Practitioner Guidelines for Enhanced IMR for COD

Handout #4: Building Social Support

Introduction

According to the stress-vulnerability model, stress contributes to the symptoms of mental illness. Having social supports helps people cope with stress more effectively, which helps reduce relapses. Having family members and other supportive people involved in relapse prevention plans can also help to reduce relapses. This module helps people evaluate their social supports, identify places where they might meet people and develop strategies for increasing closeness in personal relationships.

People use substances for many reasons. A common one is to feel more comfortable socializing, and to have ready-made companions to do something with (e.g., drink or take drugs together). For people with substance use or co-occurring substance use and mental health problems, this module will help increase their ability to socialize without using substances. Another reason this module is important to people who use substances is that social support is key to many people making changes in their substance use. That is, having support from friends and family can help people as they decrease or stop substance use. Many people find it helpful to attend peer recovery support groups such as Dual Recovery Anonymous (DRA), Dual Diagnosis Anonymous (DDA), Alcoholics Anonymous (AA), and Narcotics Anonymous (NA), where they can meet and connect with sober supports.

It is important to keep in mind that the recovery goals of many IMR participants (with or without COD) involve developing and improving relationships, and this module can be helpful for this. In addition, the social skills taught in this module are helpful in pursuing a wide variety of recovery goals, from seeking a job to getting an apartment to going back to school to parenting.

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in italics. In addition, there is an additional category called
“Substance Use Strategies” that provides specific strategies for COD within this particular module.

Goals

- Provide information about the benefits of social support
- Convey confidence that people can strengthen their social support
- Help people identify and practice strategies for connecting with more people
- Help people identify and practice strategies for getting closer to people
- Help people learn strategies and skills for making friends who do not use substances
- Help people learn the social skills that will help them feel comfortable meeting and making friends with new people in peer recovery support groups such as Dual Recovery Anonymous (DRA) and Alcoholics Anonymous (AA),
- Help people identify and develop new activities that don’t involve substance use

Number and pacing of sessions

“Building Social Support” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

When completing “Building Social Support” with clients with COD, it may be helpful to consider adding one to two additional sessions to practice substance use refusal skills for clients who have decided to make a change in substance use.

Format of Sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing the homework.
4. *Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
   o Potential Topic Starters:
Topic starters for Enhanced IMR for COD: “For people who use substances such as alcohol or drugs, it is important to explore how social relationships may play a part in this. For example, some people feel more comfortable being around people when they drink or take drugs. Or, they may feel bored and as if they have nothing in common with people, so using substances is something to do with others and is better than being alone.”

“On the other hand, there are ways that social relationships can help people change substance use that has become problematic. For example, having the support of family or sober friends, and being able to attend peer recovery support groups in the community where there are people that understand your situation, can be very helpful.”

7. Summarize progress made in the current session.

8. Agree on homework to be completed before the next session.

**Strategies to be used in each session**

Motivational strategies
Educational strategies
Cognitive-behavioral strategies

**Motivational strategies**

Motivational strategies in this module focus on helping people identify the benefits of having stronger social supports and helping them develop confidence that they can be effective at increasing the number and/or quality of their relationships.

The following suggestions may be helpful:

- At the beginning of this module, review the personal goals that people have identified in previous sessions. Ask people how having strong social support might help them achieve some of their personal goals. Or if someone has the goal of being less distracted by symptoms such as auditory hallucinations, having friends to talk to could help him pay less attention to the voices.

- Be alert for opportunities to highlight the connection between the importance of strong social supports in achieving goals that revolve around changing substance use. For example, if someone has the goal of reducing her alcohol use, having non-drinking friends could help her enjoy herself without alcohol.
• Focus some discussion on previous positive relationships that people may have had. Ask what they enjoyed about the relationships and how they benefitted from the relationship.

• Some people may have had negative experiences with social relationships. Express empathy, but focus on how using the strategies in the handout can give people skills that will make relationships go better in the future. For example, a person may have disclosed personal information too quickly in the past and the relationship ended in a distressing way. In the handout, people will learn to gradually increase the level of disclosure when they want to make a relationship closer.

• Help people evaluate the advantages and disadvantages of keeping their social support system the way it is, and the advantages and disadvantages of changing it. Some people have been isolated for several years and it may be anxiety provoking for them to think about reaching out to others.

• Listen for opportunities to discuss how using substances is associated with a person’s social network or support systems. Look for opportunities to explore the role of substances associated with socializing and increasing or decreasing social support.

