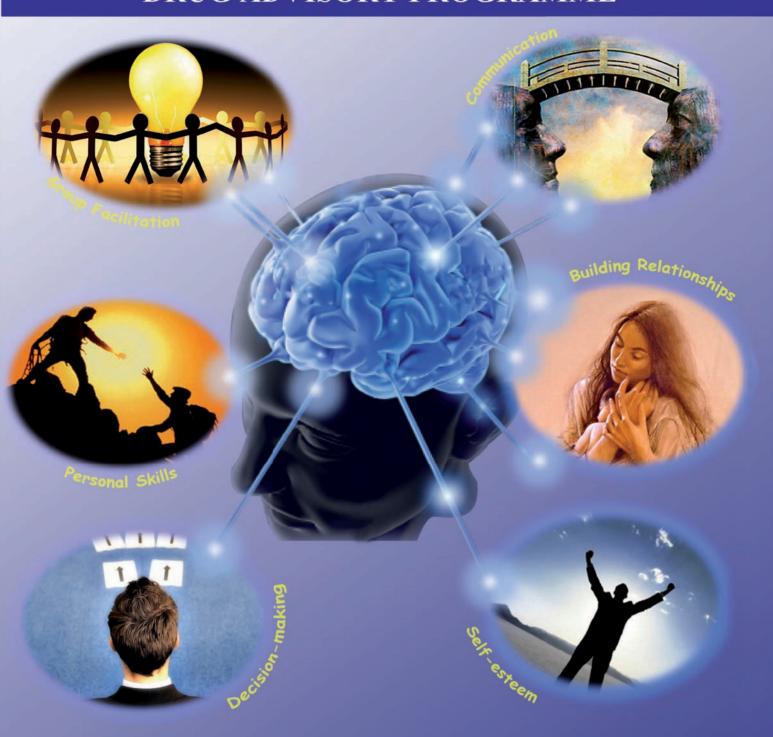
THE COLOMBO PLAN DRUG ADVISORY PROGRAMME



Enhancing Life Skills in Drug Treatment and Rehabilitation



A MANUAL FOR PRACTITIONERS AND TRAINERS

Supported by
Bureau for International Narcotics and Law
Enforcement Affairs (INL),
US Department of State





Enhancing Life Skills in Drug Treatment and Rehabilitation

A Manual for Practitioners and Trainers

Produced by
The Colombo Plan
Drug Advisory Programme

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FOREWORD

Drug addiction is a chronic relapsing disease that can involve virtually every aspect of an individual's functional behaviour in the family, at work and in the community. Due to its complexity, drug addiction treatment encompasses many components to help addicts achieve whole person recovery. One very essential component that would restore the addicted individual to productive membership in the family and society and prevent relapse, is the development of one's life skills.

Since 2001, The Colombo Plan through the Drug Advisory Programme (CPDAP) achieved great success in the implementation of the initiative "Enhancing Life Skills in Drug Abuse Treatment and Rehabilitation" whereby, treatment practitioners were trained and the module implemented as the core component in empowering recovering persons to cope with the pressure and challenges from their peers, families and society.

This second edition of the manual for practitioners and trainers incorporates the basic skills for drug treatment and rehabilitation. This module covers family therapy, information relating to drug counseling and a "how to" implementation of life skills training that will enable the integration of these skills into the treatment programme.

The Colombo Plan Secretariat wishes to express its sincere appreciation and gratitude to the Bureau for International Narcotics and Law Enforcement Affairs (INL), US Department of State for funding this initiative and also the panel of resource persons for their valuable contributions in making this Manual a reality.

Dato' Patricia Yoon-Moi Chia

Secretary-General

The Colombo Plan Secretariat

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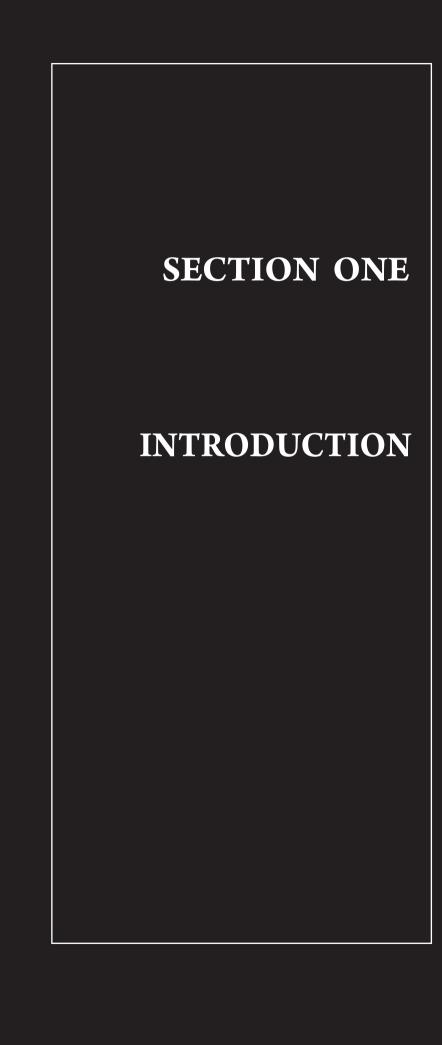
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INTRODUCTION

Background

he Colombo Plan Drug Advisory Programme (DAP) is committed to assist countries in Asia and the Pacific Region in dealing with the drug problem by initiating innovative approaches and developing resources based on regional experiences and best practices.

This project "Enhancing Life Skills in Drug Treatment and Rehabilitation" is another effort of Colombo Plan Drug Advisory Programme to address issues that will enhance the effectiveness of treatment. It has organised a series of Training the Trainers Workshops in the region on "Enhancing Life Skills in Drug Treatment and Rehabilitation". It was found that development of Life Skills' component was very useful in strengthening the recovery process and preventing relapse. This could be gleaned from the results of the evaluation done after the workshops were conducted.

Purpose of the Manual

This manual has been prepared to assist and train practitioners and trainers in the field of drug treatment and rehabilitation with focus on interventions related to the secondary and tertiary levels. Information on life skills has been presented, the relationship to treatment and rehabilitation discussed with inputs that will facilitate the process of social reintegration and prevent relapse. The manual is by and large based on the experiential learning approach. The manual has two main features.

- Each skill has been addressed separately with specially designed group activities to develop specific skills.
- The need for family therapy and the value of life skill development for family members have been highlighted.

The manual has been designed in a manner that is easy to use and follow. Use of the training approach outlined in this manual will increase the general coping skills of drug abuser thereby increasing the motivation to stay drug free and decrease the susceptibility to negative social influences.

The manual explains a variety of special techniques based on the development of values and skills. It is a skill development programme that helps individuals with drug-related problems reintegrate into normal society and contribute to healthy lifestyles, decisions and behaviours. The high relapse rates reported by treatment facilities in the region are largely due to lack of life skills to resist temptations and overcome challenges in mainstream society.

Life skills training needs to be integrated into the continuum of care model of treatment and rehabilitation and across the entire range of intervention programmes irrespective of the treatment philosophy. It should also be noted that it could be implemented in the region everywhere regardless of the culture or the social practices.

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Training Modality

The approach is activity-based using experiential learning and small group work. The acquisition of social skills is best taught in small groups. Small group work provides an opportunity for a free and thorough exchange of ideas and increase individual participation. The process that occurs in small groups are very appropriate for facilitating the analysis of attitudinal to drug abuse. Small groups also provide an environment conducive to attitude change by encouraging trust and reducing obstacles to change.

It is modelled based on the techniques used at training seminars and symposia. Dialogues are actively encouraged to facilitate the learning process. The activities are so designed that it can be used to train other practitioners with ease. The activities and group exercises can also be included as part of the daily programme at any treatment and rehabilitation facility.

Use of the Manual

The manual will undoubtedly have utility for professionals and practitioners working in the field of treatment and rehabilitation. While ready-made answers cannot be supplied for all drug-related problems in individual countries, it is hoped that it can provide, simple and practical guidance in dealing with problems of drug abuse. Its content should be interpreted in the light of national and local conditions.

The user can provide additional information based on experiences and suggest innovative methods to enrich this material. In addition, master sheets are provided in most chapters as an aid to the trainers.

Understanding Drug Abuse

The consequences of drug abuse is attributed to the following factors:

- Personal/individual factor the reasons for using the drugs
- Social/environmental factor the context in which drugs are abused
- Drug factor the nature and effect of drugs

A skills approach addresses directly the first two factors. Developing both personal and interpersonal skills addresses issues related to recovery in a meaningful and relevant way.

Why People Use Drugs

The reasons why people initiate drug use tend to be different from the reasons for maintaining their use. Some of the factors influencing attraction to and use of drugs include;

- absence of social and recreational alternatives
- past experiences with risk-taking
- loss self-esteem
- history of alcohol and drug use in family
- individual culture, societal views and advertisements
- poor emotional security, self-awareness, thinking skills and motivation
- easy availability of drugs
- negative peer values and behaviour

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Conceptual Framework

Drug abuse can be explained in terms of two Conceptual Models; as the Coping Model and the Social Influence Model.

In the Coping Model, drug abuse is viewed as a way in which an individual copes with failure or as an alternative way of achieving specific desired goals. Furthermore, it is also related to an attempt to cope with anxiety particularly in social situations.

The Social Influence Model views these high-risk behaviours as a result of the socialisation process. This process particularly refers to being repeatedly exposed to high-status role models exhibiting the behaviour and appeals made by advertisements and peers. Furthermore, differential susceptibility to social influence appears to be mediated by personality factors such as low self-esteem.

Both the models suggest that poorly developed skills led to drug use in the first place. With the onset of addiction the problems only become worse. Drug related damage coupled with the social isolation that follows only weakens the coping skills and social skills further.

A skill approach to drug treatment and rehabilitation must in the first place provide information about the skills. In addition to this, opportunity must be provided to develop values and skills so that they will cope with problems and resist influences to revert to drug use. This includes a range of personal and interpersonal skills that are discussed in this manual.

Principles of Effective Treatment

According to the National Institute on Drug Abuse (NIDA), the following are effective guide principles for treatment and can be adopted to individual countries taking into consideration its culture and values:

- No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace and society.
- Treatment needs to be readily available. Because individuals who are addicted to
 drugs may be uncertain about entering treatment, taking advantage of opportunities when
 they are ready for treatment is crucial. Potential treatment applicants can be lost if
 treatment is not immediately available or is not readily accessible.
- 3. Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems. The course of treatment and recovery. In addition to counselling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting

INTRODUCTION

- 4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A patient may require varying combinations of services and treatment components during instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity and culture.
- 5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, addition treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programmes should include strategies to engage and keep patients in treatment.
- 6. Counselling (individual and/or group) and other behavioural therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non drug-using activities and improve problem-solving abilities. Behavioural therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.
- 7. Addicted or drug abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.
- 8. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.
- 9. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.
- 10. Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment. The objective monitoring a patient's drug and alcohol use during treatment, such as through urinalysis or other tests can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.
- 11. Treatment programmes should provide assessment for HIV/AIDS, Hepatitis B and C, Tuberculosis and other infectious diseases, and counselling to help patients modify or change behaviours that place themselves or others at risk or infection. Counselling can help patients avoid high-risk behaviour. Counselling also can help people who are already infected manage their illness.

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12. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programmes during and following treatment often is helpful in maintaining abstinence.

Multi-modalities for Treatment, Rehabilitation and Social Reintegration

Treatment, rehabilitation and the social reintegration of drug-dependent persons are a continuum of modalities aimed at achieving a drug-free existence and at re-establishing these persons in the society with a more satisfying way of life. Though such modalities may differ from each other, they are inter-related and, above all, close linkages must be established among different programmes in a community.

Treatment deals with the physiological, psychological and social implications arising from an individual's drug abuse. It also refers to measures aimed at assisting efforts for abstinence and facilitates or manages one's drug use in social reintegration.

Rehabilitation and social reintegration aim to bring an individual to a state where he/she is physically, psychologically and socially capable of coping with the same problems as others in his/her age group, and can avail himself/herself of the opportunities provided in a community.

Thus, while treatment will often be part of the rehabilitation process, planning for rehabilitation should take account of the treatment planning process.

The following are some of the main objectives of treatment and rehabilitation programmes:

- To achieve a state of abstinence and a more acceptable way of life;
- To supervise the rehabilitation and social reintegration of the drug abuser;
- To achieve a general reduction in drug abuse and illegal activities.

While these will vary from country to country, the following are some of the most commonly applied programmes:

- Programmes to upgrade the educational qualifications and skills of the client so that he can qualify for either further education or for vocational training;
- Vocational training;
- Livelihood projects in a community involving drug-dependent persons;
- The finding of suitable foster families willing to accept younger clients who lack a suitable family setting;
- The operation of half-way houses to enable clients to move gradually from an institutional setting to an independent life;
- The establishment and operation of drop-in centres to improve the social functioning of clients, and to provide an alternative to a drug-oriented milieu;
- Residential programmes for clients whose re-orientation and rehabilitation process can be initiated in a residential setting.

INTRODUCTION

Strategic Issues Concerning Treatment, Rehabilitation and Social Reintegration

- While the above-described programmes may be separate, the achievement of their objectives frequently depend on interaction and co-operation among them;
- In treatment as well as in rehabilitation and social reintegration an outreach programme is desirable. This may facilitate case finding and the motivation of dependent persons to enter programmes;
- There must be a sustained and persistent effort to raise and maintain the motivation of the client;
- Throughout the course of treatment and rehabilitation, efforts should be made to provide continuous encouragement of the client to remain in the programme and to avoid-drop-outs;
- Large, expensive physical facilities are not necessary to administer treatment and/or rehabilitation measures. Existing facilities can frequently be adapted effectively for these purposes.

Programme Description

Enhancement of Life Skills in Drug Treatment and Rehabilitation is designed to facilitate the development of personal and social skills with particular emphasis being placed on coping against the social influences to engage in these high-risk behaviours. The programme utilises several cognitive-behavioural techniques found to be effective as personal coping strategies. These techniques may include any of the following:

- Enhancing self-esteem (e.g. behaviour change techniques, replacing negative selfstatements with positive ones)
- Cognitive behavioural self-management techniques for coping with anxiety (e.g. stress-management, decision making skills)
- Verbal and non-verbal communication skills
- Social competence social inter-action skills (initiating social exchanges, conversational skills)
 - skills relating to family relationship
 - verbal and non-verbal assertive skills

Components:

"Enhancing Life Skills in Drug Treatment and Rehabilitation" has been patterned after the Life Skills in Schools and Life Skills on Drug Prevention and includes three (3) major content areas:

- 1. Drug Resistance Skills that help them resist drug offers
- The Self-Management Skills that increase personal control and a sense of self-mastery. This includes teaching decision-making skills, strengthening of self-esteem and strategies for relieving stress.
- General Social Skills that enhance social competence with a variety of general social skills, such as skills for communicating effectively and assertively learning to meet new people and developing healthy relationships.

INTRODUCTION

All these skills are best taught through a combination of instruction, demonstration, roleplaying providing feedback and behaviour rehearsal that helps one internalise the newly learnt behaviour. Assignments, small group work, games and stories are also used.

Selected Structured Learning Exercises (SLE) either done individually or in groups supports all of the above components during the teaching-learning processes. The SLE used in this Manual is based on actual drug use situations making it relevant and meaningful to the target clientele.

Additionally, the Manual also outlines Counselling skills and Family Therapy. A profile of selected Rehabilitation Centres is included in Annex A of this manual.

Importance of Enhancement of Life Skills

Enhancing Life Skills in Drug Treatment and Rehabilitation as presented in this Manual is mainly utilised as an intervention strategy against the drug abuse problem. It is worth pointing out however, that life skills development is now widely utilised in effecting healthy lifestyles regardless of types of target population: non-users (primary prevention) casual, experimenters (secondary prevention) regular or compulsive user or drug dependents (tertiary prevention). Its strength lies on its ability to target underlying determinants of several related health behaviours. Life Skills development has been shown to be an effective strategy in targeting health problem behaviours as well as effecting healthy lifestyles. It should therefore be an important component to all levels of prevention.

Practitioners in treatment and rehabilitation are therefore encouraged to review existing traditional curricular materials and intervention strategies to provide inputs to strengthen this programme further. Treatment practitioners in the region are requested to provide additional information from time to time to the Colombo Plan Drug Advisory Programme of any innovative approaches and best practices for further enrichment.

SECTION TWO

SKILLS FOR DRUG TREATMENT AND REHABILITATION

SECTION TWO

SKILLS FOR DRUG TREATMENT AND REHABILITATION

Introduction

Recovery is often compared to a journey that the drug abuser undertakes from drug abuse to abstinence. But he is ill equipped for this journey. After years of self imposed isolation, his communication skills are at the best inadequate. He has broken off relationships with most of his family and has no friends left. Even the few relationships that he has are superficial due to the hurt and resentments caused by addiction. Recovery means a whole new way of life and he is forced to make decisions at every turn and these decisions simply confuse him. His self-esteem is at a low point. He has poor or nil job prospects and the financial damages only add to his low sense of self worth. His ability to cope with these stresses is also poor. In the midst of it all he is continuously exposed to a world of drugs and drug using peers who continue to present situations that invite him to try drugs all over again.

This painful scenario, clearly underlines the fact that his life skills are woefully inadequate to make a new beginning. Life skills development programme is designed to meet this particular need. This manual brings with it step by step instructions to make this training possible.

As all the training is done in groups, the group facilitation skills of the practitioner come into sharp focus. This is discussed in the first part of section 2. The six skills are presented separately. To appreciate the dynamic interrelationship between the skills as well as focus on the difference it can make to the recovery process we have presented case-lets of John as he progresses through the six-skill development programme. This adds to the continuity of the process and brings in to focus the practical benefits in terms of relapse prevention.

Guidelines about workshop organisation has been incorporated disseminate information to other practitioners/trainers in the field.

He has been using drugs for the past ten years. He has been making effort at recovery but has had many relapses. In the present treatment programme, a life skill programme element has been included. We will follow John all through the life skills sections to see how it is linked to prevent relapse and support recovery.

SECTION TWO SKILLS ONE GROUP FACILITATION

GROUP FACILITATION

Group Facilitation Defined

roup facilitation is a skill that has to be acquired by the practitioners and the trainers before they enhance the life skills of the addicts. The group facilitator must have an in-depth knowledge regarding the recovery process, so that he can help select smart goals and facilitate growth. It is also desirable for the facilitator to know about group dynamics.

Group facilitation is a process in which participants are guided by a facilitator through a sequence of learning activities, encouraged to reflect on the experiences and provided with opportunities to lead and be led by their peers through the learning process.

Goals of Group Facilitation are:

- Enhancement of knowledge through exposure to different views and perspectives
- Development of effective interpersonal skills
- Learning new ways of responding to a problem
- Confronting the various denials
- Making them aware of the personality defects in a non-threatening way
- Enhancing the motivation to remain in the recovery process
- Helping them to be aware of the high-risk factors
- Providing an opportunity to verbalise their problem (damager)
- Assisting to formulate realistic goals and plans

Guidelines for Group Facilitation

Size of the Group

5-10 members in a group are considered as the "Acceptable Range". When there are less than 5 members, it fails to function as a group; with more, it becomes unwieldy — both making it less effective.

Duration of the Group Facilitation

Ideally the group facilitation should not last more than 90 minutes.

If any particular group extends beyond 90 minutes, fatigue sets in and gains are diminished so use of energisers or warm-up activities are suggested to maximise the learning.

Frequency of the Group Facilitation

Frequency needs to be decided according to the nature of the skill development treatment modality. However enhancement of life skills can be arranged everyday.

GROUP FACILITATION

Physical Environment

The physical environment in which group work is facilitated is critical to the success by achieving to the following following forms.

- Comfortable soundproof room
- Adequate lighting
- Proper ventilation
- Space for accommodation of 15-20 chairs in circles. Availability of flip charts, marker, whiteboard and other stationeries

Role of the Facilitator

The role of the facilitator is different from that of an instructor or expert. The facilitator should promote an atmosphere of trust, support and encouragement for the group and intervene only when ineffective group behaviour is evident and impacting negatively on group outcomes. Ideally, the facilitator becomes one of the learners in the group, creating two-way communication and learning processes within the group.

Characteristics of an effective group facilitator

| Being non-judgemental | Participating |
|-------------------------------|---------------------------------------|
| Being honest | Being flexible |
| Fostering trust | Being firm, fair and goal directed |
| Observing | Being sensitive |
| Being supportive | Communicating effectively |
| Being a good leader | Acknowledging positive learning |
| Helping members feel belonged | Encouraging feeling level interaction |
| Recognising the group power | Ability to conclude effectively |

GROUP FACILITATION

Activity One – Learning the Characteristics of Effective and Non-effective Group

Time: 40 minute

Group Size: 5-10

Additional Resources:

- 1) Small folded papers with characteristics of ineffective facilitation written on them
- 2) A container to keep these folded papers
- 3) Information Sheet

Objectives for participants

Knowledge

Understanding the characteristics needed for effective group facilitation.

Attitudes/values

Making the group effective by identifying the inhibitors.

Skills

Learning group dynamics

Group activity

Mock ineffective group

- Ask each member to pick up one folded paper, except the observer/s.
- 2. Have all the members read their papers, but keep the instructions confidential.
- 3. Request them to assemble as they like and start a group discussion, keeping in mind the roles assigned to them.
- 4. Allow the group to flow for 15/20 minutes.
- 5. Ask the participants to talk about their feelings during the group interaction.
- 6. The observers give the feedback.
- 7. Brainstorm effective group facilitation. Ask the participants to refer to the information sheet on *Elements of an Effective Group*.
- 8. List down ground rules which have to be followed in all the group activities and display

Notes

- The group gets an opportunity to realise the common mistakes that are usually committed in a discussion.
- Helplessness is felt when the ground rules are not observed.
- Evolve the ground rules with care.

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

GROUP FACILITATION

Information Sheet I - Preparing small folded paper

- 1. Discuss something that is not relevant
- 2. Talking to the person opposite to you. Speaking in a loud voice
- 3. Reading a paper while others are discussing
- 4. Interrupting when someone is sharing
- 5. Dominate others while sharing
- 6. Criticising the participant who is sharing
- 7. 'Advise "how to recover"
- 8. Keeping quiet day dreaming
- 9. Fidgetting

GROUP FACILITATION

Information Sheet II - Elements of an Effective Group

An effective group:

- 1. has a clear understanding of its purpose and goals;
- 2. is flexible in selecting its strategies to work towards its goals;
- 3. has effective communication and understanding among members;
- 4. is able to initiate and carry on effective decision-making, considering all viewpoints and obtaining the commitment of all members for important decisions;
- 5. achieves a balance between group productivity and the satisfaction of individual group member needs;
- provide opportunity to all members contribute ideas, elaborates and clarifies the ideas of others, tests the feasibility of potential decisions and maintains itself as an effective working group;
- 7. has a high degree of cohesiveness but not to the point of restricting individual freedom;
- 8. makes effective use of the different members' abilities;
- 9. is not dominated by the leader or other members;
- 10. can be objective about reviewing its own processes and face its problems;
- 11. maintains a balance between emotional and rational behaviour, channelling emotions into productive group effort;
- 12. communicates personal feelings and attitudes, as well as ideas, in a direct and open way because they are considered important to the effective operation of the group.

GROUP FACILITATION

Activity Two - Group Goals

Time: 30 minutes Group Size: 5 - 10

Objectives for participants

Knowledge

Recognise relevant and attainable group goals.

Attitudes/values

Agree to work towards accepted group goals.

Skills

Operate effectively in a group to experience setting the group goals.

Group activity

- Ask participants to write what they believe to be an important group goal. Explain that for goals to be useful they need to be stated in terms that can be measured or evaluated. As a guide, the goal should state who is expected to achieve which behaviour, in what manner and by when.
- 2. Share group goals and attempt to reach consensus, which will be shared with the other groups. Compare goals in terms of suitability, similarity and whether or not they can be achieved and evaluated.
- Each group reports back to the large group with the facilitator seeking clarification and consensus from each small group and the large group. The final list of agreed group goals will be written and displayed in the room for future reference.
- 4. Ask the group if the goals have been achieved to date? Which were not? Why not?

N.B. The review of group goals using the above questions should be conducted regularly throughout the workshop.

An attainable goal

We will not take drugs while we are in the treatment programme with the support of group members

Notes

- Having considered why groups can be effective or ineffective, participants are now beginning to work together and define the goals of how their group will operate.
- This is a critical learning process for recovering addicts who will be working in groups to discuss sensitive and personal issues.
- Where individual participants speak or behave in an offensive manner, the facilitator can refer the individual and the group to agreed ground rules and goals, which will effectively modify the offensive actions.
- Learning to work together in groups can help a person stay away from drugs.

GROUP FACILITATION

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

GROUP FACILITATION

Activity Three - Observation of Functions of the Facilitator in the Groups

Time: 30 minutes

Additional Resources: Information Sheet - Group Facilitators' Function

Activity Sheet - Group Observer Feedback

Objectives for participants

- Knowledge
 - Identify the functions of the facilitator that encourage or inhibit the group.
- Attitudes/values
 - Appreciate different functions and how they relate to group development processes.
- Skills
 - Observe group behaviour and provide feedback on the different functions of the facilitator.

Group activity

Hand out Information Sheet - Group Facilitator Functions and outline the different roles that can be observed within a group. Discussion and demonstration may be necessary for explanation and will provide opportunities for role-play.

- 2. In groups of ten, ask two or four in each group to be observers. Remaining participants form a discussion circle with observers standing outside the circle.
- The observers are briefed privately and provided with Work Sheet - Group Observer Feedback. They will make notes on the activity sheet about participants as they engage in a group discussion.
- 4. The facilitator provides a discussion topic for the group and explains that the observers are to be ignored by the participants involved in the discussion. Suggested topics include:
 - Narrate unsuccessful attempts to stop your drug taking behaviour in the past.
 - Why am I here?
 - Will I be accepted back when I am out of the treatment centre?

Following the discussion, observers report back on what they observed. Participants also can make comments on observer's comments.

Notes

- Topics may need to be changed or generated to suit cultural situations.
- The summary of the different possible roles and functions that can exist within groups forms a useful reference for participants seeking to understand how groups can operate at different levels.
- For drug treatments, participants should have the opportunity to participate and share their thoughts in a non-threatening environment.

GROUP FACILITATION

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

GROUP FACILITATION

Information Sheet - Group Facilitators' Function

Task Functions within a Group

- 1. INITIATING: Suggesting new ideas or a changed way of dealing with a problem or goal.
- 2. SUMMARISING: Bringing together related ideas from various group members.
- 3. CLARIFYING: Explaining ideas or suggestions from other members.
- 4. EXPEDITING: Encouraging groups to take an action/decision sooner?
- 5. INFORMATION GIVING: Providing additional information for the group.
- 6. INFORMATION SEEKING: Requesting additional information from the group.
- 7. **OPINION GIVING:** Providing an opinion to the group.
- 8. **OPINION SEEKING:** Requesting an opinion from group members.

Maintenance Functions within a Group

- ENCOURAGING: Being respectful and understanding towards others points of view.
- 2. HARMONISING: Attempting to reconcile disagreements and conflict.
- 3. **OBSERVING:** Offering perceptions as to how the group is operating and suggesting strategies to improve relationships.
- GATEKEEPING: Attempting to keep communication open while encouraging passive members to become involved.
- STANDARD SETTING: Suggesting standards to help improve the quality of group work by emphasising group rules and goals.
- 6. FOLLOWING: Accepting and supporting the ideas and actions of others.
- 7. TENSION RELIEVING: Relieving tension by the responsible use of humour.

GROUP FACILITATION

Inhibitors to Group Effectiveness

- 1. **BEING AGGRESSIVE:** Arguing your viewpoint or opposing and attacking other participants' viewpoints.
- BEING DEPENDENT: Identifying with strong individuals and being unwilling to take a stand.
- 3. **DOMINATING:** Attempting to assert authority/superiority, trying to control/manipulate others.
- 4. **BLOCKING:** Resisting stubbornly, disagreeing unreasonably and attempting to return to issues the group has already resolved.
- SYMPATHY SEEKING: Seeking sympathy by expressions of insecurity, or selfdepreciation.

GROUP FACILITATION

Work Sheet - Group Observer Feedback

Different Group Functions

3. Observing

6. Following

4. Gate keeping

5. Standard setting

7. Tension relieving

| Task functions | Names of group members | |
|------------------------|------------------------|--|
| 1. Initiating | | |
| 2. Summarising | Δ. | |
| 3. Clarifying | | |
| 4. Information seeking | | |
| 5. Information giving | | |
| 6. Opinion seeking | | |
| 7. Opinion giving | | |
| 8. Expediting | | |
| Maintenance functions | | |
| 1. Encouraging | | |
| 2. Harmonising | | |

GROUP FACILITATION

Group Inhibitors

| 1. Blocking | |
|---------------------|--|
| 2. Sympathy seeking | |
| 3. Dominating | |
| 4. Being aggressive | |

GROUP FACILITATION

Activity Four - Managing Problem Group Behaviour

Time: 30 minutes Group Size: 5

Additional Resources: Work Sheet - Managing Problem Group Behaviour Information Sheet - Managing Problem Group Behaviour

Objectives for participants

- Knowledge
 - Identify strategies and skills for dealing with problematic group behaviour.
- Attitudes/Values
 - Agree that problematic group behaviour can and should be prevented.
- Skills

Implement a range of facilitation strategies to deal with problem group behaviour.

