NEW BEGINNINGS

Leader’s Guide

A program for people seeking freedom from Chemical Dependency.

Written and developed by

Helen Meyer M.Ed; M.Couns; Gr.Dip Human Rel Ed; M.ScMed (Sexual Health)

 George Patriki Grad. Cert. Addictions Studies

 Allan Meyer B.Ec; Dip Ed; D.Min

 2001, 2017 The material contained in this manual may not be used without facilitators having undergone the training provided by Careforce Lifekeys International Inc. This is to ensure responsible handling of the lives of hurting people.

**Contents**

# **About The Program**

# **Guidelines For Leaders**

#### Session 1: The Arena Of Healing

 Establishing boundaries in relationships

#### Session 2: The Cycle Of Addiction

 Addictions start and end with relationships

#### Session 3: Family Systems

 Relationship foundations

#### Session 4: Who Am I?

 Identifying emotional, relational and spiritual needs

#### Session 5: Communication

 The key to healthy relationships

#### Session 6: Shame

 The enemy of relationships

**Session 7: The Faces of Blame**

 Finding healthy relationships

**Session 8: Forgiveness**

 The key to restoring relationships

**Session 9: The Stages Of Change**

 How to change through relationships

**Session 10: Moving On**

 Balancing life and relationships

**Booster 3 Month Review**

**Session:**

####  Bibliography

*“COPYRIGHT 2017 by Careforce Lifekeys International Inc. All rights are reserved. No part of this publication may be copied or distributed, transmitted, transcribed, stored in a retrieval system or translated into any human or computer language, in any form or by any means or be disclosed to any third party without the express written permission of the Copyright owner”.*

**About The Program**

**AIMS AND OBJECTIVES**

This ten-week program has been designed as a tool for assisting individuals on their road to recovering from chemical dependency. It is based on the belief that people are created with an ability to make choices - an individual can choose to be free. The future destiny of a person is not predetermined by background or diminished by past behaviour. This program explores key themes and addresses issues common to everyone dealing with chemical dependencies of both legal and illegal substances. The group dynamic provides hope, encouragement and support and the possibilities for new, healthier relationships.

**THE FOUNDATIONS**

An individual is accountable to both the justice system of this world and to the God who created the Heavens and the Earth. It is our conviction that God loves people deeply and so He sent His Son, Jesus Christ, to die for our wrongdoing. As He is embraced as Father God and people place their trust in Him, He becomes the source of strength for their lives. He is available to provide healing, encouragement and power to overcome the challenges of life.

It is also necessary for other people to walk alongside those who are struggling to overcome. People need practical support and encouragement, from caring individuals who understand the struggle to change.

We recognise that not all participants will have the same experience of faith. It is our intention to assist all who are willing to work on change, regardless of their beliefs. Anyone who is willing to fulfil the requirements of the program will be welcome to participate. However, many individuals have tried countless techniques, methods and philosophies to overcome their addictions - we will ask them to be open to the possibility that an encounter with Jesus Christ could be the “new beginning” they are looking for.

**COMMON ISSUES AND INDIVIDUAL PROGRESS**

It is important to understand that every person will make progress on his or her recovery at a different rate. However there are life issues that are common to everyone. For this reason the program focuses on core themes that assist the individual in identifying points of challenge and gives them strategies to overcome them. The themes covered in this program are listed on the contents page of this manual.

**THE IMPORTANCE OF THE SMALL GROUP**

The dynamics of the group and the interaction between participants is an essential component of the healing process. The program is more than simply teaching some new ideas and behaviour modification techniques. The group time is vital and organisers must adhere to strict attendance requirements for the participants. Should a participant miss two sessions for reasons other than emergencies their place in the program must be reviewed. The possible outcome of this is to transfer the individual into the next program when the individual is perhaps more ready to deal with the issues.

**THE SMALL GROUP PROVIDES**

1. Positive peer support and pressure for abstinence from alcohol and drugs.
2. Mutual identification and the opportunity for individuals to learn they are not alone or unique as they struggle with addictive behaviours.
3. The opportunities to better understand personal attitudes and denial of addiction by these being mirrored in others.
4. Experimental learning and exchange of factual information that always gives abstinence priority and facilitates acceptance of the level of addiction in the participants’ lives.
5. Identification, group unity, and support that has clear guidelines, limits and appropriate consequences to help the addicted person distinguish between their responsibilities and those that belong to another.
6. An opportunity to increase individual awareness of dysfunctional behaviour in relationships and learn new ways of relating.

