

Empower +

Sport Empowering Lives

A toolkit for empowering SUD treatment through sport and physical exercise

English version

2022

The role of Sport in Addiction Recovery

Play, feel, meet, live



Empower + Sport Empowering Lives

A toolkit for empowering SUD treatment through sport and physical exercise



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1	Conceptualizing Life Skills	4
2	Life skills in SUD recovery	23
3	Positive Sport Experiences	37
4	Conceptualizing experiential learning	64
5	Implementation in SUDs recovery	90

Part one

Conceptualizing Life Skills

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What are Life Skills

Psychosocial competence is a person's ability to deal effectively with the demands and challenges of everyday life. It is a person's ability to maintain a state of mental well-being and to demonstrate this in adaptive and positive behaviour while interacting with others, his/her culture, and his/her environment. Psychosocial competence has a vital role to play in the promotion of health in its broadest sense; in terms of physical, mental, and social well-being. The most direct interventions for the promotion of psychosocial competence are those which enhance the person's coping resources and personal and social competencies. Life skills can improve individual psychosocial competence (WHO, 1997).

UNICEF defines Life skills as “transferable skills that enable individuals to deal with everyday life, and to progress and succeed in school, work and societal life. They comprise skills, attitudes, values, behaviours and domain-based knowledge. They can be learned throughout life, though there are optimal ages when interventions targeting specific skills are most likely to be effective”. Moreover, UNICEF defines life skills as “a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude, and skills”.

WHO (1990) defines Life skills as abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life. **'Adaptive'** means that a person is flexible in approach and is able to adjust in different circumstances. **'Positive behaviour'** implies that a person is forward-looking and even in difficult situations, can find a ray of hope and opportunities to find solutions.

Life skills are a comprehensive set of universal cognitive and non-cognitive skills and abilities, connecting behavior, attitudes, and knowledge, which youth can develop and retain throughout their lives. Life skills increase young people's well-being and help them to develop into active and productive members of their communities (IYF, 2014). Life skills are behavioral, cognitive, interpersonal, or intrapersonal competencies that can be learned, developed, and refined (Cronin, & Allen, 2017).

Sport is an ideal environment to learn and practice skills needed in everyday life (Life Skills). According to Brooks Taxonomy (1984), Life Skills are:

- Interpersonal skills or human relationships skills
- Problem-solving skills or decision-making skills
- Physical activity skills or health maintenance skills
- Identity development skills or skills which refer to life's goals

One key point for a skill to qualify as a life skill, it needs to be transferable to other situations than the one in the skill was taught, and additionally, the teaching process should provide for this transfer (Goudas, 2010; Gould & Carson, 2008).

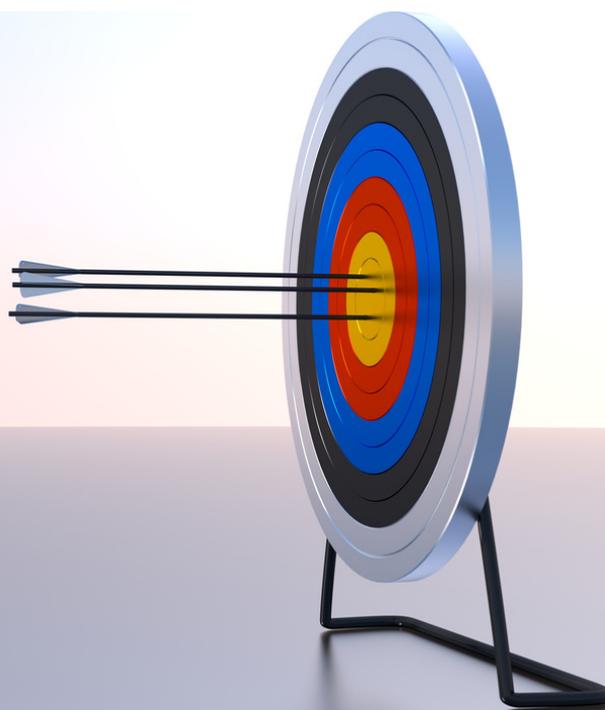
The development of life skills

The **home and family** environment has been recognized as a critical factor in the formation of societal skills, attitudes, and values. Importantly, factors such as parents' life skills and education, the nature of family relationships and communication within the family, and levels of household poverty and material considerations that limit access to information and experiences can all have a significant impact on the family environment.

The development of relevant skills and behaviours is influenced by the broader **community's social norms**, as well as the social structures in which children learn, experience, test, and adopt those norms.

Community and wider context socioeconomic features can also impact aspirations regarding well-being, employment, and opportunities in life.

Although the concept of adolescence differs by culture, the physical changes that occur throughout puberty, as well as the development of one's identity, including sexual identity, are universal. Problem-solving, creative and logical thinking, introspection, rationality, and moral development grow more sophisticated during adolescence, while social relationships become more complicated. This procedure is crucial in determining how young individuals react to difficult circumstances and challenges.



Why life skills are important

Life skills are skills for adaptive and positive behavior, which allow individuals to translate knowledge, attitudes and values into actual abilities to effectively meet the demands and challenges of everyday life. Effectively acquiring and applying life skills can affect the way we feel about ourselves and others and will equally affect the way others perceive us. Life skills contribute to our perceptions of self-efficacy, self-confidence and self-esteem (WHO, 1997).

Life skills are transversal skills since the abilities to think critically, take initiative, problem-solving and work collaboratively will prepare individuals for today's varied and unpredictable life and career paths (European Commission, 2012). Moreover, Life skills are important for a variety of reasons, for example:

- Life skills can contribute to Positive Development (promotion of competent, healthy, and successful individuals)
- Life skills involve the creation of experiences, support and give opportunities to enhance positive developmental outcomes (Benson et al., 2006).
- Life skills prepare individuals to deal effectively with social challenges
- Life skills can help to prevent unhealthy behaviours and to adopt healthy behaviours
- Life skills are essential for the labour market
- Life skills can be transferred and used in other life domains

Life skills defined in a general way mean a mix of knowledge, behaviour, attitudes and values and designate the possession of some skill and know-how to do something or reach an aim. They include competencies such as critical thinking, creativity, the ability to organize, social and communication skills, adaptability, problem-solving, ability to cooperate on a democratic basis is needed for actively shaping a peaceful future. A number of such lists exist which show a high degree of correspondence, though few lists are in complete agreement.

The constituents of generally defined life skills can be described in the following way (Dohmen 1996):

- a) they include the abilities necessary to apply conceptual thinking and reflection in concrete situations;
- b) they imply capacities to be involved in effective interaction with the environment and provide an appropriate motivational attitude;
- c) they involve psychological prerequisites for successful performance, such as problem-solving capacities, self-confidence and skills for critical thinking.

Life skills components

The World Health Organisation categorizes life skills into the following three components:

Critical thinking skills/Decision-making skills

Include decision-making/problem-solving skills and information-gathering skills. The individual must be skilled at evaluating the future consequences of their present actions and the actions of others. They need to be able to determine alternative solutions and analyze the influence of their own values and the values of those around them.

Interpersonal/Communication skills

Includes verbal and non-verbal communication, active listening, and the ability to express feelings and give feedback. Also in this category, are negotiation/refusal skills and assertiveness skills that directly affect one's ability to manage conflict.

Empathy, which is the ability to listen and understand others' needs, is also a key interpersonal skill. Teamwork and the ability to cooperate include expressing respect for those around us. The development of this skill set enables the adolescent to be accepted in society. These skills result in the acceptance of social norms that provide the foundation for adult social behavior.

Coping and self-management skills

Refers to skills to increase the internal locus of control, so that the individual believes that they can make a difference in the world and affect change. Self-esteem, self-awareness, self-evaluation skills, and the ability to set goals are also part of the more general category of self-management skills. Anger, grief, and anxiety must all be dealt with, and the individual learns to cope with loss or trauma. Stress and time management are key, as are positive thinking and relaxation techniques.

According to UNICEF, the life skills approach can be successful if the following are undertaken together:

Skills

This involves a group of psychosocial and interpersonal skills which are interlinked with each other. For example, decision-making is likely to involve creative and critical thinking components and values analysis.

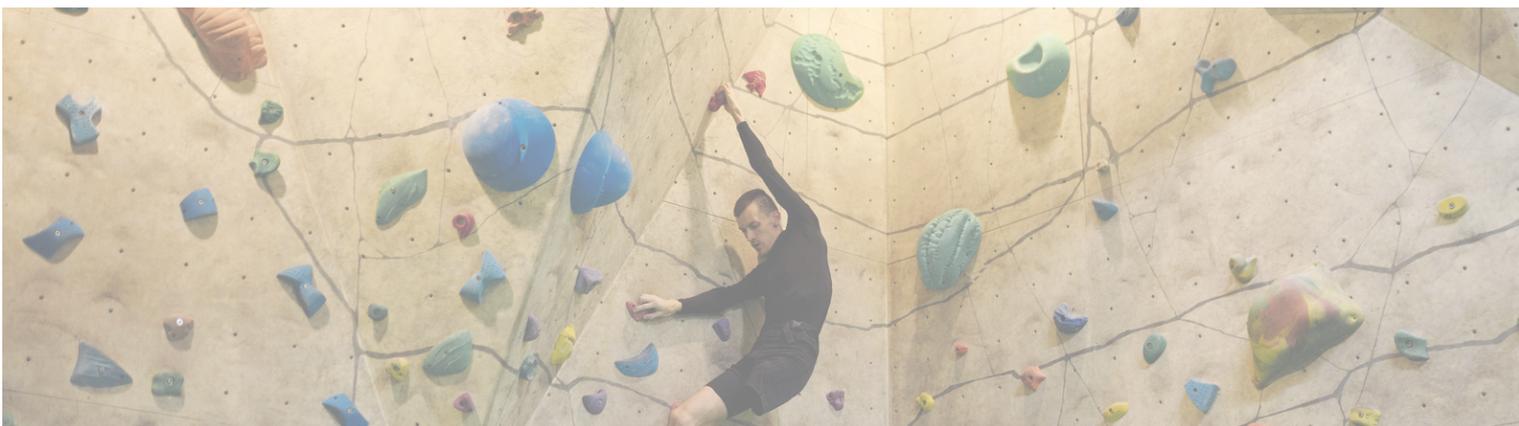
Content

Life skills are not static skills but evolve according to circumstances. Life skills depend also upon the family milieu and gender differences. The measurement of life skills should be able to take into account disparities in social background, gender, and the labor market, as well as national and international cultural variations.

To effectively influence behaviour, skills must be utilized in a particular content area. Such content areas as described could be drug use, HIV/AIDS prevention, suicide prevention, or sexual abuse. Whatever the content area, a balance of three elements needs to be considered: knowledge, attitudes, and skills.

Methods

Skills-based education cannot occur when there is no interaction among participants. It relies on groups of people to be effective. Interpersonal and psychosocial skills cannot be learned from sitting alone and reading a book. If this approach is to be successful, all three components, life skills, content, and method should be in place. This effectively means that life skills can be learned through the use of certain methods and tools.



Life skills and positive health behavior

The model below shows the link between life skills and motivating factors of knowledge, attitudes and values, and positive health behavior (WHO, 1997).



Life skills play an important role in promoting mental well-being. However, life skills are not the only factors influencing behavior as there are other factors associated with our motivation and ability to behave positively in preventing health problems, such as social support, and cultural and environmental factors (WHO, 1997).



Training to develop life skills

Life skills education is a holistic approach to the development of values, skills and knowledge in the learner. A life skills approach can be integrated into a variety of settings. Life skills education needs to provide the opportunity to practice and reinforce psychosocial skills

Life skills training aims to facilitate the practice and enhancement of psychosocial skills, contributing to the promotion of personal and social development, the prevention of health and social problems and the protection of human rights.

The purpose of life skills education is to:

Reinforce existing

- *Knowledge*
- *Positive attitudes and values*
- *Pro-social and healthy skills and behaviour*

Prevent or reduce

- *Myths and misinformation*
- *Negative attitudes*
- *Risky behaviours*

The methods used in the teaching of life skills, build upon how people learn from their own experiences and from the people around them, from observing how others behave and what consequences arise from behavior (WHO, 1997).

The following minimum criteria should be met for life skills education to be effective:

- The teaching of life skills requires a learning environment in which the trainer can organize active and experiential learning activities.
- The trainer must have training in active and experiential teaching methods, and in facilitating the learning of life skills.

- The life skills activities should, ideally, be led by a trainer that the group can work with over a period of time.
- The trainer should be sensitive to the capabilities and understanding of those taking part in the life skills programme and be able to adapt life skills interventions accordingly.
- The life skills teaching should have continuity and sequence over time, ie. life skills lessons should, to some extent, relate to and build upon previous lessons. One-off life skills lessons are unlikely to be effective.

Facilitating the learning of life skills is a central component of programmes designed to promote healthy behaviour and mental well-being. To be effective, the teaching of life skills is coupled with the teaching of health information and the promotion of positive attitudes and values (WHO, 1999).

To be effective, life skills lessons should be designed to achieve clearly stated learning objectives for each activity (WHO, 1999). Life skills learning is facilitated by the use of participatory learning methods and is based on a social learning process that includes:

- hearing an explanation of the skill in question.
- observation of the skill.
- practice of the skill in selected situations in a supportive learning environment
- feedback about the individual performance of skills.

Life skills learning cannot be facilitated based on information or discussion alone. Moreover, it is not only an active learning process, it must also include experiential learning, (WHO, 1999).

UNICEF identifies the following criteria to ensure a successful life skills-based education:

- It should not only address knowledge and attitude change but, more importantly, behaviour change.
- Traditional "information-based" approaches are generally not sufficient to yield changes in attitudes and behaviours.
- It will work best when augmented or reinforced.
- It will work best if combined with policy development, access to appropriate health services, community development, and media.

Life skills development through sport and physical exercise

Physical exercise and sports are suitable contexts for learning life skills and promoting the transferability of these skills to other domains in life (Goudas & Giannoudis, 2008; Gould & Carson, 2008). The following life skills were positively connected with physical exercise (Opstoel et al., 2019):

Work ethic. The umbrella term work ethic refers to concepts including discipline, initiative and assertiveness.

Control and management. Control and management refer to concepts such as coping skills, time management, and resilience.

Communication. Communication includes communication skills, positive communication, and becoming more vocal.

Prosocial behaviour. Prosocial behaviour includes respect, empathy, and sympathy.

Meeting people and making friends. Meeting people and making friends refers to concepts such as interacting with others and creating meaningful relationships.

Cooperation. Cooperation refers to concepts such as teamwork, interpersonal skills and working together.

Leadership. Leadership includes concepts such as being a leader or role model, coaching others and setting an example.

Responsibility. Studies reported on the relationship between PE or sports and responsibility. Responsibility includes personal responsibility, social responsibility and accountability.

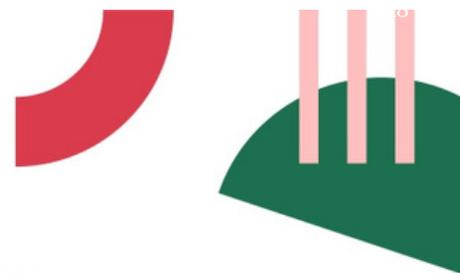
Problem-solving. Problem-solving includes reflecting on potential solutions and solving problems with relevant skills.

Decision-making. Decision-making refers to students making decisions and creating or having opportunities to make decisions for themselves.

Goal-setting. Goal-setting refers to setting and achieving goals for individual and/or team improvement.

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Introduction to Life Skills

Humans have enormous potential, which reveals itself in our capacity to succeed in a variety of fields. Life skills contribute to the discovery and utilization of this potential. Life skills help us not just in realizing our capacity but also in living a fulfilled and meaningful life.

Learning Objectives

To explore the concept of life skills.

Time: 35'

Materials

Flash cards, markers, flip charts, gum/ tape.

Procedure

1. Invite the trainees to sit in a circle (5').

Explain that we all have unique skills that allow us to deal effectively with the demands and challenges of everyday life.

These skills help people retain mental health and express it via adaptive and positive behavior when dealing with others, their culture, and their environment.

These skills are critical in promoting health in its widest sense, including physical, mental, and social well-being.

