects how you feel?

What are some ways alcohol affects your brain?

What are some ways alcohol affects your body?

What are some ways that alcohol can seem helpful to a person with certain disabilities? Does this mean it's a good thing to drink alcohol if you have these disabilities? Why or why not?

Activity: Take a large piece of construction paper, preferably legal size or larger. Divide the paper in half. Next, have each person draw pictures about the problems people can run into if they are addicted on the first panel. On the second panel, have them draw pictures of how people feel when they are clearheaded and not addicted. The goal of the activity is to ensure that the concepts taught are understood. Note: The therapist should have the activity completed, and a sample should be provided.

Summary and Review:

Handout: Alcohol and Your Brain and Body

Alcohol affects how you think, how others see you, how you feel and how you see others.

Alcohol affects how you make decisions, and you might do silly or risky things that you normally wouldn't do.

Alcohol slows your body down - it can make you depressed or sleepy.

Alcohol makes it easier for people to get you to do things you don't want to do.

Topic 4: What is a Trigger?

Video: Show the video labeled for this topic.

Psychoeducation:

Triggers are what we call the things that make us want to drink. People with an alcohol addiction have trouble stopping their drinking when they start. Because of this, avoiding or learning to manage triggers can help a person not drink.

There are two kinds of triggers – internal triggers (those happening inside you) and external triggers (those happening outside of you).

Internal Triggers – triggers happening inside you.

HALT – When you're Hungry, Angry, Lonely, or Tired, you're more likely to drink alcohol.

Some people drink to be part of the crowd and fit in.

Sometimes people with disabilities think drinking alcohol makes them more like those who don't have disabilities.

Some people drink to reward themselves or to celebrate. "I deserve it."

Some people drink because it makes them feel better or helps them forget feeling bad.

External triggers – triggers happening outside of you.

People, places, and things are external triggers that can cause a person to want to drink.

Hanging out with people you used to drink with can make you want to drink. Some people choose to avoid friends the used to drink with. Others may still see them, but only when they are doing things that don't involve drinking. You'll need to find what works for you.

For the facilitator: Now is a good time to introduce the *How to Say "No" in a Polite Way* handout. This exercise will give participants a tool to use to say no to drinking (or anything else they don't want to do) in a way that is tactful and friendly. It enables them to reject drinking without rejecting the person who recommended it. It has been inserted at the end of this topic for your convenience and can be printed for the group participants. The roleplay exercise will assist in learning refusal skills.

Discussion:

What are some examples of internal triggers (things happening inside of you that cause you to want to drink)?

What are some examples of external triggers (thing happening outside of you that cause you to want to drink)?

What do you think are some of YOUR triggers?

How do you feel before drinking?

How do you feel after drinking?

While it's true that drinking alcohol can make you feel good, what are some ways that drinking alcohol makes you feel bad (For the facilitator: explore feelings such as guilt or shame in addition to physical feelings when discussing this item)?

Activity: Have each person name something that is a trigger. Role play how the trigger can be set off. Then, discuss how to handle the trigger. You likely will only have time to role play one person's trigger.

Summary and Review:

Handout: Triggers – What is a Trigger?

Internal triggers – things going on inside you that can cause you to think about drinking, like when you are hungry, angry, lonely, or tired (HALT). Can also include other feelings or emotions like wanting to fit in or wanting to be liked.

External triggers – People (friends you used to drink with), Places (going to places where you used to drink), and Things (parties, sports events)

How to Say "No" In a Polite Way

(Refusal Skills)

For the facilitator: Go over this material with the group. Do a roleplay where you model the refusal skills. Allow each group member to practice the refusal skills in a roleplay. Affirm and validate any correct use of the steps. Coach them in an encouraging way if they struggle with any of it.

- **Say "No"** (Make it clear that you don't want to do it.)
 - **No**.
 - I'm not going to do that.
 - No way.
 - o Nope.
- **Tell why** (Give a reason.)
 - I don't like how it makes me feel.
 - o It's not safe to drink alcohol with the medicine I take.
 - It makes me more likely to fall.
 - o I have somewhere to be this afternoon and don't want to smell like alcohol.
 - I have to drive home.
 - (You can even make a joke)
 - I don't want to get arrested for drunk driving in my wheelchair.
- Offer another idea (Suggest something else to do.)
 - Let's go to a movie instead.
 - Why don't we go watch the game.
 - Let's go play a video game.
 - o I have the latest music from _____. Let's go listen to it.
- **Leave** (If they don't want to do something other than drink or use, leave. Go somewhere else. Don't stay and give them a chance to talk you into it.)
 - I have to go now. If you change your mind about the video game, come by the house.
 - o I'm leaving. If you want to meet me at the movie theater later, let me know.

Topic 5: Relationships

Video: Show the video labeled for this topic.