**Reference:** *Group Therapy With Addicted Populations*: 3rd edition. Flores, P. J. Haworth Press Inc.

**GUIDELINES FOR PROGRAM LEADERS**

**INTAKE PROCEDURE**

The following steps need to be taken prior to an individual joining a program. These are designed to increase motivation, address concerns and anxieties and clarify the commitment required from the participant. This also provides leaders with a method of assessing readiness and referring a person onto another mode of help if necessary.

**Step 1: Application Form**

Prospective participants fill out and return an application form.

(available in media/downloads section of Careforce Lifekeys website)

**Step 2: Interview with participant**

* The leader will conduct a face-to-face interview with the prospective participant. This is vital in assessing readiness for the program. An applicant demonstrates readiness to proceed when they have moved from Stages 1 and 2 to Stage 4, the Action Stage in the Stages of Change Model. *( details in Session 9 of the program manual.)*
* At the time of the interview the applicant may still be at Stage 3, i.e. deciding if they will commit to attending. Applicants who are not yet ready to proceed to Stage 4 at the time of the interview are encouraged to move to Action prior to the group commencing. A review and encouragement will be a necessary step for these applicants. *Refer to Action Plan sheet in the Orientation Meeting Kit for the range of options available.*
* The applicant will need a Key Support Person prior to the course commencing and for the duration of the 10-week program. Assistance in finding a suitable person may be required. *See additional notes in Orientation Meeting Kit.*
* All participants are required to have their interview **BEFORE** the orientation meeting.

**Step 3: The Orientation Meeting**

* + This meeting should be held two weeks prior to the commencement of New Beginnings. This provides an additional entry point for prospective participants and an opportunity to familiarise loved ones and others with the program and their support role. Note that participants are encouraged to bring their loved ones to this meeting, in addition to the Key Support Person.
	+ The Stages of Change could be presented reinforcing motivation for those who have decided on their plan of action. Additionally it allows potential participants to make an informed decision when choosing the next step.
	+ New applicants who decide at the Orientation Meeting to address their personal dependency issues will need to work through the Action Plan prior to the first group session. Their Key Support Person may assist. Readiness for the 10-week program will need to be assessed.
	+ An Orientation Kit will be given to participants and the Support People at the Orientation meeting.

**HINTS FOR INTERVIEWING**

**MOTIVATIONAL INTERVIEWING**

The aim of motivational interviewing is to help a person see what they want and what they are currently doing is mutually exclusive – their goals and their behaviours are working against each other. This kind of helping strategy aims to help the person discover and own that their behaviour is a problem rather than being told. Help them to see for themselves that their behaviour is harmful and unhelpful, rather than lecturing them about it.

**Some strategic questions for the different stages of the process of change**

***Contemplation strategies:***

1. “Tell me what you have noticed about your behaviour that concerns you?”
2. “What makes you feel or think that you should be doing something about your behaviour?”

**Look at the fact that they both like and hate the behaviour, but place more emphasis on the negative:**

1. “So on the one hand you like your behaviour, but it is scaring you to think about what it is doing to your life?”

**The paradoxical statement:**

1. “I’m not sure that you are ready to change because it takes a lot of commitment and I don’t know if you have that sort of commitment yet”

***Determination Strategies:***

When a person is at the point of seriously thinking through change they experience two things:

(1) The need to control the risk of their continued behaviour

(2) The need to control the fear of change.

Risk education is about the person changing their behaviour. Fear reduction is about the person trying to convince themselves that things are not so bad.

**MAINTENANCE & RELAPSE STRATEGIES:**

#### Reinforcing the resolution to change

Concentrate on the positive aspects of change that a person is experiencing. If they are ambivalent about the change have them list the reasons why they gave up their behaviour in the first place. This reinforces goals and they can stay focused. This is discussed in detail in Session 2. Refer to the “Cost vs Benefits” chart in Session 2.

#### Problem solving as a method of change

People can change given the right skills. Problem solving skills include:

1. Identifying the problem
2. Brainstorming for solutions
3. Selecting the best options for change
4. Appraising and evaluation of the selected option
5. Doing it

#### c:\Program Files\Microsoft Office\Clipart\standard\stddir3\in00536_.wmfFire drills

This does not assume that the person will use. It is a preventative strategy for getting help when a person finds themselves in a high-risk situation and might be tempted to use. They are encouraged to explore this scenario and indicate when and where they might feel vulnerable with strategies put into place to avoid a disaster. The helper could assist here by identifying the situations that the client has struggled with in the past. This is discussed in detail in Session 9.