Group activity

- Distribute Worksheet Managing Problem Group Behaviour to all participants. Ask them to read the problem behaviours. Facilitator ensures that everyone in the group has a common understanding of their behaviour listed in the worksheet.
- 2. Divide the group consisting of four to five members. Each group is to review the problem behaviour listed in the worksheet and develop facilitation strategies. Review the problem behaviours and develop strategies to deal with these behaviour. This is best done with one person in each group selecting a behaviour and describing it in detail, with another member required to recommend a facilitation strategy to deal with it. Other members of the group can be observers and provide feedback. All participants should have an opportunity to take on each role.
- Now conduct a role-play with some member enacting the problematic behaviours and the others intervene with new strategies.
- Distribute the Information Sheet Managing Problem Group Behaviour to compare strategies.

Notes

- Individuals are responsible for their own behaviour; not the facilitator.
- This activity is designed for facilitators so that they have a range of strategies available when dealing with problem behaviour.
- The task of the facilitator is to intercede when ineffective group behaviour is evident.
- Referral to group ground rules can also be utilised to address problems.

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

GROUP FACILITATION

Work Sheet - Managing Problem Group Behaviour

| Sign/Behaviour | Intervention |
|--------------------------------|--------------|
| Dominance by individual(s) | |
| Talking over one another | |
| Interrupting | |
| Side conversations | |
| Withdrawal | |
| Hidden agendas | |
| Boring patients | 7- |
| High frustration levels | |
| Lateness | |
| Put downs | |
| Blocking, negativity, knocking | |

GROUP FACILITATION

Information Sheet - Managing Problem Group Behaviour

| Sign/Behaviour | Facilitation Strategies |
|-------------------------------------|---|
| Dominance by individual(s) | Refer to the group rule on equal participation. |
| Talking over one another | Use a process that allows all members to contribute only one statement. |
| Interrupting | Confront the person if it continues. Use an T' statement. |
| Side conversations | Restate ground rules with regard to side conversations. Wait until members are ready and ask them to share. |
| Withdrawal | Check with the person after the session and confront them if the behaviour continues to be dysfunctional. |
| Hidden agendas | Restate and if necessary reset goals. |
| Boring patients (irrelevant issues) | Confront the behaviour if it continues. Be open. |
| High frustration levels | Approach individually outside the group. Use reflective listening to expose purpose of the person's behaviour. |
| Lateness | Check you are starting on time. Don't wait. Start at scheduled time. Have enjoyable activities at beginning of session. Restate ground rules. Confront person individually, in private. |
| Put downs | Harmonise; build empathy. Restate ground rules. Confront behaviour as socially unacceptable. |

GROUP FACILITATION

| Sign/Behaviour | Intervention |
|---|--|
| Blocking, negativity, knocking | Paraphrase to identify the aim of the blocker. State what is good first of all. Confront behaviour in private. |
| Poor eye contact | Encourage him/her to look at the members while sharing. |
| Monopolist | Invite other participants to share and remind of the need for everyone's sharing |
| Silent one | Initiate the sharing by asking one/two questions |
| Poor comprehension | Restate the goals and if comprehension level is still poor just tolerate |
| No sharing at the feeling level | Mention the lack of feeling level sharing and site advantage |
| Inappropriate expression of feeling (laughing when serious things are shared) | Express the observation of incongruency |
| Formation of sub-groups | Enquire about the need to have sub-groups and what do they want to do about it. |

GROUP FACILITATION

Information Sheet - Are you a good facilitator?

Questionnaire

- 1. Am I happy with myself?
- 2. Do I have confidence in my own abilities?
- 3. Am I happy not dominating or controlling others?
- 4. Do I take a linking to different types of people easily?
- 5. Do I feel that everyone can take his own decisions and assume his own responsibilities?
- 6. Do I find different types of people interesting?
- 7. Can I 'isten patiently when someone is talking in detail about his/her problems?
- 8. Do I have the well being of most people around me in my heart?
- 9. Am I tolerant towards religious and social beliefs that do not agree with mine?
- 10. Am I warm and loving towards new people who come in contact with me?
- 11. Can I talk easily and frankly about myself when the need arises?
- 12. Can I listen to a tragic circumstance without getting weighed down with sorrow?

If you can truthfully answer "Yes" or "I think I do" to most of the questions listed below, then you are the type of person who will make a good group facilitator. However, if you answer "no" to a majority of the questions, you will either have to change your outlook, undergo more rigorous training, or reconcile to the fact that you may not make an effective group facilitator.

GROUP FACILITATION

Activity Five - Recording Progress

Time: 10 minutes Group Size: 5

Additional Resources: File containing names of the participants

Objectives for participants

Knowledge

Knowing the importance regarding the methodology of recording group process.

Attitudes/Values

Value the processes of effective recording.

Skills

Learning to record the progress or lack of it objectively and consistently.

Group activity

Ask the participants to prepare a sheet for recording group members progress from day 1 of admission until discharge.

- 2. Split in small groups consisting of 5 members discuss the format and finalise it.
- 3. Record the progress of some group members with format and file it.

Notes

- Highlight one's needs to record the progress of group work methodically.
- One learns that recording facilitate objectively.

Process questions

GROUP FACILITATION

Additional Information

Group Facilitation process

Extensive clinical observations show that for effective change, the group members have to go through different stages in the group work such as;

- Formative stage
- Middle stage
- Growth stage
- Resolution stage

Usually drug addicts who undergo treatment and rehabilitation programme get one month to three months time to get into the recovery process. During this time, the recovering addicts must go through these stages to have an effective change in their life styles.

Stages in group facilitation

Formative Stage

In this stage usually participants are hesitant to reveal their personal problems at a feeling level; unwilling to trust each other, look towards the facilitator for constant support. Anxiety and discomforts are often observed in the participants.

Here the role of the facilitator would be to understand the difficulties of this stage, provide encouragement and avoid judgmental statements for the smooth progress of the group. The facilitator need not panic due to lack of in-depth group interaction.

Middle Stage

More trust is established among the members leading to spontaneous sharing though defences remain still high.

The role of facilitator is to acknowledge the group tempo, encourage the same to flow freely, recognise the defences and make an attempt to break the same through confrontation. Confrontation should be non-threatening and carried out with concern. The group process should help the members to deal with their own negative emotions so that healing takes place. The initial dependence on the facilitator is gradually replaced by dependence on group members.

Growth Stage

In this stage, members find themselves very comfortable to express and take responsibility for what they wish to achieve in the group. Opposing viewpoints are no longer threatening, conflicts are resolved constructively. Healthy participation is observed. Significant issues are discussed, feedback received well and tasks get done at a rapid pace.

Role of facilitator is to maintain this rapid tempo and enhance further growth; alleviate conflicts by supporting workable and realistic goals.

GROUP FACILITATION

The benefits of these stages are

- Open discussion of personal and familial issues and resolution of conflicts.
- Further motivation to stay sober becomes the priority.

Resolution Stage

This stage marks the preparation for the completion of the group work. Members feel more confident about their communication skills, decision-making skills, and positive self-esteem. Members now show a willingness to forget the past and restart a healthy life style without the use of drugs.

The role of the facilitator is to resolve the anxiety exhibited from the members who are leaving the group after completion. The facilitator emphasises the need to maintain the positive changes.

SECTION TWO SKILLS TWO COMMUNICATION

COMMUNICATION

Introduction:

ommunication is the sharing of feelings, thoughts and information with another person that involves sending and receiving verbal and non-verbal messages. An effective communication helps in avoiding conflicts and building a constructive and long-lasting relationship.

Most recovering persons fail to communicate effectively with people outside their peer circle that results into conflict with anyone and everyone around them. Helping them to learn the right way of communication with others will empower them to create more opportunities for social interaction and speed up their recovery process.

Recovering persons need to go through a structured learning process to develop or re-learn the relevant communication skills. This process includes observing, practicing and receiving feedback from others.

How to Communicate Effectively?

To communicate in a responsible way one should learn to use:

* "I message" instead of "You message".

"I messages" are statements used to express feelings. When a person uses "I message", he assumes responsibility for sharing feelings. "I messages" are statements that refer to the individual, individual's feelings, and the individual's needs. To have the greatest impact "I message" must include the following components:

- A specific behaviour.
- The effect of the behaviour on the individual.
- The feeling that results.

"You messages", on the other hand, are statements that attempt to blame and shame another person rather than express feelings. The "I message" gives opportunity for a response without the other person feeling attacked. The "you message" puts the other person on the defensive, making him/her feel confronted.

AN EXAMPLE.

Situation – A husband comes back home from work and his wife serves him dinner. The husband finds the dinner was burnt.

Response through "I message" -

- ❖ As the dinner was burnt tonight.....specific behaviour
- ❖ I could not eat properly.....effect
- ❖ I felt very disappointed with you.....feeling

Response through "you message" -

You always cook awfully bad.....blaming, no mention of behaviour, effect and feeling

COMMUNICATION

* Active listening: Helps to clarify what has been said. It shows interest in another person and reassures him that his message is heard and understood. An example of the active listening response for the "I message" stated previously is:

'I understand why you are upset with me'.

Non-verbal communication: This is the use of behaviour, rather than words to express feelings.

Examples:

A nod of the head, a hug, a smile, a frown, tapping of a foot or looking away.

Non-verbal communication can lead to assumptions on the basis of:

- The distance we stand from others.
- The way we structure the physical environment, in which we work and live.
- · The way we sit, stand, walk, and make eye contact.
- Our environment at home, work, car, family, friends.
- The way we look hair, face, body.
- The colour of clothes we choose to wear.
- · Masculinity/Feminity.
- Gestures.
- · Sighing, crying, frowning, clowning, smiling, laughing.

When verbal and non-verbal communications are used together, it is important that they should give the same message. One may get confused if someone gives him a positive verbal message and at the same time frowns at him.

When communicating liking and acceptance, the following non-verbal actions are congruent with the verbal messages:

- Maintaining eye contact;
- · Keeping an upright posture;
- Standing close to the person but not invading personal space;
- Having a warm tone of voice and speaking clearly, not whispering or shouting.

Different Styles of Communications:

It is possible to communicate messages by behaviours that may be

- Passive/Submissive
- Aggressive
- Assertive

(please refer to the Section Two, Skill Five - Assertion)

COMMUNICATION

Activity One - Whispers

Time: 20 minutes

Group Size: 6

Additional Resources: Fairly complex messages.

Objectives for participants

Knowledge

Understand the importance of speaking clearly and listening alternatively in communication.

Attitudes/Values

Recognise how verbal messages can change or be misinterpreted.

Skills

Demonstrate how barriers to effective communication can be avoided or reduced.

Group activity

- 1. Form groups of ten to twelve.
- 2. Ask the participants to sit in a circle/in a straight line.
- Whisper the message to the selected first member of each group.
- 4. Ask that member to whisper the message exactly as he has heard to the person sitting on his right. Repeat this activity until the message reaches the last participant. It is important that the message is whispered only once between sender and receiver. Once the last participant in each group has received the message, they are to repeat the message loudly for the whole group to hear.
- Compare the final message with the original message.
 Discuss why the message has changed or become confused. Make a list of effective verbal communication strategies that can be used to avoid or reduce barriers to communication.

Notes

 Can be used as an energiser to introduce communication skills to the participants.

Highlight:

- How misunderstandings and conflict can arise when information is conveyed verbally between individuals or groups.
- In social settings where drug abuse and other risk behaviours occur, poor communication can lead to irresponsible decision-making and unsafe behaviours.
- Treatment practitioners need to be good listeners. He may convey wrong messages, which may be confusing and contradictory.

Process questions

COMMUNICATION

Activity Two - Guess If You Can

Time: 30 minutes Group Size: 10-20

Additional Resources: Small objects.

Objectives for participants

Knowledge

Recognise the importance of non-verbal action in effective communication.

Attitudes/Values

Understand the feelings involved in effective communication of ideas through non-verbal skills.

Skills

Demonstrate how ideas can be communicated to others through non-verbal communication skills.

Group activity

- 1. Invite the participants to sit in a circle.
- 2. Place a small article such as a comb in the centre of the circle.
- 3. Ask one of the participants to pick up the comb and without words use it in such a way that his action gives it a new identity. In other words, he is not to use it as a comb, but as something else. The participant must allow the shape, size or weight of the comb to stimulate his imagination. While he does this the rest of the participants try to guess what it is, from his action.
- 4. Once someone in the group has guessed the identity of the imagined object correctly, the particular places the comb back in the centre of the circle and the next person picks it up.

Continue with the game until there are no more ideas forthcoming. Thereafter the object can be substituted with some other articles such as pencil, box, book etc.

Notes

Can be used to alleviate social and performance anxiety, which act as barriers to communication.

- Highlight non-verbal actions play a vital role in communicating our feelings and ideas.
- When verbal and nonverbal skills are used together it is important that they should give the same message, otherwise confusion results.

Process questions

COMMUNICATION

Activity Three - How Important I Am

Time: 30 minutes Group Size: 10 - 15

Objectives for participants

Knowledge

Understand how one can communicate appropriately and promptly one's ideas and decisions.

Attitudes/Values

Experience the feelings associated with effective communication of ideas through verbal messages.

Skills

Learning to express one's ideas and feelings to others in an appropriate manner.

Group activity

- 1. Invite everyone to sit in a circle.
- Tell the participants to imagine that they are all seated in a boat that is sinking rapidly.

The only way to prevent the boat from sinking is to lighten it. In order to do so, all but one must jump overboard.

However, since each of them is important to their family and/or community, they are given an opportunity to put forward reasons that explain why they should be the one to be saved.

- Now tell them to think and decide within 3 minutes how important they are to their family and community and why as an important person they should be the one to be saved.
- 4. When 3 minutes are up invite each person in turn to standup, introduce himself to the group and share the reasons why he considers himself important enough to be saved.
- 5. Encourage every one to listen attentively and to make notes if they wish to.
- When every one has spoken, take a vote and the person who receives the maximum number of votes becomes the winner. (The facilitator keeps a record of votes).

At the time of voting remind each participant that (s)he has only one vote which (s)he should cast for the group member whose speech contained the most persuasive reasons. Participants may not vote for themselves.

Notes

- Can be used to reduce fear associated with interpersonal interaction.
- Highlight the importance of making prompt and wise decisions and effective communication in problematic situation.
- Provides an opportunity to be imaginative.

COMMUNICATION

Process questions

COMMUNICATION

Activity Four - No Questions Please

Time: 40 minutes Group Size: 10 - 15

Additional Resources: Work Sheet: One way and two way communication

Objectives for participants

Knowledge

Recognise the difference between two types of communication that is monologue and dialogue.

Attitudes/Values

Understand feelings related to one way and two way communication.

• Skille

Demonstrate the importance of listening skill and dialogue in effective communication.

Group activity

- 1. Ask the participant to sit in a semi circle.
- 2. Select a participant from the group and give him a card on which there is a drawing. Ask him to describe the picture slowly and as accurately as he can.
- 3. Tell the rest of the group to make an attempt to reproduce this drawing on paper from the facilitations they hear. However, no one may ask any questions to the instructor.
- Ask the participants to try to be aware of any reactions or feelings they may have while doing the task.
- 5. After completion of the drawing show the participants the original picture and ask them to ascertain how accurate their drawings were.
- Have them discuss their feelings experienced during the task with special emphasis on problems and/or frustrations that resulted due to one way communication.
- 7. When the first part of the exercise is completed explain the second part as follows:

Pass around papers, inviting each participant to take one.

Notes

- Highlight that effective communication is possible through a two way process that involves imparting information, asking questions and clarifications.
- Explain that an addict's family is often characterised with telegraphic communication or one way communication. Emphasise that two way communication is of utmost importance in the recovery process as without it the critical issues and problems associated with the addicts different spheres of life cannot be resolved.
- Effective communication will determine the appropriateness of behaviour choices and the quality of relationships.

COMMUNICATION

Group activity Notes

Call another participant to the front of the group and provide him with a different picture.

Ask him to describe this picture to the rest of the group.

- 8. Tell each group members to attempt to reproduce the picture from the description. But this time the participants may ask questions and the participant giving the descriptions will answer those questions and gesticulate to clarify the point he is making.
- 9. Ask the participants to try to be aware of their reactions and feelings while doing this exercise.
- 10. When the task is completed shows the participants the original picture and ask them to ascertain how accurate their drawings were.

Have them discuss their feelings during the task.

11. Invite the participants to discuss the two exercises, comparing and contrasting the merits and demerits of monologue and dialogue, on the Worksheet: One Way and Two Way Communication.

Help the participants to identify the advantages of two-way communication over one-way communication.

Process questions

COMMUNICATION

Work Sheet: One Way and Two Way Communication

| * | State the problems and frustration that resulted due to one way communication |
|---|---|
| | |
| | |
| * | State reactions and feelings while communicating in two ways |
| | |
| | |
| * | Compare and contrast between the merits and demerits between monologue and dialogue |
| | |
| | • |
| | |
| | |

COMMUNICATION

Activity Five - Fill In The Gap

Time: 30 minutes Group Size: 10 - 15

Additional Resources: Small pieces of folded papers.

Objectives for participants

Knowledge

Understand the role of attentive listening in communication.

Attitudes/Values

Recognise that appropriate language usage determine effective communication.

Skills

Learn to speak spontaneously in group situation.

Group activity

- Make a number of small folded papers. In one such paper write the sentence "start telling a story".
- 2. Ask the participants to sit in a circle.
- 3. Put the folded papers in a box and place the box in the centre.
- 4. Tell the participants that each of them is to pick up a folded paper. In one of the papers the instruction "start telling a story" is written. The participant who gets that paper has to start telling a story immediately.
- The participant has to stop when the facilitator claps his hands and the participant sitting at his right picks up the story where the previous participant left.

Rules of the game

- The story must be grammatically correct and coherent.
- Participants must start continuing with the story within 10 seconds after the previous speaker stops.

The participant who fails to adhere to the rules of the game will have to move out of the circle and the participant sitting at his right will pick up the story from where it was left. The game continues in this way until one player is left.

Notes

- Emphasise that careful listening is important in effective communication.
- Inappropriate language usage may lead to unproductive communication.
- Highlight those feelings of social inadequacy leads to frustration and drug taking. Hence recovering addicts must learn to express their ideas and feelings in-group situation and overcome fear of social rejection.

COMMUNICATION

Process questions

COMMUNICATION

Activity Six- I Am Not Listening

Time: 25 minutes Group Size: 3

Additional Resources: Work Sheet: Non-Verbal and Verbal Communication

Objectives for participants

Knowledge

Identify components of active listening skills and non-verbal behaviour process.

Attitudes/Values

Experience feelings involved in ineffective communication.

Skills

Demonstrate importance of active listening and non-verbal communications skills.

Group activity

- 1. Form small groups consisting of 3 members.
- 2. Assign the roles of Family Member, Addict and Observer to the participants of each group.
- Family Member talks about a problem he is facing due to the addict's inappropriate use of chemicals.
 The Addict non-verbally does everything to show the family member that he is not listening.
- 4. The speaker then analysis the feelings that he experienced during the group interaction.
- The Observer provides feedback to the sender and the receiver.
- Ask each group to discuss among themselves and develop a list of do's and don'ts for effective communication.
- Have each of them identify individually 2 or 3 points from the list and set short-term goal for selfimprovement.
- 8. Repeat this activity with each of the groups. This time ask the members to use their active listening skills along with appropriate non-verbal and verbal communication skills. Tell the observer to give his opinion in the Worksheet: Non-Verbal and Verbal Communication.
- Ask the speaker to analyse the feelings that he experienced during the second group interaction. Have him compare his present feeling with the one that he experienced during the last group interaction.

Notes

Emphasise -

- Active listening skill requires constant practice and review.
- Effective communication processes play a crucial role in the establishment of healthy relationships with family, friends, peers and others.
- Communication skills of recovering addicts need to be improved before giving information on drug related issues to them.

COMMUNICATION

Process questions

COMMUNICATION

Information Sheet - Non-Verbal and Verbal Communication

Judging

- □ Imposing one's own value on another person and jumping to some solution.
- Not giving respect to others person's feelings, thoughts and ideas.
- Appraising their appearance, the tone of their voice and the words they use.

Sending Solutions

- Speakers concern and desire to help is not communicated to the listener if he / she send solutions.
- Sending solutions do not empower a person to take a proper decision but rather make him / her dependent on another person.

Avoiding Others Concern

□ The listener avoids dealing with speaker's fears, anxieties and worries by not addressing certain issues.

COMMUNICATION

Work Sheet - Non-Verbal and Verbal Communication

| What behaviours did you observe? Eye contact Facial expressions Proximity Body gestures VERBALS What did you hear? Volume Speed of talking |
|--|
| Facial expressions Proximity Body gestures VERBALS What did you hear? Volume |
| Proximity Body gestures VERBALS What did you hear? Volume |
| Body gestures VERBALS What did you hear? Volume |
| VERBALS What did you hear? Volume |
| What did you hear? Volume |
| Volume |
| |
| Speed of talking |
| · · |
| Tone of voice |
| Words |

COMMUNICATION

Activity Seven - Express Your Feelings Appropriately Time: 20 minutes Group Size: 10 - 20 Additional Resources: Paper, pen and diary for each participant.

Objectives for participants

Knowledge

Identify the influence of effective communication on personal relationship.

Attitudes/Values

Recognise the positive feelings associated with honest and appropriate expression of oneself.

Skills

Learn to express feelings in honest, direct and socially appropriate way through I messages.

Group activity

- 1. Review I message. I messages convey
 - a behaviour
 - the effect of the behaviour
 - the feeling that results

Give examples of I messages

When you were late for the movie (the behaviour) we missed the beginning (the effect of the behaviour) and I was angry (the feelings that resulted)'

- Have each participant write on a paper examples of I message. Tell everyone to share his work with the whole group one at a time.
- Explain that they are to maintain a diary in which they record I messages that describe the behaviours, effects and feelings that occur when they are around others.

For example, today a client went for morning walk with his friend. Tonight he would write in his diary – when I went for a walk with Anthony (behaviour) this morning, I got plenty of exercise (effects of the behaviour) and I felt energetic and happy (the feelings that resulted).

- 4. Have the clients keep their diaries for one week. They are to record at least one I message each day.
- 5. After one week have the clients communicate their feelings to others through I messages.
- At the end of that week have them examine how their personal relationship have been influenced by use of I message.

Notes

- One must express his personal likes and dislikes clearly without hurting the feelings of others.
- One must learn to use 'I' in situations like admitting a mistake or accepting responsibility.
- Highlight why it is more appropriate to use 'I' message instead of 'You' message.

COMMUNICATION

Process questions

COMMUNICATION

Activity Eight - John's Recovery Diary

Time: 45 minutes Group size : 5-10

Additional Resources: Printed copies of the case-let.

Objectives for participants

Knowledge

Understand aspects of effective and ineffective communication.

Attitudes/Values

Recognise that effective communication is an important aspect of relapse prevention and recovery.

Skill

Help client in recovery to develop effective communication

Group activity

John has not been communicating much with his family. He spent most of his time alone by himself and felt bored. The situation was similar at his new work place too. He rarely smiled, spoke to others in monosyllables and that too only if needed. He felt out of place and hated going to work. He often felt like meeting his drug using friends though he knew that it would trigger a relapse.

One of John's very close friends comes to his house. The two persons talked in Jargon language.

Role play about situation

- Make the participants discuss if they were able to follow the dialogue between John and his friend, if not why?
- Brainstorm some of the Jargons used in the drug field.

Notes

Effective communication at home and work is significant for recovery.

Highlight:

Another component of communication is the use of Jargons. Jargons are used by people belonging to one of the particular communities, sub-groups, culture and trainings.

Process questions:

How can ineffective communication lead to relapses? How can communication improve one's personal growth?

SECTION TWO SKILLS THREE **DECISION-MAKING**

DECISION-MAKING

Decision-Making:

hroughout life a person has many decisions to make. One of the motivating factors in decision-making is the desire for happiness. Happiness means experiencing joy without penalty of guilt, without clashing with any of our values and that does not work for our own destruction. Some people try to enjoy life by indulging in different risk behaviours, i.e. smoking, taking alcohol, abusing drugs and involving in harmful sexual practices.

They should, thus, be helped to differentiate between permanent and illusive happiness, by recognising the difference between good and bad, right and wrong.

Such can be achieved by making these people adhere to The Responsible Decision Making Model.

The Responsible Decision-Making Model:

The model consists of a series of steps following which one can

- Ensure good health
- Be safe
- Protect laws
- Develop self respect and respect for others
- Follow guidelines set by responsible adults and
- Demonstrate good character and moral values

With regard to risk behaviour, The Responsible Decision Making Model helps a person to KNOW when and how to say NO.

The above criteria can be used to evaluate each of the options a person might be considering.

For example:

A recovering addict is invited to a birthday party by his friends. He knows that his friends have planned to take drugs in that party. By using The Responsible Decision Making Model, this person can evaluate whether or not to accept the invitation. The Recovering Addict can ask himself the following questions:

- Will going to the party and taking drugs with friends promote my health?
- Is it safe to do so?
- Will I be obeying the community laws?
- Will this show respect for others, and myself such as my family members?
- Will my family members agree with this decision?
- Does this decision demonstrate that I have good character and moral values?

A careful evaluation of the above criteria indicates that answer to each question is NO.

DECISION-MAKING

Steps of Responsible Decision-Making Model:

1) Clearly describe the situation you face

If no immediate decision is necessary, describe the situation in writing. If an immediate decision has to be made, describe the situation either loudly or to yourself in a few short sentences. Being able to describe a situation in your own words is the first step in clarifying the questions.

2) List possible actions that can be taken:

Again, if no immediate decision is necessary, make a list of possible actions. If an immediate decision must be made, state possible actions loudly or to yourself.

3) Share your list of possible actions with a responsible adult such as someone who protects community laws and demonstrate character.

When no immediate action is necessary, sharing possible actions with a responsible adult is helpful. This person can examine your list to see if it is inclusive.

Responsible adults have a wide range of experiences that can allow them to see situations maturely. They may add possibilities to the list of actions. In some situations, it is possible to delay decision making until there is an opportunity to seek counsell with a responsible adult. If an immediate decision must be made, explore possibilities. Perhaps a telephone call can be made.

Whenever possible, avoid skipping this step.

4) Carefully evaluate each possible action using six criteria

Ask each of the 6 questions to learn which decision is best.

- Will this decision result in an action that will promote my health and health of others?
- Will this decision result in an action that will protect my safety and safety of others?
- Will this decision result in an action that will protect the laws of the community?
- Will this decision result in an action that shows respect for myself and others?
- Will this decision result in an action that follows guidelines set by responsible adults?
- Will this decision result in an action that will demonstrate that I have good character and moral values?

DECISION-MAKING

5) Decide which action is responsible and most appropriate.

After applying the six criteria, compare the results.

Which decision best meets the six criteria?

6) Act in a responsible way and evaluate the results.

Follow through with this decision with confidence. The confidence comes from paying attention to the six criteria.

DECISION-MAKING

Activity One - Deciding to Change

Time:20 minutes

Group Size: 6

Additional Resources: Pictures and Work Sheet: Changes in My Life

Objectives for participants

Knowledge

Identify the reasons to make changes

Attitudes/Values

Understand the need to change

Skills

Learn the ways to change

Group activity

- Show each group a picture/photograph that portraits an object/subject in a situation with some peculiarities, for example:
 - * a person eating food with both hands;
 - a person combing his hair with a tooth brush;
 - * a person wearing a raincoat on a hot sunny day. Ask the participants what is not right and state how the things in each situation should be changed. Tell the participants to decide on some changes that need to be made to make the pictures more meaningful.
- 2. Ask each participant to decide and make a list of things about themselves that need to be changed. Why these things need to be changed and how?
- Ask them to sort out the contents of the list and fill up the Work Sheet: Changes in My Life.

Notes

- One has to be responsible for the change he decides to make.
- Recovering addicts need to understand that he must bring changes in his life style by relating to the picture.
- While making changes, recovering addicts must make responsible decision.

Process questions

DECISION-MAKING

Work Sheet: Changes in My Life

| Changes I need to make within a year | |
|---------------------------------------|----|
| Changes I need to make within a month | 12 |
| Changes I need to make within a week | |
| Changes I need to make today | |
| | |

DECISION-MAKING

Activity Two - HE.....LLLP

Time: 25 minutes

Group Size: 4

Additional Resources: Flipcharts and marker for each group.

Objectives for participants

Knowledge

Identify the problems that can take place during the recovery process.

Attitudes/Values

Understand the feelings involved during such problem.

Skills

Learn to decide which would be the responsible sources of help during problematic situations.

Group activity

- 1) Participants are divided into groups of four.
- 2) Participants identify some problematic situations that can occur during the recovery process.
- 3) Discuss how do they feel during such situation.
- Discuss who can help them in these situations and assist them to explore solutions.
- Each group presents their work to the larger group who provides them with feedback.

Examples of some problematic situations:

Who would help you and how.....