• Help clients with co-occurring disorders (COD) explore ways that they can still have friends and do things with them, even in the absence of substances. (Many people with COD use substances to relax and “fit in” in social situations. They may be concerned that without substance use, they would not be able to socialize or have relationships.)

• For clients who are ambivalent about changing their substance use, using a pay-off matrix can be a helpful strategy. For example, clients with COD could use the pay-off matrix to examine the pros and cons of using substances, making new friends, or the pros and cons of learning additional social skills or developing new activities.

• For clients who are in pre-contemplation around their substance use, identifying their non-substance related goals, and ways social supports might be helpful to them in accomplishing those goals, would be an appropriate stage-wise strategy.

**Educational strategies**

Educational strategies for this module focus on increasing people’s knowledge about the benefits of social support and helping them become familiar with ideas for increasing the number and quality of their relationships.
The following educational strategies were discussed in detail in Module 1:

1. Review the contents of the handout, by summarizing the main points or taking turns reading.
2. Pause at the end of each topic to check for understanding and to learn more about the person’s point of view.
3. Allow plenty of time for interaction.
4. Pause to allow the person to complete the checklists and questionnaires.
5. Break down the content into manageable “pieces”.
6. Find a pace that is comfortable for the person.

These educational strategies may also be helpful in Module 4:

- Look for opportunities to provide information about the role of social support in increasing people’s coping strategies.
- For people with substance use or COD, inform them about the role that peer recovery support groups such as DRA, DDA, AA, and NA can play in providing a social support network.
- Also, educate people with substance use or COD about how having a support network with sober peers and family members can provide important social support for making changes in substance use.

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people to actively practice and use strategies for increasing the number and quality of their relationships. Providing opportunities in sessions to role-play strategies for connecting with others or increasing closeness can be effective. In each session, help people plan how they might use strategies in their everyday life. Modeling, role-playing, and rehearsing elements of their plan in the session can help people to follow through outside the session.

The following examples may be helpful:

- When people are interested in changing their social support system, take a “shaping” approach and help them start with small steps in order to maximize the chances of success. For example, if someone is interested in re-establishing a relationship with an estranged relative, it might be a good idea to start with a small step, such as sending a short, pleasant note to the relative.

- As people identify a place where they would like to meet people (using the checklist in the handout), you could help them plan how they could actually go to the place. For example, if they would like to meet people at
an exercise class, you could help them locate the phone number and address of a YMCA or health club where they could take classes.

• If a person would like to attend a DRA or AA meeting, you can help them research different meetings. This may include a discussion of the following:
  o What type of meeting would they like to attend? A speaker meeting, a step meeting, a discussion meeting?
  o Will they choose a closed meeting, which is for people who have decided they have a problem with substances, or an open meeting for anyone who wants to learn more about what a 12-step meeting is all about?
  o Do they want to go to a small meeting, or would they rather be in a big meeting where they may find a wider variety of people to meet?
  o Role-playing the meeting with the person, so they can practice what they will say to people who may come up to them, or how to respond if they are called on in the meeting, will be very helpful.

• If people enroll in an exercise class in order to meet others, you could set up role-plays to help them practice how they could start a conversation with someone in the class.

• Using the “Things You Can Say to Increase Closeness” checklist, you can help people identify and practice strategies for conversations that will lead to more sharing. For example, if people wanted to practice the skill of expressing compliments, you could model how to give a compliment and/or you could set up role-plays for people to practice giving compliments.

• Using the “Things You Can Do to Increase Closeness” checklist, you can help people identify and practice strategies for showing they care about others. For example, if people would like to try arranging an activity with someone to show they care, you could set up a role-play for them to practice asking someone to join them for a movie.

• Using the “Levels of Disclosure in Relationships” checklist you can help people identify someone that they might want to become closer to. After they identify someone, you could set up a role-play for them to practice what they might say to someone at a higher level of disclosure.

• For clients with COD, help them practice with whom, when and how they want to disclose this part of their history. Role-play how they would share this information, and whom they would feel comfortable discussing this with. For example, you could role-play asking someone to be your sponsor in a 12-step program, and to discuss what the sponsor relationship is like, and how disclosure might work in such a relationship.
• Look for opportunities to role-play a variety of ways to respond to offers to use drugs or alcohol. For clients with COD who are actively working on cutting down or stopping their substance use drink/drug refusal skills (e.g., in which clients practice how to refuse drugs or alcohol from others or suggesting an alternative activity to using substances) are important social skills for them to practice and learn. Keep in mind the person’s stage of change; refusal skills will not be as effective for persons in pre-contemplation or contemplation.

  o The following steps may be helpful to consider when teaching drug refusal skills:
    1. Telling the person “no”
    2. Talk in a firm voice to let them know you mean it
    3. Keep saying “no” or “no thank you” if keep pestering you

• Identify negative thoughts related to the inability to “be the life of the party” or having a good time without using substances. Problem solve ways to have fun when not using substances or ways to suggest alternatives to using substances in social situations.

