F.I.T. PROGRAMME

DAVID GOLDMAN & MEGAN MCDONALD,
PSYCHOLOGISTS, METROPOLITAN RECEPTION PRISON, LONG BAY.
1987.
# CONTENTS

## Section 1. The Programme

1.1 Introduction  
1.2 Aims & Objectives  
1.3 The Programme Structure  
1.4 Participants  
1.5 Contributors

## Section 2. Rationale

- Summary & Diagram  
- Rationale  
- Behavioural & Cognitive Behavioural  
- Bioenergetics  
- Biochemical  
- Psychodynamic  
- Transpersonal Psychology

## Section 3. Methodology

- Method & Logistics  
- Assessment & Evaluation  
  - Physiological Assessment  
  - Psychological Assessment  
- Results  
  - Fitness Test Results  
  - Psychological Test Results
Section 4. Discussion

4.1 Psychological Assessments 23
4.2 Questionnaires 24
4.3 General Observations 25
4.4 Implications for future Programmes 29
4.5 Conclusion 30

Section 5. Appendix

<table>
<thead>
<tr>
<th>Correspondence</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre &amp; Post-Test Questionnaires</td>
<td>47</td>
</tr>
<tr>
<td>Session Summaries</td>
<td>56</td>
</tr>
<tr>
<td>Contributor Feedback</td>
<td>108</td>
</tr>
<tr>
<td>Video &amp; Audiotape Inventory</td>
<td>112</td>
</tr>
</tbody>
</table>
ABSTRACT

FIT was a pilot programme designed by Psychologists and funded by the D.& A. Division to provide an alternative, multidisciplinary approach to treatment and rehabilitation of drug dependent inmates. The programme's duration was seven weeks. The services of a number of professionals and agencies from both within and outside the Department were utilised. The 11 inmates who completed the programme were assessed at the beginning and end of the programme and the results were generally positive regarding changes in attitude, behaviour and fitness levels.
1. THE PROGRAMME
1.1 Introduction

The F.I.T. Programme (an acronym for Fitness Information and Therapy) was a seven-week pilot programme created, coordinated and evaluated by members of the Psychology Division of the Department of Corrective Services. The programme arose from a perceived need for an alternative and effective approach to the problem of untreated and/or chronic drug dependent prisoners.

Current percentage estimates of drug offenders in the N.S.W. prison system are put in the range of 55%-70% of the total population. The actual extent and nature of illicit drug use within the gaols is more difficult to assess, particularly as the chronic drug user can tolerate extensive dry periods whilst imprisoned. Thus an opportunity existed for a programme for motivated inmates who were not necessarily in an acute state of withdrawal.

The favoured therapeutic orientation was both holistic and multidisciplinary: holistic, in recognising the importance of both internal (biological/psychological) and external (sociological/political) determinants of behaviour (Hippchen, 1982); and multidisciplinary, in recognising that therapeutic responsibility be shared by specialists who are at once sympathetic to holistic health objectives and to the philosophy of the programme itself.

Up until this time the role of the Psychology Division in the treatment of drug offenders has generally been restricted to "one-to-one" counselling. In recent times, special programmes have been set up under the auspices of the Drug and Alcohol Division and coordinated by the Drug & Alcohol Worker appointed to each gaol. Through the fortuitous circumstances of Drug & Alcohol funding being available for relevant, innovative programmes, the Psychologist authors took advantage of the opportunity of making the F.I.T. concept an actuality. Divisional Management agreed that a pilot programme might be implemented while funding was still available, with the ability for replication possible at any future time and coordinated by various Divisional personnel.
1.2 Aims & Objectives

The FIT Programme sought to address the hypothesised requirements of a sample of the drug-affected subpopulation of the M.R.P., one of the maximum security prisons at Long Bay. Participants were selected on the basis of their perceived commitment to either becoming or remaining drug free and consequently avoiding the destructive cycle of poor preparation for release, further illicit drug use and, ultimately, repeated incarceration.

Rather than focussing upon abstinence alone as the ultimate goal of the programme, abstinence was viewed as a pre-condition of entry and maintaining abstinence as a single Programme goal within a broader context of objectives. These objectives comprised such concepts as enhanced self awareness, a greater repertoire of behavioural and lifestyle choices, improved communication skills, social skills, and so on.

The programme assumed participants' motivation to be drug free but contended that 'motivation and resolve were insufficient to attain goals set if the individual had a history of failed attempts. The programme hoped to strengthen the individual's capacity to transform what may have been initial decisions based on wishful thinking into those achievable and real. This was attempted by adopting an holistic treatment model in which there existed sufficient scope to develop and to reinforce participants' particular interests and capabilities rather than to present a format reminiscent of prior unsuccessful treatments likely to provoke resistance in the form of behavioural or cognitive sabotage.

It was considered that the option of a "drug-free lifestyle" should remain with the participant as a choice "discovered" rather than a goal imposed. The "goal-directedness" of some traditional behavioural programmes was considered inappropriate in the planning of this programme in that "goals" may be perceived (especially within the prison environment) as authoritarian injunctions against which participants might easily rebel.
1.3 Programme Structure

The Programme comprises 3 discrete STRANDS - Fitness, Information, Therapy - which are structurally linked to emphasise their logical correlation and to encourage the flow of information and energy between them. This design was considered best suited to the delivery of an holistic programme which presents 3 major therapeutic foci while acknowledging temporal, economic and environmental constraints.

The 7-week schedule adopted by the Programme is represented in the following diagram:

\[\text{PROGRAMME STRUCTURE (WEEKS 1-7)}\]

\[\text{MON} \quad \text{TUES} \quad \text{WED} \quad \text{THURS} \quad \text{FRI}\]

\[\downarrow \quad \downarrow \quad \downarrow \quad \downarrow \quad \downarrow\]

\[\text{STRAND ONE} \quad \text{STRAND TWO} \quad \text{STRAND THREE}\]
STRANDS 2 & 3 are scheduled for a total of two lunch-times per week and 'overlap' STRAND 1 which runs throughout the week at available hours (depending on participants' working hours, etc.) Programme length approximates the newly-sentenced inmates' mean length of hold at the gaol prior to classification. In summary, the Programme comprises:

**STRAND 1**: a comprehensive Fitness Course incorporating various topics, activities and instructors.

**STRAND 2**: didactic material presented by both Departmental and extra-Departmental specialists.

**STRAND 3**: dynamically-oriented group work and 2-day intensive Experiential workshop conducted by both Departmental and extra-Departmental professionals.

### 1.4 Participants

11 inmates were chosen to participate in the Programme. Eligibility criteria for participation ranged from

- drug/alcohol history
- expected location at the M.R.P. for the duration of the Programme.
- perceived motivation towards rehabilitation.
- stated commitment to abstinence for the Programme's duration.

Inmates were selected for the Programme subject to personal interviews by the Programme Co-ordinators and final Custodial approval.
1.5 Contributors

Contributors to the Programme were sought from both inside and outside the Department once the Programme's structure and content were decided upon.

Departmental specialists from Education, Drug and Alcohol and Chaplaincy Divisions (as well as Custodial Services), were invited to contribute their expertise, subject to their availability and suitability for the Programme.

Non-Departmental contributors were also called upon for two main reasons: firstly that some sessions required a particular orientation or quality of contribution not able to be found within the Department; and secondly, that outside contributors would provide fresh approaches and be perceived as less "aligned" by the prisoners.
2. RATIONALE
"The group session is an excellent place to begin an interdisciplinary approach, with the ..... psychologist being used primarily to supervise other therapists."

(M.A. Schuckit, 1979).
<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>STRAND 1</th>
<th>STRAND 2</th>
<th>STRAND 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIOURAL</td>
<td>Behavioural regimes to restore physiological functioning &amp; reduce anxiety;</td>
<td>Modelling</td>
<td>Relaxation Therapy</td>
</tr>
<tr>
<td></td>
<td>modelling</td>
<td></td>
<td>Yoga</td>
</tr>
<tr>
<td></td>
<td>provision of new positive reinforcers</td>
<td></td>
<td>Meditation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Modelling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assertiveness Training</td>
</tr>
<tr>
<td>COGNITIVE-</td>
<td>cooperation/self discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEHAVIOURAL</td>
<td>leadership skills/self esteem</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>observing relationship b/w emotions and behaviour.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>observing behavioural and emotional interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOENERGETICS</td>
<td>working with resistance, both physical and emotional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOCHEMICAL</td>
<td>detoxification/biochemical homeostasis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;Sports high&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endorphin hypothesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCHODYNAMIC</td>
<td>sublimation of aggressive drives into sports and other physical activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Experiential workshop</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual Counselling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Psychodrama</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Drama Exercises</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sexuality/Gender Identity workshop</td>
</tr>
<tr>
<td>TRANSPERSONAL</td>
<td>the &quot;bending reed&quot; - eastern concepts reconciling strength and flexibility</td>
<td></td>
<td>Yoga &amp; Meditation -</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N.A. and the &quot;higher power&quot;</td>
</tr>
</tbody>
</table>
2.1 RATIONALE

It is axiomatic that clinical approaches to substance use disorders will vary along with preferred orientations and hypotheses. Eclecticism takes cognizance of a multiplicity of approaches arriving at those treatment combinations considered best suited to the clinical situation. Essentially the FIT Programme departs from other programmes (e.g. those based upon disease models of addiction) in favour of a dynamic approach comprising biological, behavioural and cognitive dimensions.

The eclectic approach incorporates concepts of holistic health, i.e. approaches which emphasise "the whole person" and their emotional, physical, mental, social, and spiritual concomitants. The FIT Programme thus emphasised nutrition, stress management, meditation, drama, physical exercise, and others as approaches as integral to the treatment of substance abuse as psychological counselling, pharmacological treatments, the therapeutic community and other traditional methods (Hippchen, 1982).

Specifically, our eclectic treatment approach drew from the following psychological models:

2.2 Behavioural and Cognitive-Behavioural

Strand I

Behavioural components of Strand I consisted primarily of a variety of exercise regimes and a gamesmanship course for the restoration of physiological functioning and anxiety reduction, the provision of new positive reinforcers through fitness gains, leadership experience, peer group approval, etc., and "modelling" via role model potential of instructors.
Cognitive components were manifested primarily through improved self-image; awareness of the relationships between emotions and behavior (gamesmanship, winning/losing, etc.); the value of cooperation vs. competitiveness ("the game as life") and didactic components.

Strand 2
The Information Strand was clearly intended as a predominantly cognitive intervention by means of which (in a non-threatening and informative manner) opportunities were provided for participants to strengthen resolve and to modify their beliefs about themselves and their drug use to the degree that one's attitudes might be perceived as being often times based upon myths, stereotypes and fantasy.

The potential for outside specialists to establish rapport with participants and to function on some level as role models could also be viewed as comprising a behavioral component of this Strand.

Strand 3
"Behavioral" components of the Therapeutic Strand comprised relaxation therapy, yoga, meditation, 'modelling' and assertion training. "Cognitive-behavioral" components comprised an introduction to stress management techniques and introductory participation in Rational-Emotive Therapy, 'cognitive restructuring' and 'reframing'.

2.3 Bioenergetics

Keleman (1973) writes:

"(Reich)... saw that major character and body traits had the function of regulating feeling and energy. The physiological and the psychological are two foci of the same process: the "character armour" shows in the chronic muscular contractions that make a stiff neck, a determined jaw, an
overinflated chest or a tight, flat abdomen. Chronic muscular contractions diminish sensations, diminish movement and diminish the ability for self-expression and so they encapsulate a limited and unrealistic self-image."

Within both Eastern and Western Traditions a large number of body therapy theories exist, with Wilhelm Reich's theories of vegetotherapy and "body armour" perhaps the best known. Briefly, Reich's main contribution lay in his attempt to understand man as a biological process and to investigate common energetic processes linking and reconciling mental and bodily events.

