FACILITY DRUG & ALCOHOL TREATMENT UNIT PROGRAM EVALUATION

COMPILED BY HELEN MORRISON

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Aims and Objectives

For each participant to examine his personal history, his thoughts, emotions, attitudes and behaviour, in an atmosphere of close community support;

To facilitate rapport, empathy and trust between the participants, that encourages an attitude of personal enquiry and self-disclosure;

To familiarise all participants with the underlying personal dynamics that motivate drug and alcohol abuse, and the specific issues related to each individual's dependency;

To develop alternate modes of dealing with the particular issues that trigger the individuals drug use, e.g. the ability to recognise areas of difficulty as they occur, and to seek appropriate support for effective management of the problem; to recognise and address needs as they occur, whether it be through communication, discussion and appropriate assertiveness; or taking time out to look at the situation calmly, and so on;

To look at issues of personal responsibility, commitment to change, and specific action to take that supports constructive growth and change;

To identify goals, short-term and long-term, in the areas of personal development, family and other relationships, educational, and employment; to develop suitable strategies or programs of ongoing support and growth in the relevant areas;

To acknowledge and develop the individual's strengths, and realistically assess limitations and how they can be constructively addressed;

To become aware of emotions and associated behaviours, and to foster greater personal safety in accessing vulnerability; to develop the ability to communicate emotion in an appropriate and responsible manner;

To increase levels of self-acceptance and raise self-esteem;

To provide the participant with the opportunity to acknowledge the progress he has made, and to facilitate clear identification of approaches for ongoing growth after the program.
GROUP PSYCHOTHERAPY OUTLINE

Group A: IDENTIFICATION

- A chance for the group to get to know the person(s) and a little about their past history, including their drug or alcohol use.
- A chance for the inmate(s) to develop some trust in the group and experience communication in a group.

Group B: THREE QUESTIONS

- The objective in this group is to answer 3 questions relating to drug or alcohol addiction.
  a) Am I an addict? - This question covers the areas of how I know I am an addict, what does addiction mean and why I used in the first place
  b) Am I committed to change? - This question covers what type of person do I want to be, and what commitments am I prepared to make to achieve this.
  c) Is the group the right place for me? - This looks at how the group is the right place for me and why?

Group C: PERSONAL GOALS

- The objective of this group is to notice and talk about what areas of yourself you want to work on further. You should start having by this stage a much clearer idea of what you want in life. Particular areas to focus on can include personal development, relationship with self and others, work/career, short-term and, long-term goals

Group D: STRENGTHS AND WEAKNESS

- The objective of this group is to start noticing what are my personal strengths and weaknesses, why are they strengths and weaknesses?

Group E: FEELINGS

- The objective of this group is to start to appreciate what it is like to feel after years of addiction. It is important to start noticing feelings, how I usually deal with them and what benefits are there in truly expressing my feelings.
Group F:  CHOICE
- At this point there is a choice from groups C, D and E, what group or combination of the above 3 groups would like to be looked at again.

Group G:  EVALUATION/PARTING GROUP
- This is the final group of the series. The objective is to review progress through participation in the group with other members of the group, and for to get a sense of how far each person has come and how far they still need to go.

This format was developed at the Parklea Drug Treatment Unit, and is recommended for its effectiveness in looking at central issues related to addiction. Each group runs for 1 1/2 hours, 4-5 groups a week are held, and each group consists of the 8 participants that are contracted to the Unit at the time, one Unit Officer, and either a Drug and Alcohol Worker, or the Psychologist allocated to the Unit. To facilitate the group process, I usually commence by bringing the whole group together with a simple breathing or bioenergetic exercise, which aids relaxation and unity of the group, and establishes my role as group facilitator.

As the facilitator of the group, I open the floor to the relevant participant to begin looking at how the particular group objective relates to them. Through active listening and awareness, I encourage the person to probe as deeply as possible, and as I perceive they are ready to examine the issues that they may not have identified previously, or may not have been willing to acknowledge, I support them to acknowledge and accept new levels of self-awareness. It is important that the person feels a level of trust and rapport with the group, and the group facilitator in order that their self-disclosure be as meaningful and as real as possible.

My personal style is one which encourages an attitude of friendliness and warmth, in order that trust, honesty and open self-disclosure is aided. I also utilise group dynamic principles, e.g. actively asking specific people to respond to certain input or questions that are raised, or throwing it open to the whole group to give feedback on a particular issue that has been raised.