Substance use strategies

As noted in the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.
3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.
4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).
5. Using a harm reduction approach.
7. Long-term perspective of treatment or time-unlimited services.
8. Providing multiple psychotherapeutic modalities.
Here are a few examples of opportunities for practitioners to use the COD principles in Module 3, “Building Social Support.”

**Principle 1:** Practitioners can integrate mental health and substance use services and the importance of social supports for preventing a relapse of both mental illness and substance use.

**Principle 3:** In this module, it is important for practitioners to offer a comprehensive variety of services, including peer recovery support groups in the community for mental illness, substance use, or both.

**Principle 6:** Practitioners use a motivation-based treatment and stage wise Interventions, including strategies for helping people develop a support system, for example if a client is not in active treatment, groups like AA and NA would not be places to meet people so instead role playing starting a conversation with someone they meet when they are exercising at the YMCA, where they go regularly.

Below are some additional examples of using the COD principles in this module.

People with COD have a wide range of social skills:

- Some are very skilled, particularly as it relates to getting access to substances and interacting with others when they are using substances together. They will benefit from exploring how their current social skills could be used OUTSIDE of substance use interactions. They can benefit from building their confidence that they have something to offer others in a relationship besides using substances together. For example doing a role-play in session about how to suggest alternative activities to using substances.

- Some are less skilled socially. They developed symptoms of their mental illness and began using substances at a time when social skills were usually built (teenager, young adult years). Mental illness and substance use curtailed their building of social skills, so they could benefit from extra help around building fundamental skills such as starting conversations. Modeling and role-playing are especially helpful.

- Then there are many people with COD who fall “somewhere in between” in their social skills. They could benefit from learning some basic social skills (starting and ending a conversation), some advanced skills (dealing with conflict), and confidence building by doing role-plays in session.
Homework

During the sessions, people will be identifying ways that they would like to increase the number or quality of their relationships. Homework could include making and following through on plans to achieve these goals.

Practitioners should follow up on homework assignments in the next session by asking how they went. They should reinforce completed homework or the effort people have made to complete homework. If someone is not able to complete the homework, practitioners can ask about what got in the way and help him or her develop (and sometimes practice) ways of overcoming obstacles.

The following examples of homework may be helpful:

- If the person does not have time to complete the checklist in the session he or she can do this as homework.
- If the person identifies pieces where he or she would like to meet people, the homework could consist of either finding out more information about the place (location, hours, etc.,)
- If the person is interested in getting experience starting conversations he or she could plan to start at least two conversations before the next session.
- If the person would like to get closer to someone, he or she could select a specific person and plan to try out one of the suggestions in the handout about what people can say or do to gradually increase closeness.
- If the person would like to increase the level of disclosure in a specific relationship, he or she could plan what he or she might tell the other person to accomplish this. The homework assignment would also benefit from determining in advance where and when the person might hold such a conversation.
- If a person with substance use or COD is interested in attending a peer recovery support group to practice using social skills, there might be a series of home assignments to help the person feel more comfortable around people. This could begin with the person helping to set up the chairs and coffee for the meeting and practice conversation skills while they do this. Over time, the person could work up to sharing their story at the meeting. You can also practice the home assignments in session using a role-play before asking the person to try them out at a meeting.
- People with substance use or COD who are interested in reducing or stopping substance use may be interested in home assignments that help them identify sober social supports. They might think about activities they used to like to do before they started using drugs and alcohol, and make a plan to try the activity again as a way to meet new people. Think about ways to demonstrate the home assignment or steps toward completing the home assignment in session using a role-play. For example, you could
role-play in session how to start the conversation with a sober friend and how to ask the friend to go to a movie.

**Special Issues for Group IMR**

- Group members can be very helpful in role-plays. They can offer suggestions in strategies that have worked with them in connecting with persons who are not using substances, when to share information about substance use to supportive persons, and playing parts of the people whom other members are trying to practice with.

- Group members can be helpful in giving feedback about connecting with other people such as effective methods to meet people who are not using substances or use drug refusal skills in social situations, or alternative ways to have fun in social situations without using substances.

**Tips for common problems**

- Some people have had unpleasant experiences with past relationships or with trying to develop new relationships.