Bioenergetics, as popularised by Alexander Lowen (1975), is an extension of psychodynamic psychotherapy where bodywork helps with blocks to energy flow and aids in attainment of optimal psychobiological functioning. The bioenergetic hypothesis posits a "physical personality" in which the individual's habits, defences, attitudes, etc. (developed from the various conflicts and reinforcements in childhood) are formed and maintained in the body as chronic muscular tensions (Chapman, 1978). Bioenergetic therapy seeks to understand and modify the life of the body through the exploration of tensions and resistances within it using exercises which help to discharge pent-up energy in a constructive, gradual way. In this way, a metaphorical "valve" may be located in the bodily "pressure cooker" and the disastrous consequences of explosive, violent or self injurious acting out behaviour can be minimised.

The FIT Programme assumed an interaction between mental and bodily processes and thus proposed that the whole person be treated in two ways: cognitively - through verbal therapies in Strands 2 and 3, and physiologically - through exercise and physical therapies in Strands 1 and 3.
In applying Bioenergetic principles to therapy in a gaol setting, the challenge was to provide a sufficiently powerful catalyst to obtain participant reaction, yet to avoid causing participants to abreact those responses not able to be adequately worked through or followed up in the prison setting. The approach used by therapists Henderson & Weber succeeded in achieving a desirable balance between gentleness and provocation in introducing participants to this form of dynamic therapy.

2.4 Biochemical

Strand 1

The notion that exercise can be addictive (Egger, 1981) refers in part to recent research into endorphins* (Kosterlitz, 1976) which are said to be identical in analgesic and euphoric functions to externally administered opiates (Konferenzer, 1978)*. A tentative postulate states that these opiates or endorphins can be stimulated through some form of natural activity and that a "biochemical escape through natural highs, i.e. through sport, games, play and exercise" may be achieved (Egger, 1981). Also postulated is psychological homeostasis," whereby addiction is said to arise as a result of a deficit in functional endorphins. One implication of this postulate for the devising of drug-free therapeutic programmes for narcotic addicts is the utilization of behavioural exercises in the manipulation of endorphin levels (Sheehen, 1978* Wason and Akil; Egger, ibid). It was hoped that a structured exercise programme would facilitate addicts recovery by virtue of the restoration of biochemical balances said to be disturbed by chronic drug use.

* The generic name given to a class of peptides isolated from the brain and pituitary gland that have opiate-like activity.

** These references have been taken from Fishman, J. (ed) The Bases of Addiction, 1978.
2.5 Psychodynamic

Strand 1

It has been said that there are many desirable psychological alterations in the individual that may be derived from exercise participation (Falls, Baylor and Dishman, 1980). The sublimation of sexual and/or aggressive drives into physical exertion or artistic activity has also been well-documented in the literature (Ivey & Simek-Downing 1980).

The channelling of these drives into structured physical activity was designed to be enjoyable and therapeutic. Care was taken to provide a variety of exercises and to encourage participant feedback concerning emotions likely to arise from any resistance to those exercises (e.g. anger, frustration, fear of failure, etc.). It was hoped the feedback aspect would also foster co-operation, physical/emotional flexibility and responsiveness. These strategies were seen as particularly valuable by virtue of the fact that, as practised in gaol, "physical fitness" may tend to create its opposite, i.e. the reinforcement of bodily defensiveness as manifested in phenomena such as "body armouring", "macho-posturing", certain aspects of standover behaviour, and so on.

Strand 3

Various items on this Strand drew upon psychodynamic principles and techniques, particularly the two-day intensive Experiential Workshop. Techniques such as clay-modelling, drawing, drama games and dynamically-oriented one-to-one counselling all served to promote insight, evoke unconscious processes and to encourage conflict resolution.
Transpersonal Psychology

Transpersonal psychology is a relatively new discipline concerned with issues pertaining to personal growth. It emphasises the interrelationships between the physical, emotional, intellectual and spiritual life of the individual. It holds that the optimal educational environment must ideally stimulate and nurture the intuitive as well as the rational, the imaginative as well as the practical and the creative as well as the receptive functions of individuals (Ivey & Simek-Downing, 1980).

Since transpersonal psychology is primarily concerned with developing human potential within an holistic framework, topics such as meditation, exercise, Tai Chi, Yoga and relaxation-training are embraced in a therapeutic approach. Physical development is regarded as essential, as well as the crucial role of the instincts and the intellect in the attainment of optimum personality integration.

Strand 1

Participants were instructed with regard to the philosophical aspects of "the game" and the attitudinal antecedents of competitive game-playing. In order to improve performance and to enhance meaning and enjoyment gained from game-playing, techniques to enhance team spirit were taught. These techniques evolved through the individual's discovery of his own unique ability to perceive his body as "balanced" (in equilibrium), and "grounded" (in control). Simple meditation, relaxation and stretching exercises were taught to assist with "centring" the body and engaging the intellect via the senses.

The Eastern concept of the 'Bent Reed' (which reconciles strength and flexibility)* was utilised in a game playing as a reference point for encouraging participants' awareness of the advantages of co-operation over self-interested competitiveness.

* i.e. The strength that is flexible is superior to the strength that is rigid.
In this sense, training in the art of co-operation, limit-setting and self-restraint became the goals, with the game itself becoming the means toward their attainment.

Strand 2

The concept of the "Higher Power" was introduced within the framework of the "12 Steps" of Narcotics Anonymous. This "Higher Power" refers to one of the 12 Steps whereby faith in the power is said to be sufficient to supplant the power that addiction has over the user. The "higher power" may also help to extend the concept of self beyond usual limits into areas of new possibility. Many non-using "addicts" report that without the concept of "higher power" their attainment of sobriety would not have been possible.

Strand 3

As in the above Strand, Yoga and Meditation were taught to participants but within the context of stress management rather than strenuous physical activity.
3. METHODOLOGY
3.1 Method & Logistics

Participants for the Programme were canvassed through circulars and by word-of-mouth. Of the 31 inmates who applied for the Programme, approximately half were interviewed separately by the Programme Co-ordinators and 11 were finally successful in meeting custodial and motivational criteria.

All participants were asked to attend fitness and psychological testing sessions both before and after the Programme. They were briefed as to security matters and to abstinence objectives. Each was provided with a personalised folder containing a copy of the Programme Schedule with room for session handouts, notes, etc. (see Appendix) and were reminded of the particular limitations imposed upon the running of the Programme (supervision of all prisoner movements, time constraints, etc.).

As many contributors as possible were similarly briefed by the Superintendent prior to the commencement of the Programme. All outside personnel obtained security clearances and were met individually by one of the co-ordinators twenty minutes before the commencement of their session. Most of the sessions were conducted over lunchtimes (except for some of Strand 1) and were recorded wherever possible on audio or videotape (see Appendix).

3.2 Assessment & Evaluation

While it was planned from the outset to test all participants before and after the Programme on both physiological and psychological parameters, 5 participants did not return for post-tests. Three of these five participants were transferred to other gaols immediately upon completion of the Programme, while the remaining 2 were not motivated to attend, leaving only 6 sets of data for analysis.
3.2 1. Physiological Assessment

Pre- and Post Fitness Tests were conducted by a qualified Fitness Instructor. These tests consisted of measures of body dimensions, body fat composition, flexibility and strength, blood pressure, resting heart rate and recovery heart rate after standardised exertion.

3.2 2. Psychological Assessment

(i) Scales

Two scales were administered to participants both prior to and at the conclusion of the Programme:

(a) The A-State Scale (one of the two scales comprising the STATE-TRAIT ANXIETY INVENTORY - Spielberger, 1970).

(b) The ZUNG SELF-RATING DEPRESSION SCALE (SDS, ZUNG, 1965).

While the Zung was administered solely as a quick, easy-to-read depression scale (rather than on the basis of its test-retest reliability which remains undetermined), the A-State Scale was administered primarily because it is a widely-used self-report measure of anxiety with adequate psychometric properties. Both scales were able to be completed within a 40-minutes group session.

(ii) Questionnaires

Two questionnaires were administered to participants, one prior to the commencement of the Programme and the other some 3 months after its completion. These consisted of:

(a) A brief questionnaire requesting information from participants regarding drug/alcohol use - e.g. type and frequency, details of prior rehabilitation attempts, relationship of drug use to criminal offending, etc.
(b) A comprehensive follow-up questionnaire on all relevant aspects of the Programme which also sought to elicit subjective estimates of the value/non value for individual participants (see Appendix, S.5 for Questionnaires).

(iii) Follow-up assessment is planned (12 months) to determine whether abstinence has been maintained by participants.

**CONCLUSION**

Results are very encouraging in nearly all facets of the testing. Improvements could be achieved with more time spent by these inmates in regular Aerobic Activity Programmes, this activity seeming to be a clear second choice to the weight yard. Both forms of training complement one another and it is therefore concluded that the one should not be neglected at the expense of the other.

**3.3 RESULTS**

**3.3.1 Fitness Test Results**

Of the 6 inmates who were re-tested, 4 indicated marked improvements in most areas, while 2 showed little or no improvement on previous tests. It may be said that pre-existing high fitness levels in one (RB) may have mitigated against significant gains, while nil gains in the other (RC) was a function of pre-existing low fitness levels and patchy commitment to making gains in this regard.

Resting Heart Rate and Blood Pressure was reduced in 4 of the 6 post-tests, which is a general indicator of acclimatization to the tests and/or increased regular activity.

Body measurements remained static, reflecting a lack of real gains or, in accordance with research findings, a requirement for a much longer period of commitment. It might also be noted that decreases will often not show up because body fat is
lost and muscle tone increases marginally to make up the difference. Body fat was reduced in 3 of the 6 subjects while the other 3 remained static.

The Step-Up Test showed marked improvements in all 6 cases indicating an increase in aerobic capacity and acclimatization to the test (or possibly a more relaxed state). Improvement in this area is nonetheless a clear indication of regular aerobic activity.

Strength Tests indicated gains in all subjects on re-testing. Initial results were already well above average to begin with and improved further over the 7-week period. These gains indicate that strength training with weights is a prime choice and pastime with these subjects.

3.3.2 Psychological Test Results

The relatively small number of data forms (N=6) precluded a full statistical analysis of the results obtained.

On a A-State Scale 5 (83%) subjects showed improvements. A similar number of subjects showed improvement on the Zung Depression rating (SDS) when tested at post-treatment. Taken together, these results suggest that the FIT Programme tended to reduce both measured anxiety and depression (see Appendix, S.5).

As previously mentioned the scales used were selected on the basis of their wide use in clinical settings and research. However, since normative data on prisoners (including test-retest reliability) are lacking on most self-report measures, our findings are essentially indicators of directional change or movement, rather than conclusive and reliable measures of change over time.

In addition, the best way to demonstrate the effectiveness of a programme such as FIT is to assess its ecological validity, i.e. whether subjects/participants have maintained a drug-free existence. This is a more difficult measure to attain, but a long term follow-up (12 month) is intended with the co-operation of the Department to extend evaluation in this regard.
Ideally, also, a control group would have been utilised to enable the proper analysis of effect size. However, for reasons specific to this situation (e.g. the transient population) as well as for more general reasons (e.g. the ethical requirement to treat a waiting-list control group as soon as possible), this particular "experiment" should be viewed essentially as a Pilot Study with possibilities for replication.

**STAI** (Spielberger et al, 1970)
(State Anxiety Subscale)

<table>
<thead>
<tr>
<th>Subject</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>56</td>
<td>25</td>
<td>63</td>
<td>37</td>
<td>43</td>
<td>31</td>
</tr>
<tr>
<td>Post</td>
<td>54</td>
<td>20</td>
<td>46</td>
<td>32</td>
<td>28</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
</tbody>
</table>

**ZUNG** (SDS, Zung, 1965)

<table>
<thead>
<tr>
<th>Subject</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>41</td>
<td>55</td>
<td>24</td>
<td>45</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Post</td>
<td>37</td>
<td>57</td>
<td>23</td>
<td>35</td>
<td>39</td>
<td>25</td>
</tr>
<tr>
<td>D</td>
<td>4</td>
<td>-2</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>
4. DISCUSSION
4.1 Psychological Assessments

The FIT Programme achieved positive results as measured by psychometric and fitness assessments, indicating gains in terms of anxiety-reduction and in overall physical fitness (see Results, previous section).* While it is not possible to assess the significance of these apparent gains in a statistical sense, they reflect a generally positive response by participants to the Programme as evidenced by Questionnaires returned at its conclusion which addressed the impact of the Programme upon their drug use and motivation to abstain.

