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***LIFESTYLE CHANGES
TO
BEAT ADDICTION***

FACILITATOR'S GUIDE

*A guide for the skilled facilitator on presenting
the
Lifestyle Changes
programme*

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INTRODUCTION

PURPOSE

This Facilitator's Guide is intended to be used as a primary resource during the presentation of the material contained in the book "Lifestyle Changes to Beat Addiction", obviously when the book itself is not used as a self-study guide.

THE BOOK

The book is intended to help the recovering dependent and the co-dependents to:

- identify difficulties inherent in achieving long-term sobriety and the role of a carer (or co-dependent) in achieving that sobriety;
- appreciate the extent of the drug problem in South Africa;
- persuade an apparent substance dependent to undergo treatment at a selected treatment centre;
- offer advice on dealing with the problems associated with substance dependence;
- develop and apply a plan for long-term recovery from dependence;
- apply a lifestyle changes programme (preferably in an aftercare or support organisation) to assist recovering dependents to remain sober, develop to their potential and be re-integrated into society.

TARGET POPULATION

The book itself is designed for three groups of people: primarily the Carers and the Recovering Addicts and secondarily potential dependents..

The Carers, described in this book as "the co-dependents" are those people who as families, friends, colleagues or professional care providers, have felt personally the effects of being associated with substance use, abuse and dependence, and who wish to help the recovering dependents and themselves to deal with the recovery process.

The Recovering Addicts, more properly described in this book as "the substance dependents, dependents or the recovering dependents" are those people who have had personal experience of drug abuse and dependence, have undergone or are undergoing detoxification and treatment, are determined to stay drug-free and sober, and wish to help others to do the same.

Potential dependents e.g. school children, groups and individuals under threat of dependence.

THE TEACHING-LEARNING PACKAGE

The full teaching-learning package consists of the book, a workbook, a set of handouts, a set of visuals and the Facilitator's Guide. They should obviously be used in conjunction with one another.

THE GUIDE

The Facilitator's Guide makes three assumptions i.e. that the person using it:
is skilled as a facilitator (e.g. is an Education Training and Development Practitioner (ETDP) and a qualified assessor;
has mastered the outcomes, objectives and contents of the book, and
has access to a suitable teaching/learning facility containing the minimum of equipment such as:
laptop and digital projector
chalkboard or whiteboard
flipchart and paper.

Each section of the Guide is linked to the chapter of the same name in the book, and contains:

- ✓ an estimate of the teaching/learning time required for the chapter (which excludes the time necessary for the Reality Check and its review by the facilitator);
- ✓ a description of the outcomes and objectives of the chapter;
- ✓ a list of the additional learning materials and equipment required;
- ✓ a suggested learning strategy;
- ✓ hints and tips for use by the facilitator in the learning process;
- ✓ key words or phrases in the margins, linked to the learning material;
- ✓ a list of possible answers/comments on the Reality Check.

USING THE GUIDE

It is suggested that the Facilitator, before starting on the presentation of a particular chapter:

- refresh his or her knowledge of the contents of the chapter;
- check the outcomes and objectives to be achieved against the particular aspects of the content;
- obtain the learning materials and equipment required;
- assess the learners' grasp of the contents by using if necessary the Reality Check as a pre-test or a check of prior learning;
- adjust the learning strategy to meet the assessed needs of the learners;
- conduct the teaching/learning session using examples from real life;
- make preparations e.g. arrange visits, interviews etc for the Reality Check and
- apply the Reality Check and the necessary corrections to ensure that the learners have achieved the outcomes and objectives.

CHANGES TO THE GUIDE

It should be remembered that this is merely a guide for use by a skilled facilitator and should be used as such. It is not and is not intended to be a standardised document or process.

Recommendations for changes to the Guide can be sent to the author and will be received willingly in the spirit of developing the learning process through experience.

LIST OF OUTCOMES AND OBJECTIVES BY CHAPTER

PART 1: ADDICTION: Detection, Prevention and Treatment

Chapter 1: Why Lifestyle Change?

Outcome:

Define addiction, describe the need for aftercare and Lifestyle Change for an addict to survive and the role of a carer to achieve long-term sobriety.

Objectives:

Describe the conditions for acceptance of a carer's advice by a substance dependent.

Define substance addiction and dependence.

Describe and exemplify the conditions for and the process of starting and developing substance dependence.

Describe the need for and outline the process of detoxification and rehabilitation for substance dependents.

Exemplify the need for a survival strategy of Lifestyle Change and help for recovering substance dependents.

Chapter 2: Is there Really a Drug Problem?

Outcome:

Describe the extent of the problem of drug and alcohol abuse in South Africa, what is being done about it and explain the meaning of some key words used in talking about drugs.

Objectives

Draw and exemplify the drinker's pyramid as defined by Parry et al.

Use factual data to describe the extent of the use, abuse and dependence on alcohol and drugs in South Africa.

Exemplify the effect of drug use, abuse and dependence on the value systems of South African society.

Use factual information to describe South Africa's role in the import and re-export of drugs.

Describe and exemplify the role of the Central Drug Authority and the objectives of the National Drug Master Plan in combating the drug problem.

List and describe the role of the seven organisations involved in the treatment of drug dependents.

Describe a drug dependent.

Apply the basic vocabulary of 20 words relating to drugs.

Describe the cure for drug dependence.

CHAPTER 3: How do Drugs Affect Us?

Outcome:

Identify the main types of drugs and explain what they do to the human body and mind.

Objectives:

Name and identify the three main categories of drugs i.e. downers, uppers and hallucinogens.

List the six main drugs in the category of downers.

List the five main drugs in the category of uppers.

List the two main drugs in the category of hallucinogens.

List some other drugs commonly occurring in the home.

Identify the listed drugs from pictures or from samples.

Describe the physical and psychological effects of the use of drugs in the listed categories.

Given a list of 10 descriptors of drugs and/or the physical and/or psychological effects of their use, correctly identify the relevant drug.

CHAPTER 4: How can I Face them?

Outcome:

Select and apply an appropriate approach to substance dependence, potential dependents and dependents.

Objectives:

State that support and trust is vital to the recovering dependents.

List and exemplify the five phases of coming to terms with substance dependence.

Describe an appropriate approach to the problem of substance dependence and dependents.

CHAPTER 5: What makes People start taking Drugs?

Outcome:

Describe some of the reasons why people start taking drugs.

Objectives:

State that there is no simple set of causes for substance dependence.

Describe and exemplify the four key reasons why teenagers and adults start taking drugs.

Define and exemplify who is susceptible to becoming addicted

Describe the key elements of the motivational system and its functioning

Define and exemplify the four influences on susceptibility to addiction

CHAPTER 6: How will I Know for Sure?

Outcome:

Obtain the facts you need to take remedial action to help a dependent.

Objectives:

Learn to observe deviations from normal patterns of behaviour.

Identify the physical, appearance and behavioural clues that indicate alcohol and drug abuse.

Get the facts needed to persuade a dependent to undergo treatment and describe the process to be followed.

CHAPTER 7: Why can't they Stop by Themselves?

Outcome:

Describe why an addict needs expert help to stop drinking or taking drugs and select a suitable Treatment Centre.

Objectives:

Describe the effect of stereotyping dependence on the dependents

Describe the causes of dependence

Describe the effects of dependence and drugs on the individual

Define the duration of dependence

Describe why a dependent needs skilled medical attention during treatment

Select a treatment centre using the key aspects of treatment; the principles of effective treatment and criteria for the selection of a Treatment Centre

CHAPTER 8: How can I Help?

Outcome:

What you can do to help prevent addiction and help someone who has become addicted.

Objectives:

Identify and exemplify the elements of a model for the prevention of addiction.
Identify and exemplify alternative approaches to the problems of a dependent or co-dependent.

Identify the effects of dependence on the addicts, the working environment and the family of an addict.

Identify collateral damage caused by dependence

Take the steps necessary to start the dependent and the family on the road to recovery from dependence.

Define the legal situation of someone taking drugs.

PART 2: AFTERCARE AND LIFESTYLE CHANGE

CHAPTER 9: What happens After Rehab?

Outcome:

Describe what motivates the recovering dependent and what the recovery process is like.

Objectives:

Describe the expectations of the recovering dependent on leaving the detox and rehab programme

Describe the process of recovery in terms of a modified form of Maslow's Hierarchy

Define the need for aftercare and its desired duration.

CHAPTER 10: Aftercare: the 95% Option?

Outcome:

Select aftercare organisations that meet your needs and explain why there is a need for lifestyle change.

Objectives:

Describe the integrated nature of the phases of treatment, including the time and partnership relationships and primary objectives.

State what one can expect from aftercare.

Describe and exemplify the aftercare process, using a model of aftercare.

Explain the nature of the individual's lifestyle and its effect on recovery.

Select an aftercare organisation suited to the dependent's and co-dependent's needs.

