

Granville Bud Potter
John C. Gibbs
Molly Robbins
Peter E. Langdon

A Comprehensive Cognitive Behavioral Program for Offenders

Responsible Adult Culture

 Springer

A Comprehensive Cognitive Behavioral Program for Offenders

Granville Bud Potter • John C. Gibbs
Molly Robbins • Peter E. Langdon

A Comprehensive Cognitive Behavioral Program for Offenders

Responsible Adult Culture

 Springer

Granville Bud Potter
Community Based Correctional Facility
CBCF - Franklin County
Columbus, OH, USA

John C. Gibbs
Department of Psychology
The Ohio State University
Columbus, OH, USA

Molly Robbins
Community Based Correctional Facility
CBCF - Franklin County
Columbus, OH, USA

Peter E. Langdon
Tizard Centre
University of Kent
Canterbury, UK

ISBN 978-3-319-17535-5

ISBN 978-3-319-17536-2 (eBook)

DOI 10.1007/978-3-319-17536-2

Library of Congress Control Number: 2015942904

Springer Cham Heidelberg New York Dordrecht London

© Springer International Publishing Switzerland 2015

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made.

Printed on acid-free paper

Springer International Publishing AG Switzerland is part of Springer Science+Business Media
(www.springer.com)

*Dedicated to all those who have enriched
our lives and honored our efforts by growing
into responsible adulthood.*

Acknowledgments

We wish to express our gratitude to the individuals and the institutions whose contributions were crucial to the accomplishment of this book. We mention a very incomplete portion in these brief acknowledgments. Our heartfelt thanks go to Larry Brendtro at Starr Commonwealth and Clark Power at Notre Dame for their unflagging support of our work. The contributions of our late colleague Arnold Goldstein were so substantial that he almost could have been included posthumously as a coauthor. Jennifer Poe and Scott Higgins in the Ohio State Psychology Department ably contributed secretarial and technical assistance. Staff and residents at the Franklin County Community Based Correctional Facility made possible the field testing and refinement of much of our material. We also appreciate the contributions of facility personnel in Colorado, Florida, Minnesota, Missouri, New Mexico, and Texas, as well as at the National Institute for Health Research, UK, and the staff and patients at the Broadland Clinic, Hertfordshire Partnership University NHS Foundation Trust, Norfolk. Finally, we deeply appreciate the support, patience, and expertise of Esther Otten and Hendrikje Tuerlings, our editors at Springer.

Contents

Part I Introduction

1	Welcome to Responsible Adult Culture	3
1.1	Background	4
1.2	RAC at the Franklin County Community-Based Correctional Facility.....	7
1.3	Institutional Conduct (Humane Institutional Climate) and Transference to the Community: Evidence that RAC Works....	9
1.4	Beyond This Book.....	12
	References.....	13

Part II Preparation and Implementation

2	Getting Started	17
2.1	Mission.....	24
2.2	Program.....	25
2.2.1	Who Are Our Participants? The Client Population.....	25
2.2.2	Treatment.....	28
2.2.3	Expectations and Guidelines for Staff	29
2.3	Organization and Procedures	37
2.3.1	Unit Management and the RAC Staff Team	37
2.3.2	Accurate and Systematic Feedback.....	46
2.3.3	Assessment Measures	48
2.3.4	The RAC Language	49
2.3.5	Daily Activity Reports and Logs	49
2.3.6	Summary Reports	50
2.3.7	The RAC Staff Team and Log Book.....	51
2.3.8	Evaluating Program Integrity	52
2.3.9	Basic Training and the Responsible Adult Performance Plan.....	52
2.3.10	RAC Groups and Meetings.....	53

2.4 Concluding Comment 55
 References..... 55

Part III Motivating Offenders to Help One Another Think and Act Responsibly

3 Cultivating a Responsible Adult Culture Through Mutual Help Meetings 59

3.1 Background 59

3.2 Procedures and Arrangements..... 61

 3.2.1 So What Is a RAC Mutual Help Meeting? 61

 3.2.2 The Mutual Help Group as the Foundation of RAC Treatment..... 63

 3.2.3 Self-Serving Thinking Errors 64

 3.2.4 Social Behavioral Problems (and Current Life Issues) 66

 3.2.5 RAC Mutual Help Meetings 67

 3.2.6 Variants on the Mutual Help Meetings 71

3.3 Stages of Mutual Help Group Development 75

 3.3.1 Forming 76

 3.3.2 Storming 76

 3.3.3 Norming (*Beginning of a Responsible Adult Culture*)..... 76

 3.3.4 Performing (*Responsible Adult Culture*) 76

 3.3.5 Facilitating Group Stage Development 77

3.4 Facilitative Techniques and Guidelines 77

 3.4.1 Ask, Don't Tell 78

 3.4.2 The Sandwich Technique..... 80

 3.4.3 Reversing Responsibility 80

 3.4.4 Confronting and Reminding 81

 3.4.5 Relabeling 82

3.5 Handling a Disruption: The Mini-meeting and Levels of Intervention..... 83

3.6 Concluding Comment: Saving Mr. Willis 85

References 127

Part IV Equipping Offenders to Help One Another Think and Act Responsibly

4 Equipping a Responsible Adult Culture Through Equipment Meetings 131

4.1 RAC's Three-Component Cognitive Behavioral Curriculum 132

4.2 The Three D's: An Illustrative Case Study..... 134

 4.2.1 Illustrating Moral Judgment Developmental Delay 134

 4.2.2 Illustrating Self-Serving Cognitive Distortions 134

 4.2.3 Illustrating Social Skill Deficiencies 135

4.3 Remediating the Limitations: The RAC Curriculum in a Nutshell... 136

4.4 Concluding Comment 136

References 140

- 5 Equipping with Skills to Manage Anger and Correct Thinking Errors** 141
 - 5.1 Anger Management Session 1 144
 - 5.1.1 Evaluating and Relabeling Anger and Aggression 144
 - 5.2 Anger Management Session 2 149
 - 5.2.1 Key Role of Mind in Anger, Monitoring Mind and Body, and Reducing Anger 149
 - 5.3 Anger Management Session 3 154
 - 5.3.1 Monitoring and Correcting Thinking Errors 154
 - 5.4 Anger Management Session 4 160
 - 5.4.1 Relaxation Techniques for Reducing Anger 160
 - 5.5 Anger Management Session 5 163
 - 5.5.1 Powerful Self-Talk Techniques for Reducing Anger, Thinking Ahead to Consequences, and Think of the Other Person (TOP) 163
 - 5.6 Anger Management Session 6 166
 - 5.6.1 Achieving Constructive Consequences 166
 - 5.7 Anger Management Session 7 168
 - 5.7.1 Self-Evaluation 168
 - 5.8 Anger Management Session 8 170
 - 5.8.1 Reversing 170
 - 5.9 Anger Management Session 9 174
 - 5.9.1 Victims and Victimizers 174
 - 5.10 Anger Management Session 10 178
 - 5.10.1 Grand Review 178
- References 182
- 6 Equipping with Social Interaction Skills** 183
 - 6.1 Activities and Materials 184
 - 6.2 Equipping with Social Interaction Skills 185
 - 6.3 Format of the Social Interaction Skills Meeting:
 - The Four Phases 187
 - 6.3.1 Phase 1: Showing (Modeling) the Skill 187
 - 6.3.2 Phase 2: Trying (Enacting) the Skill 188
 - 6.3.3 Phase 3: Discussing the Skill (Feedback) 188
 - 6.3.4 Phase 4: Practicing the Skill Outside the Meeting 189
 - 6.3.5 After Each Session 189
 - 6.4 Trying and Practicing in Virtual Immersion 189
 - Reference 233
- 7 Equipping with Mature Moral Judgment (Social Decision Making)**... 235
 - 7.1 Moral Judgment Stages and Developmental Delay 235
 - 7.2 Social Decision-Making Meetings 237
 - 7.2.1 The Role of the Facilitator (Equipper) 238
 - 7.2.2 The Problem Situations 239
 - 7.2.3 The Probe Questions 240