In leading the group, I aim towards constructive self-management within the group, in order to empower their sense of self, and to generate greater individual resourcefulness, rather than remaining the focus of attention and providing information and/or advice. I work from the assumption that the individual has the answers within herself/himself and that the group and the group facilitator is there to assist her/him to access her/his own deeper resources, untapped potential and to exercise new skills in assertiveness and communication.
At the end of each group, with the exception of Group A: Identification, each participant briefly ‘sums up’ what they observed and learned from the group, and the session concludes.

At the conclusion of each group, I spend some time one-to-one (5 mins - 30 mins) with each individual, to recap the main points raised, or to look at any relevant issues that they may not have felt comfortable to discuss in the group.

Helen Morrison
GROUP PSYCHOTHERAPY PROGRAM

Evaluation by Helen Morrison

In the eight months that I was working full-time at Parklea, I led 3-5 groups a week. I have outlined the structure of the groups in the previous pages.

In the course of eight months, I worked with all the Unit participants both on a group and one-to-one basis, and found the structure of the groups to be particularly effective for addressing the objectives specified.

There was a considerable range of personalities participating in the groups, and observable results were therefore varied, according to motivation, level of commitment, personal history and ability to adapt to communication in a group. There was usually an initial period of adjustment, where time to bond and develop rapport with other members took place. A marked degree of openness and willingness to examine personal issues was characteristic of the groups, although some individuals remained somewhat resistant to looking at themselves and therefore to the self-disclosure that was necessary for them to progress. However, some individuals, who were particularly quiet initially and totally unfamiliar with the style of communication and observation of self, made remarkable progress. E.g. one inmate who was very introverted and found it difficult to speak much at all in the initial groups, made startling progress in the last fortnight of his time in the Unit, and when attending his appeal to the Parole Board, at the end of that period, spoke to the whole Board about his life and what he had gained from the Unit, for a period of 40 minutes, and was given parole without further questioning. My concern for that particular inmate was that he would need strong ongoing support once released, and that he hadn't yet developed sufficient internal resources to actively seek and accept appropriate support through the community agencies available and he has now returned to gaol.

However, of the four other inmates who have been released in the last ten months either from the Drug Unit, Stage II, or from the main gaol shortly after their term in the Drug Unit, all of the four are still living in the general community, and in my opinion further follow-up research and needs assessment of those individuals, would be valuable, for the future development and expansion of programs. Psychotherapy groups form the backbone of the program, and make it necessary for each member to closely examine behaviour, emotions, and attitudes and the specific issues and consequences related to his drug and/or alcohol abuse.

One of the main benefits I observed from the groups, was that a strong network of support, care and understanding developed between the participants, and a level of personal and group responsibility prevailed.
The level of trust and communication developed was in distinct contrast to the atmosphere between inmates in the main gaol, and with skills of the workers and the psychologist, significant levels of clear perception of self and others often emerged, and personal living skills developed, particularly in terms of managing emotions, recognizing and addressing needs appropriately, establishing long and short-term goals, and the development of effective communication. Lifestyle, drug related behaviour and its relation to progressive criminal activity was closely examined, again in an atmosphere of support, empathy and understanding and with a perspective that was consistent through all areas of the program, of developing a different Lifestyle orientation. It is difficult in some areas to separate the group therapy results from the progress that was made in other aspects of the program, which at the time, were designed on a wholistic and complimentary basis. However, it is clear to me that the group psychotherapy was invaluable, and as a group-worker I found it to be very rewarding, and an insightful aspect of the work.
DEFINITION AND PURPOSE

Rebirthing is a therapeutic tool, based on a breathing process, which is utilised to clear current and past negative thoughts and feelings from the individual, to reduce stress, and empower the person's self-concept, beyond limiting and restrictive thought patterns and behaviours. It has been found to be most effective for significantly increasing levels of general wellbeing, and optimism, and for the development of personal insight.

THE BROAD AIMS OF REBIRTHING ARE:

- to reduce past and current stress, from the body, and the mind;
- to aid deep relaxation;
- to facilitate an in-depth understanding of self;
- to restructure negative outmoded personal belief systems;
- to heal parent-child and other major relationships;
- to increase aliveness, energy and general well-being;
- to stimulate cellular regeneration;
- to facilitate long-term detoxification;
- to reconnect with and reclaim numbed or separated parts of self; and
- to support the acceptance of personal responsibility.