- a) If you have problem in work place.
- b) If you have a dispute with your wife.
- c) If you experience loneliness and boredom.
- d) If you have a strong urge to take drug.
- e) If you have sleep disturbances.
- f) If your family members do not communicate with you properly.

Notes

- Identification of problems that need to be resolved is an important part in decision-making.
- Some people resort to drugs to get relief from stress that results from problematic situations.
- Individuals must ask for help and support when they are in a difficult situation and are unable to decide how to resolve their problems.
- The help should come from responsible sources such as counsellor, family, non-addicted close friends.

DECISION-MAKING

Process questions

DECISION-MAKING

Activity Three - Learn to Feel 'Okay'

Time: 40 minutes

Group Size: 4

Additional Resources: Old newspapers and magazines, flip charts, paper, cellophane tape, gum and Work Sheet: Decision-Making Activity

Objectives for participants

Knowledge

Understand that one cannot always help oneself but needs the support of others.

Attitudes/Values

Explore the feelings involved with the decision to seek help from others.

Demonstrate the decision that it is 'okay' to ask for help from responsible adults when in trouble.

Group activity

- 1) In groups of four participants close their eyes and think for 5 minutes about a problem they had.
- What did they do about it?
- Whom did they ask for help?
- 2) Talk about one's feelings when asking for help.
- Is it hard to ask other people for help when they need it? Why?
- Have they been too embarrassed to ask for help? What happened?
- 3) They may share their thoughts and experiences with the other groups.
- 4) Give each participant a big piece of paper. Tell the participants to cut the paper in halves and then paste them back into a whole piece with cellophane tape. (The pasting should be done carefully.)
- 5) Each participant should join the two halves by him/herself.
- 6) Divide the large group into groups of two or three and tell them to do the same work in a group.
- 7) Ask the participants whether it was easy to perform the task alone or with the help of others in the given Work Sheet: Decision Making Activity. Have each group cut out pictures and articles from old

newspapers and magazines that illustrate people helping each other. They may paste these pictures and articles on flip chart.

Notes

- Emphasise that one cannot always help oneself but need the support of others.
- Our society thrives by helping each other.
- Make the participants to take help from selfhelp group.

DECISION-MAKING

Process questions

DECISION-MAKING

Work Sheet: Decision-Making Activity.

Making-Decision Alone

| Strengths | |
|------------|--|
| Weaknesses | |

Making Decision With The Help Of Help

| Strengths | |
|------------|--|
| Weaknesses | |

DECISION-MAKING

Activity Four - Needs & Wants

Time: 25 minutes

Group Size: 4

Additional Resources: Flipchart and markers, red and blue for each group.

Objectives for participants

Knowledge

Learn the difference between needs and wants.

• Attitudes/Values

Understand the importance of gratifying needs over desires. Recognise the feelings associated with unsatisfied needs and desires.

Skills

Decide how to cope with uncomfortable feelings associated with unfulfilled desires.

Group activity

- 1) Participants in groups of 4 will discuss and decide on the difference between basic needs and desires.
- 2) Members of each group are to decide and list things they think they need (even if they already have them).
- 3) Group members are to decide and list things they desire to have (even though they can do without these things).
- Draw a number of balloons with Blue and Red marker on a flipchart.

Write inside the red balloons the needs and within the blue balloons the desires.

- 5) Group members discuss
- How they feel, when they do not get what they desire to have (jealous, angry, sad, embarrassed).
- What would happen if they did not get what they needed?
 How would they feel?
- 6) In larger group participants explore healthy and unhealthy ways of coping with uncomfortable feelings that result when their desires are not gratified.

Notes

Taking decisions to cope with comfortable feelings through healthy ways

- Admitting your feelings
- Talking to someone.
- Playing with friends
- · Asking for hugs
- Doing physical exercise.

Taking decisions to cope with uncomfortable feelings through unhealthy ways

- Taking revenige
- Hurting someone
- Giving up
- Breaking things
- Pretending you feel okay
- Using alcohol and drugs.

DECISION-MAKING

Process questions

DECISION-MAKING

Activity Five - Choices

Time: 40 minutes Group Size: 4

Additional Resources: Flip chart and marker for each group.

Objectives for participants

Knowledge

Understand the need to make choices in solving problems and examine the consequences of each choice.

Attitudes/Values

Recognise the feelings involved with responsible decision making.

Skills

Demonstrates how to make responsible decisions regarding interpersonal problem.

Group activity

1) Participants are to be divided into groups of 4.

- Group members are to identify at least 3 hypothetical problems or real life problems that may occur/have occurred in their social life.
- Participants close their eyes and think of as many solutions as possible to each problem.
- 4) Discuss the consequences of each solutions with the help of responsible decision making model.
- 5) Choose the best solution/s after deciding on the pros and cons.
- 6) Role-play some of the solutions they think are best.

Notes

- Emphasise the idea that there are many ways a problem can be solved.
- One must choose the best solution after analysing the strengths and weaknesses of each of the solution.

Process questions

DECISION-MAKING

Activity Six - Agree or Disagree

Time: 30 minutes Group Size: 10 - 15
Additional Resources: Large card 'AGREE' and large card 'DISAGREE'

Objectives for participants

Knowledge

Recognise decision making components, what influence decisions of others.

Attitudes/Values

Understand the feelings that influence in decision making and respect others' opinions.

Skills

Practice listening to a range of opinions, initiate and maintain conversations and justify choices.

Group activity

- Place the AGREE and DISAGREE cards on the opposite sides of the room.
- 2. Controversial statement is read out to the participants and the participants are asked to respond to the statement according to their belief. Those who agree with the statement stand near the card AGREE whereas those who disagree with the statement stand near the card DISAGREE. If they are undecided, they can choose to stand at the centre between AGREE and DISAGREE.
- 3. Ask each group to justify their stand.
- Each group can convince the other group members to change their views and cross over.

Notes

- Encourage active participation but allow 'right to pass'.
- Explore feelings involved in group participation and feelings associated with decision making.
- Emphasise decision making is a detailed process of gathering information and often involves pressure from self and others.

Some statements that can be used for this activity

- 1. Majority of drug abusers should undergo maintenance therapy.
- 2. All drug addicts should be put in jail.
- 3. All injecting abusers should undergo HIV test.
- 4. Second time treatment will not be available for drop out addicts.
- 5. Treatment of drug addicts should be institutionalised.
- 6. Treatment centres should segregate the HIV positive residents from the others.

DECISION-MAKING

- 7. The duration of treatment of drug addicts in centres should be more than two years.
- 8. Total abstinence is the only way to recovery.
- 9. Who is affected the most...the client or the family.
- 10. It is a must for recovering addicts to attend self-help groups

Process questions

DECISION-MAKING

Activity Seven - John's Recovery Diary

Time: 45 minutes

Group Size: 5-10

Additional Resources: Flip chart, marker and printed copies of case-let

Objectives for participants

Knowledge

Understand aspects of good decision- making.

Attitudes/Values

Recognise that decision-making is an important aspect of relapse prevention and recovery.

Skills

Help client in recovery to learn effective decision-making skills.

Group activity

During his addiction days, John had only one decision to make that is about how he was going to get his drugs for the day? But during recovery, he found that he had many decisions to make. Should he enroll in a fellowship self—help group, how should he spend his time, who should he seek or avoid... everything was confusing. He just postponed his decisions or simply did what he felt like at that point of time.

Though he understood the need for a structured lifestyle, he could not decide what he had to do. He failed to live by a recovery plan, which led to repeated relapses.

List what John can do to change the present situation. Lists all the options and ideas on the flip chart. Discuss it with the groups.

Notes

Responsible decisionmaking prevents relapses as it helps one develop a clear, easy to follow recovery plan and strengthen motivation to live by it.

Ideas to consider:

- John can list activities that can support as well as sabotage recovery and clarify decisions.
- -He can write a detailed daily recovery plan with specific activities.
- He can make an attempt to talk to people by describing situation and feelings before making impulsive decisions.

Process Questions.

- 1. How can poor decisions lead to relapses?
- 2. How can decision making improve one's personal growth?

SECTION TWO SKILLS FOUR **SELF-ESTEEM**

SELF-ESTEEM

What is self-esteem?

Self-esteem is the image one has of himself. When this self-assessment is level headed, reasonable and positive, the person has a high self-esteem. He then sees himself as a valuable, worthwhile person, and feels 'good' about himself. When this self-assessment is a negative one, the person's self-esteem is low. He feels he is worthless, incompetent and unfortunate.

High self-esteem

The individual who feels good about himself can make others feel good about themselves too. He is able to readily acknowledge the good in others. He is warm, appreciative and shows a genuine interest in and regard for others. These qualities help him in establishing meaningful relationships. As his self-esteem is high, his full potential comes out and he is able to perform to the fullest of his abilities.

Low self-esteem

A person with a low self-esteem suffers from feelings of worthlessness and inferiority.

He

- looks at even minor failures as proofs of inadequacy
- is highly critical
- misinterprets others thoughts and actions and makes himself and others miserable
- is self centreed
- is diffident

Self esteem and drug abuse

Research findings show that if the individual has low self-esteem, he has more chances of experimenting and using drugs. While abusing drugs, he feels worthless and people around him also make him feel useless. Therefore there is a need to enhance his self-esteem in treatment.

Strengthening self-esteem

Feel good about yourself and nurture yourself

- Our self-image is the blue print, which determines how we will behave, who we
 will mix with, what we will try and what we will avoid. The world is a reflection
 of ourselves. The first step towards strengthening self-esteem is always think and
 feel good about yourself.
- When you do something right, give yourself a pat on the back. Acknowledge your value. Your mind is a tender plant, which needs nurturing. If you have achieved something, share it with your family or your friends.

SELF-ESTEEM

Do not run yourself down

Every action of yours stems from the way you see yourself. If you see yourself as unable to stand in front of an audience, you will not be able to address a gathering. You will simply stay away from that experience and justify it by labeling yourself a shy person.

Therefore avoid statements like

"I am not smart enough"

"I am not good at talking to people"

If you think, "I can't live without ganja", you will always have difficulty in recovering. You will start believing that you can't recover and will develop an attitude which says, "However much I try, I won't be able to recover". The more you believe you are a hopeless case, it is highly likely that you end up as one.

Recognise the good in others and express your sincere appreciation

One of the ways to feel good about ourselves is to recognise the good in others. When you find something nice in the other person, express your appreciation.

Appreciation can be in the form of words or facial expression (a smile) or gesture (a pat) or a combination of these.

Such compliments are Positive Strokes.

They help in strengthening the self-esteem of the giver as well as the receiver. It will be very nice if we put in some effort to recognise the good in others and express our appreciation openly.

While giving a compliment, look directly into the other person's eyes.

Be descriptive and make the compliment meaningful.

- If you find the food tasty, openly compliment your mother.
- If you find your son smartly dressed, tell him that he looks good.
- If your brother has done well in sports, don't hesitate to praise him.

"In spite of your recent problems, you were regularly attending self-help meetings and followup counselling. I appreciate your efforts and commitment to stay sober".

SELF-ESTEEM

Accept compliments with grace

If someone gives you a compliment, you should readily and comfortably accept it. They are invaluable gifts given to us in recognition of our worth. When compliments are rejected, it offends the giver and he avoids giving them in future.

The counsellor told the client, "As a leader for the week, you have executed your duties remarkably well. The place looks absolutely clean – better than ever."

The client replied, "No big deal! Anybody can do this job. As far as brainwork goes, I am a failure.

Reject unconditional negative strokes

"You are not going to recover."

Such unconditional negative strokes are generalised, all encompassing, negatively toned statements. They lack any actual basis and we have the right to reject them.

Work at the following steps, and enjoy a brighter, happier life

- Always think positively about yourself
- Compliment people directly and experience a warm feeling
- Receive compliments with confidence and grace
- Ignore unconditional negative strokes and stay balanced and comfortable

[&]quot;You can't do anything properly."

SELF-ESTEEM

Activity One - Identifying Factors Responsible for Low Self-Esteem and Methods to Strengthen It

Time: 30 minutes Group Size: 5 - 10

Additional Resources: Story of Mahana

Objectives for participants

Knowledge

Understanding of the factors in childhood or environment, which might have contributed for low self-esteem

Attitudes/Values

Self-esteem can be strengthened at any point in time

Skills

Identifying factors responsible for low self-esteem and methods to enhance self-esteem

Group activity

- 1. Provide the story of Mahana to all the participants to read
- Divide the group into smaller groups of five
- Each participant has to share in the group the following
- Do I identify with Mahana and how is my self-esteem?
- What are the factors in childhood and environment responsible for my low self-esteem
- Brain storm in the group what methods Sunny would have used to strengthen the self-esteem of Mahana

Notes

The participants may share very painful incidents, which had happened in their childhood. It is important for the facilitator to be empathetic and supportive

In the white board, encourage the participants to list out methods, which would help in improving the self-esteem.

Process questions

SELF-ESTEEM

THE STORY OF MAHANA

Mahana was living in an island. Her internal pot was empty (had low self-esteem). Her father's pot too was empty. He would always tease his daughter — "You are no good. You cannot cook; you cannot look after the household properly. No one will marry you".

There was a custom in that village. The bridegroom will give cows to the girl's father at the time of wedding. The number of cows varied according to the accomplishments of the girl.

Mahana's father went on saying, 'No one will give you even one cow. In fact, I may have to give two cows to marry you off." Mahana felt very sad.

Sammy was a young person from a neighbouring village with a high self-esteem. He realised that Mahana was a worthwhile person. He wanted to marry her and approached her father. Mahana's father said in a grandiose fashion, "I want five cows for my daughter!"

The villagers laughed. 'He had been saying that no one will marry his daughter. Now he is asking for five cows!"

But Sammy was willing to give eleven cows. The moment he left that place, Mahana's father started complaining, 'He is not going to come back. Once he goes home, he will think about his offer. Your marriage is going to be the only one to be cancelled at the last minute!"

Mahana was very upset. But Sammy came the very next day with the cows, married her and took her home.

After one year, when Mahana came back to her village, no one could recognise her. She was cheerful, confident, and talking to everyone. When the father saw this, he said, 'My God! If only I had known that my daughter is so very capable, I would have asked for two more cows!"

Mahana went with an empty pot. But when she came back, she was a confident individual. What methods did Sammy use to fill up her pot?

SELF-ESTEEM

Activity Two - Increasing Self-Esteem

Time: 30 minutes

Additional Resources: Story of Happy Valley

Group Size: 25

Objectives for participants

Knowledge

Certain positive qualities are essential to keep a person happy and make others happy

Attitudes/Values

Developing positive qualities in oneself and feeling good about them

Skills

Learning to identify positive qualities in oneself and developing them

Group activity

- 1. Gather all the participants
- Ask the participants to read the story of the Happy Valley
- Each participant to think of two warm fuzzies, which are essential to make the family happy. Each one has to share whether he possesses those qualities.

Notes

Some may share the cold pricklies they have. Make the participants understand the need to make conscious efforts to give up cold pricklies

Process questions

SELF-ESTEEM

THE HAPPY VALLEY

There is a valley called Happy Valley where everyone was very happy. There was no fight, no police station at all. What was the secret of their happiness? The villagers had something called 'Warm fuzzies' which looked like sponge. They were warm, soft and cuddly. The villagers shared these warm fuzzies all the time. The warm fuzzies had two qualities — if a person gives one, it becomes two and whatever good feelings the person has, get passed on to the other person. As a result, love, care and warmth were shared all the time.

There was a man in the mountain who did not want these people to be happy. He knew that they were happy because of warm fuzzies. Hence, he quietly removed all the warm fuzzies. Before leaving, he told them, All your warm fuzzies have disappeared.' There was panic, and the villagers stored whatever was left behind in their cupboards.

After sometime, the same man brought something called `cold pricklies' which looked like warm fuzzies but had little thorns inside which were not visible at all. He told the villagers, "I have brought something special and superior to warm fuzzies - if you give one, it will become four." All were excited, and picked up a few without knowing the nature of cold pricklies. The man went away after giving cold pricklies. The nature of cold pricklies is if you give one, it becomes four and all negative emotions will be passed on from one person to another. Within a couple of days of sharing, there was lot of anger, resentment and jealousy. There were fights everywhere.

A few elders in the community approached a saint for a solution to their problem. The saint understood that due to cold pricklies, there is fight, hence, he asked them to dump all of them in a secluded area. He asked them to again share warm fuzzies like earlier. After a while, happy valley became happy again.

Warm fuzzies are love, care, compassion we give to others. Cold pricklies are anger, resentment and jealousy.

The law of nature is what you give is what you get back. If I plant a bitter gourd, I will get only a bitter gourd. If I plant a jackfruit, I can expect a sweet jackfruit. I need to give love, care, concern to others before I expect it back in return.

SELF-ESTEEM

Activity Three - Appreciation Chair

Time: 30 minutes

Additional Resources : A special chair

Group Size: 10 - 25

Objectives for participants

Knowledge

Understanding the need to appreciate others

Attitudes/Values

Ability to see the positive qualities in others

Skills

Learning to appreciate

Group activity

- 1. Gather all participants and form a circle
- Asks the participants to choose one person and request him to sit in a special chair
- 3. The special chair has a placard which says 'appreciation chair'
- Each participant has to point out what he likes and respects in that person who is sitting in the 'appreciation chair'.
- 5. Everyone is given a chance
- 6. At the end of the exercise, ask the participant in the chair how he felt being appreciated
- 7. Ask the participant who gave the compliments how each one felt while giving positive strokes

Notes

This activity can be done on special occasions like birthdays or day of discharge from the treatment centre.

Make sure that the participants do not advise him, only appreciate him.

Process questions

SELF-ESTEEM

Activity Four - Rejecting Unconditional Negative Strokes Time: 30 minutes Group Size: 5 - 10

Additional Resources: Story of A Saint

Objectives for participants

Knowledge

The individual has the responsibility and he can exercise his right to reject unconditional negative strokes

Attitudes/Values

Exercising one's right to reject unconditional negative strokes

Skills

Learning to reject unconditional negative strokes

Group activity

- 1. Provide the story of the saint
- 2. Provide two situations for role playing

Situations

- Your mother accuses that you have taken drugs while you are clean
- Your friend blames you that you have stolen his money while you have not done so.
- One person has to play the role of the addict and two more persons of the mother and the friend
- After the role play, the observers have to comment on how the addict rejected negative strokes and stayed balanced

Notes

While role playing, let the observers note down verbal and non verbal communication

The drug addict has to communicate effectively and make people understand his point of view

Process questions

SELF-ESTEEM

THE STORY OF A SAINT

A wandering saint was going along with his disciples. In one of the houses, a lady abused him. The saint walked away without uttering a single word. His disciples got irritated and told him that he should have shouted back. The saint replied, If someone gives you something, it will belong to you only if you take it. If you don't accept it, it will remain with the person who gives it. In the same manner, the lady's abuses did not belong to me and that is the reason why I didn't accept them. If I had shouted back, it would only have meant that I accepted them.'

SELF-ESTEEM

Activity Five - Words of Compliments

Time: 30 minutes

Group Size : 10 - 25

Additional Resources: Flipchart paper and marker

Objectives for participants

Knowledge

Learning new words to appreciate

Attitudes/Values

Words of appreciation help in strengthening self-esteem

Skills

Learning to express appreciation through a variety of words and methods

Group activity Notes

- 1. Gather all the participants
- 2. Request one person to write down the appreciative words on the poster paper
- Request each one to give two or three new words of appreciation
- At the end of the exercise, the participants would have acquired a fairly good vocabulary for appreciation

The poster with appreciative words can be displayed in a prominent place. This will help the participants to get familiarised with words of appreciation.

Process questions

SELF-ESTEEM

Activity Six - Positive Qualities

Time: 30 minutes

Additional Resources: Paper and pens

Group Size: 5 - 10

Objectives for participants

Knowledge

Recognising that I have positive qualities in myself

Attitudes/Values

Acknowledging positive qualities in oneself and feeling good about them

Skills

Learning to enhance positive qualities

Group activity

activity Notes

- Each participant in the group has to take five minutes to write three positive qualities – looks, abilities, social skills, talents, achievements etc.
- Each one has to share his positive qualities with others in the group. (to talk in a clear tone, positive posture, eye contact).
- Others can give feed back about the person who is sharing – acknowledging the qualities they have noticed.

In case some of the participants have difficulties in identifying positive qualities, others can help them identify positive qualities.

Process questions

SELF-ESTEEM

Activity Seven - Increasing Self-Esteem

Time: 30 minutes Group Size: 4

Additional Resources: Poster paper and pens

Objectives for participants

Knowledge

Positive influences are available in the support system of family / friends

Attitudes/Values

Understanding how self-esteem is enhanced by others around us

Skills

Acknowledging and appreciating the positive support / help available in the environment

Group activity

1. Divide the group into smaller groups of four

- Ask the participants to write any act or help from the family member or friends which made them happy during the last month
- 3. Share with the group members the act or help provided by family / friends and the good feelings experienced. Did you share the good feelings with them?

Notes

This activity is best done at the later part of the treatment programme.

While this activity can lead to greater group empathy, it is best conducted when a good level of trust has been built in the group.

Process questions

SELF-ESTEEM

Activity Eight - John's Recovery Diary

Time: 45 minutes

Group Size: 5-10

Additional Resources: Flip chart, marker, and printed copies of case-let

Objectives for participants

Knowledge

Understand aspects of high self-esteem.

Attitudes/Values

Recognise that self-esteem is an important aspect of growth and relapse prevention

Skills

Help client in recovery to develop self-worth.

Group activity

John has been dwelling about all the problems he has faced as a result of his addiction. The frequent relapses have eroded his confidence about recovery. Instead of focusing on what he should do for recovery, he kept telling himself, 'It is not possible for me to recover'. As a result, he only made half hearted efforts to recover. His sense of worthlessness and self-pity were becoming stronger. Due to this John is irritable and snappy, making people avoid him as much as possible. This led to isolation and only weakened his self-esteem further.

List what John can do to increase his self-worth. List all options and ideas on the flip chart. Discuss it with the groups.

Notes

Strengthening self-esteem is significant for one's development.

Self-esteem can hasten the process of recovery.

Ideas to consider:

- John can maintain a selfesteem diary wherein he daily records at least one issue that made him feel good about himself

Process Questions.

- 1. How can low self-esteem lead to relapses?
- 2. How can high self-esteem improve one's personal growth?

SECTION TWO SKILLS FIVE ASSERTION

ASSERTION

Assertion

A

ssertion is a skill through which one can express one's rights and feelings and act in accordance to one's values without hurting others to the extent possible.

In any situation where one's needs are in conflict with the other's needs, one can behave in an assertive, submissive or aggressive manner. Let us examine these based on an example.

Your former drug-using peer approaches you asking for some money to buy food. He is still using drugs and you are sure that by giving him this money you will be indirectly helping him buy drugs.

Submissive response:

You give him the money though you do not want to because he is pleading for it.

Aggressive response:

You refuse but use unwarranted rude language. "Get lost. Don't I know that you will only use it to buy drugs? Pick someone else you can cheat".

Assertive response

"I will not give you the money for I am worried that you may buy drugs with it. But I am willing to buy food for you".

ASSERTIVE MODEL

NON ASSERTIVE ACTION

Aggressive Action

respects own rights and feelings ignores others' rights and feelings

Submissive Action

Ignores own rights and feelings Respects others' rights and feelings

ASSERTIVE ACTION

Respects own rights and feelings Respects others' rights and feelings

ASSERTION

Let us now examine the responses in detail.

Submissive behaviour:

One does not express his needs / feelings and gives in to the other ignoring his rights.

a. This involves

- Giving in to other's request and putting pressure on oneself
- Saying 'Yes' when one wants to say 'No'
- Leaves one feeling 'used' and 'inadequate'

b. Reasons

- trying to avoid hurting / upsetting others
- trying to gain approval of others
- thinks it is not possible to resist the other

Aggressive behaviour:

One exercises the right to express his feelings / needs by ignoring or putting down the others

a. This involves

- Forcing others to do what you want and ignoring their needs
- Saying 'No' in a hostile, sarcastic manner

b. Reasons

- focused only on one's own needs with no concern for others
- wanting to use 'power' and feel superior
- thinks that only 'strong language' works

Assertive behaviour

Being able to exercise one's own rights without offending or hurting the other unnecessarily

a. This involves

- Feeling comfortable in expressing one's needs and feelings
- Being able to say 'No' without affecting the relationship

b. Reasons

- Knowing how to phrase one's feed back assertively
- Understanding that giving in submissively or reacting aggressively affects oneself or others unnecessarily

ASSERTION

Importance of assertiveness in recovery

Let us examine the importance of assertion in relation to recovery and relapse prevention with an example.

John's former friends invite him for a party at their old joint. He knows that he would be called 'names' and accused of abandoning / insulting them if he refused. He also knows that going there may trigger the relapse as in the past. Previously this was a difficult situation for him to handle. This time with life skills training, he clearly and emphatically turned it down.

'No," he said, 'I know that all of you will be there at the party and you want me there too. But I simply will not be able to come".

- a. Safeguard sobriety: Recovering drug abusers are often aware of relapse prone situations like the one mentioned above. They would like to say 'No' but often don't know 'how!'. Life skills training can make this possible.
- b. Live by their value system: During treatment drug abusers rediscover the need to internalise the value system and he sincerely attempts to do so. When there is pressure from others to break it, it creates stressful situation.
 - For example, others may urge him to break his value of being a regular and responsible worker and absent himself from work on a rainy day. If he is unable to resist it, he fails to strengthen his value system and personality growth is also stifled. Submissive or aggressive responses will also result in feelings of guilt or anger, which will make him feel uncomfortable.
- c. Strengthen self-esteem: Being able to assertively live the way he wants to increases the respect he has for himself and gives him confidence to deal with similar issues in the future too.
- d. Strengthen social relationships: Assertion helps him overcome conflicts without damaging the relationship. If he gives in submissively, he feels pushed around and the hurt makes him withdraw from relationships. On the other hand, reacting aggressively only alienates him further.

ASSERTION

Activity One - Introduction to Assertion

Time: 20 minutes Group Size: 15-20

Additional resources: Flip chart, marker and printed copies of the case-let

Objectives for participants

Knowledge

Understand the difference between submissive, assertive and aggressive behaviour.

Attitudes/Values

Accept the need to respect one's own as well as others needs.

Skills

Express assertively in a conflict situation

| Group activity | Notes |
|---|--|
| 1. Circulate copies of the following situation | |
| Your neighbour asks you to lend him your motorcycle for an hour. You have seen him drive recklessly and are unsure if he will keep his word. Yet, you have known each other for long | Encourage group to present all options. |
| and you respect his mother a lot too. What are the possible ways in which one can respond to this situation? | List of possible responses: |
| 2. Give the group 5 minutes to think about it | Giving excuses Say you need it Give it |
| 3. Ask them to call out the responses and list it all on the flip chart | - Refuse to give |
| 4. Go over the list and ask them if it is a Submissive, assertive or aggressive response. Clarify why it is Submissive assertive or aggressive behaviour. Ignore responses that do not fit in these categories. | Encourage discussion if there is disagreement about labelling. |
| 5. For each response, discuss whether the feelings or rights of the people concerned were respected. | |

Process questions

- 1. What did you learn?
- 2. How did you feel?

ASSERTION

Activity Two - What Happens Later?

Time: 45 minutes Group Size: 15-20
Additional Resources: Flip chart, markers and printed copies of the case-let

Objectives for participants

Knowledge

To understand the impact of submissive, assertive and aggressive behaviour

Attitudes/Values

Recognise that assertiveness is beneficial and an easier option to make

Skills

Express one's need in an assertive manner

Group activity

- 1. Form three groups
- Present copies of the following situation to the groups

You are very tired and are looking forward to returning home to watch your favourite TV show with your family who are expecting you to return on time. Your colleague requests you to drop him at a party which will mean an extra 10 kms drive in peak traffic.

- Assign groups to role-play submissive, aggressive or assertive response.
- 4. Ask them to list possible consequences of their behaviour.
 - i. How would they feel about themselves afterwards?
 - ii. What are the possible reactions from others to your behaviour?
- 5. Ask each group to enact the situation as realistically as possible with all the possible statement that the colleague would make.
- Give them 15 minutes for discussion to prepare the role-play. Give each group 5 minutes to enact it and highlight the possible repercussions.

Request the other two groups to give feed back after each presentation.

Notes

Ensure all group members participate in the discussion.

List both immediate benefits as well as longterm issues.

Suggest issues if the group has not thought of it.

ASSERTION

Process questions

- 1. What is the conflict situation?
- 2. How did you feel when the situation was handled in the three different ways?
- 3. What did you learn?

ASSERTION

Activity Three - Why?

Time: 20 minutes Group Size: 15-20

Additional Resources: Flip chart and markers.

Objectives for participants

Knowledge

To recognise reasons behind submissive and aggressive behaviour

Attitudes/Values

Recognise that these causes can be handled and overcome

Skills

To overcome blocks and express oneself assertively

| Group activity | Notes |
|--|---|
| 1. Brainstorm the possible reasons for submissive, assertive and aggressive behaviour. | Encourage all members to express their thoughts and feelings. |
| 2. Compare the lists. | |
| 3. Brainstorm possible methods to overcome the reasons listed for aggressive and submissive behaviour. | |

Process questions:

- 1. What did you learn?
- 2. How did you feel when the reasons were discussed?
- 3. In what way will this help you develop assertion?