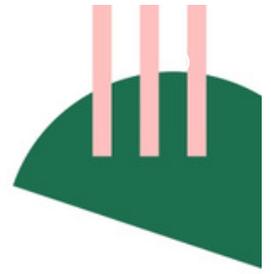
Skills like effective communication, problem-solving, or time management, for example.

2. Discuss with the trainees on their life skills knowledge (10').

Prompts

- Are you familiar with the term life skills?
- What knowledge do you have?
- What do you think when you mention "life skills"?
- Have you heard of the concept previously?





Introduction to Life Skills

3. Invite trainees to come up with their own definitions of life skills (5').

After the trainees have stated their definitions, present the WHO definition.

WHO defines Life skills as abilities for **adaptive** and **positive behavior**, that enable individuals to deal effectively with the demands and challenges of everyday life.

Adaptive describes individuals who are flexible in their approach and can thus adjust to changing conditions. **Positive behavior** indicates that an individual is forward-thinking and capable of finding a ray of hope and solutions even in difficult situations.

4. Request all participants brainstorm the necessity of life skills (10').

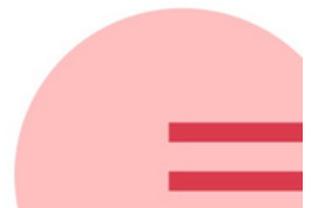
Prompts

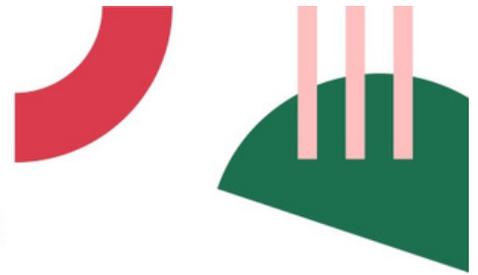
- What is the necessity of life skill development?
- Why Do Life Skills Matter?

Notes to the facilitator

Possible responses, as well as further responses

- Life skills enable us to concentrate and pay attention.
- Life skills can enable us in being more self-aware.
- In conflict circumstances, life skills may also be useful in showing reasonable behavior.
- Life skills enable us in creating a solid self-image and better appreciating ourselves.
- Life skills teach us self-control and self-regulation.
- Life skills help us learn how to take care of our bodies.
- Life skills help us learn how to recognize and express our emotions.
- Empathy, or the ability to put ourselves in the shoes of others, is taught via life skills.
- Self-management, problem-solving, and awareness of the working environment
- Agility and flexibility to a variety of roles and work environments
- Life skills help us learn to communicate effectively.
- Life skills enable us how to make informed decisions and organize our lives, professions, and careers.
- Receiving praise and criticism, as well as overcoming failure, are all life skills.





Exploring Life Skills

Life Skills are: *transferable skills that enable individuals to deal with everyday life, and to progress and succeed in school, work, and societal life. They are comprised of skills, attitudes, values, behaviors, and domain-based knowledge. They can be learned throughout life, though there are optimal ages when interventions targeting specific skills are most likely to be effective.*

UNICEF

Learning Objectives

To become the trainer aware of the trainees' life skills

To become the trainees aware of the life skills they have and utilize in their daily lives.

To learn about the importance of life skills in our lives

Materials

Flash cards, markers, flip charts, gum/ tape.

Time: 35'

Procedure

1. Invite the participants to sit in a circle (10).

Give each participant the list of life skills and ask them to select the most important skills they possess (they can add if they want). Request to use flashcards to write on the life skills (one flashcard for each life skill).

While the participants are busy doing their work, prepare three flashcards with the headings (columns) - "Social skills", "Thinking skills" and "Emotional skills". Write them on a flipchart.

2. Invite the participants to divide their flashcards into three categories. One after the other (10').

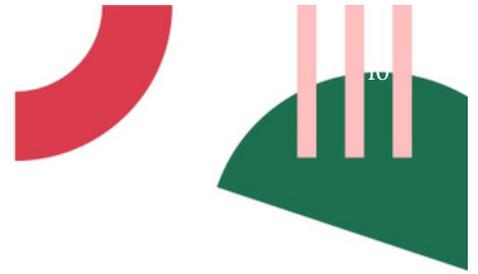
3. Discuss the skills necessary to live a healthy and productive life (10').

Prompts

-What are the most important life skills in your perspective, and why?

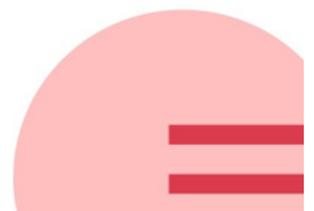
The trainer will use a red marker to circle the life skills that the trainees considered "most important."





List of skills

Self-esteem	Negotiation & conflict management	Coping with pressure
Stress management	Relationship & community building skills	Emotional regulation
Executive function skills	Creativity	Effective communication
Skills for building self-image and body image	Critical thinking	Emotional regulation
Listening skills	Skills for information gathering and generating alternatives	Help seeking skills
Identifying personal strengths & weaknesses	Giving & receiving feedback	Positive thinking
Time management skills	Problem solving	Interpersonal relationship
Resilience	Goal setting	Decision making
Non/Verbal Communication	Self-assessment skills	Self-awareness
Assertion & refusal skills	Self-control skills	Empathy
Friendship formation	Assertiveness	Peer resistance skills
Leadership	Self-efficacy	



List of skills (for the trainer)

Social skills	Thinking skills	Emotional skills
Self-awareness	Creativity	Stress management
Skills for building self-image and body image	Critical thinking	Emotional regulation
Empathy	Decision making	Time management skills
Effective communication	Problem solving	Positive thinking
Emotional regulation	Goal setting	Resilience
Interpersonal relationship	Executive function skills	Self-esteem
Listening skills	Skills for information gathering and generating alternatives	Help seeking skills
Relationship & community building skills		Coping with pressure
Non/Verbal Communication		Self-assessment skills
Assertion & refusal skills		Self-control skills
Giving & receiving feedback		Identifying personal strengths & weaknesses
Negotiation & conflict management		Assertiveness
Friendship formation		Self-efficacy
Peer resistance skills		
Leadership		

Part two

Life skills in SUD recovery

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The role of life skills in substance use disorders treatment

The DSM IV includes continuing use despite knowledge of negative effects and loss of control over intake as diagnostic criteria for drug dependence, with poor decision-making being recognized as a key contributing factor. Decision-making skills are vital to the development and maintenance of addictive behaviors such as drug abuse disorders (Goudriaan et al., 2008). Individual decision-making attitudes toward drugs can explain a significant degree of variability in potential addiction (Fooladvand et al., 2017). Furthermore, the compromises in addiction might be due to an underlying lack of insight and self-awareness, which could be caused by abnormalities in specific brain areas (Goldstein et al., (2009). As a result, addiction prevention and treatment may benefit by teaching practical decision-making approaches and adverse attitudes toward substances (Fooladvand et al., 2017).

The ability to address oneself to the successful resolution of real-life problem circumstances is operationally characterized as problem-solving ability. An individual may either address an issue and make active attempts to fix it or avoid it and concentrate only on managing the emotions associated with it. An individual can use drugs or alcohol as an avoidance strategy to solve typical real-life, mainly difficulties in the context of substance use (Forys, McKellar & Moos, 2007; Platt et al., 1973).

Lack of self-efficacy is one of the most powerful determinants of relapse in substance misuse (Allsop et al., 2000; Vielva & Iraurgi, 2001). Abstinence is improved through active participation in problem-solving techniques. One of the key aims of treatment should be to extend the behaviour repertoire and increase the diversity of problem-solving skills that may be used in everyday life (Demirbas et al., 2012). Cognitive problem-solving skills are suggested as a way to help the addict establish habitual thinking about alternatives, consequences, resources, and alternative perspectives, as well as the social influences on the addict's own actions (Platt & Metzger, 1987).

A crucial component of substance use disorders is the inability to exchange long-term pleasure for short-term pleasure, and so the skill to set long-term goals may be affected. Goal-setting deficits can be targeted as part of treatment. Guiding patients in setting treatment goals can serve as the first practice of this skill-building (McHugh et al., 2010).

Individuals with SUD may have considerable impairments in social skills. This is due to the long-term neurotoxic consequences of drug abuse on the brain, particularly the prefrontal cortex (Uekermann & Daum, 2008). Symptoms of depression, anxiety, and stress can prevent individuals from expressing a socially skilled repertoire, thus negatively impacting their quality of life. In addition, the illegal drug use culture differs considerably from more mainstream culture in terms of illicit behaviours (e.g., drug dealing, theft, prostitution) and the value placed on certain abilities (e.g., the necessity to conduct a drug trade). As the result, the shift in social and environmental settings associated with drug use vs non-drug use lives is one unique challenge.

Long-term drug abusers usually have severe life implications, such as unemployment, family problems, and a loss of social networks (McHugh, et al., 2010). Individuals with SUD have difficulty comprehending both inter- and intrapersonal emotions, making it more challenging for them to respond appropriately in social contexts (Maurage et al., 2017; Nixon et al., 1992). Therefore, in the SUD recovery, social skills training was identified as a necessary component because individuals living with SUD have deficits in particular social skills. The social skills training can lead to a significant increase in the skills of making refusals and expressing negative affect (Limberger & Andretta, 2018).

More frequent and/or intense unpleasant emotions aren't always a bad thing; people who can control their emotions are less likely to incur negative consequences (Lynch et al., 2001). In the field of substance abuse, emotional regulation disorders have been linked to both substance abuse and coping mechanisms. It's likely that people who have more frequent and severe negative emotions abuse drugs as a coping mechanism since they can't regulate their feelings any other way (Bonn-Miller et al., 2008, Merrill & Thomas, 2013). According to research, emotional regulation deficits have been related to drug use as both a cause and a consequence (Berking et al., 2011; Watkins et al., 2015) with more than half of post-SUD treatment relapses linked to emotional and interpersonal issues, according to research (Zywiak et al., 2003).

High impulsivity appears to be linked to addiction. Impulsivity is a frequent phenomenon among addicts, both in substance-related and behavioural addictions, as they frequently act in ways that provide immediate rewards but in a harmful way (Grant et al., 2010). In this context, drug abusers have been found to have lower levels of conscientiousness (Terracciano et al., 2008). These findings support the idea that poor emotional management is linked to poor self-control and a higher likelihood of addiction. (Leite et al., 2019).

Characteristics of individuals living with SUD

The individuals living with SUD experiences mood swings related to drug use. Gradually there is a personality change and all activity and thoughts revolve around drugs. Judgment and insight are also impaired. Family relationship change- In the beginning the drug abuser starts avoiding family members. As the addiction progress, lying, stealing, and violence become a regular feature.

<p>Characteristics (not all the cases)</p>	<ul style="list-style-type: none"> Drug-seeking behaviors Risk-taking behaviors Inability to complete daily work Unemployed or under-employed, lacking job skills No high school diploma Drastic personality changes Barriers to accessing safe and affordable housing Struggles with symptoms of depression or anxiety Loses the ability to manage emotions Struggles with maintaining meaningful relationships Displays a loss of interest in previously enjoyed activities Displays Irritability Inability to consistently abstain Impairment in behavioral control Diminished recognition of significant problems with one's behaviors and interpersonal relationships Alienated by families and friends Peer affiliations only with other substance abuse Victims of domestic violence or sexual abuse Mental & antisocial disorders Under some form of control by the criminal justice system A dysfunctional emotional response. Changes in brain function
<p>Related (negative) experiences</p>	<ul style="list-style-type: none"> A fundamental feeling of deficiency Craving; or increased "hunger" for drugs or rewarding experiences Lack of intimate relationships - isolation from families/friends Locus of control Anger or frustration Doubt of the ability to bring the desired outcomes Passivity Fear of failure & experiences of rejection Avoidance of unfamiliar circumstances or challenges Fear of the uncertainty of involvement with work and with people drives to the "safe" involvement of drug addiction. Being free from addiction means being able to choose how to respond to a set of stimuli Addictions fill essential gaps in a person's life, not the least of which is empty time Addicts who began to replace an addiction with a new relation to the world take a few small steps which are not enough, initially, to guarantee that the new identity can support itself. The drug is the reward that replaces the real-world rewards and you don't need to be confident or concerted enough to obtain it. Drug effect is instantaneous, without the anxiety-provoking work and time that are required to achieve career goals or to sustain long-term interpersonal relationships. Given a sufficient dose of the drug, you can get what you expect.

SUD Recovery Capital

What are the key components of SUD recovery capital? Cloud and Granfield (2009) recently revisited their initial concept and have argued that there are four components to recovery capital:

Social capital is defined as the sum of resources that each person has because of their relationships and includes both support from and obligations to groups to which they belong; thus, family membership provides support but will also entail commitments and obligations to the other family members.

Physical capital is defined in terms of tangible assets such as property and money that may increase recovery options (e.g., being able to move away from existing friends/networks or to afford an expensive detox service).

Human capital includes skills, positive health, aspirations and hopes, and personal resources that will enable the individual to prosper. Traditionally, high educational attainment and high intelligence have been regarded as key aspects of human capital and will help with some of the problem-solving that is required on a recovery journey.

Cultural capital includes the values, beliefs, and attitudes that link to social conformity and the ability to fit into dominant social behaviour (Best & Laudet, 2010).

What does this mean for professionals and SUD recovery agencies? As Laub and Sampson (2003) have reported with respect to the predictors of long-term distance from crime, it is not direct treatment that will trigger the growth of recovery capital; rather, it is likely to be a range of life events and personal and interpersonal transitions:

- attachment to a conventional person (spouse).
- stable employment.
- transformation of personal identity.
- ageing.
- inter-personal skills.
- and – life and coping skills (Best and Laudet, 2010).

Personal identity relates to the range of behaviours, outlets, and activities we associate ourselves with on a daily basis. Building connections to sports and exercise can support clients to change their identity to a positive association, “being an athlete, a basketball player, a soccer player”. By associating and engaging in exercise and sport, people in recovery can develop their recovery capital and enhance their capacity to navigate their recovery.

What kinds of experiences do individuals living with SUD need

Recovery does not happen in isolation – it is generally learned from other people who have gone down the same road and who ‘mentor’ or model the methods and principles of recovery.

Recovery happens in the community, not in the clinic. While formal treatments help many people, the recovery journey will continue long after the completion of specialist interventions. This does not mean that there is no role for specialist treatment, but treatment is only the start of the recovery journey, and it will not be needed by everyone who seeks recovery.

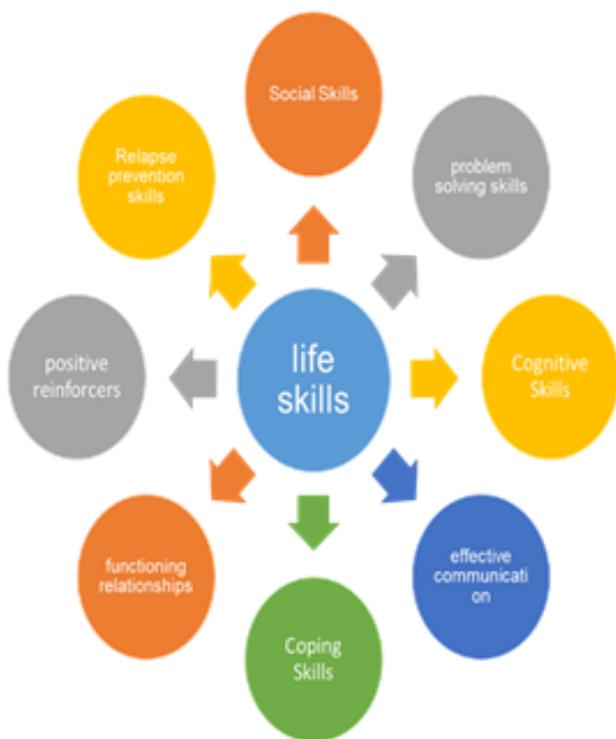
Recovery takes a long time – for most people the journey to stable recovery will take around five to seven years after the last use of the substance, long after the physical part of the process has been managed.

Recovery is better predicted on someone’s strengths, rather than their weaknesses, and so much of the focus of interventions is on helping individuals to build recovery strengths, more often referred to as ‘recovery capital’.