* One participant significantly reduced his Methadone dosage (supervised by the Director of the P.M.S.) over the seven-week period.

4.2 Questionnaires

90% of participants stated that FIT helped them either to a moderate (30%) or high (60%) degree with their incentive to remain drug free. 50% of participants said their fitness levels improved as a result of the programme: the rest perceived their fitness levels as remaining more or less static.

80% of participants stated the programme helped them become aware of and deal more effectively with complex or negative emotions. Comments included: gains in communication skills, greater self-awareness and awareness of their impact on significant others, etc. 90% regarded the information strand as useful and 70% considered there was just enough material presented to digest effectively.

70% of participants considered the commitment to the programme required of them was satisfactory. 20% thought that more commitment was in order (or that they could have been more committed). One respondent felt the programme was too demanding. That same participant also felt there was too much "head therapy" and not enough sports included. The Programme was basically not what he wanted and he considered it a waste of money.

Participants were split 50-50 on the amount of psychologist (Coordinator) involvement. Many of those who called for more involvement specified participation in the sport activities.
80% of participants considered the Programme well organized, especially being aware as they were that FIT was a pilot programme. Of the two respondents who had problems with its organization, one based his objection on the programme's lack of power to provide participants with immunity from transport to other prisons before programme completion.

90% of participants considered the Programme to be too short.

Nine out of ten respondents considered the programme to be generally of value to them. A summary of participants' thoughts and feelings re FIT are as follows:

- "Able to become more positive in attitude and reduce negative thoughts."
- "Achieved Methadone Withdrawal. Also companionship, new activities."
- "Of great value. Keenness of participants indicated worth of programme."
- "Lots of good information and communication. Realise damage to body through drug abuse. Helped to lead a better life."
- "Always reacted negatively to 'drug rehabilitation' programmes. This is the first one I've completed. Appreciated the interest value, the information and the flexibility of presentation."

4.3 General Observations

Other positive achievements of the FIT Programme - while less quantifiable - are considered by the authors to be worth noting in detail:

The Programme afforded the Psychologist-Co-Ordinators the opportunity to develop a higher profile in the Wings and in the main gaol generally: daily activities in the Circle, Activities Wing and other areas of the gaol not regularly frequented by Psychologists (as well as the necessity to negotiate frequently with Wing Officers, Superintendent and Deputies, and with the inmates themselves
due to various contingencies), contributed to this greater visibility and accessibility. For the Co-ordinators themselves this quality of contact assisted in creating a greater awareness of the complexity and pressures of life for inmates in maximum security; the many organisational aspects to be noted; the special ways that inmates relate to each other outside the artificial "session room"; and the valuable extension of psychologists' roles in interacting with inmates in a day-to-day, somewhat "demystified" capacity.

Participants commented that they appreciated the Co-ordinators' participation in the Programme, that they came to better understand what Psychologists "did" in the gaol, and that the Programme assisted in establishing trust and rapport between inmate and professional. While a few of the participants stated that they would have preferred a greater "merging" of roles (e.g. higher level of participation in sports, activities, etc.) it is the authors' view that a balanced combination of "professional distance" and relaxed participation is the ideal to be struck in a group therapeutic setting of this kind.

Divisional (D.& A.) officers were generous with time and effort directed to the preparation and conducting of sessions and indicated a strong interest in the Programme. It seems that the Programme was viewed by all contributors as an educational opportunity for the sharing of new perspectives and techniques in the treatment of drug offenders.

Outside contributors stated that they enjoyed and valued the challenge presented in working with inmates in a prison setting. They were patient and cooperative with regard to the complex, often tedious aspects of gaol regulations, and many indicated that they would be happy to return to the gaol for a professional feedback session at the conclusion of the Programme.
Custodial officers were often tried, but were cooperative at all times with regard to Programme re-scheduling and other unforeseen contingencies (generally a sceptical attitude however!).

Problems, Resistances, Limitations

Although the FIT Programme was never intended as an empirical project but rather as a pilot treatment programme for drug offenders, its actual contributions to this end will be difficult to assess in spite of proposed follow-ups. In this sense the Programme does not meet the traditionally stringent evaluation criteria associated with measuring the effects of 'therapeutic' interventions. This lack of adequate controls to facilitate evaluation (see Results, previous section) is acknowledged as a real limitation of the pilot Programme. Nonetheless, whatever possibilities existed for controlled conditions were precluded by the de-estabilising and attritional effects of imminent and actual gaol transfers from the group itself. However, enlarging the group size is not seen as capable of solving this problem, since such an increase would then minimise positive therapeutic effects to be gained in maintaining an ideal group-size at between 8-12 (Kellerman, 1979).

Two-hour lunchtime sessions were generally regarded as too brief in some respects (having to allow for special musters, movements to various locations, lunches, vacating of rooms, etc). Indeed the Programme itself was criticised for running for too brief a period altogether (the general consensus suggesting 3-months as an ideal length).

The 2-day Experiential Workshop raised issues not canvassed either by the Co-ordinators or by the inmates themselves prior to the commencement of the Programme:
(i) The scheduling of the first Workshop day on a Sunday, considered by the inmates once the day arrived as encroaching on "their time" rather than on "gaol time".

(ii) Participants seemed reluctant and defensive in their overall responses to the Workshop.*

Programme Co-ordinators faced 'resistance' to the Programme from its inception: cynicism on the part of custodial staff, prisoners and management needed to be confronted and compromises reached; the logistics and complications of screening and admitting non-Departmental personnel had to be negotiated and resolved.

The transfer of one participant to another gaol approximately mid-way and the imminent transfer to another created major disruptions to the flow and dynamic equilibrium of the Programme and lowered morale in participants to the point of sabotage. The effects of these "moves" upon both co-ordinators and fellow participants were destructive and, in combination with their de-stabilising effects, placed additional strains upon daily routines and relationships tenuous enough to begin with.

Participants' energy for and dedication to the Programme fluctuated enormously. During passive "energy lows" participants needed to be organised, mobilised and at times cajoled into attending musters and responding to the particular demands of a session, thus placing strain upon both organisers, contributors and also custodial staff. These low energy or antagonistic states probably fuelled resistance to particular aspects of the programme, this resistance manifesting itself

* (while (i) may be seen as an organisational flaw, (ii) may be viewed as a function of multiple dynamic factors associated with peer group and resistance phenomena).
in higher levels of distractability and displacement activity (excess coffee-drinking, smoking, snacking, lack of punctiliousness, etc.).

Peer group dynamics were capable of rapid change, however. For example, on one occasion a group member suggested that a certain session leader was patronising the group, at which point the group dynamic shifted rapidly and the leader was effectively boycotted. On another occasion a group member was unsuspectingly put in the "hot seat", causing other group members to jump to his defence (notwithstanding the very negligible therapeutic confrontation in process at that point). Again the peer group dynamic shifted suddenly and powerfully, evidencing a powerful team spirit and loyalty which at times culminated in an "us versus them" dogmatism.

4.4 Implications for Future Programmes

The observed pasivity/"energy lows" by participants may be interpreted as symptomatic of abstention (if achieved in fact) in terms of oral symptom substitution, and be considered as a predictable behavioural corollary of the "withdrawal syndrome".

Unless Programmes are allowed a clearly prescribed status and are able to guarantee participants a secure hold in the gaol for the duration of the Programme, the problems outlined in the previous section will recur and mitigate against possible therapeutic gains and adequate evaluation. With regard to the latter it is suggested that the evaluation potential of any intervention in a gaol setting, where so few variables are manipulatable at all - remain as far as possible uncontaminated by the impact of predictable events.

Since any break in gaol routine or delay in transfer may be seen to have "rort" value for an inmate, it is not clear why the purported benefits of any Programme should be put
at risk by subordinating such priorities to a pragmatic custodial philosophy which cynically regards the 'D.& A' or any other Programme applicant as a 'manipulator'. This attitude is seen by the authors as (i) reducing the possibility for recognition of the genuinely motivated and (ii) as underestimating the professional capacity of non custodial staff to assess and screen Programme applicants.

4.5 CONCLUSION

For the information and benefit particularly of those interested in replicating a programme such as FIT; the 7-week Programme required a major commitment of time and energy for all those concerned with its presentation. For the Co-ordinators, even though much of the planning was achieved during working hours, the actual running of the Programme required a commitment of time outside working hours for its execution. There was often a tension between the dual roles of "therapist" and "Programme Co-ordinator" which, given the continued responsibility of respective workloads outside the Programme, created a strain on coordinators' personal resources, both temporal and emotional.

Overall the FIT Programme is considered by the authors to have achieved what it set out to do; to attempt a therapeutic intervention aimed at the traditionally relentless and self-perpetuating pattern of drug-usage and recidivism. The FIT Programme attempted to sustain participants' experience of sobriety by providing a context in which they could be engaged in interesting and challenging activities intended to provide alternatives to a drug-using lifestyle, both within and without the prison walls. New skills; insights into the behaviour of self and others; anxiety reduction and increased self-confidence were some of the measured and reported benefits of the Programme. It is hoped that something of this positive experience will be taken by FIT participants into their everyday lives and that the Programme's positive effects will similarly become self-perpetuating in mitigating against the desire to continue using.
It is also hoped that the FIT Programme, being a pilot scheme, might be replicated in any appropriate form and its perceived benefits be incorporated into overall treatment strategies for drug offenders in various prison settings.
## FURTHER READING

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allanson, D. &amp; Caruana, R.</td>
<td>The Time Out Programme, Dept. of Corrective Services, 1986.</td>
</tr>
</tbody>
</table>
5. APPENDIX

THIS 7-WEEK PROGRAMME IS DESIGNED FOR MOTIVATED PEOPLE WITH HISTORIES OF DRUG/ALCOHOL OR OTHER DEPENDENCY PROBLEMS.

Applications to the M.R.P. Psychology Unit (marked Attention D.G. or M.M.) will be on a blue form and should include name, work, sentence, and Wing location. Please lodge applications no later than THURSDAY, APRIL 23rd 1987.
Dear

With regard to our recent telephone conversation, we enclose a copy of part of our Programme Submission for your information.

We will be in touch again shortly to discuss your contribution to the Programme in more detail, and to finalise necessary arrangements.

Yours faithfully,

David Goldman,

Megan McDonald.
Dear

Enclosed is a gaol security clearance form necessary for you to complete and post back to us as soon as possible at the address above.

Looking forward to your participation on the programme.

Regards,

David Goldman,
Megan McDonald.

May, 1987
Dear

You are invited to attend an Orientation Session for the "F.I.T. Programme" on
Friday, May 1st, 1987, at 2 p.m.

Information will be provided regarding security clearance, prison policy and Programme details - as well as an opportunity to meet fellow "contributors" over coffee.

Thanking you,

Megan McDonald
David Goldman.
Dear Sir/Madam

I request to be recognised as a volunteer for the purpose of assisting inmates who are in the Department's care. My services are offered to the Department free of any financial reward or remuneration.

PERSONAL DETAILS

1. NAME:

2. ADDRESS:

3. AGE: DATE OF BIRTH:

4. QUALIFICATIONS:

5. EXPERIENCE:

6. DESCRIPTION OF SERVICE:

7. DAYS AND TIME:

SIGNATURE: DATE:
# DECLARATION BY VOLUNTEER

**A**

I, ........................................................................ of .................................................................................................................................................. in the State of New South Wales have never been convicted of any other crime other than traffic offences. OR

**B**

I, ........................................................................ of .................................................................................................................................................. in the State of New South Wales have been convicted of the following offences:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE OF CRIME AND STATE OR PLACE IN WHICH OFFENCE COMMITTED</th>
<th>FINE/SENTENCE/TERM SERVED AND INSTITUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C**

I, ........................................................................ of .................................................................................................................................................. in the State of New South Wales hereby declare that I am not related to, or associated with, any inmate confined in a Department of Corrective Services institution, or parolee/licencee/probationer who is currently under supervision by the Department or any person serving weekend detention at any one of the Department’s Periodic Detention Centres. OR

**D**

I, ........................................................................ of .................................................................................................................................................. in the State of New South Wales hereby declare that I am related to/associated with the undermentioned person(s) who is/are inmate(s) of the Department’s institutions/parolee(s) licencee(s), probationer(s) under supervision/or periodic detainee(s) serving a sentence.