Psychoeducation:

(For the facilitator: This is one of the more complex topics in this series. Be sure to review both Topic 5 and Topic 6 before doing Topic 5 with your group. Some groups may move faster than others in understanding the material. If you find that Topic 5 is too much for one session, feel free to spend two sessions on it. If you do break Topic 5 down into two sessions, make sure you show the video in both sessions and that you take time in the second session to review what you covered in the first session.)

When you are in recovery, your recovery must be your top priority. An important part of this is figuring out what to do about the people you used to like to spend time with.

Spending time with some of those people may not be healthy for your recovery. Some of your relationships may need to change. There are some people you may not be able to spend time with anymore or you at least may have to make some changes in the kinds of things you do together, especially if it's someone you often drank alcohol with.

Addiction and recovery can be hard to manage, especially early in recovery. When it comes to relationships, it's VERY important to spend time with people who support your recovery. This can be ordinary people like friends or family who are natural helpers, or professional helpers like therapists, doctors, case workers, and religious leaders.

People who support your recovery should be people who:

- Encourage healthy habits and behaviors and DON'T encourage the use of alcohol.
- Don't condemn you/aren't judgy or judgmental/don't blame.
- Are good listeners and don't just talk all the time.
- Point out the good in you and don't tell you that you are bad.
- Want the best for you and don't try to take advantage of you.

When deciding what people to be around during your recovery, here are some questions you can ask yourself (For the facilitator: Feel free to ask follow-up questions or explain more to explore these items further. Just be sure to keep it simple and concrete. For example, you may ask, What does it mean to be safe physically? What does it mean to be safe emotionally?):

- Am I in a safe space (physically and emotionally)?
- How do I FEEL when I'm with this person?
- Does this person want what's good for me?
- Does what I say matter to this person?
- Can I trust this person?
- Do I feel comfortable around this person? (Trust your gut. If you don't feel comfortable around someone, there's probably a reason even if you don't see the reason right away.)
- Does this person put me down or make me feel small?
- Does this person include me and invite me to do healthy, positive things?
- Is being around this person going to help my recovery or hurt my recovery?
- Is my life better with this person in my life?

Addiction often hurts and damages relationships. You may need to work with a therapist who can help you with your relationships. Remember, it will take time to repair the relationships and rebuild trust. The relationship was damaged over time, and it will take time to repair the relationship. You can't change the past, so don't focus on it when it comes to your relationships. It's easy to think about what you should have or could have done in the past and make yourself feel bad. Don't dwell on those things from the past. Instead, focus on having healthy, positive relationships from today forward.

At the same time, it's important to take responsibility for things you did that damaged the relationship. It's important not to blame others or the alcohol. For example, it can be helpful to say something like, "I know

I used to be mean and yell at you when I was drinking. I'm sorry and I'm working on helping you be able to trust me to not be mean to you." It's not helpful to say something like, "If you had been more understanding, I wouldn't have gotten upset with you when I was drinking. Besides, it was the alcohol talking. It wasn't me!"

You will likely meet new people in recovery, but it's best to not start a new romantic relationship when you first begin recovery. Some experts recommend waiting until you've been in recovery 1-2 years before you try to build a new romantic relationship. That way, you are better able to recognize what a healthy relationship is and can help build one that is positive for both of you.

It can be especially hard to manage relationships with family members who were a part of your drinking. This is true if they have an addiction, too. It is also true if they just drink socially and don't have a problem with addiction. In some families, alcohol may be part of how the family socializes or celebrates. It can also be part of their religious practices. This isn't right or wrong. It's not good or bad. You don't have to give up spending time with your family, but you may need to have a talk with them about how they can support your recovery, even if they drink as part of the way they socialize, celebrate, or practice their religion. A therapist can help you with this.

Discussion:

What are some things about addiction that hurt relationships?

When you think about people who are good for you, what kinds of things do they do?

Who are some people who can help a person in recovery?

Who are some people who can help YOU with YOUR recovery?

Where can you find people who are good for you? (For the facilitator: Take answers from the group, but also help them identify places they haven't thought of where they can find people who will support recovery. It might be AA, a community group, a hobby group, a religious or spiritual group, etc. Be specific and offer concrete examples of places or organizations in the local community where group members can build supportive relationships. This will require that you do some work in advance of the session to identify local resources.)

Activity: Ask the members to draw a picture of a healthy relationship. Have several samples available. You can have one with two people talking, with cartoon words that are kind. Another should be more basic – two people holding hands, versus two people with their back to each other.

Summary and Review:

Handout: Relationships

It is important to spend time with people who will help and support you with managing your addiction.

When you are recovering from addiction, your relationships may change.

Alcohol use may have caused problems with your relationships. Relationships take time to heal and improve. They can get better over time.