TECHNIQUE AND EFFECTS:

A more apt term for the process may be 'rebreathing' as it involves a simple breathing technique, sometimes referred to as 'connected breathing'. While rebirthing, the person is lying down in a comfortable, relaxed position, and breathing in and out through the mouth or nose, without pausing between inhalation and exhalation - it is a smooth, uninterrupted flow of the breath, and the person, gradually becomes very relaxed.

The observable effects are on all levels: physical, emotional, mental and spiritual and the client is encouraged to maintain an awareness of the different and changing effects, and to relax into them, rather than resist them. In the initial sessions, a tightening of the muscles and tissue often occurs, which is referred to as 'tetany'. In layman's terms, 'tetany' occurs through strong oxygenation of the cells, stimulating a
release of body held tension. (For an academic and physiologically based analysis, please refer to W. Vorobioff’s B.A. Psych. research). This does not occur in all the individual’s subsequent breathing sessions, despite the fact that the breathing pattern is the same. At times, a ‘tetany’ effect will be re-experienced, and seems to be related to emotional/mental states that are not yet resolved and clarified by the client. Regression to earlier periods in life and the accompanying emotional states are often experienced by the client, either spontaneously, or with skilled guidance from the therapist, and can be extremely valuable for release, expression and resolution of incomplete issues and unsatisfactory relationships. Although, for in-depth work of this kind to be well assimilated by the individual, years of commitment to one’s personal growth is vital.

Observable effects are many and varied. During the breathing process, it may appear that the client is either in a deeply relaxed and regenerating state, or a highly energised and emotionally activated state. At other times, a great deal of mental imagery and thought processes are stimulated, often leading to a state of calm and alert mental clarity. Frequently, clients report states of greatly increased wellbeing, and new levels of insight and understanding. This is often facilitated by the therapist, whose role it is to assist and support the client to increasing levels of self-acceptance and self-love, and to support them to change negative ego identifications and life strategies.

THEORY

In working with a skilled rebirther, a client can access cognitive belief systems, through probing of associated thought patterns, that have contributed to distinct patterns of behaviour, and that may now be outmoded or inappropriate, but which nonetheless are still affecting the individuals behaviour and attitudes.

In accessing the mental and emotional components, and their apparent effects in the body, the individual has the opportunity to come to a deeper level of awareness and acceptance of self, and make relevant adjustments to his/her concept of self. In the seminars that are presented or in preparation prior to each breathing session, considerable emphasis is placed on the client taking responsibility for his own thoughts, attitudes and experience of life. When the client has fully understood the concept of personal responsibility, and given up the sense of ‘victim’ and blame of others for his own circumstances, it signifies a fundamental shift in his development, and, in my observation, this is most likely to occur, when the client feels understood, accepted and cared about by the therapist and/or the individuals that are supporting him during the breathing process.

OBSERVATIONS (Parklea Drug Unit)

‘Rebirthing’ or Emotional Fitness’ first commenced in The Drug Unit in December, 1986, and was utilised increasingly until July, 1988.

My own hypothesis is that the breathing technique is a powerful and effective method for clearing accumulated stress, but that in working with inmates, it would seem that it sometimes takes a longer period for accumulated and current stress to release, and particularly when there are
various constraints in the therapeutic environment, that do not always provide an atmosphere of total emotional safety for the client to release feelings of sadness, fear and anger, etc.; that in a private therapeutic environment is much more easily facilitated. However, a greater sense of relaxation and calmness of the body and mind was frequently experienced by inmates immediately after their sessions and it was often noted by them that a relatively calm state was maintained for several days afterwards.

Some inmates experienced detoxification symptoms, which ranged from subtle to very intense, while doing the breathing process e.g. profuse sweating, hot and cold flushes, painful aching and cramping in the limbs, and sometimes rushes of opiate-related sensations, as drug residues flushed out of the body tissue. At times, they became aware, while experiencing these effects, of the subconscious negative thought patterns that were a causative aspect of their drug abuse. Support and encouragement by the rebirthers was of prime importance at those times, and the participants often felt a greater sense of ease and lightness after these sessions, as well as increased confidence in his ability to deal with extreme emotional and physical states. Profound levels of personal insight occurred in some of the more mature and motivated individuals, which in my observation, greatly enhanced their overall growth during the program, and gave them an understanding of self which, I feel will always be of value to them in their ongoing development.

