



Odyssey House Christchurch

Te Whare Hikoi mo ngā Tāngata Whaiora

98-100 Greers Rd
Burnside
Christchurch 8053
New Zealand

Tel: (03) 3582690

WHĀNAU EDUCATION BOOKLET

Odyssey House Trust Christchurch provides
therapeutic support and education to clients with
drug and alcohol addictions.

Contents

The Cycle of Change.....	1
Relapse Prevention Planning.....	2
High Risk Situations & Triggers.....	3
Grief & Loss.....	4
Managing Emotions.....	5
Guilt, Shame, & Self-Worth.....	6
Te Whare Tapa Whā.....	7
Cognitive Behavioural Therapy.....	9
The Drama Triangle.....	10
Attachment Styles.....	11
Boundaries.....	13
Quick Links & Further Support.....	14

The Cycle of Change

Why is change so hard? Change can appear to be simple, all you need to do is make a decision. However, it is not so simple in practice. At Odyssey House, your loved one is taught about the Cycle of Change by breaking down each component to fully understand what stages the brain goes through when wanting to make changes. It can be particularly helpful when trying to understand relapse, and why it can take many attempts before achieving recovery.

1. Pre-contemplation

Denying that there is a problem. What do you have to do to move to contemplation?

2. Contemplation

Acknowledging that there may be a problem and figuring out what you are going to do about it.

3. Preparation

Deciding that there is a problem and preparing to do something about it.

4. Action

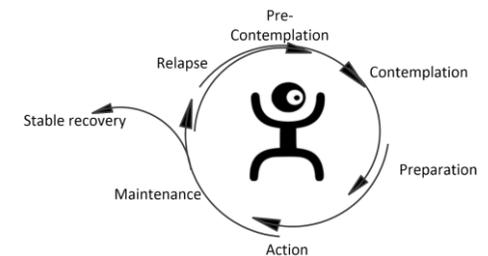
Doing something about it.

5. Maintenance

What do I need to do to maintain the change?

6. Relapse

What do I need to do to get back on the wheel?



It is usually the maintenance stage that individuals struggle with the most. The essence of maintaining motivation is to find a path that limits or eliminates addictive behaviour and maximises opportunities for living life to the fullest. The more that you live the life you want, the less desire and need there is for addiction.

Relapse Prevention Planning

The Relapse Prevention model is a treatment model to help your loved one identify their early warning signs, triggers/high risk situations and previous relapses. These are important for individuals to help develop strategies in support of their recovery process. Developing preventative strategies is significant in helping exit the relapse cycle. The ideal is when preventative strategies become ingrained behaviours and new pathways and connections are created in the brain.

“The opposite of Addiction is Connection”

How does connection play a part in relapse prevention?



A word cloud of terms related to connection and relapse prevention. The words are arranged in a roughly circular pattern and include: reconnecting, pro-social, belonging, love, accountability, community, friendship, routine, connection, responsibility, hope, concern, relationship, purpose, non-judgment, communities, support, and building-relationships.

High Risk Situations and Triggers

Triggers: Temptation is inevitable in recovery circles. The thing that brings on temptation is often referred to as a ‘trigger’.

High Risk Situations: The circumstances where triggers are crowding all around are called ‘High Risk Situations’.

Your loved one is provided with the tools to identify their triggers and effective coping responses when in high risk situations. Some of the common high risk situations may include the following:

- Negative emotional states, such as anxiety, depression, boredom, anger, frustration, guilt and shame.
- Positive emotional states, such as to enhance their pleasure state.
- Inadequate skills to deal with interpersonal conflict and social pressure.
- Physical or psychological triggers for drug or alcohol use.
- Desire to test personal control over alcohol or drug use.
- Frequent exposure to high-risk situations.
- Special occasions and celebrations.

A lapse or relapse is a slow process that begins with changes in attitudes, feelings and behaviours that gradually lead to the final step of using or engaging in addictive behaviours. The key factor when managing early warning signs is by responding to them EARLY. If they put a strong coping strategy in place, this will reduce the likelihood of your loved one relapsing. Early warning signs and strategies are key factors for your loved one to include in their Relapse Prevention Plan.

