Practitioner Guidelines for Enhanced IMR for COD

Handout #9:
Coping with Problems and Symptoms

Introduction

Coping with problems effectively can help people reduce stress and their susceptibility to relapses. This module helps people to identify problems they may be experiencing, including symptoms that are distressing. Two general approaches to dealing with problems are taught:

1) A step-by-step method for solving problems and achieving goals
2) Coping strategies for dealing with specific symptoms or problems.

People can choose strategies that seem most likely to address their problems. Practicing problem-solving and using coping strategies both in the sessions and as part of homework can help people learn how to reduce their stress and discomfort.

Coping effectively with problems and symptoms is important for persons with co-occurring disorders for two reasons. First, persons with co-occurring disorders often use substance use as an unhealthy strategy to manage distressing symptoms. Secondly, as a result of using substances, people can experience distressing symptoms such as cravings or withdrawal. Persons with co-occurring disorder can utilize the same step-by-step method to develop coping strategies for distressing symptoms associated with substance use as they use for symptoms of their mental illness.

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:**

- Convey confidence that people can deal with problems and symptoms effectively.

- Help people identify problems and symptoms that they experience.
- Introduce a step-by-step method of solving problems and achieving goals.

- Help people select and practice strategies for coping with specific problems and symptoms.

- Encourage people to include family members and other supportive people in their plans for coping with problems and symptoms.

- Identify how current or past substance use impacts selected coping strategies for psychiatric symptoms. For example, a person who is hearing distressing voices may choose to use marijuana to decrease voices rather than another strategy such as talking to his or her doctor about a change in medication to address the increase in distress around voices.

- Help people identify distressing symptoms that could be related to current or past substance use. For example, a person who has recently stopped using marijuana may be more irritable and anxious.

- Identify coping strategies for substance use disorder symptoms that the person finds helpful and takes into consideration the person’s stage of treatment.

- **Number and pacing of sessions**

  “Coping with Problems and Symptoms” 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.

**Structure of sessions**

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
- Follow-up on goals.
- Set the agenda for the current session.
• Teach new material (or review materials from a previous session if necessary).

For co-occurring disorders, you can use topic starter such as: “In this module, we have been talking about different coping strategies to help you with distressing symptoms. It can be helpful to think about ways that substance use could interfere with using certain coping strategies.”

Or

“Persons with co-occurring disorders can experience distressing problems and symptoms related to their mental illness and related to their using substances. It can be helpful to identify coping strategies to help you with both your psychiatric symptoms and with symptoms related to substance use.”

• Summarize the progress made in the current session.
• 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**

Most people are motivated to solve and/or cope with problems and symptoms that cause them distress. In this module, the practitioner focuses on helping the person develop effective strategies for dealing with specific problems and symptoms that he or she is experiencing. For example, if someone is troubled by persistent auditory hallucinations, the practitioner could focus on identifying and practicing strategies for dealing with hearing voices. If someone has problems related to drug or alcohol use and is interested in reducing his or her substance use, the practitioner could focus on helping the person learn strategies for achieving this goal.

The following suggestions may be helpful:

• “The “Common Problem Checklist” helps people identify the specific areas in which they experience problems. The practitioner can then focus on the sections of the handout that provide strategies for dealing with these problems.

• Practitioners should keep in mind the goals identified by people in previous sessions. Being able to solve problems (or cope with them more effectively) can help people overcome some of the obstacles they may have experienced in achieving some of their
goals. For example, when someone has a goal of taking a class, having difficulty concentrating may interfere with his ability to study, which presents an obstacle to his goal of succeeding in school. Using the strategies of minimizing distractions and breaking down tasks into smaller parts might help him improve his concentration and ability to study for tests.

• Practitioners can help people to make plans to achieve goals, using the Step-By-Step Problem-Solving and Goal Achievement worksheet.

• Practitioners can discuss how people sometimes use substances to cope with distressing symptoms. Consider using a payoff matrix to explore the advantages and disadvantages of using substances to cope with distressing symptoms.

• If a client has always used substances as a coping strategy, acknowledge how difficult it can be to try a new one. Brainstorm and problem-solve how to lower or remove the barriers to trying an alternative coping strategy.