For others, **recovery** will result in leaving behind their ‘addict identity’ as they move away from addict groups and communities into ‘mainstream’ roles in society and they protect their identity by breaking the links with their addicted past.”



Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment. Behavioral therapies vary in their focus and may involve addressing a patient’s motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.



Psychosocial interventions are structured psychological or social interventions used to address substance-related problems. They can be used at different stages of drug treatment to identify the problem, treat it, and assist with social reintegration. Psychosocial interventions are used to treat many different types of drug problems and behavioural addictions. Clients are helped to recognize the triggers for substance use and learn strategies to handle those triggers. Treatment providers work to help patients to identify alternative thoughts to those that lead to their drug use, and thus facilitate their recovery. Psychosocial interventions can help drug users to identify their drug-related problems and make a commitment to change, help clients to follow the course of treatment, and reinforce their achievements (Jhanjee, 2014; EMCDDA, 2016; Murthy, 2018).

Desired new behavior

Life skills (decision-making and problem-solving skills, self-awareness, empathy, assertiveness, equanimity, resilience and general coping skills among others) are abilities that support the addicted person to adopt a positive attitude and enable him/her to effectively meet the demands and challenges of everyday life. The term "life skills" includes a cluster of cognitive, socio-psychological and interpersonal skills, and behavioral that help an individual make informed decisions, communicate effectively and improve his/her interactive and self-managed skills and adopt an active, healthy lifestyle. Life skills can organize personal, interpersonal and environmental actions in a way that leads to better health, which in turn leads to more physical, psychological and social comfort. These skills allow the addicted person to accept the responsibilities of his social role and effectively address one's own demands and expectations without harming him/ herself or others. Life skills training is a holistic approach to developing values, skills, and knowledge in persons, helping them to protect themselves and others in a number of risk situations.

Table 2. The overarching principles of the skills training process (Magill et al., 2020).

Principle	Description
Skills training is an action-oriented treatment process	Treatment benefit will require client action.
Skills training requires a client-centered, working, relationship	Action-oriented therapeutic work requires a strong working relationship.
Skills training is grounded in a shared goal, which provides an explicit rationale for the learning process	The foundation of a working relationship is a shared goal, which justifies the importance of each action-oriented therapeutic task.
Skills training attends to client ambivalence as a natural part of the behavior change process	Although the action is required for benefit, ambivalence may arise and should be attended to throughout the skills-training process.
Skills training facilitates the integration of a new behavioral norm	The goal is uptake and integration of learned coping skills.
Skills training attends to client self-efficacy as a foundation component of successful behavior change	Practicing new behaviors is difficult and requires client self-efficacy; the skills- training process attends to and facilitates this needed client attribute.
Skills training requires structure and time management to ensure reinforcement of client learning	The skills-training therapist should always be clear they have the time required for sufficient attention to a given topic; they should manage their time well to ensure all elements of the teaching process are addressed.
Skills training involves teaching that is clear, interactive, and personally relevant to the client	Skills training is an educational process; the skills-training therapist should always be clear, should query client input, and should tailor learning content to client world view, needs and circumstances.
Skills training involves a practice that is consistent, reinforced, and personally relevant to the client	What distinguishes skills-training from psychoeducation is the practice component; the skills-training therapist should be prepared to engage in consistent and personally-tailored practice exercises.
The skills-training therapist is active, informed, engaged, compassionate, and detail-oriented	The skills-training therapist must demonstrate many qualities simultaneously, including being both flexible and client-centered as well as structured and detail- oriented.

The link between sport and the development of life skills

Sport is an ideal environment for learning and practising the skills needed in everyday life.

A key point is that for a skill to be classified as a life skill, it must be transferable to situations other than the one in which the skill was taught, and furthermore, the teaching process must provide for this transfer (Goudas, 2010; Gould & Carson, 2008).

The following life skills were positively associated with sport and exercise (Opstoel et al., 2019):

Ethics in the workplace. The general term work ethic refers to concepts that include discipline, initiative, and assertiveness.

Control and management. Control and management refer to concepts such as coping skills, time management, and resilience.

Communication. Communication includes communication skills such as positive communication

Positive social behavior. Positive social behavior includes respect, empathy, and sympathy.

Developing friendship bonds. Meeting people and making friends refers to concepts such as interacting with others and building meaningful relationships.

Collaboration. Collaboration refers to concepts such as teamwork and interpersonal skills.

Leadership. Leadership includes concepts such as being a role model, leading others, and leading by example.

Accountability. Responsibility includes personal responsibility, social responsibility, and accountability.

Problem-solving. Problem-solving involves reflecting on possible solutions and problem-solving with related skills.

Decision making. Decision-making refers to individuals making decisions and creating or having opportunities to make decisions for themselves.

Goal setting. Goal setting refers to setting and achieving goals for individual and/or team improvement.

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Role of life-skills in SUD recovery

Although abstinence from substances is the most critical part in SUD recovery, the individual will need to take a number of other steps to avoid relapse and sustain the recovery continuing.

In order to fully recover from SUD, individuals under treatment must explore prior issues that may have affected the development of their skills. Once the individual's lack of life skills has been identified, he or she must begin the process to redevelop these skills.

After SUD recovery, life skills are also quite vital. These skills will not only assist individuals to succeed in everyday life, but they will also help them live autonomously.

Learning Objectives

To explore the key life skills required not only for SUD recovery but also afterward.

Materials

The flip chart from the Activity: Exploring Life Skills,
Flash cards, markers, flip charts, gum/ tape.

Time: 35'

Procedure

- 1. Explain that, of the life skills previously discussed, some are critical for protection against drugs.**
- 2. Ask the trainees to take a look at the life skills displayed in the matrix output from the activity: Exploring Life Skills.**
- 3. Ask the trainees to form three groups: The social skills group, the Thinking skills group, and the Emotional skills group. The three groups will focus only on skills that fall under the category.**

Ask each group to:

- A.** Discuss and identify the benefits of an individual recovering from SUD having the life skills indicated by each category.
- B.** Discuss and create a list of the difficulties that an individual recovering from SUD might confront if they lacked these life skills.
- C.** Recommend how and in what environments the individual recovering from SUD may develop these life skills.

Allow the groups 10 minutes to discuss the topics

Following that, each group must select one representative to present the group's viewpoint to the plenary.

Skills in each category can be completed by trainees from the other groups.

Part Three

Positive Sport Experiences

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The connection between sport and life skill development

Sport is an ideal environment to learn and practice skills needed in everyday life (Life Skills). According to Brooks Taxonomy (1984), Life Skills (LS) are:

- Interpersonal skills or human relationships skills
- Problem-solving skills or decision-making skills
- Physical activity skills or health maintenance skills
- Identity development skills or skills which refer to life's goals

One key point for a skill to qualify as a life skill, it needs to be transferable to other situations than the one the skill was taught and additionally, the teaching process should provide for this transfer (Goudas, 2010 ; Gould & Carson, 2008).

Why Life Skills are important?

LS are transversal skills since the abilities to think critically, take initiative, problem-solving and work collaboratively will prepare individuals for today's varied and unpredictable life and career paths (European Commission, 2012). Moreover, Life skills are important for a variety of reasons, for example:

- LS can contribute to Positive Development (promotion of competent, healthy, and successful individuals)
- LS involve the creation of experiences, support, and give opportunities to enhance positive developmental outcomes (Benson, et al., 2006).
- LS prepare individuals to deal effectively with social challenges
- LS can help to prevent unhealthy behaviours and to adopt healthy behaviours
- LS are essential for the labour market
- LS can be transferred and used in other life domains

Sport-based experiences as a vehicle for personal development

Sport is a metaphor for life because in both contexts you face similar challenges, and you need the same skills to succeed.

In SPORT we have...

- To set goals and overcome the obstacles to their attainment
- To perform under pressure
- To solve problems
- To communicate effectively
- To effectively handle success and failure
- To act effectively within a team
- To think positively

In LIFE we have...

- To set goals and to overcome the obstacles to their attainment
- To perform under pressure
- To solve problems
- To communicate effectively
- To effectively handle success and failure
- To act effectively within a team
- To think positively



According to Goudas (2010) to successfully incorporate life skills teaching within sports practice they should be easily implemented to be attractive to sports instructors, they should require minimum time for implementation, and they should not be taught at the expense of sports skills but incorporate them into a physical skills practice.

Sports traditionally are used as a vehicle for development. Sport for Development (S4D) refers to the use of sport, or any form of physical activity, to provide people with the opportunity to achieve their full potential through initiatives that promote personal and social development (UNICEF). Life Skills in the context of Sport for Development Programs projects target marginalized individuals in challenging physical and social environments worldwide. Having engaged members through sport, projects introduce additional activities, to achieve numerous individual benefits and wider social impacts.

Outcome areas of S4D might be:

- Education: Teaching and learning with and through sport
- Social inclusion: All in the game
- Person protection: Risk and security
- Empowerment: New skills, team support, and confidence building

S4D - Social Inclusion

Social inclusion refers to a multidimensional concept that focuses on three dimensions with unique links to the sport.

- The *relational dimension* of social inclusion pertains to ensuring a sense of belonging and acceptance through interactions with peers, or other social interactions. Sports programs are shown to facilitate this form of inclusion through team sports and increased participation of people from marginalized groups.
- *Functional social inclusion* encompasses improving skills, equity, and empowerment, facilitated by sports programs focusing on skills development, reducing socio-economic inequality, and empowerment.
- *Physical social inclusion* refers to the availability and suitability of safe spaces for marginalized groups to convene, interact and participate in social life – as well as to address their physical needs or preferences

S4D – Empowerment

According to theories of psychological empowerment, a key component of empowering others is building their capacity to make autonomous decisions by helping them to master important skills (Wong et al., 2010 ; Zimmerman, 1995; Zimmerman and Rappaport, 1988).

Evidence shows that skills development in sports can be used as a tool for individual empowerment (Halsall and Forneris, 2018).

S4D Program Examples

The Seedbeds of Peace program in Medellín, Colombia, used football as an analogy to teach life skills to disadvantaged children (who are otherwise vulnerable to criminal activity) as well as to reshape their moral values in the hope of bringing about positive social change. Some of the techniques they used were:

- use of football as an analogy to deliver life skills curriculum (e.g., using scoring drills to apply lessons of good decision-making, the exercise of control [delayed gratification], analysis and reflection)
- reflection on moral dilemmas that may arise in football and applying these to real-life situations (e.g., whether to own up to the referee about a ‘hand ball’ during a match was connected to owning up to accidental wrongdoings in real life)
- life projects (i.e., community outreach involving hosting events to which community members were invited and positive messages were shared via visible slogans and small giveaways).

Example of a Sport-based program for life skills development

An example of a 12 sessions Sport-based program for life skills development is described below. It applies to all sports and has 6 main components:

1. Sports Skills test(s)
2. Goal setting for performance in Sports Skills test(s)
3. Making a Plan to reach the goals
4. Self-talk - Positive Thinking
5. Physical Training
6. Problem Solving (Team Sports)

Sessions	Contents
Session 1: Sport Skills Testing – performance recording (worksheets)	What Goals are, what Importance and Value, and what Goal setting for the test (worksheets) (5-10')
Session 2: Characteristics of Successful Goal Setting	Personal goals, Specific, Challenging, Realistic Goals' Revision (worksheets (15')
Session 3: Goal Commitment and Making a plan	Planning to achieve the goal (worksheets, 10')
Session 4: Review of goal commitment and action plan	Review of Commitment and Plan. Editing the Plan (worksheets, 5')
Session 5: Self-talk	What is it, and why does it help to improve performance? Examples of cue words related to the sports skills students have been tested. (10')
Session 6: Self-talk	A reminder of using cue words (5')
Session 7: Positive Thinking	Positive thinking, what is it, and why it helps to improve performance. Examples changing sport-specific negative thoughts to positive ones. (10')
Session 8: Positive Thinking	A reminder of positive thinking. Sports practice with reminders to focus on sport-specific positive thinking. (5')
Session 9, 10, 11: Recapturing Life-Skills	Recapturing goal setting, goal planning, cue words, and positive thinking. Sports practice. Examples of using the skills in other settings
Session 12: Re-evaluation of sports performance	Participants take the test again – the sport skills test as in 1st session. They are asked to record their score on their worksheets and compare it with the goal they had set. Focus on improvement. Adaptive attributions and setting new goals.
Sessions 13 -16: Problem-Solving (applies to Team Sports)	A simple problem-solving procedure: Think – Examine – Choose (TEC): Think of as many possible solutions as you can. Examine the pros and the cons of each one, Choose the one with the most pros and the fewer cons. Set an open problem by addressing a modified game. Ask athletes in their teams to use TEC to devise a strategy for the modified game. Start the game. After some time ask teams to discuss and re-examine their strategy. Resume the game. After some time ask teams to discuss and re-examine their strategy.

How to create positive sports experiences

Sport provides a developmental context that has been associated with Positive Development, but sport by itself does not lead to Positive development (PD).

In some environments, negative outcomes can also arise from sports participation.

It is how the sport is structured and delivered to individuals that influence their development. Sport has the potential to accomplish three important objectives in positive development (Côté and Fraser-Thomas 2007):

- Sports programs can provide opportunities to be physically active, which in turn can lead to improved physical health.
- Sports programs have long been considered important to psychosocial development by providing opportunities to learn important life skills such as cooperation, discipline, leadership, and self-control.
- Sports programs are critical for the learning of motor skills; these motor skills serve as a foundation for recreational adult sports participants.

There are several positive developmental outcomes through sports involvement, according to NRCIM (2002):

- Physical development
- Social
- Psychological/emotional
- Intellectual

Physical development

Physical activity is essential for physical development. Among the benefits are:

- cardiovascular fitness and weight control
- improved muscular strength, endurance, flexibility, and bone structure
- less likely to smoke
- associated with physical activity habits
- less likely to develop numerous diseases later in life

Psychological-emotional development

- Sport and physical activity offer opportunities to experience challenge, fun, and enjoyment, while increasing self-esteem and decreasing stress.
- Participation in structured sports activities is associated with higher life satisfaction.

Social development

- Sports provide opportunities to experience positive intergroup relations, community integration, social status, and social mobility.
- Sport provides an arena for the development of social skills such as cooperation, assertion, responsibility, empathy, and self-control.
- People involved in sport often demonstrate discipline and commitment and these traits carry over into other domains of life such as work and community.
- Sport experiences foster citizenship, social success, positive peer relationships, and leadership skills.
- Sport and physical activity participation has been positively correlated with career achievement and negatively correlated with delinquent behaviour.

Intellectual development

- Sport Can play an important role in fostering cognitive development and functioning.
- Sport involvement indicates that some specific cognitive abilities of athletes could help them become more effective and improve their chances of success.
- There is plenty of research for children, adolescents and the elderly, but not yet enough for adults

Negative experiences and outcomes in sport

While most often people experience positive outcomes through sport, research suggests that experiences are sometimes less positive. Sports involvement has been linked to some negative physical outcomes such as:

- sport-related injuries
- eating disorders
- higher-ranked team rated their overall health significantly lower than the lower-ranked team

Numerous studies have highlighted how environmental, psychological, social, and physical factors such as the climate orientation of the sport, coach pressure, and personality traits (e.g., perfectionism) can lead to disorders in athletes. We need to avoid the replacement of drug addiction with exercise addiction.

Negative outcomes of sport on Psychological - emotional development

People often feel excessive pressure to win, perceive themselves as having poor abilities, feel unattached to their teams, and feel vulnerable in the presence of teammates. Experiences such as these may lead people to experience low self-confidence and low self-esteem.

Athletic burnout is another psychological concern that has gained attention in recent sports literature. Most of the time orientation to high-performance sports involvement, rather than individual stress-based problems is responsible for athlete burnout.

Negative outcomes of sport on social development

The nature of sports has led sports involvement to be linked to numerous negative social outcomes, like acts of violence and aggression. The problem arises when these behaviours were considered acceptable and legitimate within the sports environment.

Poor sportsmanship has also been linked to sports involvement.

What factors contribute to positive outcomes in sports

For effective development to occur:

- A person must engage in activities,
- Activities must take place 'on a fairly regular basis, over an extended period',
- Activities must take place over a long enough period to become 'increasingly more complex,'
- Activities must involve long-term reciprocal relationships.