CHAPTER 11: Is a Relapse Inevitable?

Outcome:

Describe the causes of relapse and apply a strategy to prevent one.

Objectives:

Give the statistical probability of relapse occurring on average.

Describe the process of recovery and relapse in terms of a modified form of Maslow's Hierarchy

Personalise a list of common Relapse Warning Signs to meet the requirements of an individual dependent.

Set up and apply a SOBER Action Plan

CHAPTER 12: What do I need to Change?

Outcome:

Identify the key changes in your present lifestyle and make the changes the FREEDOM way.

Objectives:

Identify the changes in lifestyle needed using the two questionnaires 'Me, as others see me' and 'Me, as I see myself'.

Apply the FREEDOM concept to making changes.

CHAPTER 13: Taking Control of your Sober Life

Outcome:

List the seven lifestyle changes and state the purpose of making lifestyle changes.

Objectives:

Sketch the systems model of Lifestyle Changes or list the seven changes in order of occurrence.

Describe the four elements of a sober balanced lifestyle.

CHAPTER 14: Lifestyle Change 1: Accept, Acknowledge and Commit

Outcome:

Accept responsibility and accountability for your sober life, and commit yourself to the changes needed.

Objectives:

Key Change: Accept, Acknowledge and Commit

Main Results:

Achieve the freedom of choice necessary to make decisions about own sober life.

Describe the 10 principles of sobriety and express commitment to them.

CHAPTER 15: Lifestyle Change 2: Rehab for Results

Outcome:

Describe in terms of results the lifestyle changes you need to make to achieve your vision.

Objectives:

Key Change: Describe in terms of results the lifestyle changes you need to make to achieve your vision.

Main Result:

Self-fulfilment and the ability to verbalise your vision of self-fulfilment or self-actualisation in terms of results.

CHAPTER 16: Lifestyle Change 3: One Day at a Time

Outcome:

Plan and control each moment of each day of your sober life

Objectives:

Key Change: Plan and control each moment of each day of your sober life

Main Results: Control over your sober life and the development of a sense of your own self-worth

Conceptualisation of self-worth

Completion of daily results-oriented diary page

CHAPTER 17: Lifestyle Change 4: Talk it Through

Outcome:

Achieve the results that support your vision and your sobriety by picturing, describing and practising them together with others in your group.

Objectives:

Key Change: Achieve the results that support your vision and your sobriety by picturing, describing and practising them together with others in your group.

Main Results:

Encouragement from others

Problem solutions and actions to be taken will become clearer

Potential snags and loopholes can be eliminated

Shared problems that take the stress off you

CHAPTER 18: Lifestyle Change 5: Make People Count

Outcome:

Live in harmony with others in a Win-Win manner

Objectives:

Key Change: Live in harmony with others in a Win-Win manner

Main Results:

Shift the emphasis from 'me' (being self-centred) to meeting the needs of others.

CHAPTER 19: Lifestyle Change 6: Tap the Resources

Outcome: Draw on resources to recover your sense of self-worth and live a sober, balanced life.

Objectives:

Key Change: Draw on resources to recover your sense of self-worth and live a sober, balanced life

Main Results:

Grow and develop on the way to attaining your vision.

Enabled to regain a sense of self-worth

Enabled to tap the resources of a new team of people

CHAPTER 20: Lifestyle Change 7: Renew Yourself

Outcome: Assess your progress towards recovery and amend your Recovery Plan as necessary.

Key Change: Assess your progress towards recovery and amend your Recovery Plan as necessary.

Main Results: Conduct an honest assessment of your recovery.

CHAPTER 1: WHY LIFESTYLE CHANGE?

ESTIMATED TEACHING/LEARNING TIME

One hour

OUTCOMES AND OBJECTIVES

Outcome:

Define addiction, describe the need for aftercare and Lifestyle Change for an addict to survive and the role of a carer to achieve long-term sobriety.

Objectives:

Describe the conditions for acceptance of a carer's advice by a substance dependent.

Define substance addiction and dependence.

Describe and exemplify the conditions for and the process of starting and developing substance dependence.

Describe the need for and outline the process of detoxification and rehabilitation for substance dependents.

Exemplify the need for a survival strategy of Lifestyle Change and help for recovering substance dependents.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 1: Why Lifestyle Change?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using the contents of a recent reality television show such as 'Survivor' as a basis. Use learners' own perceptions of show to link show to survival reality of dependents and to derive key phrases/objectives.

KEY WORDS OR PHRASES

'A survivor is an addict who gets help.'

'Addicts prefer to listen to fellow-sufferers.'

'Substance addiction is chronic, out of control and significantly harmful reward-seeking behaviour for which there is no cure other than abstinence'

'The terms "dependence" and "addiction" are used interchangeably.'

'Addiction starts when there is a supply of addictive substances,; demand for their use; conditions that promote addiction, susceptible people and experimentation with the potentially addictive substances'.

'Culture and role models depict acceptable forms of behaviour.'

'Experimentation starts early and can be triggered by peer pressure, trauma, puberty and identity-seeking'.

'As the frequency of taking drugs increases, so too does the need for larger doses.'

'When dependence is established, nothing else matters but the next dose. Reward-seeking behaviour is now out of control.'

'Dependents are expert manipulators.'

'The substantive harm caused by addiction extends beyond the addict to the family and society at large and includes physical and psychological, theft, prostitution and even murder. All this in the desperate search for another "hit".

'There is no cure for addiction other than abstinence from the addictive substance or behaviour!'

'Going "cold turkey" is dangerous and can kill the dependent.'

'Survival needs to be practised to be successful.'

'Seven lifestyle changes to beat addiction.'

'FREEDOM to make Lifestyle Changes stick.'

'Rescuers need an acceptable approach and expertise in substance dependency.'

REALITY CHECK

Task 1.1: What competencies (knowledge, skills and values) do I have that could be useful in helping a substance dependent or a potential substance dependent?

Answer: Should include list of own competencies and motivation for providing assistance. Discussion with learner should ensure that list of competencies include:

- ✓ knowledge of or willingness to learn about substance use, abuse and dependence;
- ✓ empathy;
- ✓ ability to listen;
- ✓ problem-solving ability
- ✓ value of human life.

Task 1.2: As a carer, what do I need to do have my advice accepted by a substance dependent or a potential substance dependent?

Answer: Should include aspects listed in Answer 1 and practical experience of dealing with and talking to substance dependents with problems.

Task 1.3: Do the following:

- ✓ Look up the address of the aftercare or care and support group located near where you live.
- ✓ Attend at least one care and support group meeting and speak to at least one of the recovering dependents and a co-dependent about:
 - ✓ the process of developing substance dependence;
 - ✓ the effect of substance dependence on the co-dependents;
 - ✓ the need for structure and control in attaining long-term sobriety.
- ✓ Record your observations about the group and your discussions in the appropriate section of the Lifestyle Changes Workbook.

Answer:

The address of an aftercare or support group: Available on the Internet or contained in the "Resource Directory on Alcohol and Drug-related Services and Facilities" issued by the Central Drug Authority,

Attendance of Support Group Meeting: Notes in Workbook should include:

- ✓ date and place of attendance;
- ✓ copy of agenda of meeting or other proof of attendance;

- ✓ name and case history in abbreviated form of substance dependent; development of dependence in that individual and some effects;
- ✓ how individual came to undergo treatment, and
- ✓ effect of structure provided by aftercare and support group on long-term sobriety.

CHAPTER 2: IS THERE REALLY A DRUG PROBLEM?

ESTIMATED TEACHING/LEARNING TIME

One hour

OUTCOMES AND OBJECTIVES

Outcome:

Describe the extent of the problem of drug and alcohol abuse in South Africa, what is being done about it and explain the meaning of some key words used in talking about drugs.

Objectives

Draw and exemplify the drinker's pyramid as defined by Parry et al.

Use factual data to describe the extent of the use, abuse and dependence on alcohol and drugs in South Africa.

Exemplify the effect of drug use, abuse and dependence on the value systems of South African society.

Use factual information to describe South Africa's role in the import and re-export of drugs.

Describe and exemplify the role of the Central Drug Authority and the objectives of the National Drug Master Plan in combating the drug problem.

List and describe the role of the seven organisations involved in the treatment of drug dependents.

Describe a drug dependent.

Apply the basic vocabulary of 20 words relating to drugs.

Describe the cure for drug dependence.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 2: Is there really a drug problem?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using the contents of, for example:

statistics on road deaths and drinking and the Drinkers' Pyramid;

newspaper reports on drug use and abuse in schools;

own and dependents' experience of visits to or discussions with drug dependents;

statistical data on costs to SA of drug abuse;

sporting occasions (e.g. World Cup Soccer) to convey factual information about the drug problem.

Translate statistics into meaningful figures and mental pictures that fit into the culture and understanding of the audience.

KEY WORDS OR PHRASES

'Another one dead from drugs.'