Take responsibility for problems in relationships caused by drinking alcohol. Don't blame others.

Don't worry about what you SHOULD have done in relationships. Instead, focus on making relationships better from today forward.

Topic 6: Codependency

Video: Show the video labeled for this topic.

Psychoeducation:

(For the facilitator: This topic focuses on having relationships with people who struggle with addiction. This can be a good topic to have group members' significant others to attend. You may want to review the handout from the last session before you launch into this related topic about relationships.)

Many of us have people in our lives who struggle with an addiction. They may be family members or friends. Because of this, it is normal to care about an addict. However, addiction can make for unhealthy relationships and caring about the person with an addiction may not be enough. It is common for addiction to hurt or damage a relationship.

Sometimes when we are in a relationship with someone with an addiction, we change our behavior and start acting in ways that strengthen the addiction. This is sometimes called "co-dependency" and it's not healthy. We may mean well and think we're helping the person, but we can make the addiction worse. These behaviors may include:

- Protecting them from the results of their addictive behavior:
 - Cleaning up after them.
 - Lying or making excuses to keep them from getting in trouble.
 - Giving/loaning them money that they use for their addiction.
- Believing that you are responsible for their addiction.
- Putting up with them treating you poorly or abusing you.
- Doing more than your share to maintain the relationship.
- Not speaking up for yourself and your needs.
- Ignoring or bottling up your feelings so you won't upset the other person.
- Difficulty adjusting to change.
- Trying to control their addiction.
 - Pouring out or hiding their alcohol.
 - Keeping money from them to try to prevent them from buying alcohol.
 - Following them to try to keep them out of trouble.

There are some important things to keep in mind if you have a relationship with someone who has an addiction:

- It takes time to heal relationships. The damage didn't happen all at once. It happened over time. It will take time for the relationship to heal. Just because the person you care about stops drinking doesn't mean the relationship problems will go away. You may need a therapist to help.
- You may need to find a way to forgive them for the way they treated you in the past.
- Be ready, willing, and able to say certain things are NOT okay. For example, it's NEVER ok for someone to abuse you (verbally, physically, emotionally, or sexually). Abuse doesn't happen in healthy relationships. You may have to stay away from the person, at least until they reach a place in their recovery where they can relate to you without abusing you.
- Don't accept excuses for bad behavior. For example, "I was high" is an excuse and should not be accepted as a reason for bad behavior.
- It can be hard sometimes, but you can accept a person without accepting their behavior. You may have to stop being around the person until their behavior changes.
- All the changes in the relationship may not feel good, even if they are positive changes. For example, you may like taking care of the person and, as they move further into recovery, they may not need you to take care of them as much.
- You may not be the best person to take care of or help a person who struggles with an addiction or is in recovery. They may need a doctor, a therapist, an AA sponsor, etc.
- Remember, you can only control yourself. You can't make someone else do anything. You are not responsible if the person you care for or care about uses alcohol again.
- Ask yourself, is this relationship healthy for me? Does it build me up or tear me down? You may need to take a break from the person with addiction unless/until they can treat you the right way.

- You can't change the past, so don't focus on it when it comes to your relationships. It's easy to think about what you should have or could have done in the past and make yourself feel bad. Don't dwell on those things from the past. Instead, focus on having healthy, positive relationships from today forward.
- When it comes to someone you care about who has an addiction, always remember the four Cs:
 - I didn't cause.
 - o I can't cure it.
 - I can't control it.
 - o I can learn to cope with it and be healthy.

Discussion:

What does abuse look like in a relationship?

What does a healthy relationship look like?

What are some of the problems you have faced in a relationship with someone with an addiction? (For the facilitator: If family members are a part of this group, you need to be very careful with this question to ensure that isn't used as an opportunity for a family member to "beat up on" a group member for past bad behavior. If family members are present, you may want to omit the question, rephrase the question, or establish some ground rules in answering the question to prevent them from shaming a group member.)

What are the four Cs?

What are some local resources to help people who are caregivers, family members, or in a relationship with someone with an addiction? (For the facilitator: See what the group already knows, then give them written information about local resources such as NAMI groups, Al-Anon Family Groups, community support groups, online groups, etc. This will require that you do some research in advance of the group session.)

Activity: Role play someone who is saying unkind things, then role play someone who is saying kind things. DO NOT role play with two participants – you do NOT want to have the person with a disability as a person who is talked to inappropriately. Remember that your participants are concrete thinkers and will take offense. Let this role play move you into practicing how to say no (previous lesson) to people that talk badly to someone.

Alternate: Ask people who they are responsible for, themselves or someone else. Have each person stand, and loudly say, "The only person I am responsible for is ME!" Ask them to point to who they are each responsible for. Clap when they say, "The only person I am responsible for is ME!"

