Shacklefree

Facilitator Manual

Dr. Anuradha Sovani

Facilitator Manual For Shacklefree

Acknowledgements

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excellent journey together.

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I think I want to especially mention students and alumni of the University Department, batches of senior Masters students who benefitted from this introduction to the important and upcoming field of addiction prevention. They made amazing contributions to the material included in this set of manuals as well, and rather than list them under each manual entry, I would like to acknowledge the batches of 2017-18, 2018-19, 2019-20 and 2020-21, and to some degree the freshers who will complete their Masters in 2021-22. Many of these alumna, who are too many to name, have also served as Research assistants on the project, and have become mentors for the Mini Unplugged India adaptation. I am sure they will do excellent work in the field as the CMHARTS project rolls out.

It has been a pleasant journey through the field of mental health and addiction prevention.

I have always seen myself as a strong proponent of community based prevention initiatives in the field of mental health; relatively, my role in the field of substance and non substance addiction and its prevention has been small, limited to IPH initiatives like Prakashdoot, and partnerships with organizations such as Responsible Netism. My Ph.D. scholars have taken this interest deeper and completed, or are in the process of completing, interesting work in this area, which will continue to add to the scientific literature.

I think that is the mark of a vibrant new area of work, when it continues to spawn more expertise and becomes a living system, growing and flourishing even after a specific project draws to a close.

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Preface

Shacklefree is a Training Resource that has grown out of a novel project funded by the RAGAP Rotary Global Grant for Addiction Prevention. Rotary Club Ghatkopar along with a number of contributing clubs in Belgium initiated this project and SNDT Women's University Department of Psychology situated at Churchgate picked up the gauntlet of creating preventive program and training resources which could be used for young people across the country.

The focus of the project was prevention of both, addictions to substances, such as alcohol, nicotine, caffeine and a number of other drugs of abuse; and also non substance or behavioural addictions such as overuse of smartphones, excessive gaming, excessive and unhealthy use of the internet, taking selfies, and of course excessive and risky use of social media. Thus, one begins to realize that there are as many types of behavioural addictions, as there are substance addictions. In fact, the Diagnostic and Statistical Manual of Mental Disorders has recognized Gaming addiction as one of them. The basic pattern seen in these addictions is the same, and includes tolerance, withdrawal and craving. The user continues the behaviour in spite of continuous and recurrent social and psychological problems caused by the addiction. They are well aware that the behaviour needs to stop, but they seem unable to cease.

Interestingly, the underlying brain bases of the addictive behaviour also appears similar, whether the addiction is to certain chemicals, or to behavioural regimens which

have become established in the addict's repertoire. And of course, an equal amount of damage results from both forms of addictions.

An important USP of these manuals is also that, they have been created with a great deal of input from Masters students and alumni of the Department of Psychology at Churchgate. They were inducted into the project as research assistants because they would speak the same language, use the same idiom and examples and illustrations as young people would. They would be able to reach the young audience best, more so than older, more experienced psychologists would, since they effectively belong the same generation.

These young contributors would be able to strike the right chord, use the right tone with young recipients of the Training Module, and therefore prove more effective than any other trainers or material writers.

To validate this set of Manuals, however, two very senior Psychologists were approached. They both have a long career as practitioners and research examiners, and have handled numerous Manuals over the span of their career. The material of all three volumes of Shacklefree (Manual, Handbook and Resource Package, was shared with them before going to print, and their inputs were taken).

The Masters students of Psychology were trained in this philosophy and the material in these manuals was used regularly as part and parcel of the curriculum. In fact, the training package of the RAGAP is effectively a part of the revised curriculum

of the Masters' program in Psychology of SNDT Women's University now, and therefore would be used in perpetuity, helping create generations of well trained resource persons who can move out after they qualify and reach out to the community where they would live and work. Many are already placed in educational institutions as Counselors and are doing their bit in addiction prevention.

Introduction

The set of three volumes created for Shacklefree constitutes this Facilitator Manual, a Training of Trainers Handbook, which actually helps the potential trainers walk through the various sessions of the program and a Resource Package with a large collection, a sort of bank, of reproducible material which can be used in the course of interactions with the young people who are participating in the workshops. The Shacklefree program is designed to be delivered in a single day.

The same program, however, could be repeated after a time span of about six months, using other material from the resource books, without repeating things said earlier. The idea is to drive home the message, in young people's lingo, that "addiction is not cool" and is not necessary at all in order to lead a happy and satisfied life. Thus, time taken for all activities is specified in each case, and the Trainer may pick and choose exactly what they would like to do with a particular group on a particular day, depending on the age group of the audience, the awareness level about the issue at hand, and the general interest evinced by them.

The key to Shacklefree is that it is not content heavy, but focuses on attitudes towards addiction, and values that drive health and mental health. The program drives home the message that prevention is not only better than cure, it is in fact the only answer.

The Facilitator manual is specifically designed for the Mentors, senior counsellors who would be training trainers to conduct workshops. Mentors develop a special set of skills over time, which assist them in picking the right person for the right job.