**SUPPORTING THE PARTICIPANT**

The provision of support is an essential element of the recovery process for a participant. There is a primary need in every human being for intimacy that includes being valued, accepted and finding a sense of belonging. Most individuals with problematic drug use feel isolated and lonely and so it is necessary to replace the use of chemicals with supportive people. It is not realistic to expect someone to stop using drugs without support, to do so leaves an unhealthy void and increases the chance of relapse.

It is often the pain of unhealthy relationships that have led a person to use chemicals to alter their mood and emotions. So, it will take the rebuilding of healthy relationships and ways of relating to bring healing.

**1. THE KEY SUPPORT PERSON:**



* The participant must have a Key Support Person who will encourage and support them throughout the 10 week program. It would be preferable and highly beneficial to the participant if that person could be a support beyond the 10 weeks, however this is not a compulsory requirement.
* In a Christian setting a mature person who is a counsellor, leader or pastoral care worker would be a preferred choice. Someone from the local church would be ideal.
* The unchurched participant may prefer to have a Key Support Person who is not from a Christian setting. This is entirely acceptable.
* The Key Support Person should attend the orientation meeting with the intended participant.

**Note: it is recommended that the Key Support Person NOT be a relative of the participant.**

*Further information on the role of the Key Support / Support Person is in the Orientation Kit (particularly Orientation 1 & 2).*

1. **ADDITIONAL SUPPORT:**
	* The participant is encouraged to find an additional four support people by Session Five. This is not mandatory, it is an ideal goal but it means the participant has seven weeks from the Orientation Meeting to develop their network. Participants will be given guidelines on how to do this. *(Refer to Orientation 1 & 2).*
	* These Support People would be available at times when the Key Support Person is not accessible; and they may be chosen from among friends, relatives or their community. It would be necessary for Support People to have a basic understanding of the issues facing the chemically dependent person.
2. **ATTENDANCE REQUIREMENTS**
	* It is common for people to use drugs several hours before a program session begins and some may use after the session. Participants are expected to come to the group ‘straight’, not intoxicated or under the influence of chemicals. When participants come to the group they must be able to communicate clearly and respond to the information presented. It is essential that this be understood and must be agreed on. This requirement is reinforced at the Orientation Meeting with the Key Support Person present.
* The contract in the Orientation Kit [Participant Contract] will outline this requirement and states that should it be breached the participant will be asked to leave the group and provision made for them to be safely escorted home. However, they may return the following session if they come straight, having abstained.
* If a participant comes intoxicated to a second session they will be required to re-enrol for the next course. If a participant misses two consecutive sessions for ANY reason except genuine emergency they will also be asked to re-enrol. Recurring absences alter the group dynamics and affect other members of the group. There may not be a refund of money - the fee can be transferred to the next program if the participant is absent due to medical or family emergency.
1. **KEEPING A DIARY:**

A diary, as described in Orientation 7, will be discussed at the Orientation Meeting. The purpose of the diary is to help participants to assess their progress in cutting back their drug use and to encourage them by observation their progress over time.

**NOTE:** **You need to keep Participant information, Medical Consent Forms etc. on file. Be careful with appropriate documentation. Do not be casual – make sure every participant has completed, signed and returned the forms. It may have legal implications if you need to get medical or other help.**

# **ORIENTATION**

# **MEETING**

## Preparation for Orientation Meeting

Tasks to be done before the meeting

|  |  |  |  |
| --- | --- | --- | --- |
| JOB | **PERSON TO DO THE JOB** | **DATE TO BE DONE BY:** | **DONE:** |
| Eg. Advertise the program |  |  |  |
| Eg. Book a room |  |  |  |
| Eg. Photocopy forms etc |  |  |  |
| E.g. Order refreshments |  |  |  |
| E.g. Available audio visual  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

On the day of the meeting:

* Check room for furniture
* Audio visual equipment
* Refreshments
* Participants notes

# **ORIENTATION**

# **KIT**

#### AGENDA

1. Welcome: refreshments
2. Explain Action Plan options
3. Presentation of Stages of Change and Costs Versus Benefits (Session 2)
4. Copy of Orientation Kit for each support person
5. Documentation to be completed by participant and filed by facilitator
* Orientation 5 Participant Contract
* Orientation 6 Medical Consent Form
* Group Agreement