Summary and Review:

Handout: What is Codependency?

It is normal to care about someone who is struggling with addiction. It is important to know that their addiction can make you unhealthy, also. This is called co-dependency.

Things to keep in mind when you have a relationship with someone with an addiction:

- It takes time to heal relationships, even if the person stops drinking or using.
- You may have to forgive.
- Be ready, willing and able to not allow them to treat you poorly. Abuse (verbal, physical, sexual, or psychological) is NOT ok.
- Ask yourself, "Is this relationship healthy for me?" You may need to take a break from the person with addiction unless/until they can treat you the right way.
- Don't accept excuses for bad behavior. Don't accept "I was high" as an excuse when/if they treat you badly.
- Don't be judgy or judgmental.

- Even positive changes in the relationship may not feel good. For example, you may like taking care of the person and as they move farther into recovery, they may not need you as much.
- You can only control yourself. You can't make someone else do anything.
- You may not be the best person to help or take care of an addict in recovery. They may need help from a therapist, doctor, or recovery group.
- You are not responsible for someone else using alcohol.
- Don't worry over what you could have done differently in the past. Instead, stay in the present and do what you can now.
- You didn't cause it, you can't cure it and you can't control it. You can cope with it.

Topic 7: Wellness and Recovery

Video: Show the video labeled for this topic.

Psychoeducation:

(For the facilitator: You likely have a wealth of knowledge about wellness and recovery. Feel free to add more material or go into more detail about the concepts here. Remember to keep it simple and concrete.)

Wellness or recovery is all about living a healthier life. It's about becoming a better person and making decisions that help you live a better life.

Wellness or recovery is a process. It takes time. It can be helpful to make a few small changes (even just one or two) to improve your life instead of trying to make a lot of changes at once. Once you're comfortable with those changes, you can make some more.

Wellness or recovery is about learning what helps YOU make a better life for yourself. Do what works for YOU. What works for you might be different than what works for someone else.

Wellness or recovery sometimes gets stuck or even goes backward. When that happens, don't feel bad or give up. Make a small change or two to start getting back on track.

Wellness or recovery includes:

- Physical health eating healthy foods, exercising, following doctor's advice, taking your medication as instructed.
- Mental health improving your thinking and feeling (emotions). This may mean talking with a therapist or seeing a doctor for medicine that can help you improve your thinking and feeling.
- Relationships being around people who help you live a better life and who support you making healthy decisions.
- Using less alcohol or drugs or stop using altogether. (If you try to use less and find that you can't, it can mean that you need to think about not using at all.)

Discussion:

What is wellness or recovery?

Why do we say that recovery is a process?

What are some changes you can make to improve your physical health?

What are some changes you can make to improve your mental health?

What are some changes you can make to improve your relationships? What can you do if you feel stuck or even go backwards in the recovery process?

What are some changes you can make about your use of alcohol?

Activity: Create a collage about what you can do to improve your health and relationships.

Summary and Review:

Handout: Wellness and Recovery

Wellness or recovery is all about living a healthier life. It's about growing as a person and making decisions that help you live a better life.

Wellness or recovery is a process. It takes time. It can be helpful to make a few small changes (even just one or two) to improve your life instead of trying to make a lot of changes at once. Once you're comfortable with those changes, you can make some more.

Wellness or recovery is about learning what helps YOU make a better life for yourself. Do what works for YOU. What works for you might be different than what works for someone else.

Topic 8: Managing Emotions and Feelings

Video: Show the video labeled for this topic which features the emotion wheel.

Psychoeducation:

Emotions or feelings are experienced/felt in our bodies and in our hearts. Some emotions include feeling:

- Happy
- Sad
- Angry
- Irritated
- Scared or afraid
- Excited

Feelings change throughout the day. We can even feel more than one emotion at the same time.

Some feelings are very mild. Others we feel very strongly. The same emotion can be mild or strong depending on what's going on at the time. Can someone give me an example of a mild emotion? Can someone give me an example of a strong emotion?

We often feel emotions in our body. When we experience anger, our muscles may feel tight, we might ball up our fists without even thinking about it, or we may suddenly feel hot. We might feel all these things at once. Some emotions make us feel good. Other emotions may make us feel bad or even be very uncomfortable and cause us emotional pain. An example of an emotion that might be painful is the way you feel when someone close to you moves away or dies. Another example could be the way you feel when someone says or does something mean to you.

Others can often see our emotions on our faces. Can someone tell me or show me what an angry face looks like? Someone tell me or show me what a happy face looks like?

Feelings can affect how we think and act. Because of this, learning to manage or control our emotions is an important part of recovery. Before we can start learning to manage or control our emotions, we need to be able to know what these feelings are.