ASSERTION

Activity Four - When Is Assertion Difficult?

Time: 20 minutes Group Size: 15-20

Additional Resources: Flip chart and markers.

Objectives for participants

Knowledge

Identify situations where assertion is difficult.

Attitudes/Values

Understand the role of feelings and values involved in assertion.

Skills

Learning to be comfortable with assertion.

Group activity

- Ask participants to list situations where asserting oneself is difficult.
- 2. Summarise the main issues.
- Wrap up discussion by summarizing the main issues.
 - Close relationships It is easier to be assertive with strangers than people whom we know well.
 - b. People in authority or those for whom we have lot of respect.

Notes

Encourage them to look at both formal and informal social situations. Assist them to list specific situations with family members / friends as well as colleagues and acquaintances.

Process question:

What did we do? What did you learn?

ASSERTION

Activity Five - Asserting Oneself

Time: 20 minutes

Group Size: 5

Additional Resources: Information sheet and printed copies of the case-let

Objectives for participants

Knowledge

To understand verbal and non verbal messages in assertive behaviour

Attitudes/Values

To recognise that asserting oneself is possible

Skills

To express oneself in an assertive manner

Group activity

 Divide into three groups and provide the situations for role play

Group 1

You are cleaning out the garage for your mother. Your friend invites you for a movie. He suggests that you get away saying that it is urgent.

Group 2

Your former drug-using friend shows up home. He says his wife has thrown him out and he wants to stay at your house for a while. You know that he is currently using. You are aware that your family may not like it and that you are also in the early part of recovery.

Group 3

Your friend wants to recommend him for a job with your neighbour whom you know only fairly well. You are not comfortable about asking a favour from him. You are aware that the job includes dealing with money, which only makes you more wary.

- 2. Give 15 minutes for preparations and five minutes to role play the situation
- 3. Discuss each group activity for ten minutes

Notes

Suggest that the role-play as realistically as possible, asking all possible statements that the other would make.

Direct them to use the four steps assertive response and watch their non-verbal behaviour too.

Process Question

- 1. What did you learn?
- 2. In what way did the non-verbal behaviour influence the impact?
- 3. Is it difficult to make an assertive response?

ASSERTION

Information sheet:

| Assertive can be demonstrated in two ways |
|--|
| Verbally Non verbally |
| 1. Verbally you can use the 4-step model for assertion. |
| Step 1: Describe the situation Say, "I understand however |
| Step 2: Describe your feelings Say, "I feel so |
| Step 3: State your decision clearly Say, "I want therefore |
| Step 4: State the consequences and consider the options (if any). |
| 2. Non verbally use the model by maintaining |
| eye contact: look at the other while stating your view point a relaxed facial expression clear tone of voice an upright posture |
| It is important to demonstrate assertiveness both verbally and non verbally. If you do one without the other, the impact is minimised and you will sound non assertive. |

Notes:

Applying the 4 steps method to the previous example the following assertive response can be made-." I would not mind giving you a lift. But I feel too tired today. I need to go back home quickly". If he presents another option like maybe a lift to the nearest railway station consider if you can meet the request.

ASSERTION

Activity Six - John's Recovery Diary

Time: 45 minutes

Group Size: 5-10

Additional Resources: Flip chart, marker and printed copies of the case-let

Objectives for participants

Knowledge

Understand the aspects of assertion.

Attitudes/Values

Recognise that being assertive is an important aspect of growth and relapse prevention.

Skills

Help client in recovery to develop assertion

| Group activity | Notes |
|--|---|
| John found it so difficult to resist requests from friends and colleagues. He lent money frequently, ran errands and ended up doing more than what was necessary. At home he was a different person. He did not express his needs / views in a pleasant, calm way. He shouted, used rude language and left the house in a huff upsetting his family. | Emphasise that John was aggressive at home and submissive with others. |
| List what would happen if John continued in this manner. What can be done to help John change? | |
| What can be done to help joint change. | Ideas to consider: |
| Lists all the options and ideas on the flip chart. | |
| Discuss it with the groups. | -John can identify situations where he is not assertive and recognise the result of such actions |
| | - He can practice the assertive messages needed in these situations. |

Process questions.

- 1. How can lack of assertion lead to relapses?
- 2. How can assertion improve one's personal growth?

SECTION TWO SKILLS SIX PERSONAL SKILLS

PERSONAL SKILLS

Personal Skills Defined

Personal skills are related to an individual's ability to take charge of their lives through the use of their knowledge, attitudes and skills, and are portrayed in healthy and sociable behaviour, their mental well being and personality. Personal skills development empowers the individual to look after themselves, others and the environment. Inclusion of these skills reflects the holistic view of the individual in the skills approach and addresses the influence of social and environmental factors on an individual behaviour.

Through the development of personal skills an individual can learn to actively interpret and respond to social and environmental influences on their behaviour. A positive self-concept, being able to refuse others, cope with stress, manage their time, think positively and productively and set achievable goals to contribute to drug treatment and rehabilitation. Personal skills include goal setting, positive thinking, handling stress and managing time, asking for help and building support networks.

Stress Management

Stress management is a process of coping, eliminating stress through various activities, exercises and techniques. It is not merely stress reduction but the management of situations that generate stress to the individual. Research shows that performance and efficiency actually improve with increased stress until performance peaks as the stress level becomes too great. It involves finding the right type and amount of stress for the individual's personality, priorities and life situation, so that performance and satisfaction can be maximised.

Stress management is important to recovery to help recovering addicts in their recovery journey.

Goals of Stress Management

- > Help a person recognise his own signs of stress
- > Teaching the person to heed the warnings the body is sending out
- ➤ Help a person develop strategies so they can interrupt and later their own behaviour and thereby become more self-controlling.

PERSONAL SKILLS

Signs of Stress

Physiological

Headaches, chest pains, skin irritations, sweating, muscle aches and pains, indigestion, stomach problems, allergies, dry mouth, inability to sleep, frequent colds, blood pressure, muscle tension, increased heart rate.

Mental and Emotional

Becoming suspicious and unhelpful, mind blanks, loss of enthusiasm and sense of humour, becoming resentful, loss of self-esteem, appetite changes, feeling withdrawn and alone, poor memory, making mistakes and inability to relax.

Behavioural

Accidents and clumsiness, talking and eating quickly, interrupting conversations, procrastination, irrational decisions, taking more time off work, being less cooperative, consumption of alcohol or prescribed drugs, nervous habits, obsessive, high pitched nervous laughter, grinding of teeth.

PERSONAL SKILLS

Activity One - "Am I Stressed?"

Time: 30 minutes Group Size: 30

Additional Resources: Work Sheet - Am I Stressed?

Objectives for participants

Knowledge

Understanding stress cues

Attitudes/Values

Knowing the triggers which cause stress can help in reducing stress in turn, the chances of relapse

Skills

Learning to assess ones stress level

Group activity

- Each participant is given a worksheet to answer individually
- 2. Divide the group into smaller groups of five
- 3. Each participant has to share with group members the items which he has ticked 'Yes'. He has to share situations and feelings related to these items.
- 4. At the end of the session, the group will have the list of stressors.

Notes

The purpose of this exercise is self reflection, helping the individual to understand all about stressors.

It also helps to discuss any negative belief one may have.

Process questions

What did we do?
What did we learn?
How did you feel?
Why did we do this activity?
How would you use this?

PERSONAL SKILLS

Work Sheet: Am I Stressed?

Answer the following questions with a YES or NO with a tick √

| Yes | No | |
|-----|----|--|
| | | 1. Are there particular situations or people that frequently cause you stress? |
| | | 2. Are you over demanding? |
| | | 3. Do you spend a lot of time thinking about the problems in your life? |
| | | 4. Are you inclined to be frightened of many situations or people? |
| | | 5. Do you think you lack confidence in yourself? |
| - | | 6. Do you tend to set yourself unrealistically high performance standards? |
| | | 7. Have you often expected things to turn out worse than they did? |
| | | 8. Do you feel physically tense most of the time? |
| | | 9. Do you feel physically fit? |
| | | 10. Do you feel tired most of the time? |
| | | 11. Do you have trouble sleeping? |
| | | 12. Are you generally aware of your feelings? |
| | | 13. Do you cry a lot / hardly ever? |
| | | 14. Do you feel bad most of the time? |
| | | 15. Do you lose temper often? |
| | | 16. Do you attack people verbally / physically / attack objects often? |
| | | 17. Do you sulk much? |
| | | 18. Are you aware of yourself holding back? |

If your answers to most of the questions, is YES you are likely under stress most of the time and would need to slow down with your activities.

PERSONAL SKILLS

Activity Two - Coping With Stress

Time: 30 minutes

Additional Resources: Flipchart and pens

Group Size: 25

Objectives for participants

Knowledge

Learning new methods of coping with stress

Attitudes/Values

Reduction of stress through conscious efforts

Skills

Identifying specific method to deal with individual stressors

| | Group activity | Notes |
|----|--|--|
| 1. | Write the following headings on the white board O Personal O Interpersonal | This activity helps participants to identify a wide range of method to deal with stress |
| 2. | Participants have to work individually. They have to identify methods they have tried to reduce stress. | Study deport solvered adjunction students and the |
| | o After writing a list of methods, they work with the group. Each one has to say two or three methods to reduce stress. They also have to identify which category they belong to - Environmental, Personal and Interpersonal | |
| 3. | For example: Personal | |
| | Jogginglong walks | |
| | - taking care to family members | |
| | look good, etc. <u>Interpersonal</u> | |
| | - sharing problems with empathetic person | |
| | joining social service organisations to help others. | A VOICE VIEW CONTRACTOR OF THE VIEW CONTRACTO |

Process questions

What did we do?
What did we learn?
How did you feel?
Why did we do this activity?
How would you use this?

PERSONAL SKILLS

Activity Three - Enhancing Positive Qualities

Time : 20 minutes Group Size : Pairs

Objectives for participants

Knowledge

Identify positive and negative personal qualities.

Attitudes/Values

Focus on their positive qualities.

Skills

Develop strategies to address areas for self-improvement.

Group activity

- 1. Participants divide a piece of paper in half and name the columns:
 - POSITIVE Qualities

NEGATIVE Qualities

- 2. List ten or more of your positive qualities on the left and not more than five negative qualities on the right.
- 3. Identify one of your areas of weakness that you would like to work on now.
- 4. List three things you could do to work on improving that weakness/weaknesses.
- 5. In pairs, share those aspects that you feel comfortable with.

Notes

- The purpose is self-reflection, analysis of the feelings involved when exploring ideas that relate to self and planning. It is important to encourage participants to focus on their many good qualities.
- It also provides the opportunity to isolate an area for personal improvement and develop some realistic steps to achieve this.

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

PERSONAL SKILLS

Activity Four - Goals Setting

Time: 30 minutes

Additional Resources: Work Sheet - Goal Setting

Group Size: 6

Objectives for participants

Knowledge

Involve participants in setting personal goals.

Attitudes/Values

Accept that goal setting is a useful and productive strategy.

Skills

Learn strategies for setting goals and provide opportunity for practice.

Group activity

- Individually, participants think about what they will be doing one year from today.
- 2. In groups of 6 discuss what they would like to be doing one year from today. Talk about:
- How they want their life to be in the future,
- What they would like to change in their lives,
- How they may achieve some of the things they have listed.
- 3. In the large group reflect on what they have begun to do.
- Individually complete the Work Sheet Goal Setting then discuss in the group of 6, any items you would like to share.

Notes

- Written goals are more likely to be achieved than goals that remain vague.
- Lack of direction and planning for the future can have serious implications, particularly or at risk young people, making them more susceptible to drug abuse.
- Goal setting helps people feel in control, which can in turn lead to better self-esteem. Long term goals need to be:
 - Positive
 - Have a time frame
 - Personal

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

PERSONAL SKILLS

Work Sheet - Goal Setting

| What do I want? | | |
|--|--|--|
| | | |
| What needs to change for me to have what I want? | | |
| What are the present limitations or things that are holding me back? | | |
| For each item above list two things that you could do to take you closer to your goal or remove limitations on you achieving it. | | |
| a. This week: 1 2 | | |
| b. This month: 1 2 | | |
| c. This year: 1 2 | | |
| d. Over the next three years: 1 | | |
| Write down three other goals that you will plan to achieve in this way in the future. 1 | | |
| 3 | | |

PERSONAL SKILLS

Activity Six - Time Management

Time: 30 minutes Group Size: 4

Additional Resource: Whiteboard or flip charts and pens

Objectives for participants

Knowledge

Understand the concept of time management as a strategy to organise their life.

• Attitudes/Values

Prioritising daily activities is a worthwhile process.

Skills

Plan strategies to manage time better to achieve identified goals.

Group activity

- Brainstorm as many ideas as possible to manage your time well.
 - Prioritise time by listing activities from most to least important
 - Focus on immediate concerns not past failures or future problems
 - Do one thing at a time, as well as you possibly can
 - Divide large jobs into smaller manageable tasks
 - Allocate part of your day for relaxation, recreation and socialising
 - Work efficiently, not too fast or too slowly; be focused on the task.
 - Have a flexible schedule, allocate time for unforeseen problems
 - Keep a diary and plan tasks over longer periods of time.
 - Review your goals and achievements and revise as required.
 - Do not try to over achieve, the stress will make you less efficient
- In groups of four, discuss which strategies you use, why you choose them, why they are applicable for you and which ones you will try in the future.
- 3. Ask participants to make three headings.

ESSENTIAL (e.g.Eating) WORKING RECREATION

Notes

- Time management is an important strategy to keep us focused on our priorities, which should be the achievement of our goals.
- It is easy for us all to be diverted into activities that are the most enjoyable or the easiest to do and neglect things that are more productive.
- It should not be seen as a strategy that keeps us working all the time and having no fun or relaxation but a way of getting done what we have stated is important so we can enjoy more free time and the rewards of our achievements.

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- 4. Individually list activities that you do regularly and in the small group of four, compare lists. Discuss questions such as:
 - Which activities are most enjoyable?
 - Which activities take most time?
 - Is there a balance between activities that achieve goals and social/recreational activities?
 - · Where could you save time, or reprioritise?
 - Are you devoting enough time to your priority areas?

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

PERSONAL SKILLS

Activity Seven - John's Recovery Diary

Time: 45 minutes Group Size: 5-10

Additional Resources: Flip chart, marker and printed copies of the case-let

Objectives for participants

Knowledge

Understand the aspects strengthening personal skills

Attitudes/Values

Recognise that managing time and reducing stress is an important aspect of growth and relapse prevention.

Skills

Help client in recovery to develop personal skills.

Group activity

John has been making changes in his life but finds it difficult to cope. He feels under pressure for he has to balance homework and maintain his sobriety as well. He has been smoking more, eating less, sleeps less and finds it difficult to sleep too.

He seems to have no time and is in a hurry always. He frequently leaves jobs incomplete and rushes off to do something else. He is near breaking point. He sometimes thinks about how nice it would be if he could have some drugs and just relax.

List what would happen if John continues in this manner.

What can be done to help John change?

Lists all the options and ideas on the flip chart. Discuss it with the groups.

Notes

Group needs to identify the lack of different aspects of personal skills.

Ideas to consider:

- John should identify his stressors
- He needs to plan ahead to manage his time and responsibilities

Process questions.

- 1. How can lack of personal skills lead to relapses?
- 2. How can the development of these skills improve one's personal growth?

SECTION TWO

SKILLS SEVEN

BUILDING RELATIONSHIPS

BUILDING RELATIONSHIPS

Building Relationships

In the past, during drug taking days, the client's relationship with his family members, relatives and friends would have been affected to a great extent. Therefore it is very important for them to work towards strengthening those strained relationships. It requires some effort and perseverance. A few simple steps, which if practiced, can help in building healthy and meaningful relationships.

Doing simple things at the right time

For building relationships, small and simple things play an important role and they need to be considered. If a person is sensitive and consciously puts in efforts, every effort would become meaningful.

Communicating care to family members/friends

- ☐ If the co-resident is unwell, take care of him.
- ☐ If your friend is depressed, be with him and provide encouragement.
- If your child is late to school, drop him in the school.
- During stressful periods like examination time, be with your child while he is studying.
- ☐ If you are held up at the office, make a phone call and inform your family.
- On your mother's birthday, remember to wish her first thing in the morning.
- Being present at home during get-togethers or when guests come indicates that you are making efforts to strengthen your relationship with others.
- ☐ If you are attending a wedding or any function, smile or make an effort to enquire in one or two words about their well being as it has been a very long time since you have attended such get-togethers.

Initially, these gestures may be difficult to put into effect. It is essential the clients start doing it immediately, so that these small acts will help them in a big way in getting closer to people.

Listening and sharing

Most of the problems arise only because people don't listen to what others have to say. Many issues get resolved by mere listening and responding.

Listening is important and relationships cannot grow without it. While listening, it is important to look at the other person's eyes and pay full attention.

BUILDING RELATIONSHIPS

- ☐ If your co-resident has a family problem, listen to him.
- ☐ If your wife is complaining about the non-availability of cooking gas, pay attention.
- ☐ If your child tells you about the argument he had with his friend about the school cricket team, give him a patient hearing. It is an issue of concern for the child.

No one is looking for a solution. Just sharing their problems give people a sense of relief. By listening, we affirm the other person's self-worth. We also show that we care and this strengthens the bond.

If you are upset over something that happened in the treatment facility, irrespective of whether it is a major or a minor issue, share your problems with your friend or the coresident. It helps you feel better as well as helps your friend understand the problems you face.

Listening and sharing help in building meaningful relationships.

Allotting time to spend with family members

- Make it a point to have at least one meal together with the family everyday.
- □ Plan outings like movies, restaurants, parks etc with your family members on a regular basis (once a fortnight / once a month).
- □ While shopping for Christmas or Ramadan, go together as a family.
- □ Whenever possible, pray together.

Even though these activities may look very simple, they really add value to life and it is important to make a commitment to involve oneself.

Expressing feelings appropriately

If your wife has gone out somewhere and does not return home early, you become anxious. The real feeling is that you are concerned about her and also worried as to what might have happened to her. When she comes home, you are relieved that she has returned safely. Instead of expressing this feeling, you angrily tell her that she is not concerned about the family and does things, as she likes. This leads to bitterness and worsens the situation.

Here if the husband had expressed his initial feeling of worry for his wife, she would have understood his concern for her.

Ismail came back to his room after attending a self-help meeting in the night. He was angry when he saw clothes strewn all over the room and there was no place for him to sleep. He was very upset with his roommate for being irresponsible. He communicated his feelings appropriately to his roommate. As a result, he felt sorry

BUILDING RELATIONSHIPS

for his irresponsible behaviour. The effective and non-effective ways of communicating are given below:

| Right way | Wrong way | |
|---|-----------|--|
| I came home tired and I was upset when I saw that there was no place for me to sleep. | | |

Making efforts to heal the hurts

Hurts are the blocks, which chain a person to the past. We cling to the past, harbour hurts and try to get even with people.

- Sponsor refused to give money
- □ Father-in-law did not visit you when you were at the treatment centre
- Your mother shouted at you in front of your friends
- You were upset when your wife left you and went to her parents' place

Now during recovery, it is imperative that the individual lets go of the past, forgives those who have hurt. Relationships can be built only if hurts are healed. Following are a few tips.

- You take the initiative and make an effort towards reconciliation
- Recollect all the positive qualities of the person who has hurt you
- Try to understand the problem from the other person's point of you
- Remember you have to let go, not for the sake of others, but for your own sake

Pointing out shortcomings without offending

Words that attempt to bring about a change, most often sting and offend, not so much because shortcomings and mistakes are pointed out, but because the choice of words and the expressions are faulty.

Is it possible to ask the other person to change without sounding offensive or critical?

BUILDING RELATIONSHIPS

a) Choosing the appropriate time

If you are upset with your co-resident, talk to him in the evening while both are free and relaxed, rather than choose the morning hours, when you are busy doing chores at the centre.

b) Pointing out in privacy

Your client has broken one of the rules of the centre, by smoking in the non-smoking area. Don't shout at him in front of other residents, as it might hurt him and make him feel ashamed. Call him alone and talk to him about it.

c) Avoiding comparisons

Comparing one person with another, can lead to resentment. It does not promote healthy competition.

☐ If a resident is not progressing well and is not cooperative, do not compare him with other residents. This would only lead to resentment, and he will not change.

d) Presenting facts appropriately

More than what we say, how we say it is all that matters.

When we are talking about issues that call for a change, we have to be conscious about the tone (avoiding being loud and authoritative). Facts have to be stated and sarcasm avoided. Words like 'always' and 'never' will be countered productive.

- ☐ 'You are always irresponsible'
- You are never going to change!.

These expressions make the person resentful since 'always' decries the past and 'never' imply that one is bound to be in that state forever.

e) Expressing verbally

If a person is dissatisfied with what the other has done, and expects a change from him, he should state clearly what he feels about it. It will be helpful to make him understand the change that is expected of him. Sulking or banging doors, cold stares and other non-verbal messages do not work. They confuse the person and he will not understand where he has gone wrong.

Individuals who enjoy strong, satisfying and stable relationships consciously or unconsciously use the above methods. Practicing these valuable tips will definitely help the client in strengthening his relationship with family and society at large.

BUILDING RELATIONSHIPS

Activity One - Qualities for Building Relationships

Time: 30 minutes Group Size: 25

Additional Resources: Flipchart and pens

Objectives for participants

Knowledge

Understanding that certain qualities are essential for building relationships

Attitudes/Values

Imbibing certain qualities to build and strengthen relationships

Skills

Developing positive qualities to strengthen relationships

Group activity

- 1. Each person has to think and identify one person who was his favourite during childhood a parent, sibling or any relative, a friend, teacher, neighbour, priest in the church
- 2. Each person has to share why he was impressed by that person and what good qualities he has observed in him
- After completing the discussion in small groups, let the members prepare a list of qualities essential for building relationships

Notes

Some participants may have had very difficult childhood. In those cases, help them to identify at least one person who was supportive during that period.

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

BUILDING RELATIONSHIPS

Activity Two - New Methods to Improve Relationships Time: 30 minutes Group Size: 5 Additional Resources: Stories of "Showing Care and Concern' and "Love of Two Elephants"

Objectives for participants

Knowledge

Learning new methods to improve relationships

Attitudes/Values

Taking conscious efforts to improve relationships in recovery

Skills

Identifying new methods to sustain relationships in recovery

Group activity

- Provide the participants stories of "Showing Care and Concern" and "Love of Elephants"
- 2. The group is asked to reflect on the stories
- 3. Each one has to think of methods which would help in building relationships
- 4. One person has to write the methods in the white board
- 5. The group members can classify the methods as
 - Easy to implement
 - Difficult to implement
 - · Very difficult to implement

Notes

While abusing drugs, the relationships would have deteriorated. This exercise helps in identifying various methods for improving relationships.

Request the participants to initiate methods, which they have identified as easy to implement.

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

BUILDING RELATIONSHIPS

SHOWING CARE AND CONCERN

Joseph and Rita had left their small village to earn their livelihood. The villagers would call them the ideal couple. Christmas was approaching in a few days. Joseph wanted to get a gift for Rita. He had no extra money to spare. He did not want to borrow. He had only one possession - his cycle. He decided to sell the cycle to buy a beautiful strap for Rita's watch. Rita also decided to buy a gift for Joseph. 'He has left home only for my sake to earn a living. I should get him a suitable gift'. She had only one asset - her watch. She decided to sell her watch to buy a dynamo for his cycle. 'He comes back late in the night. The pathways are dark. So a light will be an ideal gift for my husband'. Both sold their belongings and bought gifts. On the day of Christmas, Rita asked Joseph to get his cycle. Joseph told Rita to get her watch. Both of them did not know what to do. Joseph and Rita are prepared to willingly sacrifice their only possession to make the other person happy.

LOVE OF TWO ELEPHANTS

There were two loving elephants living in a forest. Both were walking in the forest looking for water. They found some water in a lake. The male elephant asked the female elephant to drink. The female elephant said, 'you are tired and thirsty. You have the water. I can manage for a while'. Each requested the other to drink. In the end, they decided that both would put the trunks and drink. Both the trunks were inside, but the level of water had not come down. The male elephant was holding his breath and waited for the female to drink. The female was not drinking, waiting for the male to drink.

BUILDING RELATIONSHIPS

Activity Three - Happy Life Events

Time: 45 minutes Group Size: 5
Additional Resources: Colour pencils / pens, colour papers, scissors

Story of 'Two Brothers'

Objectives for participants

Knowledge

Understanding the need to take efforts to build relationships

Attitudes/Values

Building relationships is part of recovery

Skills

Learning methods to improve relationships

Group activity

- 1. Provide the participants the story of "Two brothers"
- 2. The group is asked to reflect on the story.
- Ask each individual to recoliect a happy life event marriage, birth of a child, success in examination, celebrating festivals
- 4. Request the members to share the following issues
 - how do these life events bring happiness to their lives
 - the role of family members / friends during these occasions
- Initiate the members to prepare cards to family members / friends appreciating their roles in bringing happiness to their lives.

Notes

In this story, both the brothers were sensitive to each other's needs and had developed the attitude of being helpful. This has strengthened their relationship. The participants should be made to understand that what really counts in life is the amount of care one has for others and the love and care receives from others. It is relationship with family and friends that makes one's life worthwhile.

Provide the group necessary material to prepare cards/paper flowers

BUILDING RELATIONSHIPS

| Group | activity | |
|-------|----------|--|
|-------|----------|--|

Notes

The desire or the thought to renew or build a relationship is like having a seed. There is no point in just having the seed. It has to be sown in fertile soil and allowed to grow into a big tree, which is sturdy and does not get affected by rain and storm.

Make the participants understand that to establish healthy and meaningful relationships, one has to work on it consistently.

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

BUILDING RELATIONSHIPS

THE TWO BROTHERS

Two brothers, one a bachelor, the other married, owned a farm whose fertile soil yielded an abundance of grain. Half the yield went to one brother and the other half to the other. The married man thought, "I'm not being fair to my brother. He isn't married and half the produce of the farm is not a fair deal! Here I am enjoying a secure life with my wife and two kids; so I have all the security I need for my old age. But who will take care of my poor brother when he gets old? He needs to save much more for the future and so his need is obviously greater than mine". With that thought, he got out of his bed, stole over to his brother's place and poured a sackful of grain into his brother's granary. He kept doing this every other night.

The bachelor too had his nightly flashes. Suddenly he would wake up from his sleep and say to himself, "This simply isn't fair. Unlike me, my brother has a wife and two kids to support and he gets only half the produce of the land. His need is obviously greater than mine, and he should receive much more than I do!" Then he would pour a sackful of grain into his brother's granary from his share. This went on for days together.

One day they got out of bed at the same time and ran into each other, each with a sack of grain on his back!

As the story goes, many years later, after their death, when the town folk wanted to build a school, they chose the spot at which the two brothers met, for they could not think of a better place in the town which was holier than that one.

BUILDING RELATIONSHIPS

Activity Four - Converting Negative Thoughts to Positive Time: 45 minutes Group Size: 5

Additional Resources: Work Sheet - Negative Thinking

Objectives for participants

Knowledge

Understanding that negative thoughts are barriers for growth and building relationships

• Attitudes/Values

Realising that it is not how people treat us that determines the way we feel but the way we think about it.

Skills

Learning to convert negative thoughts to positive ones.

Group activity

- 1. Provide them the Work Sheet of Negative Thinking
- 2. Request the participants to convert each negative thought to positive
- 3. The participants to share with the group members the positive statements

Notes

Negative thoughts are barriers for growth and building relationships

Once the participants are aware of these negative thoughts and the basis for them, they can work on strategies to change them to more positive thoughts

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

BUILDING RELATIONSHIPS

Work Sheet - Negative Thinking (Convert the negative thoughts to positive)

| Negative Thinking | Positive Thinking |
|--|-------------------|
| Unrealistic expectations — everyone in the centre must like me all the time. I must be good at everything I do always. | |
| 2. Exaggerating – if I don't do this right, I'll never have another chance. | * |
| 3. Focusing on negatives — I am hopeless in the centre because I am not assigned to important jobs. | |
| 4. Seeing events in isolation – I was not selected to play soccer for the centre, I am no good at anything. | |
| 5. Using self-defeating statements — It's no good trying, I am going to fail again. I just have no luck at all. | |

BUILDING RELATIONSHIPS

Activity Five - John's Recovery Diary

Time: 45 minutes Group Size: 5-10

Additional Resources: Printed copies of the case-let

Objectives for participants

Knowledge

Understand the aspects building relationships.

Attitudes/Values

Recognise that building relationship is an important aspect of growth and relapse prevention.

Skills

Help client in recovery to develop healthy relationships.

Group activity

John wished that he could get closer to people. The old hurts and resentments kept him from establishing an intimate relationship with his family. He understood the need to strengthen the relationship with new non-drug friends. But, he has not been making much progress. He spent time at home but was aloof and distant. His family did not expect him to do much and neither did he get involved. He refrained from attending social and family get together for he was not able to feel comfortable.

What can be done to help John change?

Role-play the situation.

Notes

Emphasise that John wanted to change but did not know how.