6. Handouts for Participants

* Orientation 1 Boundaries
* Orientation 2 Action Plan
* Orientation 3 My dreams and goals
* Orientation 7 Daily Diary
* Orientation 8 Contact Agreement
1. Explain the diary and its purpose. Used for participant awareness of behaviour, emotions and actions. Copy a sheet each week to handout at the end of a session be filled over the coming week.
2. Finish: refreshments

**ORIENTATION KIT**

**CONTENTS**

**ORIENTATION HANDOUT 1** Boundaries

**ORIENTATION HANDOUT 2** Action Plan

**ORIENTATION HANDOUT 3** Dreams and Goals

**ORIENTATION HANDOUT 4** Support People

 **ORIENTATION HANDOUT 5** Participant Contract

 **ORIENTATION HANDOUT 6** Medical Consent Form

 **ORIENTATION HANDOUT 7** Diary

 **ORIENTATION HANDOUT 8** Contact Agreement

 **ORIENTATION HANDOUT 9** Resource list for Support People

 **ORIENTATION HANDOUT 10** Additional Information for Support People

##### ORIENTATION 1 - Boundaries

###### Boundaries for participants

1. There will be no use of chemicals on the property. The only exception may be cigarettes during scheduled breaks at designated smoking points.
2. Dealing in chemicals on the premises (outside and inside) is unlawful and will result in immediate dismissal from the program. The appropriate authorities will need to be notified as required by law.
3. Participants who also deal in chemicals to one another will result in the dismissal of both parties from the program. This course provides a safe environment for people who do not wish to be exposed to temptation.

**Boundaries for support people:**

1. A Support Person is asked to share the struggles and burdens of the participant until they are strong enough to carry them. They are not to pick up the personal responsibilities of the participant. A burden the participant may not be able to carry alone could be emotional, spiritual, or physical.
2. A Support Person must take care not to enable the participant to continue addictive or irresponsible behaviour. To enable means to give unhelpful help with good intentions. Examples of these are supplying money, lying or making excuses for the failure of participants to fulfil their responsibilities.
3. Before Session One of the New Beginnings program the participant and Key Support Person will fill out the Contract Agreement together.
4. All Support People will need to negotiate and establish clear guidelines for when they will be available to give support.

**N.B.** **Support People** are given a complete copy of the Orientation Kit.

 Permission to photocopy for this purpose is granted.

 **Participants** are given handouts from the Orientation Kit. Permission to photocopy for this purpose is granted.

The Program Manual **MAY NOT** be photocopied and must be purchased from Careforce Lifekeys International Inc [www.careforcelifekeys.org](http://www.careforcelifekeys.org)

**GROUP AGREEMENT**

(Group Agreements in the program manual. Make an additional copy and file it when it is signed.

We accept these guidelines for our group to make this group a safe place.

1. **Confidentiality** is essential. I agree that what is spoken in the group stays in the group. This includes revealing who is in the group.
2. **On Being Personal**. I agree to be personal, not abstract when sharing needs, attitudes, feelings and issues. Intellectual opinions play no part in our discussions, except where they are relevant to our growth.
3. **Processing Past Issues.** I agree to use process past experiences that I come to recognise as playing a part in the challenges facing me here and now.
4. **Feelings Matter**. I agree that each person must be permitted to honestly process his or her feelings. I agree not to reflect condemnation to others for their feelings even though they be different from my own.
5. **Giving and Receiving Feedback.** I agree to give and receive feedback. Participation in the group process is an important part of my growth, and my support for others is an important part of theirs.
6. **Reflection and Preparation**. I agree to set aside each day to read my notes, reflect on and pray over the emerging issues.
7. **Taking Personal Responsibility.** I agree to accept personal responsibility for my attitudes and actions in the pursuit of growth, change and restoration.
8. **Commitment to Attendance**. I agree to be present for the full duration of our group.
9. **Respecting Physical Boundaries**. I agree to honour physical boundaries during our course. I will not assume that I know what you need and will not cross those boundaries, however kindly intended, without asking and receiving permission.
10. **Drug and Alcohol Free.** I agree to come to the group sober, not under the influence of drugs or alcohol or use on the premises. I agree that if I do dealing I will be dismissed from the program and the appropriate authorities informed as required by law.

**I understand that should I act in any manner that would significantly prejudice the well-being or progress of any course participants, I can be required to cease attending the course.**

**I have read and agree with these conditions**

***Signed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facilitators are under supervision and may discuss the process and management of the group as part of their responsibilities. Duty of care will be exercised where a person or property is at risk of harm.**

#### BEING A SUPPORT PERSON – How to help

Someone close to you, a friend, spouse or relative, has asked for your support to help them stay with their Action Plan.