In my observation there have been certain groups in the Drug Unit, whose cohesiveness has been particularly well bonded, and whose motivation and willingness to change has been more marked, perhaps where there have been two or three strong and relatively mature members, who have been able to inspire and encourage the other members, and a stronger group overall has resulted. When this has been the case, significant transitions in self-awareness, wellbeing and personal responsibility have resulted which, I have found to be very rewarding personally, as a contributing rebirthing sessional worker. Aspects of growth and change in self-perception that were stimulated in rebirthing sessions were then enhanced and explored in other aspects of the program, and vice versa.

During the last two to three months that Rebirthing was utilised by the Drug Unit, I did notice that the quality of seminar input did diminish slightly, perhaps due to the main sessional workers' pressures in other areas, and that this had a consequent effect of some confusion amongst certain inmates regarding the nature of their experiences in rebirthing sessions.

The Teaching

The main therapists that were utilised in the Drug Unit and Stage II programs, were Michael Adamedes and Quentin Watts, both professional rebirthers and rebirther trainers, for the last 5-7 years. Their level of input was consistently informative, relevant and thought-provoking to the inmates, as well as being enjoyable and entertaining.

Their structural approach covered an examination of the impact of society on the individual, through the family, cultural patterns, birth practices, schooling, religion, attitudes to sexuality, survival and money and put
strong emphasis on the notion of personal responsibility and the empowerment of the individual towards his greater potential. Their skill and experience with rebirthing as a dynamic and sensitive therapeutic tool was always apparent, and inmates, more often than not, found their sessions to be refreshing, stimulating and of valuable assistance in their growth process.

In the event of their future re-employment as sessional workers, or any other rebirthing practitioners being employed, the importance of clearly structured information and processes, related to biographical details needs to be emphasised, in order for the session’s effectiveness to be maximised. As the only directly therapeutic aspect of the programme, apart from Gestalt Therapy and the morning groups, I see rebirthing as a fundamentally important aspect of the program, and would recommend it being re-continued with appropriate and skilled rebirthers. (Adamees and Watts, as the most skilled, experienced and dynamic in style in Sydney would be the preferred option)

Criticism

A criticism which has been apparently raised by the supervising psychologist for Parklea was that inmates were left in an unnecessarily or dangerously vulnerable state after sessions, and without consultation with the sessional specialists, or myself, as the Co-ordinator of the program and having worked professionally in the Rebirthing field for three years, total cancellation of the sessions was recommended.

Response to Criticism

At no time during eight months full-time employment at Parklea and in almost daily contact with The Drug Unit inmates was I every aware of the participants being unduly distressed as a result of rebirthing sessions. There were many occasions where, if anything, the general atmosphere was greatly improved and general morale was uplifted. There were also occasions when an inmate may have accessed feelings of disquiet in some way, and may not have satisfactorily come to any suitable resolution or elucidation of those feelings, and consequently, may have felt somewhat out-of sorts for the rest of the evening, or on two or three occasions, may have felt unsettled for two, or three days. However, that was in a small minority of cases and did not, in my opinion affect their general progress. Often, the mood that was stimulated in the client, may have been directly related to the personal issues that were central to the person’s development at that stage, and in a suitably balanced program, the client can be assisted to deal more directly with the specific issues e.g. feeling separation from the group, in general, feeling inadequate in himself, feeling powerless or undermined by others etc.

Recommendation

Having observed a variety of responses in the inmates, I would also recommend that the actual breathing and seminar sessions be continued on a compulsory basis in order that each participant may be given the benefit of the information and an overall view of the individual’s relationship to society and the relevance of rebirthing. It is also important to understand that resistance to the process is a natural and inevitable part
of the process, and is experienced by most participants, at some times, both in the prison environment and in the private client setting. It is therefore important that the sessional workers be skilled enough to support the person to do whatever is most appropriate for them at that point, to either participate or not, and to always maintain respect for the participants decision, whether the sessional specialist is in agreement or not with their decision.

Conclusion

In conclusion, I would add that Rebirthing’ is a powerful, yet safe and gentle therapeutic process, which, when utilised as a tool for growth over an extended period, can have major life-changing effects, and can greatly enhance the individual’s sense of aliveness, self-acceptance and inner contentment, and in a gaol environment can be an invaluable tool for change and personal development.