- 7.2.4 Preparations 240
- 7.2.5 Beginning the Meeting 240
- 7.2.6 Flow of the Four Phases 241
- 7.2.7 After the Meeting 244
- 7.3 Problem Situations and Key Points 244
- References 270
- 8 Final Equipment Meeting: Up or Down? 271**
 - 8.1 Up or Down? 271
 - 8.1.1 Overview of Activities 271
 - 8.1.2 Handout 272
 - 8.1.3 Procedure 272
- Appendices 275**
 - Appendix 1: Social Reflection Questionnaire 276
 - Appendix 2: Sample How I Think Questionnaire (HIT) Items,
Per Category 279

About the Authors

Granville Bud Potter (M.Ed., Bowling Green State University, 1975) has extensive administrator and practitioner experience in corrections and is a coauthor of *The EQUIP Program* (and first author of *The EQUIP Implementation Guide*). For 12 years, he was executive director of the Franklin County (Ohio) Community Based Correction Facility. While serving in this capacity, he successfully adapted the EQUIP program into Responsible Adult Culture. His previous positions were at the Ohio Department of Youth Services within the institution and parole divisions. He is also self-employed as a consultant to correctional and educational agencies, having worked with agencies in 30 of the United States, as well as in Canada, Australia, and Europe. He is a past president of the Ohio Correctional and Court Services Association. Much of his professional experience has involved the use of a peer-group modality.

John C. Gibbs (Ph.D., Harvard University, 1972) is professor of developmental psychology at The Ohio State University. He has been a member of the State of Ohio Governor's Council on Juvenile Justice and is a faculty associate of The Ohio State University Criminal Justice Research Center. His work has concerned developmental theory, assessment of social cognition and moral judgment development, and interventions with conduct-disordered individuals. His authored or coauthored books include, in addition to *The EQUIP Program*, *Moral Development and Reality: Beyond the Theories of Kohlberg, Hoffman, and Haidt* and *Moral Maturity: Measuring the Development of Sociomoral Reflection*.

Molly Robbins (M.C.J., Criminal Justice Administration, Tiffin University, 2002) is executive director at the Franklin County (Ohio) Community Based Correctional Facility. As such, she is responsible for the facility, its staff, and the Responsible Adult Culture Program (including training, supervision, implementation, and quality assurance). She has done international consulting work and has trained throughout Ohio on the EQUIP Program and the Responsible Adult Culture Program. She is a member of the American Correctional Association and the National Association

of Blacks in Criminal Justice (NABCJ). In 2009, NABCJ presented her with the Mary Church Terrell Award, presented annually for activism and positive change in the field of criminal justice at the city and state level. She has worked in corrections for over 15 years with the Ohio Department of Rehabilitation and Correction, Columbus State Community College, and the Franklin County Community Based Correctional Facility.

Peter E. Langdon (D.Clin.Psy, 2000, Institute of Psychiatry, King's College, London; Ph.D., 2010, Tizard Centre, University of Kent) is senior lecturer in clinical psychology and disability, as well as honorary consultant clinical and forensic psychologist, Tizard Centre, University of Kent. He is a past and present research fellow of the National Institute for Health Research in the UK. He has worked with offenders with dual diagnosis for over ten years and has a joint clinical academic appointment with the National Health Service (NHS) and the University of Kent. His clinical work takes place at the Broadland Clinic, a medium-secure NHS forensic mental health-care service for offenders with dual diagnosis. His research interests fall broadly within the area of developmental psychology and include the adaptation and evaluation of psychological therapies for people with intellectual and developmental disabilities. He is also working on several clinical trials of psychological therapies for people with developmental disabilities who have mental health problems.

List of Figures

Fig. 1.1	Mean incident report frequencies by month for the experimental and control groups	10
Fig. 1.2	Mean frequency of unexcused absences from school by month for the experimental and control groups.....	11
Fig. 5.1	The clown—or clowns?—in the ring.....	145
Fig. 6.1	Virtual immersion technique.....	190
Fig. 7.1	Reasons for decisions on Ray’s problem situation	244

List of Tables

Table 2.1	Basic program requirements.....	18
Table 2.2	Comprehensive program statement outline	20
Table 2.3	List of operating procedures.....	22
Table 2.4	Responsible adult performance plan (RAPP).....	39
Table 3.1	Coach’s & observer’s evaluation form: mutual help meeting	123
Table 4.1	The RAC equipment meeting curriculum in a nutshell.....	137
Table 5.1	The 10-session format for equipping with skills to manage anger and correct thinking errors	144
Table 5.2	Correcting Gary’s thinking errors.....	155
Table 5.3	Thinking ahead to consequences	163
Table 5.4	Facilitator’s and observer’s evaluation form: anger management.....	181
Table 6.1	The ten-skill sequence for equipping with social interaction skills	184
Table 6.2	Four phases of social skills learning.....	186
Table 6.3	The 10 social interaction skills in virtual immersion videos.....	191
Table 6.4	Facilitator’s and observer’s evaluation: anger management.....	232
Table 7.1	Stages in the development of moral judgment	236
Table 7.2	Completed social decisions chart, Ray’s problem situation.....	241
Table 7.3	Facilitator’s and observer’s evaluation form: social decision making	268

Part I
Introduction

Chapter 1

Welcome to Responsible Adult Culture

To correctional practitioners and cognate helping professionals with this book in hand, we offer greetings—and congratulations! You now have *Responsible Adult Culture*, or RAC: RAC is a comprehensive group-based program for helping offenders think and act responsibly. As our title indicates, RAC is a cognitive behavioral program. In other words, using RAC will help your facility to equip offenders with more responsible (mature, accurate, competent) habits of thought, choice, and action. Responsible thinking means fully taking into account the perspectives of others. It means seeing others not as objects but as persons, as *subjects* like oneself. It means habitually seeing others and situations accurately, rather than in the immature and self-centered, self-serving, or egocentrically distorted ways that lead to irresponsible choices and patterns of criminal offense.

In what sense is RAC a *comprehensive* cognitive behavioral program? The answer pertains to the “C” of RAC: *culture*. The influence of the group or culture tends to be neglected in many cognitive behavioral programs—but not in RAC. Offending behavior begins not only with the self-centered thinking of individuals but also with their cultural context: the negative norms or collective mindset and peer pressures of siblings or extended families, gangs or crime syndicates, dysfunctional or marginalized neighborhoods, or—especially relevant given the very high prevalence of drug addiction among adult offenders—networks of drug addicts and dealers. With few exceptions (primary psychopaths), offenders often affiliate with similarly antisocial individuals. Accordingly, any effective treatment program must first attend to the negative culture in which the offender is embedded. That is why 12-Step programs, for example, are group-based and impress upon members that they must cultivate networks of more responsible “people, places and things” as social supports for staying sober. Even if arrested and incarcerated, offenders may not be serious about change (the literature refers to “responsivity” or “amenability to treatment;” see also Chap. 2) unless their peers are serious about change.

For this reason, RAC starts by turning around negative social influences, that is, by establishing the crucial foundation for treatment: a *positive* social context,

specifically, a *responsible* group culture (within, for example, a residential correctional facility—and part of the “crucial foundation,” we will emphasize, is the social support represented by a responsible *staff* culture). We have refined therapeutic community, guided group interaction, positive peer culture, and other such programs into what we call a “mutual help” approach. Accordingly, RAC starts with “mutual help” meetings. The aim of these meetings is to cultivate a constructive cultural climate in which group members become genuinely motivated to change toward responsible thought and behavior.

But if a group is to become an effective change vehicle, its members must be not only motivated but also *equipped* to help one other—and themselves—change for the better. That’s why RAC is a *comprehensive* program: it utilizes both motivational (mutual help) and equipping (cognitive behavioral) approaches. Once the group culture is sufficiently positive, group members may be ready to be serious about change. Motivated to help others and themselves, they now have a reason to learn helping resources and skills (the cognitive behavioral curriculum). Accordingly, in addition to their mutual help meetings, they start to learn in what we call “equipment” meetings.