• Identify a positive or pleasurable behavior that could serve as an alternative coping strategy to substance use for a specific symptom. Examples include engaging in a hobby or leisure activity, finding a new way to use a character strength, or practicing an act of kindness.

• Keeping in mind the person’s stage of treatment:
  
  • For persons in engagement, help the person examine discrepancies between the current coping strategies using substances and achieving their current goal. Be sure to include information about how coping strategies using substances are related to moving forward in a person’s recovery goal.
  
  • For persons in persuasion or later, use a pay-off matrix to explore advantages/disadvantages to using a substance use related coping strategy. Be sure to consider how an alternative skill could be useful. For example, a client may say she experiences loneliness as a persistent problem. Hanging out with people who use substances is one of her coping strategies. Explore coping strategies that involve spending time with other people in a variety of situations (not just drinking or taking drugs together with them), such as taking a class, spending time with sober friends or family members, volunteering, getting a job, joining an organization, etc.
**Educational strategies**

Educational strategies for this module focus on increasing people’s knowledge about two general approaches to dealing with problems: a step-by-step method for solving problems and achieving goals, and coping strategies for dealing with specific symptoms or problems.

The following educational strategies were discussed in detail in the Practitioner Guidelines for Educational Handout #1:

1. Review the contents of the handout by summarizing or taking turns reading paragraphs.
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 questions and 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 to the person.

These educational strategies may also be helpful in Module 9:

- **Be sure to consider specific substance use related coping strategies for each distressing symptom identified by the person.**

- **If the person is experiencing more than 1 distressing symptom and is feeling overwhelmed, focus on developing coping strategies for one symptom and then go back to re-evaluate the level of distress. When the person has achieved some reduction of distress from the first symptom, move to addressing the next distressing symptom(s).**

- **If substance use is causing distressing symptoms, such as cravings, help the person develop coping skills for these symptoms.**

**Cognitive-behavioral strategies**

Cognitive-behavioral strategies focus on helping people learn more effective strategies for solving and coping with problems.

During the sessions, practitioners can help people learn how to use the strategies of their choice by modeling and role-playing the skills.

The following examples may be helpful:
If someone who has problems with depression wanted to learn the strategy of scheduling something pleasant to do each day, the practitioner could help her set up a calendar of a week’s worth of pleasant activities. If one of the pleasant activities was going bowling with a friend, the practitioner could help her decide whom to invite and role-play a conversation making the invitation.

The practitioner should help people make plans for implementing the strategies and help them practice any aspect of the plan with which they feel uncomfortable. For example, if someone is having a problem getting along with a roommate who plays loud music late at night, he might decide to use the strategy of asking the roommate to use head phones after 11 PM. The practitioner could help him role-play how he might make the request.

Use modeling and role playing to teach the coping skills selected by clients in this module. For example, you can teach how to use positive self-talk for responding to voices by modeling an example, then asking clients to select their own positive self-talk statement, then asking them to practice it (at first aloud, then saying it to themselves).

Help the person make plans not only for using the alternative coping skill but also for not using the substance use related coping strategy. For example, this may involve helping the person practice a role-play talking to friends about the choice to not use substances when they get together.

Identify high-risk situations where the person is most likely to use a substance use related coping strategy and help the person develop a plan for using alternative coping strategies. For example, if being alone is likely to trigger feelings of depression followed by smoking marijuana then help the person develop specific alternative coping strategies for situations when he is likely to be alone and feeling depressed.

Help the person challenge beliefs about substance use related coping strategies and evidence/support for alternative coping strategies.

**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 9, “Coping with Problems and Symptoms.”

**Principle 1:** Clients with co-occurring disorders may tend to emphasize distressing symptoms or experiences associated with one disorder above the other (unpleasant experiences and/or emotional states such as feeling anxious after cutting down or quitting versus manic symptoms). Practitioners can integrate the approach to developing coping strategies that address both distressing psychiatric symptoms and symptoms associated with substance use.

**Principle 2:** Clients with co-occurring disorders tend to benefit most when treatment addresses both disorders at the same time. Practitioners need to assess the client’s level of distress related to both their mental illness and symptoms/experiences associated with substances use as well as how clients may be using substances to decrease their level of distress. This information can better inform the selection of individualized coping strategies.