These abilities also help them identify skills sets and hone skills further where they are already high, ensuring at least a minimum level where they run low. Universal prevention of the sort designed in Shacklefree requires training of a large number of trainers to ensure that a large number of end users are served in the shortest possible time.

This Facilitator manual is prepared in such a way, that if a Counsellor should wish to use the activities for something other than addiction prevention, eg. handhold trainee counsellors to work in school and college settings where they may later engage in addiction prevention as part of their jobs, that is also easily possible. Eg. if they feel that a certain group lacks assertiveness, which is an important Life Skill in itself, they will train the students in it.

This may lead to a healthy outcome in areas pertaining to addiction, but would also help to battle some of the ills that plague life in educational institutions, such as bullying, formation of cliques, and even perhaps mass copying in examinations. Hence, the material is prepared in such a manner that it can be used also for other types of trainings not only in this specific area, but activities pertaining to school, college and community life in general.

This Manual can also prove useful to other stakeholders in the area of mental health, provided they have a basic core training up to a Masters level. The purpose of this Handbook is not to train trainers in basic Counselling skills, since it is assumed that a Masters level Psychologist would already possess these. The Mentors will help their

trainees move to a higher level of training implementation using the routines outlined herein. An important component woven into this material is the concept of Life skills.

Hence, if a trainer wishes to cover any particular substance or behavioral addiction for which the exact module may not be presented here, the trainer can use another similar module and adapt it to the message they wish to convey. Since the core message will be a Life Skills based message that is conveyed to the young participants as part of Universal Prevention. The trainers are all qualified Psychologists and Counselors, and such an adaptation would be easy for them.

To sum up, this Manual focuses on the skill building in Trainee Counselors by senior Mentors, the methodology to be used in such a training program, and also some simple tips for Mentors to deliver the material in the best possible way.

Life Skills and Addiction prevention

Young people in India and the world over are exposed to a multitude of environmental influences that make them vulnerable to many health and mental health challenges. School students, adolescents and youth live in a world which challenges their resilience, and renders them vulnerable to high risk behaviours.

It is a well known fact that controlling supply of sources of addiction, whether they are chemical, such as alcohol or drugs, or virtual, such as smartphones or the internet, can succeed only to a limited extent. Disturbing emotions, lifestyle choices and peer pressure are just some of the factors that places them at risk. By far the more practical strategy is one of demand reduction.

The latter is possible only if the young person is exposed to messages from a very young age, and makes them resilient, self reliant, and strong, coping individuals. **This is possible by building life skills at an early age.** It is a well known fact that peer pressure helps to stigmatise refusal to join the activities popular among the age group, which may include experimenting with alcohol and drugs, as well as unhealthy online behaviours and excessive social media use. Developing Life Skills is one of the few evidence based ways in which a young person will be able to withstand such pressures and in fact create a sort of reverse stigma for those indulging in such behaviours that could ultimately lead to poor health and mental health.

The World Health Organization (WHO) defines Life Skills as "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life Skills thus facilitate physical and mental and emotional well being in an individual. UNICEF defines Life Skills based education as "a behaviour change approach focusing on knowledge, attitudes and skills and contributing to education for development."

Listed below are Eight core Life Skills emphasized in Shacklefree workshops for young people. The emphasis on knowledge is present in this material, but it is relatively lower than the emphasis on Attitudes and Skills. We know that the World Wide Web has brought Knowledge to the fingertips of most people all over the globe, sometimes to their benefit and often to their detriment. Hence, material such as research reviews and powerpoint slides have been included in this material to some extent, but the major emphasis is on Attitude and Skill Building.

❚ **Self awareness** This life skill helps us recognize who we are, our own strengths and weaknesses. It helps us understand and accept ourselves better.

❚ **Decision making** Helps a person to weigh the various options available to them, and gauge the advantages and disadvantages of each. The person becomes aware of the effects different decisions are likely to have on their lives.

❚ **Critical Thinking** helps us analyze information objectively. Experiences are examined through this same objective lens to understand implications.

❧ **Problem solving** helps us deal effectively and constructively with the various difficulties that can crop up in life. Leaving a problem unsolved for too long is a recipe for stress and anxiety.

❧ **Coping with emotions and stress** We all need to recognize the sources of stress in our lives. Identifying the effects of these stressors and acting in ways that would help control stress levels will serve to preserve physical and mental health.

❧ **Empathy** helps us understand what life is like for them, although the situation they are in may be unfamiliar to us. It helps us accept people very diverse from ourselves.

❧ **Effective Communication** helps us convey our thoughts and feeling both verbally and non verbally. Communication needs to be appropriate to situations and to diverse cultures and this life skill ensures this.

❧ **Interpersonal skills** These skills help us relate to other people in a positive way. They ensure that we not only build healthy relationships, but we also maintain them over time, an ability which augments our psychological and social well being.

Shacklefree material is built around these eight life skills, although they may not always be explicitly spelt out in the module. Reference to these eight Life Skills will recur often in the material created for Shacklefree. Flexibility for use is built into the material, since it is advised that experts conducting the workshop should tailor the activities for any particular day that they conduct the same. Then, when there is a new iteration a few months later for the same audience, material need not be repeated, and a fresh combination can be selected.