The two types of meetings derive respectively from the two approaches (mutual help, cognitive behavioral) encompassed within the comprehensive RAC program. We will emphasize in this book the *synergy* or interpenetration of these two approaches. This interpenetration means that the mutual help groups are ongoing, structured activities. We will explain how the groups are “cognitively enriched”—for example, group members identify and help one another correct “thinking errors” (self-serving excuses) that perpetuate destructive behavior. The interpenetration also means that the mutual help is not just a classroom exercise. The cognitive enrichment and cognitive behavioral tools learned in the groups are practiced by group members pretty much around the clock.

This chapter introduces RAC. We will recount RAC’s historical background; overview the RAC program in a typical setting (a community-based correction facility); present evidence that RAC (when adequately implemented) is effective in achieving its aims and goals; refer you to supplementary resources and materials; and look ahead to this book’s remaining sections and chapters.

1.1 Background

RAC’s motivating-equipping rationale has a historical background. RAC is adapted from a group-based, comprehensive cognitive behavioral treatment program for youth called EQUIP. EQUIP had its beginning in 1986, as two of the current authors, Potter and Gibbs, collaborated to co-lead a conference workshop in Columbus, Ohio on youth intervention programs. Potter knew only that his prospective co-leader was a psychology professor at The Ohio State University who was known for research on antisocial behavior. Gibbs knew only that Potter was a professional practitioner known for his work with incarcerated adolescents.

When they began planning the workshop, Potter and Gibbs shared their experiences, successes, and frustrations. Gibbs had become noted as an expert on applying a theory of moral development to delinquents. In essence, that theory proposed that antisocial adolescents “have some growing to do” in their moral judgment and that such growth would diminish their antisocial behavior. Gibbs had developed group treatment techniques for facilitating more mature moral judgment but had not found much evidence for accompanying behavioral improvement. Perhaps that was, after all, not surprising. In general, the juveniles with whom Gibbs had worked (at several Ohio Department of Youth Services facilities and at a middle school for antisocial juveniles) did not seem motivated to change. The juveniles’ participation in group discussions was often half-hearted and sometimes downright resistant. Gibbs still believed in approaches seeking to equip antisocial individuals with much-needed maturity and skills, but he sensed with some frustration that such approaches would have little impact on mind and behavior without individual and group motivation to change.

Potter, too, had applied a theory to group work with antisocial youths. Much of his early experience had been at Maumee Youth Center in Liberty Center, Ohio, where staff and administration were dedicated to implementing peer group (especially, Guided Group Interaction/Positive Peer Culture) approaches. Indeed, as a staff member and administrator since 1967, Potter had helped to innovate, implement, and refine the techniques used in such approaches. Through his experiences at Maumee and other institutions—for instance, several Ohio Department of Youth Services facilities—Potter had come to believe in the power of these techniques to motivate efforts toward change through the medium of a positive group influence. Yet Potter, too, sensed that something was missing. These approaches, which did so much to *motivate* youth to help one another, did little to *equip* them to help one another (and themselves) once they desired to do so. Because group members generally lacked positive helping skills, their efforts to help sometimes generated into name-calling, harassment, screaming, hostility, and physical conflict. Indeed, it was not uncommon for staff leading the groups to exhibit similar degeneration as they attempted to remedy these dysfunctional situations. Potter had attempted on his own to provide positive tools—for example, by devoting group time to communication skills training. But he also was left with the sense that his approach was insufficient.

During Potter’s and Gibbs’s workshop planning, the obvious struck: Each had something to offer the other. Their motivating (mutual help) and equipping (cognitive behavioral) approaches were complementary. Why not combine the approaches—that is, motivate *and* equip group members to help one another? Accordingly, the workshop preparation began to take on a comprehensive or multicomponent theme, especially as Potter and Gibbs decided to include among their cognitive behavioral or equipping “tools” those offered in Arnold Goldstein’s (and colleagues’) Aggression Replacement Training. Thanks to the inclusion of Goldstein’s and colleagues’ work, the workshop was becoming multicomponent in two senses. First, Potter and Gibbs were combining the motivating and equipping approaches. Second, with the inclusion of a modified version of the Aggression Replacement Training curriculum (for the most recent ART curriculum, see Glick &

Gibbs, 2011), the “equipping” or cognitive behavioral approach was itself now multifaceted. The cognitive behavioral curriculum became threefold, encompassing: (1) moral development; (2) anger management; and (3) social skills training. Throughout this curriculum—indeed, the entire program—Gibbs and Potter emphasized that the participants must “restructure” their problematic habits of thought. In other words, they must learn to recognize and correct their self-serving cognitive distortions or *thinking errors* (for example, to restructure or correct externalizations of blame with more accurate attributions of personal responsibility). Also (and relatedly) emphasized through the program were opportunities for participants to learn adequately to take into account the perspectives of others.

The theme of the workshop, then, was that conduct-disordered individuals will help one another effectively once they are both motivated (through a positive cultural context) and equipped (with skills and maturity) to do so. The idea seemed intuitively appealing and was well received at the workshop. Why not see if such a comprehensive program would work? Fortunately, Potter was then superintendent of the Buckeye Youth Center, a juvenile correctional facility in Columbus, Ohio. In that capacity, Potter could provide an opportunity to implement the program that Gibbs, Potter, and Goldstein (1995) came to call EQUIP. The program was developed and refined over the next 2 years at this site. Beginning in April 1989, an evaluation of the EQUIP program as established at the Buckeye Youth Center was conducted by an Ohio State University graduate student, Leonard Leeman. Leeman’s study (Leeman, Gibbs, & Fuller, 1993; see later section in this chapter) showed EQUIP to be effective both in dramatically improving institutional conduct and in cutting the recidivism rate from Buckeye Youth Center by better than half (relative to control groups), a year after participating youths were released.

In subsequent years, the EQUIP program has blossomed—with RAC representing one of its finest fruits. Potter and Gibbs have conducted a number of workshops presenting EQUIP to a variety of organizations and personnel: teachers, school psychologists, counselors, forensic psychologists, child care workers, line staff, administrators, social workers, and other helping professionals. The blossoming of the program has meant that EQUIP (or RAC) has been implemented, adapted, and (to some extent) further evaluated (beyond Leeman’s study) at various facilities or institutions in North America, Great Britain, Australia, and Europe. An early implementation was accomplished at the Minnesota Correctional Facility in Red Wing. Red Wing established EQUIP as facility-wide and foundational to its other services for its clients, namely, serious and chronic male juvenile offenders.

Some implementations have been partial. For example, the Alvis House, a halfway house for adult probationers and parolees in Columbus, Ohio, implemented the EQUIP curriculum equipment meetings (supplemented with the EQUIPPED for life game, see below) but not the mutual help meetings. Although the partial implementation was helpful at Alvis House, studies suggest that EQUIP or RAC is most effective when the full (motivating *and* equipping) program is implemented. Closer to a full adaptation was that of Ann-Marie DiBiase (and colleagues), who innovated a prevention version for behaviorally at-risk middle and high school youth (see DiBiase,

Gibbs, Potter, & Blount, 2012). Although the prevention version does not utilize mutual help groups, it does aim at the outset to counteract a negative youth culture.

Some adaptations have not even used the EQUIP name. Although Colorado's Youthful Offender System (YOS) does not identify EQUIP by name, much of the material, in consultation with Potter, has been assimilated into the YOS core program interventions (Potter's Colorado consultation resulted in *The EQUIP implementation guide* (Potter, Gibbs, & Goldstein, 2001).