1. Read through the Orientation Kit with them. Ask how they would like you to help them handle risky situations and achieve their goal of abstinence.
2. They may want to contact you when they have difficulties maintaining their Action Plan. Let them know when and where they can contact to you.
3. They might find it helpful to go over their progress with you and discuss any problems. When you congratulate them on their successes you will encourage them. Avoid criticising or blaming them if they slip up. Perhaps revise the strategies required to stay straight.
4. Arrange to reward the person you are supporting when they maintain their Action Plan. This could be going to a movie, cooking their favourite meal, or anything that is special for them.
5. Remember that changing habits is not easy and there may be times when the person does not stick to their goal. They may need your support in helping them get back to their Action Plan. Help them see that the slip-up as a once off lapse, NOT as a reason to give up completely and fall into a full blown relapse. Understanding the Stages of Change will help you with this.

**ORIENTATION 2 -** **Action Plan**

The following options are available to you. The aim is to choose an action appropriate a to your situation. You will need a list of resources relevant to your location. Your program co-ordinator can help with this.

**STEP 1: DRUG WITHDRAWAL OPTIONS**

1. NO MEDICATION (non pharmacological), this should be discussed with a health professional.
2. MEDICAL WITHDRAWAL THROUGH YOUR OWN DOCTOR

Using a doctor means you would have access to medication to help with the withdrawal symptoms.

1. HOME DETOX WITH SUPPORT (Medicated or non-medicated)

Home detox with support from a local hospital. A doctor from a local detox unit would visit and help with medication and monitoring progress rather than your own local doctor.

1. DRUG WITHDRAWAL UNITS (6 days)
With severe or complicated withdrawal we would recommend a drug withdrawal unit in your city.

**STEP 2: WORK THROUGH UNDERLYING ISSUES**

**PLAN A - OUTPATIENT PROGRAMS THAT INCLUDE**

1. COUNSELLING
2. SUPPORT NETWORK

Using Family, Friends, Community Groups, eg Support group, AA / NA

1. WORK / SCHOOL

Supporting vocational goals

1. MEDICATION TO HELP WITH DEPRESSION and/or ANXIETY
2. MEDICATION TO HELP PREVENT RELAPSE, SUCH AS METHADONE OR NALTREXONE OR BUPRENORPHINE.

**Other interventions: Please discuss these with your doctor**

###### PLAN B - INPATIENT PROGRAM

1. RESIDENTIAL REHABILITATION PROGRAMS (eg. Teen Challenge)
2. SUPPORTED ACCOMMODATION PROGRAMS

**Orientation 3: My dreams and goals for 10 sessions and beyond**

This needs to be filled out with your support people **BEFORE session 10**. We strongly encourage you to do it ASAP after the Orientation night meeting. It is extremely important to begin to plan for success.

**Proverbs 13:12** “Hope deferred makes the heart sick, But when the desire comes, it is a tree of life”.

**Proverbs 29:18** “Where there is no vision, the people perish”.

|  |  |  |
| --- | --- | --- |
| **Key areas** | **My goals over** **the next 10 sessions** | **My goals beyond –** **1 to 5 years** |
| **Health** |  |  |
| **Legal** |  |  |
| **Financial** |  |  |
| **Relationships****Family** |  |  |
| **Relationships****Friends** |  |  |
| **Work or School** |  |  |
| **Spiritual** |  |  |
| **Other eg****Coping Behaviour****or Recreational** |  |  |

**Orientation 4: Using Support People cards**

Photocopy and fill out as instructed below. The cards can be laminated at your local library. Laminating the cards will make them more durable. Add to the list as needed.

|  |  |
| --- | --- |
|  **Fridge card/magnet** (For participant)**Direct Line: 1800 888 236 (24 hrs)****Name: Support People Contact #**12345***“Who I am is not what I do”*** |  **Wallet card** (For participant)**Direct Line: 1800 888 236 (24 hrs)****Name: Support People Contact #**12345***“Who I am is not what I do”*** |
|  **Card for Key Support Person** **List of other Support People: Contact #**1234 |  **Key Support Person Contact**NameHome NoWork No.Mobile No.Other Contact No. |
| **Card for 2nd Support Person****List of other Support People Contact #**1234 | **Second Support Person**NameHome NoWork No.Mobile No.Other Contact No. |
| **Card for 3rd Support Person****Name of other Support People Contact #**1234 | **3rd Support Person**NameHome NoWork No.Mobile No.Other Contact No. |

|  |  |
| --- | --- |
| **Card for 4th Support Person** **Name of other Support People Contact #**1234 | **4th Support Person**NameHome NoWork No.Mobile No.Other Contact No. |
| **5th Support Person****Name of other Support People Contact #**1234 |  **5th Support Person**NameHome NoWork No.Mobile No.Other Contact No. |

**Orientation 5**

##### Participant Contract

To be signed by participant & Key Support Person and returned by session 1.