Stress that John needs to make effort rather than wait for others.

Ideas to consider:

Identify specific tasks that John could do to participate in family activities.

To encourage John to socialise with the community at large.

Process questions.

How isolation lead to relapses?

How can building meaningful relationship improve one's personal growth?



TRANSPARENCIES



A Process

Group facilitation is a process in which participants are guided by a facilitator through a sequence of learning activities, encouraged to reflect on the experiences and provided with opportunities to lead and be led by their peers through the learning process.

Slide 1-1 Group Facilitation



Goals of Facilitation

- Enhancement of knowledge through exposure to different views and perspective
- Development of effective interpersonal skills
- Learning new ways of responding to a problem
- **Confronting the various denials**
- Making them aware of the personality defects in a nonthreatening way
- Enhancing the motivation to remain in the recovery process
- Helping them to be aware of the highrisk factors
- Providing them with an opportunity to verbalise their problem (damager)
- Assisting them to formulate realistic goals and plans

Slide 1-2 Group Facilitation



Characteristics of an Effective Group Facilitator

| • Being non- judgemental | • Participating | |
|----------------------------------|---|--|
| Being honest | • Being flexible | |
| • Fostering trust | Being firm , fair and goal directed | |
| • Observing | • Being sensitive | |
| Being supportive | • Communicating effectively | |
| • Being a good leader | Acknowledging positive learning | |
| Helping members feel belonged | • Encouraging feeling level interaction | |
| • Recognising the group power | • Ability to conclude effectively | |

Slide 1-3 Group Facilitation



Roles and Responsibilities of the Facilitator

- 1. Model the skills that are being taught.
- 2. Follow the procedures for experiential learning.
- 3. Set a climate of openness, acceptance and support.
- 4. Be sensitive to the needs, styles and personal preferences of participants.
- 5. Introduce, complete and tie together all learning experiences
- 6. Organise material, procedures and facilities required.
- 7. Be task oriented and keep to time.
- 8. Know, understand and be enthusiastic about the material being presented.
- 9. Enjoy the experience ensuring that it is a personal learning experience.
- 10. Call attention to the main learning, its underlying theory and its application.

Slide 1-4 Group Facilitation



Group Facilitators' Function

- 1. Initiating
- 2. Summarising
- 3. Clarifying
- 4. Expediting
- 5. Information Giving
- 6. Information Seeking
- 7. Opinion Giving
- 8. Opinion Seeking
- 9. Encouraging
- 10. Harmonising
- 11. Observing
- 12. Gate Keeping
- 13. Standard Setting
- 14. Following
- 15. Tension Relieving

Slide 1-5 Group Facilitation



Skills for Effective Communication

Attending Skills:

 Maintaining eye contact and showing other facial expressions (indicates interest of the listener).

Following Skills:

- Making no interruption and divertion to the speaker
- Making minimal simple responses to encourage the speaker
- Asking relevant open ended questions to enable the speaker to provide more information

Reflecting Skills:

- Mentioning to the other person about his / her feeling
 - **❖** You must be feeling very sad about the awful incident
 - Sounds like you are very joyful

Slide 2-1 Communication



Skills for Effective Communication

Paraphrasing skills

- Putting in different words what the other person said and checking you have heard it correctly
 - If I understand what you have said to me.....
 - So you are mentioning that
 - So your opinion is
 - Sounds like you believe that.....

Focusing skills

- Nicely telling the other person to focus on their main concern
- "I know that all these matters concern you greatly but can you prioritise your needs so that we can start with the most important one".
- All that you have mentioned can you tell me which concerns you most?

Slide 2-2 Communication



Understanding Non-Verbal Communication

- In general conversations non-verbal components occupy 65% of the message while verbal only occupy 35%
- One's feelings, liking and preferences are communicated non-verbally
- Same feelings, liking and preferences can be expressed non-verbally in different ways for example:
 - Anger can be expressed by a lot of movement and fist shaking or by complete stillness.
 - Blushing can mean anger, embarrassment, nervousness or pleasure.
- Confusion occurs when verbal message contradicts the non verbal action for example
 - Telling someone that you are happy with his action but not smiling at him.

Slide 2-3 Communication



Understanding Non-Verbal Communication

- When communicating liking and acceptance following non verbal actions congruent with the message
 - Soothing voice
 - Open posture
 - Leaning forward
 - **Eye** contact
 - Relaxed mood

Non-verbal communication can be conveyed through

- The distance we maintain from others
- **The setting in which we work and live**
- Our surrounding at home, work or school
- Gestures
- Sighing, crying, frowning, clowning, smiling, laughing
- Our physical appearance
- Soothing clothes
- Masculinity / femininity

Slide 2-4 Communication



Barriers to Effective Communication

Judging

Criticising

- You never understand what I have been telling you

Name calling - That because you are short tempered

Diagnosing

- Obviously you are not interested to work at this moment

Praising to manipulate person

- You are a kind person, can you do this for me?

> Slide 2-5 Communication



Barriers to Effective Communication

Sending solutions

Ordering

: You will come home at 2

o'clock.

Threatening

: If you do not listen to me,

I will...

Moralising

: You should do this.....

Excessive questioning

: When did you leave home?

Where did you go?

How long you were out? Who else were with you?

Slide 2-6 Communication



Barriers To Effective Communication

Avoiding Others Concern

Advising - I would tell you to do these instead of

Diverting - Where did you go for your holiday?

Logical argument - The only way to please your boss is to work harder (the emphasis is on facts and feelings are avoided).

Reassuring - We will solve the problem (making the person feel better but not dealing will the problem).

Slide 2-7 Communication



Decision-Making

- There are many questions which do not have right or wrong answers
- One must be given congenial environment to talk on a variety of options for one problem
- One must be made to understand the need for getting help from others in making proper decisions
- One must be empowered to develop the skill to compare the consequences of different options and to choose the best
- In decision making skill, processes need to be outlined clearly
- Every one problem need to be understood in relation to real life situations
- In the decision making process the most important part is what has to be decided

Before considering various options to a problem data need to be gathered from a wide range of sources (family, friend, experiences etc.)

Slide 3-1 Decision-making



High Self - Esteem

- feels good about oneself
- appreciates others
- shows a genuine interest in and regard for others
- establishes meaningful relationships
- makes use of his full potential, hence confident



Low Self - Esteem

- looks at even minor failures as proofs of inadequacy
- highly critical
- misinterprets others' thoughts and actions and makes himself and others miserable
- self centered diffident



To enjoy a brighter, happier life

- Always think positively about yourself
- Compliment people directly and experience a warm feeling
- Receive compliments with confidence and grace
- Ignore unconditional negative strokes and stay balanced and comfortable

Slide 4-3 Self-Esteem



Assertion

Assertion is a skill through which one can express one's rights and feelings and act in accordance to one's values without hurting others to the extent possible.

Assertive Model

NON ASSERTIVE ACTION

Aggressive Action
respects own rights and feelings
ignores others' rights and
feelings

Submissive Action ignores own rights and feelings respects others' rights and feelings

ASSERTIVE ACTION

Respects own rights and feelings Respects others' rights and feelings

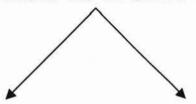
Slide 5-1 Assertion



Importance Of Assertion

- Safeguard sobriety
- Live by the value system
- Strengthen self-esteem
- Strengthen social relationships

Assertion Is Demonstrated



Verbally

- describe the situation
- describe the feelings
- state your decision clearly
- discuss the options and the consequences if required

Non-verbally

- look at the other
- relaxed facial expression
- clear tone of voice
- upright posture

Slide 5-2 Assertion



Personal Skills

Ability to take charge of one's life using knowledge, attitude and skills to lead healthy life style.

- o positive self concept
- o coping with stress
- o manage time appropriately
- o positive thinking
- o setting achievable goals

Issues in stress management

- Recognising signs of stress
- Developing strategies to deal with stress
- Improving coping mechanism

Slide 6-1 Personal Skills



Time Management

 Managing your time does not mean, finding ways to do more things in less time. That just leads to more stress. It means deciding what are the most important things to you and using your time wisely to do only those things.

Ways to help in time management

- Delegate whatever you can.
- Strive for excellence but don't be a perfectionist.
- · Ask for help when you need it.
- Don't fill your day with too many activities.
- Learn to say no. You can't be everything to everyone.
- Locate the sources of your daily stress. Take action to avoid them in the future.
- Realise that you are not Superman or Superwoman. It is just humanly possible to accomplish everything in one day.

Slide 6-2 Personal Skills



Building Relationships

- o Being sensitive to the needs of others
- o Being helpful
- o Being caring
- o Being consistent in the efforts

Slide 7-1 Building Relationships



Steps that help in building relationships

- Doing simple things at the right time
- Openly communicating love and care
- Listening and sharing
- Allotting time to spend with family members
- Expressing feelings appropriately
- Pointing out shortcomings without offending

Slide 7-2 Building Relationships

SECTION THREE

FAMILY THERAPY
IN DRUG
TREATMENT AND
REHABILITATION

INTRODUCTION:

amily therapy is a special form of group therapy that came into common use in 1950s. It had its roots in the finding that many people who showed marked improvement in therapy - often in institutional setting – had a relapse upon their return home. It soon became apparent that many of these people came from disturbed family settings which required modification if they were to maintain their gains.

A pioneer in the field of family therapy has described the problem as follows:

Psychopathology in the individual is a product of the way he deals with his intimate relations, the way they deal with him and the way the other family members involve him in their relations with each other. Further the appearance of symptomatic behaviour in an individual is necessary for the continued function of a particular family system. Therefore changes in the individual can occur only if the family system changes, and resistance to change in individual centres in the influence of the family as a group.

This viewpoint led to an important concept in the field of psychotherapy that is the problem of the "identified patient" is often only a symptom of a larger family problem.

It has also been found interaction of the family with one of its individual members often lead to stress. This situation, if allowed to persist, may not only cause much misery to the individual but also to the rest of the family members. Therefore the practical consequences are great.

Family therapy is concerned with the family system and changes that can be made in that system. Instead of focusing on individual family members' psychological difficulties, family therapists work toward improving group interaction and thereby helping each member to function better.

WHO IS 'THE FAMILY'

- All the members of the nuclear family including the children.
- Extended family members and certain community members (friends, physicians etc) who
 can fulfill roles comparable to relatives.

WHAT ARE THE CORE PROBLEMS THAT THE FAMILY THERAPIST SHOULD ADDRESS, WHILE DEALING WITH ADDICTS AND THEIR FAMILY MEMBERS.

- Inability of the family members to realise that addiction is not a moral weakness, or lack
 of will power but a progressive disease.
- Difficulty in accepting the relapses of the addicts with calmness and understanding and dealing with the same effectively.

- Disharmonious and unhealthy relationships where one or more family members unjustly
 criticise each other, bring down one another's self esteem, interrupt each others in
 fulfilling their responsibilities.
- Difficulties in expressing feelings and discussing personal and interpersonal problems openly and honestly.
- Defective and destructive behavioural responses, which strengthen the addict's abuse of drugs.
- Inability to resolve conflicts, make decisions or solve problems.
- Chaotic organisation and lack of agreed upon responsibility.
- Lack of emotional ties and meaningful communication among family members.
- Excessively rigid organisation, resulting in inability to respond to changing circumstances and stress.
- Over closeness to the point that individual family members may lose any sense of individuality.

HOW TO ADDRESS THESE PROBLEMS

- The therapist to be fair and impartial in discussing disagreements between family members.
- Instead of treating the family members individually, encourage the family to work as a
 group, dealing together with their attitude and feelings towards one another and their
 resistance to cooperation and sharing.
- Provide a valuable forum for expressing hostilities, reviewing emotional ties, and dealing with crises.
- Help the family members improve their relationship skills which will
 - enable them to show care and concern for each other
 - express feelings in a healthy way
 - make responsible decisions
 - cope effectively in difficult interpersonal situation.
- Recognise the destructive roles adopted by the family members and help them alter these with healthy emotional and behavioural responses.
- Educate the family members on important and relevant issues like
 - Characteristic features of the disease of addiction
 - Need for professional help
 - The recovery process and the factors complicating recovery process
 - Relapse symptoms
 - The relapse prevention planning process.

- Help the family to:
 - Assess the causes behind client's relapse.
 - Identify his personal relapse warning signs.
 - Plan and implement intervention strategies.
 - Provide appropriate support to the client in his recovery process.
 - Review with the client his recovery programme, to make sure that he is managing his warning signs well.

Activity One: My Precious Family

Time: 30 minutes Group Size: 5

Objectives for participants

Knowledge

Realise the importance of each family members in life.

Attitudes/Values

Understand the feelings involved in recalling happy family memories.

Skille

Learn to identify that all family members possess positive strength.

Group activity

- 1. Divide the participants into groups of 5.
- The participants think of happy family memories, which they would like to share with their group members.
- 3. Have them share these memories with the group members.
- Ask them to discuss among themselves feelings associated with and the importance of each and every family member.

Notes

- Highlight that each one of us is unique with our strengths and weaknesses.
- Everybody has a significant role to play in creating harmony in the family.
- Emphasise that family members must recognise each others strengths and with the assistance of the facilitator help each other strengthen their positive qualities and overcome their weaknesses.

Process questions

Activity Two: Building a Strong Bondage

Time: 35 minutes

Group Size: 4

Additional Resources: Flip charts, marker

Objectives for participants

Knowledge

Participants recognise the need for healthy relationship.

Attitudes/Values

Understand the feelings associated with different types of relationship.

Skills

Learn to participate in groups to identify qualities of healthy relationship and their importance.

Group activity

- Participants close their eyes for 5 minutes and think how they would feel if they did not have a family.
- 2. Have them open their eyes and share their thoughts with the larger group.
- 3. Divide the participants into small groups, each group consisting of about 4 members.
- 4. Ask each group to identify at least ten qualilties that are essential in a healthy relationship. Write down these qualities on a flip chart/board.
- Have them discuss why and how each of these qualities are important in a relationship.
- Have a volunteer from each group present their work to the rest of the participants.

Notes

- Can be used to build healthy relationship.
- Highlight different qualities needed to build healthy relationship.
- Develop understanding on different qualities of healthy relationship.

Process questions

Activity Three: Sharing of Responsibility

Time: 20 minutes Group Size: 5 - 10

Additional Resources: 20 small items.

Objectives for participants

Knowledge

Recognise the need of sharing responsibilities.

Attitudes/Values

Understanding feeling associated with sharing of responsibility.

Skills

Practice ways of sharing responsibilities.

Group activity

- 1) Divide the participants into 2 groups, each group consisting of 5-10 members
- 2) Provide each group with list of activities For example:
 - Sharpening a pencil
 - Threading the needle
 - Folding shirts
 - Making a paper boat
 - · Pouring water into a bottle from a glass
 - Writing name and address on an envelope
- 3) Ask the members of group I to do the tasks independently and the members of group II to do it together.
- Discuss the advantages and disadvantages of working alone versus working in group.

Notes

- Highlight how sharing of responsibility helps.
- Sharing of responsibility bring togetherness.
- Stress lowers down when responsibilities are shared

Process questions

Activity Four: Reaching the Gold Mine

Time: 30 minutes Group Size: 10 - 15

Additional Resources: Flip chart, marker, list of recovery supporting factors and hindering factors.

Work Sheet: Reaching the Gold Mine

Objectives for participants

Knowledge

Understand different factors that help or hinder the recovery process.

Attitudes/Values

Feel the importance of adhering to factors responsible for recovery.

Skills

Learn to overcome the hindrances of recovery process.

Group activity

- Divide the participants into 2 groups each consisting of 10 15
 members and have them sit face to face on the opposite sides of
 the room.
- 2) Each participants of the first group will have a statement written on their back, some of which can help a person to reach a drug free world while others hinder the process (Refer to the Work Sheet)
- 3) To the second group give instructions that they need to reach the gold mine which is a drug free world and to do this they have to hold the hands of a person belonging to the other group who he/she thinks will be capable of taking him/her there.
 - Person of group 2 if touches a member of group 1 who cannot take him there to the drug free land he will be disqualified.
- 4) Both the groups will discuss why these factors help or hinder a person to reach a drug free world and how one can overcome hindrances.

Notes

- Family members understand factors responsible for recovery.
- There are certain factors, which cause hindrance to recovery.
- Strategies must be developed to overcome hindrances.
- One must go through proper processes to stick to recovery.

Process questions

Work Sheet: Reaching The Gold Mine

| Factors helping recovery process | Factors hindering recovery process | |
|------------------------------------|------------------------------------|--|
| Good money management | Substitute drugs | |
| Spending more time with family | Addicted peers | |
| NA meetings | Unemployment | |
| Follow up | Family members' mistrust | |
| Making use of positive alternative | | |
| Taking adequate rest | | |
| | | |
| | | |
| | | |
| | - | |
| | | |
| | | |
| | | |

Activity Five: Perfect Match

Time: 30 minutes Group Size: pairs

Additional Resources: Mounting board, scissors, marker.

Work Sheet: The Perfect Match

Objectives for participants

Knowledge

Be informed with a number of problems that an addict may face during his recovery process.

Attitudes/Values

Identify feelings involved in facing problems and recognise the influences of problems in the recovery process.

Skills

Learn to identify the nature of support that can be provided to the addict during such problem.

Group activity

- Identify a number of problems that a recovering addict may face along with the nature of support that the family members may provide to him during such problems.
- 2) For each problem and their solution cut a design out of mounting board. Next cut the design into 2 halves. In one half write a problem and in its corresponding half write the solution (Refer to the Work Sheet)
- 3) Shuffle all the design cards together.
- 4) Give each participant the half design and have him or her hold the design with the blank side facing them, so that they cannot read the side with the words printed on it.
- 5) Tell the participants that they have to find their match by comparing shape and size of each other's design. Have them circulate around the room until they find someone whose design fits theirs.
- 6) When all the participants have found their matches they can turn around their designs and see what is written on their card.
- Have each pair come forward and read what is printed on their design.
- 8) Participants are to discuss with their partners and find out several other solutions to their problems.
- 9) Each pair is to present their work to the larger group.

Process questions

What did we do? What did we learn? How did you feel? Why did we do this activity? How would you use this?

Notes

- Family members need to know the problems an addict faces during recovery.
- Every problem should be taken care of.
- Appropriate family support is of utmost importance for recovery.

Work Sheet: The Perfect Match

| Problems | Solutions | | |
|------------------------|---|--|--|
| Angry outburst | Patient hearing | | |
| Guilt feeling | Helping him to make amends for what he has done | | |
| Inferiority complex | Enhancing self esteem | | |
| Sensitive to criticism | Positive strokes | | |
| Depression | Sharing | | |
| Early ejaculation | Consulting a doctor | | |
| Getting stressed | Helping to mediate | | |
| Sleeping disturbances | Arrangement to hear good music | | |
| Feeling bored | Engaging in positive alternatives | | |
| Intense craving | Seeking counsellor's help | | |
| Unemployment | Engaging in family chores | | |

Activity Six : Family Dance Steps

Time: 25 minutes Group Size: pairs

Additional Resources : Ballroom dancing music

Objectives for participants

Knowledge

Learn that one needs to go through a process to be out of co-dependency.

Attitudes/Values

Recognise the feeling associated with faulty learning.

Skills

Learn to seek help for codependent behaviours.

Group activity

- 1) Participants will be divided into 2 groups.
- 2) Ask the participants in group 1 to volunteer as persons who belong to loving functional families. These persons will dance in pair to slow music. The couples will assume the traditional style of dancing. The females will extend their right arm sideways and place their left hand on the shoulder of their male partners. The males will extend their left arm sideways and place their right hand at their female partners' waist. As the music begins the couples are to dance several steps.
- 3) Participants of group 2 will volunteer as persons belonging to dysfunctional families. Here the couples will dance in a wrong way. Those acting as females will extend their left arm sideways and place their right hand on the waist of their partner. The males will extend their right arm sideways and place their left hand on the shoulder of their partner. As the music begins the couples will dance several steps. This dancing will be more awkward than the first dancing.
- 4) Next everyone is to change partners so that the pair consists of one person reared in functional family and one reared in dysfunctional family.
- Ask the participants from the dysfunctional family, how they felt when their partners were changed and they danced in the correct style.
- Explain that persons with codependence have to learn new styles of dancing in order to have healthy relationship with others.

Notes

Highlight

- Codependence are people who do not take drugs but are victimised by chemical abuse of a family member.
- In a co-dependent family, members cannot express their feelings openly and honestly, cope with problems their adequately or trust each other. Furthermore, they display self destructive and irresponsible behaviour, have confused attitude and values, have inadequate decisionsmaking and communications skills.
- Through their unhealthy coping skills the codependent members unconsciously strengthen the addict's habit to abuse drugs.

Process questions

Activity Seven: Intervening the Relapse Process

Time: 45 minutes Group Size: 5

Additional Resources: Work Sheet: A Case of Repeated Relapses, flip chart, marker.

Objectives for participants

Knowledge

Learn to identify the causes and the warning signs of relapse.

Attitudes/Values

Understand the necessity of interrupting the warning signs as soon as they are identified.

Skills

Helping the addicts deal effectively with warning signs or relapse.

Group activity

- 1) Divide the participants into groups of five.
- 2) Provide each group with the case study of repeated relapses given in the Work Sheet.
- 3) Ask the participants of each group to
 - Identify the warning signs.
 - Find out the causes behind repeated relapse.
 - Develop concrete plans to interrupt each of the warning signs.
- 4) Each group present their work one at a time.

Notes

- Highlight the necessity of family members' involvement in the client's relapse prevention planning.
- The warning signs are to be interrupted as soon as they are identified.
- It is advisable to develop a number of management strategies to deal with each of the warning signs, so that if one alternative fails can be utilised.

Process questions

WORK SHEET: A CASE OF REPEATED RELAPSES

David, a 35-year-old man is presently working in a renowned fashion designing company. He first got addicted to heroin at the age of 20 years, when he was doing his graduation and at the same time preparing himself to get enrolled in an esteemed designing institute. He got himself treated and was sober for at least 3 years. Around this time he got married to Lucy, his long time love.

A month after their marriage Lucy found out that David was getting very irritated and angry over silly matters. Impatiently he used to walk up and down the balcony. Sometimes he would be in the garden, restlessly moving around. To avoid Lucy's queries he usually explained this as a need for fresh air.

Gradually, David started taking too much workload home most of which remained undone. Working late nights became very common. After a week or so he started to think that he was overwork and in need of a sound sleep. He found some respite through sleeping pills. Two months later Lucy realised that he had again gone back to heroin. She immediately consulted David's counsellor and he was treated.

Things got worse after his father's demise. He used to get up at night and feel scared. David also started having nightmares. This time he couldn't resist himself and went back to the habit for the third time. The arduous process of detoxification continued. But his wife lost patience when the fourth time he relapsed, as he was promoted to fatherhood.

SECTION FOUR **DRUG COUNSELLING**

DRUG COUNSELLING

Drug Counselling

The purpose of this section is to provide practitioners and trainers with specific information about principles of counselling, role of the counsellor and the skills necessary for it. The material presented here is general and it could be adopted by the counsellors who are involved in the rehabilitation of drug addicts and their families. The material is not based on any particular theoretical model. However the objective of the treatment is helping the abuser to attain "Whole Person Recovery" where the abuser remains drug free, crime free and gainfully employed.

Initial approach - assessing the problem

When the drug abuser is brought to a rehabilitation centre, it is worthwhile spending time with him explaining the nature of the treatment programme and the expectation of the programme. Also before the counselling could start, the drug abusers should be weaned of from the effects of drugs through detoxification. Assessment of co-existing psychiatric problems also should be assessed before the actual counselling session begins. Otherwise co-existing psychiatric problems like mood disorders, paranoid symptoms can block the counselling process. This way the counsellor would get an opportunity to assess his motivation to quit drugs and adopt new healthy way of life. If the motivation is very low, then the counsellor spends time to motivate him to stay in the treatment programme. The counsellor should be familiar with the techniques of motivating the drug abusers. Sometime, it is possible to admit clients without any motivation.

Once the drug abuser in actively inducted into the rehabilitation programme an individual counsellor can be assigned for him. This counsellor spends sufficient time individually with him to understand his drug history, family history, personal history, sexual history, marital, occupational and financial history. After this, the counsellor makes the plan with the client to work out the counselling session.

Definition of counselling

Counselling is a scientific process of assistance extended by an expert, in an individual or group situation, to a needy person(s). The process aims at enabling the individual to learn and pursue more realistic and satisfying solutions to his difficulties. According to Carl Rogers, counselling is a structured relationship, which allows the client to gain understanding of himself to a degree, which enables him to take positive steps in the light of his new orientation.

Purpose

- 1. It is aimed at assisting an individual toward self-knowledge, self-realisation, and self-development;
- It is also aimed at the progressive development of the individual to solve his problems unassisted;
- 3. It is giving the individual just enough help to enable him to solve his own problems, but not to make him dependent or helpless.

DRUG COUNSELLING

The difference between counselling / guidance / advice / psychotherapy

| Psychotherapy | Advice | Guidance | Counselling |
|--|--|---|-------------|
| Is individual oriented and focuses mainly on early childhood | Involves an experienced mature adult talking to an | Is a comprehensive process which enlightens individuals regarding a | |

Specific features of counselling

Counselling is a series of activities performed in relation to an individual/group and its/their needs.

These activities are systematically planned and are inter-related.

These activities are carried on over a period of time, the length of which is dependent upon the needs of the client. Counselling sessions are usually held every alternate day initially and once a week or less frequently in the later stages. Each session should lasts for 30 to 60 minutes.

Qualities of a counsellor

The expert, apart from having thorough knowledge and in skills, drug counselling should also possess the other specific qualities discussed below.

- A good listener: A counsellor needs to possess an inherent trait for being a good listener. A counsellor should give up a fondness or 'love for his own voice'.
- Empathy: Rogers defined empathy as 'an ability to sense the client's private world as if it were your own', but without losing the 'as if' quality.
- Patience: Patience implies the ability to maintain equanimity during delays, to remain undisturbed in the midst of obstacles and to keep a non-complaining calmness during the development of failure.
- Emotional Maturity; this calls for a well-balanced counsellor who does not get unduly swayed.
- Genuineness: the ability to experience and share with the client, the feelings, which a counselling encounter, arouses in the counsellor.
- Flexibility: Effective counsellors should be able to adapt both their role and pace according to the client's needs and capacities.
- Self-disclosure: Ability and willingness to share any relevant personal experience with the client.

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Basic principles of counselling

Respect for the client

The skill of a counsellor lies in communicating a sense of self-respect to the client. The client needs to accept the belief that every person possesses the inherent strength and capacity to 'make it' in life, and that each person has the right to choose his own alternatives and make his own decisions. It is also important that respect for the client should be reflected in the manner the counsellor conducts herself. She/he should always be professional; for instance she/he should not be late for appointments and should never talk or treat the patient in a derogatory or disrespectful manner.

Being a Role Model

The counsellor should set an example to the client through his/her personal behaviour and attitude.

Confidentiality

Maintaining confidentiality is very important in a counselling relationship as this leads to the development of trust. The counsellor should not reveal the client's identity, personal details and other such information to other people without the client's permission. In addition, she/he must assure the client that confidentiality will be maintained to gain his/her trust.

To be in Command

Once an assessment is made and counselling has begun, the counsellor should be able to guide the client away from trivialities or irrelevancies. The counsellor who allows himself/herself to be manipulated without knowing it will not be able to command the client's respect.

Emphasising the Client's Personal Responsibility for Recovery

The counsellor should be able to guide the client in the early stages of recovery and make him understand that the recovery process ultimately rests with the client.

Providing Direction and Encouraging Self-Direction

The counsellor must strike a balance between providing direction and allowing the client to be self-directed. It is essential that the counsellor create a structure in the session that includes giving the client feedback on his progress in recovery. He/She identifies the relevant topics for discussion, based on what the client seems to need, and introduces those topics. At times the counsellor may direct the client to change certain behaviour.

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However, the client should also be encouraged to be self-directed. For example, within the framework of a particular topic, perhaps coping with 'social pressure to use', the client may explore how to manage this problem best, and the counsellor will respond to the patient's ideas. If the patient seems unable to change some aspect of addictive behaviour, the counsellor should accept the situation and assist him to explore those perceptions or situations in a way that might allow him to deal with them differently. A balance needs to be maintained so that there is respect for the patient, acceptance of where he is, and still provide motivation for abstinence and recovery.

Conscious of Own Issues

The counsellor needs to be aware of the possibility of his/her own issues being triggered by a clients' problems; she must consciously refrain from responding from within the context of her own personal issues. For example a counsellor in recovery may feel that it is personally important for him/her to break ties with addicted peers to maintain sobriety. If this counsellor happens to work with a patient who has an addicted sister with whom the patient has a valuable relationship, it is important that the counsellor be flexible and respond creatively to the clients' own perception of the problem.

Transference / counter transference

Sometime counsellor and counsellee relationship can turn into some other form of relationship. It is called transference. Here in this relationship the counsellor start loving him as his father, brother or partner role. This cannot be allowed to happen in counselling. This may destroy the progress of the drug abuser in treatment.

Counter transference is the negative feelings that the counsellor develops towards the counsellee. In that case, the counsellor should shift the client to another counsellor otherwise the client will not make any progress.