  Explore what happened in the past and identify some strategies from the module that could lead to better results. For example, a person might say, “I keep asking people to do things together but they never say "yes". You could say, “I'm sorry that's been happening. But we could work together coming up with some strategies that might help you get a more positive response from people in the future.”

- Some people may be very shy about approaching others.

  Encourage very small steps, such as smiling at people and saying “Hello”. When people feel more confident, they might try making small talk. Set up as many role-plays as possible to help people rehearse what they can say to others. There are materials available for practitioners to help people learn social skills in a systematic way (see social skills training references at the end of Part 1 of the Practitioners Guide). People may also benefit from attending a social skills training group to get more practice and feedback from peers.

- Some people may move too quickly when trying to establish close relationships.

  Encourage the person to get to know other people gradually. Explore what happens when people share deeply personal information or become physically intimate early in a relationship. Help people develop skills for
gauging other people’s response to them (e.g., what are some ways to
determine whether someone is interested in talking or would like to
become closer?).

• People with COD often have difficulty with self-disclosure. Exploring
peoples’ experience with self-disclosure around substance use during a
session can be helpful in thinking about ways to increase sober supports.
The following questions may be helpful when discussing this topic:

  Have they shared their story in 12-step meetings? What was that like?
  How does that compare with disclosing in other relationships?

• Participants may hesitate to role-play.

  It may be useful to briefly explain why it’s important to practice something
  when learning a skill. You can use analogies such as riding a bicycle,
  playing a musical instrument, learning a foreign language, or playing a
  sport. Remind participants that you’re going to try it out first and give them
  examples. Avoid making role-plays a “ big deal”. Tailor the role-play to the
  individual and make it fun by getting up, moving around, and setting the
  stage. Keep them short so the main point isn’t lost.

  In role-plays involving offers to use drugs, ask clients for input on how the
  offer is usually made and what responses are usually most effective.

Additional Resources

• In the Integrated Treatment for Dual Disorders book:
  o Suggestions for social skills training groups, Chapter 11-page 168.
  o Suggestions for teaching social skills in active treatment groups, pages
    161-162.
• Handouts on skills for coping with substance use and social skills training on
  VA website on social skills
• Sample videos of social skill training from the

COD-Clinical Vignette

During the social support module, George was making good progress on cutting
back on his alcohol use. He felt there were several things he still needed to work
on regarding his goals. He re-affirmed his goal to play his guitar in the commons
area at the center and had been preparing for the interview that was required to
play there. He and Lynette practiced going into the office at the center and filling out an application, and speaking with the office manager.

The Building Social Support module was very helpful when George was practicing his interview with the office manager. Over the course of the module, George practiced answering questions and playing a song for her during the interview. While reviewing the handouts, George reported that he has relied on his sister for most of his support system and hoped he might meet some new people by playing in the commons area on a regular basis. He reported that he feels nervous sometimes when meeting new people. During the module, George and Lynette discussed different ways that he could introduce himself to people if he were playing his guitar in the commons area. After getting the job at the center and practicing some of the strategies in session, George tried a few of the strategies when he was playing his guitar at the center. As a home assignment, George followed through with applying and interviewing with the office manager, He was accepted to play in the commons area once a week when there was an open house.

Review Questions

At the end of this module, it is helpful to assess how well the person understands the main points. Practitioners can use the following types of questions (open-ended questions or multiple-choice).

Open-ended questions

1. Who are the supportive people in your life?

2. What are some places that you could meet new people?

3. What's a good way to start a conversation?

4. What can you say to someone that will increase the closeness of your relationship?

5. What is something you can do for someone to show that you care about him or her?

6. If you have decided to make a change in your substance use, describe how you would suggest some alternative activities to using substances when you get together with a friend.

Multiple choice and true/false questions

1. A sign of a supportive relationship is:
A. arguments
B. criticism
C. helpfulness

2. Which of the following is NOT a good place to meet new people?
   A. at your workplace
   B. at a toll booth
   C. at a drop-in center

3. When starting a conversation, it is a good idea to first think of some topics that might interest the other person. True or False

4. To increase closeness in a relationship, you can
   A. offer someone help when they need it
   B. keep your thoughts and feelings to yourself
   C. refuse to compromise

5. When you are interested in developing a close relationship, it is a good idea to tell personal information:
   A. Gradually, as you get to know each other better
   B. As much as possible the first time you talk to them
   C. Never

6. Attending peer recovery support groups such as Dual Recovery Anonymous can be a good strategy to meet new people. True or False

7. People who are trying to reduce their drug or alcohol use usually find it helpful to:
   A. Increase contacts with friends and family members who are sober
   B. Continue to call friends who you used to use substances with
C. Go to places where you know people will be using substances