**I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the following course requirements:**

**To complete the pre-requisites in the Orientation Kit including:**

1. **Attend an interview**
2. **Attend an Orientation Session**
3. **Bring a Key Support Person (and loved ones) to the orientation session**
4. **Abide by all the boundaries and guidelines as stated in Orientation 1**
5. **Choose a path from the Action Plan (Orientation 2)**
6. **Try to establish an additional 4 Support People (by session 5)**
7. **Agree to come to the group straight & attend all sessions**
8. **Keep a diary for 10 weeks**

**Signed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**Participant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**(Witness) Key Support Person**

**Name and address:**

 P/code:

# **Orientation 6: Medical Consent Form**

# **Consent Form**

Name (in full):

Address:

 Postcode:

Phone number/s:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participants name) grant permission and authorise the leader / facilitator of the New Beginnings program to obtain medical or surgical treatment for me as may be deemed necessary in the event of any illness or accident.

Do you have any known allergies?  yes  no

If so, what?

Any other medical conditions?

Blood group (if known)

Emergency contact number (next of kin):

Name: Relationship:

Phone number /s:

Name and phone number of a person contact if above person is not available:

Name: Relationship:

Phone number /s:

Medicare Number:

Participants Signature: Date:

##### Orientation 7: Daily Diary

Participants will need copies of this dairy page for each week of the course.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week 1** | **Wanted to use but didn’t** | **When, where****and who with** | **$ Spent** | **Drug of choice** | **Number & dose** |
| **Mon.** |  |  |  |  |  |
| **Tue.** |  |  |  |  |  |
| **Wed.** |  |  |  |  |  |
| **Thu.** |  |  |  |  |  |
| **Fri.** |  |  |  |  |  |
| **Sat.** |  |  |  |  |  |
| **Sun.** |  |  |  |  |  |

**Orientation 8: Contact Agreement 1**

*To be negotiated with Key and other Support people*

ParticipantName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

My Key Support Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Support Person Contact Numbers:

(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will call my Key Support Person on:

 Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_

 Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_

My Key Support Person will call me on:

 Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_

 Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_

My Key Support Person and I will meet at the following address:

We promise to call each other if we are going to be more than \_\_\_\_\_\_\_\_\_ min. late.

**Orientation 8: Contact Sheet 2**

**Things I will do during this course: it is important to be specific about taking action or it will remain an idea rather than a step forward**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Description** | **What do I need to get this job done?** | **Who will help me do this job?** | **I will do this job by:** | **Done****Y/N** |
| eg | Calling my drug using friends & let them know I’m doing this course & I’m giving up drugs. Ask them not to contact me. | Someone to be with me when I call | One of my support people | 7pm Wed | Y |
| **1** | Agree with my Key Support Person when we will have contact | Fill out Orientation 8 – Contact Sheet | K.S.P.*(Key Support Person)* | Sess 1 |  |
| **2** | Agree on my Action Plan from handout Orientation 2 | Action PlanOrientation 2 | K.S.P. | Sess 1 |  |
| **3** | Fill in my Dreams and Goals from handout Orientation 3 | Dreams & GoalsOrientation 3 | AnySupport Person or facilitator | Sess 10 |  |
| **4** | Fill in my Support People details from handout Orientation 4 | Support People detailsOrientation 4 | Any Support Person | Sess 5 |  |
| **5** | Read through and sign my Participant Contract from hand out Orientation 5 and hand in | Participant ContractOrientation 5 | Facilitator | Sess 1 |  |
| **6** | Fill in my Medical Consent Form and hand in  | Medical Consent FormOrientation 6 | K.S.P. | Sess 1 |  |
| **7** | Start the 10 week diary(2 week diary from Orientation meeting is optional) | Participant manual from week 1 | Facilitator or K.S.P. | Sess 1 |  |
| **8** | Fill in boxes from cycle of addiction and Costs vs. Benefits from Session 2 | Participant manual – Session 2 notes | Facilitator or K.S.P. | Sess 8 |  |
| **9** | My future dreams and goals (total strategy) in session 10. | Participant manual – Sess 10 notes | Facilitator or K.S.P. | Boostersession |  |
| **10** | Follow up contact for AFTER the course listed in session 10. | Participant manual – Sess 10 notes | K.S.P. | Sess 10 |  |
| **11** | Attend booster session AFTER 12 weeks |  |  |  |  |
| **12** | Thank my Key Support Person |  |  |  |  |
| **13** | Thank my second Support Person also |  |  |  |  |
| **14** | Thank my third Support Person also |  |  |  |  |
| **15** | Thank my fourth Support Person also |  |  |  |  |
| **16** | Thank my fifth Support Person also |  |  |  |  |
| **17** | Thank anyone else for their support |  |  |  |  |