Therapeutic skills used in counselling

Attending Skills

- > Eye contact
- ▶ Body Language
 - Distance
 - Leaning forward
 - Facial expression

The skill of attending is the foundation on which all other skills are built.

Guidelines for effective attending:

- communicate listening through eye contact and facial expressions
- maintain a relaxed physical posture and lean forward occasionally, using natural hand and arm movements
- verbally 'follow' the client, using a variety of brief encouragements such as 'um-hm', 'yes', or repeating key words.

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Attending helps the client to

- relax and feel comfortable
- express his ideas and feelings freely in his own way
- trust the counsellor
- feel more responsible for what happens in the session by enabling him to direct the session.

Attending enables the counsellor to

- obtain accurate inferences about the client through careful observation.

The client may ask the counsellor about the availability of medical help to deal with the withdrawal symptoms. The counsellor may notice that he sits on the chair wringing his hands and looks very anxious. Even if the client does not say so verbally, the counsellor recognises the need for reassurance.

Paraphrasing

Paraphrasing is a response that restates the content of the client's previous statement. It concentrates primarily on the words spoken, the content which refers to events, people and things. In paraphrasing, the counsellor reflects to the client the verbal essence of his last comment or last few comments. More often, paraphrasing is using words that are similar to the client's, but fewer in number.

Client – My mother constantly irritates me. She picks on me for no reason at all. She likes only my younger brother and pampers him all the time. She is the reason for my drug taking. Even if I give up drugs, she will not change.

Counsellor – You are having problems in getting along with your mother. You are concerned about your relationship with your mother.

'Paraphrasing' can be an indicator to the client of the counsellor's accurate verbal following. It sharpens the client's meaning to have his words rephrased more concisely and often leads him to expand his discussion on the same subject. It can spotlight an issue, thus offering a direction for the client's subsequent remarks.

Paraphrasing helps the client to

- realise that the counsellor understands what he is saying
- get a sense of direction
- clarify his remarks.

It enables the counsellor to

- verify his/her perceptions of the verbal content of the client's statements
- spotlight an issue.

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Reflection of Feelings

The counsellor expresses the essence of the client's feelings, either stated or implied; this is 'reflection of feelings'. Unlike in paraphrasing the focus is primarily on the emotional element of the client's communication. The counsellor tries to perceive the emotional state of the client and feed back a response that demonstrates her understanding of the client's state. It lets the client know that the counsellor understands what he is experiencing and feeling. This empathy reinforces the client's willingness to express his feelings more openly. It also gives the client an opportunity to recognise and accept his feelings.

Client – When I go home in the evening, my house is in a mess. My wife returns home from work only at 7.00 p.m. The kids are dirty and making noise all the time. My wife never takes interest in preparing good food. I don't feel like going home at all.

Counsellor - You are not satisfied with the way she is running the house; that irritates you.

Reflection of feelings helps the client to

- realise that the counsellor understands what he feels and experiences
- bring to the surface any feelings that may have been expressed only vaguely
- learn that feelings and behaviour are connected.

It enables the counsellor to

- check whether or not she is accurately reflecting what the client is experiencing
- bring out problem areas without the client being pushed.

Self-Disclosure

Self-disclosure is the act of sharing the counsellor's own feelings, attitudes and experiences with the client, which helps him in his personal growth. The counsellor who has been through addiction can especially share from his/her past experience to help the client recognise and deal with problems that he may have encountered. The following guidelines should be kept in mind during self-disclosure.

- The disclosure should relate directly to the client's situation.
- The counsellor should disclose only experiences that have actually happened to her (personal pronouns such as 'I', 'me', 'my', or 'myself' can give a clear message that it is her own experience).
- The counsellor should guard against any self-disclosure that is likely to shift the focus of the interaction away from the client to the counsellor. Self-disclosure should be of therapeutic value to the client and not to the counsellor. Self-disclosure is neither an opportunity for the counsellor to talk a lot about himself and find relief in sharing, nor boast about her growth and receive appreciation for her efforts.

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Self-disclosure helps the client to

- build a sense of trust and rapport with the counsellor
- reduce his feelings that he is alone in the situation he is experiencing (he comes to realise that his counsellor also had problems and made mistakes)
- create an atmosphere in which he feels free to express feelings and share information that he had previously avoided.

Self-disclosure is important to the counsellor because

- it enables the relationship to move to deeper levels by fostering a feeling of empathy.

Summarising

Summarising is bringing together the main points discussed in a counselling session. Summarising can focus on both feelings and content (information), and is appropriate after discussion of a particular topic within the session or as a review at the end of the session of the principle issues discussed. In either case, the summary should be brief, to the point, and without new or added meanings.

Counsellor – We discussed your relationship with your wife. You said that there were conflicts right from the start. The conflicts related to the way money was handled and that she often felt you gave more importance to your friends. Yet on the whole, things did go on well and you were quite happy until 3 years ago. Then the conflicts became more frequent and more intense so much so that she even left you twice and talked of divorce too. This was also the time when your drug addiction was at its peak. Have I understood the situation properly?

Summarising clarifies the client's meaning by having his scattered thoughts and feelings pulled together. It can terminate a session in a logical way through a review of the major issues discussed in the entire session and also help link one session to the other.

Counsellor – We were talking about your drug use pattern during our last session. You mentioned that you have been using heroin regularly and ganja quite heavily for the past 5 years. Today, let us talk about how your family reacted to it.

Summarising helps the client to:

- clarify meaning
- realise that the counsellor understands what he is saying and feeling
- have a sense of movement and progress.

It enables the counsellor to:

- ensure continuity in the direction of the session by providing focus
- verify her perceptions of the content and feelings discussed
- terminate a session in a logical way
- focus on one issue while acknowledging the existence of other concerns.

DRUG COUNSELLING

Processing

This takes place within the counsellor, between her listening and responding to the client. This includes the counsellor's ability in mentally cataloguing data - the client's beliefs, knowledge, attitudes and expectations and thereafter categorising factors influencing the client's judgement and performance.

For example, after a few sessions, the counsellor may make the following observations:

The client started using drugs before his marriage. It was a joint family and according to his mother, his father and brothers were running the family. The client's contribution was minimal. As he was the youngest in the family, they did not make any demands on him. After the marriage, the couple set up an independent establishment. According to the wife, he was contributing initially but over a period of time, this lessened. Since the wife was employed and they had no children, they were able to carry on. Once in a while, he would spend money and buy things like a vacuum cleaner or an oven. He would always justify that he is contributing for the family. From various interactions, it was clear that the client had no financial discipline. As part of the counselling session, the client was made to understand the need to plan a budget and make a commitment towards contributing to the family.

The information given by the client and his family in bits and pieces is put together using the counsellor's own judgement and observations. She then understands the situation in its totality. Based on this processing, the counsellor helps the client develop a meaningful plan for the future.

Responding

Probing

Probing is the counsellor's use of a question or statement to direct the client's attention inward to explore his situation in greater depth. A probing question should be open-ended, requiring more than a one-word answer ('yes' or 'no') from the client. Probing helps to focus the client's attention on a feeling or content area. It may encourage the client to elaborate, clarify or illustrate what he has been saying. It sometimes enhances the client's awareness and understanding of his situation and feelings. Probing directs the client's attention to areas that, according to the counsellor, need attention.

Client – I was always known to be a good worker. I even received an award for excellence four years back. It is only the past 2 years, that I have been having problems at work. Anyway, I will get it all right when I go back.

Counsellor – Tell me about the problems you have been having at the work place?

The counsellor should use her judgment to identify the subject or feelings touched upon by the client that need further exploration. It is important that the counsellor uses the technique of 'probing' only after 'attending' to the client.

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Probing helps the client to

- focus his attention on a feeling or content area
- become aware of and understand his situation or feelings
- focus his attention on areas the counsellor thinks need attention
- avoid interrogation (who, what, why)

It enables the counsellor to

- better understand what the client is describing.

Interpreting

Effective interpreting has three components – determining and restating basic messages; adding counsellor's ideas for a new frame of reference; and checking out these ideas with the client.

It is very important that the counsellor uses the skills of attending, paraphrasing, reflection of feelings and summarising prior to and in conjunction with interpreting. The first step in interpreting is to determine the basic messages the client has expressed or displayed, and restate them. As the counsellor is restating them, he will have some idea about alternative ways of viewing the client's situation, or may begin to see connections, relationships or patterns in the events the client describes. When these ideas are included in the material being restated to the client, the counsellor adds ideas to offer the client a new frame of reference from which to view his situation.

Counsellor – You say you had difficulty in getting along with your parents. Once you mentioned that sometimes you simply broke the rules for the sake of breaking them. You have given up three jobs. Each time you said it was because of the negative behaviour of the boss. You feel you are unable to relate to the warden here in the treatment centre. Can there be a possibility that you find it difficult to accept authority?

Because the counsellor is offering alternative viewpoints, it is very important to phrase them tentatively or to check out directly with the client his reaction to the new point of view. Tentative phrases like 'The way I see it ...' or 'I wonder if ...' are appropriate ways to begin an interpretation. Then there is a better chance that the client will see the offered interpretation as a possibility rather than as a judgment. He is thus more likely to react to an interpretation openly if it is offered tentatively.

Interpreting helps the client to

- realise that there are more ways than one to look at most situations, problems and solutions
- become more flexible and to explore new points of view
- understand his problems more clearly.

Interpreting enables the counsellor to

- share a new perspective for the client to consider
- open out new coping strategies to deal with the issues.

DRUG COUNSELLING

Confronting

Confrontation is the deliberate use of a question or statement by the counsellor to induce the client to face what the counsellor thinks the client is avoiding. The counsellor may, for example, point out discrepancies between the client's verbal and non-verbal behaviours, between two of the client's statements, or between the client's past behaviour and his behaviour in the counselling sessions.

In confrontation, the counsellor identifies contradictions that are outside the client's frame of reference, whereas paraphrasing, reflection of feelings and summarising involve responding within the client's frame of reference. In using confrontation, the counsellor gives honest feedback about what he perceives is actually happening with the client. Confrontation should not include accusations, evaluations or solutions to problems.

Sometimes the counsellor may not know what to do after she attempts a confrontation. The following guidelines may be of help.

> If the client accepts the confrontation and agrees with the discrepancy pointed out, the counsellor can use the opportunity to reinforce positive behaviour.

I am happy that you are able to see the problem from this angle. Let us plan what we can do about it.'

> If the client denies the confrontation, the counsellor should return to an empathetic response.

You are finding it difficult to see the problem the way your family members and I perceive it. It seems to be bothering you. Think about it. Let us talk about it later.'

- > The client may not be ready at that point of time to deal with the discrepancy and it would not be helpful to persist with the confrontation. It can however, be dealt with at the appropriate point in time.
- > The client may simply act confused or ambivalent after a confrontation. In that case, the counsellor should focus on the current feeling.

You seem to feel confused by my statement. Let me make myself clearer.'

An effective confrontation breaks down the defenses of the client, which he has consciously or unconsciously put up. It will enrich the condition of empathy in the counselling relationship if the client perceives the confrontation as stemming from the care and concern of the counsellor.

Confrontation helps the client to

- become more congruent (what he says corresponds with how he behaves)
- break down necessary defenses which the client has consciously or unconsciously put up
- focus on problems on which the client might take action or change his behaviour.

DRUG COUNSELLING

Confrontation enables the counsellor to

- establish himself as a role model in using direct, honest and open communication.

Silence

Silence can be very powerful. It can be a time when things really 'sink in', and feelings are strongly felt and recognised. When combined with 'attending cues', it can serve to encourage the client to continue sharing. Silence can allow the client to experience the power of his own words.

Clients that need special attention in counselling

1. The woman abuser

The skill needed to help a woman abuser is very specific to her emotional problems and exiting support system. The woman abuser often needs intensive therapy for recovery. Her feelings of share, guilt, anxiety and depression will be very high and in counselling, the counsellor should give enough opportunity to resolve it. Needs more time and support and understanding.

- 2. Couples addict
- 3. Adult children of addicts (ACA's)
- 4. Client with dual diagnosis
- 5. HIV positive client
- 6. Client with severe physical problem
- 7. Adolescent abuser
- 8. Homosexual abuser
- 9. Referred cases from person
- 10. Clients with no social support at all

SECTION FIVE IMPLEMENTING LIFE SKILLS **TRAINING**

IMPLEMENTING LIFE SKILLS TRAINING

Implementing Life Skills Training

The objectives of the Colombo Plan Drug Advisory Programme (CP-DAP) Training Initiatives are to integrate the enhancement of life skills as a component of the treatment plan and encourage countries to organise Training the Trainers (TOT) workshops. Thus, this section is incorporated to assist trainers and treatment practitioners to achieve the objectives in a more efficient manner.

A. Integrating Life Skills in the Treatment Programme

Below is a table/matrix recommending the integration of various skills into the treatment and rehabilitation programme :

| Life Skills | When to integrate |
|---|---|
| ❖ Self-esteem | Can be integrated in the beginning and should be sustained all through out the recovery journey of the client and be re-emphasised during the after-care. |
| Communication | Integrate at the beginning of the initial treatment plan and essential skills for group processes. |
| ❖ Decision Making | Introduce during the pre re-entry phase of the treatment and to be continued in the after care in order to make right decisions to lead a drug free life style. |
| ❖ Assertion | Integrate in the middle phase of the treatment process. |
| Personal Skills | It is done through the continuum of care model |
| Building Relationship | Integrate in the middle phase of the treatment |
| ❖ Group Facilitation | For the counsellors and facilitators to address all the above skills and making easy assessment in the development of the client. |

B. Organising of the TOT workshop

Selection of Participants

The selection of participants should occur well before discussions on the aims of the workshop as their inputs should be used in the workshop programme preparation.

Participants of the workshop should be individual

- are interested and involved in and committed to the treatment programme,
- have good rapport with and are respected by peers,
- · have the opportunity to include life skills in the treatment programme,
- · are likely to be in the same role for two to three years, and
- have attitudes, values and behaviour compatible with the principles for drug treatment and rehabilitation.

IMPLEMENTING LIFE SKILLS TRAINING

Selection of Venue

Consideration must be given to the selection of the venue because of its significance in setting the atmosphere for a productive workshop. A suitable live-in venue is one that:

- has a conference room that will accommodate all participants and be suitable for group activities,
- is isolated from local and normal work distractions,
- · is peaceful and free from other residents as much as possible,
- is able to provide healthy food and beverages, on time and responsive to participants' needs.

Needs Assessment

Before the workshop, nominated participants are surveyed to find out their needs, concerns and interests in drug treatment. While the facilitators believe that some things are essential and others are not as important, it is vital to address all of the needs and concerns that are expressed by the participants. Personal experiences, alcohol and drug related situations, issues raised in the needs assessment and resources are used to provide the context in which the skills are developed.

Some facilitators say and believe they need the following, to teach about drugs:

- personal experience "If you have not tried drugs, how can you teach about it?"
- information on recognition of drugs, users and pushers,
- posters, slogans, films and other simple solutions to complex behaviours,
- · treatment skills for crisis intervention, and
- · "experts" to come in and teach about life skills

What may be more beneficial for practitioners is:

- administrative support, resources, training, curriculum, policies and procedures,
- parental support,
- community support and involvement,
- · a planning committee in the centre, which includes clients, and
- reassurance about their own competence.

Aims and objectives

- develop values/attitudes conducive to effective skill-based drug treatment,
- promote ability and confidence to deliver drug treatment skills within programme areas,
- increase participants' ability to assess the drug treatment needs of the client population in relation to the community and the centre environment.
- improve participants' personal and social skills,

IMPLEMENTING LIFE SKILLS TRAINING

Workshop Format

Introductory Session

- Address the philosophy, rationale and aims of skill-based drug treatment.
- Present country profile of treatment modalities and other related issues.
- Provide some local statistics, which is usually requested in the needs analysis. This
 specific information is also woven throughout the activities in the workshop.
- Give treatment resource material for participants' personal use and encourage interested participants to research relevant facts.
- Discuss needs of the clients and its appropriate action. If this information are not dealt with adequately the acceptance of the rest of the programme by many practitioners can be affected.
- Raise the idea of volunteers. Participants are asked throughout the workshop to volunteer in pairs to present a short activity relating to a skill. This provides a chance to practice what is being modelled and receive feedback from peers and the facilitator.

Small Group Learning Sessions

Participants work in small groups, dealing with:

- · theory and practical experience in group facilitation
- communication and decision making
- building relationship
- assertion and values
- enhancing self-esteem
- personal skills
- stress management

Besides the above, the following are to be integrated:

- Counselling skills
- Family Therapy
- After care and Relapse
- Recovery journey

Planning Session

At the end of the six-day workshop it is suggested that the participants re-echo the activities or try out in their respective setting and to review the current treatment framework in which drug treatment is taught. A curriculum framework, including skills based drug treatment, can be developed with the idea of extending and enhancing the learning environment.

IMPLEMENTING LIFE SKILLS TRAINING

Sample Training Programme

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 |
|-----------|-------------------------------------|-------------------------|--|-------------------|------------------------------------|-------------------------------|
| Session 1 | Registration Opening Ceremony | Recovery Journey | Aftercare and Relapse Prevention | Family Therapy | Personal Skills II | Building Relationships |
| Session 2 | Orientation and Introduction | Communication I | Group Facilitation II | Assertion I | Self-Esteem | Small Group Closure |
| Session 3 | Country Drug Situation | Communication II | Decision Making I | Assertion II | Field Trip | Gallery Walk/ Action Plans |
| Session 4 | Treatment Principles and | Group Facilitation I | Decision Making II | Personal Skills | Field Trip | Evaluation |
| | other related issues | and Small Group Work | | | Plan and Care Country Action Plan* | Closing |

*Note: Country Action Planning in the night on the fifth day of the training

IMPLEMENTING LIFE SKILLS TRAINING

Training Methodologies

Experiential learning

The method of learning and teaching used in this training programme is called experiential learning because it involves active participation in structured learning experiences or activities. The experiential learning theory is a combination of learning styles including:

- Concrete experience doing things rather than learning from books;
- Observation and reflection watching the facilitator and other participants and thinking about what they have seen and experienced;
- Abstraction, generalisation and concepts understand the theory and purpose behind the activities and link these to the real life situation; and
- Testing out new ideas and seeking implications using the safe learning environment to explore ideas and theories as well as hypothesise.

In the experiential learning method it is important that the facilitator:

- Is not influenced by the previous background/experience of the participant;
- Is sensitive to the humanity of the participants and try to create a successful learning outcome to develop their self-confidence and self-esteem;
- Is responsible for the rate of presentation of material and subsequent processing, ensuring that it does not proceed too quickly; and
- Acknowledges the huge reservoir of learning resources available from within the participants as a result of their personal and professional experiences.

There are other learning techniques that complement, or are part of the experiential learning approaches. Some of these are listed below.

Learner-Centred Technique

This method focuses on the needs of the learner and encourages them to actively participate through questioning, challenging and exploring issues instead of being passive recipients of information. Learning has been shown to be more effective when there is a high level of participation.

Cooperative learning

Trainers are encouraged to work towards the achievement of effective outcomes collaboratively and to use the skill of social co-operation in developing other skills. Trainers interact with each other, and sometimes with other resource persons, including the facilitator, to:

- debate
- question
- explore issues
- share experiences
- reach consensus

- solve problems
- · consider different points of view
- discuss
- · clarify
- build skills and knowledge.

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Co-operative groups develop the social skills of sharing, leadership, communication, building trust and managing conflict, which are important skills in life, at work and in family and other personal relationships.

Effective group work does not happen as a matter of chance, but is a well-orchestrated, organisational strategy that requires planning in advance. The facilitator needs to carefully organise how the small groups are formed, group member roles and the process that the small groups will follow to achieve their goals.

Enquiry Method

This method is incorporated into experiential learning to draw issues from activities. Using this method, facilitators would:

- use a questioning mode that enables participants to take responsibility for their learning, in terms of content and style, rather than being provided with information by the facilitator;
- encourage trainer/participant interaction as well as trainer/facilitator interaction in a way that respects the ideas and opinions of everyone;
- · develop skills that respond to the needs, interests and concerns of trainers; and
- engage trainers in exploring how and why they think in a particular way rather than advising them what they should think.

Questioning Techniques

Experiential learning and other methods of learning incorporate a variety of questioning techniques, including those listed.

- Closed questions are simple and require only a yes or no answer.
- Define questions are simple questions of definition and recall; establish a knowledge base on which the facilitator and participant can build.
 Question beginnings could be: What? When? Who? Which? How?
- Personalise questions build on the knowledge base so all participants can be involved and successful. They yield more information and aid comprehension and application.
 - Question beginnings could be: Why do you? When do you? What is your experience? How do you?
- Challenge questions require clear, logical, creative thinking, analysis, synthesis and evaluation. Utilising define and personalise questions encourages participants and build success. Question beginnings could be: How could we? Think of a way? Compare and contrast.

These questioning techniques are highly significant in drug treatment as they provide an opportunity for all aspects of an issue to be raised and considered before a decision is made or an attitude formed. For example, instead of asking - Are drugs bad for you? and expecting a yes, ask - What good and bad aspects of this drug would we have to consider before making a decision to use it again? This allows a full and open discussion about the drug with due consideration of perceived good points as well as bad points.

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Responding to Questions

When preparing to answer a question a facilitator should:

- acknowledge the significance of the question and inform the whole group if it is relevant for all to hear;
- admit if you do not know the answer, discuss how the information may be found;
- decide whether it is necessary to give an answer. Some options are:
 - a. explore the nature of the question with the group. For example, that's a good question, I'd like to hear what you, or what everyone, thinks might be the answer;
 - b. find out why the question has been asked if not clear; and
 - c. encourage all participants to assist in the development of a response.

Try always to give positive encouragement to the questioner, such as:

- Thanks for asking that question.
- Good question!
- That raises an interesting issue.
- I'm glad you asked that question.

NB: The facilitator should provide opportunities for participants to develop well thought out responses to personal questions and challenges. Participants need to be able to use their ability to clearly and confidently articulate their attitudes and beliefs on drug issues.

Role-play

Role-play is one of the most useful experiential learning techniques and is ideally suited to small group work. Through role-play individuals can experience and explore the feelings and potential outcomes of a social situation without suffering the actual consequences of their decisions.

Role-play can provide an opportunity to:

- broaden a person's skills
- practice and reinforce new skills without fear of failure or criticism
- generate solutions to conflict situations in a safe environment
- reflect a range of responses to particular situations
- experiment with other roles and personalities in a non-threatening environment
- experience the feelings that may accompany decisions.

For a facilitator, role-play may be used to explore attitudes, values and skill levels of individuals and as an evaluation tool to assess changes.

Managing Role-Play Activities

Role-play involves the adoption of a particular attitude, point-of-view or value stance for a particular purpose. It is essential that both the facilitator and the participants are aware of the

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purpose of the role-play. Good group empathy, established ground rules and experience in working cooperatively in groups will contribute to the success of role-play activities.

Points for a productive role-play

- Allow participants the right to withdraw at any time without explanation.
- Monitor feelings at all times and call "cut" if participants become anxious or disturbed.
- Use short scenarios to keep participants focused on the outcome and not the playacting.
- Encourage participants to create their own scenarios to reflect the purpose of the role-play.
- Utilise role-play in small groups to maximise involvement and avoid having an audience.
- Debrief participants after the role-play to ensure that anxiety or other feelings generated are calmed down. This may be done by some physical symbolic behaviour such as taking off the role as you would remove a shirt, or by discussion of the feelings that the role-play generated and why.

Things to avoid when conducting role-play

- Making judgments about the role-play, focus on eliciting alternative actions.
- Commenting on or inhibiting actions wait until it is finished and then discuss desired changes or other options.
- · Casting participants in roles too close to their real life role or family situations
- Scenarios with too many characters or which are too complex.
- Drunk or drug affected characters, this may glamourise the behaviour and distract from the purpose of the role-play.

Steps for Conducting Role Play

❖ Introduction and Warm-Up

Select a suitable Warm-Up/Energiser activity to focus the attention of the group and renew group empathy. Introduce the scenario and establish the purpose of the role-play. Scenarios could be drawn from previous lessons or suggested by participants.

Allocating roles

The ideal situation is where everybody is engaged in the role-play. This may be done in groups of two, three or four as well as in the larger group if the role-play requires it. Everyone should have a role, although sometimes you may wish to use an observer to report on what actually happened.

Setting the scene

Players are informed of their role, the time, place and the situation to be enacted. An example is: you are trying to persuade your friend to come to the movies when they should be attending self help meeting. Four players could be you, your friend, your friend's sister and another friend of yours.

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Preparing the audience

If there is an audience, set them tasks so they become active participants in the role-play. They could provide feedback on non-verbal communication, realism, skills and techniques used.

Playing the role

Once the scene is set, allow the role-play to proceed. It should be brief and focused on the purpose.

· Feedback and debriefing

Following the role-play, discussion in the large group situation, or in the small groups, should be addressed using questions such as the following examples.

- · What was the result of the role-play?
- · How did you feel in your particular role?
- What attitudes were expressed?
- What could be other consequences of the role-play?
- What did you learn about the character you played?

Debriefing refers to the process of leaving a role and returning to being themselves. The complexity and sensitivity of the role, that is, how much it stirred emotions, will determine how much debriefing is necessary. Participants who have become very involved in their role may take some time for emotions, like anxiety, to return to normal. Questions may be used to help shed the former role and diffuse any emotion associated with it.

- How do you feel about the role you played?
- What kind of person was your character?
- Did you like your character?
- Why did your character act the way they did?
- How would you react in that sort of situation?
- How did you feel about the response of others?

In the event of a very demanding role the facilitator may say: You are no longer (character name) you are now (players name) again. The character of (name) no longer exists.

Re-enacting role-plays

- Roles may be switched, given to other people, to demonstrate other points-of-view, solutions and interpretations.
- Attitudes or reactions of characters can be changed as well as outcomes options limited.
- New skills such as assertion may be introduced into the role-play both to practice the skill and to explore the possible outcome of such a response.

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 Many re-enactments are possible, interspersed with discussion, suggestions for change, introducing new skills or information or changing the attitude or reaction of one or more of the players.

Processing

This is extremely important as it develops an understanding of what happened and why and how it can apply to each person's life.

- What issue, problem or situation was demonstrated by the role-play?
- What solutions, options, suggestions were presented?
- What would be the consequences of each option?
- How can what we learned from the role-play help us in real life?

Brainstorming

Brainstorming is a technique of generating lists of things using the combined knowledge and imagination of a group. It can be used to produce lists of solutions to problems, situations, good things, bad things, things we like, things we don't like, things we should do and things we should not do.

It is a way to generate as many ideas as quickly as possible by free association of thoughts without critically evaluating them. Some ideas may be excluded at a later stage depending on how the list is to be used, but initially all ideas, no matter how seemingly outrageous, are included.

Procedure for brainstorming

- 1. Select an issue and state it clearly and briefly.
- 2. Nominate a person to record responses on a board.
- 3. Remind everyone to contain critical judgments, negative comments and evaluation.
- 4. Keep the process informal, relaxed and motivated, high energy, also fun.
- 5. Encourage free flow of ideas no matter how unrealistic at the time.
- Encourage building on ideas, combining or improving on them.
- Make suggestions only to open new avenues of thought or to keep it active.
- 8. If participants do not have any ideas pass it to the next participants
- Close the session quickly, as soon as it is clear no more responses will be made.
- 10. Now consider all responses questioning are they realistic, acceptable or relevant.
- Narrow ideas down through discussion and a process of elimination until one or some are suitable for use. Sometimes such a list may be used to draw from for other activities.

Usefulness of brainstorming

- everyone can participate, contribute to ideas
- by suspending critical judgment good ideas may emerge
- ideas can spark other and better ideas
- allows individuals to be creative and imaginative

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- fun and cooperative spirit can build group cohesion
- responses beyond each individual's experience may be presented

Activities for Forming Small Groups

Introduction

During the workshop the facilitator will need to form different groups of different sizes, for different purposes and different activities. The small group sizes may range from pairs to half the large group. It is useful to prepare easy and fun ways of re-arranging participants that can also assist in the development of communication, trust and empathy. Several ways of dividing a group could be available over the time of the workshop so individuals will work with different people, or groups can be organised with a mix of gender, countries, regions, departments or other criteria.

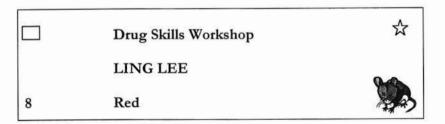
In using group dividers the facilitator may clearly advise participants how to find the number of participants that are required to form the small group. Although, to develop communication and problem solving skills, they may choose to deliver limited instructions so that participants are required to ask questions to other participants to establish a group with the required number of people.

Activities

1. Nametag Dividers

A number of letters, symbols, numbers or pictures can be placed on the front or back of the nametags that are prepared for participants. Some examples, say for a group of twelve, are provided.

- Use a number from one to twelve on the tag.
 - 1. Two smaller groups odds and evens
 - 2. Groups of three 1,2,3, and 4,5,6, and 7,8,9,and 10,11,12.
- Use a coloured spot three each of red, blue, green, yellow.
- Use an animal four each of snake, dog, cat.
- Other examples: squares, triangles, circles, stars, and crosses, or car, truck, bus, train, boat.