'Alcohol is the most frequently used drug in South Africa.'

‘16% of the adult population is at risk from drinking or is dependent on alcohol.’
 ‘South Africa ranks in the Top Ten as a drinking nation.’
 ‘Drug use is increasing at an alarming rate.’
 ‘1,25 million South Africans use a combination of drugs.’
 ‘Drug abuse impacts adversely on poverty, family life and HIV/AIDS.’
 ‘The age at which drug abuse starts is constantly reducing.’
 ‘South Africa has become a centre for re-exporting drugs.’
 ‘Drugs are big business.’
 ‘The costs of feeding a drug habit are mind-boggling.’
 ‘The Central Drug Authority gives effect to the National Master Drug Plan.’
 ‘Three key elements in the NDMP.’
 ‘Supply reduction in practise by the SAPS and SARS’
 ‘Say “I’m okay without drugs”.’
 ‘Treatment for drug dependence varies according to the need.’
 ‘Aftercare is a vital part of long-term sobriety.’
 ‘You can help combat drug abuse.’
 ‘Drug abusers and dependents are ordinary people.’
 ‘You need to understand the language of drugs.’
 ‘Dependence is forever.’

REALITY CHECK

Task 2.1: What is the extent of alcohol use and abuse in South Africa? Give examples of the use of alcohol by the population.

Answer: Should depict the Drinkers’ Pyramid and give examples from the literature contained in one or more of the references.

Task 2.2: What is the extent of drug use and abuse in South Africa? Give examples of the abuse of drugs by the population.

Answer: Should include aspects listed in the latest CDA Annual Report or other statistical or factual source.

Task 2.3: What do you consider to be the key elements of the National Drug Master Plan and the strategy/strategies being used to achieve them?

Answer: Should indicate at least four elements i.e. reduction in supply; reduction in demand; increased drug law enforcement and effective treatment, and the development and implementation of Mini-Drug Master Plans by the infrastructure (i.e. government departments, Provincial Substance Abuse Forums and Local Drug Action Committees.

Task 2. 4: What is the cure for drug dependence?

Answer: Should indicate that at the present state of knowledge and expertise concerning drug dependence, there is no cure other than abstinence, or words to that effect.

Task 2.5: Do the following:

- ✓ Look up the address of one of the seven types of organizations (other than an Aftercare organization) involved in the treatment of drug dependence;
- ✓ Arrange to visit the organization nearest your home address and discuss the particular aspects of treatment dealt with there.
- ✓ Summarise your findings in your workbook and share them with other learners in the group.

- ✓ Draw up a summary of the findings for all seven types of organizations visited by your group and others.

Answer:

The address of an organization involved in the treatment of drug dependence; Available on the Internet or contained in the “Resource Directory on Alcohol and Drug-related Services and Facilities” issued by the Central Drug Authority,

Visit to the Organisation: Notes in Workbook should include:

- ✓ date and place of visit;
- ✓ copy of brochure of organisation or other proof of visit;
- ✓ list of aspects of treatment dealt with by organisation, name and individual with whom discussed and summary of principles aspects of treatment or functions of organisation;
- ✓ summary of findings as presented to other learners annotated in workbook;
- ✓ summary of findings of role and functions of other organisations involved in treatment of dependence as presented by other learners and annotated in workbook.

Task 2.6: Describe a drug dependent that you met while visiting one of the organisations that treat drug dependence.

Answer: Notes in workbook should include the conclusion that unless one observes a dependent while he or she is actually under the influence of drugs, there are no obvious physical, social or other generic factors that lead one to conclude that a particular person is a drug dependent.

Task 2.7: Take the “What’s your score” test contained in the Reality Check of Chapter 2 and Prepare a statement or declaration in which at least 10 of the 20 words used to describe the language of drugs are used.

Answer: Learner should achieve full score on the test and statement/declaration should contain at least 10 of the 20 words used to describe the language of drugs

CHAPTER 3: HOW DO DRUGS AFFECT US?

ESTIMATED TEACHING/LEARNING TIME

One hour

OUTCOMES AND OBJECTIVES

Outcome:

Identify the main types of drugs and explain what they do to the human body and mind.

Objectives:

Name and identify the three main categories of drugs i.e. downers, uppers and hallucinogens.

List the six main drugs in the category of downers.

List the five main drugs in the category of uppers.

List the two main drugs in the category of hallucinogens.

List some other drugs commonly occurring in the home.

Identify the listed drugs from pictures or from samples.

Describe the physical and psychological effects of the use of drugs in the listed categories.

Given a list of 10 descriptors of drugs and/or the physical and/or psychological effects of their use, correctly identify the relevant drug.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 3: How do drugs affect us?

Samples or pictures of listed and illicit drugs, paraphernalia and alcohol.

Pictures of persons under the effects of listed drugs

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using the contents of, for example:

pictures or samples of listed drugs

pictures of persons under the influence of drugs

newspaper reports on drug use and abuse

own experience of visits to or discussions with drug dependents and drug experts;

statistical data on costs to SA of drug abuse;

convey factual information about the physical and psychological effects of drugs on people, using own and dependents' inputs,

Where possible allow audience to see and identify samples or facsimiles of drugs.

KEY WORDS OR PHRASES

At first drugs appear to make life easier

Drugs also kill!

Drugs cause significant harm in co-dependents

Three groups of drugs: Downers, Uppers and Hallucinogens

Downers slow down the Central Nervous System
Uppers speed up the way the brain and the body work
Hallucinogens make us see things that aren't really there
Other stuff in the home can also cause dependence
Taking mixtures of drugs is extremely dangerous

REALITY CHECK

Task 3.1: Ask your local Treatment Centre or Care and Support Group for the location of a demonstration or display of drugs.

Answer: Location and time of demonstration or address of permanent display.

Task 3.2: Attend the demonstration or display and see how many of the drugs you can recognise and name.

Answer: Record of drugs on display accompanied by photographs, brochures or descriptions entered in workbook.

Task 3.3: Check out your knowledge of drugs. Answer the questions in the table in Lifestyle Changes Chapter 3. "How well do you know your drugs?".

Answer: Questions answered. Note that there may be more than one correct answer to some of the descriptions.

CHAPTER 4: HOW CAN I FACE THEM?

ESTIMATED TEACHING/LEARNING TIME

30 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Select and apply an appropriate approach to substance dependence, potential dependents and dependents.

Objectives:

State that support and trust is vital to the recovering dependents.

List and exemplify the five phases of coming to terms with substance dependence.

Describe an appropriate approach to the problem of substance dependence and dependents.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 4: How can I face them?

Lifestyle Changes Workbook

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using the examples of dependent's actions to derive appropriate approach. It is especially useful to get recovering dependents and co-dependents to relate their experiences in coming to terms with dependence and their roles in causing or contributing to it, and problems or solutions resulting from these experiences.

KEY WORDS OR PHRASES

Support and trust is vital to the recovering dependents but difficult to provide. Substance dependence is a chronic, substantively harmful out-of-control reward-seeking behaviour, for which there is no cure except abstinence. Ignorance of the nature of substance dependence blinds us to the warning signs.

Denial helps us to avoid taking blame or action.

Acceptance and acknowledgement are the starting points for treatment.

Commitment to lifelong sobriety is the starting-point for recovery.

The recovering dependent needs the trust and support of others in order to stay sober or clean of drugs.

Helping a dependent to recover requires a mindset shift from blame to reclaim.

REALITY CHECK

Task 4.1: List the stages through which a co-dependent goes in coming to terms with addiction, and indicate the stage at which you find yourself.

Answer: Ignorance, denial, acknowledgement and acceptance, commitment and support and trust. The learner should give reasons for the selecting the particular phase applicable to him or her.

Task 4.2: Describe the characteristics of the stage using examples from your own experience.

Answer: Characteristics as listed in Chapter 4 and examples from own experience, either own or of others persons.

Task 4.3: Ask at least two recovering dependents to describe the approach followed by their co-dependents in dealing with their problem of substance dependence.

Answer: Description of action followed, noting differences/similarities between reality and phases described in this chapter.

Task 4.4: Answer "yes" or "no" to the following questions: Do you:

- know enough about drugs and addiction to be able to handle the problem if it occurs in your family or circle of friends or acquaintances?
- accept that maybe, just maybe, you could have contributed to the problem?
- believe that addicts or dependents can stop taking drugs by themselves?

Answer: Obviously no single correct answer or set of answers. The questions are asked to prepare learners for studying the next chapter, or the preferred answer is "no."

CHAPTER 5: WHAT MAKES PEOPLE START TAKING DRUGS?

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Describe some of the reasons why people start taking drugs.

Objectives:

State that there is no simple set of causes for substance dependence.

Describe and exemplify the four key reasons why teenagers and adults start taking drugs.

