From The CEO'S Desk

Ranjan Dhar
CEO, SHAFA HOME

SHAFA is an Urdu word, which means power of healing. In-fact a holistic concept of healing that includes the body, mind and soul.

Treatment methods followed at SHAFA go one step ahead of the traditional methods. Along with physical well being, emphasis is laid on the psychological and spiritual recovery of the residents. Most importantly SHAFA Home assists the residents in regaining their self-esteem and self-worth.

Our vision is to dispel the myth that exists in society, *"Once An Addict is Always An Addict"*. Keeping this in mind we decided on a treatment that was more humane and treated the individual based on his feeling and thinking pattern.

In the near future, we plan to establish a Research cum Training Centre for South and South-east Asia region. A place where new treatment methods would be researched, tried and tested and then shared with people from the same field.

Today, I feel proud to share with you that SHAFA Home is the country's largest rehabilitation center with more than 100 residents at any given point of time. At present, SHAFA reaches out to its beneficiaries through the two branches situated in two different states. i.e. Delhi and Uttrakhand.

The tree which was planted 12 years back, has fully grown and blossomed now. I strongly believe that the time has come to replant the seedlings from this tree throughout the country. This will be possible only with your support, association and good wishes.

I would also like to take this opportunity to thank all our staff, volunteers, trainees, residents, donors and all our well wishers, who have made this possible and without their support we wouldn't have achieved where we are today.

Looking forward to your lifetime association with us….

Ranjan Dhar

(Ranjan Dhar)

THE BREAKTHROUGH

During the past decade, the drug problem did not limit itself to cities and urban areas only but has spread rapidly to nearby rural areas too. There are wide ranging gaps in accessing information and services related to drug abuse. There is a dire need for individuals and families to receive correct information on treatment and rehabilitation facilities available for drug dependents. However, stigma and peoples attitude towards drug dependents and their families pose barriers to meet these urgent needs of people suffering from this multifaceted disease.

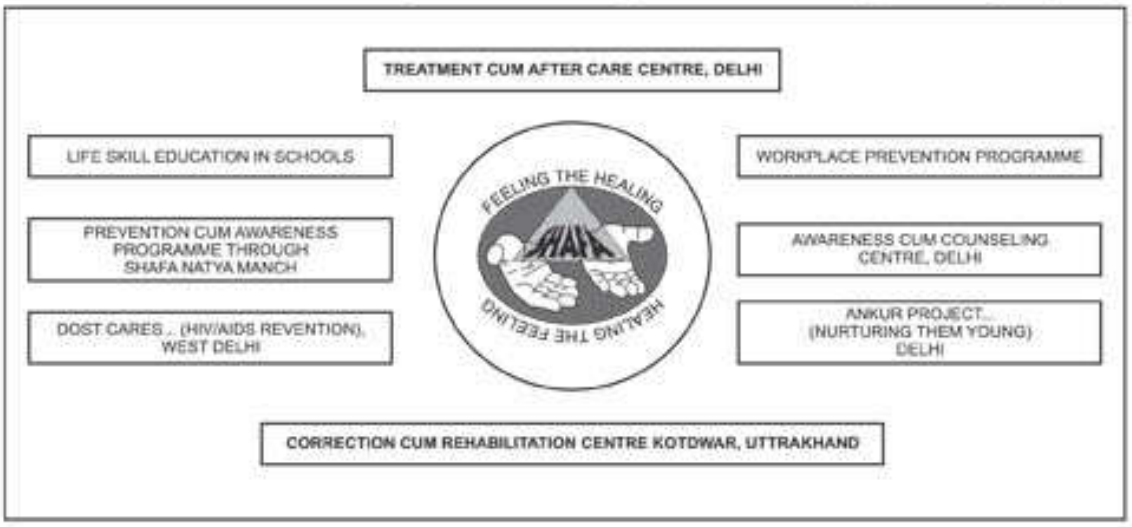
As a meaningful answer to the ever increasing menace of drug abuse in the capital region of Delhi, Shafa Home was established in 1999 in the outskirts, away from the humdrum of the city life.

OUR MISSION STATEMENT

('Healing the feeling' by 'Feeling the healing')

'Creating an enabling environment for masses, especially those affected by psychotic disorders, behavioral problems, HIV/AIDS and drug abuse. Holistically viewing their social problems, offering services for education and spreading awareness along with teaching healthy alternatives for realizing full human potential towards becoming productive member of the society'.

Shafa Home is a non-profit, non-governmental, voluntary organization with a setup of two branches and five innovative projects. It works towards fulfilling individuals, families and society's aspirations by treating and rehabilitating drug dependants. It also works towards eliminating the demand for drugs and their abuse through enhancing the quality of life.



Shafa Home in the last twelve years of operation, established itself as one of the leading voluntary organization in the field of prevention, treatment and rehabilitation of drug dependants and their families, without any monitory support from government or other funding organizations. This was possible only due to dedicated and devoted efforts of its volunteers and staff.

In this setting, the staff and volunteers of *Shafa Home* strove hard to reach many more drug dependants and their families who were in need of detoxification, treatment and finally their rehabilitation. *Shafa Home* provides information, education, training, counseling and treatment services at Delhi and Kotdwar, (Uttrakhand) and even in the neighbouring areas of these cities and states. These services are provided through residential facilities located in these states and through innovative projects supported by the organization itself.

In the recent years, *Shafa Home* has began two innovative projects. **DOST**- for the prevention of HIV/AIDS among Drug Users and adolescents. Also, to nurture the underprivileged children and help them in continuing their education, Shafa Home has started a project named **ANKUR**.

Between 1999-2012, more than 80% of those who completed the SHAFA program have been successfully reintegrated into society as productive members with a devout sense of mission towards their community. This fact was established through a "Follow Up" system. Families reported that there have been a distinct and permanent difference in their lives, which was brought in through their treatment and our Family Assistance Program.

TREATMENT METHODOLOGY

Shafa provides a drug-free residential setting that uses a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills.

The treatment approach used at Shafa is worldwide known as **Therapeutic Community**; wherein **the community** comprising of treatment staff and those in recovery are used as key agents of change. The residents interact in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug abuse. Their recovery involves *rehabilitation* - relearning or re-establishing healthy functioning, skills, and values as well as regaining physical and emotional health.

THE TREATMENT PROCESS

GOALS

To enable a chemical dependent to develop a responsible and mature life style which facilitates sobriety and a positive, productive involvement in society.