Sessional Specialist:
Michael Adamedes and Quentin Watts,
Euroa House Personal Growth centre,
236 Darling Street,
Balmain. 2041.
Tel: 810-4699
AEROBICS - FITNESS AND NUTRITION

Aims

- To increase physical health and fitness;
- To minimise build-up of stress through energetic exercise;
- To educate participants about the importance of health, fitness and nutrition for optimum well-being and improved lifestyle;
- To assess participants' levels of fitness and advise them accordingly.
The Health and fitness programme conducted by me at the Parklea Prison Drug Unit covered many aspects of a healthy lifestyle, the main ones as follows

- NUTRITION
- TRAINING METHODS
- AEROBICS
- WEIGHT TRAINING

others: energy systems, drugs and sport, sport medicine, fitness testing.

RESULTS.

NUTRITION - initially a keen interest in better eating habits was kindled. With the new awareness of what a good diet entailed, came a change in the diet of inmates. Consequently desired body weights were achieved and increased feeling of well being. Myths were dispelled about the overuse of vitamins and other expensive supplements.

TRAINING METHODS - as the inmates became more informed as to better training methods, increases in fitness levels was evident. At the same time injuries became less obvious. Ultimately the inmates were capable of planning, programming and evaluation of their own progress.

WEIGHTS - an extremely popular pastime in the gaol but often practised incorrectly. Many inmates were misinformed on certain aspects of weight training. A more scientific approach was adopted and the health and fitness programme resulted in better gains and less injury. Again myths such as using expensive and unnecessary supplements was dispelled and discouraged.

AEROBICS - this communal exercise produced some desirable effects, these were - relief of tension in the individuals and in the group as a whole - a desire to encourage newcomers - a healthy competitiveness and as they became more co-ordinated, physically stronger and fitter a certain sense of achievement was obvious, associated with increased self esteem. Even just the enjoyment of popular music and physical activity along with an instructor who was bright and cheerful brought about positive changes in mood.
CONCLUSION

In general the health and fitness programme had positive effects on motivation and determination. Changes in body image and awareness increased self esteem and confidence. Anxiety levels could be lowered through the activities.

Many of the inmates found the health and fitness programme a strong distraction from their drug addiction and expressed desire to develop this lifestyle in order to overcome their addictive behaviour.

Elizabeth Mahler
Fitness Instructor

103 Broadwater Dr
SARTOGA 2250

PH. (043) 69 2286
CONFLICT RESOLUTION

Aims and Objectives by Helen Morrison

To develop skills in the understanding and handling of conflict issues in many areas of interpersonal relationships e.g. family, work environment, friendships etc., as well as in the gaol environment specifically.

To transform problems into challenges, that can be handled constructively, to enhance the quality of involvement, energy and enthusiasm.

To develop new levels of trust, through learning that creative resolution is possible.

To develop relationships that are supportive and fulfilling.

To reduce stress and desipdate tension before it becomes confrontational.

To recognise needs and feelings, before focussing on solution.

To state needs, feelings and wants clearly in a way that is easily acceptable and understandable.

To be empowered through appropriate and effective assertiveness rather than self-violation, aggression and defensiveness.

To develop useful counselling skills.

To develop confidence in communication.

The twelve skills that are taught by the network, and which are currently being adapted to the specific needs and capabilities of the inmates are:

The Win/Win Approach
  - looking at how both parties can win.

The Creative Response
  - turning problems into possibilities.

Empathy
  - finding the communication keys that build rapport.

Appropriate Assertiveness
  - saying what you need, and not making others defensive.

Co-operative Power
  - defusing "power over" relationships and building "power with" relationships

Managing Emotions
  - learning mastery in using fear, anger, hurt and frustration wisely.
Willingness to Resolve
- recognising when personal "stuff" is clouding the picture.

Mapping the Conflict
- clearly charting all the factors involved.

Developing Options
- designing creative solutions.

Negotiation Skills
- planning styles and strategies that give people more of what they want, long term.

Broadening Perspectives
- finding the viewing points instead of one point of view.

Third Party Mediator
- helping others to apply the skills of conflict resolution in their conflicts.
As you requested, here is an evaluation of the progress of the Conflict Resolution program now underway with inmates at Parklea, who are participants in STAGE I & STAGE II of the Drug Unit.