Define and exemplify who is susceptible to becoming addicted

Describe the key elements of the motivational system and its functioning

Define and exemplify the four influences on susceptibility to addiction

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 5: What makes people start taking drugs?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using the examples of dependent's actions to derive reasons for their starting or experimenting and translate these into the influences and motivational system.

Where the concepts of the motivational system seem difficult for the audience to absorb, use sporting anecdotes to illustrate and simplify the concepts

Audience should be able to grasp the concepts of reward-seeking, values, and influences in order to progress further.

KEY WORDS OR PHRASES

A system is a set of things working together to achieve a specific result

Common examples of systems include the water heating system, the toilet cistern and the cooling system of a car

A system provides the desired reward as long as the elements in it are in balance with each other

PRIME is the acronym for the basic elements in the human motivational system

PRIME is affected by factors such as: information/stimuli/past experience; emotional state; drives; arousal; commitment and start or delay in implementing plans

There is no simple set of causes for substance dependence

No one can be blamed for someone's dependence

Values are the principles that govern our behaviour and that of the members of our family

Values include those of the family; relationships with others; discipline and spiritual values

Four key factors influence dependence in teenagers

The same four factors contribute to substance dependence in adults and teenagers

REALITY CHECK

Task 5: Answer the questions in the table below to find out how likely it is that your teenager (or one over whom you have influence) or adult colleague will start drinking or taking drugs.

| | YES | NO |
|-----------------------------------------------|-----|----|
| 1. As a Role Model do you: | | |
| regard yourself as a light drinker ; | | |
| discourage drinking by your actions; | | |
| not smoke, or | | |
| take drugs only as prescribed? | | |
| 2. Do you talk to your family about: | | |
| the dangers of drinking alcohol, and | | |
| the dangers of taking drugs? | | |
| 3. Do you regularly join your family at: | | |
| meals at table; | | |
| school or college events; | | |
| sports events, and | | |
| religious or spiritual activities? | | |
| 4. Do your family values include: | | |
| honesty with each other and others; | | |
| frank and open communication; | | |
| life skills; | | |
| developing them: | | |
| spiritually; | | |
| physically eg through sports; | | |
| mentally eg through study; | | |
| socially eg through family events ? | | |
| a fair approach to discipline and punishment; | | |
| attending church regularly as a family? | | |
| 5. Do your family friends: | | |
| meet with your approval, and | | |
| do drink and drugs? | | |
| 6. Is your teenager or adult: | | |
| well-behaved and obedient; | | |
| an academic achiever; | | |
| dependent, and | | |
| a regular church-goer? | | |

Answer: How well did you do?

If you answered NO to 20 or more: You are the problem!
 If you answered NO to between 10 and 20: You contribute to the problem.
 If you scored YES on 15: You are doing all right.

CHAPTER 6: HOW WILL I KNOW FOR SURE?

ESTIMATED TEACHING/LEARNING TIME

120 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Obtain the facts you need to take remedial action to help a dependent.

Objectives:

Learn to observe deviations from normal patterns of behaviour.

Identify the physical, appearance and behavioural clues that indicate alcohol and drug abuse.

Get the facts needed to persuade a dependent to undergo treatment and describe the process to be followed.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 6: How will I know for sure?

Lifestyle Changes Workbook

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using:

examples and discussions of examples of physical clues, appearance and behaviour;

parlour-game approach of hide-and-seek where samples of physical clues are secreted and hunted out, and

role play of process of persuading an apparent dependent to undergo treatment..

KEY WORDS OR PHRASES

Some of the signs that seem to indicate addiction or abuse can be interpreted in a number of ways. Get expert advice before taking action.

To detect an addict you need to think like one and become a sort of detective.

You need to assemble the facts indicating drug abuse before taking action.

You need to be able to notice the difference between the "normal" and what is "abnormal."

Clues are hidden in everyday occurrences, and addicts are experts at hiding them away.

The clues to linked to behaviour come after the event. Normal behaviour becomes the measure to detect abnormal behaviour resulting fro alcohol abuse.

Physical clues can be linked to quantities and containers of alcohol.

Physical appearance is in many ways the best indicator of intoxication.

Detecting changes in normal behaviour is very difficult.

Behaviour changes normally follow a pattern: look for the pattern.

The clues to drug abuse are the same as for alcohol but behaviour change may be more dramatic.

In drug addiction physical clues as to the presence of drugs are often linked to the implements used, packaging and to appearance and smell.

Physical appearance, although usually a sure sign of drug abuse, can be misleading.

Changes in behaviour often signal drug abuse, but be careful, not always.

Don't look for the dealer: he or she is indistinguishable from you or I.

Once you have the facts, persuade the dependent to undergo treatment.

The initial persuasion process ends when the dependent enters the Treatment Centre.

REALITY CHECK

A CASE OF BEING CLUED UP

Task 6.1: How many clues can you detect in this (Lifestyle Changes Chapter 4) situation?

Answer: At least nine.

Is Mr Jones really a substance dependent?

Answer: Cannot be certain, but some of the indicators are there.

Well, what do you think? Enough clues there for you to make a decision, or only enough to make you wonder?

Answer: Probably not, but enough to make more investigation interesting.

What would you do if you were in Brigitte's place?

Answer: No definite answer, but an enlightening discussion could be elicited.

Task 6.2: Role-play.

Role-play the situation described in the section headed "What do I do now?" using as far as possible some of the actual clues and information you have managed to glean.

CHAPTER 7: WHY CAN'T THEY STOP BY THEMSELVES?

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Describe why an addict needs expert help to stop drinking or taking drugs and select a suitable Treatment Centre.

Objectives:

Describe the effect of stereotyping dependence on the dependents

Describe the causes of dependence

Describe the effects of dependence and drugs on the individual

Define the duration of dependence

Describe why a dependent needs skilled medical attention during treatment

Select a treatment centre using the key aspects of treatment; the principles of effective treatment and criteria for the selection of a Treatment Centre

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 7: Why can't they stop by themselves?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

Copy of Resources directory for Prevention and Treatment of Substance Abuse.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using prior knowledge of learners to achieve objectives. Examples from recovering dependents or co-dependents in refusing/undergoing repeated treatments especially valuable.

Use experience of treatment at variety of treatment centres to derive initial criteria for selection of suitable centre.

KEY WORDS OR PHRASES

Is your stereotype one that says, "Alcoholics and addicts are morally weak people, who deserve to be in the gutter"?

Stereotypes of dependence still exist to the detriment of the dependent

The dopamine theory is the most frequently applied explanation of what causes addiction.

Only a small percentage of people who take drugs become addicted.

Addiction lasts forever, and has no cure other than abstinence.

In the main, detoxification and rehabilitation should be done under medical supervision. "Cold Turkey" can be fatal.

Remember the 10 key principles when selecting a treatment facility and treatment programmes.

Treatment programmes should be selected to meet the needs of the dependent.

Using a treatment centre that is not registered puts the dependent at risk unnecessarily.

REALITY CHECK

Task 7.1: Check your stereotype: answer the questions in the table in Chapter 7 of Lifestyle Changes.

Task 7.2: Select a Treatment Centre

Use the directory provided by the Department of Social Welfare and Population Development to identify a registered Treatment Centre in your area. Alternatively, contact your local care and support group and get from them a list of local Treatment Centres. Use the two checklists to determine the type of treatment the individual dependent is likely to receive, and to check the suitability of the Centre for treating a specific substance dependent.

CHAPTER 8: HOW CAN I HELP?

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

What you can do to help prevent addiction and help someone who has become addicted.

Objectives:

Identify and exemplify the elements of a model for the prevention of addiction.
Identify and exemplify alternative approaches to the problems of a dependent or co-dependent.

Identify the effects of dependence on the addicts, the working environment and the family of an addict.

Identify collateral damage caused by dependence

Take the steps necessary to start the dependent and the family on the road to recovery from dependence.

Define the legal situation of someone taking drugs.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 8: How can I help?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Apply Interactive approach using prior knowledge of learners to achieve objectives. Some may find the interpretation of the prevention model difficult, but for later work (selecting an aftercare organisation for example) it is at least necessary that they can enumerate the types of programmes or programme elements offered and used in the model.

Discussions using the experience or stories of dependents and co-dependents often enable easier understanding of the family problems and the difficulties of re-integrating into families.

Ridding the learners of stereotypes is helped by using examples of prominent persons like movie stars, soccer players etc to show that the old 'bottle in the brown paper bag' and 'bum' stereotype no longer holds.

In addition, drawing the earlier experience of attending meetings at aftercare and support organisations helps to convince both dependents and co-dependents to attend such meetings as proposed in the 10-step process.

KEY WORDS OR PHRASES

Decision-time: What can you do to help? Check your options here.

Doing nothing about the particular drug problem or aspect is not an option.

Trying to 'control' addiction is a busted flush. Don't even contemplate it.

It may be possible to hide addiction for a while, but sooner or later it will leak out.

It is an accepted fact that addiction has a negative impact on the working environment.