How to use this Facilitator Manual

The purpose of the Facilitator manual is to provide a sort of ready reckoner for people who will undertake Training of Trainer activities for Shacklefree.

If Trainers are the second level of experts in the ripple effect that finally percolates down to the Community, the Facilitators are those at the top of the pyramid. Training of trainer manuals are useful guides for any trainer as they present modules to their trainees and try to ensure that there is a clear understanding of the aims and objectives of each module, and that the potential trainers are going to make a standardized, clear delivery of the training material just as the process demands.

However, when Facilitators or Master trainers are taking up people for TOT trainings, there are several questions they wish to answer for themselves.

❚ What are the essentials of training in addiction prevention;
what basic bedrock/ philosophy does one build on?

❚ What do we already know about addiction and addiction prevention?
What must a facilitator read and know before moving on?

❚ What are hurdles that one faces in this process and as a
Facilitator what does one do to overcome them?

❚ How to best pick the Strengths from a Trainers' group before you,
sort of do a SWOC as you teach and train?

The various sections of the Facilitator Manual of Shacklefree will attempt to answer these questions and some others. Thus, the actual content of the training will be subsumed in the other Handbooks and Resource Packages that are part and parcel of Shacklefree material. But a bird's eye view of what needs to be done will be included in this Facilitator Manual.

❚ **Key skills in a Facilitator -**

One of the key strengths of a good Trainer of Trainers is being able to identify good raw material!

In other words, a capable Mentor should be able to pick out strengths in a Trainee, and be able to convert these strengths so that the person can potentially be a good resource person.

Further, a good mentor will see to it that improvement achieved while training is sustained. Continued supervised training can ensure this sustenance of excellence at both levels, when the Facilitators are training trainers, and when the trainers are training counsellors in the field.

I believe many years of teaching and mentoring, handholding bright young students has imparted just these skills to academicians like the creators of this Shacklefree program. Since that, and the induction of young Masters' students as potential Trainers, is the USP of Shacklefree, it made complete sense to incorporate this valuable concept into the training material itself, and the final shape it took was that of this Facilitator Manual.

Here is a list of skills that a Mentor or Facilitator will choose from.

❚ **Communication skills : Verbal -**

Look out for persons during the ToT who seem to have "the gift of the gab". They should be fluent in the training language of choice, be it English or one of the local languages in the area. Linguistic diversity is a hallmark of our country; the more a trainer knows the local tongue, the closer the audience will feel to them. It is always observed that the way a counsellor dresses, speaks, the intonation they use, their body language, all "speak" at some level to the trainees and drive home an important message. This is the reason a mentor has to pay attention to these aspects as well.

Rather than use jargon, the person delivering a program or a workshop should be able to convey both simple as well as complex concepts in ways that are easy to understand. Their sentences should be formed in easy, simple structures, geared towards the average learner in the community group they are addressing. Their flow or delivery should seem effortless and casual, and they should sound like they enjoy

speaking to the audience.

❯ Communication skills: Nonverbal

Look out for participants who have an expressive mobile face, and a relaxed, comfortable body language. They should not indulge in repetitive gestures, look strained or awkward. Rather, they should feel free to move around in the training space, and not have inhibitions while expressing their feelings, smiling and interacting with participants. It would be nice if they encourage more participation by others, rather than stealing the show themselves. Depending on the settings they are expected to work in, they should adapt easily to different kinds of group seating, use sufficient voice modulation to keep the group engaged, and pick up body language pointers from the trainee group easily.

Communication skills also include good Group work skills. Working interactively with a group of trainees requires a thorough knowledge of communication techniques. As the participants watch the trainer in action, they are also treating the trainer as a role model.

❯ Listening skills:

Good potential trainers are those who knew when to stop talking and let others talk. They should be seen to respond in an encouraging manner, with nods and smiles, hand gestures and expressions that would convey to the participant that their inputs are being appreciated. Negative statements and gestures can be kept to a minimum, since this is what will create a good group culture of encouragement and democracy.

❚ Summarizing skills -

Look out for trainers who can review what was said by the group participants, stating it simply and concisely, and perhaps using a chalkboard or a chart/poster to create a summary of the points covered. Their summary should, if possible, create a mnemonic for the group.

❚ Flexibility -

The hallmark of a good trainer is flexibility. Community or institution based training situations can change, and place new time and space demands at any point. The trainer who can adapt to this………..work equally well in a well appointed classroom or a community hall, with or without microphones, powerpoint slides, or even a formal seating arrangement, will ultimately be a more successful trainer.

❚ Approachability -

Watch the interactions of the trainee during mock sessions or practice sessions conducted. If the participants seem comfortable raising questions, and interacting with the candidate, clearly they appear approachable, helpful and friendly. A good combination in any trainer attempting a workshop. Future trainers also need guidelines and tips on how to select, supervise, and support peer educators. It is the job of their Mentor to share strategies for outreach to more young people.