Contextual factors

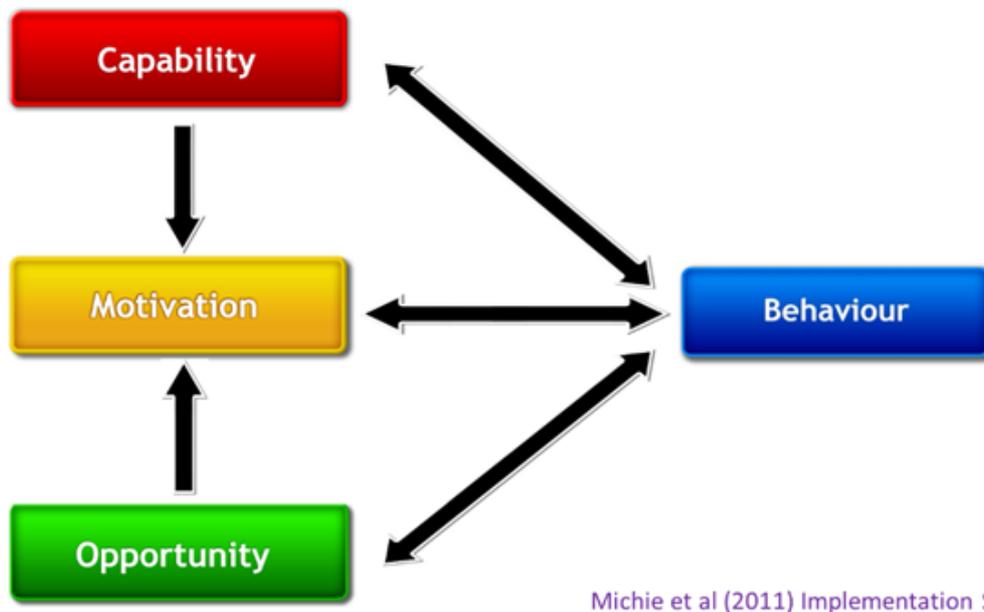
According to past literature, two contextual factors have consistently surfaced as contributing to positive and negative outcomes and experiences in sport:

- Program design
- Significant others' influence

Program design

Literature confirms that the design of sports programs can play a significant role in sports experiences and outcomes. When we design a physical activity training program, we do not make decisions only for the type of PA, duration, intensity, frequency volume etc., but we make decisions on How we will deliver this exercise program. We need to have answers for What, How, Why, and When.

The COM-B model (Michie et al., 2011) of behaviour is widely used to identify what needs to change for a behaviour change intervention to be effective. It identifies three factors that need to be present for any behaviour to occur: capability, opportunity, and motivation. These factors interact over time so that behaviour can be seen as part of a dynamic system with positive and negative feedback loops. The COM-B model also serves as an aid to understanding barriers and facilitators of changing peoples' health-related behaviours like physical activity (Fig. 1).



“Significant others” influence

“OTHERS” behaviours and communication styles can have both positive and negative influence on positive sports experiences. In general, individuals who perceive more positive interactions, support, and encouragement, and less pressure from others, experience more sports enjoyment, show more preference for the challenge and display more intrinsic motivation. Positive “others” influence has been associated with greater attraction to sport and physical activity, and higher levels of sports involvement.

Autonomy supportive “Significant Others”

Autonomy-support versus control refers to the degree to which the social environment allows people to feel that they initiate their actions rather than feeling coerced to act in a certain manner (Grolnick, 2003).

Autonomy-supportive “significant others”,

- provide options to choose, solve problems on their own, involve individuals in decision-making, and exert minimal pressure to act in a certain way.
- Structure is the extent to which coaches provide clear and consistent guidelines, expectations, and rules for their clients’ behaviours so that they can act in self-determined ways.

More involvement is generally better when coaches provide clients with resources and support that facilitate a sense of autonomy.

Coaches

Researchers have suggested that the personal characteristics and skills of coaches are 'essential ingredients' of Positive Development sports programs. Coaches who have clear-cut philosophies to promote PD prioritize the personal development of their athletes before competitive success (Gould, Chung et al., 2006; Gould et al., 2007). Coaches can also implement specific strategies to foster life skills that will be useful within and beyond the context of sport (Holt et al., 2008). Coaches can create a social environment that focuses on the mastery of skills and self-improvement in a manner that supports the autonomy of athletes. For example, coaches can allow clients to make choices and share in decision-making responsibilities (Horn, 2008). Furthermore, research shows that coaches who provide performance-contingent technical feedback and praise and engage in few punishment-oriented behaviours have athletes who report high levels of self-esteem, competence, and enjoyment, and are more likely to continue participating in sport (Smoll & Smith, 2002).

Peers

Through interactions with their peers, clients acquire a range of skills, attitudes, and behaviours that influence their development:

- Those who reported high-quality sports friendships rated sports enjoyment and commitment higher than those with lower-quality friendships
- positive perceptions of multiple social relationships predicted higher enjoyment and perceived competence
- Those with adaptive peer relationships have a range of positive motivational responses
- Positive peer relations have consistently been cited as some of the important 'life lessons' individuals gain through their participation in sport.
- Learning about teamwork and how to deal with 'different' types of people is a benefit of sports participation.

In other words, these social skills may be learned 'naturally' in sports settings because of the social interactions that are required to participate and work together to achieve personal and team goals (Neely & Holt, 2011).

Ways to Promote PD Through Sport: Creating Appropriate Contexts

PYD through sport is contingent upon the way sport is delivered and experienced through participants' interactions with coaches, therapists, and peers.

The 6Cs of PD according to Lerner et al., (2005) are:

Competence represents a positive view of one's actions in domain specific areas.

Confidence reflects an internal sense of overall positive self-worth and self-efficacy, and one's global self-regard.

Character refers to an individual's respect for societal and cultural rules.

Caring/compassion is a person's sense of sympathy and empathy for others.

Connection and describes positive bonds with people and institutions.

Contribution, which enables individuals to give back to their community and society.

The theory: Self-determination and behaviour change

According to Self-Determination Theory, optimal human functioning can occur only if the psychological needs of autonomy, competence, and relatedness are met. (Proposed by Deci & Ryan).

Conceptual Definitions of the Three Psychological Needs from Self-Determination Theory

Autonomy –the need to determine, control, and organize one's behaviour and goals ("I Decide").

The psychological need to experience self-direction and personal endorsement in the initiation and regulation of one's behaviour. The hallmarks of autonomy need satisfaction are volitional action and wholehearted self-endorsement (i.e., personal ownership) of that action. EXAMPLE: How to make people more physically active.

To increase feelings of autonomy exercise programs could be delivered in an autonomy-supportive manner by

- providing choices,
- supporting the individuals' initiatives,
- avoiding the use of external rewards,
- offering relevant information and rationale for changing behaviour,
- making a decisional balance and
- using autonomy-supportive language, while minimizing pressure and control.

- Perceived competence in physical activities could be increased by:
- offering activities tailored to the capabilities of the individual,
- helping them set realistic goals,
- Teach them to learn self-management skills (anger, time, money, etc.),
- provide them with appropriate feedback and organize separate exercise sessions for the less competent.

Competence –need to effectively learn and master challenging tasks (“*I can do it*”).

The psychological need to be effective in one’s interactions with the environment reflects the desire to extend one’s capacities and skills and, in doing so, to seek out optimal challenges, take them on, and exert effort and strategic thinking until personal growth is experienced.

EXAMPLE: How to make people more physically active

Perceived competence in physical activities could be increased by:

- offering activities tailored to the capabilities of the individual,
- helping them set realistic goals,
- Teach them to learn self-management skills (anger, time, money, etc.),
- provide them with appropriate feedback and
- organizing separate exercise sessions for the less competent.

Relatedness –need to feel attached to others (“*I like this group*”).

The psychological need to establish close emotional bonds and attachments with other people reflects the desire to be emotionally connected to and interpersonally involved in warm relationships. The hallmarks of relatedness and need satisfaction are feeling socially connected and being actively engaged in both the giving and receiving of care and benevolence to the significant people in one’s life.

EXAMPLE: How to make people more physically active

Feelings of relatedness might increase by:

- adopting an empathic approach, showing interest in the individual’s well-being and problems,
- showing enjoyment and enthusiasm when delivering training,
- knowing the names of the participants
- respect, treat and talk to them as equals,
- offer group sessions and talks about sports and exercise,
- encourage club participation and having a sports partner and encouraging significant others’ support.

According to the theorists of Self-Determination theory, the quantity of motivation is not enough – the quality of motivation matters equally.

Based on the satisfaction of the above-mentioned needs, people are motivated to act. For example, in the case of sports participation, imagine that two people are equally motivated to exercise today, but the quality of their motivation differs substantially. One is autonomously motivated, and the other is controlled motivated. Simply put, motivation can be on one extreme, externally controlled (I have to exercise), and on the other extreme self-determined (I want to exercise). The more autonomous (= self-regulated) motivated a person is, the most probably will keep exercising one year after, whereas the other person will most probably be among the first dropouts of exercise activity.

In the following figure, we can see some characteristics of these types of motivation.



Therefore, using techniques to maximize self-regulation is very important for the ex-addicts to inspire them to exercise regularly and adhere to exercise. The more methods and techniques we use to provide positive experiences to exercisers the best motivation they will have to keep participating in sports. Appendix B is a list of 25 motivation and behaviour change techniques (MBCTs) that support the fulfilment of the three basic psychological needs (Texeira, 2020) .

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APPENDIXS

APPENDIX 1

Methods

Delivery methods of this program involve sport skill tests, brief lectures, and sport skill practice related to life skills. These are described next. Further details of when and how to implement each method are presented in the next section.

Sport skill tests. Sport skill or sport conditioning tests are taken at the onset and at the end of the program. This is an essential feature of the program, as it allows for an objective assessment of performance, and more importantly, it provides young athletes or students with a specific outcome that serves as the basis for setting a goal and for appraising goal achievement. Students set specific goals for the sport skill tests on related worksheets. Then, they revise their goals based on principles of effective goal-setting and they make a plan to achieve them. After the program test scores serve as a means to appraise effort, for teaching adaptive attributions and for setting goals again. Thus, for example, a young footballer who gets a score of 10 sec. on a dribbling test can use this score to set a challenging specific goal for improvement in dribbling such as for example, to improve by 1.5 seconds on the same test to be taken after two months. Thus, sport skills tests are the basis of this program as they are connected to goal setting, goal planning, and appraisal of goal achievement.

Having said that, it is important to stress emphatically this connection to young athletes and point out that the test is taken for personal improvement and not for social comparison within the team or the class. Specific sport tests used within this program are described in related publications. However, any valid and reliable sport-specific test may be used.

Brief lectures. These last 5 to 10 minutes and are provided at the beginning or at the end of the Life-Skills (LS) session (see outline). The aim is to introduce athletes to the LS that will be practiced. The language should be adapted for the age of the athletes.

Sport practice. In the LS sessions, sport practice should be structured to provide for the practice of the life-skill related to this session or an emphasis on the sport skill the life-skill is related to. For example, if athletes have been tested on a basketball dribbling test and have set respective goals for improving in this test, then practice in the LS Goal setting sessions should focus on basketball dribbling. During the rest of the week's practices, brief reminders of the life-skill taught in that week's LS session should be provided. For example, if positive thinking was taught in the LS session, then athletes should be reminded to use this technique during practice and especially when they fail on an attempt.

Components of the program

The program consists of four Life-Skills components: Goal Setting and Planning, Self-Talk, Positive Thinking, and Problem-Solving, with the last one, delivered optionally when the content of the program is team-games.

Goal setting. Drawing from goal-setting theory, the aim is for youngsters to learn to set short –term specific, challenging yet realistic goals and to device and follow a plan to achieve the goal. The practice method is setting a specific goal in the sport skills test.

Self-talk. Drawing from self-talk research, the aim for athletes is to learn using appropriate key-words for learning and improving sport–skills.

Positive thinking. The aim is to introduce athletes to the skill of changing negative thoughts regarding their performance during sport practice to positive ones.

Problem-solving. The aim is to introduce athletes to a simple problem-solving strategy and provide for the practice of this strategy during sport practice. Athletes are first taught a simple problem-solving method adapted from Danish (1992) and then they are playing modified basketball, volleyball, or soccer games requiring a novel solution. Next, they are asked to work in groups and to form a strategy using the problem-solving method, to apply it in the game and to evaluate it.

Outline of the program

The program is delivered within a 9-16 week period (depending on whether a problem – solving component will be implemented and whether 1-3 recapturing sessions will be implemented). One session per week is devoted to life–skills while the rest, normally 1-3, are devoted to regular sport practice, with brief reminders of the life–skills taught. Below, an outline of the program is presented, breakdown by week and by LS and regular sessions

Week 1: Evaluation of performance (sport tests)

LS session. Athletes are tested on a sport or fitness skills test and they record their score on a worksheet. 10 min talk: a) Why it is important to set goals in life, b) the sessions that follow are about learning to set goals and other useful skills that will assist them in performing better, c) The sports test was not to see who is the best, rather, to see how much each one can improve. Students are asked to set a goal for improvement on the test and to record this goal on their worksheets.

Other sessions. Regular sport practice.

Week 2: Goal setting

LS session. 10 min talk: Characteristics of effective goal setting: Goals should be Specific, Challenging but Realistic and under one's Control. Students are asked to examine the goals they set in the previous session and to revise them based on the three characteristics of effective goal setting. Sport practice mainly focuses on the sport-skills athletes were tested on.

Other sessions. Regular practice with brief reminders of the goals students set for themselves.

Week 3: Goal commitment and making a goal plan

LS session. 10 min talk: Importance of goal commitment and making a plan to reach a goal. Athletes are asked to sign commitments/make a plan to reach their goal in a worksheet. Sport practice mainly focused on the sport-skills athletes were tested on.

Other sessions. Sport practice with brief-reminders of goals set and the plan to achieve the goal.

Week 4: Goal commitment and making a goal plan

LS session. 5-min talk: Reminder of goal commitment and making a plan. Edit of goal planning. Sport practice mainly focused on the sport-skills athletes were tested on.

Other sessions. Sport practice with brief-reminders of goals set and the plan to achieve the goal.

Week 5: Self-talk

LS session. 10 min talk: Self-talk, what is it, why it helps to improve performance. Examples of cue words related to the sport skills students have been tested. Sport practice with reminders to use the cue words.

Other sessions. Sport practice with brief-reminders of cue-words.

Week 6: Self-talk

LS session. 5 min talk: Reminder self-talk. Sport practice with brief reminders to use the cue words.

Other sessions. Sport practice with brief-reminders of cue-words, goals set and goal plan.

Week 7: Positive thinking

LS session. 10 min talk: Positive thinking, what is it, why it helps to improve performance. Examples changing sport specific negative thoughts to positive ones. Sport practice with reminders to focus on positive thinking.

Other sessions. Sport practice with brief-reminders of positive thinking, cue words and goals.

Week 8: Positive thinking

LS session. 5 min talk: Reminder of positive thinking. Sport practice with reminders to focus on sport specific positive thinking.

Other sessions. Sport practice with brief-reminders of positive thinking, cue words and goals.

Weeks 9, 10, 11 (Optional): Recapturing Life-Skills

LS sessions. 5 min talks: Recapturing goal setting, goal planning, cue words, positive thinking. Sport practice. Examples of using the skills in other settings.

Week 12 (or 9, if the optional recapturing sessions are not implemented): Re-evaluation of sport performance

LS session. Athletes have tested again – same sport skills test as in 1st session. They are asked to record their score on their worksheets and compare it with the goal they had set. Focus on improvement. 10min talk: Adaptive attributions and setting new goals.

Other sessions. 10 min talk: Examples for using the skills in other settings.

Sport practice.

Additional sessions for Problem Solving (Only in conjunction with team sports)

Week 10 (13): Problem-Solving

LS session. 10min talk: A simple problem-solving procedure: Think – Examine – Choose (TEC): Think of as many possible solutions as you can. Examine the pros and the cons of each one, Choose the one with the most pros and the fewer cons.