Orientation 9

##### Resource list for Support People & Loved Ones

**1. Understand family dynamics**

 **Recommended Books:**

Good News for the Chemically Dependent and Those Who Love Them; Author Jeff Van Vonderan

 Families Where Grace is in Place; Author Jeff Van Vonderan

2. **Family support**

 **Family Drug Support** **Australia** 24 hour telephone information & support service

 www.fds.org.au

 Phone: 1300 368 186

 **Direct Line** 24 hour telephone counselling and referral service

 For drug users & loved ones phone: 1800 136 385

 **Self Help Groups** Eg. Al-Anon Google for location in your area

 **Narconon** Helping someone on ICE;Information of the effects of ICE and how to help

 www.narconon.org/drug-abuse/effects-of-ice.html

3. **Teen Challenge Residential Rehabilitation Centres**

 Global Organization. Google for contact information in your area

**4. SETTING BOUNDARIES**

 We highly recommend the book and DVD series called ‘Boundaries’ by Dr John Townsend and Dr Henry Cloud.

Orientation 10

##### Additional Information for Support People

Keys for dealing with someone

abusing drugs

Don't ☹

* Do anything until you gather the facts you need.
* Attempt to punish, threaten, bribe or preach. (This will only raise defence mechanisms higher).
* Use emotional appeals which perpetuates the guilt-punishment cycle.
* Soft-pedal the issues and ignore the events.
* Assume the roles and tasks the person is neglecting.
* Argue with the person while he or she is under the influence of drugs.
* Cover up for, make excuses for, or rescue the person from the consequences of drug use.
* Hide or throw out the substance of abuse until you have informed the person that you are going to do so.
* Use drugs along with the person who is drug dependant.
* Accept guilt for the person's behaviour.

Do ☺

* Let the person know you care for him or her, but you don't condone their actions.
* Learn about drug and alcohol abuse by reading, getting professional advice, and attending support group meetings.
* Discuss the situation with someone you trust.
* Let the person know the effects of his or her behaviour on you.
* Maintain a healthy atmosphere in the home, continuing with day-to-day activities of living. (Don't forsake your needs because of the person using drugs).
* Explain the nature of addiction to any children in words they can understand.
* Remember to be patient and live one day at a time. Recovery from the effects of drug abuse can be a lifelong process for some people.

**Signs of Teenage Drug Abuse**

**Change in Behaviour:**

* Chronic lying, stealing, cheating, secretiveness
* Changes in friends, unwillingness to bring them home or talk about them
* Severe mood swings
* Unpredictable and inappropriate behaviour (anger, irritability, hostility)
* Loss of interest in hobbies and extracurricular activities
* Lack of motivation and self-discipline
* Withdrawal from usual family activities
* Unexplained loss of money and possessions, or
* Items of value missing from the house
* Frequent unexplained absences from home, never home on time

**Changes In School Performances:**

* Grades markedly below previous levels
* Assignments not completed
* Frequent absences and discipline problems

**Change in Friends, Music and Activities:**

* New friends appear to be druggies
* Frequent listening to “heavy metal” or acid rock
* Conversation is preoccupied with drugs
* Drug related slogan on clothing

**Deterioration of Health:**

* Unkempt appearance, poor personal hygiene
* Poor attention span, difficulty in concentration
* Frequent respiratory illnesses
* Dilated pupils, chronically bloodshot eyes, slurred speech
* Poor physical coordination, incoherent thinking

**Drug Use Signs and Paraphernalia:**

* Possession of water pipes, rolling papers, small decongestant bottles, small butane torches, “roach” clips, stash cans
* Possession of drugs or evidence of drugs
* Odour of drugs, use of incense or frequent use of “cover-up” scents