<table>
<thead>
<tr>
<th>NAME(S) OF INMATE(S)</th>
<th>INSTITUTION(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME(S) OF PAROLEE(S)/LICENCEE/PROBATIONERS/PERIODIC DETAINERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Signature of Volunteer

.........................

Signed Before Me: .............................. J.P.

.........................

Address ..............................
DO'S AND DON'TS FOR APPROVED VISITORS

Visiting a person in a prison is not at all like visits between free citizens. Prisoners have lost their liberty. This reality places restrictions on the behaviour of prison visitors. Here are some Do's and Don'ts that must be remembered at all times when you visit someone in gaol.

DO'S

Always advise the Officer-in-Charge and the switchboard operator of your whereabouts;

Always have a pleasant greeting for the Officers and Staff who are there to help you in your work;

Always check in which places you are allowed to converse with prisoners;

Always determine the procedures for taking a car within the prison perimeter.

DON'TS

Don't promise anything you may not be able to fulfil;

Don't let your emotions run away with you - it takes time for genuine trusting relationships to develop in a prison environment;

Don't pass letters to prisoners or bring in or take out anything without the prior approval of the Superintendent or Director of the Prison;

Don't transfer money from one prisoner's account to another prisoner's account;

Don't walk through gaol grounds without confirming which areas are accessible to you.
The following quotations have been extracted from Statutes which govern Prisons. They are referred for your attention because they explicitly prohibit certain actions when you visit a gaol. Any deliberate disregard for these Statutes could lead to charges being laid against the offender.

Should you be in doubt as to the proper procedure to follow when performing your work, the matter should be referred to the Superintendent who will advise and assist in overcoming the difficulty.


Section 37 - Any person who without lawful authority, brings or attempts by any means whatever to introduce into any prison any spirituous or fermented liquor or any drug shall be liable to imprisonment for a term not exceeding six months or to a penalty not exceeding two hundred dollars or to both imprisonment and penalty.

Section 38(1) - Any person who without lawful authority -

(c) conveys or delivers, or causes to be conveyed or delivered, or in any manner whatsoever attempts to convey or deliver, or to cause to be conveyed or delivered to any prisoner, or introduces or attempts to introduce into any prison, any money, letter or other document, clothing or other article or thing;

(d) conveys or receives for conveyance or causes to be conveyed or received for conveyance any letter or other document, clothing or article or thing out of any prison;

(f) secretes or leaves at any place any money, letter, document, clothing, article or thing, for the purpose of being found or received by any prisoner, shall be liable to imprisonment for a term not exceeding six months or to a penalty not exceeding two hundred dollars or to both such imprisonment or penalty.


Regulation 106. Provision may be made by the Commission for classes directed to the improvement of the education of prisoners, and persons nominated by the Commission who are not officers of the Department of Corrective Services may be employed for the purpose of conducting those classes.
Nothing in this Regulation precludes the Commission from utilising the services of any prison officer to conduct any of those classes.

Regulation 107. Any person employed as provided in Regulation 106 shall be subject to -

(1) in respect of any matter affecting the security or good order of the prison - the directions of the governor of the prison; and

(b) in respect of the nature and scope of the educational syllabus and the method of instruction - the directions of such officer as may from time to time be designated by the Commission to supervise the educational activities of prisoners.

(2) During the time a prisoner is attending class, he shall comply with all lawful and reasonable directions of the person employed to conduct the class.

Regulation 108. Provision may be made as far as is practicable in the prison for the vocational training of prisoners who have the capacity to absorb it, and for practical training to be supplemented by theoretical study by correspondence or otherwise.

The training and study shall be as determined from time to time by the Commission and shall be subject to such conditions as to it appear proper.


Rule 1 "Officer" includes any person, other than a prisoner, employed in a prison.

Rule 5(a) An officer who sees, hears or otherwise becomes aware of an offence against prison discipline by a prisoner shall forthwith report the offence, on the form designed for the purpose, to the Superintendent of the prison. Such first mentioned officer may lock the prisoner in a cell or otherwise restrain his communication with other prisoners prior to making such a report.

Rule 8 An officer shall not discuss matters of prison security with a prisoner or within the presence of a prisoner.

Rule 9 An officer shall, at all times, endeavour to command the respect of prisoners, and endeavour to influence prisoners for good, by their speech, by their conduct, and by the manner of performance of their duties.
Rule 10 (1) Except for the purpose of carrying out the provisions of the Act or the Prisons Regulations, an officer or any employee in the Department of Corrective Services shall not, without the approval of the Commission—

(a) receive any gift from;

(b) have any pecuniary or financial dealing with;

(c) have dealings with or associate with; or

(d) act as an agent for the purpose of undertaking any pecuniary or financial dealing for or on behalf of,

a prisoner, or any relative or friend of a prisoner.

Rule 11 An officer shall report for duty in a sober condition and shall not be in any way nor to any degree under the influence of liquor while on duty.

Rule 12 An officer or any employee in the Department of Corrective Services shall not employ or engage a prisoner on work of a private nature, without the approval of the Commission.

Rule 13 An officer shall not knowingly allow to be brought in or carried out, to or for any prisoner, any money, clothing, provisions, tobacco, pipes, letters, papers, or other articles whatsoever, except in so far as the proper performance of his duty requires.

Rule 14 An officer shall not allow any prisoner under his charge to be employed directly or indirectly for the private benefit or advantage of any person, or in any way not in conformity to the prison rules.

Rule 18 An officer of a prison shall not at any time receive any money, fee or gratuity of any kind for the admission of any visitors to the prison or to prisoners; or from or on behalf of any prisoner, on any pretext whatsoever.

Rule 32 An officer shall observe the character, habits, and industry of the prisoners under his charge, and shall carefully and impartially keep such records as may be ordered, and shall afford at all times to his superiors unreserved information on such subjects.

Rule 42 An officer may bring into the prison any bag or parcel only as an act of grace and may be required to reveal what he has in his possession.
New South Wales Government

Department of Corrective Services
COMPLEX OF PRISONS, MALABAR

Psychology Unit,
Metropolitan Reception Prison.
May 4th, 1987

Dear

Unfortunately, your application for the F.I.T. Programme was unsuccessful for the following reasons:

We hope for another opportunity to run the Programme later on this year, and invite you to apply again.

Yours sincerely,

David Goldman
Megan McDonald
PRE- & POST- TEST QUESTIONNAIRES
1. Have you a drug 'problem' now, ie. are you unable to function for periods of time without the use of drugs (or a particular drug of choice)?

2. If not now, have you had a similar 'problem' in the past?

3. Have you a drinking problem?

4. If so, has this affected the quality of your life?

5. Are you in gaol because of drugs or alcohol?

6. Have you ever been directed by the court to a rehabilitation programme?

7. Have you voluntarily sought this kind of help at any time in the past? Please specify if so.

8. Have you at any time in the past resolved to avoid the use of drugs or alcohol?

9. Is this the first time that you have participated in a Drug & Alcohol Programme either in or out of gaol?

F.I.T. PROGRAMME
M.R.P. 1987
# SELF-EVALUATION QUESTIONNAIRE

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene

**STAI FORM X-1**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
</table>

**DIRECTIONS:** A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

<table>
<thead>
<tr>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel calm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I feel secure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am tense</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am regretful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I feel at ease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I feel upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I am presently worrying over possible misfortunes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I feel rested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I feel anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I feel comfortable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I feel self-confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I feel nervous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I am jittery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I feel “high strung”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I am relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I feel content</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I am worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I feel over-excited and “rattled”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I feel joyful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I feel pleasant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONSULTING PSYCHOLOGISTS PRESS**

577 College Avenue, Palo Alto, California 94306
SELF-EVALUATION QUESTIONNAIRE

Developed by Charles D. Spielberger
in collaboration with
R. L. Gorsuch, R. Lushene, P. R. Vagg, and G. A. Jacobs

STAI Form Y-1

Name ___________________________ Date __________ S __
Age ________ Sex: M __ F __________ T __

DIRECTIONS: A number of statements which people have used to
describe themselves are given below. Read each statement and then
blacken in the appropriate circle to the right of the statement to indi­
cate how you feel right now, that is, at this moment. There are no right
or wrong answers. Do not spend too much time on any one statement
but give the answer which seems to describe your present feelings best.

1. I feel calm ................................................ 0 3 5 7
2. I feel secure ................................................ 0 3 5 7
3. I am tense .................................................. 0 3 5 7
4. I feel strained ............................................ 0 3 5 7
5. I feel at ease ............................................... 0 3 5 7
6. I feel upset ................................................. 0 3 5 7
7. I am presently worrying over possible misfortunes ..... 0 3 5 7
8. I feel satisfied .............................................. 0 3 5 7
9. I feel frightened .......................................... 0 3 5 7
10. I feel comfortable ...................................... 0 3 5 7
11. I feel self-confident ................................ 0 3 5 7
12. I feel nervous ............................................ 0 3 5 7
13. I am jittery .................................................. 0 3 5 7
14. I feel indecisive ........................................ 0 3 5 7
15. I am relaxed ............................................... 0 3 5 7
16. I feel content ............................................ 0 3 5 7
17. I am worried ............................................. 0 3 5 7
18. I feel confused .......................................... 0 3 5 7
19. I feel steady ............................................. 0 3 5 7
20. I feel pleasant .......................................... 0 3 5 7

Consulting Psychologists Press
577 College Avenue, Palo Alto, California 94306
**Refers to Past Week**

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>None OR None of the Time</th>
<th>Some of the Time</th>
<th>Good Part of the Time</th>
<th>Most OR All of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I feel down-hearted, blue and sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Morning is when I feel the best</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I have crying spells or feel like it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I have trouble sleeping through the night</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I eat as much as I used to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I enjoy looking at, talking to and being with attractive women/men</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I notice that I am losing weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I have trouble with constipation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>My heart beats faster than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I get tired for no reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>My mind is as clear as it used to be</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I find it easy to do the things I used to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I am restless and can't keep still</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I feel hopeful about the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>I am more irritable than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I find it easy to make decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I feel that I am useful and needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>My life is pretty full</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I feel that others would be better off if I were dead</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I still enjoy the things I used to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONNAIRE ON THE FIT PROGRAMME, 1987

(Please Circle Best Answer)

1. Do you think that the FIT Programme assisted you with your incentive to remain drug-free?

NOT AT ALL  SOMEWHAT  VERY MUCH SO

Comments: ..................................................................................................................

2. Have your traditional patterns of Drug use changed:

(a) Since entering prison
(b) Since commencing the FIT Programme
(c) Since completing the FIT Programme?

Comments: ..................................................................................................................

3. If there have been changes in your patterns of drug usage, do you think that the FIT Programme has contributed to those changes in any way?

NOT AT ALL  SOMEWHAT  VERY MUCH SO

Comments: ..................................................................................................................

4. Has your level of fitness changed in recent months?

IMPROVED  NO CHANGE  WORSENED

Comments: ..................................................................................................................
5. If your level of fitness has improved, did the FIT Programme contribute to this change?

<table>
<thead>
<tr>
<th>NO</th>
<th>A LITTLE</th>
<th>VERY MUCH</th>
</tr>
</thead>
</table>

Comments: .............................................................
...........................................................................
...........................................................................

6. The Programme was also about feelings and emotions, not just fitness and information. Do you think that the Programme had an effect on your ability to recognise and deal with negative and/or complex emotions?

<table>
<thead>
<tr>
<th>YES</th>
<th>A LITTLE</th>
<th>NO</th>
</tr>
</thead>
</table>

Comments: .............................................................
...........................................................................
...........................................................................