- ✓ Develop a sense of discipline, commitment, responsibility and self-confidence
- ✓ Improve relationship with family members and others
- ✓ Sort out emotional problem
- ✓ Provide vocational rehabilitation

TREATMENT PLAN

There are distinct phases or stages of treatment which this sector recognizes. These include:

1. *Treatment Familiarization*

- Introduction to treatment
- Previous medical reports
- Assessment of treatment need
- Signing of contract to verify his consent after detailed explanation of treatment procedures, modalities, interventions and rules.

2. *Detoxification (One Week)*

Withdrawal symptoms are handled through yoga, meditation and naturopathy only. No mood altering substance is used at any stage of treatment. However if the client develops any physical ailment he will be treated in the nearby hospital.

3. *Aftercare*

The aftercare stage which consists of 10-12 months is broken down into 4 levels. The privileges of each stage must be earned. Written application must be made for stage promotions and accounted for.

The broader overview of any aftercare stage of treatment can be viewed as below

FIRST PHASE OF TREATMENT- This is highly intensive individual counseling and group work. People usually enter this phase after detoxification. It tends to last 3 - 4 months at maximum.

SECOND PHASE OF TREATMENT - This is where service users need less intensive counseling or group work. Their recovery can be more self - directed. This phase is immediately prior to the completion of their treatment. It tends to last for 6 month onwards to 1 year maximum.

The entire treatment would be residential, for about 10-12 months which is divided into different stages. The time period is individual specific.

As a participant in the community, the resident in treatment is expected to adhere to strict and explicit behavioral norms. These norms are reinforced with specific contingencies (rewards and punishments) directed towards developing self-control and responsibility. The resident will progress through a hierarchy of increasing important roles, with greater privileges and responsibilities. It focuses on changing negative patterns of thinking and behavior through individual and group therapy, group sessions with peers, community-based learning, confrontation, games, and role-playing.

The residents are expected to become role models who actively reflect the values and teachings of the community. Ordered routine activities are intended to counter the characteristically disordered lives of these residents and teach them how to plan, set, and achieve goals and be accountable.

Ultimately, participation in the community is designed to help people appropriately and constructively identify, express, and manage their feelings. The concepts of "right living" (learning personal and social responsibility and ethics) and "acting as if" (behaving as the person should be rather than has been) are integrated into the groups, meetings, and seminars.

STAGES AT SHAFA
(Requirements and Privileges)

The Therapeutic Community can be best described as a process of self-change or self-renewal that comes from a deep experience of perceiving life in a different light. Thus there is a relationship in the progression of the treatment and the increasing awareness of the recovering addict. The stages are broken down into 4 levels. The privileges of each stage must be earned. Written application must be made for stage promotions. Also, the stage promotions are accounted for by the resident.

❖ Stage 1

The newly recovering addict in this stage learns to live a scheduled life. He is subjected to the various "behavior shaping tools" to curb inappropriate behavior. The value and the adaptive function of the basic tenets of the program are taught repeatedly. At this stage, one simply "acts as if" or goes along with the flow before acting with conviction.

Requirement: 2-months minimum. This entails working on:

- ✓ Personal and job responsibilities
- ✓ Reflection-identification of feelings
- ✓ N. A.-Internalizing and applying first step
- ✓ Group Sessions- Participation
- ✓ Reciting the 'Our Philosophy' from memory
- ✓ Internalizing the Philosophy

Privilege : Can account for letter writing and children's visits (Residents are always allowed to receive mail, but may not deserve privileges to reply which is based on his performance).

❖ Stage 2

The addict now begins to show more initiative in seeking opportunities for personal growth by coming to terms with himself and his past. He discovers a source of inner power and starts to realize that he can exercise some control over his feelings and direction of life/no matter how small. He understands that "he alone can do it, but he cannot do it alone."

Requirement : 3 months minimum. This entails working on:

- ✓ Responsibility towards self and others.
- ✓ Reflection – Relationships, Attitude and Behavior
- ✓ N. A. – Applications of First and Second Step
- ✓ Group Sessions – Complete involvement

Privilege : Resident becomes an older member now and can be given responsibility for heading any department.
Can account for the privileges of gym and phone calls to his family on various occasions.
Privileges obtained earlier to continue.

❖ Stage 3

This is a period of self-reflection, of questioning the purpose of one's life. The ex-addict now begins to put together the broken pieces of his life, a life long process for some. Increased self-understanding helps the ex-addict set more realistic goals appropriate to his perceived capacities.

Requirement : 3-months minimum. This entails working on:

- ✓ Reflection – Daily Inventories
- ✓ N.A. – Application of 1st, 2nd and 3rd steps
- ✓ Provides back up for staff in group sessions
- ✓ Responsible for others (big brother responsibility)
- ✓ Responsible for supervision of all works
- ✓ Assisting at the Rehabilitation Centre

Privilege : Ability to handle the responsibility of the 'Chief and Coordinator' of the house. Checking of new residents and their belongings. Responsible for supervision of all works. Accompanies 4th stage senior guys for shopping, outings, and taking residents to the doctor.

❖ Stage 4

A dramatic change in the ex-addict's general attitude is noticeable in this stage of his journey. He begins to integrate the new values, the belief system of the TC, his social relationships, into a coherent and consistent lifestyle that promotes recovery. He is a role model in the community who does daily up and down from his place of residence or visits his home on week-ends.

Privilege : Weekly off

If the resident is taken as Staff Trainee, he will receive a stipend of Rs. 500/- per week, and the minimum period of Staff Trainee is 3 months

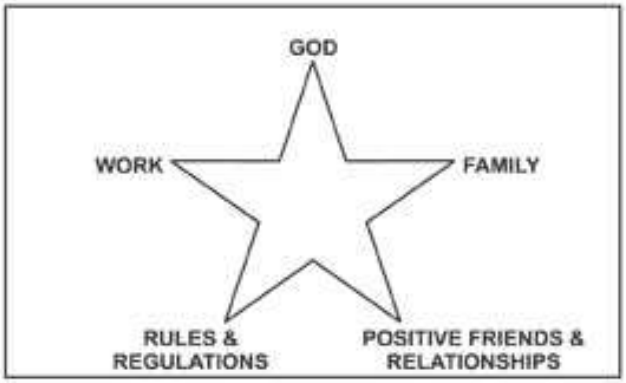
With the help of the stages, the program aims at instilling back into addict the self-image and self-respect that he had lost during the period he was in active addiction.