❚ Humour -

A sense of humour is an essential ingredient in maintaining a good rapport with the group, and enabling a cheerful and lively group environment. Humour generated by your trainee should seem natural and spontaneous and not forced or rehearsed. None of it should be at the cost of the participants, making them a butt of jokes. A little gentle humour is fine, provided the participants know it is in a lighter vein and not intended to hurt.

Above all, the candidate undergoing training should show the ability to **empathize**. Facilitators are always on the lookout for trainers who are high on empathy. As the saying goes, "one can be in another person's shoes only if one steps out of one's own shoes!"

It is possible to create a rough outline for Facilitators to note the strengths of their trainees as they conduct sessions with them, and as they observe them.

Here is a grid for the Mentor based on the above rubric. Please rate your mentee along the parameters in the table, which are already discussed above. Six areas each in verbal and nonverbal skills are listed therein.

Every mentor should try rate each mentee on a scale of 1 to 5 on these 12 parameters.

If the trainee scores below 24, he or she needs to go through many more sessions where they observe trained people deliver the training before they start on their own. If the trainee scores over 48, they are potential Mentor material themselves, after some experience and exposure.

Grid to be used while rating trainers :

Domain	Not at all skilled (1)	Not very skilled (2)	Average skill level (3)	Good (4)	Very Good (5)
Communication skills : Verbal					
1) Language diversity					
2) Ease of communication with a mixed audience					
3) Intonations					
4) Voice quality					
5) Speed of delivery					
6) Ability to use silence					

Communication skills : Nonverbal					
1) Listening skills					
2) Summarizing skills					
3) Flexibility and Approachability					
4) Humour					
5) Empathy					
6) Self awareness					

Finally, it is important that Trainers must recognize their own values and biases so they can help the participants to understand their own. It is difficult to lead a group through a process of self-awareness without having already done this same work oneself. So self awareness, or self work of a Counselor, is an essential ingredient while building a good trainer workforce.

A good trainer would do well to work with persons from different socio economic and cultural backgrounds, different levels of literacy, and mix and match the examples they use. The more varied the means by which they connect with the audience using their own experiential background and popular narratives, the more success a trainer is likely to achieve. These are the qualities a Facilitator will look for in a good potential trainer.

In the next two sections, we move to specific areas of training, i.e., focusing on substance and non substance or behavioral addictions.

Section I : Substance Addictions

One of the important goals of Shacklefree is to reach out to young people who could be at high risk for developing a dependency on any of the following substances of abuse. For that, it is necessary for future trainers to know a little about each substance. There can be discussion sessions held during the ToT programs, asking the trainees to get more familiar with the substances listed below, so that they can answer questions about them if required.

Material is available in the Training of Trainers Handbook which will be of help. Given below is a guideline for the Facilitators to walk the trainees through these substances of abuse.

❏ **Alcohol -**

Discuss with the trainees about the various forms in which alcohol is available in the community where work will be done. Are any of the young people known to have tried it already? Does the local subculture consider it a norm to consume alcohol? What are the various pure and impure forms it is available in?

India is one of those amongst the top countries in terms of increments in alcohol sales, increments in per capita alcohol consumptions, percentage of earnings spent on alcohol. These are the direct measures that reflect alcohol use. Other indicators are road accidents, domestic violence, suicides, job absenteeisms which are in effect indirect measure.

❧ Caffeine -

The Facilitator can discuss with the trainees about their own use of caffeine, and whether it borders on the unhealthy. The discussion can also include the many other substances such as tea and soft drinks which contain a high percentage of caffeine. The "new young subculture" that centres around cafés and branded coffee outlets could have also led to a major increase in caffeine consumption, although this may be more of an urban and metropolitan phenomenon.

❧ Tobacco -

In the context of any substance prevention program in India, it is very important to discuss tobacco at some length. Not only is cigarette smoking a bane, a fact that was especially highlighted during the pandemic when health of our lungs ensured personal safety; Europe and the West are indeed very concerned about smoking that starts at young ages. Further, in India, tobacco is consumed in many forms, including chewing tobacco, paan, and even tobacco based toothpastes. The Indian adaptation of Unplugged also focussed on this element.

❚ Cannabis and Opioids -

Cannabis is often seen as a "gateway" to hard drug use; many countries are legalizing use of cannabis. Hence, the young trainees may have a lot of points in mind to discuss and it is important that trainers are well up on all the current information. Once again, reading the ToT Handbook would help. Both these substance groups involve naturally occurring substances which are misused.

❚ Hallucinogens and Inhalants -

Interestingly, while Hallucinogens are often essentially party circuit drugs among the higher social echelons, inhalant use can start very young even among the poorer sections of society and street children simply because of their availability and low cost. The severe sequelae of their abuse can destroy young lives. It is important to bring these elements into discussions conducted by Facilitators. Both these substance groups are artificially manufactured and are widely available. Use of the dark web can also be discussed while talking about acquiring this and the next group of drugs by young people.