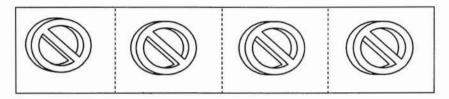
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2. Jigsaw Puzzle Dividers

Make simple jigsaws from coloured card or pictures, with two, three or four pieces according to how you want to divide the group. Hand them out and people seek out the other pieces to reform their picture and remain with those people for the activity.

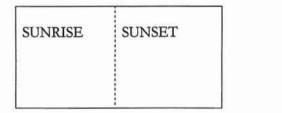
3. Matching Symbols

Make up cards with two, three or four matching symbols, cut them up and distribute them randomly or have participants select them from a box. When people have found their matching symbol, they form a new group.



4. Opposite Symbols/Word

Make up cards with symbols or words that are opposite to each other. For example day/night black/white, sunrise/sunset, cut them up and distribute randomly or have participants select them from a box. When people have found their opposite symbol, they form a new group.





5. Common Objects

Make up cards with two, three or four common objects from a room.

For example: Kitchen:- plates, cups, cooking utensils, eating utensils

> Bedroom:- bed, pillow, sleeping clothes, sheets. Work place:- desk, chair, books, computer.

Alternative locations such as home, work, school, laundry could be used. Be sure only familiar items are used and that they are reflective of the participants' lifestyle, culture and economic status. Cut them up and distribute them randomly or have participants select them from a box. When people have found all the items from the room or location, they form a new group.

HOME



IMPLEMENTING LIFE SKILLS TRAINING

6. Find Your Other Half

Construct cards that have a question and an answer.

| What drug? | is | a | A drug is something |
|------------|----|---|--|
| | | | that when taken into the body, alters the way it functions. |

| What is grass? | Grass is another name for marijuana. |
|----------------|--------------------------------------|
| | |

7. Match the facts

Choose a number of different drugs and make up a sheet of facts. Have the same number of facts about the drug as is require in the small group.

ALCOHOL

| A social drug | Is legal for | Is a depressant | Is addictive | Slows down |
|---------------|--------------|-----------------|--------------|-----------------|
| | adults | | | reflexes of the |
| | 1 | | | body |

8. Islands

Decide on the number of groups required. Place the same number of pieces of paper, an island, on the floor. Ask participants to fit as many participants on the island that they can. Be sure to insist that only one foot can go on the island and they are not allowed to touch any one else, other than holding their hand. This divider can be used when it is not critical to have the same number in each group, for example, role-play. Cultural sensitivity is required.

9. Free Choice

Encourage the required number of participants to select someone they have not worked with before/ who is a friend/ who is a work colleague.

10. Clumps

Form groups using common items that represent different numbers. For example, number of:

- wheels on a motor bike;
- points on a triangle; or
- days in a week.

This activity should be done quickly and there should not be any focus on participants left out. Endeavour to use items that will ensure that no one is left out. Stop on the item that has the same number as is required in the group. Be sure to use familiar, culturally appropriate items.

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11. Playing Cards

Playing cards have many attributes and groups can be formed using: colour / suite / same numbers / sequence / royalty. It is important that facilitators are clear about which attribute they are using to form the groups and distribute the cards accordingly. Detailed instructions may be given or participants may be advised of the number required in their group and then left to communicate, solve the problem and indicate what attribute they used to form their group.(cultural sensitivity is required)

Energisers

Energisers are designed to enable the workshop facilitator to foster interaction, stimulate creative thinking, challenge basic assumptions, illustrate new concepts and introduce specific material. They are brief activities designed to raise the energy of the group, focus attention on a task or to enhance group cohesion and can also contribute to developing empathy within a group.

The facilitator should keep in mind that energisers are learning tools used to support the main activities and do not require formal processing. Although, during an energiser, the facilitator should monitor participants closely and remain sensitive to issues of disclosure, cohesiveness, trust, team building, risk taking, control and dependence. It is critical that the learning process is interactive, relevant and enjoyable.

The energisers are designed to be used without lengthy processing however if an activity does generate extensive discussion it may be necessary for the facilitator to ensure that there is some kind of closure and that unresolved issues are dealt with at the appropriate time.

Each energiser requires the facilitator to use their resourcefulness to establish a smooth link between the energiser and the experiential activity that follows.

1. Thumb Wrestle

In pairs, sitting or standing, join hands in a monkey grip, which is locking fingers with thumbs up. Thumbs first bow to each other, tap three times then wrestle until one thumb pins the other one down. Have a best out of three competition then change hands.

2. Take a Rest

Stand back-to-back with a partner of the same size (and perhaps gender) and lean against each other. Drop head back onto partner's shoulder and relax, close eyes and breathe deeply and slowly. By gradually moving feet further out and leaning back more.(cultural sensitivity is required)

3. Quick Hands

Divide the group into two teams sitting facing each other. Give a pack of cards to the team leaders and instruct them that their team has to pass the cards down the team, one by one until the whole pack is at the end of the line. Participants must take the card in the closest hand, pass it to their other hand and then hand it on to the next person in the line. As the card reaches the end person they can drop it on the floor. This activity can be made harder by having participants maintain eye contact with the person opposite them in the other team.

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4. Clumps

While everyone is walking around the room freely greeting others in a friendly way, the facilitator calls a number: two, three, four or five. Participants must form a single joined group of that number of people, could be by holding hands or other creative ways. Those who are left over could be eliminated or could join in again depending on the purpose of the game. Numbers can be given in different ways such as number of corners on a triangle.

5. The Invention

Divide into groups of five and in ten minutes, using all five members, develop a human machine that has a unique noise for each moving part. Allow participants to work in a private place to maximise the impact of their machine. After ten minutes have all groups present their machines to the whole group. The audience can try to guess what the machine is.

6. Whoosh

In a circle facing inwards, everyone together raises their arms and takes in a deep breath. Then, while bending forward at the waist and dropping the hands, breathe out with a loud whoosh sound. This can be done several times and various sounds can be used for variety such as ooh, aagh, whee.

7. Blind Cars

Stand in pairs of people around the same height, one in front of the other, facing in the same direction. The person in front is a car with arms in front as bumpers and eyes closed. The person behind, as the driver, steers the car using words only as the steering wheel to guide the car through the traffic. Reverse the roles after a few minutes.

8. Chairs

Sit everyone in chairs arranged in a circle. One person is in the middle without a chair. This person calls out: all those who are wearing green, and those people must change chairs but not to the chair next to them. The person left in the middle repeats the process using different calls such as black pants, black hair, who jogged this morning being as creative and amusing as possible.

9. Bases

This activity can be done individually, in pairs or in groups of three. When the facilitator calls out a number, each person or group must form a structure that has that many bases. For example *three* could have two feet and a hand.

10. Pass the Object

Seat the group of not more than ten in a circle. An object, which can be anything that is handy like a cup, is used to represent a particular item. People decide what their item will be. When participants have the object, they must mime what they are pretending the object to be. Others try to guess what the object is and then it is passed on to the next person. Items could be a phone, iron, pen or anything of a similar size.

11. Palm Finder

In pairs, facing at arms length, partners raise their arms forward to touch each other's palms. They then close their eyes and turn around twice. Without opening their eyes, they try to find their partner's palms again.

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12. Spot the Initiator

The group sits in a circle and one member is asked to leave the room. One person in the circle, the initiator, begins a slow movement, such as tapping the floor. Others must follow the movement but not reveal the identity of the initiator. The movement should be changed every half a minute or so. When well underway the person is brought back into the room and must try to find the initiator. Change initiator and finder and play again several times.

13. Expressions

Form a circle. On a slip of paper each participant writes an emotion. For example: hate, anger, terror, joy, sadness, surprise, disgust, and anxiety. Place the piece of paper in the centre of the circle. Participants then select a piece of paper from the centre of the circle. Write, beside the emotion a body part that is not covered by clothing.

Repeat the process with all participants placing the paper in the centre of the circle. Shuffle the papers and then have participants select one piece of paper. Going around the group have each participant individually show the emotion using the body part. Have the rest of the group guess what emotion.

14. Random Faces

On a flip chart have a large circle drawn. Advise participants that they may be selected to place features on the large sheet of paper that will assist the group to construct a face. Identify five people and have them stand in a line facing the chart, three paces away. Have them concentrate on the location of the circle on the large sheet of paper. Allocate a feature to every person and give him or her a felt pen. The features to be added to the circle are eyes, eyebrows, nose, mouth and ears. Individually have the participants, close their eyes, turn on the spot three times and then step forward to the large sheet of paper. With their eyes closed have them draw on their feature. Repeat the activity until all participants have had a turn.

15. Tell Them Off

Participants sit apart from each other, randomly around the room. Participants think of a person they are having conflict with. Have them close their eyes and have a one-sided imaginary conversation with the person. Encourage them to think of all the things that they would really like to say but have not been able to say face to face as well as to use facial expressions and body language. Give only a short time for this and then have them reflect on a person they know and really like, for a couple of moments.

16. Warm Fuzzies

The whole group sits in a circle with a chair in the centre. Each participant has a small bundle of papers. A volunteer sits in the centre chair. When the individual is sitting in the chair the rest of the group, individually, write positive words on a small piece of paper. The facilitator then collects the pieces of paper and gives them to the person. They then thank the group and leave the chair. As they leave the chair have them identify the next person to sit in the chair. Each participant has a turn sitting in the chair and it is the responsibility of the group to ensure that all participants have a turn in the centre chair and receive the positive comments.

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17. A Pat on the Back

Distribute a piece of card to all participants and have them decoratively place their name at the top of the sheet. Using sticky tape, attach the card to the back of each participant. Request that all participants write one positive comment on the card on the back of each person. Display these cards around the workshop area and distribute to participants at the end of the workshop. This activity may need to happen later in the workshop so people are aware of each other's abilities.

18. Who and Why

Participants place their hand on a piece of paper and trace around the outline of their hand. On each finger, write down the names of five people that they can trust. Be sure to write the name of the person you trust the most on your thumb. Outside each finger, write why they can be trusted. Be sure to advise participants that this is a personal list and that they will not be required to share the information on their hand with anyone. The facilitator could use this to start a discussion on what is trust and what does it mean to people.

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Daily Reflections

At the end of each day, participants are requested to fill the daily reflection sheet. Then it should be showed with friends in a small group. Decide on common features and to be shared with the whole group.

Daily Reflection Sheet



Date.

Instructions

At the end of each day, you are requested to fill this daily reflection sheet. Then you are to share it with your friends in a small group. Decide on common features and then share with the whole group.

| Dan | Z |
|-----|---|
| 1. | What did you learn? |
| | |
| | |
| 2. | What activities did you find most interesting and useful? |
| | |
| | |
| 3. | General comments: |
| | |
| | |
| | |

1. Please circle:

IMPLEMENTING LIFE SKILLS TRAINING

Workshop Evaluation

Evaluation is to establish whether the training provided has met the needs of the individual participants as well as the sponsoring group. Information gathered should be collated and communicated to the organising group to provide evidence of the effectiveness of the programme and be used to inform and enhance future planned activities.

Evaluation is necessary to answer such questions as:

- Are the components of the training reaching the right individuals?
- · Are individual needs being met in the training?
- Are participants confident in their ability to incorporate the new learning methodologies?
- · Are participants confident in their role at the completion of the training?
- Are there adequate structures in place to ensure follow up support to participants?
- Are the activity materials and supporting documentation adequate and are they presented in clear easy to understand format?

Sample Skills for Drug Treatment Workshop Evaluation Form

| A. Has your kno Please commen | _ | life skills imp | proved? | | Yes | No |
|--|-------------|-----------------|-----------------|------------|--------------|----|
| B. Has your kno Please commen | - | life skills met | hodologies ir | acreased? | Yes | No |
| 2. <i>Please circle</i> C. How confide | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | |
| not confide | ent | | | cor | y nfident | |
| D. How confid | ent are you | about using | skills for drug | treatment? | (5 | |
| 1 not confide | 22 | 3 | 4 | 5 ver | y nfident | |

| SECTION FIVE | IMPLEMEN | TINGI | IFE SKIL | LST | RAINING |
|---------------------------------|-----------------------|-------------|-------------------|--------|----------------|
| E. How confident are you about | training of other | trainers in | skills for drug | g trea | tment? |
| 1 2 not confident | 34 | 5 | very confident | | |
| F. How confident do you feel ab | out using group f | acilitation | methods to te | each: | |
| Communication | 1 not confident | 2 | 3 | 4_ | very confident |
| Decision-Making | 1 not confident | 2 | 3 | 4_ | very confident |
| Building Relationship | 1 not confident | 2 | 3 | 4_ | very confident |
| Assertion | 1 not confident | 2 | 3 | 4_ | very confident |
| Personal Skills | 1 not confident | _2 | 3 | 4_ | very confident |
| Building Self-Esteem | 1 not confident | _2 | 33 | 4_ | very confident |
| Family Therapy | 1 not confident | _2 | .3 | 4_ | very confident |
| G. Which aspect of the training | workshop was mo | ost useful | to you? | | |
| H. What more do you need? | | | | | |

| SECTION FIVE | IMPLEMENTING LIFE SKILLS TRAINING |
|---------------------------|---|
| I. What other comments de | o you have about the training workshop? |
| Note: Other items for ev | valuation may be included |
| U | NFINISHED SENTENCES |
| | FOR GROUP CLOSURE |

| The activity I liked most was |
|---------------------------------------|
| |
| The activity I liked least was |
| |
| I plan to use |
| |
| I learn that |
| |
| I enjoyed |
| After doing (name of activity) I feel |
| |
| I think the group |
| |

IMPLEMENTING LIFE SKILLS TRAINING

SKILLS REVIEW AND PLANNING EXERCISE

| What I have learned | How I plan to use What I have learned |
|---------------------|--|
| | what I have learned |
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IMPLEMENTING LIFE SKILLS TRAINING

Post-workshop follow-up

After the workshop it is important that participants receive some kind of contact and support. This may be on an individual basis or as a group to address problems to date, share successes and negotiate further assistance. This may take the form of an advisory visit or help with training initiatives. The follow up visits also play a major role in monitoring the outputs and outcomes of the workshop.

Where appropriate, participants are requested to:

- Report on the workshop to the administration, staff and programme planner committees or other appropriate interested or influential people.
- Initiate subsequent project and training activities.
- Discuss the introduction of the skills, strategies and resources into the treatment plans and outline the possible pathways.
- Publicise any resource material developed, their use and availability to other practitioners/facilitators.
- Inform the various groups in the community, including parents, of the learning treatment programme, its philosophy and aims.
- Employ strategies to achieve the goals of drug treatment within their programme.
- Co-ordinate the programmes, resources and services of personnel involved in drug treatment in the centre and community.
- Act as a resource person on drug treatment, particularly in relation to the organisation and conducting further training programmes.
- Encourage the development of policy dealing with drug treatment programmes.
- Liaise with other programme areas, parents, community members and drug treatment authorities.

IMPLEMENTING LIFE SKILLS TRAINING

Training Facilities and Materials Checklist

Venue

In selecting the venue to conduct the training, the following factors should be considered:

- A private comfortable room conducive to group work and activities, size subject to the number of participants.
- □ Access to training support equipments including whiteboard, overhead projector, screen, and flip chart board.
- □ A head table for facilitators, a table for resource materials and chairs only for participants.
- ☐ If residential, participants should be provided with comfortable accommodation and good food.

Materials

Mints

| Th | | t of materials required for the training are: |
|----|---|---|
| | | Papers - A4 paper, flip chart |
| | | Markers - various colours |
| | | Pens for participants |
| | ۵ | A4/A3 Mounting/card board - various colours |
| | | Write on transparencies/OHP/LCD |
| | | Masking tape/pins |
| | | Scissors |
| | | Name tags appropriate for training |
| | ٥ | Post it note pads – various sizes. |

Certificates for participants

Computers and printers

Photocopy facilities

IMPLEMENTING LIFE SKILLS TRAINING

Developing Plan of Action

| Title | 1 | | |
|--------------------|--------|--------|---------|
| Proponent | 1 | (Name) | (Title) |
| Funding Age | ency : | | |
| Target Group/s : | | | |
| Venue | 1 | | |
| Date | | | |
| Rationale | | | |
| | | | |
| Objectives | | | |
| | | | |
| Strategies | £ | | |
| | | | |
| Expected Outcomes: | | | |
| | | | |

IMPLEMENTING LIFE SKILLS TRAINING

Tasks

- Select a team to be trained on the skills for drug treatment and rehabilitation who and why?
- 2. Identify target groups counsellors, service providers, social workers, health volunteers etc.
- 3. Develop a schedule of training who, what, when, where, why and how?
- 4. Administration issues:
 - · secure funding and prepare budget
 - · number of participants per workshop
 - number of participants for total project
 - venue, accommodation, food, evaluation of training, secretariat
 - · evaluation, reporting and disseminate reports
 - · providing follow up support
 - support materials handbook, overheads, handouts, activity sheets
 - evaluation
 - travel costs
 - · resource persons, facilitators, consultants
- 5. Conduct the training workshops
- 6. Initiate and monitor follow up programme writing, subsequent mini-workshops, feedback, reporting, thank you letters

Important Considerations

- Secure approval of actions plan from higher authorities
- Political support if necessary people, organisations, government departments, NGOs, patrons
- What groups need to be involved/informed?
- Allocate tasks for organisation: travel, venue, programme, resources, participants and funding/payments
- Identify outcomes for participants, funding body, particular groups including NGOs, facilitators/trainers
- Expectations of all involved
- What will happen after the initial training goals, timelines, and milestones?
- What is the rationale for what you are doing?
- Is it supported by existing government policy?
- How will sustainability be built into this programme?
- How can Skills for Drug Treatment and Rehabilitation be integrated into existing/future treatment and rehabilitation methodologies?
- What is the role of the national drug treatment coordinating agency?
- How will the outputs be evaluated and by whom?

ANNEX A

Profile of NGOs in Drug Treatment and Rehabilitation

ANNEX A

Profile of NGOs in Drug Treatment and Rehabilitation

INDIA

1. TTK Hospital, Chennai

TTK HOSPITAL - A PROFILE

The genesis

T Ranganathan Clinical Research Foundation, a pioneering institution in the treatment for addiction was established in the year 1980. It started with a small group of professionals, as an outpatient treatment facility, offering psychological therapy for 21 days. In 1985, the therapeutic services were extended to drug dependent persons as well.

Patient care

Since addiction management is fundamentally a group programme, and as patients started coming from different parts of the country, there was a need to modify it as an in patient programme and thereby increase its effectiveness. This in 1987, led to the establishment of the **TTK HOSPITAL**, a 60 bed treatment and rehabilitation centre, offering residential treatment for a period of one month. Treatment covers medical and psychological therapy with total abstinence as the goal.

Help for the family

Addiction leaves its impact not merely on the abuser but on every member of his family. Therefore, the family also needs help. At the TTK Hospital, family participation is a mandatory condition for treatment, and there is a programme for the family, which extends for two weeks.

Extended support and after care

In the year 1986, drug addiction became an issue of concern. The majority of drug dependent persons were from the younger age group and lacked family support. They also did not have the vocational skills needed for productive employment. So, the one-month primary treatment was not adequate for them. They needed extended care and support. In order to cater to this need, an After Care Centre started functioning in 1989, and a new building constructed in 1997 to accommodate 20 patients. The programme is residential and involves a three-month stay. The therapy aims at resolving blocks in recovery and helps in vocational rehabilitation.

Vocational rehabilitation

As many of the patients have lost their occupational skills, they need skill level training. "Tejas" caters to this need. This vocational rehabilitation centre functions with the objectives of developing skills for the patients and their family, to provide short-term employment towards stabilising the recovery of ex-drug users and to identify and initiate small business enterprises for ex drug users to achieve economic and social rehabilitation.

ANNEX A Profile of NGOs in Drug Treatment and Rehabilitation

Ongoing support

Recovery from addiction is not just the cessation of drug use. It also demands adjustment to a new way of life. Therefore, during the initial stages of recovery, the patient needs guidance and support. To ensure this, follow-up services are provided totally free at the TTK Hospital for a minimum period of five years. Records of progress made are periodically maintained for five years. Correspondence, telephone conversations and home visits are also carried out to maintain contact.

Towards alcohol free workplaces

Apart from these, an Employee Assistance programme (EAP) for industries was initiated in 1985 with focus on:

- creating awareness about alcohol use and abuse among all the employees
- training supervisors to identify alcoholism based on poor job performance
- helping management and unions develop a policy to deal with addiction

About 12 industries and a number of smaller workplace units regularly use the training and treatment services of the hospital. In the year 1998, in collaboration with the International Labour Organisation, a 'drug free workplace programme' was conducted in two large industries. The programme helped to sensitise the workers about addiction, evaluate their drinking practices and initiate changes. This programme is now being conducted in other industries also.

Treating the rural poor

There are no treatment facilities available in rural areas. Being poor, the villagers cannot afford to visit the city to take treatment. In a country like India, providing health services in rural areas is a difficult task and has been a matter of great concern. After careful consideration, TTK Hospital has developed a cost effective method of treating alcoholics in villages through the 'camp approach'. So far, this community based free treatment has been provided by the hospital in six villages.

Sharing knowledge and imparting skills

Conducting awareness and education programmes has always been a part of TTK Hospital's activities. Regular programmes are organised for students of psychology, social work, nursing and medicine. Programmes for teachers and clergymen are also organised. These programmes provide information on the basic facts about alcohol and drugs, the medical model of addiction, how to recognise the early signs of addiction, and their role in curtailing the spread of addiction

Regional resource training centre

TTK Hospital has been recognised as the regional resource-training centre. It is recognised by the National Institute of Social Defense for the purpose of organising training programmes for professionals working in addiction treatment centres in the Southern India Region since 1985.

With funding from the Ministry of Social Justice & Empowerment of Government of India, a one-month on site training programme has been offered since 1998 for professionals from NGOs all over the country in collaboration with the United Nations International Drug Control Programme. The World Health Organisation has recognised TTK Hospital and deputes professionals from South-East Asian countries for training. The Colombo Plan authorised the organisation to conduct training programmes for professionals from ASEAN and SAARC countries.

Publications

TTK Hospital has brought out its valuable experience in the field of addiction in the form of professional manuals and books. These publications are culture specific, and written in the Indian context. They address different target groups – professionals working in the field, other service providers, teachers, students, patients, their families and the general public - and provide valuable guidelines which are implemental.

2. Vivekananda Education Society, Kolkata

SUBSTANCE ABUSE PREVENTION PROGRAMME APPROACH OF VIVEKANANDA EDUCATION SOCIETY, Kolkata, India

hemical dependency is not an isolated incidence that affects only one individual. For every case there are multiple victims and gradually it devastates a whole family. That is why, it is imperative that every individual understands the full dimension of this problem. Only then a generation of creative and happy youngsters can be produced. It must be understood that to come out of this vicious circle professional help is necessary and treatment becomes easier if help is sought in the early phase. Yet unfortunately may families try to walk on this thorny road all alone, stumbling, falling and making the failure seem insurmountable.

To many of you today it may seem to be "their problem" but tomorrow it may well be at your own doorstep. So don't shrug off responsibility — instead be watchful. If there is any indication of this deadly potent's influence of your family or friends, don't lose hope or panic. Don't deny the problem. Though a long process, addiction is treatable and we at "Vivekananda Counselling Centre" believe we know how.

We have been in this field since 1988 treating, researching and experimenting with newer methods. With our experienced staffs, which include social workers, physicians, psychologists and psychiatrists, we reach out and guide the afflicted. We provide free indoor detoxification facilities, extensive counselling sessions for both the client and his family and means towards rehabilitation trying through the process to stabilise them and to give them a direction in life.

On an individual's first arrival at our centre, he is met by intake counsellor, who gives him a patient hearing and an initial support so as to make him feel comfortable and wanted. All the rules and regulations of the Society are also explained to him so that he gets acquainted to the whole procedure.

At the initial phase, Motivational Counselling is provided for both the patient as well as his family members as it is felt to be the prime requisite in going through the long and difficult treatment programme. An idea about the pivotal role that the client and his family members would have to play in the treatment procedure is also given in this phase so as to make it effective and enduring.

Patients are admitted at our Indoor De-addiction Unit for 15 days. However de-addiction is not our sole aim. At this stage special emphasis is given on Behavioural Modification Programme conducted by our behaviour therapist as we feel that along with the physical condition, both the mental condition and the behavioural pattern deteriorate as a result of prolonged substance abuse.

After de-addiction when an individual attains a certain amount of stability our psychologists make a psychological assessment of him thorough psychometry and clinical interview. In certain cases where need arises such testing is also done at our Out-Patient Department.

Individual work schedule formulated at our Vivek Vidhan Home (an indoor unit) targets both the physical and mental condition of the addicts. It involves various programme like prayer, meditation, group counselling, lecture session, yoga therapy, music therapy and recreational activities. A similar programme is extended to our counselling centre as well. However, it is conducted with a different approach in keeping with the requirements. Music therapy is given a special place in our schedule as to bring back harmony in the disharmonised life of the youth.

After discharge when an individual starts reporting again, to the Out-Patient Department extensive counselling through both individual and group sessions are undertaken by our psychologists. Family counselling is yet another important aspect of this phase. Medical check-up and advice follows simultaneously. The clients are also advised to practise the exercises at home, which they have learnt during stay at the indoor unit.

Apart from the addicts the family members are the worst sufferers. However, they are given a personalised recovery programme for their problems and pain. Family counselling is given a special importance. As far as practicable, their viewpoints are incorporated into out treatment schedule. Through counselling sessions the misconceptions of family members are worked out so that there is a better understanding between them and the client. These are done through both group and individual sessions.

Unlike N.A. programmes which are thematically based on the concept of Surrender and invocation of divine power for succour. VES follow the vedantic way to self-realisation, which prescribes invocation of strengthen from within the human mind. Self-help group sessions, which are organised here by the recovering brothers, aim at increasing the power of mind, which helps an erring person to come out of chemical dependency. Sessions are designed to inculcate in the mind of each individual the message that his or her way to recover is self-realisation, which is impossible to be achieved by a weakling. Therefore, he has to be a strong man through dedication and perseverance.

Who would better understand the pain, the sufferings and the inhibitions of an affected family more than the mother of a victim? So a family support group has been initiated which is formed by the family members of the addicts who have undergone treatment at our centre. This group acts as a source of strength and support for the members of the affected families.

Any of our clients failing to attend the centre or maintaining a contact as scheduled is recontacted through telephone, correspondence or home visits as a follow up measure and is motivated to complete his treatment programme.

Mobile de-addiction camps

Often the distance and the heavy travelling expenses make it difficult for the people living in far-flung corners of our state and having no proper de-addiction centre in their locality, to come for treatment. That is why VES arranges for mobile de-addiction camps in the areas where the problem has reached an alarming proportion. The programme followed in such camps are similar to those followed in our centre, but they are structured into a 15 day programme schedule and are usually conducted with the local clubs and organisations.

Awareness Generation Programme

Keeping in view that the primary prevention will help arrest the proliferation of substance abuse to a considerable extent; VES has been organizing awareness generation activities by way of seminars, group meetings, street corner meetings, exhibitions, dramas etc. It has also motivated its sober brothers to form a core group which is responsible for staging street plays, depicting the baneful effects of substance abuse so that the message goes down to the grass root level. Drug free school and community zones are the two areas of top priority in our programme now.

Survey and Research

Development of any organisation is dependent on survey and experimentation. So VES has a team of professionals forming its research wing and is engaged in various types of research and survey projects. As a resulted of which many books, manuals and papers have been published.

Training and Orientation Programme

Conducting training and orientation programmes for social workers, government officials, counsellors and others working in the field of drugs abuse prevention has been important part of our activity. Such programmes are mostly held in collaboration with National Institute of Social Defence. The agency has been identified by:

UNDCP and Ministry of Social Justice and Empowerment, Government of India to be the Regional resource and Training Centres for the Preventing of Drug Abuse and Alcoholism for the Eastern Region of India

After Care Centre

Though the facilities of our After Care Centre can be extended to only a few, its objectives are is no way restricted or bound. The programme taught at the indoor unit is also extended here but with a different approach. Typing, commercial art, card making and pottery are taught to them under our vocational training programme. The various products thus produced are also marketed through our after care centre. Vocational guidance is provided so that they can identify and work out a way of earning and reinstate a meaning in life. Whenever and wherever possible jobs are also provided to deserving individuals.