The negative financial impact of addiction combines with other impacts to deprive the addict and family of self-respect and dignity.

In essence, although each member of the family may know or suspect that something is wrong, they avoid the subject.

In addicted families the children chose and play different roles: Peacemaker; Hero; Clown; Quick-change Artist; Quiet One and Problem Child depending on their natures and the type of family relationships.

The roles that adults play in a family are negatively affected, sometimes reversed, to the detriment of the functioning of the family.

The Three Wise Monkeys atmosphere in the home

Collateral damage extends far beyond the addict to the entire family, friends and business environment.

What to do now? The steps to take.

For many, faith is a vital element in recovery

REALITY CHECK

Task 8.1: *ARE YOU READY?*

1: Discuss with a recovering dependent the probability of success of controlling addiction. List your findings.

Answer: The likely answer will probably correspond with the stage of recovery of the dependent: correlate it with the Recovery Pyramid and expect such reasoning from the learner.

2: Meet with the family of a recovering dependent, and try to elicit in discussion the roles the various family members played in persuading him or her to undergo treatment. List your findings.

Answer: Correspondence with the notes in this chapter is expected, with deviations able to be explained by the particular personalities and circumstances of the family.

3: In a care and support group, discuss the implications for an employer of the substance dependence of an employee. Get examples and list critical incidents to illustrate the implications.

Answer: No common answers but examples given should be able to be linked to realities.

4: With the help of a therapist or social worker, apply the ten steps needed to help an addict to enter a treatment centre.

Answer: In the previous chapter this particular aspect was role-played. In this case an actual admission needs to be carried out and the case notes of the professional will suffice for proof. Difficulties encountered should be noted.

5: Discuss with a minister of religion, the implications and applications of faith in the recovery process. List your conclusions.

Answer: No specific answer expected; results depending on the viewpoints of the individuals concerned.

CHAPTER 9: WHAT HAPPENS AFTER REHAB?

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Describe what motivates the recovering dependent and what the recovery process is like.

Objectives:

Describe the expectations of the recovering dependent on leaving the detox and rehab programme

Describe the process of recovery in terms of a modified form of Maslow's Hierarchy

Define the need for aftercare and its desired duration.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 9:What happens after Rehab?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Overhead projector and/or digital projector and computer.

SUGGESTED LEARNING STRATEGY

Commence by using the publicised activities of highly-visible recovering dependents and deriving from the learners the probable expectations of those persons.

Use the concepts of myths in this chapter to debunk the popularly held beliefs of short-term treatment and 'effective cures'.

Apply Interactive approach using prior knowledge of learners to achieve objectives.

Use Maslow's hierarchy and motivation for recovery to emphasise the need for recovering dependents to enter aftercare on departing from the treatment centre, and then exemplify the duration of the phases of recovery. Get recovering dependents who are beyond the Maintenance Phase to exemplify their experiences in this regard.

Emphasise the need for patience in unlearning old habits and learning new ones.

Take the opportunity if offered to stress that sobriety is not an end in itself but a means to an end i.e. a way to achieve one's personal potential.

Lead in to the need for aftercare, using West's tip that sobriety lasts only as long as the treatment.

KEY WORDS OR PHRASES

Myth: Rehab cures addiction. Truth: There is no cure!

Myth: After rehab the dependent can immediately take up his previous life again.

Myth: After treatment it's safe to drink (or take drugs) 'socially'.

There are five levels of motivation for recovery, based on Maslow's Hierarchy of Motivation.

Motivation for recovery comes from progressing up the recovery pyramid or triangle, achieving each step before going on to the next one.

The Recovery Process has four stages that stretch over a number of years after abstinence or attaining sobriety.

Sobriety is the means to an end, and not the end in itself!

REALITY CHECK

IS RECOVERY REALLY SO DIFFICULT?

Task 9.1: Talk to a recovering dependent and confirm or reject the statement that recovery and abstinence are lifelong processes.

Answer: Hopefully the answer will confirm the nature of the process as being lifelong, and add that no other forms of drugs are acceptable either.

Task 9.2: Ask a recovering dependent who has relapsed at least once just how difficult it is to recover without using an aftercare organisation.

Answer: No definitive answer, but hopefully supportive of aftercare.

Task 9.3: Discuss with an aftercare organisation the phases of recovery and motivation for recovery and how they deal with the problems encountered.

Answer: Be prepared for a variety of answers depending on the knowledge and skill levels of the members of the aftercare organisation. Many will have no definitive answers, other than professing to be 'support organisations'.

CHAPTER 10: AFTERCARE: THE 95% SOLUTION?

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Select aftercare organisations that meet your needs and explain why there is a need for lifestyle change.

Objectives:

Describe the integrated nature of the phases of treatment, including the time and partnership relationships and primary objectives.

State what one can expect from aftercare.

Describe and exemplify the aftercare process, using a model of aftercare.

Explain the nature of the individual's lifestyle and its effect on recovery.

Select an aftercare organisation suited to the dependent's and co-dependent's needs.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 10: Aftercare: the 95% solution?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Use the need for lifelong abstinence to elicit the possibility for young recovering dependent to 'go it alone'. Use where possible examples from long-term recovering dependents or ones who have relapsed to emphasise the need for aftercare and support.

Derive 95% concept from need for lifelong aftercare i.e. 95% of rest of life

Using Maslow's Hierarchy (previous chapter) and the need for self-fulfilment to derive the outcomes required from aftercare organisations i.e. development of full potential and sobriety.

Use previous discussion of Prevention Model to lead in to discussion of Aftercare Model and to derive needs and programmes that aftercare organisations ought to provide.

Use examples of learners' own lifestyle and those of prominent people to derive concept and desired lifestyle change.

Derive the role and types of activities and programmes that ought to be offered to achieve this.

KEY WORDS OR PHRASES

The three phases of treatment are integrated and comprise Prevention; Detox and Rehab, and Aftercare.

Aftercare organisations ought to provide programmes to meet the needs defined in the Aftercare model.

Lifestyle is who you are and that is dependent on what you do or what you would like to be.

Your lifestyle is a picture of what you think and do as seen by others and by you.

The lifestyles of dependents and co-dependents need to change to support long-term recovery and sobriety.

REALITY CHECK

SELECT YOUR AFTERCARE ORGANISATION

Task 10.1: Get the details of the programmes of at least four organisations that provide support and aftercare to recovering dependents, using the Department of Social Development's Resource Directory.

Answer: The Resource Directory may be available in printed form or on the website of the department or the Central Drug Authority. Details of programmes are not given, only the types offered. Learner should comment on that and preferably obtain details by contacting nearby aftercare organisations.

Task 10.2: Using those details, determine which one or combination of organisations provides the greater number of the elements or programmes depicted in the Aftercare Model or that combination of the elements that most nearly meets your needs.

Answer: No specified answer, but answers should be based on proof of contents of programmes provided, compared to those in the model. Expect learners to be disappointed in the adequacy of aftercare organisations!

Task 10.3: LIFESTYLE MATTER, DOES YOURS?

Answer: Answers provided in test in Chapter 10 of Lifestyle Changes to Beat Addiction!

CHAPTER 11: IS A RELAPSE INEVITABLE?

ESTIMATED TEACHING/LEARNING TIME

90 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Describe the causes of relapse and apply a strategy to prevent one.

Objectives:

Give the statistical probability of relapse occurring on average.

Describe the process of recovery and relapse in terms of a modified form of Maslow's Hierarchy

Personalise a list of common Relapse Warning Signs to meet the requirements of an individual dependent.

Set up and apply a SOBER Action Plan

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 11: Is a Relapse Inevitable?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Use learners' own background to define and describe a relapse and possibility thereof.

Use previous discussions on Maslow's Hierarchy and recovery to introduce the reverse thereof as a model of relapse.

Provide learners with list of relapse warning signs and encourage discussion of signs and comparison with own and others experience.

Encourage learners to adapt lists to own language and descriptors suitable to self and own high-risk situations and trigger events.

Derive SOBER action plan using military or sporting tactics as example. .

KEY WORDS OR PHRASES

Two-thirds of substance dependents are likely to experience a relapse at some time after treatment.

Recovery is driven by the dependent's overriding purpose in life: self-fulfilment. Sobriety is an essential ingredient but not the end in itself.

Relapses are thought to be planned, and the warning signs can usually be used to prevent a relapse occurring.

The SOBER action plan is part of the recover plan.

The risk of relapse can be reduced by preparing and practising the contents of a Recovery Plan and the SOBER action plan.

Relapse warning signs need to be tailored to individual needs.

The secret lies in knowing the normal behaviour and recognising changes from it.

In tailoring Relapse Warning Signs, identifying high-risk situations is very important.