Sometimes people drink alcohol because it helps them cover up or ignore painful emotions. This may feel better at first, but if you drink to cover up feelings, the feelings never go away. Learning to identify and talk about painful emotions can help make the pain better or even go away over time. A therapist can help you with this.

Discussion:

How many feelings can we list together? (For the facilitator: Even people without I//DD sometimes have trouble distinguishing feelings from thoughts. You may need to help clarify the difference here and gently and tactfully steer people in the right direction if they name a thought instead of a feeling. If you feel like it will work for your group, you can even talk about the connection between thoughts and feelings. Keep in mind that some members of the group may not have developed the ability to think about thinking due to developmental or cognitive issues.)

Where in your body do you feel emotions? For example, where in your body do you feel anger? Where in your body do you feel fear?

What are some emotions that hurt?

What are some emotions that you feel often?

What emotion are you feeling right now?

Activity: As emotions are identified in the previous section, show those emotions with face and body language. Have the participants practice how THEY would show that emotion.

Summary and Review:

Handout: Managing Emotions and Feelings

Emotions, or feelings, affect how we think and how we act. Because of this, learning to manage or control our emotions is an important part of wellness and recovery.

Before we can start learning to manage or control our feelings, we need to be able to know what our feelings are.

For the facilitator: Go over the Emotion Wheel on the handout, connecting the feelings with the facial expressions and bodily sensations that may accompany them. For additional practice, you may want to download one of the many feelings/emotions charts with the facial expressions that are readily available online and use it during the beginning of the remaining group sessions for participants to do an "emotional check-in."

Topic 9: Self-Esteem

Video: Show the video labeled for this topic.

Psychoeducation:

How you feel about yourself is called self-esteem. Some people feel good about themselves most of the time. Some people feel bad about themselves most of the time. Most people are somewhere in between and feel good about themselves sometime and bad about themselves sometime.

How you feel about yourself has a LOT to do with how you think about yourself. A clue to how you think about yourself is the way you talk to yourself in your head. This is called self-talk. If you say to yourself, "I'm so stupid, I messed that up!" then you probably won't feel good about yourself. On the other hand, if you say, "I messed up this time, but I'll learn from my mistake and do better next time." then you'll probably feel better about yourself. Changing your self-talk can help you feel better about yourself.

It can be hard to work on making a better, healthier life for yourself if you don't feel good about yourself. Because of this, it can be helpful to work on how you see yourself and to be able to focus on the positive things about you.

- All people have value and worth. All people are important and matter. Since you are a person, YOU have value and worth. You are important and you matter.
- No two people are exactly alike. This means that everyone is special, unique, or one of a kind. There is no one just like you.
- Everyone is good at something. Find out what you're good at doing. You may have to explore some things you've never tried to find out what you're good at doing. You probably have one or more undiscovered talents. Go discover them!
- Find something you like doing, then practice getting better at doing it. Learn to play a musical instrument, learn a new language, draw, paint, or write poetry.
- Spend time with positive people who see the good in you. Make new friends. Join a community or online group that has interests like yours. Join a hobby group. Volunteer to help others.
- It's easy to focus on the things you're not good at or the things you can't do. Everyone does this sometimes. However, people with a disability can be hard on themselves because of the things they can't do and that can make you not feel good about yourself. Instead of focusing on what you can't do, try focusing on what you CAN do!
- Don't compare yourself to other people. It's easy to look at other people and believe they are happier, more successful, or more talented than you. Did you know that everyone has problems? Even the people you think have it all together have things that they struggle with. Sometimes, they really don't have it all together, they're just good at putting on a happy face. Remember, you are one of kind, unique, and special! Work on being the best you that you can be. That's what wellness and recovery are all about!

Discussion:

What is self-esteem?

What are some things you are good at?

What are some things other people say you're good at?

What are some things that other people like about you? (For the facilitator, depending on your group, you may want to ask your group to share things they like or admire about others in the group. If you do this, make sure that EVERYONE gets to hear at least one thing that someone else likes about them and that no one is left out.)

What could you do to make yourself proud this week?

What's a least one good or positive thing in your life right now? (For the facilitator, you may need to help them identify some positive things in their lives if they have trouble coming up with something.)

Activity: We know that self-esteem grows when an individual experiences a success. Depending on the abilities of the group, try a short, easy craft project. You can use Legos to build a tower, popsicle sticks to create a letter that is the first letter of the person's first name, and decorate it, use a coloring page and ask for people to color it, you can get beads and have everyone string a necklace. Whatever the activity is that is chosen should be one that every member is capable of doing and will feel proud of.

Summary and Review:

Handout: Self-Esteem

How you feel about yourself is called self-esteem. It can be hard to work on making a better, healthier life for yourself if you don't feel good about yourself.