❚ Sedatives and Stimulants -

Essentially, here the Facilitator can talk about medical uses of some of these drug groups, and the misuse and overuse of prescription drugs. The risks of overdosing on a substance which is initially acquired as a prescription need to be discussed. Another important aspect to discuss is the interaction of effects of exam stress and competitive academic pressures, which often lead to stimulant overuse among the young.

Section II : Non Substance or Behavioral Disorders

❑ Excessive Internet use

❑ Excessive social media use

❑ Excessive smartphone use

❑ Excessive preoccupation with self portrait digital photographs (selfies)

❑ Gaming addiction ❑ Gambling addiction ❑ Pornography addiction

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Discussion of some interesting aspects of "addictive" behaviours such as food and shopping addictions. The culture of ordering purchases and food deliveries online, which has increased multi-fold during the pandemic, can be discussed.

The intent of merely listing the various behavioural addictions at the outset was to sensitize the Master trainer to the possibility of frequency of these behaviours among trainees themselves. Since Shacklefree hopes to capitalize on a sort of "ripple effect", creating a cadre of Trainers from among the young population to whom it reaches out, it is possible that many of them may be using gadgets and the internet to level bordering on an addiction.

The issue of ease of access almost universally, without the hindrances of "sourcing" that one faces while trying the acquire a substance of abuse, also needs to be discussed.

Much interesting training material has been created by the student partners of the Shacklefree project, and it is included in the Training of Trainers Handbook and the Resource Package.

Section III : Counseling underpinnings of universal prevention

The entire premise on which Shacklefree is based is the Universal approach to addiction prevention. This is essentially an approach that works in a complementary manner with early detection and treatment.

The Universal approach, a term borrowed from the Gordon framework is one in which services are offered to the general population or to people who are identified as being at risk for any problem or condition. They then receive services with the expectation that the likelihood of a future disorder or problem will be reduced

Another term that is often used in the public health domain is primary prevention. These efforts are designed so that they can promote health, and ensure the least possible likelihood of the onset of a problem behaviour or disorder.

Here it may be valuable to discuss the framework suggested by Gordon in 1983 and 1987. This author felt that disease prevention and health promotion needed to be assessed from a risk-benefit analysis point of view. Of course, the initial work was primarily focussed on physical ailments, and only later generalized to all conditions. Gordon's system consisted of three categories: universal, selective, and indicated. All three categories were meant to apply only "to persons not motivated by current suffering" The three categories represented the population groups to whom the interventions were directed and for whom they were thought to be most optimal.

A universal preventive measure is a measure that is desirable for everybody in the eligible population. In this category fall all those measures that can be advocated confidently for the general public. In many cases, universal preventive measures can be applied without professional advice or assistance. The benefits outweigh the cost and risk for everyone.

A selective preventive measure is desirable only when the individual is a member of a subgroup of the population whose risk of becoming ill is above average.

An indicated preventive measure applies to persons who, on examination, are found to manifest a risk factor, condition, or abnormality that identifies them, individually, as being at high risk for the future development of a disease or problem.

Unfortunately, over time there has been a simplistic blending of these two classification systems for the definition of prevention, that is, the original primary, secondary, and tertiary system and Gordon's universal, selective, and indicated system. At times, there even are attempts to use the three-tiered systems interchangeably.

Another source of confusion arises from the phrase "mental health promotion" which lies very close in its definition to primary prevention strategies. It is important to remember the definition offered by Dr. Norman Sartorius, Director of the Division of Mental Health at the World Health Organization. He clarified that "For some, it means the treatment of mental illness; for others, it means preventing the occurrence of mental illness; and for others, promotion of mental health means increasing the ability to overcome frustration, stress,

problems, enhancement of resilience and resourcefulness." It is in this context that we use the term in Shacklefree.

Primary prevention is thus, essentially Pre-emptive. Merged with this is the concept of mental health promotion, which is characterized by a focus on well-being rather than prevention of illness and disorder, although it may also decrease the likelihood of disorder. Inclusion of promotion activities is an important conceptual shift for the mental health and Counselling field. Many researchers and activists have argued for a synthesis of prevention and promotion approaches. It is easy to argue, and also logical to believe, that prevention programs are most beneficial when they are coordinated with explicit attempts to enhance the competence of those persons who are targeted by the programs, in this case, young people. The entire fabric of research on Positive Youth Development is also based on this premise.

A publication of the UNODC Special Population series (2017), focusing on prevention of Drug use in Rural settings, mentions PROSPER (PROmoting School-community-university Partnerships to Enhance Resilience). This is a model based on a collaborative approach, fostering strong partnerships among communities, schools and universities, for effective preventive intervention delivery.

Shacklefree as a model comes close to this approach, since it is built up by a University based team that empowers generations of students with focussed training, and releases them into the community where the recipients can benefit from the recently acquired expertise.

The manner in which Universal prevention programs are delivered involves a broad population focus, targeted either to the whole population or to subgroups with known vulnerabilities. Hence, Shacklefree is designed in such a way that it can be delivered easily to schools or colleges, or other community based organizations which can reach out easily to a young age group.