In a very real sense we help the addict to grow up. We help him see himself better and realize that finally success in life is dependant upon responsibility towards him and others. The Therapeutic community functions as a highly structured nurturing environment which encourages the member to develop through positive peer pressure, healthy relationship, sound values and a productive life-style, all in an absolutely drug-free atmosphere.

GRADUATION PROCESS

When the resident reaches to the re-entry stage (4th stage) they may apply for graduation and for that matter they need to put an application. After screening their applications, they are selected for their graduation process. Their selection purely depends on their performance during the treatment. The duration of Graduation is one year in which residents are exposed to different activities that maintain a bridge between the real world and the TC community. On one hand, he is 'on-job' training to achieve the aim of identifying and correcting his behavior, by helping others to identify and correct their behaviors. On the other hand he is also empowered to interact with the outside world at different levels e.g. taking small responsibility at home, performing his social responsibilities and presenting SHAFA at various levels- official, govt. level, attending film festivals and theatre festivals etc.; performing dance and theatre as a creative input to carve out his talent and abilities; organizing and practicing managerial skills by organizing events and other cultural programs for SHAFA. All these activities conducted during the graduation process helps them to work on every aspect of their personality, be it personal, professional or social. It is like reintegrating them back into the mainstream of the society. During the graduation period they are allowed to visit their families daily during the night or on weekends. During the graduation period they can also get stipend to cover their travelling, food and clothing expenses.

THE FIVE FACTORS



The only difference between a normal person and an addict is that in an addict's life there is a complete breakdown in these five factors and the most important component is the "work culture".

The total idea is not to keep him engaged or as a means to spend time, as it may seem to be. But by reinforcing the concept of "work culture" back in his life, he starts acting responsibly, taking up small responsibilities of life, responding to his needs of self and family, earns back his self-esteem and self-confidence and also his sense of self-worthiness.

Also, the actual meaning behind the slogan "No Free Meal" is taught to the residents so that they can be part of this world. Even by doing work he follows someone's directions and moulds himself to fit into the world by following its rules and regulations.

WORK THERAPY

Work Therapy is the main constituent of the therapeutic community treatment model. During work therapy a resident is expected to take the responsibilities of managing his own daily life and of the other facilities which include housekeeping, food preparation and services, office and administrative tasks etc. With the help of work therapy a resident learns self help, community togetherness, co-operation and right living.

❖ The goals of work therapy

- ✓ Taking and assuming responsibilities by the residents.
- ✓ Inculcating leadership, supervisory and management skills.
- ✓ Facilitate meaningful personal changes in the behavior, attitude and values of the resident.
- ✓ Engaging back the resident in qualitative work which he had left during the phase of drug addiction.
- ✓ Promote self management and commitment to work.

❖ Resident's negative characteristics and relevance of work therapy

The resident's characteristics like non-existent work history, few work skills, little sense of competence and low self esteem with respect to job and work performance may be a result of exposure to drugs for a long time. During work therapy, he acquires the fundamental personal habits e.g. punctuality, dressing and attendance that are prerequisite for engaging in routine work (waking up at a set time in morning, dressing appropriately, taking part in housekeeping etc.).

Resident's work habits reflect typically poor in reliability as workers in the area of task completion, responsibility, consistency and accountability. Work therapy tries to rectify such habits through engaging them in qualitative work.

❖ Importance of job hierarchy in work therapy

The hierarchy / levels in work therapy refer to the change in the forms of work that they acquire according to their seniority and performance in the community e.g. promotion from Expeditor to Department Head indicates that the resident is moving forth in the treatment with added and intricate responsibilities.

Different levels test and challenge the resident with respect to job performance, social behavior and personal growth. Each job level reveals the individual characteristics and problems in personal area and work habit, values and self management. Each level tests the change that may be relative to the previous level. Generally job level and complexity of skill demands increase, as resident remain longer in treatment.

❖ Skills developed in residents in the process of job hierarchy

- ✓ Able to take simple to complex responsibilities in the process of moving ahead in the treatment.
- ✓ Develop emotional skills in coping with the increased performance demands and expectations.

ONE DAY IN SHAFA

One day in *Shafa* is varied but regimented. It begins at 6 a.m. and ends at 11 p.m. and includes morning and evening house meetings, job assignments, groups, seminars, scheduled personal time, recreation, and individual counseling. As employment is considered an important element of successful participation in society, work is a distinctive component of the *Shafa* treatment model.

At *Shafa*, all activities and interpersonal and social interactions are considered important opportunities to facilitate individual change. These methods can be organized by their primary purpose such as **Clinical groups** (e.g., encounter groups, static groups) which use a variety of therapeutic approaches to address significant life problems. **Community meetings** (e.g., morning, daily house, and general meetings and seminars) review the goals, procedures, and functioning of the community focusing on treatment plan. **Vocational and educational activities** occur in group sessions and provide work, communication, and interpersonal skills training. **Community and clinical management activities** (e.g., privileges, disciplinary sanctions, security, and surveillance) maintain the physical and psychological safety of the environment and ensure that resident life is orderly and productive.

A typical day at **Shafa** begins at 6:00 a.m. with the sound of a bell. (People at Shafa learn to respond to the sound of a bell, be it for wake up, sessions or lunch etc, in turn teaching them the importance of discipline). Once awake and after taking the morning tea, the residents complete their morning chores, like shaving, bathing, wearing clean clothes and getting ready for the day ahead. Next they attend a half an hour of **yoga class** that rejuvenates the body and the mind that has been abused for the past so many years. The yoga session ends with the **National Anthem** which instills patriotism amongst the residents.

Now it is time for **breakfast** which is taken after a little **prayer** to God to thank him for the meal (in Shafa, there is a prayer for everything – meal, sleep, encounter, serenity etc). Prayers teach the residents humility. Right after the breakfast the residents put all the things in the house at their proper places.

Then comes the time for the **Pre Morning Meeting** where the residents along with the chief discuss the shortcomings and the attitudes of the family during the past 24 hours. Residents also set the goals and the agenda for the day. Simultaneously, the Staff on Duty takes the **feedback** of the issues that came up during the last 24 hours. This sets the stage for the **Morning Meeting** taken by the S.O.D. During the morning meeting, the weekly theme is explained with appropriate examples. The basis of this meeting is honesty. Members bring up to notice the unusual situations that have taken place during the last 24 hours e.g. open taps, dirty shaving mugs, drawings on the walls etc. The member taking the **pull up**, explains the situation and once somebody owns up, he gives the person a consequential thinking, relates it to past incidents, expected behavior along with the benefits and takes a commitment to rectify his behaviour.