7. Did you find the information strand (e.g. Carol O'Halloran, K. O'Neill, K. Kruzelnicki) —

<table>
<thead>
<tr>
<th>USEFUL</th>
<th>MODERATELY USEFUL</th>
<th>OF LITTLE USE</th>
</tr>
</thead>
</table>

Comments: .............................................................
...........................................................................
...........................................................................

8. Regarding the Information strand was there:

a) Too little information
b) Just enough to digest effectively
c) Too much to digest
d) Unnecessary altogether?

Comments: .............................................................
...........................................................................
...........................................................................
GENERAL

9. Regarding the general level of commitment to the Programme required of participants, was it in your opinion:
   (a) Too demanding
   (b) Not demanding enough
   (c) Satisfactory

Comment: .................................................................

10. Regarding the Psychologists who co-ordinated the Programme, do you think their involvement was:
   (a) Enough
   (b) Not enough
   (c) Too much?

Comment: .................................................................

11. Do you think that the Programme was
   (a) Well organized
   (b) Over-organized
   (c) Insufficiently organized?

Comment: .................................................................
12. Do you think the Programme was -
   (a) Too short
   (b) Just right
   (c) Too long

   Comment ..............................................................
   ...........................................................................
   ...........................................................................

13. Overall, did you think the FIT Programme was a valuable experience for you?
    If so, in what way?
    If not, why not?

   Comment ..............................................................
   ...........................................................................
   ...........................................................................
SESSION SUMMARIES
<table>
<thead>
<tr>
<th>Week</th>
<th>Session Leaders</th>
<th>Chosen Inmates</th>
<th>Matthew Kim</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Basis of aerobic conditioning Discussion/exercise to music Interval training Different types of exercises Aerobic class formats Demonstration</td>
<td>Weight Training/Discussion</td>
<td>Stress reduction through Physical activity. Soccer</td>
</tr>
<tr>
<td>3.</td>
<td>Weight Training Principles Different emphases regarding training programmes, e.g. bulking toning, strength definition, etc. Practical demonstration of exercises for all body parts.</td>
<td>Weight Training/Discussion Error correction.</td>
<td>Meditation techniques Soccer</td>
</tr>
<tr>
<td>4.</td>
<td>- Do's &amp; Don'ts of weight training - Aerobic &amp; Anaerobic conditioning - Warm up &amp; cool down stretching - Correction of lifting errors &amp; bad habits.</td>
<td>Weight Training/Discussion</td>
<td>- Touch Football - Discussion: Competition Versus Participation</td>
</tr>
<tr>
<td>5.</td>
<td>- Circuit training Weight &amp; Exercises to increase strength and aerobic endurance Different types of circuits Demonstration: All participants</td>
<td>Weight Training Feedback Session</td>
<td>&quot;The Short Run&quot; - Group Discussion</td>
</tr>
<tr>
<td>6.</td>
<td>Open Discussion re previous weeks Training in games, e.g. Squash, Football, Soccer, Volleyball.</td>
<td>Weight Training</td>
<td>&quot;The Long Run&quot; Discussion: Attitudes and physical performance</td>
</tr>
<tr>
<td>7.</td>
<td>Fitness re-testing of inmates - Same procedure as week 1. Evaluation &amp; Discussion of results.</td>
<td>Feedback Session</td>
<td>Feedback Session</td>
</tr>
</tbody>
</table>

N.B. Strand One times were: Monday 2 p.m. - 4 p.m. Wed. 11.30 a.m. - 1.30 p.m. Friday 11.30 a.m. - 1.30 p.m.
## Fitness Assessment

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
</table>

### Resting Heart Rate

### Blood Pressure

### Body Measurements

- Shoulders:
- Chest:
- Arms:
- Waist:
- Hips:
- Thigh:

### Skinfold Measurements (MM)

- Tricep:
- Bicep:
- Back:
- Hip:

Total (MM):%

% Body Fat:

### (Step Up Test): Pulse After 3 Mins:

### Recovery Pulse:

### Push Ups 1 Min:

### Sit Ups 1 Min:

### Results - Comments
COURSE OUTLINE
GREG ALLSOP

STRAND I

7 WEEK PROGRAMME

MONDAY

Week 1 - Fitness Testing (Demountable)
- Blood Pressure
- Body Fat Composition
- Heart rate check and recovery
- Flexibility and strength tests (can be altered if desired)
- Body Measurements

Week 2 - Basis of Aerobic Conditioning (Demountable)
- Discussion
- Exercise to Music
- Interval training
- Different types of exercises
- Aerobic class formats
- Demonstration (all participants to join in).

Week 3 - Weight Training Principles (weight yard)
- Discussion
- Principles
- Different types of programmes, e.g. Toning, Bulking, (Strength/Power)
- Practical Demonstration of exercises for all Body parts.

Week 4 - Do's and Don'ts of weight training.
- Aerobic and Anaerobic conditioning, warm up and cool down and stretching.
- Basically correct techniques and principles that can be carried through the programme.

Week 5 - Circuit Training Considerations
- Weight and exercises to increase strength and Aerobic Endurance
- Different types of circuits
- Demonstration - All participants

Week 6 - Open - See how previous weeks are going
- Possible training work on a game situation, e.g. Squash, football, soccer, volleyball, etc.

Week 7 - Re Testing of Inmates - Same procedure as Week 1.
- Evaluation and discussion of results.
WEIGHT TRAINING PRINCIPLES

* Fundamental principle is overload. This means the muscle must be forced to work against greater loads than it is normally accustomed to. This can be done by -
  * Increasing the resistance or weight load
  * Increasing the number of repetitions
  * Increasing the speed on or duration of the workout.

* Weight training mainly uses fast twitch muscle fibres, e.g. It is a strength/power activity exclusively (which could explain why some individuals find it difficult to bulk up).

* 3 main types of muscle contraction are used:
  * Isotonic contractions: Involves the contraction of a muscle against a movable resistance, e.g. a barbell. Contraction is either concentric where the muscle is shortening against a resistance, e.g. bicep curl or Eccentric where the muscle is lengthening against a resistance.
  * Isometric - static contraction: only develops force at a particular joint angle.
  * Isokinetic - Maximum contraction: Through a full range of motion, e.g. Define.

Different types of Programmes

* Body building 3-5 sets, 8-12 reps, 3 times per week, roughly 80% of maximum lift.
* Strength training 3-5 sets, 2-6 reps, very hard (always done to failure).
* Speed/Power - Light weights 20-25 reps quickly.

Considerations

* Warm up and cool down essential to prevent soreness injury risk, etc.
* Correct technique important
* Each exercise must involve the joint working through full range of motion.
* Goals must always be kept in mind.
* Vary programme, e.g. always include a light weight session or light weight week in your programme regularly to allow the body to recuperate.

* Always use opposing muscle groups to ensure proper development.

* Correct breathing is important for maintaining rhythm

* Rest is important.

* A sensible approach should always be followed, i.e. work to your own limits.

* Quality rather than quantity.

* Always feel, 30 mins. after a session that you could possibly do it again. The body does not work efficiently when it is almost killed.
Week 1  Weight Training Principles:

**Theory** - 40 minutes

**Practical** - 1 hour

* Basic theory and purpose relating to Weight Training, e.g. General Health, Rehab. Sport, Competition, Body Building......?

**Requirements in Weight Training:**

- Discipline
- Nutrition
- Power
- Speed
- Strength
- Technique

**Weight Training is Concentrated on for the Following Three Reasons:**

1. Leg Power
2. Pulling Power
3. Overhead Work

**Do's and Don'ts of Weight Training:**

Theory and practical sessions demonstrating the correct and incorrect way to train with weights.

**Various Types of Weight Training Programmes:**

1. General Fitness
2. Weight Gain/Fitness
3. Weight Loss/Fitness
4. Circuit Training
5. Specific - (Sports Orientated)
6. Body Building/Split Routines
7. Rehabilitation

- Discuss and demonstrate each of these problems
- Question and answer session with group
- Issue training programmes each week for group to do.
**STRAUND 1**
**WEEK 2**

* THEORY - Discuss previous week and also what they will be doing today!

(Weight Gain)

* PRACTICAL - Issue Ex. programmes and demonstrate in Ex. yard. When ready break group into small groups (2 or 3 people).

**WEEK 3**

Same as above

(Weight Loss)

**WEEK 4**

Same as above

(Circuit Training)

**WEEK 5**

Same as above

(Specific) - Refer to Training Manual and Issue each Group a Sports Programme

**WEEK 6**

Same as above

(Body building)

**WEEK 7**

Same as above

(Rehabilitation)

* Finish up with Questions and Answers. Also get everyone to draw up an Ex. Programme of their Choice!
1. Revision on weeks 1 and 2.

* Which are the various types of Weight Training Programmes?
* Requirements in Weight Training!
* Weight Training is concentrated on for which reasons?

2. Issue General Fitness and Weight Loss Programmes and discuss the differences, with Weight Gain Programme:

<table>
<thead>
<tr>
<th>Weight Gain Programme</th>
<th>General Fitness Programme</th>
<th>Weight Loss Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Unlimited Sets (Within reason)</td>
<td>* Restricted Sets</td>
<td>* High Repetitions</td>
</tr>
<tr>
<td>* Restriction on number of Reps.</td>
<td>* Minimum rest periods</td>
<td>* Concentration on Cardiovascular development (Heart/Lung efficiency)</td>
</tr>
<tr>
<td>* Defined rest periods</td>
<td>* Concentration on muscular development &amp; strength</td>
<td>* Number of days training unlimited.</td>
</tr>
<tr>
<td>* Concentration on muscular development &amp; strength</td>
<td>* Number of days training restricted.</td>
<td>* Moderate change in dietary habits</td>
</tr>
<tr>
<td>* Change in dietary habits</td>
<td>* Change in dietary habits</td>
<td></td>
</tr>
</tbody>
</table>

3. Class to participate in practical session in weight yard.
Seven Week Weight Training Programme

Consisting of three (3) Ninety minute sessions each week. Concentration will be focused on 5 major muscular groups of the anatomy. These being Arms, Shoulders, Chest, Back and Legs. As there are about 15 members of the course we will be splitting into groups of three.

(1) Arms
Dips 10 repetitions per set 3 sets
Dumbbell Curls 10 repetitions per set 3 sets
Tricep Extension 10 reps per set 3 sets
Z Bar Curls 10 reps per set 3 sets

(2) Shoulders
Dumbbell Lateral Raise 10 repetitions per set 3 sets
Upright Rowing 10 repetitions per set 3 sets
Dumbbell Press 10 repetitions per set 3 sets
Military Press 10 repetitions per set 3 sets

(3) Chest
Dips 10 repetitions per set 3 sets
Dumbbell Bench Press 10 repetitions per set 3 sets
Dumbbell Flies 10 repetitions per set 3 sets
Incline Press 10 repetitions per set 3 sets
Dumbbell Pullovers 10 repetitions per set 3 sets

(4) Back
Chin Ups 10 repetitions per set 3 sets
Lat Machine 10 repetitions per set 3 sets
Cable Rowing 10 repetitions per set 3 sets
Dumbbell Rows 10 repetitions per set 3 sets
Dead Lift 10 repetitions per set 3 sets

(5) Legs
Leg Press 10 repetitions per set 3 sets
Squats 10 repetitions per set 3 sets
Thigh Extension 10 repetitions per set 3 sets

Exercises using inversion boots will be done to relieve stress from internal organs. The inversion boots will be supplied. One body part will be worked daily.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 AM</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Work out</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Meeting with colleagues</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Work on project</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>Call clients</td>
</tr>
<tr>
<td>6:00 PM</td>
<td>Finish work for the day</td>
</tr>
<tr>
<td>7:00 PM</td>
<td>Dinner</td>
</tr>
<tr>
<td>9:00 PM</td>
<td>Read book</td>
</tr>
<tr>
<td>10:00 PM</td>
<td>Bedtime</td>
</tr>
</tbody>
</table>

**Weekends:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Yoga</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Breakfast</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Read book</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Work on project</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>Call clients</td>
</tr>
<tr>
<td>6:00 PM</td>
<td>Dinner</td>
</tr>
<tr>
<td>8:00 PM</td>
<td>Relaxation</td>
</tr>
<tr>
<td>10:00 PM</td>
<td>Bedtime</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Cycle</td>
<td></td>
</tr>
<tr>
<td>Squats</td>
<td></td>
</tr>
<tr>
<td>Pull Ups</td>
<td></td>
</tr>
<tr>
<td>Push Ups</td>
<td></td>
</tr>
<tr>
<td>Sit Ups</td>
<td></td>
</tr>
<tr>
<td>Rest</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- Exercise times are approximate.
- Rest periods vary.
- The schedule is for reference only and may be adjusted based on availability and needs.
STRAND I

FIT PROGRAMME

IN ATTENDANCE: M. KIM

FRIDAY

SOCCER

Theory of the game: Co-operation, team spirit, discipline, control of aggression. "If temper is lost, take time out on the sidelines and practice 5 minutes meditation".