Recovery is abstinence and a return to a balanced lifestyle
 Relapse is drug use and a return to a dysfunctional lifestyle
 Relapse treatment is best left to trained therapists
 Relapse prevention is the work of the carer
 There are five levels of motivation for recovery
 A Recovery Plan requires an overriding purpose in the life of the dependent
 The four phases of recovery after abstinence overlap the levels of motivation for recovery
 Relapse is the reversal of the recovery process
 Relapse is usually preceded by visible relapse warning signs and changes in behaviour
 Relapse warning signs follow five categories of relapse in a descending pattern
 The SOBER Action Plan is part of the Recovery Plan
 The risk of relapse can be reduced by preparing and practising the contents of a Recovery Plan and the SOBER Action Plan
 Relapse warning signs need to be tailored for each individual dependent
 In tailoring Relapse Warning Signs high-risk situations are important
 Trigger events are a major cause of relapse.
 Trigger events are a major cause of relapse.
 Sobriety-supporting behaviour changes relapse risks into sobriety supports
 The SOBER Action Plan provides the strategies for handling relapse warning signs
 Your Buddy is there to keep you honest.
 The five SOBER strategies are Support, Overrun, Bluff, Evade and Retreat
 Keep the SOBER Action Plan reminder card with you always

REALITY CHECK

Task 11.1: As a Carer, work together with a recovering dependent to tailor the list of Relapse Warning Signs to meet his or her needs. As a recovering dependent find a Carer and do the same.

Answer: The tailored list should meet the needs of the individual dependent. Do a random check on the contents with the dependent.

Task 11.2: Prepare a Sober Action Plan reminder card, choose an Accountability Partner or a Buddy and apply the action plan for at least a week.

Answer: The reminder card should meet the requirements of the model and be marked with the times of the calls to the Buddy and if necessary with amendments or comments made by him or her.

Task 11.3: Discuss the effectiveness of the tailored list of Relapse Warning Signs and the Sober Action Plan with your opposite number (Carer, Buddy or Recovering Dependent and enter the results of your discussion in the appropriate part of the Workbook.)

Answer: The discussion notes should reveal the extent of the discussion and should preferably support any changes made to the tailored list of relapse warning signs.

CHAPTER 12: WHAT DO I NEED TO CHANGE?

ESTIMATED TEACHING/LEARNING TIME

90 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Identify the key changes in your present lifestyle and make the changes the FREEDO way.

Objectives:

Identify the changes in lifestyle needed using the two questionnaires 'Me, as others see me' and 'Me, as I see myself'.

Apply the FREEDOM concept to making changes.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 12: What do I need to change?

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Introduce the questionnaires and explain how to complete them.

Assist learners to complete them, and interpret them.

Talk learners through FREEDOM methodology using examples from sport and allow to apply in own time.

Apply Interactive approach using prior knowledge of learners to achieve objectives.

KEY WORDS OR PHRASES

Answer the first questionnaire from the point of view of someone that you know fairly well.

Making changes the FREEDOM way.

The FREEDOM method can be used to make changes and to make changes stick.

To change from being a substance dependent a change of lifestyle is needed.

REALITY CHECK

Task 12.1: Identify the desired outcomes of the recovery process or the changes you need to make.

Answer: Answers are contained in the interpretation of the two questionnaires in Chapter 12 of Lifestyle Changes to Beat Addiction.

CHAPTER 13: TAKING CONTROL OF YOUR SOBER LIFE

ESTIMATED TEACHING/LEARNING TIME

15 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

List the seven lifestyle changes and state the purpose of making lifestyle changes.

Objectives:

Sketch the systems model of Lifestyle Changes or list the seven changes in order of occurrence.

Describe the four elements of a sober balanced lifestyle.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 13: Taking control of your sober life

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, and it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances.

The need for practice should be emphasised hence the bicycle example.

The reasons for the four elements of the sober balanced lifestyle i.e. to rebuild the ability of the individual to cope with real life should similarly be familiar and need merely to be re-emphasised.

KEY WORDS OR PHRASES

Seven lifestyle changes to re-take control over your life and beat addiction.

Making lifestyle changes demands a great deal of practice before they become instinctive.

A sober balanced lifestyle has four elements spiritual, physical, social and intellectual.

REALITY CHECK

Task 13.1: List the seven lifestyle changes and describe them in your own words.

Answer: The seven names of the changes plus acceptable descriptions.

Task 13.2: Describe why you do or do not think that making lifestyle changes is vital to the long-term sobriety of yourself or your co-dependents.

Answer: No prescription, but as favourable answer is preferred.

CHAPTER 14: LIFESTYLE CHANGE 1: ACCEPT, ACKNOWLEDGE AND COMMIT

ESTIMATED TEACHING/LEARNING TIME

45 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Accept responsibility and accountability for your sober life, and commit yourself to the changes needed.

Objectives:

Key Change: Accept, Acknowledge and Commit

Main Results:

Achieve the freedom of choice necessary to make decisions about own sober life.

Describe the 10 principles of sobriety and express commitment to them.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 14: Lifestyle Change 1: Accept, Acknowledge and Commit

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

If it is the intention to offer these seven chapters as a separate section to recovering dependents, it is necessary to include the chapters dealing with the precursor material i.e. Chapters 9, 11 and 12. These should preferably be dealt with before starting this section.

Start by re-iterating the Recovery Pyramid and the position of Lifestyle Change in the seven changes i.e. use both diagrams to illustrate.

In this chapter several concepts are dealt with that may be unfamiliar to learners, especially those of accept, acknowledge and commit. They need to be dealt with in a manner easy for the audience to understand.

In the same way the ten principles need to be presented and understood by the audience before going on to the next chapter.

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, but it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances.

KEY WORDS OR PHRASES

You, the dependent made the choice for dependence. You now have to make the choice of lifestyle change to ensure long-term recovery.

Lifestyle Change 1: Key change is to accept, acknowledge and commit to a sober, balance lifestyle.

The main or key result of the change is the freedom to make decisions about your own life again i.e. without the interference of drugs.

Use the FREEDOM method to make the changes.

Apply the 10 Principles of Sobriety for best results.

REALITY CHECK

LSC TASK 1.1: Describe the key change that should occur in your lifestyle as a result of applying Lifestyle Change 1.

Answer: Should contain the equivalent of the terms 'freedom of choice' and 'control over my own life.'

LSC TASK 1.2: Use your own words to describe the meaning and effects of 'responsibility', 'accountability' and 'commitment' and the significance or implications of those terms in the life of a recovering dependent.

Answer: Should express the meanings roughly as contained in this chapter.

LSC TASK 1.3: The main results of the change are stated as being 'freedom to make your own decisions about your future'. The statement implies that previously the dependent did not have that freedom. If that is the case, who or what controlled the dependent? Give reasons for your answer.

Answer: Drugs or the equivalent.

LSC TASK 1.4: list the Ten Principles for Sobriety and describe the significance of each to the ability of the recovering dependent to change his or her lifestyle.

Answer: The equivalent of that contained in the text of this chapter.

LSC TASK 1.5: Describe the process that the recovering dependent would need to follow in order to make this lifestyle change. Give examples where possible to illustrate the process.

Answer: As described in the text, but in addition should contain reference to the FREEDOM method of making a change.

CHAPTER 15: LIFESTYLE CHANGE 2: REHAB FOR RESULTS

ESTIMATED TEACHING/LEARNING TIME

45 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Describe in terms of results the lifestyle changes you need to make to achieve your vision.

Objectives:

Key Change: Describe in terms of results the lifestyle changes you need to make to achieve your vision.

Main Result:

Self-fulfilment and the ability to verbalise your vision of self-fulfilment or self-actualisation in terms of results.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 15: Lifestyle Change 2: Rehab for Results

Lifestyle Changes Workbook

Lifestyle Changes Handouts

50mm x75mm cards; one per learner.

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

If it is the intention to offer these seven chapters as a separate section to recovering dependents, it is necessary to include the chapters dealing with the precursor material i.e. Chapters 9, 11 and 12. These should preferably be dealt with before starting this section.

Start by re-iterating the Recovery Pyramid and the position of this Lifestyle Change in the seven changes i.e. use both diagrams to illustrate.

In this chapter several concepts are dealt with that may be unfamiliar to learners, especially those of 'results-orientation' and 'vision'; 'self-fulfilment or self-actualisation'; as well as: 'unambiguous', 'objective' and 'reliable'. They need to be dealt with in a manner easy for the audience to understand. The change to results-orientation may be the most difficult for the audience to grasp: it is essential that they do!

In the same way the preparation of an own vision and its relationship to sobriety need to be presented and understood by the audience before going on to the next chapter.

The link between the questionnaires in Chapter 12, Relapse prevention or the SOBER action plan and the Recovery Plan needs to be emphasised and the vision statement completed on the 50x75 mm cards provided.

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, but it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances.

Note also that it may be necessary to repeat the Cause-and-Effect analysis in the Appendix to Chapter 8 if the learners have not already mastered it.

KEY WORDS OR PHRASES

Change from doing things (being active) to getting things done: achieving results.