Universal prevention thus includes strategies that can be offered to the full population, based on the evidence that it is likely to provide some benefit to all, and also reduce the probability of disorder or onset of a problem. The idea behind Universal prevention is also that delivering the same should clearly outweigh the costs and risks of negative consequences. (In contrast, Selective prevention strategies target those specific subpopulations which are identified as being at higher risk for a particular problem.)

The term "prevention" was reserved for interventions designed to reduce the occurrence of new cases. While noting that neither the Gordon framework (universal, selective, and indicated prevention) nor the public health framework (primary, secondary, and tertiary prevention) was specifically developed for mental health, a modified version of the Gordon approach was adopted. The defining feature for classifying preventive interventions was the population that was targeted. Similar to that of Gordon, the 1994 IOM report's rationale for targeting a type of intervention either universally or to a high-risk subgroup was that the potential benefit was substantially higher than the cost and the risk of negative effects.

The concepts of universal and selective prevention were essentially the same as in Gordon's system. The concept of indicated prevention was modified to include interventions targeted to high-risk individuals who do not meet diagnostic criteria for a disorder but who have detectable markers that warn of its onset.

Section IV : A brief history and background : Unplugged to Shacklefree

Dr. Anuradha Sovani's involvement with Unplugged began in 2011, when a VTT team comprising of two faculty members from TISS and Dr. Sovani, accompanied by Rtn. Yogesh Zaveri, went to Ghent to work on understanding the Unplugged program that was widely accepted across the European Union. EU-DAP was adopted by the school system, and its creator, Dr Peer van der Kreeft, a social educator affiliated to De Sleutel and University College Ghent, trained the trainers for carrying the program to India. He subsequently also visited India and carried out a training program at TISS.

Further work with Unplugged continued to attempt to adapt it to India, with additions including that of an important substance of addiction, Tobacco. It was soon realized that the Indian school system is far too demanding of the time of its teachers to allow satisfactory execution of Unplugged India by school teachers, although excellent attempts were made and continued by teachers and Counselors from RBK, Dhirubhai Ambani and Singhania school, among others. Dr. Johan Maertens, our Shacklefree partner in RAGAP, also visited India and visited these schools, and was satisfied with the work being done.

As ToT sessions continued, several excellent school counsellors were trained in the program and were very thorough with it. At the outset of Shacklefree, Dr. Anuradha Sovani conducted Round Tables and ongoing discussions with these counsellors, and abbreviated the program into Mini Unplugged, retaining the original rigor but reducing the time demand.

This was later shared with another Rotary initiative triggered by CMHARTS under the guidance of Dr. Ashish Deshpande, and Rotary clubs of Thane under the guidance of PDG Dr. Ulhas Kolhatkar; this team has also built an excellent drug prevention training manual with components for Rotarians, Parents and Counsellors. The study design to evaluate the impact of this initiative is cleared by National Scientific Committee on Addiction Prevention (NSCAP) under the Chairpersonship of Dr. Pratima Murthy, Professor, NIMHANS, and cleared by IEC of Council of Health and Family Welfare, Government of India.

How Shacklefree was visualized

Dr. Anuradha Sovani, Professor and Head of Department of Psychology at SNDT Women's University and Dean, Faculty of Humanities, realized that an omission area in Unplugged was the emerging addiction to smartphones, social media and the internet. This was a dangerous addiction since it did not require a distribution network, was closely tied to young people's lives, and was pretty much free, in the presence of a wifi network.

She had already been working with strong non substance addiction/behavioral addiction prevention initiatives like Responsible Netism run by the Ahaan Foundation, and Association for Adolescent and Child Care in India (AACCI). She had already spoken at a number of conferences under both these banners, collaborating with the organization in her capacity as Professor and Head, Department of Psychology at SNDT Women's University.

The need was thus seen to work out a project with the USP of student involvement, and student capacity building. Inclusion of counsellor training at the Masters' program stage of any University would ensure that there would be a sufficient supply of well trained Counsellors in the country, and other Universities, as well as colleges affiliated to SNDT are now on board of this initiative and had adopted the training manuals into their curricula. As they say, the proof of the pudding is in the eating, and the NSCAP initiative has been able to involve many SNDT Department of Psychology alumna as their mentors in the project with CMHARTS.

The MoU between Rotary and SNDT Women's University was thus signed in 2017. The inaugural program for the project took place on 30th June 2018 at the Rotary Centre at Ghatkopar, and funds were transferred in September 2018.

Inclusion of Behavioral Addictions in the Prevention agenda was prophetic, in the times of the COVID 19 pandemic which shut the world down through 2020-21, crucial years in the Shacklefree project. However, Shacklefree work continued, and part of the funding was in fact conserved and not drawn from Rotary. It had become extremely clear by this time that the pathway to substance as well as non substance or behavioral addiction prevention was through Psychological interventions and awareness building. Sensitization of doctors, teachers, school counselors and students will make a mark in the long run.