**Principle 3:** When reviewing coping strategies for psychiatric symptoms and symptoms/experiences associated with substance use, practitioners need to be aware of different services that offer the client...
additional support and skills to cope more effectively with distressing symptoms.

**Principle 4:** In this module, practitioners help clients take an assertive approach to treatment by helping clients select and practice individualized coping skills in session.

**Principle 5:** Practitioners need to consider the client’s individual needs and desire to make a change when developing coping skills for distressing symptoms. This should include the option for clients to use a harm reduction approach to substance use.

**Principle 6:** In this module, practitioners should keep in mind the client’s stage of treatment and his or her desire to make a change in substance use when identifying distressing symptoms and selecting individualized coping strategies. For example, a person who is in engagement may not find attending a self-help group a helpful strategy if the person is only interested in discussing his or her problem with mood swings. Instead, the person may want to include making a phone call to the doctor to discuss how medication may be helpful as one of his or her coping strategies for mood swings.

**Below are some additional examples of substance use strategies that can be used in this module.**

- Include substance use (current or past) as part of the common problems checklist. The symptoms of distress that the person may be experiencing could be related to negative mood states related to substance use.

- Depending on the person’s current substance use and willingness to cut down or stop using, help the person create some specific strategies for withdrawal and/or cravings.

**Homework**

Homework focuses on helping people put into action what they are learning about coping with problems and symptoms. During the session, people identify coping strategies that they would like to use in their own lives. The homework assignments follow up on this by making specific plans for people to try out the strategies on their own.

Practitioners should follow up on homework assignments in the next session by asking how it went. They should reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the assignment, practitioners can
explore the obstacles they encountered and help them come up with a solution for following through on the homework.

The following examples of homework may be helpful:

1. Working on solving a problem using the “Step-By-Step Problem-Solving and Goal Achievement” method. The person may benefit from asking family members or other supportive people to participate in helping to solve the problem.

2. Working on planning how to achieve a goal using the “Step-By-Step Problem-Solving and Goal Achievement” method.

3. Reviewing what helped and what did not help in dealing with specific problems in the past.

4. Using a particular coping strategy and evaluating its effectiveness. For example, someone could practice using reading to distract himself from voices.

5. Asking family members, friends and other supporters to participate in a coping strategy. For example, if someone plans to attend Alcoholics Anonymous (AA) as a strategy for stopping alcohol abuse, she could ask for a ride to a local AA meeting as part of a homework assignment.

6. Modifying coping strategies that are not effective and trying them again. For example, if someone was unsuccessful in using reading to distract himself from voices, he might try something else, like listening to music. If listening to music is not effective, he could try humming to himself to distract himself from voices.

7. Locating resources for implementing a coping strategy. For example, if someone wants to attend a support group as part of coping with the problem of isolation, she could call the local mental health center or look on the Internet for information about the location and times of local support groups.

8. Enlist the help of a supportive person when practicing a coping skill for a symptom outside of session. Role-play how to approach the supportive person and ask for help practicing and/or reminding the person to practice the coping skill. For example, if the person wants to use walking as a coping strategy for stress and/or for dealing with cravings, he or she could ask a friend to go for a walk as a homework assignment.
9. Ask the person to monitor thoughts/beliefs around substance use that are related to distressing situations or feelings. Follow up this homework assignment in the next IMR session by exploring ways to challenge these beliefs.

**Tips for common problems**

- **People may prefer not to talk about problems.**
  
  The practitioner can help the person re-frame problems as goals, which sounds more positive. For example, “sleep problems” could be defined as “getting a good night’s sleep”; “depression” could be defined as “being in a more optimistic mood”; “lack of interest” could be defined as “developing more interests.”

  The goals that were established previous sessions can also be worked on in this module. The Step-By-Step Problem-Solving and Goal Achievement method is helpful in this process.

- **People may find it difficult to identify a coping strategy that they want to try to deal with a problem.**

  Particularly when people are depressed or experience the negative symptoms of schizophrenia, they may find it hard to imagine that a coping strategy may be helpful. In such situations, the practitioner can encourage the person to keep an open mind and to “give it a try” to see what happens. For example, some people find it hard to believe that exercise can help to improve one’s mood. The practitioner can encourage someone to try a 10 to 15 minute walk, rating his mood before and after the walk.