The good news is, you can learn to feel better about yourself when you understand that there are good things about you:

- You are a person. All people are important and have value and worth.
- You are special, unique, one of a kind! There's no one just like you.
- Everyone is good at something. Focus on what you CAN do, NOT what you CAN'T do!
- Don't compare yourself to other people.

Topic 10: Coping Skills

Video: Show the video labeled for this topic.

Psychoeducation:

Coping skills are things you can do to feel less stressed, worried, anxious, or depressed. Some coping skills can help you not use alcohol or drugs when you are feeling like you want to use them.

Not all coping skills help every person. Try different ones to find out which ones help you the most. Here are some common coping skills that a lot of people find helpful:

- Listen to music (whatever style makes you feel better), play a musical instrument, sing.
- Play games (board games, online video games, etc.)
- Art (drawing, painting, or coloring)
- Crafts (building models, knitting, sewing)
- Take a walk, go hiking, ride a bike.
- Spend time outdoors.
- Exercise even if you're in a wheelchair, you can probably find some exercises to do.
- Do something fun with a friend or family member.
- Read
- Watch TV, go to a movie.
- Hang out with friends who don't use alcohol or drugs.
- Learn something new (learn to play a musical instrument, learn another language, learn how to do crafts, learn how to take great pictures with a smartphone or camera)
- Your group leader will be teaching you some additional coping skills over the next few sessions.

What can you add to this list of things that help you feel better or feel less stressed, worried, anxious, or depressed?

If your coping skills help you and don't harm you or anyone else, then don't worry about what other people think. For example, you may like playing online video games. It doesn't matter if someone else thinks only geeks or nerds play online video games. If playing online video games helps you feel better (less worried, stressed, anxious, or depressed) or helps you not use drugs or alcohol, then play online video games.

Your group leader will take time to teach you some new coping skills to practice.

Discussion:

What is the definition of coping skills?

What coping skills can you name?

What coping skills have you tried in the past?

What new coping skill will you try this week? (For the facilitator: Try to get every person to identify one thing that they will commit to try during the coming week.)

Activity: Teach box breathing and have everyone practice.

Then, attempt the 5, 4, 3, 2, 1 exercise, where someone has to find 5 things they can see, four things they can touch, three things they can hear, two things they can smell, one thing they can taste. Provide food for the tasting. The purpose of this is to simply introduce the exercises that will be focused on during the next session.

Summary and Review:

Handout: Coping Skills

Coping skills are things you can do to feel less stressed, worried, anxious, or depressed. Some coping skills can help you not use alcohol or drugs when you are feeling like you want to use them.

Not all coping skills help every person. Try different ones to find out which ones help you the most. Here are some common coping skills that a lot of people find helpful:

- Listen to music (whatever style makes you feel better), play a musical instrument, singing.
- Play games (board games, online video games, etc.)
- Draw, paint, or color
- Crafts (building models, knitting, sewing)
- Spend time outdoors Take a walk, go hiking, ride a bike.
- Exercise
- Do something fun with a friend or family member.
- Read
- Watch TV, go to a movie.
- Hang out with friends who don't use alcohol or drugs.
- Learn something new (learn to play a musical instrument, learn another language, learn how to do crafts, learn how to take great pictures with a smartphone or camera)

Topic 11: Grounding Techniques

Video: Show the video labeled for this topic.

For the facilitator: These coping skills topics are shorter than most of the others. If you're billing these sessions and don't feel like the information in the facilitator's guide is enough to bill for group therapy (usually at least 26 minutes for most payers), then practice the coping skill more than once in the session, add other examples of the same type of coping skill, or combine two coping skills (i.e., do Topics 11 and 12 together). To facilitate comprehension, make sure that you don't include too much information at one time or introduce a lot of new concepts. Repetition is better for comprehension and retention than overloading with too much information or too many new concepts.

Psychoeducation:

Today, we're going to talk more about coping skills. Remember, coping skills are things you can do to feel less stressed, worried, anxious, or depressed. Some coping skills can help you not use alcohol or drugs when you are feeling like you want to use them.

Sometimes when we're angry, sad, anxious, or worried, all kinds of thoughts can race through our minds. This can make us feel WORSE! Grounding is a coping skill that can help with this. Grounding is focusing your attention on this moment. It's not focusing on the past. It's not looking forward to the future. It's taking the time to be fully present in this moment.

Grounding can be as simple as taking some deep breaths (more about that later!). Grounding can be taking a short walk while taking the time to listen to everything that's going on around you.

Discussion:

What are some things that race through your mind when you're angry, sad, anxious, or worried?

What is grounding?

What are some things you can do to focus on the present?

How many days this week will you practice grounding?

Activity: Practice the grounding techniques in the review section until they can be completed alone.