Set an open problem by addressing a modified game. (see Appendix 2 for examples). Ask students in their teams to use TEC to devise a strategy for the modified game. Start the game. After some time ask teams to discuss and re-examine their strategy. Resume the game. After some time ask teams to discuss and re-examine their strategy.

Other sessions. 10 min talk: How to use TEC to solve problems that arise during the procedure of completing an action's plan and goal attainment in skills tests

Week 11 (14): Problem-solving

LS session. 10min talk: TEC reminder. Sport practice with modified games and using TEC.

Other sessions. Sport practice with brief reminders to use TEC in regular game.

Week 12 (15): Problem-solving

LS session. 5 min talk: TEC reminder. Sport practice with modified games and using TEC.

Other sessions. Sport practice with brief reminders to use TEC in the regular game.

Week 13 (16): Problem solving

LS session. Sport practice with modified games and using TEC.

Other sessions. Sport practice with brief reminders to use TEC in the regular game.

Week 14 (17): Problem-solving

LS session. Sport practice with modified games and using TEC.

Other sessions. Sport practice with brief reminders to use TEC in regular game.

APPENDIX 2

List of Motivational and Behaviour Change Techniques (MBCTs)

Note: Reference to “the person” in technique descriptions refers to the individual or group whose behaviour is to be changed (e.g., a client, patient, or participant).

Label	Definition	Function
<p>Autonomy-Supportive Techniques</p> <p>Autonomy: Central concept in SDT and reflects experiencing activities or actions as self-referenced, choiceful, and fully endorsed by the genuine self, and out of a sense of volition and responsibility (ownership). Although implicit in several other theories, autonomy’s explicitness is unique to SDT where it has a very specific meaning, and it is not synonymous with ‘independence’.</p>		
WHAT?	HOW?	WHY?
MBCT1. Elicit views on condition or behaviour	Encourage exploration and sharing of perspectives on current behaviour (e.g., causes, barriers, perpetuating factors, etc.).	Allows exploration of behaviour in more depth (self-knowledge), which can inform the program and personal choices.
MBCT2. Explore potential sources of pressure for behaviour change	Identify possible sources of external (or partially internalized) pressures and expectations and explore how they may relate to the client’s desired goals and outcomes.	Explores locus of causality and potential sources of external/introjected motivation and its consequences.
MBCT 3. Adopt non-controlling, informational language	Use informational, non-judgmental language that conveys freedom of choice, collaboration, and possibility (avoiding constraining, directive, or guilt-inducing language). For example, use "might" or “could” instead of "should” and “must”.	Avoids being a source of pressure or creating internal pressure, countering external locus of causality for actions.
MBCT 4. Explore life aspirations and values	Prompt identification and listing of important life aspirations, values, and/or long-term interests and explore how changes in behaviour (or maintaining the status quo) could be linked to them.	Explores integrity and internal coherence between aspirations, values, and goals/ behaviours, which can sustain autonomous regulation.
MBCT 5. Provide a meaningful rationale	Offer and explore with a client a rationale for behaviour change that is tailored, explanatory, and	Highlights and reinforces motives/reasons that could form the basis of autonomous motivation.

	personally meaningful or valuable (note: not necessarily health-related).	
MBCT 6. Provide choice	Provide opportunities to make choices from a collaboratively - devised menu of options for behaviour change (including the decision not to change, delay change, and select focus/intensity of change). This can include a default option if the options are found to be meaningless, overwhelming, or indistinguishable.	Promotes personal input and ownership over behaviour change and responsibility through choice.
MBCT 7. Facilitate autonomous goals or outcomes	The prompt setting of personal goals and standards for success, including the timing or pace for certain outcomes (avoiding arbitrary deadlines, compulsory/obligatory conditions, “all or nothing” benchmarks, etc.).	Promotes involvement with, and responsibility for, goals relevant to preferences, priorities, and context.
MBCT 8. Explore intrinsic rewards	Prompt identification by the person of aspects of the new target behaviour that could be fun, experienced as positive challenges, opportunities for learning or personal expression, and/or are associated with skill development, all of which provide experiential/immediate positive reinforcement.	Supports autonomous action via intrinsic motivation.
MBCT 9. Encourage the person to be supportive of others with a similar condition	Encourage the person to take an expert role on his condition, assisting others in dealing with similar challenges and obstacles	Increases personal involvement, responsibility, and confidence through the development of an “expert” identity.
<p>Relatedness-supportive techniques</p> <p>Relatedness: Experience of being accepted, respected, and cared for as a person, unconditionally (i.e., irrespective of behaviour change outcomes), in a context of a positive and warm interpersonal climate. Within current health behaviour change theories and models, relatedness is very specific to SDT but, given common</p>		

influences and orientation/aims, some overlap with MI techniques and other person-centred approaches is to be expected.		
WHAT?	HOW?	WHY?
MBCT 10. Acknowledge and respect perspectives	Provide statements of empathy and acknowledgement of the person's perspective, conflicts/ambivalence, and internal frame of reference (concerning the target behaviour, treatment, or other related matters).	Indicates respect for the person's attitudes, thoughts, and perceptions, which creates an accepting and open personal environment.
MBCT 11. Acknowledge feelings	Provide statements that express responsiveness to distress and negative affect (fear, confusion, etc.) and the expression of positive feelings.	Indicates attention to others' feelings and fosters a warm and positive social environment.
MBCT 12. Encourage asking of questions	Directly prompt the person to pose questions regarding their behaviour change.	Creates open, collaborative relations; promotes trust.
MBCT 13. Show unconditional regard	Express positive support regardless of success or failure (avoiding negative, judgmental, or confrontational language) with a warm approach and language.	Reinforces unconditional respect, care and support and promotes a warm social environment.
MBCT 14. Take interest in the person	Provide statements of interest and curiosity about the person's thoughts and perceptions, personal history and background, social context, life events, etc.	Displays involvement, indicates to the person that their experiences and input are valued.
MBCT 15. Use attentive, reflective listening	Be attentive to what the person is saying (e.g. stay silent to allow the person to complete sentences), and use reflections and summaries when appropriate (directed at affect or content).	Creates open, collaborative relations; promotes trust
MBCT 16. Ask permission to provide information or give advice	Prompt permission to provide new information, guidance or advice.	Displays respect for the person.

MBCT 17. Show availability	Offer the person the option to contact in the event of difficulties or questions (offering an appropriate venue and means for doing so) and provide statements of interest in progress.	Shows care and personal involvement.
<p>Competence-supportive techniques</p> <p>Competence: Experience of mastery of behaviours and related goals and challenges, in the context of a (perceived) safe and structured environment. Competence is not specific to SDT, and overlap is to be expected with other theories and constructs. The option of including competence, despite its relative non-specificity to SDT, is related to the essentiality and potential inter-dependence of all three needs in SDT.</p>		
WHAT?	HOW?	WHY?
MBCT 18. Address barriers and obstacles	Prompt identification of likely barriers to behaviour change, based on previous attempts, and explore how to overcome them (e.g., what may have worked in the past).	Increases confidence and reinforces existing skills.
MBCT 19. Clarify expectations	Prompt statements of expectations from behaviour change (e.g., identify a clear goal or learning objective), both its experiential elements (process) as well as outcomes.	Provides structure and minimizes future failure (and perceived incompetence).
MBCT 20. Assist in setting optimal challenge	Assist in the identification of realistic goals that are meaningful and challenging but achievable.	Provides structure and minimizes future failure (and perceived incompetence)
MBCT 21. Offer concrete, clear, and relevant feedback	Provide relevant, tailored, non-evaluative informational feedback on goal/behavioural progress. This can include specific, process-focused praise.	Provides structuring information to guide future behaviour.
MBCT 22. Help develop a clear and concrete plan of action	Provide a summary of the action plan to work toward a behavioural goal.	Provides structure increases confidence and minimizes future failure (and perceived incompetence).
MBCT 23. Promote self-monitoring	Prompt monitoring of progress, skill level, or	Provides structuring information that

	performance. Offer options for monitoring tools/means and metrics for success, including steps in the direction of behaviour change.	reinforces success and self-awareness.
MBCT 24. Explore sources of support from others	Prompt identification of potential sources of support for behaviour change (if available and if this is relevant), and/or acknowledge challenges in recruiting adequate support.	Provides the means for feeling supported and more effective.
MBCT 25. Explore means to manage or cope with pressure	Provide information on how to manage and limit the effects of pressure (whether perceived as external or internal) on goal setting and pursuit and/or psychological well-being.	Increase confidence to deal with a major potential barrier as a source of controlling motivation.

Part Four

Conceptualizing experiential learning

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What is experiential learning

We want to start this chapter with a question: *What is Experiential Learning (EL) for you? What comes to your mind when you hear or read this expression?* Take a moment to brainstorm and think of words, ideas, memories, actions associated with Experiential Learning.

What has come to you? Learning while doing? Trials and Mistakes? Learning from a past experience? Or maybe Reflection on some Actions, Active learning vs Passive acquisition of knowledge, An internship, Team Buildings, Outdoor Education? Have you thought about non-formal education, outdoor learning, experiential training?

These are terms related with Experiential Learning; in fact, EL exists when an activity involves participants cognitively, affectively, and behaviorally in order to process knowledge, skills, and/or attitudes in a learning situation characterized by a high level of active involvement. In other words, the learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative, and constructing meaning.

Think about a hypothetical football match where, before starting to play, the teams define their own rules and principles, and after the match they reflect upon how they have been, how/what they have felt, the roles they played, the strategy they used and the communication dynamics, and how the insights enlightened during the reflection can be applied to their daily life.

This is Experiential Learning: *there are the learners, the environment where the experience takes place, and the process of developing personal understanding, knowledge, skills and attitudes through the active involvement, the analysis of, and the reflection on, an activity.*

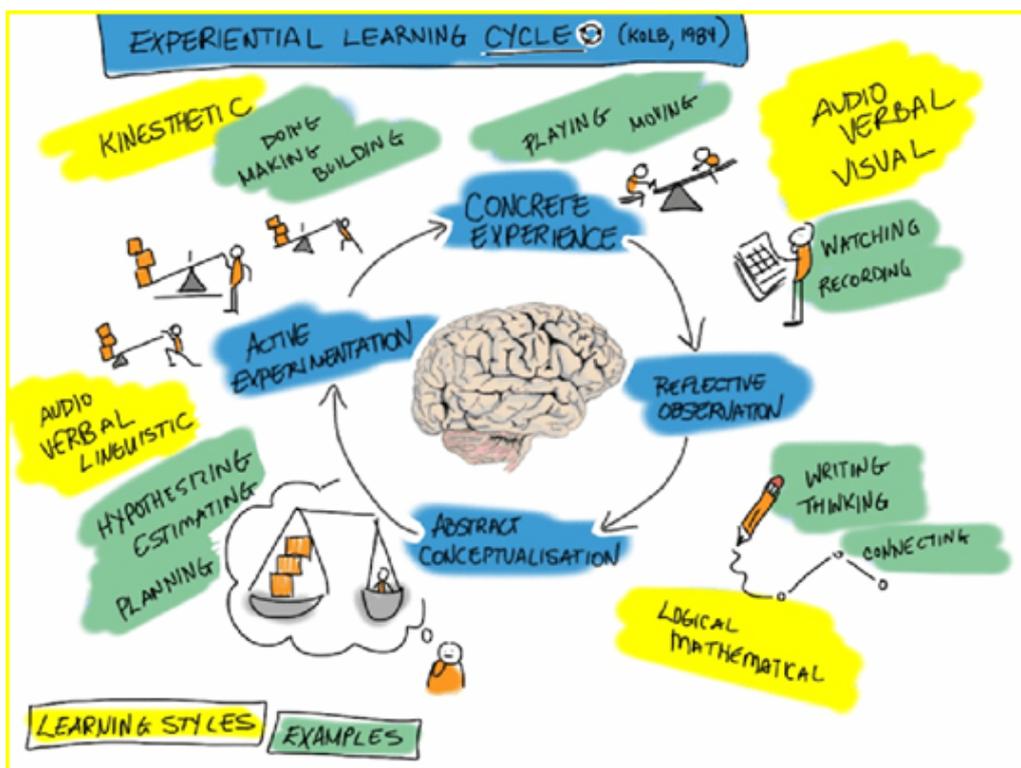
Without any experience (sensation and perception), there is no learning contact with the environment. And the environmental contact involves the person on different levels: the affective one, with the emotional reaction, the behavioral one, with a degree of awareness of action/reaction; the socio-relational one; the cognitive one, with the reception and processing of information and, why not, the spiritual one. In order to be educational, the experience is designed considering some learning goals, in our case we talk about Life Skills, and it is interesting to keep in mind that while we do this *“the goal is not only to learn the specifics of a particular subject and its application to daily life, but also to learn about one’s own learning process”* (Kolb, 1984)

To conclude this introduction it is important to underline that Experiential Learning is not only an active way of learning -increasingly used in educational programs for youngsters and adults- but also refers to a set of philosophical, theoretical and practical models, and may be viewed as a methodology of intervention whereby settings and individual or group experiences are contrived to expand learning and perceptual capacities, to develop and reinforce cognitions, to impact on emotions and attitudes, and, importantly, to facilitate thriving capacities to behave consistently with the insights of these processes and experiences. We are going to refer to this theoretical frame in order to support the delivery of sport activities as means to “train” Life Skills, opening the way for “experience” to enter into the therapeutic process.

The theory of Learning by doing: Kolb's Learning Cycle

David Kolb’s four-stage Cycle of Experiential Learning is a fundamental presentation of the approach, this cycle is often used in adult education and will be the frame within whom we would like to implement sport activities into the therapeutic process.

Diverse are the sources of inspiration of this model: from philosophical pragmatism, to cognitive development theories, from the T-group movement, to humanistic psychology and critical social theory. Among others, authors like the philosopher John Dewin, the social psychologist Kurt Lewin and the developmental psychologist Jean Piaget strongly influenced the definition of the Experiential Learning Cycle.



Inspiring views: Dewey, Piaget and Lewin

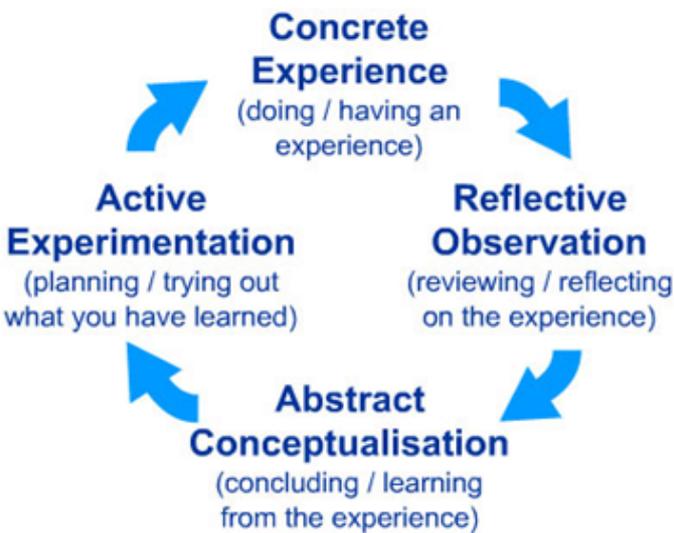
John Dewey in his book *Democracy and Education* (1916) introduced the concept of experience in education and conceptualized that the combination of reflection and experience is an important factor to connect the “know” with the “know-how”. In his view, learning occurs within a social environment and the process of acquisition and construction is continuous: *it happens when a new experience, connected to previous ones, furnishes new knowledge and abilities that can be applied into real life contexts. The quality of the experience is crucial: not all the experiences are educational, and key characteristics are, among others, the capabilities and readiness of the learners, the outcomes and the facilitator’s role.*

Experience, inquiry and reflection are key elements in Jean Piaget's Constructivism as well. In his model the psychologist describes how intelligence is shaped by experience: *Intelligence is not an innate internal characteristic of the individual but arises as a product of the interaction between the person and his or her environment.* The child’s development from less to more complex stages of thinking is driven by the dialectic tension between previous information acquired through the process of assimilation and the accommodation of existing cognitive structures to new information. We will find again the dialectic tension between assimilating experience into concepts and accommodating concepts to experience in Kolb’s Cycle, there referred to the cognitive development beyond adolescence and regarding the integration of abstract cognitive frameworks with experience. Then there is the work of Kurt Lewin who, from a social perspective, implemented the use of “feedback” as means to share reflections among research-action groups, and theorized a four stage cycle of action research that develops around “*reflection, planning, action and observation*”.