This is followed by the **Department Meeting** where all the members sit in their respective department and the work is distributed by the Head of the Department accordingly. The H.O.D also enquires about the problems faced by his department members. **Work Therapy** follows next, and inculcates work culture amongst the residents. Residents complete their job assignments and responsibilities carefully and with perfection. This motivates them immensely and instills a sense of belonging towards the environment. Work Therapy is also essential for behavior modification. Post Work Therapy comes the **Encounter Session** where a resident is taught the art of anger management. Through Encounter a resident learns to hold his feelings and express them at a proper time, at a proper place and in a proper manner.

After this session **Lunch** is taken to revitalize a resident's energy. After Lunch another session takes place which can be an **Education Session** on disease, denial etc. or a **Peer Confrontation Group** or a **Static Group.**

The afternoon session is then followed by **Free Time** where a resident is at leisure. He watches T.V. or reads newspapers or plays games or does his own personal stuff like gym etc. With the sunset it is time for the **National Flag** to be lowered. This is a job of immense pride and reverence. The daily issues are then **dealtwith by the Coordinators** and members are put into **Behavior Shaping Tools** like ST, DW and Haircut. **Reflection Session** comes next where a resident introspects himself and writes down his feelings.

Family Gathering follows next where the residents sits together and indulge in some merry making like sharing experiences, singing songs, and sharing jokes etc. With the **Dinner,** comes the time for putting the **Lights Off** after reciting our **Philosophy** and **Prayer to sleep**. The night comes with immense responsibility for the night watchman who is entrusted with the charge of the total house. He performs the **Night Duty** taking all the decisions performing the role of staff.

Thus a day in Shafa is varied but regimented.

CLINICAL TOOLS

The objectives are achieved through the various clinical tools employed, they are:

- ✓ **Prayer :** We all believe in a supernatural power based on our own individual understanding. By starting our day with prayer, we increase our awareness towards it.
- ✓ **Meditation :** Works towards building awareness on physical, emotional and spiritual levels which brings about a response in consciousness and sensitivity.
- ✓ **Group Therapy Sessions :** Involves practical application of all that is being learnt, working out of emotional problems. Learning of one's blind spots, looking for life supporting values, learning to live by them.
- ✓ **Seminars :** An activity to help an individual's ability to express opinion or ideas and instilling the basic life skills like assertiveness, effective communication, decision-making, etc.
- ✓ **Educational Sessions :** In-put sessions on various aspects of life, health, family, moral values, principles, etc.
- ✓ **Morning Meetings :** A daily meeting to filter down attitudes, information to residents and also to get the tone and motivate residents for the day. Includes time for sharing, announcements and cultural activities.
- ✓ **Encounter Groups :** An opportunity for honest expressions of anger, love, care and concern. This group acts as a pressure valve for the residents in which feelings of ANGER, HURT and CONCERN are freely expressed and residents as well as staff are on an equal footing. The encounter helps to diffuse tension and make for healthy interaction. In this group, residents react and confront each other for honesty and openness relating to all personal problems.
- ✓ **Peer Group Sessions :** To help each other to assess positivities and weaknesses, so as to exert pressure for mutual help and growth. Conducted separately for those of same stage and growth level.
- ✓ **N.A./A.A. Programs :** Helps understanding one's addiction. Works towards taking responsibility for one's own recovery. Daily program is based on the basic principles of N.A. which are HONESTY, OPEN MINDEDNESS and WILLINGNESS.
- ✓ **Recreation :** Compulsory at all evenings to facilitate mutual understanding, co-ordination and to be free from pressures.
- ✓ **Confrontation :** Challenging one's attitude and behavior to grow into maturity and responsibility.
- ✓ **Act As If :** This is not easy. If you "act as if", in time you will be feeling "as if".
- ✓ **Individual Counseling :** The resident has the availability of the staff for one-to-one counseling every day.
- ✓ **Work :** To bring about a sense of self-worth, actualizing one's potential inculcate a responsibility of contributing to society, believing in oneself and being responsible for oneself.
- ✓ **Dropping a Slip :** Putting in a request to be in a group with someone you want to confront or express your feelings to.
- ✓ **Tight House :** Maybe things are getting too loose and discipline is sagging. Privileges and activities are curtailed.
- ✓ **Dead Wit :** An exercise given to a resident to be aware of his feelings. A resident is considered as Dead Wit when he does not drop slips for ill feelings on fellow residents. It is inevitable that during his daily routine of responsibilities and interactions, one does not feel concern or anger towards the other.
- ✓ **House Meeting :** A general meeting of the entire family regarding the performance of a member of the house.
- ✓ **Prospect Chair :** A chair which a resident occupies in isolation to make a decision whether to come back into the house and change himself or go out into the world and face its consequences. Until he decides, he is not allowed to interact with anyone except the staff. If he decides to come back, he appears in an interview and is re-admitted, if found suitable.
- ✓ **Extended Care :** This involves:
  - ❖ Attending the Follow-up Program for a period of 3-month minimum.
  - ❖ Working on relationships with family and concerned persons.
  - ❖ Setting of vocational goals and follow-up.
  - ❖ Working at the Rehabilitation Center.
  - ❖ Keeping in touch while attending school, college or job as the case may be.
  - ❖ Attending special programs and sessions organized by the Center.

PRIVILEGES

(Motivates Residents To Keep Them Going)

We at Shafa function on the theory of "Carrot and Stick Policy". Privileges are given in the form of a "Carrot"; as a form of appreciation to the residents in order to motivate and encourage them for good behavior. Privileges are given to the residents according to their treatment stage and a resident can account for particular privileges after completing the treatment stage criterion. Privileges are accorded to residents for exhibiting good behavior and similarly sanctions/ consequences are accorded for exhibiting unacceptable behavior (Please refer to the part of SANCTIONS for understanding the "Stick" Policy). Residents are supposed to earn or achieve these privileges and suspension of these privileges can occur anytime if the resident don't follow the rules and regulation of the house. For a better and clear understanding we can go though the following privileges.