Managing the temptation of relapse is not about strength; it is about being smart. We teach your loved one to set up their lives ensuring they are not in a position to be battling with temptation. This is done by having good people around them, getting good strategies, routines and systems in place.

Grief & Loss

Most of us will know that grief and loss is a process that may be challenging and painful to go through. We all have different ways of processing loss and grieving. Your loved ones are asked about what they might grieve or lose when they stop the use of substances. Some examples may be:

- Loss of the using life
- Loss of the using identity
- Best friend
- Friends
- Socialising
- Coping skills
- Loneliness
- Rituals associated with addiction
- Loss of the familiar
- Mourn the fun & excitement
- Freedom, relaxation, escape, distraction
- Changes your relationship with partner/spouse

Family & friends do not always understand the intense relationship between the addict & substance. They can struggle to understand the grief and loss process from the substance when the recovery journey begins.

In the programme, your loved ones discuss healthy ways to obtain support and take care of themselves when they are grieving. Some examples may be:

- Seek out face-to-face support from people who care about you.
- Support yourself emotionally by taking care of yourself physically (food, exercise, sleep).
- Understand that sadness, anger, guilt, fear, loneliness are all normal emotions associated with grief and loss.
- Recognise there are physical symptoms associated with grief such as fatigue, nausea, lowered immunity, weight loss/gain, aches & pains and insomnia
- Attend meetings, support groups, etc.
- Maintain any prosocial hobbies & interests
- Plan for grief triggers (places, people, situations)

Find a positive way to express your feelings: talk, journal, draw, write poetry, sing, etc.

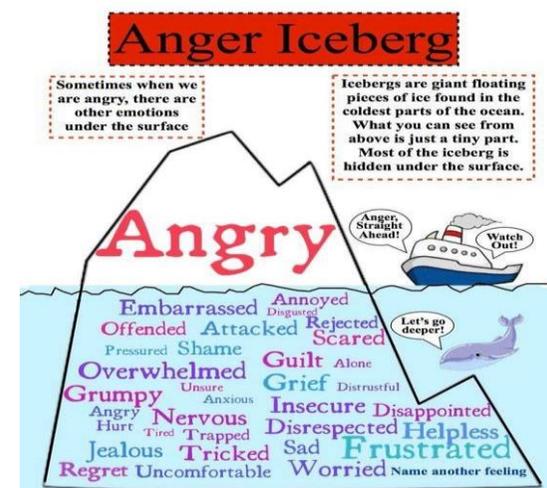
Managing Emotions

Adults are expected to manage their emotions, especially negative emotions like anger, anxiety & frustration. People in recovery need strategies to avoid turning to drugs and alcohol for a temporary escape from difficult emotions. However, these emotions still act as triggers for substance use. Once in recovery, they need tools and strategies to address their troubling feelings to avoid the risk of relapse.

Whilst in treatment, your loved ones are taught how to recognise the early warning signs of anger, both mental and physical. They discuss whether their anger acts as a cover for other emotions or be an expression of insecurity, fear, hurt, shame, or vulnerability.

How do we begin to manage our emotions?

- Being honest with themselves.
- Become more aware of how their emotions show themselves.
- Understanding triggers and why they may feel a certain way.
- Identify and implement coping strategies.



HALTS is one of the strategies used to check in with yourself to see what might be going on:

- **H**ungry – do you need water, to eat something
- **A**ngry – use your tools stop check in with yourself, reach out to a friend for support
- **L**onely – do you need company reach out to your support people
- **T**ired – do you need to rest, get an early night take a nap?
- **S**tressed – look at strategies that work for you to reduce stress

Guilt, Shame, & Self-Worth

Guilt refers to feeling bad about some behaviour exhibited or action they failed to do. Shame goes beyond a response to a specific action or behaviour. When we feel shame, our internal critic takes over and at times can consume our every thought and action. Many addicted people feel ashamed. They are constantly saying to themselves things like “I’m a failure” or “what’s the point”.

Self-worth affects our trust in others, nearly every part of our lives. Positive self-worth gives us the strength and flexibility to take charge of our lives and grow from our mistakes without the fear of rejection. Without esteem, people can experience higher levels of loneliness and depression and negative self-talk.