The Learning Cycle and the Learning Spiral

Starting from these, and other, theoretical contributions, Kolb formulated a learning development model portraying a 4-stage learning cycle: Concrete Experience, Reflective Observation, Abstract Conceptualization, and Active Experimentation

The Learning Theory defines experiential learning as "the process whereby knowledge is created through the transformation of experience" and it is continuous. It requires the learner to experience, reflect, think, and act in a cyclic process: Concrete experience (CE) is gained when the learner actively experiences and performs. Through the process of reflective observation (RO), learners consciously reflect and draw conclusions from their experiences. Based on these implications, in the third stage of abstract conceptualization (AC), learners can conceptualize a theory or model and utilize these generalizations as guides to engage in further action and experiment with different scenarios in the final cycle of active experimentation (AE).



The vertical dimension refers to two dialectically related modes of grasping experience, and the horizontal one to two dialectically related modes of transforming experience; Learning arises from the resolution of creative tension among these four learning modes. According to the personal combination of these modes there can be different "learning styles" - but the main concept of this process, portrayed as an idealized learning cycle, is that the learner "touches all the bases"—experiencing (CE), reflecting (RO), thinking (AC), and acting (AE)—in a recursive process: the cycle goes spiral and learning can start at any stage.

The focus on the here-and-now perceiving, feeling, thinking, behaving makes Experiential Education a teaching philosophy that can be used in different disciplines and settings: this happens when professionals purposefully engage with learners in direct experience and facilitate focused reflection in order to increase knowledge, develop skills, clarify values, and develop people's potential and their capacities.

What are the main elements? And how is EL in action?



When professionals design an EL session, what should they keep in mind to refer to this model? Considering that the activities can be various, going from ice-breakers, to real out-of-the-comfort-zone challenges, from trainings to therapeutic journeys, it is important to clarify that there is not a fixed structure in EL, but there are some elements to keep in mind, and we will see them unrolling the cycle.

THE EXPERIENCE

Experiences happen continuously in life, and they can be designed specifically in a program. Imagine that a group of learners meet for a daily training: there is the first phase, let's call it a check-in: everybody introduces him/herself, share a brief personal story (Why my name is my name, what I like, what I ate for breakfast, how I feel, what I expect from today...;) then there is a game to break the ice, to warm up and to energize, and then there is the Experience, which usually involves three phases:

- The **Frontloading**, is the introduction: here rules, goals, and structure is presented, and people are invited to participate and get involved.
- The **Experience** itself. It can include anything: from an individual or little group activity to completing a simple task to highly complex group interactions involving a wide range of mental attributes and behaviours. In our case, the "Activity" will be sport/exercise related. It activates kinaesthetic participation and learners are engaged intellectually, emotionally, socially, soulfully and physically; they move, act, work in groups, take initiative, make decisions and are responsible for results. This involvement produces a perception that the learning task is authentic, and connections with "how we are in daily life" can be found.
- the **Debriefing**: participants and facilitators meet in a circle and its time to reflect

Emotionally and Physically Safe

In order to make learning possible, this “space” has to be perceived as safe, both physically and emotionally. It is important that the transitional space where learning takes place is “holding”, “good enough”, a Safe Space which consists of appropriate physical aspects, trust, respect, suspension of judgment, a willingness to share, and high-quality listening. We further propose that a safe space can be developed and maintained by creating a strong container early on, establishing ground rules, promoting active listening and respectful witnessing, teaching by example, and developing a reflexive attitude.

Growth happens out of the comfort zone, where a certain grade of uncertainty and challenge is intrinsic and required.

Comfort-stretch-panic model

The comfort zone is where individuals feel “at home”, it is comfortable, safe, and familiar. It’s where we recognize patterns and feel confident in our performance. It’s where we rest, recharge, and reflect and there is balance, there are no challenges and little learning happens here.

The panic zone is where we are scared, distressed, and overwhelmed. We are on alert, and we activate automatic reactions, such as fight-or-flight or freezing. All the energy is used to face fear and panic, it’s an emergency and there is no learning in the here-and-now.



REMEMBER

LEARNING HAPPENS...

...IN A SAFE SPACE...OUT OF THE COMFORT ZONE...

...AFTER SETTING LEARNING GOALS

The learning zone is the intermediate zone between comfort and panic. It's where we learn, discover, grow, and develop. In this zone, situations and activities feel "strange" and unknown, they are new or almost new. There is a challenge. This generates in us a certain level of discomfort, activation, and even physiological (eustress), which is needed to experience the excitement, energy, and motivation necessary for learning. Operating in and learning in this zone can expand our comfort zone, supporting us in becoming familiar with new situations, settings, and activities. In our work the goal is to work in this area, and we think it is interesting to find the connection with the Zone of Personal Development, as described by Vygotsky: the distance between the actual developmental level as determined by the individual and the level of potential development as determined through experience, under professional guidance or in collaboration with more capable peers.

See more in Appendix A you can find activities to introduce the model, and useful questions to reflect on the comfort-learning-panic.

Setting goals and EL

Setting goals is a fundamental process in order to give meaning to experience and orient the focus during reflection. The goals can be various: building trust, sensory and bodily perception, time setting, leadership, and communication...; and the same activity can be oriented to work on different aspects. While setting goals, factors like the target group, their needs, the aim of the project, the timing, and the length, have to be considered.

For example, in the daily training before, we would like to work on "trusting and leading". The activity is a sensorial experience where couples (one blind-one seeing) are exploring the space. This goal will influence the reflection, but not the activity. In fact, the same activity can be delivered in different situations, for different purposes, so setting the goals is what orients the focus for the reflection. Another fundamental point is considering the life moment of the group and the life moments of every single participant.

Question for the practice:

Which goals do we want to set?

Which activity are we going to plan? What are the needs of the group?

Which factors to consider?

How do we set up the reflection?

Reflection (in action)

Experiential learning is about stretching our experiences forwards, driven intrinsically by hope as an aspect of our encounter with the world (Jordi,2011)

Facilitating a reflection is facilitating a learning dialogue between our implicit embodied experience and conceptual aspects of our consciousness, so reflection is more than a purely cognitive exercise.

Processing is defined as the techniques used to increase the healing properties of the active experience based on an accurate assessment of the client's needs.

Reflection can be done before, to explore expectations for example; it can raise during the experience (REFLECTION IN ACTION), when something intense happens, to fix the moment, the emotion in the “here and now”, recognizing the experience a certain degree of intensity, and/or it can happen afterward, as a way to process what happened and integrate new insights to the daily life.

The processing activities can be used to (Gass, 1993a):

- help individuals concentrate or raise awareness prior to experience
- to facilitate awareness or to promote change while the experience is occurring
- to describe the experience after the completion
- enhance change and incorporate it into the life of the participants after the end of the experience

A study on this process (Jordi, 2011) proposes nine elements of human experiential learning that contribute to developing a framework for conceptualizing reflection, let's see some of these:

The embodied experience seeks integration:

- Human beings are forever reconstructing themselves through their experiences and the movement of their consciousness. Within this process, we naturally seek to make meaning.
- Human consciousness is intentional, “on the threshold of responding or reacting to what is unfolding around you” (Batchelor, 2004, p. 100).
- This forward movement is creative: it draws not so much on our analytical mode of thinking and planning, as it does on our capacity for imagination (Kaplan, 2002).
- Learning from experience needs to be responsive to the specific internal rhythms of each individual or collective—it is “learner-centred”—rather than being reliant on any external teaching or development agenda.
- Making meaning from our experience is a relational process—internally between different elements of our consciousness and between our personal and social aspects, externally between ourselves and individual others and within a shared collective. (Kemmis, 1985).
- The relational aspect of experiential learning includes our co-emergence with the situations and environments in which our experiencing is embodied.

How to facilitate reflection?

The process of facilitating the integration of an experience throughout the rest of the cycle can be unfolded around Three Simple questions:

WHAT (HAPPENED)?

From Concrete Experience (CE) to Reflective Observation (RO)

This is a prototypical question to stimulate Reflective Observation.

Here is where, the more objectively possible, people describe the experience, how it was, what happened, and how they felt, they focus on internal/external states, and they observe some dynamics.

SO WHAT (DID I LEARN)?

From Reflective Observation to Abstract Conceptualisation

Did I notice something about me, about the group? So what does this fact say about me? Are there other moments in life when this happens? Can I learn something from it?

Here is where people begin to form abstract ideas and theories based on their hands-on experiences.

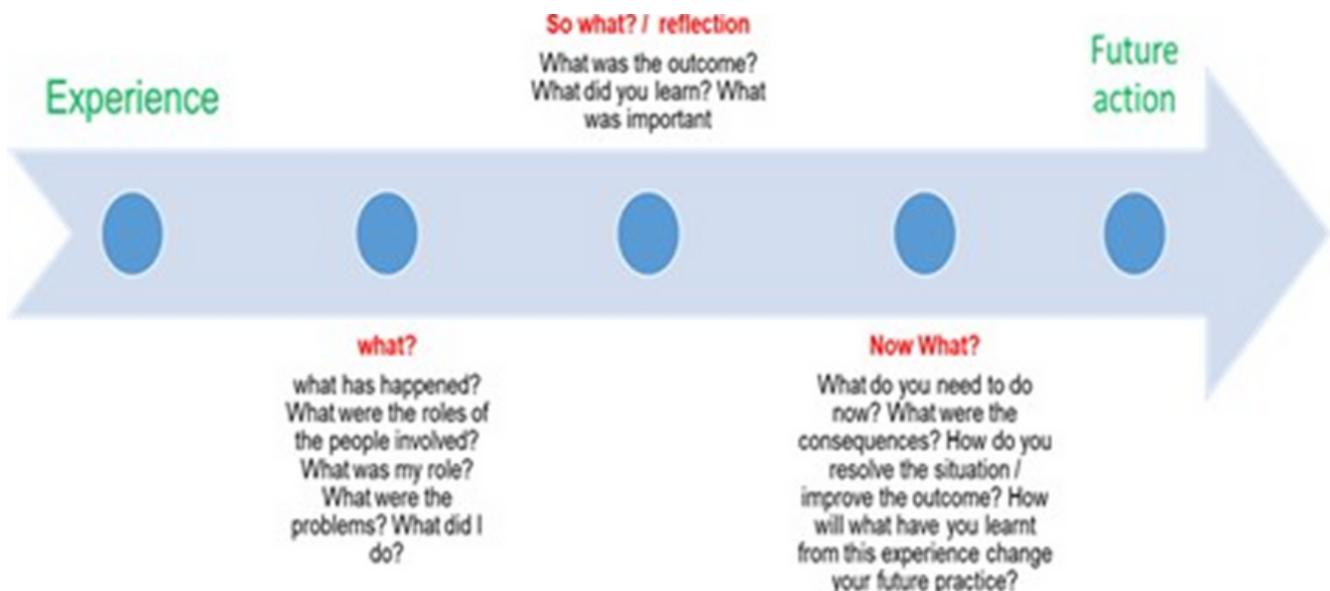
NOW WHAT (CAN I DO)?

From Abstract Conceptualisation to Active Implementation

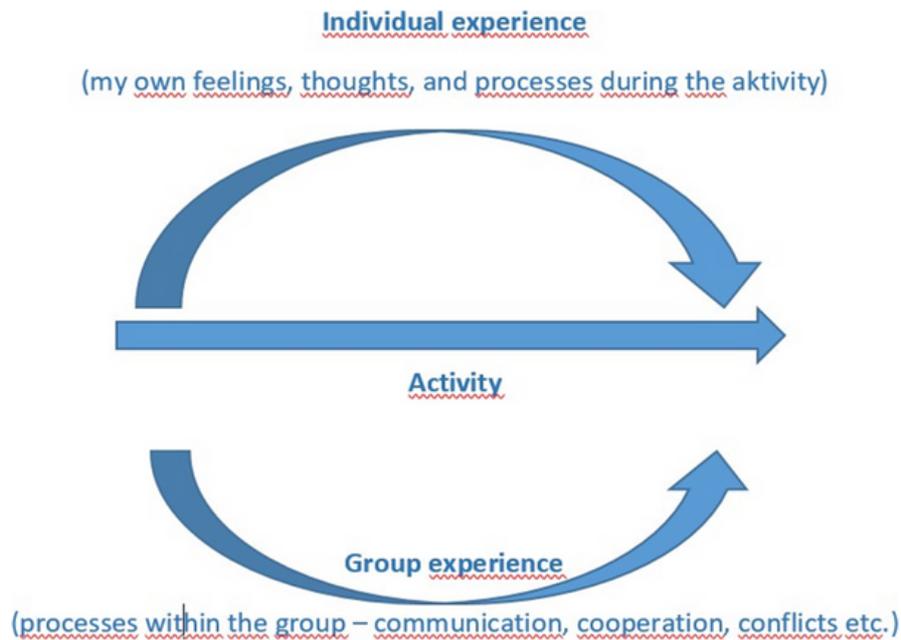
Can I use this new information in my daily life/ working place? How, where, and When could I try to implement it?

And as the group circle closes, the EL Cycle opens a new wheel.

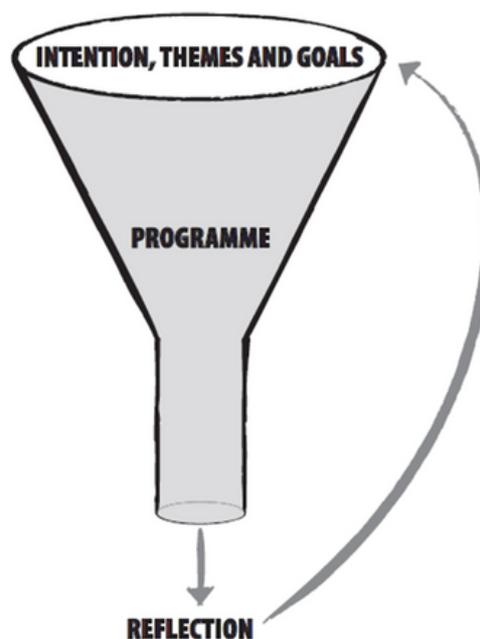
There are several techniques, ideas, and activities that can support the reflective process, you can find them in the Appendix B and in the appendix C.



Even though the activity is in a sense artificial, or a model situation, the processes and experience happening during the activity are real. We can divide them into two areas:



Those real processes, both individual and group, create the matter for the reflection. There are usually much more of them happening than we planned when we created the activity. However, we usually cannot, or don't want to reflect on them all. We need to pick the most important ones connected with our goals.



What have we experienced?
What are we taking from it?
How will we use it?

Critics and questions

Of course, the model received some critics, and we are not going to deepen into them, but since, luckily, the discussion is ongoing, we would like to leave them to you as open questions.

How can a designed Activity be the “mirror” of real life? How are the new learnings going to be implemented?

Isn't the EL model too simplified?

Debate: are all the experiences educational?

The importance of Goal Setting: how to set goals?

The importance of reflection. When and how does the reflection take place?

We will now introduce a new chapter, to see EL in practice: where is it applied? How can we apply it to sport? And how to design the activities?

Where is experiential learning applied?

EL can be applied to a diverse range of contexts and interventions, -from educational to more therapeutic- and can be delivered considering different levels of depths -from arousing awareness to pursuing wellness and to making lasting changes.

Think about a continuum where an experience -outdoor / sportif / adventure - is the main character: we can go from a recreational space, when the activity is a game, a play, to a educational/training/formation area to a therapeutic approach, when we talk about adventure therapy, wilderness therapy, surf therapy and so on..