Playing: Enjoyment, technique, interdependence.

Practice: Kicking, dribbling and passing techniques.

Strategy: Planning and realisation of game's aims and objectives to play fair and to win! Teams gathered in huddles and discussed strategy.

Time Out: "Fouls" committed against other players (tripping, illegal tackles, etc.) punished by time out on the sidelines with 20 push-ups and 20 sit ups penalty.

Summary: Noticeable feeling of co-operation and motivation amongst participants. Enjoyed the game - expended much energy.
We will be playing on the running track which is located behind the Education Building, however due to the small size of the area we have had to change the rules a little bit from competition rules. Soccer is a game good for stamina, co-ordination and fitness. The rules are as follows:

We have two teams with 5 or 6 to a side. There are 2 or 3 fullbacks, 2 centres, and 2 forwards and a goalkeeper. A goal is not scored if the ball is kicked above shoulder height. We only have 3 outlines and they are the 2 lines at opposite ends of the track which the goalposts are located on and the Education Building wall. We don't have corners, instead the goalkeeper just throws the ball back into play. We have handball, meaning, if the ball is in play, the only player allowed to touch the ball with his hands is the goalkeeper. The object of the game is to score as many goals as possible and the best way to do this is to work as a team and pass the ball a lot.
"MURDER BALL"

This game is not as bad as the name suggests. The Rules are very simple indeed and it is very easy to play. It is played on the running track. The rules are as follows:

There are 2 teams of 5 players each. Both teams stand opposite each other at a distance of 40 feet. Each team member has a number from 1 - 5. Two ordinary door mats are put behind each team, 5 feet from the players and a third mat is put in the middle of both teams. A Medicine Ball is placed in the centre of this mat and the referee calls out numbers between 1 and 5. If, for instance, he calls 1, 3, 5, then 1, 3, 5, from each team must run and get the ball from the centre and put it on their own mat before the other team does. If the No. 1 player from Team "A" has the ball then the No. 2 and 3 "A" players can obstruct the 1, 2, 3 from Team "B". It is a fun game and doesn't require much skill.
"BASKETBALL"

This game is a little bit harder than most, as it requires a person to bounce the ball in one hand and run at the same time. We can only play half-court basketball at this time because the other basketball ring has yet to be put up. However, ½-court is still a very good game as it is very fast and is good for stamina and especially for co-ordination. The rules are as follows:

Five players to a side and to form 2 teams. There are only 3 main rules you have to know: (1) **Travel**: This is when a player moves without bouncing the ball. (2) **Double Dribble**: When a player gets the ball, he has the option either to pass it to a team member or to dribble it, (to run bouncing the ball). If a player is dribbling the ball and stops, he then cannot start to dribble the ball again he must pass it. If he dribbles the ball again it is a double dribble. (3) **A foul**: This is when a player is bouncing the ball and a player on the opposite team tries to get the ball and hits or touches the player with the ball. It is a good game as it also helps to promote team spirit.
- General information regarding chemical dependency.
- Various drugs, effects on physiology and behaviour (e.g. Ferromones, Morphine, endorphins, etc.)
- Stories from the history of drug use (animals & drugs, etc.)
- The meaning of psychosis in the context of drug use and overdose i.e. hallucinogenic drugs, amphetamines, cocaine, etc.
- Prescribed drugs (medicinal properties).
- Generally addictive drugs; tobacco, pills, heroin, tolerance ratios ("1 1/2 doubling"), physiological effects - both short-term and long-term; "dirty shots" (infectious endocarditis), constipation, malnutrition, accelerated ageing (the "nicotine face", the "heroin face").
- The "difficulty of maintaining a heroin habit without holding all other things constant" (availability, purity, general functioning) (Social relationships, general health and nutrition, etc.)
**STRAND 2**

<table>
<thead>
<tr>
<th>F</th>
<th>FREQUENCY</th>
<th>3 X MINIMUM 4-6 PREFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>INTENSITY</td>
<td>60-80% MAX HEART RATE - TALKING RATE</td>
</tr>
<tr>
<td>T</td>
<td>TIME</td>
<td>15-60 MIN CONTINUOUS</td>
</tr>
<tr>
<td>T</td>
<td>TYPE</td>
<td>WALKING, JOGGING, CYCLING, SWIMMING, ROWING, DANCING, CROSS COUNTRY SKIING.</td>
</tr>
</tbody>
</table>

Carol O'Halloran

"The Sports.Drug"
SUCCESSFUL INGREDIENTS

1. Start Slowly
2. Choose Something You Like Doing.
3. Be Realistic.
4. Make It a Regular Part of the Day.
5. Set a Goal.
6. Encourage Family and Friends to Do it With You.
7. Vary the Type of Exercise.
8. Visualize and Affirm.
GLASSER: CRITERIA FOR ACTIVITY TO BECOME POSITIVELY ADDICTIVE

* Non-competitive in nature.
* Devote approx. 1 hour per day.
* Must be easily done without a great deal of mental effort.
* Must be able to be accomplished alone.
* The individual if he persists in it will improve - this improvement is subjective and self-defined.
* Activity must be able to be accomplished without severe criticism.

'Runners High' - happens after 30-40 mins. of running.

- Carmack & Martens
**STRAND 2 (cont.)**

**EXERCISE**

Continued High - no come down

Doesn't cost anything

Do anywhere with anyone

**VERSUS**

Always wondering when it's going to end.

Expensive to maintain

Careful about where you were or with whom

**LEGAL**

**IMPROVEMENT IN TOTAL HEALTH:**
- Strong heart
- Strong lungs
- Strong bones
- Less susceptible to illness
- manage stress better
- live longer
- more energy
- keeps cholesterol down
- weight under control
- sense of well-being
- regular bowel movements
- better circulation
- more confidence & control over life
- improved posture

(injury may result from incorrect training or equipment)

("the Sports Drug")

**ILLEGAL**

**TOTAL HEALTH SUFFERS:**
- restlessness
- ulcer
- nervousness
- gout
- confusion
- hypertension
- headache
- liver disease
- diarrhoea
- violence & aggression - homicide
- insomnia
- weight loss
- imbalance in sex hormones
- make sterile
- diabetes
- cancer - lung, throat, mouth
- brain, & nerve damage
- heart disease
- lack of control over life
- susceptible to infection
- loss of memory
- depression - suicide
- coma
- convulsions
- constipation
- relationships affected
- bleeding disorders
- interference in metabolism
- death may occur
- AIDS
ADDITIONAL BENEFITS OF PHYSICAL FITNESS

- INCREASED ENERGY
- CONTROL OF WEIGHT
- MORE YOUTHFUL
- LOOK & FEEL BETTER - MORE CONFIDENCE
- IMPROVED SLEEP
- BETTER POSTURE
- BETTER CIRCULATION
- STRONG HEART
- STRONG BONES

PLUS

NEW EXCITING ADVENTURES

WINDSURFING
WHITE WATER RAFTING
JET-SKIING

HANG-GLIDING
HORSERIDING
TENNIS
THREE COMPONENTS TO FITNESS

STAMINA

STRENGTH

SUPPLENESS

MENTAL FITNESS

- CONCENTRATE
- COPE WITH STRESS
- MAKE DECISIONS
- ALERT, CREATIVE, INNOVATIVE
THE BODY HAS ITS OWN OPIATES CALLED:

**ENDORPHINS** - Endogenous Morphine-like substances

Found in:

- **BRAIN & SPINAL CORD**
  - transmission of pain

- **LIMBIC SYSTEM**
  - regulation of emotions

- **MOTOR AREAS**
  - regulation of muscle activity & respiration

LONG DISTANCE RUNNERS HAVE BEEN SHOWN TO HAVE A HIGHER NUMBER OF NATURAL OPIATES.
POSITIVE ADDICTION

ENABLES ONE TO WORK MORE EFFECTIVELY, APPRECIATE THE THINGS AROUND MORE FULLY AND TO GROW, CHANGE, EXPAND & DEVELOP ONE'S POTENTIAL.

NEGATIVE ADDICTION

DETRACTS FROM A PERSON'S LIFE, HEALTH AND WELL-BEING, ABILITY TO COPE AND CONTROL HIS ENVIRONMENT.
"The Swami and the Priest" - Panel & Discussion

Swami Satyamurti:

. Principles of relaxation - different needs, different responses.
. Motivation towards practising yoga comes from the experience itself, but an initial step must be taken to acquire the pattern. Thus one must "see the point in practising yoga and meditation."
. Demonstration.

Father John Keeble  "The Higher Power"

. "A power greater than yourself is controlling your life, so a power greater than yourself can help you to overcome your addiction...Transmutation of negative power to positive power."
. Addiction viewed as a spiritual issue; "you can't flex your honesty", i.e. it is intangible.
Step 1  We admitted that we were powerless over our addiction, that our lives had become unmanageable.

Step 2  We came to believe that a Power greater than ourselves could restore us to sanity.

Step 3  We made a decision to turn our will and our lives over to the care of God as we understood him.

Step 4  We made a searching and fearless moral inventory of ourselves.

Step 5  We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step 6  We were entirely ready to have God remove all these defects of character.

Step 7  We humbly asked Him to remove our shortcomings.

Step 8  We made a list of all persons we had harmed, and became willing to make amends to them all.

Step 9  We made direct amends to such people wherever possible, except when to do so would injure them or others.

Step 10 We continued to take personal inventory and when we were wrong promptly admitted it.

Step 11 We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us, and the power to carry that out.

Step 12 Having had a spiritual awakening as a result of those steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.
"Addiction - The Alternatives"

Social Analysis and Rational Approach

Problems inevitably associated with addiction:

- health
- finances
- family
- social
- employment
- legal

One is socially, materially and emotionally disadvantaged in this method of dealing with our "gremlins" ("This (heroin) is to deal with any feelings at all").

Typology of users:
- experimental
- therapeutic
- recreational

Discussion of alternatives

Comment: Informative, didactic session with feedback.
No patronage shown towards participants
(See Videotape).
STRESS MANAGEMENT & RELAXATION

1. What is stress? (Discussion 30 minutes)
   - Stress response - physical changes which occur (sweat, stomach tightness, blood to muscles)
   - Relaxation response
   - We have a choice
   - Removes stressors via relaxation
   - Different types of meditation and relaxation.

2. Visualisation Relaxation (40 minutes) "Magic Carpet".

3. Self Esteem (Discussion 30 minutes)
   - Importance of self praise
   - Self image
   - Liking ourselves for our basic worth, and not for what we have done or haven't done.

4. Quick visualisation meditation (coloured balloons: Red, Orange, Yellow, Green, Blue, Violet - leaving the mind).
STRAND 2

Dr. David Phillips: "Basic Nutrition - Helping Ourselves"

The proper fuels to drive the organism; the ready availability of nutrients to build up muscle tissue; striking the balance between what you should have and what you can get; maintaining constant energy investments for the future; "do's and don'ts" of nutrition: "if you haven't been weaned then of course you must drink milk."