The set of three manuals and other collaborations The three manuals that have emerged, this Training the Trainers Handbook, and also a Facilitators Manual and a Resource Package, are the products of this Rotary Global Grant project, as are the NSCAP, the multiple programs and studies carried out by Responsible Netism and AACCI with full Psychology student involvement, as well as the International Scientific Committee for Rotary initiatives in Addiction prevention, of which Dr. Sovani is a member.

Since she is also a Trustee and Consultant at Institute for Psychological Health, an interesting initiative has been started there as well, investigating smartphone addiction in school students, and there are plans to involve the Avaahan network of IPH (audio visual media arm) to adapt training films to Indian languages and settings. Dr. Sovani has also worked through other media such as Community Radio and Newspaper publication, creation of Children's Literature, etc. to spread the addiction prevention message far and wide.

Section V : Staying Shacklefree : The concept

The key element of staying healthy in the present day world ridden with temptations in the form of addictive substances and addictive activities, is to STAY SHACKLEFREE. If you never let yourself succumb to the wiles of these temptations, the chances of living a healthy, happy life are much higher.

So this section will highlight the importance of primary prevention, one of the best ways to ensure that our high risk population of young people stay healthy and happy.

Let us take the example of alcohol, easily the most abused substance in human history. We attempt highest taxation on alcohol and hope it will act like a speed breaker. But this merely brings down sales of legal alcohol and pushes sales of illegal alcohol.

In other words, supply reduction does not really seem to provide an answer.

What about media campaigns against alcohol? They are at best weak.

School and college efforts that are made against partaking of alcohol are community based, but they are not really integrated into the educational system. Similar efforts abroad, Unplugged being a case in point, are successful because the modules are woven into the school curriculum.

Nevertheless, the Rotary Global Grant (RAGAP) team in India HAS made efforts to adapt Unplugged and the Mini Unplugged program has been piloted successfully in Mumbai and Pune.

The ToT Handbook of Shacklefree contains reports of Mini Unplugged, so that the same can be replicated in schools. Also, Edventi from the United States has prepared an interesting Audio Visual module which is also being adapted into Indian languages and will be available to Trainers.

Is giving of information the key to addiction prevention? To whom should this information be given? And at what age? How should it be given? How do you test that what we are doing is right?

Overall, after a lot of thought, the true answer seems to lie not in Supply reduction, but in Demand reduction. Programs need to be built to target the social influence model and social competency model. Life Skills need to be built in young people so that they stay away from peer influences and group norms that may lead them toward addictive behaviour.

1) creating normative realistic beliefs about substance use.

2) target their perceptions about possible harm, consequences and disapproval about drugs.

3) problem solving skills programs such as "take charge of your life"

4) Demand reduction is only possible through public awareness and youth targeted prevention efforts.

5) Other possible strategies include early identification and intervention as well as treatment and relapse prevention but these are largely environmental strategies and do not target the motivation and value system of the individual.

In today's world, social networks have tremendous power and influence. Cliques, community groups, peer groups, school society groups, sports groups and hobby groups abound and the dynamics of these are also altered by social media.

Media based interventions such as public service announcements can be utilized, but these too are often fear messages. However, they may be of value in preventing or at least delaying first exposure. They may also convince occasional users to stop.

The key, finally as stated earlier, is in sustaining the improvement or change achieved. A one time success with an intervention does not always translate into long term addiction prevention. The design of Shacklefree thus allows the Counselor in the institution or the community the freedom to pick and choose from the available buffet of materials, and build a unique one day intervention each time they have an opportunity to deliver it, or whenever they feel there is a need to step in with a "refresher".

Section VI: Methodology used in primary prevention

Facilitators and Mentors must remember that the very concept of Universal prevention assumes that there is as such nothing "wrong" with the recipients of the training or the workshops and interactions. Life skills are being built up, in fact, with a view that these participants, although they are at a certain degree of risk for developing addictions, will become resilient enough to battle any such temptations.

With this goal in mind, the Facilitators must Train the Trainers for the following

❙ Team building -

Just as the Facilitators are handpicking a set of Trainees to send them out into the field of prevention work, they are also aiming for the Trainees themselves to set up their own teams in the future, in whichever organization or community they choose to work in. For this, the Facilitator must lead by example and create a role model for the Trainees to follow. A good and co operative team will ensure success for future awareness and prevention programs, so team building skills are a must.

❙ Presentation skills-

As the Trainees go out into the field and the community, they need to present modules which have been planned for young people from various age groups. Merely using a set of prepared material is never enough, it also has to be delivered effectively.

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So as per guidelines given earlier in the section "How to use this Facilitator manual", the Facilitator needs to ensure that the Trainer has adequate presentation skills

to be effective in front of the audience.

❱ Facilitation skills

The art of training involves releasing the best in the participants by being a catalyst. The Facilitators themselves are doing this as they interact with the Trainers in ToT. But ultimately, we would also like the Trainers to graduate or upgrade to Facilitators. For this reason, it is important to be on the lookout for Facilitation skills right from the start. Some of the best Trainers are in fact, soft spoken understated people, who offer the opportunity for others to speak up and air their views, while staying in the background themselves. The art of true facilitation requires that the facilitator is not too overpowering, and offers a safe space for others to express.