Summary and Review:

Handout: Grounding Techniques

Coping skills are things you can do to feel less stressed, worried, anxious, or depressed. Some coping skills can help you not use alcohol or drugs when you are feeling like you want to use them.

Grounding or centering is a way of distracting yourself from thoughts or feelings that are bothering you. "5-4-3-2-1" is a grounding exercise you can use to distract yourself from thoughts or feelings that are bothering you.

- 5 What are five things you can see?
- 4 What are four things you can feel?
- 3 What are three things you can hear?
- 2 What are two things you can smell?
- 1 What is one thing you can taste?

Topic 12: Deep Breathing

Video: Show the video labeled for this topic.

Psychoeducation:

Today, we're going to talk more about coping skills. Remember, coping skills are things you can do to feel less stressed, worried, anxious, or depressed. Some coping skills can help you not use alcohol or drugs when you are feeling like you want to use them.

It may be hard to believe, but breathing deeply can be a coping skill. There are several ways that deep breathing helps you:

- Lowers your heart rate.
- Lowers your blood pressure.
- Increases oxygen in your body.
- Increases energy.
- If you're in pain, it can help you hurt less.
- Reduces stress.
- Helps you feel calm.
- Makes you less tense.
- Practicing deep breathing regularly strengthens your immune system. This means it can help you not get sick.
- Helps you sleep.
- Helps you feel less angry.
- Helps you feel less depressed.
- Helps you feel less anxious.

Practice deep breathing using the handout below.

Discussion:

Have you ever tried deep breathing before?

How did deep breathing make you feel?

What are some ways that deep breathing can help you?

How many days will you practice deep breathing in the next week?

Activity: Refer to the deep breathing exercise below. Present it as a box. Breathe in as your finger draws the upside of a box in the air, then out as you go across the box. Breathe in as your finger draws the downside of the right side, and out as the finger draws the bottom to complete the box. If the members require the prompt, use boxes drawn on paper to trace while breathing in and out.

Summary and Review:

Handout: Deep Breathing (For the facilitator: You can always practice this one a second or third time as you do your review of the session. It will be time well spent in helping the group learn an easy-to-use coping skill.)

Deep breathing helps you relax. It makes your heartbeat slow down and helps you not be tense.

Make yourself comfortable by sitting back in your chair. You can close your eyes if you want to. When you're first learning to do this, you can put your hand on your tummy so that you can feel it move up and down when you breathe.

1. Breathe in: Breathe in slowly through your nose for a count of four.

2. Hold: Hold the air inside you for a count of four.

3. Breathe out: Breathe out slowly through your mouth for a count of four.

(Tip: Pucker your lips like you're blowing through a straw to slow it down. You may feel a little dizzy because you're getting more air than usual, but that's ok. If you get too dizzy and feel uncomfortable, just breathe normally.)

4. Hold: Hold the air outside of you for a count of four before you breathe in again.

Do steps 1-4 again four or five times. Now, how do you feel?

Topic 13: Guided Relaxation

Video: Show the video labeled for this topic.

Psychoeducation:

Today, we're going to talk more about coping skills. Remember, coping skills are things you can do to feel less stressed, worried, anxious, or depressed. Some coping skills can help you not use alcohol or drugs when you are feeling like you want to use them.

We talked last week about how deep breathing can help you relax. Relaxation is a great coping skill! Another useful way to relax is to use your imagination to picture things in your mind to help you. This is called guided relaxation. Guided relaxation combines deep breathing with using your imagination to help you relax and feel less stressed, anxious, depressed, or worried. It can help to have someone read the directions for you while you listen and practice. There are also some phone apps you can use for guided relaxation.

For the facilitator: Use the handout below to practice guided relaxation with the group. It is important to go slowly while talking in a relaxed and soothing tone.

Discussion:

Have you ever tried guided relaxation before today?

How did guided relaxation make you feel?

Who can help you at home by reading the guided relaxation directions for you?

How many days will you practice guided relaxation in the next week?

Activity: Practice guided relaxation techniques several times.

Summary and Review:

Handout: Guided Relaxation (For the facilitator: You can always practice this one a second or third time as you do your review of the session. For variety, you can describe a different scene like the mountains, beach, or forest, etc. Also, feel free to add a little more detail about what they might be seeing, hearing, or feeling in the scene you describe. Remember to keep it simple and don't overwhelm them with too many details.)

Deep breathing is a great way to relax. So is using your imagination to picture things in your mind. This is called guided relaxation.

Let's give it a try. Have someone read this to you while you close your eyes and relax. Let's start with breathing.

Take a few deep breaths as you relax. Breath in for a count of four. Hold it for a count of four. Release it for a count of four. After a count of four, breath in again. Hold it for a count of four. Release it for a count of four. Continue deep breathing while you relax and feel your arms and legs getting heavy.

(Pause for several seconds.)