RAC came to fruition in the first decade or so of the twenty-first century. Crucial to its emergence was Potter's consultation in Colorado and other locations. If youthful offenders (up to age 25) can benefit from EQUIP, Potter reasoned, an appropriately adapted EQUIP program could work more broadly with the adult offender population. Subsequent to retirement from the Ohio Department of Youth Services, Potter became Director of the Franklin County Community-Based Correctional Facility (CBCF) where he began to adapt EQUIP to the adult offender context. In early 2005, Renee Devlin, one of Gibbs's graduate students, initiated an outcome evaluation study of RAC (Devlin & Gibbs, 2010; see below). Around the same time, co-author Peter Langdon began adapting EQUIP into a kind of RAC program for male offenders with intellectual and other developmental disabilities. In early 2013, Molly Robbins, another co-author and the CBCF's long-time deputy director, took over as Director. As we will see, Robbins has enhanced the applicability of RAC to the special needs, issues, and relapse vulnerabilities of female offenders.

1.2 RAC at the Franklin County Community-Based Correctional Facility

Welcome to the Franklin County Community-Based Correctional Facility! We, the staff at CBCF, believe that you have positive potential and will work with you to make your stay here one of personal growth. We sincerely hope that you make the best of the opportunity your judge has given you. The alternative to CBCF was for you to serve a prison sentence. That prison sentence is still a possibility, and should serve as an external motivating factor for you to do well in this program. Hopefully, after you are settled into the CBCF and begin to reinvent yourself, the real motivation to do well will come from within you. You will need that internal drive to maintain your freedom and live crime-free in your community.

The level of success that you will achieve here at the CBCF is up to you. This is an opportunity for change; an opportunity to turn your life around. You will do that by learning new behaviors, thinking patterns, and coping techniques. The CBCF staff, your family and friends, and even your fellow residents can only do so much to help you gain and maintain your freedom. Most of the work and effort is your responsibility. From this day forward, you will hear a lot about becoming a responsible adult who does the right thing. Here at CBCF, you will learn and be expected to exhibit responsible adult behavior each and every day.

So begins the Resident Handbook given to offenders entering the USA state of Ohio's Franklin County Community-Based Correctional Facility. As this opening "Welcome" statement indicates, these offenders typically enter the CBCF instead of prison thanks to a judge's or parole officer's order (the offenders have committed

felonies: although the presenting felony may not constitute a threat to community safety, their felony histories typically include repeat offenses and incarcerations (see Chap. 2, “Getting Started”). In that connection, the statement refers to the possibility of revocation and jail as an “external” incentive for you “to do well in the program” and thereby regain your “freedom.” The thrust of the statement, however, concerns the offenders’ “positive potential” for genuine change. As University of Notre Dame consultant and CBCF visitor Clark Power (2010) wrote, “Building a responsible adult culture starts by treating the residents of the CBCF as [potentially] responsible adults, even though they have habitually behaved irresponsibly” (p. xx). Soon, *real* or *intrinsic* motivation will emerge: “After you have settled into the CBCF and begin to reinvent yourself, the real motivation to do well [to make your stay one of personal growth, to turn your life around] will come from within you.”

As the statement hints, RAC serves as the foundation for programming at the Franklin County CBCF. Although “most of the work and effort” will be the resident’s responsibility, help will also come from “fellow residents.” In mutual help meetings, in the living unit, and during daily activities, RAC group members live and engage in scheduled activities together as much as possible. Note not only the “C” (culture) but also the prospective cognitive behavioral learning in RAC: offenders will turn their life around “by learning new behaviors, thinking patterns, and coping techniques. . . . From this day forward, you will hear a lot about becoming a responsible adult who does the right thing. Here at the CBCF, you will learn and be expected to exhibit responsible adult behavior each and every day.” Offenders not only hear about morally responsible behavior but see it: All staff members contribute, in effect, to treatment. As noted, crucial to “responsible adult culture” are the positive tone and responsible behavior expected of *staff* members.

Again, RAC is foundational throughout residents’ stay at the CBCF. After entry, residents undergo a five-day orientation and assessment phase called Basic Training. During this phase, they read and discuss their Resident Handbook, undergo standard psychoeducational and other “modules” (pertaining, for example, to nutrition, sexual health, parenting, drug education, and employment). The employment module, for example, consists of a job readiness class that addresses key areas such as identifying marketable skills, resume writing, interview techniques, and identifying employment opportunities that are interesting and attainable. The clients also are assessed on mental health, special needs, educational level, and other factors. This assessment information then helps staff to ascertain which of certain additional psychoeducational modules may be needed for a given resident. Those assignments, along with any court-ordered requirements, are specified in each individual’s Responsible Adult Performance Plan by the RAC staff team.

At the conclusion of Basic Training, residents are “seeded” or placed in one of the ongoing RAC groups (each composed of a maximum of ten members) with consideration to the current longevity, cultural maturity, and stability of the group. The RAC staff team, comprised of at least four RAC-trained staff members (unit manager/supervisor, case manager, resident advisor, program department representative), is responsible for delivering the RAC program around the clock. The RAC program is conducted in 75-minute (mutual help, equipment) meetings,

6 per week (typically 5 days a week, with two meetings [only one of these meetings should be mutual help] held on one of the days). Although the program tools are provided in the official meetings, the program itself—the influence of the responsible culture, the constant use and practice of the cognitive tools, and emergence of more accurate patterns of thought—is an ongoing, “twenty four-seven” experience. Group members have often been heard using the “tools” in evening table and “bunk” conversations with one another. During this process, the staff team members are responsible for monitoring the progress of the group members through the program.

1.3 Institutional Conduct (Humane Institutional Climate) and Transference to the Community: Evidence that RAC Works

Given its attention to offender responsivity, EQUIP or RAC should in theory be at least as effective as other cognitive behavioral programs. What is the evidence that RAC works? Evidence pertaining to the outcome question should refer to *both*: (a) offenders’ behavior during their commitment period (does RAC reduce offenders’ irresponsible behavior and thereby promote a humane institutional climate at the facility?); and (b) offenders’ post-release behavior (does RAC lead to transference of responsible behavior at the facility to such behavior at community settings, as may be evidenced in lower recidivism rates?).

On both counts, the evidence is that RAC (or its juvenile counterpart, EQUIP) works—but only if it is implemented with high fidelity or program integrity. Langdon and colleagues (Langdon, Murphy, Clare, Palmer, & Rees, 2013) concluded from a pilot study of their RAC-style adaptation for male offenders with intellectual and other developmental disabilities that the program “represents a genuinely promising . . . first-line group-based intervention” (p. 178). The Red Wing, Minnesota facility saw its 1-year recidivism drop from 53 % to 21 % following implementation of EQUIP in 1998 (Handy, personal communication, February 2, 2008). The studies by Leeman (Leeman et al., 1993) and Devlin (Devlin & Gibbs, 2010) are especially relevant in that they investigated both (institutional and community) effectiveness questions. Leonard Leeman’s study was conducted at a medium-security juvenile correctional facility where, as we noted earlier, Potter was serving as superintendent. The facility housed approximately 200 court-committed boys aged 15–18 years (mean age 16 years). The 54 participants in the study had been committed for felonies such as breaking and entering, receiving stolen property, and burglary. Also indicated on the offense record of a substantial minority were high-end felonies such as armed robbery, felonious assault, and rape. Average commitment duration was approximately six months. During their first week at the institution, participants were randomly assigned to either EQUIP or a control group. The EQUIP treatment program took place at a living unit located in one wing of the facility building.