Recommendations for planning and leading the reflections:

- Do a detailed preparation. Create the scenario of the topics you want to discuss, write down specific questions, and plan the specific techniques you want to use.
- Follow the structure of the Kolb learning cycle. If the group is full of strong emotions at the beginning, let them talk about them at first (using simple questions like “How are you now?”, or “What’s in your mind at this moment?”).
- Consider the length of the reflection. For longer reflections, plan a pause in the middle, or use various techniques to change the context, and energy in the group (e.g. art or body techniques, discussions in pairs, or small groups, etc.)
- Don’t forget about the people who don’t talk. Support them talking as well (f.ex.: “What about those who haven’t talked yet? We are interested in your experience, even though it might be different from the stories of others”)

Tips for reflection techniques:

When we are done - The reflection

Kolb’s Learning Cycle works not only for participants’ learning but also for the organising team. We recommend you finish your learning from the activity by doing your own reflection and evaluation. It is a very effective way to develop your leadership competencies in the Experiential Education field.

- Evaluate the activity in all the stages (preparation, frontloading, activity itself, reflection), and name the strong/working sides, and the weak points/challenges.
- Offer each other feedback concerning your cooperation, your approach towards participants, and your leadership skills.
- Name the steps and principles for your future cooperation, and for organising the next activity.

And one last recommendation:

Any sport activity can be just a sport activity, but also a space to develop life skills via connecting the activity with experiential learning principles. Hiking, running, rock climbing, rafting, football, golf, walking, anything. Just map the needs, set the goals, prepare and run the activity, and finish the Kolb’s learning cycle by facilitating a proper reflection. Nothing more is needed.

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APPENDIXS

APPENDIX 1

THE CONFORT-STRETCH-PANIC MODEL:

An activity to present the comfort-stretch-panic model, it can be used in training, or to introduce challenges.

Material: 2 ropes

Set up: Create one inner circle with one rope, and another outer circle with the other

Invite the group to move in the area, clarifying that: the inner circle is the COMFORT ZONE, the medium area is the LEARNING ZONE, the outer area is the PANIC ZONE. Use some questions: Where are you when... you're in your room?...you're travelling solo? You're public speaking...adding relevant questions for the activity.



Note: you can see how people feel in front of the challenge, (taking care of the panic, for example) and if you repeat it afterwards, you can see how they moved, if the learning area stretched, or not..

QUESTIONS TO REFLECT:



- Think of some moment in which you felt some anxiety during the activity?
- What makes you feel at risk?
- How do you know that you were anxious? Where did you notice in your body?
 - Where it was?
 - Who did you be with? Or were you alone?
 - What made you go from Learning zone to Panic Zone?
- What did you/others do to go to your Learning zone again?
- Do you feel your Center zone expanded after that experience? How?
- Tell 3 things that were obvious
- Tell 3 things that now you know were from your imagination

APPENDIX 2

TIME TO REFLECT

Here I attach some ideas and activities to evaluate, reflect or process dynamics or adventure activities. It is important to vary the reflections in type (visual, kinesthetic, rational...) and duration. If people are not focused, you have to be creative and find a way to refocus. It is necessary to take advantage of the moments of fruitful reflection. It is good to try reflecting during an activity (in the middle of the activity).

Some ideas about reflection in general:

- ❖ Vary the type of reflection (experiential, rational...). This way you can focus on different forms of expressions and feelings. Some people manage to express themselves (and synthesize what they have experienced) better in other forms of expression.
- ❖ They don't all have to be in a large group in turn... try randomly, or what they choose.
- ❖ Vary duration
- ❖ You have to read the group! See where and how the group is.
- ❖ Be creative
- ❖ Find ways to take advantage of moments of reflection
- ❖ Try to reflect before or during, not just after
- ❖ Not all reflections have to be in a group!! Seek individual or small group reflection
- ❖ Try to both create space and seek it in the moment
- ❖ Not all exercises are suitable for all groups... You have to take into account things such as verbal expression skills
- ❖ With many groups it is important to give them the option of not responding (that they can move on to the next person), so that they do not feel embarrassed.
- ❖ Important to stain your hands and make our own reflections!! As much as possible, be one of the group!
- ❖ Try to be more directive, or dictate "what they have learned" if they are not getting anything after a couple of sessions.

1-2 MINUTES

Activity	Description
Humor Termometer	Happiness thermometer with thumb. How do you feel in the mood? (with eyes closed, simultaneously or one by one)
Energy Tank	How is the energy deposit? (from the feet to the head, raise your hand to how full is the energy deposit)
Three words	Describe with three different words (without

	making a sentence), what you experienced during the activity. Let them think.
Hashtag	Each one says with a word, or "hashtag" how the activity went. GIVING IT CONTINUITY: You can take note of the "hashtag" that they have generated, to use them in the different activities and observe how the "hype" of each one changes according to the activity/experience
10 positive things about the group	"10 positive or good things about the group during this activity." They start, then the facilitator adds a few words if needed. It is important that they say enough, since the first ones are usually very general. At the end ask what they want to take from it to the next activity.

2-7 MINUTES

Actividad	Descripción
Story telling	Without practice or preparation, the group is given the challenge of recounting the activity. Each person can only say one word (or punctuation mark). Depending on the group, an example round could be done (between two facilitators). With some groups it is not possible, or it could be very difficult.
Draw	Make a drawing representing how the activity was, or what it made you feel.
Emogram (drawing)	Identify and draw the different emotions perceived throughout the activity (free drawing, with a timeline, iconic support of the emotions...)
Three visualizations	Participants close their eyes. "Visualize (imagine) three magical moments (special moments) that you want to remember.

	<p>1st moment: something you did or said, 2nd moment: something someone else did or said 3rd moment: a special moment for the whole group.</p> <p>For the short version, keep it positive!!!</p>
Freeze frame- replay	<p>Freeze frame - replay "Photos" or short video clips of things participants want to remember (i.e. fun, success, surprises, improvements, discoveries). Let them recreate it as if it were recorded on camera.</p>
Positive Things For Everyone!	<p>Together, say two positive things about each person. Emphasize positive behaviors and have participants learn from other participants. Increase self-confidence.</p> <p>**Important to note: Make sure there are at least 2 positive things to say about each person.</p>
Mates!	<p>"Find a partner and talk about ..." (choose a topic such as leadership, humor, caring for the group, effort... etc...) in the activity and in general.</p>
Comic!	<p>Recreate what happened in comic format, with 6 vignettes for example</p>

7-12 MINUTES

Weaving emotions	<p>One person grabs a ball of string by its end and says something they like about a person, tossing the ball to them and holding the string. The next one does the same towards another person, keeping the rope taut with the person who threw it. In this way, a web is woven that positively connects us as a team.</p>
Fortunately, unfortunately	<p>The whole group tells a story. Each person says a sentence alternating the beginning of the sentence between "fortunately..." and</p>

	<p>“unfortunately....” Explain with examples.</p> <p>*Usually works well if the group has a lot or little competition</p>
Active Listening, Thermometer of Emotions	While the facilitator recounts the events, the participants use their hand as a thermometer of emotions (or from “I like it a lot” to “I don’t like it at all”, depending on the expression skills of the group).
The TV remote	The participants recreate the activity. The facilitator has a “command” with which you can pause, rewind, slow motion or move forward (play with it a bit... invent buttons) give the command to it if there is time... if it comes out.
How does this activity compare to the previous one?	“Ask alternating questions, such as “How is this activity similar/not similar to the previous one?”
Connect experience to the next activity	“What do you want to take from this activity to the next?” In small groups they prepare a short performance. Or individually they choose objects that represent what they want to take.
Emoticon Diccionario	<p>Cards with emoticons scattered on the floor that the participants can freely choose to support what they felt/experienced during the activity.</p> <p>VARIATION: Dixit cards, Ikonikus, photos of landscapes, animals, actions, specific places...</p>

12-20 Minutos

Finish this sentence!	<p>The facilitator begins a sentence and the group finishes it.... Vary depending on what you want to get out and how the group is responding. Examples:</p> <p>What I liked the most was...</p> <p>What I liked least was...</p> <p>The hardest thing for me has been...</p> <p>The easiest thing for me has been...</p> <p>What has surprised me is...</p> <p>I knew it was going to happen...</p>
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	<p>No one listened when... I am very happy that... I wish I had... Next time... They helped me.... Help to.... I would like to congratulate... I learned that...</p> <p>Find a combination that can connect, for example: (I liked...) then, (I learned....), followed by (next time...) and ending with (I would like to thank...)</p>
Memory game	<p>Share as a couple what has happened on a personal level in the activity (or an object that represents it). Later it is shared in the large group, explaining your partner's story instead of your own.</p>
Stories with no name	<p>They move freely through a space and at the signal of the slogan (whistle, bell, music that stops) they meet in pairs and share an anecdote about the activity. Then they keep on moving and when the slogan sounds again they share with the new pair the anecdote from the first person they meet., and then they continue to move freely. It is repeated several times so that they can exchange stories with different people. Subsequently, the large group meets and the stories that are remembered are discussed without giving the names of the protagonists.</p>
Positioning	<p>A topic is presented (ie. How have we worked as a group?). Each person is positioned in a line depending on how they feel and what they think about the topic. It is shared with the neighbors, and then it is shared in a group. They reposition themselves to see if anyone changes their mind.</p>
Fishbowl conversation	<p>A circle is made with the rope. The group is divided into two. The first group gets inside the circle. They are asked to revisit the previous activity</p>

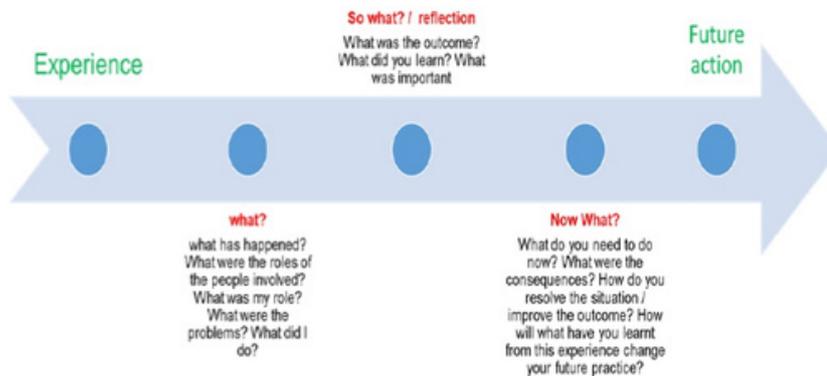
	<p>(what happened, how did they feel, what did they learn, etc.).</p> <p>The second group, outside the circle, can only watch and listen quietly. After a while they change, and the second group comments on the reflection they have seen, or make their own</p>
Intense Living Story	<p>A narrator narrates the story (after a multi-days event/camping/trip for example) and the other people act it out.</p>

APPENDIX 3

Debriefing Strategies

The Debriefing Process: What?, So What?, Now What?

The overall aim of debriefing is to give clients the opportunity to understand what happened to them and to connect and transfer these experiences to their daily lives.



What?

Is the activity itself, a summary of what happened. The debrief focuses on the most recent activity. Ideally, more emotional or confrontational issues should be addressed in the later stages of the program, and so activities need to be sequenced to the physical and emotional needs and abilities of group members. Debriefing typically commences with questions concerning the “What?” as in “What happened in that activity?”. In this part of the debriefing, the facilitator encourages as many group members to provide their perception of the activity. This focuses on content about the experience rather than participants’ emotional responses (Reupert & Maybery, 2002; Lubans, 2009).

So what?

Is what you learned about yourself and others from the activity. It focuses on the emotional meaning held by individuals as a result of what had previously taken place. The role of the facilitators is to encourage group members to describe the emotions that were generated as a result of what happened. This phase of the debrief attempts to link the emotional experience of group members to the content (the “What?”) and the subsequent roles played by individuals within the activity. Insights into group processes are heightened, and self-discovery maximized (Reupert & Maybery, 2002; Lubans, 2009).

Now What?

The third phase of the debrief, builds naturally from the “So What?”. Is what you derive—the takeaways—from the group activity to apply to your life and at work. Questions in this phase center on, “Now what will you do differently in the future?”. This becomes a goal setting exercise for both individuals and the group where intentions for behavior change are defined. Participants are encouraged to apply what has been learned to their relationships and lives outside of the program. This phase can also establish new ground rules (for the contract and the classroom) and initiate future activities that practice newly acquired group behavior (Reupert & Maybery, 2002; Lubans, 2009).

Examples of Debriefing Questions

What?	<p>What happened just now? What did you see happening? If a stranger walked into the room and you had to tell them exactly what happened what would you say? If you had to explain how to do this activity to someone that was not here, how would you explain it? Can anyone give an example of what was good communication /problem solving / working together (whatever the objective was) today? What went wrong with the communication / problem solving / working together attempt? What nonverbal communication did you see? How did you decide what to do during the activity? Was everyone heard? If not, why not? Were people listening to each other? Did they communicate to each other? What feelings did the different people express today?</p>
So What?	<p>How do you feel about what happened? What is one feeling word that describes how you feel right now? What was your body feeling during the activity? Where in your body were you feeling this? What did you do with that feeling? Would you like to feel differently in a similar situation? If so, how would you like to feel?</p>
Now What?	<p>So what happens now? What did you learn from that? About yourself? About others? What would you do differently next time? How does that apply to your life? What is the best way for this group to make decisions / solve problems / work together?</p>

Funnel Model of Debriefing (Priest & Gass, 2018).

Replay

The replay question focuses the group on the topic or issue of interest-based on client needs, your program objectives, and any incidents that took place in the activity.

Remember

The remember question gets clients to identify an incident relating to the topic that took place during the experience. If you bring up the incident, the group may deny it or perhaps feel confronted. Therefore, you should ask a question that gets the group to bring up the issue, giving it ownership and control over the situation.

Affect and Effect

The affect/effect question addresses emotions and causes. Once clients bring up a specific incident related to an issue, you can ask other questions to ascertain the impact of that occurrence. These questions examine how each individual felt and how the group was influenced by the event

Summation

The summation question highlights new learning. Once you have ascertained the impact of the event, you ask clients to summarize what they have learned about the issue. So far, they have identified an occurrence and discussed its influence on their task performance and group dynamics.

Application

The application question helps establish linkages between the learning experience and real-life situations, thereby reinforcing learning and helping solidify its transference. Ask clients to make connections in the form of metaphors, or analogies, between the adventure and daily life.

Commitment

The commitment question looks toward change. Once clients have noted the usefulness of the new learning and how they might apply it in their daily lives, ask them to make a pledge and plan for action. You should press for answers in the form of an ‘I’ statement and get the group to support members who commit to doing things differently because of their guided reflection on the experience.

Filter	Guide questions for each filter in the funnel
Replay	Can you replay or review the last activity for me? What are some _____ [topics] that you needed in that activity? On a five- point scale, hold up the number of fingers that indicates your level of performance _____ [topic], with five being exceptionally great.
Remember	Do you remember an example of excellent (or poor) _____ [topic]? Can you recall a particular time when _____ [topic] was good (or bad)?
Affect/effect	What emotional did you experience? How did this affect your feelings? How did this emotion impact the group? What influence did this have on the task?
Summation	How does the moral of this story go? What did you learn from all of this? Can you sum up what you have gained from our discussions (or reflections)?
Application	Do you see a connection between this learning and your life back at school? Can you apply this on the job? Do you see any parallels to your family?

Commitment	<p>What will you do differently next time? Begin with the words, "I will". How can you commit to change? Who will help support you in upholding this pledge?</p>
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Body Part Debrief

The Body Part Debrief activity is simple enough in nature that groups of any age will use it with ease. The body parts have a „coolness“ factor to them that fosters a safe environment for people to talk. If you are having a hard time getting your participants to share or reflect, this activity will help solve that problem (Cummings, 2018).

Eye	<p>Could represent something new that you saw in yourself or someone else? What vision do you have for yourself/the group? What qualities do you see in yourself? How did you see yourself perform within the group?</p>
Stomach	<p>Could represent something that took guts for you to do. What pushed you outside your comfort zone? What sick feelings have you felt before? Was something hard to stomach for you?</p>
Brain	<p>Could represent something new that you learned about yourself, a teammate, or the group. What thoughts do you have? What did you learn through your experience?</p>
Heart	<p>Could represent a feeling that you experienced. What things come from the heart? What means a lot to you?</p>
Hand	<p>In what way did the group support you? Could represent someone you would like to give a hand to for a job well done. How did you lend a hand during the activity?</p>
Ear	<p>Could represent something you listened to. What was a good idea you heard? Could represent something that was hard to hear—did you receive constructive feedback or not-so-constructive feedback.</p>

Part Five

Implementation in SUDs recovery

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Sport based interventions in SUDs treatment

Recovery from addiction and drug problems is a long, sometimes lifelong process, affecting all biological, psychological and social dimensions, and cross-cutting therapies that focus on the various dimensions of life will facilitate successful recovery (Landale & Roderick, 2014).