- ✓ **PHONE CALLS-** Phone calls are accorded as a privilege to the residents. But a standard behavior is a prerequisite for acquiring this.
- ✓ **LETTER WRITING AND E-MAILS-** The residents and their family members can make an exchange of letter and e-mails but this is allowed after proper screening or checking by the counselors or staff members.
- ✓ **FAMILY MEETING-** The resident can meet his family members after completing one month in treatment. But in case he gets diverted from the treatment, the suspension of this privilege may occur till he starts following the standard behavior.
- ✓ **GYM–** Shafa has the facility of gym which can be availed by its residents on the accountability of their behavior.
- ✓ **WEEKLY WINNER AND BEST MEMBER-** As a part of treatment, a Weekly Winner and Best Member (on daily basis) is selected and they may be considered for any of the privilege like eating out, going for a movie, visiting river front and waterfalls etc.
- ✓ **OUTDOOR SPORTS ACTIVITIES-** Those residents who show their accountability in the treatment may be considered for outdoor activities i.e. cricket, volley ball, kho-kho etc.
- ✓ **OUTDOOR VISITS-** The new residents are accompanied for hospital visits and for home visits by the senior residents. So any accountable senior resident can go as a companion with a younger resident. Again they are subjected for this privilege on account of their standard behavior.
- ✓ **OUTINGS:-**
  - ❖ Recreational and spiritual retreats.
  - ❖ Educational and entertainment movies like documentaries or fun movies.
  - ❖ Attending Seminars and Conferences.
- ✓ **SHOPPING OR HANDLING MONEY-** It is another important privilege given to the residents, again earned through a standard behavior. Residents can be sent for shopping and other matters related to money handling. This privilege is accorded to those residents who earn their trust back during their treatment process.
- ✓ **HOME VISITS-** This privilege can be availed from 3rd stage onwards, based on the accountability of the residents. They can go for home visits along with the staff and later independently too.
- ✓ **SENSITIZING COMMUNITY-** Residents also go for community awareness programs on different social issues like drug addiction among children, gender exploitation and so on.
- ✓ **BIRTHDAYS AND CEREMONIES-** The residents can celebrate their biological and recovery birthdays, however based on their accountability. Residents and their relatives also celebrate their birthdays and marriage anniversary at Shafa amongst their loved ones.
- ✓ **NATIONAL AND CULTURAL FESTIVALS-** Residents also celebrate national and cultural festivals like Independence Day, Republic Day, Diwali, Holi, Rakshabandhan to keep them attached with the feeling of patriotism and brotherhood. For availing this privilege the accountability of behavior of the whole community/ house is a prerequisite for allowing the residents to celebrate these festivals.
- ✓ **THEATRE WORKSHOPS AND DANCE-** We at Shafa conduct theatre and dance workshops for the residents to groom their hidden talents. Although, this is not a privilege, yet residents who show their participation and interest are allowed to join these workshops.
- ✓ **SPECIAL PRIVILEGES FOR RE-ENTRY RESIDENTS-** Residents after completing their treatment, move on to this stage, known as Re-entry Stage. Re- entry residents are encouraged to attend all social gatherings and festivals to re-establish their social ties. They are also sent to watch film festival, theatre festival, entertainment and knowledge based movies.

SANCTIONS

Directly stating the question, "How do you ensure that my son/ward follows your directions?" or "what do you do if he refuses to follow whatever you expect him to do?"

We know this is a valid question which will arise in anyone's mind before admitting his ward for treatment. By this question you actually mean, "Will we apply force, if your ward refuses to follow" the direct answer to the question will be "NO" as can be judged from our **'Three Cardinal Rules'**. But to rightly understand this, we will have to view the question from a different perspective.

- ✓ Your question is based on experiences with your ward in the setting of your home, where he calls the shots and is strongly capable of emotionally blackmailing you e.g. he may cry, shout loudly as to disturb your neighbors, cajole or even beg. But what we forget while raising the question is that as soon as the family leaves after admitting him, your ward is now amongst total strangers, no more in his comfort zone, no more emotional blackmailing; because he knows now that he cannot impose his wishes and desires on us as he has been doing on his family members. Practically 50 % of the problem is taken care of by just one stroke of your pen i.e. by admitting him in Shafa.
- ✓ Again, when we say 'NO', we firmly believe in our system but while saying 'NO' we also know that at times the resident may push us so far that some force needs to be applied e.g. if the resident is trying to run away from the treatment centre, we are left with no option but to stop him forcefully; a resident tries to be suicidal, again we are left with no option but to stop him forcefully; a resident tries to threaten a fellow residents life, we are left with no option. Although these are extreme cases and only happen once in a while, yet our response cannot be completely ruled out.

And of course then there are **'Sanctions', 'Rules'** and **'Learning Experiences'.** Hopefully this portion will help out in understanding our concept in detail.

The term sanction encompasses all forms of disapproval for behavior an attitude that do not meet the expectation of the community. Sanction may be grouped into verbal correctives and disciplinary actions.

1. Verbal Correctives

Verbal Correctives are the main way that peers engage in community management. In their daily interactions, peers address all forms of behaviors and attitudes that are inconsistent with right living and recovery. Correctives may be informal and spontaneously delivered, most usually by peers or staff members "on the spot" of the behavioral occurrence.

✓**Instructions** are usually one to one conversation with the resident to correct the resident's negative or unacceptable behavior or attitudes.

✓**Verbal Pull Ups** are the reminder of any lapse in awareness of expected behavior and attitude. Awareness lapse may include delay in completing a task, living behind articles, inappropriate manners etc.

✓**Written Pull Ups** are used under certain circumstances (a) when verbal pull ups have been repeated for the same behavior (b) when the target behavior is viewed as serious.

✓**Talking Tools** – Mild Verbal Corrective includes tools like **Spoken Tools** and **Dealt With.** These are the soft ways of passing the verbal message to the resident for his repeated episodes of ill behaviors or any conduct that fails to reach the community's expectations. Severe Verbal Correctives includes **Haircut** which is the most severe form of verbal corrective delivered for repeated negative behavior or attitudes. Staff members take part in delivering the message along with the residents.

2. Disciplinary Actions

Disciplinary actions consist of specifically prescribed negative consequences delivered by staff for behavior and attitude that is in infractions or violations of explicit rule.

(a) Disciplinary Action for Minor Infractions

- ✓ **Learning Experiences** are actions employed to address less serious negative behaviors where the staff members send them for a consequential learning which means if a resident is committing a negative behavior repeatedly then he is supposed to complete a task as a consequence. Some of the example can be:
- ✓ If a resident doesn't follow the wake up rules, then as a result he may be asked for taking the duty of waking up all the residents at the right time, as a consequence.