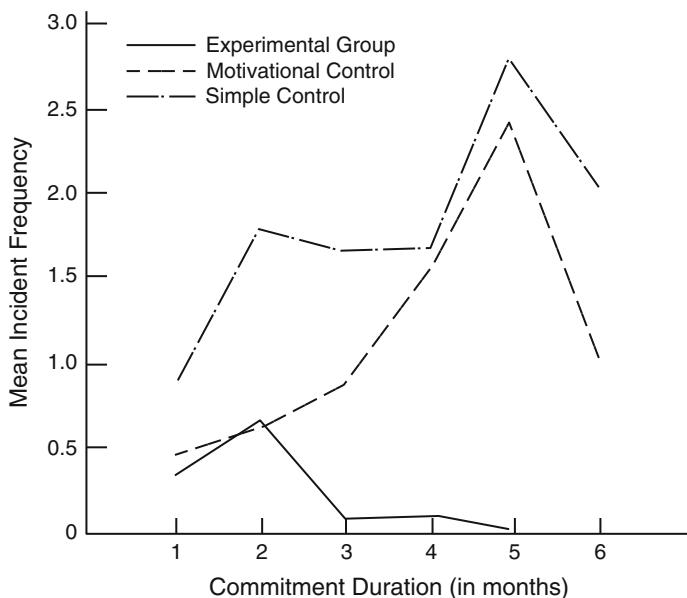


Fig. 1.1 Mean incident report frequencies by month for the experimental and control groups

Leeman and colleagues found the EQUIP program was effective in inducing both short- and longer-term change toward more responsible behavior. Relative to control group participants, EQUIP participants evidenced gains in both institutional and post-release conduct. Institutional conduct gains were highly significant in terms of self-reported misconduct, staff-filed incident reports, and unexcused absences from school (see Figs. 1.1 and 1.2). These results corroborated informal observations and comments by institutional staff that the EQUIP unit was dramatically easier to manage than other units, given substantially fewer instances of fighting, verbal abuse, staff defiance, and AWOL attempts. EQUIP's induction of more responsible behavior, then, contributed to a more humane institutional climate in that wing of the facility. Moreover, the conduct gains appeared to transfer to the community. One year following release from the institution, the EQUIP group's 15 % rate of recidivism (defined by parole revocation and/or institutional recommitment) was significantly less than the 40.5 % rate evidenced by the control groups.

As did Leeman's study of EQUIP, Devlin's study of the RAC program found evidence for both short- and longer-term behavioral gains. Devlin analyzed behavioral and other data for 221 RAC participants aged 18–61 (mean age 31 years, 70 % male) at the Franklin County Community-Based Correctional Facility where Potter was then serving as Director. These offenders were committed to the facility mainly for robberies, assaults, drug-related crimes, and probation or parole violations (many of the violating parolees' original sentences were for murder, sex offenses such as rape, and aggravated assault). Average commitment duration was approximately 5 months. During their stay, the RAC participants' conduct significantly

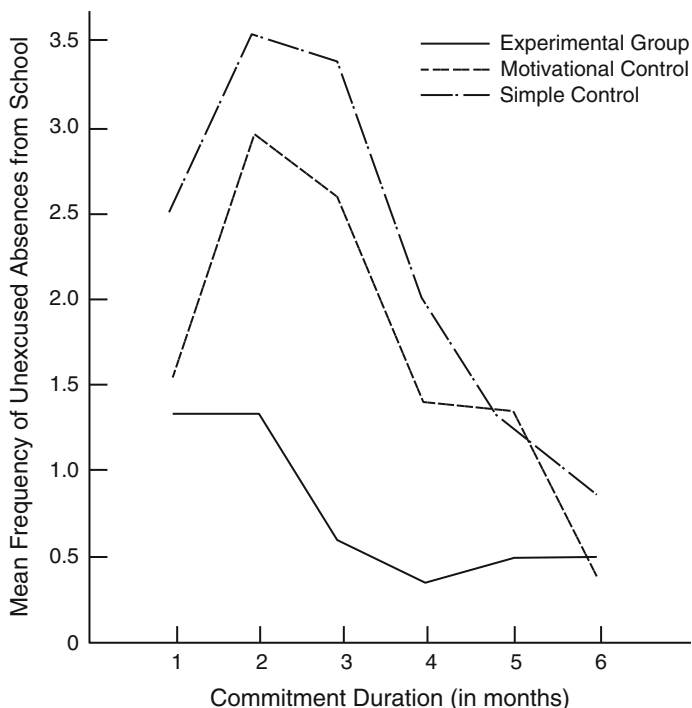


Fig. 1.2 Mean frequency of unexcused absences from school by month for the experimental and control groups

improved by two criteria: (1) institutional rule infractions reduced in frequency (cf. Leeman et al., 1993); and (2) estimated recidivism risk reduced from moderate-high (57 % risk) to low-moderate (31 %; at a comparison facility, the corresponding percentages were 57 % and 48 %). Such conduct gains made possible a humane institutional climate: although quantitative data are not available, the Ohio Franklin County CBCF has enjoyed a reputation as providing a safe and positive environment for both residents and staff. Following a site visit, University of Notre Dame Professor Clark Power (2010) provided a highly favorable evaluation:

The RAC (Responsible Adult Culture) approach to corrections is one of the most impressive of the moral development interventions that I have encountered. . . . I visited the CBCF with many questions and cautions about what I might find there. I left in awe. I experienced far more than a very well executed [cognitive] behavioral intervention; I experienced a miracle of moral community. . . . Seasoned staff and novice residents. . . . all valued what they were achieving together at the CBCF. . . . The residents were ready to change their lives [and] readily engaged in personal reflection and interpersonal counseling [and] use of program terminology” (pp. xiii, xv).

Longer-term behavioral gains were also evident, suggesting a successful transfer to the community setting. Following release, the RAC participants evidenced over a 12-month period an actual recidivism rate of 21 %—almost a third lower than

the 29 % rate at the comparison facility. Among those who did recidivate, latency (number of days before recommitment) was significantly longer for the RAC recidivators (214) than for those released from the comparison facility (150). In short, fewer RAC participants recidivated, and the fewer who did took longer to do so.

Like that of other cognitive behavioral programs, EQUIP's effectiveness appears to vary with quality of implementation. A meta-analysis that documented the overall greater effectiveness of cognitive behavioral (relative to other) programs noted that relatively weaker recidivism results were found for cognitive behavioral programs "low in strength and fidelity of implementation" (p. 155), for example, inadequate staff training, two or three rather than five weekday meetings, and high turnover among participants. A facility in the Netherlands with poor outcome results was among those that evidenced extremely low program fidelity or integrity in their implementation. In most of the facility's equipment meetings to train social skills (requiring introduction, modeling, imitation, feedback, and practice), for example,

trainers did introduce a specific skill, but did not model the skill to the participants [and] participants were not given the opportunity to practice the skill. . . . Most trainers did not discuss how participants had practiced the skill and participants did not receive feedback on their performances. . . . trainers did not stimulate participants to practice the skill outside the meeting. (Helmond, Overbeek, & Brugman, 2012, p. 13)

Beyond introducing social skills, then, the Dutch trainers in most cases implemented none of the other aspects of the social skills curriculum. RAC (and its parent program EQUIP) can certainly be included among the referents for Lipsey, Chapman, & Landenberger (2001) conclusion that "a great deal of improvement may be possible in the implementation of [cognitive-behavioral] programs" (p. 155). Given adequate implementation, however, the evidence overall suggests that EQUIP and RAC can induce responsible behavior among initially antisocial individuals.

1.4 Beyond This Book

Again, welcome to *A Comprehensive Cognitive Behavioral Program for Offenders: Responsible Adult Culture*! Now that we have introduced RAC (its rationale, history, adaptations, and effectiveness; Part I, Introduction), we can proceed to the remaining sections and chapters of this book. We will discuss how to get started (Part II, Preparation and Implementation); how to cultivate a responsible adult culture through mutual help meetings (Part III: Motivating Offenders to Help One Another Think and Act Responsibly); and how to equip adults with offending problems to help one another think and act responsibly through equipment meetings (Part IV, Equipping Offenders to Help One Another Think and Act Responsibly). Our appendices provide representative portions of certain instruments that you may wish to include in order to assess the ongoing effectiveness of your RAC program. We will also refer to other supplementary materials beyond this book, such as a broader statement of the program's theoretical and empirical underpinnings (Gibbs, 2014).