  Practitioners can also suggest that the person ask someone to join him or her in using a coping strategy. For example, as part of a coping strategy for developing interests, someone could ask a friend or relative to join her on a trip to the art museum.

- **Normalize the difficulties of changing to an alternative coping strategy from a substance use related coping strategy.**

  Acknowledge that the change may be difficult and there could be times when the person slips back into the old coping strategy. Remind the person of what she is working towards in recovery and try to break down the alternative coping strategy into smaller steps.

- **The person may or may not be willing to acknowledge the use of substances as a coping strategy for a distressing symptom.** It can
be helpful to use the person’s language and focus on helping the person deal with a “difficult experience” or a “difficult time in their life”. Also, the practitioner can use Socratic questioning to help the person see the connections between distressing symptoms and substance use as a coping strategy.

**Special Issues for Group IMR**

- Group members can complete individual lists of distressing symptoms they experience and the coping strategies they use. As part of a group discussion, you can combine the lists on a white board or flip chart. You can then type up a copy and distribute it to all of the group members at the next meeting.

- Consider pairing up group members to practice a coping strategy together after it has been demonstrated in group. After practicing, follow-up to discuss what was helpful about the strategy and what may be challenging about using this strategy outside of the session.

**Additional Resources**


- Team Solutions Workbook #7, “Making Choices: Substances and You,”
  - Session 12: Coping with Uncomfortable Feelings

  Type in [www.treatmentteam.com](http://www.treatmentteam.com), click on learn more for team solutions, and scroll down to download Workbook 7: Making Choices: Substances and You.

- Handouts on coping with cravings, anxiety, tension, and low self esteem can be found at the following website:
  - [http://www.getselfhelp.co.uk/docs/CDATWorkBook.pdf](http://www.getselfhelp.co.uk/docs/CDATWorkBook.pdf)
    - Click on the workbook and go to pages 19-38 for suggested strategies.

- Some clients may benefit from the coping skill of Cognitive Restructuring. You will find a helpful description of this skill
  o Chapter 6: Cognitive Restructuring I: The Common Styles of Thinking, pages 99-119
  o Chapter 7: Cognitive Restructuring II: The 5 Steps of CR, pages 121-162.

COD-Clinical Vignette

George continued to make progress towards his goals and focused more on his sobriety at this time than he had in the past. He continued to refine his sobriety plan, specifically trying out some coping strategies that were helpful in scheduling activities during the day and getting out of the house for a daily walk. He did report drinking alcohol a few times but was able to identify that boredom, feelings of sadness, and loneliness were some of his most prominent triggers. George also continued to play at the center on a more regular basis. He practiced two original songs that he was hoping to debut for his sister before he played them at the center.

In Module 9, George began working on developing strategies for unpleasant experiences and emotional states associated with cutting down that he has experienced recently. Lynette suggested trying out some relaxation strategies that they discussed in the previous module (Coping with Stress) for coping with feeling anxious, tense, and irritable since cutting down. In session, they practiced relaxation-using imagery and George taped Lynette’s voice on his smart phone so that he could practice it every afternoon when the withdrawal symptoms seemed to be the worst. George also agreed to work on developing some strategies to help with his feelings of sadness and loneliness over the next few sessions. For his home practice, George was going to continue trying out a strategy from his sobriety plan which fit with trying out the guided imagery on his phone every afternoon in his living room with the room slightly dimmed and the TV and music off.

Review Questions

At the end of this module, the practitioner can use either open-ended questions or multiple-choice questions to assess how well the person understands the main points.
Open-ended questions

• What are some of the important steps in solving a problem?
• What is a problem that you experience?
• What strategy could you use to cope with the problem you identified in question #2?
• What are cravings and what are some ways to cope with cravings?

Multiple choice and true/false questions

1. In solving problems, it is important to consider more than one possible solution. True or False

2. Which two of the following items are examples of common problems?
   • Feeling anxious
   • Trouble concentrating
   • Having too much money

3. Which of the following is an effective strategy for sleeping better?
   • Going to bed at different times every night
   • Doing something relaxing in the evening
   • Napping during the day

4. Which of the following is an effective strategy for coping with depression?
   • Set goals for daily activities
   • Keep your feelings inside
   • Remind yourself of your faults

5. People can find ways to successfully cope with cravings. True or False.