Addiction therapy should therefore have a life and identity-transforming approach. to achieve a change of lifestyle from the biological, psychological, social, psychological, and social perspectives (Cano Best, Edwards, & Lehman, 2017).

One tool that helps to do this cross-cutting work is sport, as it is a potential tool for the addiction recovery process as offers opportunities for social impact and identity transformation (Harmon, 2018). Consequently, the use of sport is required as a complementary therapeutic strategy for addiction therapies.

Physical exercise as a tool for transformation: it allows the change of identity, through the development of sport skills related to new meanings of life and health, the person goes from being identified as an addict to a sports person, athlete or teammate.

BIOLOGICAL	Improve physical performance, improve fitness and get a good night's sleep	<ul style="list-style-type: none"> - Duration - Frequency - Intensity
PSYCHOLOGICAL	Improving psychological health, increasing feelings of well-being (Coalter, 2001). Disengage from problems, boost self-esteem, reduce anxiety, improve frustration management, self-control, self-fulfilment, self-realisation, etc.	<ul style="list-style-type: none"> - Sport skills vs life skills - Emotional skills - Thinking skills
SOCIAL	Improving the feeling of being included, occupying time, connecting with a healthy space, having fun, getting out of the house.	<ul style="list-style-type: none"> - Social skills - Sport skills vs life skills

Objectives:

- 1.To use the physical exercise programme as a complementary therapeutic strategy in addiction recovery processes.
- 2.To introduce people to physical exercise
- 3.To break down barriers to physical exercise by creating positive experiences.
- 4.To facilitate the change of an active and healthy lifestyle.
- 5.Improving health from a biological, psychological, and social perspective

Program: The project consists of three days a week programme supervised by a trainer specialised in sport as a tool to improve health. The training takes place from 9.15 am to 10.15 am. Monday: cooperative games, Wednesday: HIIT and Friday: Olympic games

<p style="text-align: center;">Activities Specific Objective 1</p>	<p>Monday Activities: CO-OPERATIVE GAMES</p> <ul style="list-style-type: none"> • Work on group bonding • Facilitating strategies to identify and control emotions • Improve socialisation • Having fun with the activity • Controlling competitiveness • Through cooperative games (solving activities together)
<p style="text-align: center;">Activities Specific Objective 2</p>	<p>Wednesday activities: HIIT</p> <ul style="list-style-type: none"> • Improve physical condition in terms of strength, coordination, range of motion and cardiovascular fitness. • Learn how to train safely • Learn how the body works with movement • Through medium-high intensity workouts with strength-cardiovascular content such as Tabata and with music to facilitate motivation.
<p style="text-align: center;">Activities Specific Objective 3</p>	<p>Friday activities: Olympiads</p> <ul style="list-style-type: none"> • Learning to compete • Tolerating frustration • Enjoying sports • Learning a variety of sports • Bonding with peers • Through 5-minute mini-competitions and adapted sports: • Small space • Small groups (paired activities) • Sports without aggressive associations

How is experiential learning implemented in sports therapy for people with addiction problems?

This chapter describes the relationship between:

- Sport skills vs life skills
- Life skills in SUDS treatment
- Experiential learning: is about discovering, processing, applying information, reflecting, and linking theoretical knowledge and practical skills (Conley, 2008).
- Sport as a behaviour change strategy

The aim of this chapter is to create a methodology that links the above concepts for the creation of a complementary therapeutic strategy in addiction therapy. These strategies are understood as physical exercise programmes, planned activities and adapting the progression of activities and load according to the needs, motivations and expectations of people with addiction problems.

The main objectives of physical exercise programmes, as a strategic tool are:

1. Complementary therapeutic strategy (align to therapeutic goals) - TRANSFER
2. Facilitate lifestyle change, an active and healthy lifestyle
3. Improve health from biological, psychological and social perspectives
4. Facilitate tools for future integration into the community

But how do we apply this experiential learning in sport during SUDs treatment?

Within physical exercise and sport sessions, the use of experiential methodology can stimulate a deeper learning approach and encourage the creation of connections through activities such as discussion generation, learning activities, practical experiences and reflections (Meaney, & Podlog, 2012).

In this paragraph we will define how we use experiential learning in sport sessions as a therapeutic objective for people in treatment to overcome addictions. The main objective of this section is to define an experiential learning methodology that allows during the sessions to identify the transversal skills acquired through sport and transfer them as life skills.

The working methodology is presented based on the application of the conceptual model of Dewey's experiential learning theory in addiction therapies, which defines 4 categories to be taken into account for the creation of the programme planning and the design of the sessions: the social environment, an organisation of knowledge and contents (lectures, debates, learning activities), experiences (learning activities, synthesis route race) and specific learning outcomes (planning, organising, directing, implementing, transferring).

The social environment

Therapeutic centre, colleagues, trainers, therapists, sports activities. Create a protected, accessible, and non-discriminatory environment where cooperative activities are planned to facilitate interaction between people.

Knowledge and content organization

This section defines how the physical exercise programmes will be planned and designed in order to achieve the objectives of the programme itself.

The aspects that we have to take into account for the creation of the programme as a therapeutic tool are: defining the work objectives (these must be transferable), both those specific to physical activity and cross-cutting objectives, planning activities that facilitate high client participation, cooperative activities and activities transferable to the community, adapting the activities to all levels of physical condition, adapting the progression of the loads (playing with breaks and workload), adapting the content of the sessions according to the expectations of the clients, learning to train in a respectful way and achieving the learning of tolerance to frustration.

Generating and controlling experiences

This section defines how to generate experiences that can be transferable to addiction therapy, the generation of positive experiences in order to create an impact on participants and initiate a change of lifestyle.

One of the main objectives will be the creation of a healthy and active lifestyle in which the WHO minimum weekly physical activity level recommendations are met, based on the improvement of health from a biological, psychological, and social perspective. These experiences should also facilitate the transformation of an identity change, facilitate the reduction of the risk of relapse, increase commitment to recovery, and facilitate symptomatic remission and functional recovery.

Finally, the experiences should be related to the therapeutic goals and therefore the role of facilitators (people who facilitate the transfer of attitudes and experiences in addiction therapy) will be very important.

The learning outcomes, and reflection activities: reflection + awareness + transfer

This section defines how the attitudes that have been generated in sport can be transferred during addiction therapy. Although reflection can be introduced during the session, a space should be reserved at the end of the session.

It is recommended that the reflection space of the session is done at the end of the session, with the possibility of continuing with more depth in the following group and individual therapies. For the creation of this space, we must take into account the creation of safe spaces, where all clients feel comfortable to express their opinions or emotions, this will allow the generation of awareness of the learning process and reflect on the concepts and skills acquired for their transfer.

Type of sessions

As a proposal for planning the training, 3 types of sessions are proposed:

Sessions that aim to improve strength, improve physical condition, facilitate the prevention of injuries, work on body awareness, learn to train safely and learn to relax.

TYPE 1 SESSION - IMPROVING PHYSICAL FITNESS	
OBJECTIVES	Preventing injuries, improving physical condition, functionality of the body
COMPETENCIES	Improve physical fitness Improve coordination and balance Acquire body awareness To use musical support as a means of social interaction and community integration.
CONTENTS	Pre-sports games Coordination circuits Balance exercises and games Strength circuits Sweet gymnastics work (pilates, yoga, body balance) Strength work with directed sessions
INTENSITY	Light / moderate: 3-6 METs
DURATION	45 minutes per session
EXAMPLES	Improve strength: injury prevention, transfer in the community HIIT (high-intensity interval training): cardiovascular work, anxiety reduction Running: goals setting, transfer to the community, race preparation Yoga, body-mind, relaxation: reduce anxiety, relaxation techniques, techniques for better sleep

Session that aim is to improve the knowledge of sports because of increasing group work and interactions between participants in a respectful and healthy way. Fun activities are also offered to increase the motivation of the participants.

SESSION TYPE 2 - Sport wheel and cooperative work

<p>OBJECTIVE</p>	<p>Community and social integration Helping patients to integrate after hospital admission by giving them the opportunity to join a sports club. Bonding with the group, creating positive experiences, breaking down barriers to sport, having fun</p>
<p>COMPETENCIES</p>	<p>To know the technique, tactics, and rules of individual and team sports. Acquiring the skills specific to each sport Acceptance of the rules Acceptance of the values of sport in competition (knowing how to win, tolerance of failure). Respect for teammates</p>
<p>CONTENTS</p>	<p>Pre-sports forms Cooperative games Technical and tactical sports exercises Played forms</p>
<p>INTENSITY</p>	<p>Moderate / vigorous: 5 - 7 METs</p>
<p>DURATION</p>	<p>60 minutes per session</p>
<p>EXAMPLES</p>	<p>Team sports: Volleyball, handball, baseball, basketball, badminton, boxing *Watch out for football, high prevalence of injuries and important to always work with a gender perspective. Emerging sports: Frisbee, Korfball CHALLENGES AND COOPERATIVE GAMES: to improve group bonding</p>

Sessions of empowerment and participation of the participants: where they are the protagonists and from the indications and guidelines of the trainer and the therapist, they choose together what they want to do during the session and how they want to organise it.

SESSION TYPE 3 - Co-creation of the session	
OBJECTIVE	Programme adherence
COMPETENCIES	<p>Empowerment of the participant, he/she is the protagonist of the activity.</p> <p>Enjoying the practice of recreational physical activities.</p> <p>Using musical support as a means of social interaction and community integration.</p>
CONTENTS	<p>Pre-sports and sports games</p> <p>Exercises with music, circuits, dance</p> <p>Circuits and directed work</p> <p>Games</p>
INTENSITY	Depending on activity 3 - 7 METs
DURATION	60 minutes per session

Structure of the sessions

The following is a proposal of how to apply these dynamics and concepts in a training session.

STRUCTURE OF A SESSION	60 minutes
<p>Presentation (2')</p>	<p>Ask how the group is doing. Presentation of the objective of the session Presentation of the cross-cutting objective</p>
<p>Warm-up (8') One or two people can be appointed to be responsible for (with the help of the trainer) and the knowledge learned in the other sessions, to energise this part of training. Empowerment of the participants, participation, and organisation, putting into practice knowledge learnt in other sessions.</p>	<p>Cardiovascular activities Joint mobility activities Movement activities Cooperative challenge or game</p>
<p>Main part (30') Depending on the type of session and objective:</p> <ul style="list-style-type: none"> • Strength improvement work • Cooperative work and sports wheel • Co-creation of sessions <p>To plan activities that aim for:</p> <ul style="list-style-type: none"> • High participation • Cooperative and bonding challenges • Proposing unsolvable problems • Safe training (work on the technique of the exercises) • Learning sports (technical and tactical activities) 	<ul style="list-style-type: none"> •Coordination work •Body awareness work •Strength work •Work on collective sports <p>Active observation of the relationships of the participants and evaluation and reflection on behavioural areas or actions during the activity (these reflections will be developed in the calm down part). E.g. Reflections on communication, management of emotions (tolerance of frustration, immediacy), respect for partners.</p>

<p>Calm down (5')</p>	<p>Calm down games Stretching Relaxation circuits</p>
<p>Reflection (5') Everyone in the group should have the possibility to speak and a safe space to do so. The trainer asks open questions about the objectives worked on and the relationship with the activities.</p> <p>E.g. punctuality, communication skills, emotional management (knowing how to lose, knowing how to win, taking turns).</p> <p>The therapist asks open questions about observations of the session, behaviours etc. And reflects on what has happened, highlighting aspects to improve, aspects to transfer to life and aspects to highlight positively.</p>	<p>Spaces for reflection on the session where it is analysed:</p> <ul style="list-style-type: none"> • The attitudes that have been given to the session. • Analyse the objective of today's work and how the participants behaved with respect to it. <p>This section, based on open questions and the dynamization and mediation of the trainer and the educator (who has been observing the session), which raises the reflection on the transfer of the skill worked on in sport as it could be transferred to life.</p>

During the session, cross-cutting work objectives will be proposed, which will be the transfer objectives from sport competences to life competences. These objectives will be introduced in the presentation, evaluated during the session and discussed in the reflection part.

These skills will be worked on transversally throughout the course and the relationship between coach and therapist will be crucial to their success. It is recommended that the initial work of reflection on the behaviours of the session and the identification in the reflection part is deepened with the therapist in the centre's own therapies and not only in the physical exercise spaces.

Recommendation & guidelines

Below we provide recommendations for the correct creation of physical exercise and sports programmes as a complementary therapeutic strategy in addiction recovery processes:

1. Have a background in sport, physical exercise and training. a minimum university degree is recommended
2. Dynamic exercise supervised by physical activity and sport professionals
3. Progression in activities
4. Graduation and adaptation of the level of training
5. Adapting according to the expectations and motivations of people with addiction problems
6. Be creative and listen to the client when developing a therapeutic exercise programme
7. It should be a fun and enjoyable activity
8. Exercise that is not enjoyable can have side effects
9. Exercise should provide interactions with other people (group activities), it is recommended that it is also incorporated into their social life.
10. Multidisciplinary work with health-social professionals
11. Combine types of exercise: combinations of different types of exercise can be more fun.
12. Set a fixed time for sessions: it is important to set aside specific days and times for exercise, making it a regular part of your schedule, just like eating and sleeping
13. Safe and secure facilities (free from stigma and discrimination)
14. Invite family members or partners, children or friends to training sessions
15. Frequency: minimum weekly of 3 pieces of training per week (at least, 150 minutes of moderate physical activity, WHO)
16. Offer the training over a minimum period of 6 months to facilitate the creation of adherence

Facilitator’s characteristics

In order to be able to apply experiential learning in physical exercise sessions as a complementary therapeutic strategy in addiction therapy, it is necessary to be able to work in a multidisciplinary way.

Active role (the role of the trainer): This person will be in charge of designing the programme and dynamizing the sessions, the activities will aim to motivate and increase the participation of the group. Therefore, it is required that this person has specific training in the sport.

The trainer will have the role of facilitating the appropriate experiences that involve the participants in the activity, he/she has to be the facilitator of the interaction and relationships of the participants during the activities.

Observe role (the role of the therapist): their main function will be to promote physical exercise, so he/she must know the benefits of physical exercise and understand the minimum WHO recommendations.

Provide support and information to the trainer about the clients and the functioning of the group, for assessments before and after the sessions. It is recommended that all people who are in therapy in a drug dependence center are prescribed to the physical exercise programme, except for people who have medical contraindications, as moving and learning to do so in a healthy way is fundamental for the functioning of the human body.

Another of their main functions will be to observe the sessions to find out how the participants relate to each other, how they act in a different environment and how they show themselves. It would be interesting for this person with therapeutic training to spend as much time as possible with the group and to have a bond.

Team (trainer & therapist): For the sports programme to become part of the clients' therapy, it is imperative that both sports coaches and therapists work in a coordinated way, the goals of the sessions and the transfer to life skills.

ACTIVE ROLE	OBSERVER ROLE
person who is dynamizing the sessions and acts in a direct way with the participants.	person who can help to dynamize the training but whose function is to observe the behaviour and attitudes of the participants in order to facilitate transfer
TRAINER: a graduate in physical activity and sport sciences (university degree) is recommended, with a specialisation in health and physical exercise prescription	THERAPIST: psychologist, occupational therapist, social worker

Organisation of the technical team

Quarterly or monthly meetings at institutional level: improvements of the programme, facilities, material, defining the training objectives. Redefining transversal learning concepts: transfer of skills from sport to life (such as working on emotions, punctuality, hygiene). Assessment of the functioning of the programme.

Daily or weekly meetings at therapist and trainer level: monitoring of users, identifying whether they attend the programme and participate in the activities, assessing any disruptive attitudes or positive attitudes to set an example. Determine the adaptations of the sessions to the needs of the group and the group rotations.

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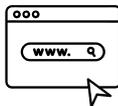
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