References

- Devlin, R., & Gibbs, J. C. (2010). Responsible Adult Culture (RAC): Cognitive and behavioral changes at a community-based correctional facility. *Journal of Research in Character Development, 8*, 1–20.
- DiBiase, A. M., Gibbs, J. C., Potter, G. B., & Blount, M. R. (2012). *Teaching adolescents to think and act responsibly: The EQUIP approach*. Champaign, IL: Research Press.
- Gibbs, J. C. (2014). *Moral development and reality: Beyond the theories of Kohlberg, Hoffman, and Haidt* (3rd ed.). New York: Oxford University Press.
- Glick, B., & Gibbs, J. C. (2011). *Aggression replacement training: A comprehensive intervention for aggressive youth* (3rd ed.). Champaign, IL: Research Press.
- Helmond, P., Overbeek, G., & Brugman, D. (2012). Program integrity and effectiveness of a cognitive behavioral intervention for incarcerated youth on cognitive distortions, social skills, and moral development. *Children and Youth Services Review, 34*, 1720–1728.
- Langdon, P. E., Murphy, G. H., Clare, I. C. H., Palmer, E. J., & Rees, J. (2013). An evaluation of the EQUIP treatment programme with men who have intellectual or other developmental disabilities. *Journal of Applied Development in Intellectual Disabilities, 26*, 167–180.
- Leeman, L. W., Gibbs, J. C., & Fuller, D. (1993). Evaluation of a multi-component group treatment program for juvenile delinquents. *Aggressive Behavior, 19*, 281–292.
- Lipsey, M. W., Chapman, G. L., & Landenberger, N. A. (2001). Cognitive-behavioral programs for offenders. *Annals of the American Academy of Political and Social Sciences, 578*, 144–157.
- Potter, G. B., Gibbs, J. C., & Goldstein, A. P. (2001). *The EQUIP implementation guide*. Champaign, IL: Research Press.
- Power, F. (2010). The moral education miracle at the Franklin county community based correctional facility: The influence of moral culture. *Journal of Research in Character Education, 8*, xiii–xxii.

Part II
Preparation and Implementation

Chapter 2

Getting Started

Now that you've been introduced to RAC, how do you get started? This chapter (Part II, Preparation and Implementation) provides guidelines and materials that should be helpful as you—especially, your facility's director (superintendent, warden, or chief administrator), in consultation with staff—prepare to implement the RAC program. In the last chapter, we described RAC's group-based, motivating-equipping rationale and how the program evolved. We also introduced RAC's aim or goal (to promote responsible thinking and acting; and thereby to promote a humane and safer institutional climate as well as clients' eventual successful community reentry). Finally, we presented evidence that using RAC, given adequate program fidelity, can help your facility achieve such a goal or mission.

Our guidelines are couched in the form of a Comprehensive Program Statement. An adequately prepared facility—whether residential or non-residential—is one that has in place an explicitly stated and widely understood treatment philosophy and organizational structure. The statement should specify the formal written administrative and programmatic basis from which to operate—a game plan, if you will. The statement is comprehensive, providing guidelines for establishing both program and organization (see Table 2.1, Basic Program Requirements Checklist; Table 2.2, Comprehensive Program Statement Outline; and Table 2.3, List of Operating Procedures).

Informally speaking, what are you (or what is your facility) all about? What is your mission? What is your program and organization for accomplishing the goals of that mission? If it hasn't already done so, your facility (your administrator in consultation with staff) should formulate a Comprehensive Program Statement addressing these questions (see Table 2.2). Since RAC is itself a comprehensive program (Chap. 1), this "comprehensive program" statement could even be called "meta-comprehensive" and "meta-programmatic." In any event, the statement should cover some basic and broad questions addressed in sections concerning certain topics. Again, what is your institution's programmatic mission (aim, goal, purpose)? (If your program is a unit located within an institution such as a prison, or a division of a larger community-based organization, your mission must of course

Table 2.1 Basic program requirements

Completed by _____		Date _____
<i>This form applies to both residential and nonresidential settings.</i>		
1.	Are there policy and supporting procedures that ensure a safe, secure and humane environment for the program participants, residents and staff alike?	__ yes __ no
2.	Has the agency mission statement been clearly articulated and conveyed to the staff?	__ yes __ no
	a. Can the staff explain it without hesitation?	__ yes __ no
	b. Does their work with the client(s) reflect the mission?	__ yes __ no
3.	Has a comprehensive program statement been written and conveyed to the staff?	__ yes __ no
	a. Characterization of the client population?	__ yes __ no
	b. Overview of the program?	__ yes __ no
	c. Expectations for staff?	__ yes __ no
	d. Complete program description?	__ yes __ no
4.	Have basic directives related to safety, security, client behavior and discipline been written and routinized through practice, and enforcement?	__ yes __ no
5.	Has the entire staff, including all administrative and supervisory personnel, been trained in the Responsible Adult Culture program?	__ yes __ no
6.	Have the group leaders (Coaches and facilitators) been trained in the delivery of the various types of meetings?	__ yes __ no
7.	Do individual staff performance evaluations, including administrative and supervisory personnel, reflect that person's support for and practice of each component of the program?	__ yes __ no
8.	Has "unit program management" been implemented throughout the facility?	__ yes __ no
9.	Are the administrative and supervisory staff, on all shifts, held to a high level of program support and practice?	__ yes __ no
	a. Is program compliance a routine agenda on each administrative/supervisory meeting?	__ yes __ no
	b. If routine reports (monthly, quarterly, etc.) are required, is program support and practice a required reporting item?	__ yes __ no
10.	Are the administrative and supervisory staff, on all shifts, held to a high level of program support and practice?	__ yes __ no
	a. Is program compliance a routine agenda on each administrative/supervisory meeting?	__ yes __ no
	b. If routine reports (monthly, quarterly, etc.) are required, is program support and practice a required reporting item?	__ yes __ no

(continued)

Table 2.1 (continued)

11. Are staff organized into multidisciplinary, nonhierarchical teams?	__ yes __ no
a. Is there a directive stating the purpose and operations of the team?	__ yes __ no
b. Do teams meet at least once per week for a minimum of 90 minutes?	__ yes __ no
12. Have staff members received training on appropriated interpersonal behaviors, and are staff expected to practice these behaviors at all times?	__ yes __ no
13. Is there a program integrity (quality assurance) system in place?	__ yes __ no
a. Are operational standards in place and regularly reviewed for compliance?	__ yes __ no
b. Are the coaches and equipper/facilitators routinely observed and critiqued by one another and/or knowledgeable trainers?	__ yes __ no
c. Are treatment teams routinely observed and critiqued by knowledgeable trainers?	__ yes __ no
14. Do most clients who complete the program view their participation as a positive experience?	__ yes __ no

mesh with that of the larger facility.) Given that mission or purpose statement, what is your treatment rationale or program philosophy? To whom are you delivering this program? That is, how would you describe your client population? How will the program help offenders overcome their typical limitations, problems, or issues? In that connection, what qualities are expected of staff? How would you characterize effective, helpful staff members? And what about organizational structure? For example, what procedural arrangements are in place to insure program integrity?

That’s a lot of questions! Perhaps an outline of what we will cover in “Getting Started” will help.

Chapter Outline

2.1 Mission (promoting responsible adulthood at its core)

2.2 Program

2.2.1 **The client population** (positive potential and hence accountability despite limitations, substance abuse and mental health issues, and, in some cases, intellectual and developmental disabilities)

Table 2.2 Comprehensive program statement outline

Completed by _____ Date _____

Include attachments as needed.

Mission statement

Write a paragraph that succinctly presents the purpose of the agency/unit/program.

Guiding principles

List the underlying values, beliefs, and concepts that define the program content and delivery. (You may have to expand the list to more than the number available here.)

1. _____

2. _____

3. _____

4. _____

5. _____

Program overview

List and briefly describe all of the curricular components. The listed areas should eventually have formal, comprehensive descriptions with related operational procedures readily available for staff reference.

Population description

Nature and expectations of staff

(continued)

Table 2.2 (continued)

Client assessment and planning

Counseling (individual, group, methods)

Education (list all areas and levels, college classes, job training, GED, etc.)

Community service

Community agencies and services (utilized by clients while in program counseling agencies, employers, health department, etc.)

Aftercare (post-program counseling and supervision activities such as counseling, AA/NA, etc.)

Other components (spiritual, recreational, probation/parole officer contacts, work assignments, tutoring programs, etc.)