Comment:

Some peer group dynamic in operation to sabotage session (See video documentation).
STRAND 2

Feedback Session

* The vociferousness of the session confirmed its value. Initial responses and opinions were sought regarding the Programme from each group member in turn. Positive feedback was noted and complaints or negative responses were aired and discussed. At one point a paper vote was taken as the best means of resolving a particular issue where differences of opinion existed and where a show of hands would have been influenced by peer group pressure, prevailing at this stage.

* In a similar manner (moving round the circle) group members were asked to provide feedback regarding their initial undertaking to refrain from drug use for the duration of the programme (the 'drugs' referred to included cigarettes and alcohol). This feedback was provided and generated its own discussion.

* Generally it appeared that the Programme so far has been positively received in spite of proposed modifications or amendments. Overall the feedback session functioned well even to the extent of providing one member with an opportunity to air a personal problem which was preoccupying him.

RESPONSES

Positive
* Peter D. (deputised instructor for Wednesday Weights Session) to be retained as a consultant.

* Extend/reschedule Psychodrama

* Provide more concrete info. on drugs/drug therapy.

Negative

Aerobics; Information Strand; Levels of Communication - ability of 'outsiders' to communicate; stress/relaxation tapes.
The group assembled and were signed off into the demountable area without a hitch. The Session commenced at approximately 11.55 a.m. and concluded promptly at 1.30 p.m.

Processes

1. Introductory Process: All present were asked to participate in a dyadic interaction whereby one member of the dyad was required to inform the others as to what their expectations of the morning session were, if any, and vice versa. Then, at the conclusion of this segment, the circle resumed and each group member was asked to introduce the person that he/she had confided in by means of the material shared.

2. Paper and coloured crayons were required for the second group process: each group member was asked to draw something which expressed something of their 'true selves' - whether it be in symbolic form or whatever - and then to present it to as many other members of the group as time allowed. Once the group was reassembled, individual members were then asked to contribute something of their own interpretations of their drawing and only if he/she was so inclined.

3. The third process was the 'Empty Chair,' a traditional group process which elicits individual responses to the requirement of addressing the Chair as though it were some past, present or future 'me' with some kind of message, e.g. words of encouragement, advice, etc.

COMMENT

There were definitely no pieces to pick up after this Session - in fact the men cleaned up after themselves without any prompting!
Drama - "Self-Expression"/Group Exercises

- Some "processing" and a "scenario" in which all participated to enhance the experience of role playing, to provide contact with the self as performer, and the experience of pleasure and satisfaction to be gained from these activities.

- Contacting and recognising the "kid" in myself.
STRAND 3. Drama (cont.)
The Bomb 10 pencils
A device Costumes
Costumes Mirror
Mirror Lipstick
Lipstick Bell

1. Stand:
Centre self in body with closed eyes, feet planted firmly on ground, breathe into lower abdomen. Feel the air travelling in and out. Feel that as the air goes out, you're breathing out frustration, anxiety, fear. As you breathe in the air take in energy, personal power, love.

2. Stand:
Open your eyes and feel your body in this space. Feel your space around you. Start to move, walk thro' this space, feeling your own space moving with you, beside you, behind you, before you, clearing thro' the air as you move forward, above you.

3. Stop opposite another person. Look at that person's face. See it like you've never seen it before. Really look, and at the same time, allow yourself to be open enough to let that person see you. We look at people, but we rarely really see people without their masks.

4. Relax: Group Mirror Exercise
Explain with just one other person. Looking into eyes. Complete mirror image. One person begins leading but allow the leadership to flow between the two. Keep the movements fairly slow, and largish.

With four people, each person mirrors his opposite, but at the same time, mirrors the 2 people to either side with his peripheral vision. Therefore 4 people are making exactly the same movements and sounds at exactly the same time. Allow anything to happen. Any movement must be mirrored. Allow any sound to happen. Keep eye contact at all times. Keep movements simple. Be aware of whether you lead a lot, or not.
5. Move into a posture, and use the face as well, to express these words. Put the whole body into it.

   Energy  jealousy  sad  beg
   life  challenge  need  ridiculous
   frustrated  fear  despair  shame
   dreamy  strength  fortune  anticipation
   anger  secret  inferior  love
   enthusiasm

Sit in a semi-circle. Draw paper

- In groups of 3 create a picture that expresses a particular emotion.

   (10) Be able to move from that position into a short scene.

In these scenes you can move thro' these emotions to others. Don't stick in them. Just use them as starting points.

HOPE - On a raft at sea, hoping to be rescued.
GRIEF - At the beside of a close relative who has died.
DESPAIR - In a cave-in in a mine, oxygen running out
JOY - At achieving a goal important to you all. Someone has lived.
SHAME - Just realized that the family next door has practically starved to death.
GENEROSITY - Giving away something you need because someone else's need is greater.

6. Each draw an emotion out of a hat. Think of a particular reason for you to feel that emotion - an imaginary scene, a past event, or a dream.
- Choose a positive, then a negative, or just on the strength of them. (Just 2 perhaps?)
- Describe the event briefly and choose people to take part in it. Explain their roles, and also how they behave towards you.
Allow people to elaborate it and have their own input. Participants take it as far as they are willing to go with it, and bring it to some conclusion.
- Afterwards, allow each person to contribute their feelings. Did it bring up any memories?
- Again, just use the feelings as jump-off points. Don't hold onto them.
7. Draw a type of person out of the hat.
   Sit quietly for a few minutes to meditate on this character.
   Approach this character with a view to the essential human dignity inherent in all people. Don't think of yourself as a character, think of yourself as a human being and try to climb inside the skin of that person.

   Imagine yourself walking up to a house. On the letterbox is inscribed your character's name. Go inside the house. Go into your bedroom, go to wardrobe, or chest of drawers, take out that character's clothes and put them on. What do they look like? Finished dressing, look around the room, photos of family persons, treasured possessions. Pick up something you need to do your work and leave. On the way out, say goodbye to wife/husband, children, pets, etc. Check out your garden as you come back thru' the gate. Go to clothing pile and take something to wear.

   - Go into a shop and buy something that person might need or use, for job or for just living.
   - Fix in your mind a really important reason why you are going on an oversease flight.
   - Get onto plane. Find you are sitting next to someone. Get to know them if they/you choose to do so. You are in the air, on automatic pilot.

   Captain, greet people, go along, tell them about the flight. Steward, make people comfortable.

   - Passenger goes to loo and finds message on mirror. Break news. You don't know how long you have got.

   STOP: Give each person a piece of paper. A moment to think.
STRAND 3 (cont.)

Drama: 2nd Half

You cannot use physical action against him/her since he/she is holding the device. Taped to body.

- Policeman interrogates each person and comes to a conclusion about who the bomber is. He may be wrong.

- If he is, the Bomber reveals himself. Holds them at Bay.

- STOP: Now each person must approach the bomber in turn and try to explain why you must live and why the bomber should want to live.

What can you offer the Bomber in terms of a positive bribe - how can you/might you be able to help him - physically, emotionally.

- The bomber decides what to do.

- They decide in a secret ballot whether to dob him in, or give him/her, another chance. The second chance might have conditions attached to it. E.g. does something positive -

  e.g. some form of therapy
  makes up with family.

Put people in positions to show the structure of this group on the plane. The pecking order, how each person related in status to the next.
Discussion regarding usefulness of relaxation tapes.

Discussion regarding usefulness of "practical relaxation".

RELAXATION (40 min.): tensing muscle groups; positive affirmation to give up smoking - "the first cigarette you have will taste bitter," etc.

COPING with Anger: appropriate and inappropriate ways, e.g.

   Physical - punching bag.

   Verbal - talking over with friends, gripe sessions, assertiveness.

A large portion of the session was taken up with a discussion on methods of coping with prison officers who "try to get your goat".
General Topics Discussed:

. The spinal exercise
. The marriage of strength and flexibility
. Locking in depression and anger
. What influences the movement of energy -
  (How we feel about/think about things): the
  "movement of stored energy without hurting ourselves
  or anybody else"

. Our bodies as "indicators" of our thoughts and
  feelings.

. Restoring power through releasing energy wherever
  it is being held (some inaccessible part, detracting
  from power/energy).
Dependency, Sexuality and the Male Identity

Group Discussion where following points were raised:

. What we want out of relationships
. Why can't we get what we want?
. Difficulty in giving/trusting in relationships/fear of hurt/loss
. Homosexuality and AIDS in gaol.
. Intimacy between men in prison without sex
. Performance anxiety/Putting up a front
. Fantasy life in sex
. Hostility towards women - the "treacherous" woman
. Competition between men
. Physical dimensions of body/self consciousness
. Ways and means to improve communication in relationships
. Relationship "killers"
. Plans and aspirations.
Experiential Workshop Day 1

- Group Discussion
  . Initial resistance to Sunday participation in workshop.
  . Problems/Benefits of programmes so far.

- Clay Modelling
  . Symbolise something that's on the mind right now.
  . Symbolise create something you would like to change about your life.
  . Group share.

- Group Workshop
  . Dynamics of drug usage
  . Lifestyle issues
  . Precipitant fears
  . Relationship issues
STRAND 3 (cont.)

Experiential Workshop - Day 2

Handouts provided (see attached)

The two principle concepts presented to the Group were that of "the barrel" (the container of good or bad feelings) and the "saboteur" - which operates to dismantle good/positive feelings, personal happiness, self-work or self-esteem, etc., or which ensures that the barrel is never full, or if it is filled, that it does not remain so for long.

Some initial processing served to illustrate these procedures experientially:

1. A dyadic interaction whereby one person provided for the other what he perceived as a positive characteristic/what he liked about the other, and further elicited reports of how this felt for the person hearing it, how it may have been dealt with and soon, in terms of the "barrel".

2. Recall of a time when some experience may have "filled the barrel" with good feelings, or conversely, emptied it. This also became a meditation.

Certain individual issues were addressed as they arose from the process content.

Comments:

With few exceptions, there appeared to be little commitment to the Workshop in spite of the obvious logistical difficulties involved, extras provided, etcetera. Some possible reasons for this are tentatively provided:

...2/
(i) Regressive individual resistance/group resistance as a whole to intensive group work in a confined space for long periods possibly reflecting classroom/gaol constraints; therapist as authority figure (transference).

(ii) 'Symptomatic' distractability which resulted in establishing something of a vicious cycle of self-indulgent disruption ultimately undermining group cohesion, overall structure and direction. (Whether such "cynical" behaviour was a deliberate ploy or an unconscious reaction to the therapist, its net effect seemed to be the further erosion of therapist/co-therapist competence as it stood, thereby justifying further sabotage, etc, etc.).

(iii) The utilization of a predominantly cognitive approach, i.e. experiential processing as a means of illustrating useful metaphors, which rapidly became cliches for the group "mill". While the metaphors or symbols adopted were assumed to be capable of providing meaning, or keys to understanding emotional and cognitive functioning, a purely experiential series of procedures in conjunction with some exploration of individual group members' own understanding and conceptualization in this regard may have been preferable. The proffering of novel concepts would seem to have been perceived by the group members as contrivances to which the individual experiencing was required to conform. Thus the approach used, while no doubt effective and appropriate in another context, may have served merely to reinforce the resistance of group members (and thus the group as a whole) to the workshop as irrelevant to them and their situations.

(iv) **Group Members' inexperience/passive disposition**

A passive group dynamic whereby individuals/group expect to be provided for and in accordance with covert requirements, i.e. a hidden agenda, whereby individuals wait to be "turned on" without cognizance of the fact that group 'dynamic' (and thus its product) is generally reliant upon the input and energy of individuals. Whether this phenomenon is simply a matter of therapist competence, or a function of peer-group dynamics, or reflective of some learned personality characteristic of the...
drug-user per se, may be empirical issues worthy of investigation.
1. The greatest barrier to achievement, success and happiness is not lack of talent, ability, opportunity or friends. Rather it is that achievement, success and happiness (above very minimal levels), are outside our self concept, our image of ourselves, our sense of the way life has to be for us.

2. HOW
Our saboteur acts to undermine our sense of self esteem, self confidence, and our ability to be competent in the world and in getting on with our lives. Thus we respond to the challenges, tasks and activities of our lives with an automatic, unquestioned and deeply felt sense of our own inadequacy and unworthiness, learned in the past, and sustained in the present by the way we undermine and sabotage ourselves.