**The Substance Abusers Denial System:**

* Rationalisation
* Projection
* Repression
* Suppression
* Withdrawal
* Regression
* Conversion

**The Mask Of Substance Abusers:**

* Closed communication
* An “I Can’t” attitude
* The victim
* Lack of time perspective
* Failure to consider others
* Avoiding responsibility
* Assumed ownership
* Denial of negative consequences
* Lack of trust
* Refusal to be dependent
* Unwilling to be responsible
* Pretentiousness
* Unwilling to endure adversity

**Seven Factors That Contribute To Drug Abuse:**

1. The disordered family
2. Lack of self-esteem
3. Peer pressure
4. Experimentation (curiosity)
5. Cultural influence
6. Parental drug use
7. Lack of moral and spiritual values

**The Steps To Drug Addiction:**

1. Experimentation
2. Occasional use
3. Regular use
4. Full Blown Addiction

**The Emotional States Of Drug Addiction:**

1. Learning the mood swings
2. Seeking the mood swings
3. Harmful dependence
4. Using the “drug” to feel normal

## QUICK REFERENCE CHART ON DRUG EFFECTS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Types or names of drugs | Alcohol | Marijuana | Cocaine | Hallucinogens | Narcotics | Amphetamines | Inhalants | Sedatives |
| LiquorWineBeer | GrassWeedHashJointPot | CrackSnowCokeBase | AcidLSDPCPEcstacyPeyole | DopeHeroineHorseJunkMorphineDilaudidDemerolCodeine | CrankSpeedCrystalUppersICE | GlueSolventsAerosols (paint)GasolineWhite OutNitrites | BarbituratesTranquillisersSleeping pillsDownersLudesSeconalVallium |
| Medical & physical symptoms | * Decreased inhibitions
* Impaired coordination
* Slurred speech
* Unsteady balance
* Stumbling walk
 | * Euphoria (laughing)
* Hunger
* Dry mouth
* Red eyes
* Diminished concentration
* Impaired coordination
 | * Increased heart rate and blood pressure
* Intense uplift of mood, followed by depression
* restlessness
 | * Confusion
* Disorientation
* Hallucinations (dreaming while awake)
* Panic
* Extreme agitation
* Nausea
 | * Drowsiness
* Euphoria
* Lethary
* In withdrawal: vomiting, runny nose & eyes “goose flesh”
 | * Racing thoughts
* Extreme alertness
* Talkativeness
* Loss of appetite
* Increased blood pressure and heart rate
 | * Dizziness, headache, nausea
* Lack of coordination
* Euphoria
* Confusion
 | * Sedation
* Decreased heart rate
* Drowsiness
* Impaired breathing
* Loss of coordination
 |
| Evidence of use | * Hangover
* Smell of alcohol
* Intoxication
* Erratic behaviour
 | * Cigarette papers
* Pipes
* Odour of burning incense or hemp rope
* Dried plant material
 | * White powder
* Glass pipes
* Razor blades
* Syringes
 | * Capsules, pills
* Dusters (marijuana cigarettes with PCP sprinkled on top)
* Blotter squares
 | * Syringes/spoons needles marks
* Tourniquet
* Illegitimate prescription bottles
* Criminal conduct
 | * Pills and capsules
* Loss of sleep
* Disrupted appetite
* Agitation and hyperactivity
* Irritability
 | * Loss of concentration
* Poor muscle control
* Odour of scents and sprays
 | * Excessive drowsiness
* Pills and prescription drugs
* Slurred speech
* Confusion
* Anxiety between use
 |
| Hazards | * Accidents
* Impaired judgement
* Medical injury (especially liver)
* Seizures on withdrawal
 | * Addiction
* Panic or paranoia
* Possible reduction of motivation
* Effects on reproductive system
 | * Cardiac arrest
* Stroke
* Seizures
* Paranoia
* Depression on withdrawal
 | * Violent injury to self or others
* Emotional instability
* Flashbacks
 | * Addiction
* death by overdose
* Hepatitis or AIDS by needle contamination
 | * Addiction
* Extreme activity followed by fatigue
* Depression after chronic use
* Paranoia and confusion
 | * Suffocation
* Brain injury
* Nausea and vomiting
* Unconsciousness
 | * Addiction
* Overdose can be lethal, especially in combination with alcohol
* Seizures and death on withdrawal.
 |