We have completed week 9 of the 12 week program. The series has been co-taught by myself, Julie Wells and Director of Programs for Conflict Resolution Network, Helena Cornelius. We have always worked in two's - varying combinations with the three of us. We keep a running report of each session taught, as part of our adaptation of the material, and with the view to training others to also work in the prison system.

Reflection on these reports show tremendous enthusiasm and co-operation on the part of the participants. We discovered very early that they were very willing to put in extra reading, writing and practise with the work we were presenting. We therefore were very happy to be able to set small "homework" study for them.

I say this to point to the fact that the men have found Conflict Resolution skills useful and immediately applicable to their present situation. They have been able to make personal connections with the material presented, and then to find new behaviour forms, more choices than they had before. We have worked with them in STAGE II, to address the pressures from inmates of the large prison population.

We find that the work of the previous week is discussed among the participants in the daily relations, and very gratified to see the shift in attitudes, and the personal application and involvement in the group situation and then during the week with respect to homework.

At this stage we can say that we are progressing through the material at an appropriate and satisfying pace, and believe that the men who have been with the program to date are making the change in perspective, and developing the communication skills to work more constructively with their daily conflict situations. The men are also applying the material to their family relations outside prison, and having retrospective insights to those situations.

Trainers: Helena Cornelius
Christine James
Julie Wells

Telephone: 419-8500
918-0915
GESTALT THERAPY

With long periods of drug and alcohol abuse, and suppression of and disassociation from feelings, Gestalt Therapy provides a medium to focus awareness of thoughts, behaviour, emotions, attitudes and body language. It facilitates an understanding of self and broadens individuals understanding of others. It is also valuable for accessing and reclaiming parts of self that have been numbed through necessity and years of substance abuse. It is also valuable as a tool for direct and honest communication.

Aims and Objectives

- To facilitate self-awareness, physically, emotionally and mentally.
- To become aware of parts of self that are operating in direct conflict, and create greater balance and harmony between those parts of self.
- To generate greater authenticity in experience, behaviour and communication.
- To facilitate deeper and broader understanding of self and others.
- To establish trust in self and between individuals, thereby creating an environment for authenticity to develop.
- To increase effective skills in communicating and relating, in a way that is meaningful and productive.
- To empower personal responsibility for actions, experience and lifestyle.
GESTALT THERAPY

Evaluation: by Jutta Lennard, Gestalt Therapist
(Tel: 958 2716)

Individuals who were prepared to look at their negative identities and ego-states and have a sincere motivation to confront their addiction (not just wanting to gather plus points for parole), achieved excellent results from the sessions.

They were able to re-connect to denied and disassociated parts of themselves and became aware their suppressed feelings. They learned to stand back from acting impulsively, thereby acknowledging emotions and communicating them verbally and directly rather than acting upon them. Their options and skills in taking responsibility for their thoughts, emotional states and behaviours and dealing constructively with them are broadened.

Direct and honest communication of feelings and thoughts have been successfully encouraged. Some people found it difficult to look at themselves and their immediate reality of inadequacies, fears, insecurities and low-esteem. These rather unpleasant and painful, yet realistic states of being are sometimes confrontingly highlighted by direct focusing on body postures and incongruencies of content and modes of expression.

The complete focus on present moment awareness and the support for honesty and directness helped the participants to get in touch with reality and their gut feelings rather than with their rationalised, idealised and illusionary concepts about themselves. The denial that is such a predominant aspect of addiction, could then be broken down, step by step, and authenticity and realness resulted.

Some people were both intellectually and emotionally not suitable to cope with the demands of the program and, in my opinion, would be better suited to individual work, designed specifically for their needs and capabilities. There were, however, only a few individuals in this category, while the majority benefited and made progress in terms of the stated aims.

N.B. by Helen Morrison, Drug & Alcohol Worker who contracted Ms Lennard, and observed changes in participants throughout the program.

From my observation, the whole concept of authenticity of communication and such immediate and direct self-awareness, is both confronting and very different to anything participants may have previously experienced. It appeared that some participants had difficulty in adapting initially to the therapeutic style of the therapist, and also in interpreting conceptually the content of the course. My own observation was that, despite the above, the sessions are an important aspect of the program, and contribute significantly to participants overall growth and increased awareness.

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CREATIVE SKILLS/OCUPATIONAL THERAPY

by Kerry Ilsley.

Creative skills commenced in the Drug Unit in March 1987, and was held for 5 hours per week.