❱ Group dynamics and group management

Finally, any good Facilitator and good Trainer would always have an eye on the group dynamic. The group needs to be "managed" with an eye on the various relationships that are emerging and the undercurrents that keep raging within the group. Hence, it is important to check for skills of group management among the potential trainers in the setting.

Other than training in the above skills, a Facilitator must realize that the entire Shacklefree concept has steered clear of fear messages. Fear messages have been proven to be much less effective in addiction prevention, than Life skills and the ability to say no to addictions, or Demand Reduction. Multiple campaigns have been used all over the world to reduce smoking, alcohol and drug use, and it is seen that finally peer pressures win over and any fear created through media messages are very short lived.

◣ What can be used instead?

It makes far more sense to use group consensus and create a healthy, positive group norm that points in the direction of health, well being and good and positive values towards leading a fruitful and addiction free life.

Rather than create a stigma around "not being cool" and following a peer group norm of drinking, smoking, using drugs or overusing the internet and gadgets, it makes far more sense to **create a stigma around indulging in all of the above.** The group needs to start believing that it is in fact **"cool to say NO"**. It takes more courage, guts and inner strength to refuse to depend on a substance or a behavior that others in your age group are falling prey to.

Also, programs like Unplugged, Mini Unplugged and Shacklefree are dedicated to also remove the myth from young people's minds, that "all older kids are doing this". It is important to bring him to them that in fact, the strongest, healthiest and most achieving peers and seniors are NOT subscribing to addictive patters.

They are, in fact, doing their utmost to help their friends who have fallen prey to these unhealthy habits and are setting up role models by staying healthy themselves, and staying far away from addictons.

Section VII : Skill Building

Facilitators will get all kinds of participants and they are expected to train them. But first, they must learn to identify the level at which their trainees seem to be currently operating.

The idea is to build up from where they seem to be at present, and take them to higher and higher levels of skills and sophistication as Trainers.

So this last section of the Facilitator Manual is dedicated to an attempt to outline the various levels at which you are likely to find your Trainees.

Basically, thus, Facilitators need to pick out skill levels from among their trainee groups.

❮ Novice -

These trainees are freshers and have come into the training merely armed with a strong will to do some good work. We want people like these, who are very keen to learn, but at the same time it is important not to give them too much responsibility of skilled work at the outset. They can be paired off with more experienced people, and be allowed to observe how best to function. They need frequent booster sessions, inputs as to what they are doing wrong, and also what they are doing right. None of the students of Masters in Counselling Psychology who train for the Shacklefree program fall into this category, since they already come with a graduation in Psychology. However, there are many volunteers who have contributed to setting up Unplugged in the schools and community and many of them may fit this label.

❚ **Beginner -**

Some of the students who are Trainees for Shacklefree by virtue of their pursuing a Master degree in Counseling Psychology may in fact fit into this category. They have a lot of potential, a good grounding in psychology and behavioral science and have a strong will to learn and absorb. They are excellent raw material as future trainers.

❚ **Competent -**

Some students and freshers in the field already have achieved a certain level of expertise and competence by virtue of hard work, intelligence, plenty of reading and careful observation of everything they are taught and shown. They can thus be placed in this category and can be fast tracked to more responsible roles earlier in their training.

❚ **Proficient -**

Very few of new learners may reach this level right away. However, some do show the ability o reach here in just a few iterations of carrying out the program they have been trained to deliver. Personal characteristics like empathy, intelligence, good communication skills and of course a willingness to work hard can elevate relatively new trainers to a Proficient status early in their career! These people are a gift to the profession and to their mentors, who can quickly hand over greater responsibility to them.

❚ Expert / Master -

Finally this is the level at which a Facilitator can also think of harnessing more junior trainees to a candidate, and allow them to mentor these new trainees. Selecting a few such experts from each training batch, can in fact strengthen the program rapidly. However, it is essential that even these "experts" have to undergo refresher training and updates from time to time to ensure that they do not grow stale and outdated.

Facilitators need to keep a sharp eye on their Trainees and wards to ensure that they do not miss some fresh talent that comes in, and also to ensure that their Trainees are not growing overconfident and lazy.

If a person ceases to have the passion to learn more, they cease to grow, and that can hold true for a Facilitator as well.

Thus, it is also advised that facilitators form peer support groups among themselves to keep updating and enriching one another, sharing new techniques and insights, and on occasion, providing hard and honest feedback if they find someone among themselves is becoming lax and unmotivated.

It is these efforts at constant updation that keep any program vibrant and alive.

Notes to self

"Shacklefree" is a universal prevention program in the area of Substance and Non substance/Behavioral Addiction Prevention.

It is the result of a collaboration between
Department of Psychology, SNDT Women's University,
Rotary Club of Mumbai, Ghatkopar
and Rotary Club, Maldegem, Belgium.

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International Scientific Committee and the National Scientific Committee on Addiction Prevention.