- ✓ If a resident doesn't wash his utensils or forgets to wash them, as a result he may be asked to wash the utensils of other family members as well, with the purpose of correcting his careless behaviors.
- ✓ **Signs** may be worn by the resident, strung around his neck or pinned to his shirt. These display what the resident must remember concerning an infraction or violation. Signs are usually implemented to heighten and sustain resident's awareness of their ill behavior e.g. stealing, manipulating and so on.
- ✓ **Speaking Bans** are implemented to interrupt negative communication among particular pairs or groups of residents. Typically such communications are invitations of drug use or sex, plots to abscond and likewise.
- ✓ **Spare Parts** are actions that assign the resident to various lower status jobs including sanitation, cleanup after house meetings, and jobs in general for a limited period of time say 1 – 4 days. During the spare part a resident is not allowed to take part in any activity and session and he also can't avail any privileges.
- ✓ **Loss of Privileges** implies taking some or all the privileges (music during eating sessions, biscuits with tea, viewing the television etc.) away for a limited time period. Taking away privileges is the main action indicating loss of personal autonomy of the individual. e.g. loss of all privileges is a serious consequence for senior residents who have more time invested in the program and personal investment in the autonomy.

B) Disciplinary Action for Major Infractions

- ✓ **Loss of Phase Status** is the shot down of the resident back to his prior stage or title and encompasses loss of privileges as well as loss of program time.
- ✓ **House Change** involves transferring a resident or residents to other facilities in the agency. This type of infractions happens when the resident's adjustment problem may be specific to a particular facility. This is viewed as the last option before the actual discharge from the program.
- ✓ **Administrative Discharge** involves discharging the patient from the treatment usually due to violations of the cardinal rules or repeated infractions of other rules or threats to the safety of the community. e.g. fire settings, drug possessions etc. In this case staff members explain the community and clinical reasons to the resident before discharge.
- ✓ **House Bans** are applied to all the residents in the facility and consist of taking away all privileges for a period of time.

Apart from the Sanctions there are some major rules and regulations that define the behavioral boundaries of physical and psychological safety of the community. The code of these rules may be organized into three different levels which are defined as follows:

3. CARDINAL RULES

- ✓ No physical violence, threats of physical violence, or intimidation against any person.
- ✓ No drug, alcohol, or related paraphernalia.
- ✓ No sexual acting out, including romantic or sexual physical contact.

4. MAJOR RULES

- ✓ No stealing or other criminal activity.
- ✓ No vandalizing or destroying property.
- ✓ No contraband or weapons.

5. HOUSE RULES

- ✓ Acceptance of authority (listening and behaving).
- ✓ Punctuality (being on time).
- ✓ Appropriate appearance.
- ✓ No impulsive behavior.
- ✓ Proper manners.
- ✓ No lending or borrowing.
- ✓ No receiving gifts without staff permission.

DRESS CODE- POLICY

Although, Shafa follows an informal dress code but during the day only neat clean, ironed trousers and shirts are allowed to be worn by the residents and during the nights residents can wear their night dress or any ethnic or cultural wear.

Any clothing sent to a resident while in residential treatment must be sent with the approval of the staff at the residential center. These items are only received after their exchange with the items already in his possession takes place. This is to ensure that the resident never has more items than on the original clothing list.

Wardrobe should be choosen according to the weather.

Resident's Wardrobe

The resident is allowed to bring the following items of clothing only.

Family members are requested to abide by list.

SUMMERS		WINTERS	
ITEM	QUANTITY	ITEM	QUANTITY
TROUSERS	4	BLANKET	1
SHIRTS	4	SWEATER/JACKETS	2
T-SHIRTS	3	INNER WEAR (FULL SET)	2
SHORTS/LOWER	2	WOOLEN SOCKS	2
UNDERWEARS	2	MONKEY CAP	1
VESTS	2		
HANDKERCHIEFS	4		
TOWELS	2		
BED SHEETS	2		
PILLOW	1		
PILLOW COVER	2		
RUBBER CHAPPALS	1 PAIR	* LUGGAGE DEPENDING ON THE SEASON IS OPTIONAL	

FAMILY ASSISTANCE PROGRAM

Drug addiction does not only affects the individual but also the entire family. Family members are very often more disturbed than the addict himself. It is the responsibility of all the family members to work through their own recovery program while the addict is in treatment. There is a lot of anger, anxiety and fear within the family. They are often overwhelmed with guilt and shame too.

In the treatment process families play a vital role in the complete and successful treatment of its residents. Keeping this in mind, Shafa organizes Family Assistance Program (FAP) in which, family meetings, individual counseling are held with family members. As Shafa understands the importance of families in treatment process, family meetings are held on every second and last Saturday of the month. In the meetings we try to focus on different aspects which are important from the treatment point of view.

Our Aim:

- ✓ Enhancing personal growth of the family members
- ✓ Helping the families to understand their roles and sorting out their misconceptions about the addict, his addiction and its treatment.
- ✓ Helping the families to identify their feelings (fear, anger, guilt…) and to learn skills to cope with them.
- ✓ Explaining the concept of **co-dependancy** in relation to the entire family.
- ✓ Creating a supportive environment to share freely and find identification with other family members.

COMMITMENTS TO THE RESIDENTS BY STAFF

Anything revealed or shared by other residents and anything revealed/shared during the counseling sessions to the counselors, regarding their personal life, should be held in **strict confidence**. The right of confidentiality is rated high in **Shafa**.

COMMITMENTS BY THE FAMILY MEMBERS

- ✓ Meet the Family Counselor as and when required.
- ✓ Attend all Family Association Meetings. If unable to attend for some concrete reason family counselor must be informed. Missing more than two successive meetings without genuine reason could adversely affect the patient in treatment.
- ✓ Family members are suggested to only meet their wards as and when suggested by the counselor and should not insist on meeting their wards

TOOLS AND STRATEGIES

- **Orientation** - Before a new family member is welcomed to the FAP, a briefing on the rules and policies of the TC program is conducted.
- **Blind Trust Walk** - After the orientation, new FAP members are blindfolded and led to the FAP hall for the acceptance process.
- **Counseling on Progress Reports** - Before the start of every FAP meeting, families avail of a feedback session where monthly progress notes on the resident are discussed with the staff.
- **Plenary Sessions** - Shafa provides facility and program updates, as well as lectures on codependancy and personal growth.
- **Group Therapy Sessions** - Group sessions where FAP members can share their personal issues with their peer group under the guidance of the staff.
- **Wrap-up** - A culminating exercise of the FAP where participants share learned insights of the day.

To initiate the healing process between the resident and his/her family, the Clinical Department conducts three family interventions, each with a different objective, during the Junior Phase. Prior to each session, the family is briefed on the goals of the group processes which are conducted in the facility.