Total no of participants: 45

1. Aims.
2. Method
3. Evaluation

Aims:
- to locate and reuse latent talents, skills and interests .
- to motivate the individual to explore their creative potential
- to improve self image and morale through achievement
- to encourage vocational potential.

Method:

An assessment of each individual is made re:

attitudes
interest
motivation
educational background
self-perception
relationship with group/family
manual skill
dexterity

- Short and long range goals are set with realistic targets.
- Direction in planning is established.
- Assistance with manual skills and appropriate use of tools and materials is provided by the Occupational Therapist.

Evaluation:

All clients, but three, have achieved in the Occupational Therapy/Creative Skills group over the past 18 months.

Incredible talents and skills have emerged and completion of good quality individual items often becomes an aid to family communication and a boost to clients' morale.

Four clients have established lucrative leatherwork businesses following involvement in the course.

Teacher: Kerry Ilsley
Tele: 949 4674
HELLERWORK AIMS

. To release stress and tension in the body.
. To realign the body, to improve posture.
. To educate the individual about correct use of the body in movement and posture.
. To become more aware of the body, and its mode of self-expression.
. To take more responsibility for one's general well-being.
. To facilitate awareness of the mind-body connection, and thereby enhance further personal development.
. To establish a responsible relationship to one's own body.
. To contact stored emotion and holding patterns in the body, and to release and let go of habitual ways of being in the world.
REPORT ON HELLERWORK IN DRUG & ALCOHOL UNIT, PARKLEA PRISON

From March to June 1988, I worked one day per week at Parklea Prison in the Drug & Alcohol Unit: this time was spent doing Hellerwork with the prisoners in the unit.

Aims:

Hellerwork is a system of deep tissue bodywork, movement education and personal development, which works towards transforming the whole individual by direct work on the physical body. This systematic physical restructuring aligns the body with gravity, enabling it to work at an optimal level, and also examines attitudes and responses to life that have formed that particular body.

Of particular relevance to this group was the integration aspect of Hellerwork, i.e. integration of mind/body. By this I mean that many (maybe most) people in our culture are to some degree out of touch with their bodies - emotions, feelings, body sensations associated with emotions - having closed off those aspects of themselves as protection at some stage, usually in childhood: this is particularly noticeable in this group. Hellerwork seeks to unify and integrate these aspects of a person.

Evaluation:

The prisoners I worked with were all very responsive to the work, and in one case, particularly rigid body armouring (from a life of physical abuse) softened dramatically after three sessions. After some initial reserve, each prisoner opened up and was most co-operative, both during the session, and between sessions in following up with movement exercises, and in looking at how they reacted, both physically and emotionally, to various circumstances. In fact, I was pleasantly surprised at their willingness to involve themselves. They seemed to value and respond particularly to the intimacy of the one-to-one situation.

I was pleased at the prisoners' respect of each other's privacy, given that we were working in a corridor in a crowded and noisy environment, with a lot of passing traffic, however a more private and less noisy environment would have worked better. (I appreciate that there could be security risks here.)

Hellerwork is usually undertaken in a series of eleven sessions, each session having a different theme relating to the part of the body being worked on, e.g. Standing on Your Own Two Feet, Control & Surrender, Reaching Out. In the time available each week only four prisoners (half the group) were able to have a session. This meant that in the usual twelve-week period each prisoner spends in the unit the most sessions a prisoner could have was six (half the Hellerwork series) so no prisoner completed the series. If this work were included in the program again, I would recommend that each prisoner had a session every week or that the series were completed as a follow-up after returning to the main prison.
One further problem was that the sessions often conflicted with the only visit to the oval for the week, so prisoners had to forego their Hellerwork session or their only opportunity to get outside for that week.

My time at the prison and contact with the prisoners was valuable and rewarding for me and, I believe, also for the prisoners in their rehabilitation.

Lorraine Grewcoe
Advanced Hellerwork Practitioner

Telephone: 810 8108

12 October 1988
COMMUNICATION SKILLS

By Ken Rennie

Aim

1. The communication group is designed to promote acceptable and effective interaction between participants, openness, assertiveness, consideration of others and one's own wants and needs are encouraged. The ability to be a good communicator, improved confidence and self esteem, awareness of feelings and appreciation of the worth of self and others are some of the basic aims.
* N.B. For inmate's personal evaluations please refer to their voluntary questionnaires.