Substance use is one form of dealing with shame, another common action is to protect ourselves by “taking on a role or putting on our mask” to deal with situations that make us feel uncomfortable. Some people are so good at this that they forget who they truly are. Shame & Masks reduce the chance of obtaining intimate relationships with family, friends, partners as we hold a deep fear of letting someone else see who we really are.

Your loved ones are asked about what they might do when they are feeling guilt, shame, or a lack of self-worth. They discuss how a lack of self-esteem may have an impact on their risk to relapse and gain knowledge on how they can increase their self-esteem to prevent this from occurring.

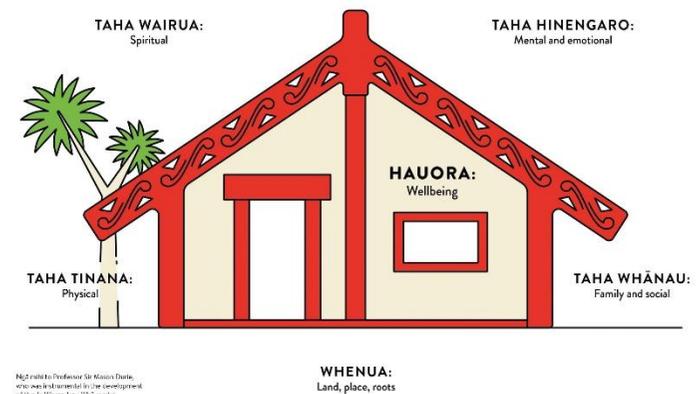
Some suggestions include:

- Notice who you spend time with, are they supportive and uplifting? Spend more time with supportive people
- Change what you don't like about yourself
- Use positive affirmations
- Be grateful daily for the things that are supporting your journey
- Refocus on doing what YOU really like to do (not substances)
- Accept compliments and compliment yourself – start with just saying “thanks”
- Write down 3 things in the evening that you can appreciate about yourself
- Be your own best friend, be kind to yourself, be kinder towards other people
- Stop comparing yourself to others
- Be assertive & proactive

Te Whare Tapa Whā

Dr Mason Durie developed the Te Whare Tapa Whā model in 1982. The model can be applied to any health issue, whether it involves physical or psychological wellbeing. The whare (meeting house) is the symbol used to illustrate these dimensions of wellbeing. Just as each corner of the house must be strong and balanced to hold its structure, each dimension of wellbeing must be balanced for health to exist. This philosophy may be used to approach all areas of wellness in life and developing self-awareness is key to creating balance and harmony in all aspects of life.

Te Whare Tapa Whā



Te Taha Hinengaro (Psychological Health)

Focuses on emotions. The mind and body are inseparable. Communication through emotions is important and more meaningful than the exchange of words. For example, someone who is unhappy may manifest this in physical illness.

Te Taha Wairua (Spiritual Health)

Recognised as an essential requirement for health and wellbeing. Without spiritual awareness, an individual may lack wellbeing and be more prone to ill health. Wairua explores relationships with the environment, people and heritage. Spiritual awareness is key to making effective decisions.

Te Taha Tinana (Physical Health)

Focuses on physical wellbeing and bodily care. Tinana suffers when a person is under emotional stress or is unwell. Pain in different parts of the body is tinana communicating what is going on consciously or unconsciously.

Te Taha Whānau (Family Health)

The most fundamental unit of Māori society. Whānau are clusters of individuals descended from a recent ancestor and may include up to three or four generations. The beliefs, expectations or opinions of the whānau can have a major impact important choices that an individual makes.

The Ripple Effect

The Ripple Effect is based on the understanding that we are all connected. When you drop a pebble in a pond, it creates a series of ripples that span out over the water that move surface plants around and disrupt the animals that may be in the water. Thoughts and actions are also like pebbles dropped in water and they create ripples that travel outward. Everything you do has an impact on someone, somewhere, even if you don't know them. Consider the lives you touch during the span of a day, a year, or a lifetime, perhaps without ever realising it.

Anyone with an addiction issue would negatively affect not only themselves, but their family, which are the primary units of society. Addiction causes problems in lots of areas. For example, marriage and relationships, family life (broken homes, domestic violence, family trauma), education, employment, physical and mental health, finances, crime and legal status, and personality and behaviour.