Table 2.3 List of operating procedures

Completed by: _____ Date: _____

List all of the required procedures to ensure appropriate levels of safety, security and program delivery. You may need to extend your list beyond these examples to meet all of your legal and voluntary requirements.

Administration and Management (responsibilities, leadership, etc.)

Safety, Security and Emergency Procedures

Assessment, Intake, Program, Activity and Release

Care (Health, Food Service, Housing Conditions)

Records (Public, Retention, Accreditation Files)

Behavior Management Systems (Rules, Consequences, Level System, Grievances, Positive/Negative Reinforcement)

(continued)

Table 2.3 (continued)

Staff Teams (*Purpose, Composition, Meetings and Agendas, Responsibilities*)

Program Delivery (*Curriculum Statements and revisions, Schedules, Reports*)

Staff Development and Training (*Pre-Service, On-the-job, Continuing Educations, Lesson Plan Format*)

Quality Assurance (*Standards, Review Process, Program Evaluation, Research, etc.*)

Other (*Budget, Personnel, Visitors, Transportation, etc.*)

2.2.2 **Treatment** (philosophy, guiding principles; RAC motivating/equipping rationale)

2.2.3 **Expectations and Guidelines for Staff** (importance of cultivating a therapeutic alliance with the clients, modeling responsibility, asking rather than telling, and using the group to deliver the program; group leaders or facilitators [specifically, coaches in mutual help meetings, equippers in equipment meetings]; optimal staff qualities, styles, and modes; how staff should be introduced to the RAC program)

2.3 **Program Organization and Procedures** (unit program management with RAC staff teams at its core; importance of accurate and systematic feedback; adequate feedback involves the use of standardized assessment measures as well as daily activity reports, logs, and summary reports; importance of having procedures in place for evaluating program integrity; basic training and the Responsible Adult Performance Plan; RAC groups and meetings)

2.4 **Concluding Comment**

So “Getting Started” (preparation and implementation) starts with the mission statement.

2.1 **Mission**

What is your program’s basic mission, aim, or purpose? What do you hope to accomplish as you deal with those in your care? Again, your facility’s director, in consultation with staff, must play a leadership role in formulating your mission statement. A mission consistent with RAC might state: “To impart motivation and skills so our adult offender participants can and will help one another think and behave in ways that are responsible rather than harmful to others and themselves.” As indicated in Chap. 1, the hope expressed to clients entering the Franklin County CBCF is that they will develop a “real” motivation from “within” to become “a responsible adult who does the right thing; that is, does the legally, morally and socially correct thing.” Consistent with that hope, Franklin County’s CBCF “statement of purpose” refers to motivation, constructive skills, and values, with resultant successful community adjustment—along with the maintenance of institutional and community safety:

To provide, as a sentencing option for selected offenders, a controlled and regimented environment that is motivational and safe; that promotes the values of work and self-discipline; and develops useful skills and abilities through an individualized but group oriented program. The CBCF program is designed to motivate the residents, meet their individual needs, and assist them in gradual and successful community reentry while providing for security and public safety.

So your mission statement might include, at its core, the promotion of responsible adulthood and successful community reentry—along with the maintenance of a safe environment and humane culture for all concerned. The facility should be

secure (per legal requirement), as well as humane and safe both physically (e.g., with appropriate and clean living conditions, adequate food and clothing) and psychologically (e.g., with clearly established norms for behavior, structured activity and routines, and predictability in relationships).

In short, the facility should be a healthy place. It is the healthy institutional environment that makes the client(s) feel safe enough to identify and address personal current life issues and problems and start their movement toward becoming a responsible adult who respects the views and rights of others. It should also be a place whose mission statement addresses “responsivity” or barrier-to-treatment issues. Such barriers most often refer to an individual’s internal issues (see below), but can also be found “externally” in the unhealthy cultural environment of a residential setting, community organization, or even a neighborhood.

How does the facility accomplish such a mission? What are the means to this end? Other sections of your Comprehensive Program Statement—pertaining to program and organizational procedures—should provide guidelines (policies, practices) for achieving the mission.

2.2 Program

In connection with mission, the programmatic statement should briefly articulate the underlying philosophy of its treatment. This program philosophy section should include subsections on client population, treatment rationale, and expectations/guidelines for staff.

2.2.1 Who Are Our Participants? The Client Population

A broad characterization of those in need of treatment for antisocial behavioral problems can be drawn from pertinent literature reviews as well as staff experience. In this subsection, you may wish to emphasize that your clients (or, more precisely, dependents during their institutional sentence) do have positive potential and accountability—along with responsivity issues, limitations, or problematic tendencies that need treatment if they are to actualize their potential and become responsible adults. Although like others of the same age and gender in many respects (see below), each client must be considered and respected as an individual. As we will see (below), each Responsible Adult Performance Plan (treatment plan) must be specific to that individual’s current life issues: criminogenic, mental health, substance abuse, and internal and external responsivity. The client’s treatment plan is a psychological formulation that is “shared” or developed jointly with appropriate staff and the individual. The shared plan can then help the RAC staff team to understand the treatment needs of each individual and to consider how interventions can be tailored to address those needs.

2.2.1.1 Positive Potential

A balanced characterization of offenders should begin by affirming their positive potential (despite temporary regressions). In these terms, many offenders are very much like other adults in their age group. Many offenders, for example, evaluate as “important” or even “very important” such moral values as keeping promises, telling the truth, helping others, raising good children, saving a life, not stealing, and obeying the law. When faced with a choice of hypothetical worlds, they are likely to choose a world that would be nonviolent and caring. They are also likely to suggest responsible decisions with regard to many hypothetical problem situations (see reviews in Gibbs, Potter, & Goldstein, 1995; Gibbs, 2014). Many (with the possible exception of primary psychopaths) also have a biologically rooted predisposition to empathize with others. They have a need to love and be loved, to belong and contribute to a group, and to feel worthwhile to others and themselves. Many sincerely want to make competent life decisions, stay sober, and maintain stable employment. It is important that staff members understand that it will take time for the clients to realize their positive potential in these respects. Clients with special needs or a long history of a criminal lifestyle will require greater staff patience, effort, and insistence upon accountability. Nonetheless, their positive potential can be realized as limitations and issues are overcome.

2.2.1.2 Limitations

As you well know, your clients’ positive potential has not been realized. Many have not even completed high school and have failed to hold a job for more than a few months or even days. Many have experienced social exclusion and have lived on welfare supplemented by criminal acts for much of their lives. These educational, employment, and other shortfalls are due at least partly to the limitations or problematic tendencies that generally characterize offenders. Briefly (these limitations will be elaborated in a later chapter), offenders tend to have the “3 Ds”: *delays* in moral judgment; *deficiencies* in skills pertaining to balanced and constructive social behavior, and self-serving *distortions* in their social attitudes, beliefs, and thoughts. (Non-psychopathic) offenders’ potential empathy and caring for others tend to be neutralized by these self-serving distortions as well as by the antisocial norms of their subculture. Again, such limitations in maturity and skills partly explain why offenders have generally fallen short of their potential for positive values, feelings, constructive satisfaction of needs or wants, and responsible decision-making. A self-centered or self-serving orientation, for example, means that offenders’ ways to fulfilling their needs or desires often deprives others of the opportunity to fulfilling *their* needs.

Related to these limitations are Substance Abuse/Mental Health Issues; as well as intellectual/developmental disabilities; and accountability. We elaborate below.

2.2.1.3 Substance Abuse and Mental Health Issues

Although sincerely wanting to remain sober, many offenders have seriously abused alcohol and other drugs and as a result have addiction problems that must be addressed in specialized treatment modules and 12-Step programs. Staff members must be informed about addiction as a disease syndrome recognized in the medical literature, and such problems should be appropriately incorporated into individualized Responsible Adult Performance Plans. Unless clients can stay sober and overcome drug addictions, it will be almost impossible for them to realize their positive potential. Compounding these problems for some offenders are mental health issues (Brown et al., 2013; Fazel & Seewald, 2012; Jackson et al., 2011; Lynch et al., 2014; Morgan et al., 2013). Including such issues and histories within the individualized Responsible Adult Performance Plans promotes the plans' usefulness not only in guiding specified interventions but also in managing risk. Coauthor Langdon has found that clients with marked mental health issues, such as those experiencing acute psychosis, require specialized treatment alongside RAC. Mental health problems may increase the risk of violence; this risk increases further when individuals with mental health problems abuse illicit substances (Van Dorn et al., 2012). Accordingly, substance abuse problems represent a specific challenge to the successful recovery of some offenders.