If you don't know where you're going, you won't know when you've got there!
Rehab for results means starting at the end: our vision of ourselves as recovering dependents.

Do a Schumi: think in terms of results.

Staying sober is a means to an end and not the end in itself.

End-results must be unambiguous, objective and reliable.

A vision is a mind picture of the end result you want to achieve: what you want to be.

A vision statement is a description of you vision in power words.

Your vision statement should be your constant guide: consult it often.

Your Recovery Plan is based on the vision, the two questionnaires and your relapse prevention plan.

REALITY CHECK

TASK LSC 2.1: Describe the significance of thinking and acting in terms of achieving results rather than doing things. Give an example of a person who can be used as a role model in this regard and give the reason for selecting that person.

Answer: As in the text, but check that the role model does in deed merit the position and is not a substance dependent!

TASK LSC 2.2: The main result of the change is stated as being 'self-fulfilment'. Explain the significance of that result in terms of the recovery process.

Answer: Should contain reference to the Recovery Pyramid and dependent reaching his or her own life-goal or vision. and staying sober.

TASK LSC 2.3: Describe the significance of thinking and acting in terms of achieving results rather than doing things. Give an example of a person who can be used as a role model in this regard and give the reason for selecting that person.

Answer: As for Task LSC 2.1.

TASK LSC 2.4: The main result of the change is stated as being "Self-fulfilment". Explain the significance of that result in terms of the recovery process.

Answer: Link to the Recovery Pyramid and the time taken to get there as well as to own vision. Similar to previous task but emphasises the need for such a result/vision and reaching own optimum development.

TASK LSC 2.5: If you have not already done so, complete the Lifestyle Changes Questionnaires "As other see me" and "Me, as I see myself". List the key changes needed as revealed in the analysis and interpretation of the results below.

Answer: List of key changes should correlate with results of questionnaires.

TASK LSC 2.6: Create your vision of your future and write your vision statement on a card or piece of stiff paper.

Answers: Should meet the requirements for an unambiguous, relatively objective and definitive statement.

TASK LSC 2.7: If you have not already done so apply the Cause-and-Effect method to finding the real problem using your vision statement of the future as a basis.

Answer: Should provide a solution to the problem posed. Cause-and-effect method dealt with in Chapter 8 and may need to be repeated here.

TASK LSC 2.8: Complete the "Rehab for Results" table

Answer: Should contain 3-5 or less than 10 results that meet the requirements of results-orientation; the two questionnaires, SOBER action plan and the requirements of objective statements.

CHAPTER 16: LIFESTYLE CHANGE 3: ONE DAY AT A TIME

ESTIMATED TEACHING/LEARNING TIME

45 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Plan and control each moment of each day of your sober life

Objectives:

Key Change: Plan and control each moment of each day of your sober life

Main Results: Control over your sober life and the development of a sense of your own self-worth

Conceptualisation of self-worth

Completion of daily results-oriented diary page

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 16: Lifestyle Change 3: One day at a Time

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

If it is the intention to offer these seven chapters as a separate section to recovering dependents, it is necessary to include the chapters dealing with the precursor material i.e. Chapters 9, 11 and 12. These should preferably be dealt with before starting this section.

Start by re-iterating the Recovery Pyramid and the position of this Lifestyle Change in the seven changes i.e. use both diagrams to illustrate.

In this chapter several concepts are dealt with that may be unfamiliar to learners, especially those of 'self-worth', 'trust' and 'security'. They need to be dealt with in a manner easy for the audience to understand.

The link between achievement, recognition and control over day-to-day activities needs to be emphasised and understood.

In the same way the preparation of a list of activities to achieve a set of results need to be presented and understood by the audience before going on to the next chapter.

The link between the questionnaires in Chapter 12, Relapse prevention or the SOBER action plan and the Recovery Plan needs to be emphasised and the diary page completed on the page supplied in the handout for this chapter.

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, but it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances.

Note also that it may be necessary to repeat the Cause-and-Effect analysis in the Appendix to Chapter 8 if the learners have not already mastered it, simply to reach the stage of developing the list of activities needed..

KEY WORDS OR PHRASES

Living one day at a time helps you to stay sober while still staying in control of your life.

A day may need to be broken into much smaller segments.

A person's self-worth tends to depend on the group recognising achievement, competency and loyalty etc.

Low self-worth tends to be coupled to low group acceptance, poor achievement, lack of trust etc.

For the recovering dependent and for co-dependents regaining self-worth is difficult and demands a great deal of patience.

Use your Recovery Plan and a diary page to plan your day One Day at a Time in small segments.

REALITY CHECK

TASK LSC 3.1: The key change is that the recovering dependent is expected to be able to plan and control each moment of each day of his or her sober life. State whether or not you agree with the need for such control and give your reasons for doing so.

Answer: Should be agreement and contain references to self-worth, vision and sobriety or the equivalent.

TASK LSC 3.2: The main results of this change are given as "Security and Trust" and "Development of Self-worth". Describe how living "One day at a time" and keeping a daily diary could possibly contribute to achieving those results.

Answer: Should demonstrate understanding of the concept of self-worth and its link to controlled achievement of one's objectives.

TASK LSC 3.3: Use a diary page like the example given in Figure 16.5 or one you drew up for yourself to enter the content of your Recovery Plan Results and time scales for at least one day's entries and do this for at least a week.

Answer: Self-explanatory.

CHAPTER 17: LIFESTYLE CHANGE 4: TALK IT THROUGH

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Achieve the results that support your vision and your sobriety by picturing, describing and practising them together with others in your group.

Objectives:

Key Change: Achieve the results that support your vision and your sobriety by picturing, describing and practising them together with others in your group.

Main Results:

Encouragement from others

Problem solutions and actions to be taken will become clearer

Potential snags and loopholes can be eliminated

Shared problems that take the stress off you

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 17: Lifestyle Change 4: Talk it through.

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

If it is the intention to offer these seven chapters as a separate section to recovering dependents, it is necessary to include the chapters dealing with the precursor material i.e. Chapters 9, 11 and 12. These should preferably be dealt with before starting this section.

Start by re-iterating the Recovery Pyramid and the position of this Lifestyle Change in the seven changes i.e. use both diagrams to illustrate.

In this chapter several concepts are dealt with that may be unfamiliar to learners, especially those of imagining solutions and talking of their problems to others. They need to be dealt with in a manner easy for the audience to understand, especially an audience of recovering dependents whose every instinct denies the need to share problems with others, as they are often too used to secrecy.

Using known role models and their successes helps to understand the application of the concept; hence the references to Schumacher and others. It also helps to have the learners mimic or role play those actions of the role models.

The link between talking to others and getting help from them and control over day-to-day activities needs to be emphasised and understood.

It is necessary to stress that sharing the problem with others does not absolve the originator from the problem.

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, but it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances.

KEY WORDS OR PHRASES

Talk-it-through means Visualise (or see); Describe, discuss and Do before repeating the process.

There are at least four advantages to the applying the Talk-it-Through process.

There are four steps to applying the process: Visualise; Describe; Discuss and Do.

Ownership of the problem and the solutions lies with the person who presented it, not with anyone else.

REALITY CHECK

TASK LSC 4.1: Describe what you think to be the advantages and disadvantages (for both dependent and co-dependent) of the key change listed above and give examples where it has been used by a key role model figure. Name that role model.

Answer: Straightforward description of an acceptable role model's actions. Note the role model should not be a substance dependent unless in recovery.

TASK LSC 4.2: The main results of this change are given below. Give at least one example of each and then add at least other results with examples that do not appear in the list of main results.

Encouragement from others

Problem solutions and actions to be taken become clearer

Potential snags and loopholes eliminated

Shared problems take stress off you

Other results:

Answer: Description of where desired assistance and results have been offered and accepted.

TASK LSC 4.3: Describe the process of "Talking it through" using the main steps to be applied.

Answer: Should contain descriptors of the four key steps.

TASK LSC 4.4: Describe the technique to be used in assisting a colleague to "Talk it through" paying particular attention to question technique.

Answer: Apart from the steps being taken, the emphasis should be on 'open questions'.

TASK LSC 4.5 ROLE PLAY

Select one of the examples used under the heading “Shared problems take the stress off you” or the example given by Petra in the chapter and role-play the process of talking it through with one of your colleagues or a recovering dependent.

Evaluate the results of the role play against the four Main Results and write your critique of it in a suitable notebook or the Lifestyle Changes Workbook.

Answer: Straightforward confirmation that the main steps produced the type of results needed, and that open questions were used.

CHAPTER 18: LIFESTYLE CHANGE 5: MAKE PEOPLE COUNT

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome:

Live in harmony with others in a Win-Win manner

Objectives:

Key Change: Live in harmony with others in a Win-Win manner

Main Results:

Shift the emphasis from 'me' (being self-centred) to meeting the needs of others.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 18: Lifestyle Change 5: Make People Count.