1. **Family Counseling** - This counseling session is conducted for family members (without the resident). It is scheduled for all families with the following goals:

- ✓ To enlighten them on the Clinical approach of the program;
- ✓ To guide them in getting in touch with their inner feelings;
- ✓ To explain the behavioral dynamics of a resident in treatment;
- ✓ To prepare them for their first encounter with the resident

2. **Family Encounter** - This therapy session is the most critical intervention residents will have with their family as it is the first time they will meet them since admission. Usually scheduled for residents who are not progressing as expected, this session is conducted with the following goals:

- ✓ To clarify issues that are being claimed by the residents;
- ✓ To identify past events that will validate the need for treatment;
- ✓ To allow residents to initiate resolution on some issues.

3. **Family Dialogue** - This dialogue is conducted between the resident and his/her entire family after passing the 2nd stage. At this stage, the resident should be ready to own up to past actions, be willing to "clean his/her own mess" and seek support for recovery. Family members are likewise expected to be open to resolve conflicts. This dialogue has the following goals:

- ✓ To discuss family dynamics and suggest improvements;
- ✓ To promote openness in the discussion of family issues;
- ✓ To provide helpful hints towards "Continuing Care";
- ✓ To introduce the resident's family to the Shafa community;
- ✓ To exchange growing up moments between families;
- ✓ To celebrate their first sober family

DO'S AND DON'Ts FOR FAMILIES

DO'S:

- ✓ Attend and participate in all **Family Assistance Programs** and functions organized by Shafa. You are now part of the group.
- ✓ Maintain honesty with staff, other parents and yourself. And **don't hide anything** from the counselor because anything hidden would be unfavorable for the resident.
- ✓ Be **sensible, patient** and **understanding.**
- ✓ **Check all clothing i.e., pockets linings, etc.** before sending them to the resident.
- ✓ Be in contact with other family association members for guidance or just to say **"Hello". We are all here to help one another.**
- ✓ **Communicate needs and concern** to staff members.
- ✓ Contact **Family Counselors** for any matter concerning the resident.
- ✓ Make staff aware of any medication which your ward is using.
- ✓ Write letters to the resident in the **Aftercare Centre** to acknowledge and encourage their efforts. Residents can always receive mail. Understand you will not receive a response until after the first 90 days of the patients being in the Aftercare Center, subject to the resident deserving this privilege.
- ✓ During your family meetings hold him responsible for his actions. Ask him questions about his stages, his portfolio in the house, his act outs, his shot downs, his consequences etc. to get an idea of his present status of recovery.
- ✓ Communicate to the **Family Counselor** whenever you remain absent or will be on a vacation during the next FAP.
- ✓ Remember you cannot do it alone. We together have a vital role in his recovery, **we (Shafa), you (family)** and **resident** together.
- ✓ **Lack of communication** has lead to his problems. Treat him as your friend to know and understand him better.
- ✓ Finally remember that **treatment is a process.** Desired results can only be achieved by allowing this process of treatment **(all four stages)** to complete.
- ✓ At the time of discharge, a complete **Follow-up Plan** will be decided in between you and the resident as well. Please follow that plan **to the 'T'.**
- ✓ Contact staff if, at any time, you have negative feelings, or uneasiness about your resident's actions or attitudes, don't be afraid to **rock their boat.**

DON'Ts:

- ✓ Enter the treatment centre under the influence of alcohol/drugs or carry the same with you.
- ✓ Tell your ward that you will take him back in 2-3 months. If in dire circumstances you are not able to complete his treatment, never tell him beforehand.
- ✓ Visit your resident without first receiving permission to do so.
- ✓ Bring other guests without first receiving permission to do so.
- ✓ Send packages without first gaining approval of staff.
- ✓ Feel obligated to bring excessive amount of food to the aftercare center during visits. If you would like to bring food, feel free, but bring what you can afford.
- ✓ Bring relatives and friends with you on your visit who are not cleared by staff, these visits are for the **"significant other persons"** in your resident's life.
- ✓ Discuss family matters with the resident during your family meetings. This way his focus gets disturbed in the treatment.

- ✓ Give money to residents unless first approved by staff.
- ✓ Offer your residents alcoholic drinks of any kind. i.e., a sip of wine or beer, a wedding toast, offering rum cakes or rum balls etc. even after the treatment.
- ✓ Drink alcoholic beverages at all during your resident's home visits.
- ✓ Give medicines without medical advice.
- ✓ Leave medications, prescriptions etc., accessible to your resident. Do check your cabinet periodically.
- ✓ Allow your resident to associate with **any old friend,** unless you are sure he is clean and sober.
- ✓ **Leave your resident alone** unnecessarily in the early stages of treatment during home visits.
- ✓ **Gamble** with or in front of your residents.
- ✓ **Argue** with or subject your resident to family arguments.
- ✓ Probe your resident for clinical information. It is his responsibility to relate to you.
- ✓ Gossip or back bite, if you have a complaint, address it to the Executive Director.
- ✓ Cover-up or protect your resident or yourself when either breaks a rule.
- ✓ Trust your resident until he earns it.
- ✓ **Offer any staff member gifts or gratuities of any kind. It is not expected and may lead to severe consequences** for both the family member and the staff members.
- ✓ Give medicine to a resident without staff's knowledge during his home visits.
- ✓ Allow him to fall in the trap of **secondary addiction**. Keep your eyes open for his show off by expensive watches, gold chains and mobiles etc., gambling, sexual gratification, overeating etc.
- ✓ **Anything said in a family association group should not be disclosed to anyone. All information should be held in strict confidentiality.**

REMEMBER SHAFA HOME DOES NOT HAVE ALL THE ANSWERS. WE CAN, HOWEVER PROVIDE YOU WITH THE SUPPORT YOU NEED TO SEE IN YOUR RESIDENT THROUGH THE PROGRAMME. WITH YOUR HELP, WE HAVE AN EXCELLENT CHANCE OF RETURNING YOUR RESIDENT TO SOCIETY AS A HEALTHY, RESPONSIBLE, MATURE AND CARING HUMAN BEING. HAVE FAITH IN THE PROGRAMME AND IN YOUR RESIDENT.