Imagine yourself beside a beautiful lake. Feel the warmth of the sun. Enjoy how warm it feels. It's just right, not too hot. Continue to breathe. Slowly breathe in. Hold for a count of four. Breathe out. Keep breathing.

(Pause for several seconds.)

Feel the soft breeze blowing across your skin. Pay attention to how it feels on your face. Feel it gently blowing through your hair. Listen to the breeze softly moving the leaves on the trees. Keep breathing deeply.

(Pause for several seconds.)

If you listen closely, you can hear birds singing. Listen to the different birds call to each other as they enjoy the warm sunny day and the soft breeze. Maybe you can even hear a duck quacking as it swims by. Keep breathing. In and out.

Sometimes, it helps to imagine yourself in a different place like the beach or the mountains. The only limit is your imagination.

Topic 14: Body Movement

Video: Show the video labeled for this topic.

Psychoeducation:

Today, we're going to talk more about coping skills. Remember, coping skills are things you can do to feel less stressed, worried, anxious, or depressed. Some coping skills can help you not use alcohol or drugs when you are feeling like you want to use them.

Helping your body and mind relax is a great coping skill. Today we're going to learn one way of doing that. Using body movement and tensing and relaxing your muscles is sometimes called progressive muscle relaxation. It's a type of guided relaxation like we talked about last week. Since the one we're using today uses movement, we're just going to call it body movement.

The kind of body movement we're talking about today can help you in many ways. Some of them are:

- Helps you feel less anxious.
- Helps you feel less stress.
- Helps pain feel better.
- Lowers blood pressure.
- Can help with headaches.
- Helps you feel less angry or frustrated.
- Improves mood.
- Increases energy.
- Improves confidence in handling problems.

We're going to do this exercise together. If you can't do all of it, that's ok. Do what you can. If you're able to, stand up and we'll start. If you need to sit, that's fine. Follow along and do the parts of it that you can do. Remember, focus on what you CAN do, not what you CAN'T do. 😊

For the facilitator: The complete script is below. For the sake of space, not all of it was used in the handout. As was stated in previous topics, feel free to do this exercise a couple of times during the session. You can do it now, then repeat it after the discussion as part of the summary and review.

Discussion:

Have you ever used body movement to relax before today?

How did it feel to do this exercise today?

What are some ways that body movement can help you?

Who is someone who can help you practice this exercise?

How many days this week will you practice body movement to relax your mind and body? For the facilitator: It would be helpful for you to copy and paste the full script into another document and print a copy for group participants so they can practice at home.

Activity: See below, or alternate.

Alternate. Laying face up on a mat or blanket on the floor, do the exercises beginning with toes, then legs, then stomach, then arms, then neck, then face.

Summary and Review:

Handout: Body Movement (Guided Relaxation)

Not everyone may be able to do every part of this relaxation exercise. If you can't, that's ok. Just do what you can. Let's give it a try.

Hands and Arms

Pretend you are squeezing a whole lemon in your left hand. Squeeze it hard. Try to squeeze all the juice out. Feel the tightness in your hand and arm as you squeeze. Now drop the lemon and relax. See how much better your hand and arm feel when they are relaxed. Repeat with other hand.

Arms and Shoulders

Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Raise them up high over your head. Way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay kitten, stretch again. Repeat.

Legs and Feet

Now pretend that you are standing barefoot in a big fat mud puddle. Take one foot and squish your toes down deep into the mud. Try to get your foot down to the bottom of the mud puddle. Push down, spread your toes apart, and feel the mud squish up between your toes. Now step out of the mud puddle. Relax your foot. Let your toes go loose and feel how nice that is. Now take the other foot and put it deep in the mud. Try to get your foot down to the bottom of the mud puddle. Push down, spread your toes apart, and feel the mud squish up between your toes. Now take the other foot and put it deep in the mud. Try to get your foot down to the bottom of the mud puddle. Push down, spread your toes apart, and feel the mud squish up between your toes. Now step out of the mud puddle. Relax your foot. Let your toes go loose and feel how nice that is. It feels good to be relaxed. Repeat.

Credit: Monica Fitzgerald, Ph.D. TF-CBT Training References: Carkhuff, R.R. Helping and human relations, Vol. 1, New York: Holt, Rivehart and Winston, 1969.

Credits

This curriculum was developed by Monarch, a leading provider of mental health, substance use disorder, intellectual and developmental and traumatic brain injury services. The curriculum was developed by Peggy Terhune, Ph.D., MBA, OTR/L, President and CEO, and Todd Posey, M.Ed., LCMHCS, LCAS, CCS, Vice President of Operations, Outpatient Clinical Services in consultation with subject matter experts, as well as persons with lived experience with intellectual and developmental disabilities and substance use disorders and their families.

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