Whilst in treatment, your loved one is asked to think about their past behaviours and how they could change these, focusing on each corner of the whare to improve their overall wellbeing.

Cognitive Behavioural Therapy

The cognitive behavioural model provides a framework for understanding human behaviour by exploring the complex interaction between thoughts, feelings and actions. It can assist individuals in making sense of unhelpful behaviour patterns and provide an avenue for understanding the process for change.

Thoughts/Feelings

Day to day, things are happening to us and around us that are often outside of our control. When faced with a situation, or an event, thoughts are triggered. Our thoughts then influence how we feel (our emotions) and our physiological reactions. Our behaviour is largely driven by our feelings/emotions. Everything we do in life has consequences, both for ourselves and others. These consequences may be positive, negative, or a combination of both.

Whānau members are taught how to identify the difference between their thoughts and feelings. Thoughts are what happen in our heads (self-talk, mental chatter, etc.) and feelings are experienced in the body (anger is usually accompanied by tension, increased heart rate, sweating, etc.). We can get so used to certain thoughts that we stop noticing them. We may ask ourselves "why do I keep making the same mistakes?" and the answer usually has something to do with the way we are thinking.

Because your whānau members have learnt that using substances makes them feel better, they are more likely to think and act in the same way next time. Although we cannot control what happens to us, we can control how we think about it. Thus, the key to changing our behaviour and achieving positive outcomes, is understanding and changing the way we think about things.

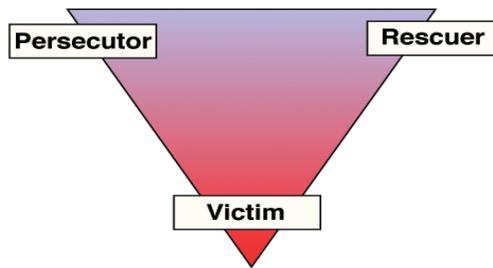
Whānau members are provided with an understanding of where these thoughts stem from and strategies to change the way they think, including positive self-talk. Generally, our initial thoughts stem from our core beliefs and values. These are developed over time, usually from childhood and through the experience of significant life events or life circumstances. Core beliefs are strongly held, rigid and inflexible ideas that are maintained by the tendency to focus on information that supports the belief and ignoring evidence that contradicts it.

The Drama Triangle

The Drama Triangle is when a person creates a circumstance where they can justify feeling a certain way and thereby avoid taking responsibility for certain actions. They are stepping into one of three roles: Persecutor, Rescuer, or Victim. Usually, they will start at one role and then will switch to another. All positions come from a sense of shame and unworthiness and are about the misuse of personal power and control. When people are in one of these roles, they are responding to the past rather than the here and now.

“This is your fault”

- Critical of others
- Blames others
- Rigid Thinking
- Keeps victim down



“You need my help”

- Feels connected when the victim is dependent.
- Rescuing creates a sense of being ‘capable’.

“Poor me. I give up”

- Feels oppressed, hopeless, ashamed, powerless, incapable, misunderstood
- Refuses to make decisions, solve problems, get professional help, do self-care or change.

Your loved ones are taught how to recognise the position that they are operating from and why they are operating from that position. They are encouraged to take personal responsibility and given the tools to avoid being in this position in the future.

Attachment Styles

Attachment style is fundamental to how we behave as children and adults. To understand our own attachment style, we must understand attachment styles in children and how they develop.

One’s attachment style is the emotional bond between a child and their parent or primary caregiver. The attachment style you develop as a child goes through to adulthood and will ultimately influence the way you relate to others throughout your life.

As a child we have one of four different types of attachment models or styles:

Secure

Their caregivers are available and responsive to their needs which establishes a sense of security.

Ambivalent

These children have often had a parent who is able to care for them sometimes, but not at other times. They will make themselves noticed to try and get some of the parenting they know their parent can give.

Avoidant

These children have been rejected by their caregiver and have learned to avoid or ignore others and fend for themselves.

Disorganised

This attachment style develops when the caregiver is scary/abusive, or they feel scared and helpless as a parent. Their experience tells them that the caregiver is dangerous, not to trust this person, be as good as you can or take control.