Lifestyle Changes Workbook

Lifestyle Changes Handouts

4x packs of playing cards, preferably of identical makes and designs.

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

If it is the intention to offer these seven chapters as a separate section to recovering dependents, it is necessary to include the chapters dealing with the precursor material i.e. Chapters 9, 11 and 12. These should preferably be dealt with before starting this section.

Start by re-iterating the Recovery Pyramid and the position of this Lifestyle Change in the seven changes i.e. use both diagrams to illustrate.

Start the lesson with the card game described in Chapter 18, emphasising the rules, and preferably offering some small prize to the winning team. It is essential that the group should consist of at least three sub-groups or teams and that the packs of cards are not complete, but should appear to be so.

Each team is given a certain number of cards but no team is given the same number of cards.

During the game note carefully the inevitable efforts to cheat e.g. withholding cards, secreting cards etc. These are essential examples that will be used to reveal the need for changes in the rules. It is essential to create excitement in the competition between the groups so as to achieve the objective of the lesson.

Once the game is over, the prize shared and calm restored, the lesson can begin.

In this chapter several concepts are dealt with that may be unfamiliar to learners, especially that of sharing and of functioning in a Win-Win manner;

and the term 'synergy'.. They need to be dealt with in a manner easy for the audience to understand, especially an audience of recovering dependents whose every instinct denies the need to share problems with others, as they are often too used to secrecy and have a problem (dependency) that is essentially an extremely selfish and self-centred one.

It is necessary to stress that sharing with others does not deprive oneself of help or success, but increases the chances of achieving it.

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, but it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances.

KEY WORDS OR PHRASES

Play the Winner-takes-all card game before reading this section.
Recovering dependents and co-dependents can't afford a Win-Lose situation. Me, myself and I is not something that recovering dependents and co-dependents can live with.
There are four key elements that make people count: Time; Purpose; Communication and Synergy.

REALITY CHECK

TASK LSC 5.1: The key change given is that the recovering dependent will shift the emphasis in his or her life from "me" (being self-centred) to meeting the needs of others. State why this is considered a major shift of emphasis for a recovering dependent and give examples of how this could be achieved.

Answer: Should include the concepts of self-centred; selfish; secrecy or equivalents and steps to be taken to change, included in the rules of the Win-Win game.

TASK LSC 5.2: Play the Card Game with at least two other teams, according to the following rules:

- ✓ it is a Team Game
- ✓ The team with the most cards of a type wins
- ✓ No team may tell the others which cards they are collecting
- ✓ Cards must be exchanged if so requested
- ✓ Cards must be exchanged one at a time
- ✓ Cards must be exchanged face down
- ✓ The time limit of the game is ten minutes

Answer: As discussed in Teaching/learning strategy.

TASK LSC 5.3: Discuss the lessons to be learned by a recovering dependent from the Card Game and list them.

Answer: Should cover the actions taken by the winning team and how to reverse them so that everyone wins.

TASK LSC 5.4: Derive from the lessons learned the optimum set of rules for the Card Game so as to achieve a Win-Win situation.

Answer: Should cover the rules of the Win-Win game.

TASK LSC 5.5: The main results of the Key Change are listed below. Examine each one critically in the light of the lessons learned in the Card Game and give at least one example for each, to serve as a model for a recovering dependent.

Win-Win Living

Making (other) People Count

Getting Help and Support when it is needed

Answer: Answers should be supportive of the concepts and give realistic examples of action to be taken.

TASK LSC 5.6: Discuss the results achieved with your team or colleagues and derive at least two other results that can be achieved by applying this Lifestyle Change.

Answer: Supportive answer but open-ended.

TASK LSC 5.7: The instructions on "how to do it" for this change list:

- ✓ Share your vision or purpose in life and your recovery plan
- ✓ Have a SOBER Action Plan that you share with your Buddy
- ✓ Listen, advise on and help with others' recovery
- ✓ Reward progress and achievement in others.

Add at least two other instructions and indicate for them and for the last two listed above, examples of what to do i.e. what action to take in each case.

Answer: Supportive but open-ended.

TASK LSC 5.8: Indicate why, in your opinion, Win-Win living is of advantage to a recovering dependent and his or her co-dependent.

Answer: Supportive and open-ended, giving an appropriate example.

CHAPTER 19: LIFESTYLE CHANGE 6: TAP THE RESOURCES

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome: Draw on resources to recover your sense of self-worth and live a sober, balanced life.

Objectives:

Key Change: Draw on resources to recover your sense of self-worth and live a sober, balanced life

Main Results:

Grow and develop on the way to attaining your vision.

Enabled to regain a sense of self-worth

Enabled to tap the resources of a new team of people

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 19: Lifestyle Change 6: Tap the Resources.

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

If it is the intention to offer these seven chapters as a separate section to recovering dependents, it is necessary to include the chapters dealing with the precursor material i.e. Chapters 9, 11 and 12. These should preferably be dealt with before starting this section.

Start by re-iterating the Recovery Pyramid and the position of this Lifestyle Change in the seven changes i.e. use both diagrams to illustrate.

In this chapter several concepts are dealt with that may be unfamiliar to learners, especially those of 'self-worth', 'trustworthy' and 'competence': they need to be dealt with in a manner easy for the audience to understand, especially an audience of recovering dependents whose every instinct denies the need to share problems with others, as they are often too used to secrecy and have a problem (dependency) that is essentially an extremely selfish and self-centred one.

The need for trust is high among recovering dependents and is usually very difficult to achieve. Emphasis needs to be placed on the supporting concepts of honesty, principles and open-mindedness.

Of great importance is the fact that recovering dependents need to perform much harder and achieve much more than their non-dependent counterparts in order to achieve the same (or less) recognition. They are in effect the 'presently disadvantaged!'

It is necessary to stress that sharing with others does not deprive oneself of help or success, but increases the chances of achieving it.

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, but it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances.

KEY WORDS OR PHRASES

Regaining self-worth means becoming trustworthy and competent again.

We tend to trust people who are honest, have integrity and are principled in their actions.

Competence means more than just doing your job. It includes life and world competence.

To tap the resources you must become a member of a new team, make them count and share.

REALITY CHECK

TASK LSC 6.1: Discuss the reasons for the lack or loss of self-worth by a recovering dependent and give examples of how this could have happened.

Answer: Should contain the elements of lack of trust, honesty and competence as well as personal examples of that situation.

TASK LSC 6.2: The main results of this change are a reversal of the process of loss of a sense of self-worth. This occurs when there is reversal of:

- ✓ incompetence
- ✓ mistrust
- ✓ lack of support

Describe the change in terms of results.

Answer: Should contain reversals of the concepts embodied in personal examples and should emphasis the time taken to achieve reversal.

TASK LSC 6.3: For each of the three areas applicable to recovering self-worth listed below enter examples within your field of experience of activities that would contribute to recovery.

To recover your self-worth you need to:

- Become Competent**
- Become Trustworthy**
- **Tap the Resources**

Answer: Open-ended but within the parameters of the concepts dealt with.

CHAPTER 20: LIFESTYLE CHANGE 7: RENEW YOURSELF

ESTIMATED TEACHING/LEARNING TIME

60 Minutes

OUTCOMES AND OBJECTIVES

Outcome: Assess your progress towards recovery and amend your Recovery Plan as necessary.

Key Change: Assess your progress towards recovery and amend your Recovery Plan as necessary.

Main Results: Conduct an honest assessment of your recovery.

LEARNING MATERIALS AND EQUIPMENT

Learning Materials:

Lifestyle Changes Slide series: Chapter 20: Lifestyle Change 7: Renew yourself.

Lifestyle Changes Workbook

Lifestyle Changes Handouts

Equipment:

Digital projector and computer.

SUGGESTED LEARNING STRATEGY

If it is the intention to offer these seven chapters as a separate section to recovering dependents, it is necessary to include the chapters dealing with the precursor material i.e. Chapters 9, 11 and 12. These should preferably be dealt with before starting this section.

Start by re-iterating the Recovery Pyramid and the position of this Lifestyle Change in the seven changes i.e. use both diagrams to illustrate. Then summarise the main points of each Lifestyle Change from 1 to 6.

In this chapter the questionnaire (in Chapter 20 and in the Handouts) is the prime part: it is used for an assessment of the recovering dependent or the co-dependent's progress towards a sober, balanced life. Of great importance is the fact that recovering dependents need to perform much harder and achieve much more than their non-dependent counterparts in order to achieve the same (or less) recognition. They are in effect the 'presently disadvantaged!' They ought to assess themselves more strictly accordingly.

Note that at this stage the term 'Lifestyle Change' should be familiar to the learner, but it is merely necessary to re-emphasise the seven changes and that they are used to take control from the addictive substances. Note also that the end-result of this Chapter is not just the assessment but more importantly, the revised Recovery Plan.