We sustain low self esteem and undermine confidence by:

- Not letting good experiences, feelings or feedback in, by disbelieving what others say, by only focussing on the negative or what we aren't getting, or by always wanting something more or bigger, or by worrying about ways of guaranteeing that what we have now will continue forever.

- Not letting positive experiences or expressions in from ourselves, or from our experience of ourselves in the world. We often undervalue these sources and overvalue what other people may think, say or feel about us.

- Being caught in our past by brooding on past pain, anger and resentment, by agonizing and torturing ourselves with guilt or blame.

- Being caught in the future by anticipating what's to come instead of having what's happening now; by agonizing, overwhelming, torturing, frightening ourselves with possibilities; or by pointless planning.

- Being too much in our heads especially in judgement of ourselves or of others (blame), and in comparing ourselves with others.

These processes undermine our self esteem, confidence and sense of competence; stop us from being present and involved in what's happening now; and stop us from having any good experiences now. They stress and tire us, leaving us feeling drained and depleted.

3. THE PAY OFF
Our saboteur ensures that we get what we expect, rather than allowing us to experience what is, or what might be.
It does this in order to protect us in some way, or provide some sort of gain, or pay off or safety, but always at a price.

If you gave up your saboteur and low self esteem, then you might find:

- You couldn't pretend to others or to yourself to be helpless and unable to look after yourself.
- You might have to give up your greediness, your demanding more, and your belief that you never get what you should.
- You couldn't be a child anymore and that may be hard for your parents to deal with.
- Your family mightn't know or accept you.
- You might have to stand on your own two feet.
- You might have to face up to being responsible for what you do and have done.
- You might feel guilty and responsible.
- You may realize that the way you are living your life is ridiculous and you might want to do something with your life.
- You couldn't go on seeing things in simple black and white or me versus them terms.
- You would have to give up feeling you are one of life's victims and always having an excuse or something to blame.
- You could have to stop fighting other people, or pushing them away, and allow yourself to be close to others.
- You would probably have to feel more vulnerable at times, and take more risks.
- You would have to give up your belief in your own superiority, uniqueness, specialness, or your sense of being especially entitled to things, or your belief that the world owes you.
- You would be able to be competent in what you are doing, and the part of you which judges you, demands perfection and wants you to do more would then take over and win.
- You would have more energy and ambition, want more out of life and refuse to put up with being treated badly.
- You would have to change.
1. How much do I stress myself by being repetitively caught up in the past?

- By worrying about past events, replaying them, fantasizing about "if only I/they had said/done something different then maybe..."
- By brooding over and agonizing about past resentments, justifying past actions, torturing myself with guilt, remorse, and blame. By compulsive doubting.
- By rigidly holding on to people, events, feelings, places and things from the past in order to gain some security or avoid some pain or loneliness.

Usually we rigidly or compulsively hold on to and live in the past in the service of:

- caution and learning from the past
- punishing ourselves
- fearful inhibition of any action or doing anything at the present time, due to fear of consequences or being held responsible, or judged.
- undermining confidence and competence
- maintaining an "I'm not OK" position in the world

2. How much do I stress myself by living in the future?

- By anticipating what might happen and then planning to counter and control all possibilities.
- By frightening myself with worst possible outcomes.
- By overwhelming myself with exaggerated accounts of how much I have to do, how soon or how well it must be done - "It's all too much."
- By repeated rehearsal of what I "should" say, do, or appear to be.
- By predicting doom, gloom and failure.

Usually we orient ourselves excessively to the future in the service of:

- caution and playing it safe
- controlling and preparing for every possible outcome because of a lack of trust in our own ability to deal with things as they happen.
- fear of making mistakes, failing, being judged by others, being held responsible.
- excessive and defensive needs to control events, people and ourselves.
3. If I am in the present, how much do I stress myself by losing myself and firm contact with my strengths by becoming too oriented to other people?

- By exaggerating my dependent feelings and weaknesses.
- By undermining my own sense of independence, separateness and responsibility for myself.
- By excessive sensitivity to other people's needs, wishes, rights, opinions, beliefs.
- By excessive protection of others from assertion of my feelings, wants, needs and rights.
- By performing or conforming to fit in with what I think others expect of me.
- By telling myself I don't belong and then withdrawing from contact.
- By excessive watching myself as if from another person's perspective leading to self consciousness.
- By comparing myself to selected people or aspects of other people.
- By judging others, and/or blaming or being critical.
- By waiting for someone else to notice my pain/need/dilemma/worth, and hoping they will rescue me and save me from having to do it myself.

Usually excessive orientation to other people, surrendering power to others or "interpersonalizing" is in the service of:

- fitting in and conforming
- attempting to ensure or even force acceptance or liking from others
- avoiding rejection and criticism
- keeping myself feeling small, insignificant and weak
- denying my own wants, needs and rights
- maintaining a dependent "I'm not OK" position in life, so others will be responsible for me.
- keeping myself aloof from or superior to other people
- sustaining the belief that it is important to judge and blame because being right is the key to happiness.

4. How much do I stress myself by living too much in my head, my thoughts and my ideals, instead of centering my awareness in a more balanced way in my here and now experienced sensations, feelings, impulses to act, reactions and behaviours?

- By performing to fit my behaviour to my "ideals".
- By continually watching myself and what I am doing.
- By maintaining a judgemental framework in my head, so I continually judge myself (and others perhaps).
- By criticizing and undermining myself, my abilities and resources (or others).
- By **labelling myself** in extreme, total and negative ways, e.g. "I'm always .... I never..."
- By **demanding perfectionism** in whatever I do.
- By **justifying procrastinating** and avoiding simply getting on with what is to be done.

Usually being excessively in my head is in the service of:
- doing things well
- playing it safe, being "responsible"
- maintaining a sense of superiority
- avoiding wholehearted involvement and commitment
- avoiding being seen to be emotional, weak or vulnerable
- undermining confidence, self esteem and competence in order to render myself ineffectual in the face of my own excessive demands and perfectionism, or neediness.

5. Undoing the various patterns described above usually involves:
- An initial awareness of this behaviour as a pattern. Simple awareness through self observation **without** judgement and setting up more expectations of perfection, through experiencing Vs fighting against, can of itself lead to change.
- Some understanding of the pay off for the pattern; i.e. what's the (usually protective) function of this for me?
- Some attempt at meeting this function or need more overtly.
- Learning to keep focusing more fully in the present, so that when this is necessary (as when doing some work or relating to others) the compulsive pull "off center" can be resisted.
- The tendency to use more self control, increasing the split between waring parts of yourself and objectifying (Vs experiencing/accepting) those parts, only perpetuates the process of "struggling with yourself". Paradoxically experiencing and accepting can lead to change through integration.
STRAND 3 (cont.) Feedback Session

Summary of comments regarding the Programme so far, and various undertakings regarding abstention.

1. Have not felt urge to use, commitment is alive and well. Julie/Daniel Webber's session very good information and a very positive experience. Apologised for not participating in Swami/Fr. Keeble session (due to a personal matter).

2. Very good so far. Have not used H. or smoko for the duration.

3. Have had smoko, generally impressed with Programme.

4. Knocked back smoko, no H. "Grouse Programme, except for Workshop", which should have been broken down into smaller units. Julie/Daniel very good information.

5. Enjoying Programme, not chasing dope. Complaint regarding mixed-up instructions re lunchtime feedback sessions, and personal inconvenience caused. No H. for 3 months (with only a 6 month habit is "luckier" than most).

6. Enjoying Programme and the friendships. Did not like the therapist at all, thought tactics "crap" by "putting stuff in our heads instead of consultation", did not like "the way he came on".

7. 50/50 enthusiasm for the Programme, specifically with respect to "outsiders". The therapist's workshop would have been better "in smaller doses". Daniel/Julie = "2 hours well-spent". Meditation a fizzer for him. Should be less group therapy in favour of a greater emphasis upon physical "therapies".
STRAND 3 (cont.)
Feedback Session

8. Objected to the therapist's approach, as "pointless pushing some understanding we already had", i.e. "he seemed to want to put forward his picture and didn't want our opinion". No chasing the dope, though "had a little drink on the 2nd or 3rd week". Discovering his energy ("really energetic") and putting off his usual workouts to go with the Programme from Tuesday onwards.

9. Reserve judgement till the end of the Programme, re. the Workshop: "I felt he was trying to change me".

10. Enjoyed the game of football (hasn't played in years). Has lost weight, feeling good, fit, and moving down on Methadone. Got a lot out of the therapist's group, but not a great deal from Barbara Mummery. Viewing her as "not as good as she should have been".

11. Absent (Escort to Bathurst).
CONTRIBUTOR FEEDBACK
TO Rocky, Warren, John & the others

I want you guys to know that I got a lot out of being there. It was important and valuable - and I hope I get to do it again.

[Signature]

Centre for Experiential Learning
141 Beattie Street
Balmain 2041
(02) 818 4188
June 17, 1987

Dear Rocky, Warren, Paul, John and all--

Daniel told me he wrote you a note. I, too, had wanted to let you know what a good time I had working with you and to wish you all the best. I wasn't quite sure how to do that, and then I had a dream, and I thought, that's it, that's a dream for them, to say hi and thanks.

So here's the dream: John Belushi is in jail. He sends a message asking me to come. When I get there and they let me into the yard, he's sitting there with some tough friends. He pretends he didn't ask me to come; then he turns to his friends and starts saying threatening things about what they should do to me. I would have been scared, but I remember you guys, and I just start asking, in a friendly way, how you all are, calling you by name. He's caught up short because he knows he can't push me around. So he gets down to business and that's the end of the dream.

Hope you enjoy the dream as much as I did.

Love and good fortune,

Julie Henderson
Dear David —

Enclosed is an invoice and a note for the guys. Thanks again for the opportunity to try something new. I hope good things come of it. I'm very impressed with it. The program looks very interesting. Regards to Megan. Hope to see you in July.

Warmly,

[Signature]

J.B. Henderson, Ph.D. • A.E. Richardson, M.B.B.S., Ph.D. • D.A. Weber, Ac.D.
VIDEO & AUDIO TAPE INVENTORY
<table>
<thead>
<tr>
<th>VIDEO</th>
<th>AUDIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.5.87 Dr. K. Kruzelnicki</td>
<td>12.5.87 Dr. K. Kruzelnicki</td>
</tr>
<tr>
<td>&quot;Drugs &amp; Physiology&quot;</td>
<td>&quot;Drugs &amp; Physiology&quot;</td>
</tr>
<tr>
<td>19.5.87 Ms. C. O'Halloran</td>
<td>19.5.87 Ms. C. O'Halloran</td>
</tr>
<tr>
<td>&quot;The Sports Drug&quot;</td>
<td>&quot;The Sports Drug&quot;</td>
</tr>
<tr>
<td>26.5.87 &quot;The Swami &amp; The</td>
<td></td>
</tr>
<tr>
<td>Priest&quot;</td>
<td></td>
</tr>
<tr>
<td>2.6.87 Mr. K. O'Neill</td>
<td></td>
</tr>
<tr>
<td>&quot;Models of Addiction&quot;</td>
<td></td>
</tr>
<tr>
<td>4.6.87 J. Henderson &amp; D.</td>
<td>27.5.87 J. Henderson &amp; D.</td>
</tr>
<tr>
<td>Weber</td>
<td>Weber</td>
</tr>
<tr>
<td>&quot;Bioenergetic Exercises&quot;</td>
<td>&quot;Voluntary Energy Distributio</td>
</tr>
<tr>
<td>9.6.87 Ms. M. McRae</td>
<td>11.6.87 Mr. N. Radican</td>
</tr>
<tr>
<td>&quot;Drama &amp; Self-Expression&quot;</td>
<td>&quot;Sexuality &amp; Male Identity&quot;</td>
</tr>
<tr>
<td>16.6.87 Dr. D. Phillips</td>
<td></td>
</tr>
<tr>
<td>&quot;Nutrition &amp; Health&quot;</td>
<td></td>
</tr>
</tbody>
</table>