Caregivers that engage in disorienting behaviour with their children often have unresolved trauma and loss in their own lives. These behaviours can lead to trauma in their child and create a wound that will pass from generation to generation until it is healed. Once a caregiver can resolve their own issues, they are better to help and care for their own child.

Our attachment style as children turns into our adult attachment style and the behavioural characteristics that goes with each attachment style.

There are four adult attachment styles:

Secure

Will have low anxiety and low avoidance. They have positive attitudes towards themselves as well as towards others. They can form close intimate relationships easily and are also comfortable being on their own. They feel a sense of self-worth and a general expectation that others will be accepting and responsive.

Preoccupied

They experience high anxiety with low avoidance. Feels a sense of unworthiness of love, however they have a positive evaluation of others. They strive for self-acceptance by gaining the acceptance of valued others and cling to attachment figures and demand reassurance.

Dismissing

Has low anxiety but have high avoidance. They have positive attitudes towards themselves and feel a sense of self worthiness. They have a negative disposition towards other people and protect themselves against disappointment by avoiding close relationships and maintaining a sense of independence and invulnerability.

Fearful/Avoidant

People with this attachment style have high anxiety and high avoidance. They feel unworthy and unlovable and view others negatively by seeing them as rejecting and untrustworthy. They avoid close relationships with others to protect themselves from rejection. Adults who did not receive professional support as a disorganised child will need professional support as an adult in order to deal with unresolved trauma and avoid raising more disorganised children – therefore breaking the cycle.

Your whānau member is taught strategies around how to heal their attachment style if not a secure attachment. They are shown what some of the characteristics of each attachment style is to help them to identify which one they may be.

“Once you know better, you can do better”

Boundaries

Establishing positive and healthy boundaries in all whānau relationships is essential during their recovery journey. However, it is important for them to understand what personal boundaries are before they can set them.

Personal Boundaries

Are the limits and rules we set for ourselves within relationships. They are there to help us understand what acceptable and unacceptable behaviour is. Individuals create boundaries to help identify what are reasonable, safe and permissible ways for other people to behave around them, and how they will respond when someone steps outside those limits.

Setting Boundaries

It is important to set boundaries during recovery so your whānau members can:

- Practice self-care and self-respect
- Take control of their own life
- Communicate their needs in all relationships
- Learn how to safely express emotions that have been buried by drugs and alcohol
- Make time and space for positive interactions
- Set limits in relationships in a way that is healthy.

Your whānau members are supported to understand *why* they find it difficult to set boundaries during their recovery journey. They may have a fear of rejection, abandonment, confrontation, guilt, or they may have never been shown or taught how to set healthy boundaries.

Unhealthy boundaries cause emotional pain that can lead to dependency, depression, anxiety, stress, and even physical illness. Creating healthy boundaries is recognising the need to set and enforce limits in all your relationships. Boundaries can help you enjoy healthy relationships, protect your self-esteem and maintain self-respect.

Quick Links & Further Support

Christchurch Central Service

Facilitating access to the Canterbury AOD treatment services.

03 338 4437 OR 0800 384 437

<https://www.chchaod.org.nz/>

Odyssey House

Whānau Support Groups & Whanau Education Groups

Adele Sherry (Whānau Worker)

021 873 318

<https://www.odysseychch.org.nz/wh%C4%81nau-family-support>

Familial Trust

Parents and Children

Support Groups

Peer Support

03 365 8288

www.familialtrust.org

Alcohol & Drug Helpline

0800 787 797

<https://alcoholdrughelp.org.nz/contact>

Cracks in the Ice

Self-Help Website

<https://cracksintheice.org.au/>

Family Drug Support

<https://fds.org.nz/>

Supporting Families

Whānau Mental Health Support

03 366 9284

www.supportingfamilies.org.nz/christchurch

He Waka Tapu

Integrated whānau services

<https://www.hewakatapu.org.nz/services>

Purapura Whetu

Māori whānau community support

<https://www.pw.maori.nz/referrals>

NZ Drug Foundation

Whanau Support Information

<https://drugfoundation.org.nz/>

Al-Anon Family Groups

For whānau whose family members are

using alcohol

<https://al-anon.org.nz/>

Kidz Need Dadz

Whānau Support – Groups and one on

ones

0800 563 123

www.kidzneeddadz.org.nz