Postal Address:

Vivekananda Education Society 13/3 Kalicharan Dulta Road

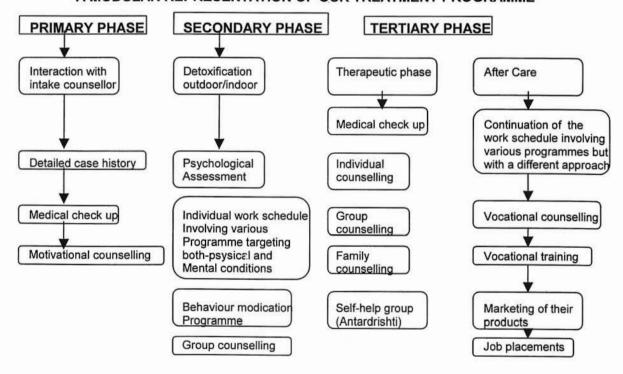
Kolkata - 100061

Fax:

Phone: 468/0365/1550

446/0066 468 – 1364

A MODULAR REPRESENTATION OF OUR TREATMENT PROGRAMME



ANNEX A

Profile of NGOs in Drug Treatment and Rehabilitation

PHILLIPPINES

Amor Treatment and Rehabilitation Centre

Background

the AMOR Rehabilitation Centre is a non-government (private) facility primarily for drug dependents which started on June 10, 1977. This was proposed by people who are dedicated and committed whose primary concern is to foster behavioural and attitudinal change in individuals whose lives are wasted on drugs. It paved the way to create an atmosphere free of substance abuse and a programme, which serve as a learning laboratory in which the resident learn and practice the skills and responsibilities that they will generate to their home community. A hope there is, to a new life, in the family and in the community that is AMOR.

Facility

The Centre facility is a resort situated in a one-hectare lot with four (4) living quarters, which can accommodate 100 residents, a mess hall, as well as two swimming pools, a basketball and volleyball courts for the residents' sports as well as recreation facilities. There is also a chapel that also serves as the activity area.

Staff

The staff include a psychiatrist, a medical doctor, two (2) social workers, two (2) clinical psychologists, a psychotherapist, an occupational therapist, special education teacher, a consultant psychologist, a clergy, an administrative officer, assistant administrative officer, chief security officer, assistant cook, overall supervising utility personnel. There are recovering addicts serving as counsellors.

Modality and activities

The rehabilitation programme of the centre subscribes to the therapeutic community (TC) modality. It is based on the social learning as the primary therapy to foster behavioural and attitudinal change. In this model, the resident receives the information and the impetus to change as part of the community. This community model provides social expectations, which are parallel to those social demands that the resident will find upon discharge to their home community.

Activities include group therapy, counselling, personal skills enhancement, seminars / lectures on addiction and recovery, N.A. meetings, journal writing and sharing leveling workbook session, morning meeting, house meeting, academic refresher class, spiritual upliftment, occupational therapy and recreation.

With the concept that addiction is a family disease-affecting people emotionally attached to the drug dependent, the Centre offers services to co-dependents in the form of family therapy, family dialogue, counselling and lectures.

The family bind themselves together the family association wherein families take part in the recovery process of the resident. It serves as a support group for the recovering drug dependents.

Changes

The monthly charge is PhP 15,000.00 (\$ 294) per patient that includes food (three times a day meal), but not the resident's toiletries, educational materials, medicines and other miscellaneous expenses.

Pocket money for resident's miscellaneous expenses is also necessary but its amount is limited due to varying individual needs. It is entrusted to the administrative officer because it is a house rule not to allow residents to keep money in their possessions.

Admission Criteria

- 1. Male / Female drug dependent
- 2. Not more than 60 years old
- 3. Medically, physically and mentally fit
- 4. Motivated and willing to finish the rehabilitation programme
- 5. Without any pending court / criminal case
- 6. Supported by a court order for rehabilitation

Drug dependent with psychosis or mental illness, are referred for psychiatric treatment.

Requirements

- 1. Referral for rehabilitation by any accredited physician
- 2. Psychologist test
- 3. Medical clearance with chest X-ray, routine urinalysis, complete blood test (CBC), electrocardiogram (ECG), Hepatitis test, drug test

All laboratory tests are done by duly accredited laboratory to insure authenticity or results.

Period of Rehabilitation Programme

I. Intensive residential care lasts for a minimum of six (6) months. Level 1 (Beginning / Motivation) depending mainly on the progress and performance of the resident. Level II is designed to solidify learned skills, which are acquired in the beginning of the programme. In addition to the tasks assumed in the previous level, the resident is now required to add leadership to their repertoire. Level III is the Pre-Re-Entry, which begins the resident's transition from the treatment community to the outside community. The task in this level is to explore and plan for moving out. The resident is acting as a role model for other residents.

II. The Re-entry level is earnest planning for community / family re-entry. Aftercare and follow-up lasts for at least twelve (12) months during which the graduate reports to the centre at least once a week on a regular basis.

Postal address

AMOR REHABILITATION CENTRE M.DELOS SANTOS STREET, BRGY, GULOD MALAYA AMPIDI I, SAN MATEO, RIZAL PHILIPPINES

Telephone: 632-941-0589 Fax: 632-941-0493

ANNEX A

Profile of NGOs in Drug Treatment and Rehabilitation

SINGAPORE PERTAPIS Halfway House A Member of the World Federation of Therapeutic Community

Introduction

ost of us feel that the formula needed for an addict to change is merely to exercise greater self-control or will power. With this perception in play, most of us are somewhat confused to the alarming rate of recidivism amongst chemical or substance abusers. We live in a cosmopolitan society, which relies on quick fix solutions, but addiction is a malady that has no such immediate remedies. "No matter what symptoms they present, no matter what defensive postures they upkeep, the root is a broken heart and a broken dream. You cannot heal this with technique – technique alone is the province of mechanics. How we balance methods and our underlying philosophies can make the difference between technicians or part of a healing force. Healing is touching, modeling, caring, loving, demanding, challenging and finally reflecting upon who we are and what gives life meaning. The Therapeutic Community is a healing force" David A Deitch, Ph.D.

When the problem of drug abuse amongst the Malays in Singapore has become a serious domestic problem, PERTAPIS initiated the setting up of a hostel to house ex-addicts and provide expertise for their rehabilitation. PERTAPIS viewed that the halfway house can play an important role in the social re-integration of the ex-addicts to his family and society.

In June 1989, a halfway home with an optimum capacity for 50 residents was set up at Lorong 21, Geylang Road, Singapore. The halfway house admitted its first intake of resident on June 15, 1989. The structure of the programme includes the Family Milieu Concept, Religious Development, Vocational Training, Peer Group Pressure and Recreation.

In May 1991, PERTAPIS adopted a broad-minded approach towards the treatment and rehabilitation of ex-addicts and introduces the Therapeutic Community concept. TC module was carefully chosen as it was felt that the concept would be ideal in the day-to-day life in the halfway house. The technique adopted in the TC programme is by restructuring and rebuilding through a forum of social learning and correction.

In 1995, when Ministry of Home Affairs introduced the Community Based Rehabilitation Scheme, PERTAPIS participates in the programme. Since April 1995, selected drug addicts undergoing the last stage of their treatment and rehabilitation programme in the DRCs were sent to PERTAPIS Halfway House. In November 1998, PERTAPIS Halfway House started to admit residents on the CBR Naltrexone HWH Scheme.

In early 1997, PERTAPIS was given the unenviable task of setting up a much bigger facility that accommodates about 200 residents. An existing 5-storey school building at No 50 Lorong 34 Geylang Road Singapore was handed over to PERTAPIS. The premise was upgraded to befitting for use as a rehabilitation and training centre. PERTAPIS Halfway House moved in to its new premises in December 1997.

Since its inception in June 1989 and up to May 1999, more than 900 recovering addicts have been placed on the programme. After 10 years of attempt at rehabilitating the recovering addicts, PERTAPIS Halfway House is now one of the largest and established halfway house in Singapore. PERTAPIS Halfway House has been able to provide a conducive training environment through disciplinary approach based on the philosophy of self-help through the Therapeutic Community concept.

Our effort is to help the recovering addicts and more importantly, create awareness of other options of meaningful living instead of resorting to drug and alcohol abuse. PERTAPIS Halfway House is a drug-free centre to which addiction is treated as a character disorder.

Concept

At PERTAPIS Halfway House we run the programme with the understanding that addiction is the underlying symptoms or manifestation of a problem. We are of the opinion that drug abuse is considered by addicts to be a remedy for diminishing or medicating feelings of emotional pain, hurt, shame, guilt, et cetera, and where they possess little or no coping skills.

The programme emphasises behavioural change by confronting the deep-rooted negative attitudes and uplifts a person by degrees. An essential component of the Family Milieu Concept is the creation of a sterile and conducive environment through group cohesiveness. Another aspect of the programme is development of the socialising technique, ensuring that the care and concern of its communal fellowship continues as system of self-help and mutual help. It is important to note that the atmosphere is one in which the expectancy such as the earning of trust, is part of the reality one has to undergo. Here in PERTAPIS Halfway House we inculcate values of honesty, care and responsible concern through peer pressure so as to negate antithetical behaviour. Everyone is transparent and none is above confrontation. The residents learn to respect the importance of these values to restore their integrity. Apart from theory and practice, role models play an integral role in the programme, contributing towards positive change to the fellowship. All these measures ultimately aimed towards the redemption of the resident's self esteem and increase self worth.

Most programme planners fail to take this important aspect of curative factors into consideration. It is the building block of an inclusive and efficient programme. If recovery is to take place, we must ensure a safe and conducive environment for growth and development. An environment where culture-building activities are fostered through the provision and adhesion to communa' norms and philosophies.

PERTAPIS Halfway House concept and method is to block (as in the use of "antagonist" therapy) antithetical behaviour. Subscription to and practice of the "Conditioning Theory" alone would not in our view be a viable means to fostering change. The process would in our experience, have to be incorporated with the 5 fundamental elements to achieve any significant and lasting effect.

It is imperative that the 5 elements be fulfill to effect a lasting and veritable change. The argument being that as deviant behaviour is a learnt behaviour, a relearning process is needed to counter the anti social habits absorbed during the formative years be it through parental neglect or ignorance.

Five elements

The five elements are :-

- ♦ Family Milieu Concept
- Peer Pressure Reversal
- Therapeutic Sessions
- Religious / Spiritual Sessions
- Role Modeling

Method

The methodology employed in PERTAPIS Halfway House is to bring about the change describe on the previous pages are through the application of the 4 categories of distinct yet overlapping activities or what we call the 4 pillars in PERTAPIS Halfway House. The 4 pillars are:-

| Behaviour | Shaping / | M | anagement |
|-----------|-----------|---|-----------|
|-----------|-----------|---|-----------|

- ➡ Behavioural Modification Tools through Group Dynamic.
- Emotional & Psychological
 - Groups Counselling & Therapy
- Intellectual & Spiritual
 - Through Didactic Seminars Series and Religious Development Session
- Vocational & Survival Skills
 - ➡ Basic Social Learning through Social Interaction

Approach

As to provide a holistic approach toward the developmental / healing process of the residents, we ourselves have to believe that:-

- Each individual can change
- And the group can foster this change
- ♦ Individual has to take responsibility
- In a safe environment that provides structure to accommodate change
- "Act as if" go through the motions

PROCEDURE: Therapeutic Model

The therapeutic environment provides a family milieu in which the process of self-realisation is the major focus. In this structured setting the residential members is been provided the opportunity to explore own self, clarify life goals and move towards a greater sense of morale responsibility and values clarification. Through the forces of group dynamics, his own behavioural motivations and interpersonal inter-relationship are revealed. The resident's involvement in the programme is strongly motivated by identification with older residents who act as role models.

The operation of the therapeutic community plays a significant role in the learning experiences of the client. The individual takes responsibility for the operation of the facility within a hierarchical system of increased responsibility and earned status. Starting off, the new resident serves on one of several operational crews under continuous supervision. Based upon his performance, the resident assumes increasing responsibilities of planning, coordinating and supervising a crew or department. The significance of this hierarchical system is that it internally motivates the individual towards earning status based on observations and deserving behaviours. In this context, negative reinforcement is given as part of the overall learning process rather than as punitive measures. A system of social consequences is operative based on clinical evaluation and review. Positive reinforcement include increasing responsibility, group approval of positive behaviour and upward mobility while negative reinforcement include verbal reprimand, temporary status / role demotions and may include increase work assignments directed towards achieving positive behaviour change.

The ultimate goals of treatment in a Therapeutic Community is not only to enable chemical dependent's live a life of self destructive behaviour thus it is not only the disappearances of negative symptoms. The goal is to enhance a positive lifestyle and to cultivate members of the residential programme to be able to cope with stress in a more constructive way hence to change negative self-concept into a positive one. To learn also in sustaining a fulfilling and intimate relationship with other significant and last to be able to enjoy meaningful lifestyle.

ANNEX A

Profile of NGOs in Drug Treatment and Rehabilitation

THAILAND

1. Dharma Light for Life Centre at Ubonrachathani Province

General information

Location:

Ban Pao Temple, Laosuakok Sub-district, Ubonrachathani Province

Yangloom Temple, Rainoi Sub-district, Muang District,

Ubonrachathani Province

Donbark Monastery, Pao Sub-district, Trakarnpuchpon District,

Ubonrachathani Province

History:

harma Light for Life Centre was set up under the project called "New life for His Majesty the King" and officially opened on 5 May 1999 by the organisation of leader monks in "Land of Dharma (Teaching of Load Buddha), Land of Gold" project, private organisations, organisations of communities where the experience on treatment and rehabilitation for drug addicts and the support and promotion by the government can be found. Senior Priest Thawil Soonyathat is Director of the Centre.

Support:

The Centre has been supported by all sections in society both private and governmental in accordance to the strategy, "State-Civil Alliance against Drugs". In personnel, the mentioned leader monks and groups of former drug addicts work as volunteers in the centre. Moreover, Provincial Coordinating Agency on Drugs, Provincial Public Health Office and Provincial Red Cross support some budget and help mobilise the budget for the permanent instruction of the centre buildings and consumer goods every month.

Methodology

Complete treatment and rehabilitation is based on the participation from temples and community under the principle, where there is no drug abuser, there is no drug producer. As for treatment curriculum, the organisation of leader monks in "Land of Dharma, Land of Gold" project, the Provincial Coordinating Agency on Drugs, the Provincial Public Health Office, Saphasithprasong Hospital and Prasrimahapho Temple mainly provide psychological therapy relied on religious therapy to enable drug addicts to get back to society smoothly and peacefully in 45 days. Both physical and psychological states are completely treated and rehabilitated. There are four steps as follows;

Centre One (Pre-admission centre)

The first centre is situated at Yangloom Temple, Rainoi Sub-district, Muang District, Ubonrachthani Province. Drug addicts are admitted to preparation and detoxification, regulations and patience, behavioural change and generosity in 15 days. After that, they will be delivered to the 2nd Centre for the practice on body, mind and conviction. In the 1st centre, the implementation can be divided into 3 periods as following;

the first period physical and psychological preparation
 the second period practice on regulation and patience (at Petrol

Police Camp 22)

- the third period modification of behaviour and rehabilitation

for strong state of mind

Centre Two (practice on body, mind and conviction)

The second centre is situated at Ban Pao Temple, Laosuakok Sub-district, Ubonrachathani Province. The treatment recipients shall conduct monk like (such as meditation) and attend vocational training as proposed by the centre, for example, sustainable agriculture and traditional massage aimed at self-development on 3 Hs, Handicraft, Head and Heart with 4 caring behaviours: self-care, cares for others, works and environment.

Centre Three (novice ordination at Dharma Practice Centre)

The third centre is located at Donbark Monastery, Pao Sub-district, Trakarnpuchpon District, Ubonrachathani Province. Everyone shall ordinate into monkshood to pay homage to His Majesty the King before getting into the third centre and practice Dharma for 15 days. Importantly, novice should have typical characteristics of self-help, helping others and helping the Centre.

Centre Four

There are 4 alternatives for treatment recipients to voluntarily select as follows.

- To go on monkhood at Pitchsopharam Temple, Kaengnua Sub-district, Khemarath District, Ubonrachathani
- To have training on sustainable agriculture, such as, fish, chicken or mushroom farms at Udomplaram Temple, Khanpia Sub-district, Trakarnpuchpon District, Ubonrachathani Province
- To have vocational training, for instance, on welding, electricity and lapidary at Institute of Vocational Skill Development in lower Northeast, Ubornrachthani Province

Monitoring

The implementation can be monitored by the cooperation from Public Welfare Offices both at the Province and at the District, volunteers in the villages and 5-tiger operation (composing of officers from community development, interior, agriculture, public health and community police, which is an operation on drugs at every district in Ubonrachathani Province). Those agencies will help supervise and report the progress of implementation to the Centres.

The Progress

There have been 5 Treatment and Rehabilitation courses accommodating 83 drug addicts in total. The number of successful recipients can be categorised as below;

- 9 of them go on monkshood.
- 9 of them remain novice.
- 3 of them volunteer to work as seniors for new recipients in the Centres.

Implementation in the Future

Primary treatment centres or pre-admission centres should be rooted out in every district in Ubonrachathani Province to prepare the drug addicts ready before submitting to the Second Centre in 4 selected districts—Detchudom District, Nacharuay District, Talsoong District and Namyuen District.

Obstacles

- 1. Accommodation for patients is limited and not enough.
- 2. Lecturers who support and look after drug addicts closely are inadequate.
- 3. Budget for continual operation is sparse.

2. Operation Dawn Centre in Thailand

peration Dawn Centre in Thailand was the first rehabilitation centre established in 1984 at Lao Foo Village, Tambon Pah Tueng, Amphor Mae Chan, Chiang Mai Province, by Mr. Jajoo. Mr. Jajoo, whose name has now been changed to Mr. Peecha Pornsakulphaisarn, was Moo Ser hilltribe and the leader of Lao Foo Village. The establishment of the Operation Dawn Centre in Thailand was supported by Professor John Paul Shen from the Operation Dawn Centre in Hong Kong, and now its works have been expanded to the initiations of 3 centres: Therd Thai Centre, Amphor Mae Fah Luang, Female Centre in the area of Lao Foo Village but at another side of Male Centre, and Mae Chan Human Resource Centre. Those centres are run by the Operation Dawn Centre Foundation, with Mr. Visarn Pattrathammas, Chairman of the Operation Dawn Centre Board of Thailand as the administrator.

- 1. Lao Foo Male Centre now has 63 members.
- 2. Lao Foo Female Centre now has 20 members.

Most of patients are hilltribes, local dwellers and people from other provinces including Bangkok. Types of drug use are methamphetamine, heroin and opium.

- 3. Mae Chan Human Resource Centre. This centre is to train those rehabilitated addicts to work voluntarily for their own hometowns or for the Operation Dawn Centre in Thailand in future. Currently, there are 20 members. Duration of training course is 1 year and the content mainly focuses on Bible teaching in both Thai and Chinese languages.
- 4. Therd Thai Centre, Amphor Mae Fah Luang, Chiang Rai Province now has 72 members.

Objective

To provide physical, mental and mind treatment and rehabilitation to all types of drug addicts, all races and all religions. The treatment is based on the belief of Jesus's Teaching, medical treatment will not be used.

Principle

- 1. Drug treatment patients will have to promise God that they will quit using drugs.
- 2. When the patients are craving for drugs, the mentor will look after them by massaging and encouraging them all the times.
- 3. After drug withdrawal for 5-7 days, the patients will have to exercise and take good care of their healths.

- 4. The ex-addicts will have to look after the new comers. They will also have to stay in the centre for 6 months. After that they will be allowed to return home for 3 reasons: applying for identity card, conscription and the death of parents. However, they have to bring along the mentor from the centre.
 - 5. Duration of treatment is 1 year
- 6. Each drug treatment patient will have to pay a 5,000 baht deposit. The patient will have to accept responsibility for actual cost of any damage that may occur to the centre's property during the treatment. Such deposit is refundable in full amount at the end of the programme if there is no damage occurring.

Activities

Various activities are provided for drug addicts such as moral and ethical training, life skill and vocational training, discipline training, community spirit, physical fitness and recreational activities. Daily activities start from 05.30 hrs. to 21.30 hrs. every day.

Implementation

Rehabilitation Phase:

Duration: 1 year

Responsible persons: Project officers, mentor and volunteer

(Presently, there are 17 officers and 2 mentor and volunteer)

Methods:

- 1. Provide the warmth of heart to drug addicts who are under rehabilitation programme.
- 2. Provide education on self-understanding.
- 3. Apply group therapy according to counselling programme.
- 4. Establish confidence by cherishing complete belief in God.
- 5. Provide moral and ethical knowledge.
- 6. Provide activities and recreations.
- 7. Provide vocational training.

The recovering addicts who want to be further rehabilitated will be sent to Mae Chan Human Resource Centre.

Follow-up Phase:

Duration: 1-3 years (3 months/1 time) since the recovering addicts leave the centre **Responsible person**: Director of the Centre

Methods:

- 1. Provide vocational training on agriculture.
- Contact organisations, workplaces and families to give the recovering addicts an opportunity, and accept them to re-enter the family and society.
- 3. Visit the recovering addicts at their homes or workplaces periodically.
- 4. Encouraging the recovering addicts through alternative media.
- 5. Request reliable person and local Christ Church to help follow up the recovering addicts' behaviours continually.
- 6. Provide special activities to encourage the recovering addicts
- 7. Provide special time for those who need counsell.

From the follow up result of the Operation Dawn Centre in Thailand and the 4 branches, it is found that all centres have same objective, principle and implementation. The difference among them is the buildings and environment of the centres. For instance, Lao Foo Male – Female Centre that was the first established centre, was made of wood in simple style. Meanwhile, the buildings of latter branches were made of brick and stone, looking more comfortable. Also, the environment around the centres was developed to look nicer.

A lack of sport ground is one of the problems found in the centre. Since Lao Foo Female Centre is located in a limited area, the residents in such centre have to play sports at the basketball field in Lao Foo Male Centre instead. In addition, sport instruments such as basketball, football, volleyball, badminton, etc., are insufficient to the need of the players.

3. Darul-e-man "House of Faith" Treatment and Rehabilitation Centre for Drug Addict

At Darul-e-man "House of Faith"

Responsible Agency: Muslim Youths Association of Thailand

Supporting Agency: Baht Coin Foundation against Drugs, Drug Control Centre

at Yala Province

Address: Banbukekla M.6, Budee Sub-District, Muang District, Yala Province

Contact Number: 01-4650717, 01-8976330

History

arul-e-man (House of Faith) was built up by the initiative of ex-Yala Governor, Mr. Chuchart Phoonsiri to systematically and completely solve drug problems in Yala under the motto "Help Yala be free from drugs" by the philosophy of state-civil alliance against drugs. The centre was officially opened on 12 June 1995. Its lecturers were supported by Daytop International Inc., New York, U.S.A. and skillful teamwork has experienced training on treatment for drug addicts from Malaysia and Pertapis Halfway House, Singapore.

Principle

Darul-e-man centre is a treatment and rehabilitation centre for drug addicts, of whom will be physically, mentally and psychologically taken care until they can quit the drugs permanently by therapeutic religious principles and therapeutic community programme (T.C.). Those help guide right way of life, reinforce faith of members, create relationship among members and relatives by their participation in drug treatment and rehabilitation, and respect themselves, etc., which can be itemised as follows;

- 1. Members shall study and create their own religious belief, proceed daily ritual practice and live on moral.
- 2. Members shall know themselves, accept their reality, be proud of their pros, accept their cons and be willing to improve themselves.
- 3. Members shall learn how to face with problems and solve them rationally.

- 4. Members shall have skill of being in the presence, not sticking to the past or daydreaming of the future.
- Members shall follow to social and religious rules and regulations and have skills on socialisation.
- 6. Members shall work as team and respect right and freedom one another.

Ideology

- 1. Commitment to religion (Al-Iltizan)
- 2. Good religious follower (Al-Amal)
- 3. Honesty (As-Sidq)
- 4. Responsibility (Al-Amanah)
- 5. Love and closeness (Al-Ukuwah)
- 6. Good model (Al-Qudwatul hasanah)
- 7. Dedication to society (Al-Qurban)
- 8. Praise for Muslimeen (Ikan Muslimeen)
- 9. Assignment (At-Tawakul)
- 10. Positive thinking (Al-Husnuzan)
- 11. Giving is better than taking (Al-Yadul ulya)
- 12. Shall not be introverted. (As-Sarahah)

Treatment Idea: religious way of life guides to stop drugs permanently.

Goals: all members shall quit drugs for good

Principle in drug treatment by religious therapy: to implant and adjust addict behaviour by 3 religious components

- 1. To strengthen faith (belief and faith to Lord)
- 2. To promote daily religious practices
- 3. To support moral and ethic in life

Models and steps of treatment: in voluntary treatment, the religious therapy will last for 4 months with these consecutive steps.

- 1. **Preparation** to prepare members' readiness by personal evaluation, interview, and medical check-up on these matters
- Types of used drugs
- Physical state
- Psychological, mental and behavioural condition
- Economic and social status
- Problem and cause analysis for providing assistance and creating incentives
- Describe processes and regulations in treatment contraction
- Heroin addicts have to get primary detoxification without symptoms of craving and lack of drugs
- 2. Rehabilitation takes at least 4 months and composes of
- Physical rehabilitation
- Psychological rehabilitation
- Mental rehabilitation
- Spiritual rehabilitation

Patterns of Rehabilitation

Physical rehabilitation

- Nutritious foods
- Exercise, sports and recreation
- Treatment by symptom

Psychological rehabilitation

- Counselling
- Psycho-therapy
- Behavioural therapy
- Cure of mental illness

Mental rehabilitation and spiritual rehabilitation

- Acknowledgment on religion and attitude-building (Al-Iman)
- Learning group (Ta'lcm)
- Ask for forgiveness (Taubat)
- Honesty to Allah (Ibadat)
- Group polishing (Usrah)
- Self-learning (Active learning)
- Behavioural promotion (Al-Amal)
- 1. Follow religious practice strictly
- Ibadah such as praying and fasting
- Sunni such as eating, sleeping and daily activities
- Du-ah such as routing blessing
- Aklak such as ethnic, morale, discipline/regulation and good model
- 2. Behavioural adjustment
- Psychological criteria
- Warning (Nasihat) person to person or in group
- Behavioural change (punishment and reward)
- Responsibility-building (Amanah)
- In-house structure and division of role and responsibility in house
- Reinforcement of relations among members and relatives (Muamalat)
- Morning meeting
- House meeting
- Praying altogether
- Vocational therapy
- 3. Monitoring
- Directly monitored by house visit, NA grouping and meeting
- Indirectly monitored by community mechanism such as community leader, Subdistrict administration office and etc.

Membership conditions

- 1. Treatment and rehabilitation is reserved for all kinds of drug addicts excepts those of heroin who must get primary detoxification and show no symptom of craving first.
- 2. House certificate and identification card shall be shown
- 3. The insane and the crippled shall not be allowed.
- 4. Applicants with hazardously infectious diseases (such as leprosy, tuberculosis, elephantiasis etc.) shall not be accepted.
- 5. Applicants shall voluntarily apply to the treatment without conditions and approved by their parents.
- 6. Applicants shall be consent with all principles and regulations of the centre.
- 7. Application fees are as follows;
 - Thai at 500 Baht/person Foreigner at 1,000 Baht/person
- 8. Food costs
 - during the first 4 months at 1,000 Baht/person
 - next month at 500 Baht/person
- 9. Applicants shall have money for personal business.

Compulsory rules

Members shall strictly proceed religious practice in a day

- 5 time-praying
- Naseehat (Preaching)
- Tahlem (Learning Amal)

Study on Koran and Sunni Prohibitions

- No drugs
- No quarrel
- No sex
- No pornography
- No theft

Daily activities

| 04.45 hrs. | Wake up/ personal business | | |
|------------|--|--|--|
| 05.00 hrs. | Praying Subh/Naseehat | | |
| 06.00 hrs. | Exercise | | |
| 07.00 hrs. | Cleaning buildings | | |
| 07.30 hrs. | Personal business | | |
| 08.00 hrs. | Breakfast | | |
| 08.30 hrs. | Morning meeting | | |
| 09.30 hrs. | Break/ work as assigned | | |
| 10.00 hrs. | Learning activities/ work as assigned | | |
| 12.00 hrs. | Ready for praying | | |
| 12.30 hrs. | Praying Suree/ Naseehat | | |
| 13.00 hrs. | Lunch | | |
| 13.30 hrs. | Recreational activities | | |
| 14.30 hrs. | Learning activities/ vocational training | | |
| 16.00 hrs. | Praying Assara/ Naseehat | | |
| 16.20 hrs. | Group meeting | | |

| 17.00 hrs. | Sports and recreation |
|------------|-------------------------|
| 18.30 hrs. | Praying Makrip/Naseehat |
| 19.00 hrs. | Religious learning |
| 20.00 hrs. | Praying E-sah/ Naseehat |
| 20.20 hrs. | Dinner |
| 20.40 hrs. | Special activities |
| 22.00 hrs. | Bedtime |

Learning activities

Sunday Rest
Monday Morale
Tuesday History of Islam
Wednesday Life skill
Thursday Group activities
Friday Religious Learning

Saturday Seminar

Religious Learning

Sunday Ustasamayani Monday Ustaseng Tuesday Lecturers from outside

Wednesday Ustasamayani
Thursday Yaseen/Doo-ah
Friday Markas at Yala
Saturday Group activities

ANNEX A Profile of NGOs in Drug Treatment and Rehabilitation Administrative Structure of Darul-e-man Centre **Drug Control Executive Committee** Director Darul-e-man Centre **Deputy Director Deputy Director** Administration **Technical Support** Community Security Head **General Administration** Support **Head Assistant Head Assistant General Administration General Administration Activity Supervisor** Housekeeping Service Vocational Kitchen Dept. Dept. Dept. Dept. Head of Dept. Head of Dept. Head of Dept. Head of Dept.

Member

Member

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