FAMILY COMPLAINT PROTOCOL

SHAFA holds that in order to achieve success in this endeavor of drug treatment and rehabilitation, it is paramount to maintain a harmonious relationship between the staff and families of residents. Considering that the nature of our endeavor is such that does not necessarily provide pleasure to the clients, the task at hand is quite daunting. Furthermore, due to the manipulative nature of dependants, this harmony is continually threatened and may at times be destroyed by deceit and deception. SHAFA has published this brochure so that residents and their families can get to know the policies, guidelines, rules and regulations governing the treatment program. At times, however, it is inevitable that some conflicts may arise from misunderstandings between the staff and the families. While it is in the best interest of SHAFA to provide the highest level of customer satisfaction to both residents and their families, it is also to everyone's gain that misunderstandings are effectively and efficiently addressed. To this end the following complaint protocol has been devised. This protocol rests on two basic principles: a) As a matter of principle, SHAFA will always seek to resolve all conflicts; b) All misunderstandings will be handled in the presence of all parties concerned. The procedures are as follows:

- ✓ A complaint by a family member should be first taken up directly with the staff member concerned and C.E.O for possible resolution.
- ✓ In any case, all complaints made by family members should be immediately reported to the C.E.O by the supervisor concerned through the Chain of Command in the form of an Incident Report for review.
- ✓ If the misunderstanding is not immediately resolved, the family member(s) concerned may be invited for a Facilitated Dialogue with the staff member(s) concerned and a supervisor to clarify and iron out the issue(s).
- ✓ If the Facilitated Dialogue does not resolve the misunderstanding, the family member will be requested to file a Formal Complaint about the matter through a letter addressed to the President, Shafa.
- ✓ Upon receipt of the Formal Complaint, the President will then endorse a copy to SHAFA's Legal Counsel for a thorough investigation and appropriate action.

MEDICAL POLICY

'Addiction is a chronic illness, psychic, somatic or psychosomatic, which manifests itself as a disorder of behavior. It is characterized by the repeated drug use, to an extent that exceeds customary, dietary use or compliance with the social customs of the community and that interferes with the addict's health or the social or economic functioning.' *Keller and Effron*

Worldwide it has been proven that non-hospital setting treatment programs have proved more effective than the medical based hospital setting programs in the field of drug abuse treatment and rehabilitation.

Because more than a medical disease, *substance abuse disorder* is viewed as psychological disorder. The medical part is only associated with the withdrawal management or to any complication which has arisen as a result of the drug use.

This disease of addiction, in its true nature, is a four-fold disease that affects the addict physically, mentally, socially and spiritually. Hence the treatment has to have a holistic approach. This is where the concept of a *Therapeutic Community*, with its four fold approach comes in, thus making this treatment long term. (Long term treatment does not only mean abstinence from addiction, as one would usually understand)

Shafa Home does not encourage any kind of medicinal treatment through any mood altering substance. The treatment is purely based on *naturopathy, yoga and behavior modification*. However, in case of any medical/psychiatric illness or any complication which may have arisen as a result of the drug/alcohol use, the residents are provided all necessary medical care by the respective doctors.

Based on the above facts, the following are the highlights of our medical policy.

- ✓ **NO SMOKE POLICY** - Shafa follows a very strict **"NO SMOKE POLICY"** in any of its facilities. Tobacco in no form is allowed for anyone e.g. staff, guests, graduates, volunteers and residents, inside the facility.
- ✓ That we are not a medical based treatment centre, where the mere goal is abstinence from alcohol/drugs. In fact, we are a rehabilitation centre where the main focus is on psycho-social rehabilitation, impulsive-compulsive behavior, pre-occupation with drugs, character defects, change in thinking, life skills of the resident and his family and finally relapse prevention.
- ✓ In case any medical/psychiatric complications arise as a result of drug use, residents are provided all necessary medical care by their respective doctor e.g. psychiatrists, physicians, dentist, ENT specialist and in case of any medical emergency the residents are rushed to the nearby hospital, clinic or medical centre.
- ✓ No one in the Shafa family, including staff, volunteers and residents are allowed to keep their prescribed medicine. All medicines are only dispensed through the 'caring department', by trained personnel but under the careful supervision of Shafa staff.
- ✓ In case any expenses are incurred on any medical services, the liability will be on the resident. Families need to deposit money for the same in advance.
- ✓ Shafa provides a team of reputed and well recognized psychiatric doctors, physicians, surgeons, dentists, ENT specialists etc. and arrangements at recognized pathological labs and facilities for clinical tests. These facilities are on discounted charges, fees and prices and the same is passed on to the resident's bill. In no case, any resident will be shown to any other doctor, family doctor, Para-medical person, spiritual gurus, priests etc. other than the doctors provided by Shafa. The only reason is that it becomes practically impossible for us, as every family has its own family doctors, spiritual gurus, priests etc.
- ✓ At the time of admission, families should not hide anything about the residents past medical history and about any communicable diseases too e.g. HIV/AIDS, TB etc. because residents with similar problems will have to be provided special care. Families should also provide all previous medical records, prescriptions, reports, X-rays etc. at the time of admission itself.
- ✓ Shafa Home provides a new lease of life to people who are medically and physically ill. In case of any sudden death due to any physical ailment or natural death Shafa Home won't be responsible in any form.
- ✓ At the time of admission, in case the resident is weak, sick or his body is bruised, his family will write a separate statement describing his exact situation.

GLOSSARY

- ✓ **Therapeutic Community/TC-**: A Therapeutic Community is a drug-free environment in which people with addictive (and other) problems live together in an organized and structured way in order to promote change and make possible a drug-free life in the outside society. The Therapeutic Community forms a miniature society in which residents and staff in the role of facilitators, fulfil distinctive roles and adhere to clear rules, all designed to promote the transitional process of the residents.
- ✓ **Act As If-**: Acting out the desired or acceptable behavior even if one dosen't want.
- ✓ **Spoken Tools, Dealt With, Hair Cut-**: These are some of the behavior shaping tools by which the unaccepted behaviors of residents are modified.
- ✓ **Confrontations-** Residents hold each other responsible and warn them for their unaccepted behavior and actions.
- ✓ **Narcotic Anonymous and Alcoholic Anonymous-**: Self help groups of drug addicts and alcoholics based on 12-step program.
- ✓ **Expeditor-**: Job hierarchy during work therapy.
- ✓ **Detoxification-**: When the resident is admitted, he is not provided any mood altering substance in any form. This leads to a few physical problems which may continue for 3-7days. This phase is called detoxification.
- ✓ **No Free Meals-**: In practical terms, nothing cannot be achieved without paying or investing for it in one way or the other.
- ✓ **Pull Up-**: To "Pull Up" or make residents aware about their unaccepted actions.