Mental health and addiction problems can increase the risk of criminal behavior insofar as they become integrated into the landscape of distorted thinking used by offenders to justify and maintain their criminal behavior (see next chapter). We have heard some offenders blame their criminal offending behaviors upon their mental problems and associated social circumstances (e.g. "I did it because I was unwell" or even "because I had to self-medicate") or their addiction (e.g. "It only happens when I am stoned or drunk").

These excuses may entail some truth, and in any event clients should be treated with positive regard, respect, and constructive caring as the shared treatment plan evolves. Some troubled individuals do, in a sense, self-medicate (Khantjian, 1990). They may, for example, be motivated to abuse alcohol to soften traumatic memories, heroin to blunt rage, or amphetamines to counter depression. Nonetheless, such strategies also risk addiction and enable offenders to escape responsibility for managing their issues and constructing responsible lifestyles. Offenders must be challenged to acknowledge that their substance abuse can lead (or has led) to addiction, has contributed to their criminality, and has further aggravated their exclusion from mainstream responsible society. Put positively, offenders must be challenged to take responsibility to use legal and legitimate options for managing their mental health and other problems.

2.2.1.4 Intellectual and Developmental Disabilities

People with "dual diagnosis," that is, offenders with comorbid "mild" intellectual and other developmental disabilities are a vulnerable population with specific treatment needs. Their criminal offending rate may or may not be higher than that of other offenders.

Dual-diagnosis cases include: individuals with specific developmental disabilities (such as autism spectrum disorder) characterized by problems with cognitive, social and emotional functioning, including difficulties with general intellectual functioning. Like other offenders, these individuals are at risk for evidencing limitations such as moral developmental delay, difficulties with perspective-taking and emotion recognition, anger management, and social skills. In later chapters, we will discuss specific adaptations to the RAC program that take into account the needs of this population.

2.2.1.5 Accountability

Your facility's participants are best helped when they are held personally accountable for their choices and actions. All too often, for example, supervisees who "drop dirty" multiple times in drug tests are merely warned instead of being held accountable (brief jail time, movement to treatment, etc.) Given their ratings of moral values as important and even highly important, offenders must know on some level that their acts against others and society have been morally wrong. Insisting on accountability means respecting these individuals and believing in their potential to overcome their limitations and barriers—to achieve positive and productive lives.

Accountability in the present discussion is the constructive confrontation of wrongdoing that will enhance the client's ability to identify, own and replace their harmful behaviors. "Confrontation" should be distinguished from disciplinary action. Yes, a disciplinary system must be in place and appropriately practiced, but the RAC program should not be used as the disciplinary system. Supervisory and administrative staff members should decide upon the disciplinary action, taking into account the client's needs, special needs, length of time in program, as well as performance and effort in program. If instead the RAC program is used as discipline, the program mission will not be achieved. The group members will withhold their real issues from the group and will fake conformity to avoid punishment. Helping skills will not be developed, confrontation won't become constructive, and members will feel overpowered as the group devolves into a disciplinary cult (Brendtro & Mitchell, 2015).

2.2.2 Treatment

How do we help our participants overcome their limitations—to become responsible adults? What is the treatment rationale, its guiding principles? What expectations and guidelines for staff does it imply? The Comprehensive Program Statement will presumably highlight Responsible Adult Culture (RAC) as the foundational treatment program for accomplishing the mission of cultivating responsible adulthood.

RAC's treatment rationale was described in Chap. 1. Briefly, RAC uses groups to motivate (mutual help meetings) and equip (equipment meetings) group members to help one another and themselves to overcome limitations or problematic tendencies as

they cultivate responsible cognitive and behavioral habits. Across these motivating and equipping meetings, your overview of RAC treatment should emphasize two themes: (1) cognitive restructuring (identifying and correcting self-serving thinking errors); and (2) social perspective taking (thinking of others as persons in their own right with legitimate expectations and concerns). We will have much more to say about these themes and about mutual help and equipment meetings in later chapters.

2.2.3 Expectations and Guidelines for Staff

The Comprehensive Program Statement is formulated not for show but to describe what your facility is all about in its work and culture. Given its mission and RAC-oriented treatment approach/rationale, what expectations and guidelines should the Statement specify for staff?

Essentially, to fulfill the mission via the treatment rationale, staff members facility-wide should view and work with offenders in positive and responsible ways. As indicated, staff members should view offenders as having—despite limitations—positive potential and hence accountability. Retaining this positive view as one deals with offenders (also called here clients, residents, or participants) is not always easy, but it's possible. Indeed, it is necessary and must be expected of staff. Each time a staff member interacts with a resident, it should be seen as an opportunity to take one more step toward fulfilling the mission statement. A problem is an opportunity to grow. A resident's problem or instance of a limitation may be a "teachable moment," an opportunity to take that step. As RAC's first author Potter likes to say, progress in this business is "incremental," that is, usually proceeds one step at a time (with an occasional temporary step back in the process).

Progress toward responsible adulthood not only includes regressions (sometimes severe) but also takes time. It is more a marathon than a sprint for the client. The client's marathon actually includes (and *should* include) post-release time periods with supervision, as they establish themselves in the community. For the staff members, their contribution to clients' remediation and progress is more of a sprint, given the clients' relatively brief length of stay. For example, at the Franklin County CBCF the average length of stay is 142 days with a maximum of 180 days—a short period of time to remediate clients' many years of delays, distortions and deficiencies. Hence, staff members' concentration on and practice of RAC program integrity must be *intense* and *consistent*.

The use of the RAC grouping in all settings provides around-the-clock opportunities for practice of the "equipment" introduced in the Equipment Meetings and personalized in the Mutual Help Meetings. Residents at the Franklin CBCF often comment on the discussions they have, on the Hall or in their rooms, with their "RAC brothers" or "RAC sisters" about issues and subjects discussed in group meetings. By using groups in this manner the cognitive-behavioral programming is an ongoing activity. A former CBCF resident stated: "This place is set up to brain wash you 24 hours a day and that's a good thing for people with really dirty brains. We get to

clean up our own brains. How you think is how you act.” As we indicate below, certain expectations and guidelines apply to staff members’ provision of these opportunities.

2.2.3.1 Therapeutic Alliance

Steps or increments of real change work through connection. The genuine connection of a staff member to a resident(s)—sometimes called a *therapeutic alliance*—is crucial to the success of the resident(s) and the staff member. Each staff member (including security staff) is expected in RAC to work to establish a positive relationship with each resident. This relationship is professional and authoritative—a balance or middle ground, as it were, between *authoritarian* (harsh) and permissive (indulgent; overly personal or inappropriately friendly). Staff members should give genuine (deserved) positive feedback to residents (one thumb rule is to give at least four positives to every negative, starting with the positive; cf. “pat and swat” or sandwich technique, Chap. 3). The affirmation message is: “I believe you can succeed. You can get a good job, stay sober, work hard, and be honest with yourself and others.” If a resident believes that you genuinely believe in them and are interested in their success, they will be much more willing to accept your feedback, work with the program, help others, and do their best to become responsible adults.

2.2.3.2 Modeling Responsibility

To be effective and helpful, staff members should remain mindful of the impact they have on their clients and their fellow workers. Granted, change is ultimately up to the resident. Nonetheless, staff members should model responsible behavior, professionalism, and integrity. After all, how will the offenders’ (and the facility’s) culture become responsible and humane if the *staff* members’ culture is not responsible and humane?

Residents watch staff, perhaps more than staff realize; hence, staff had better practice what they preach; an excuse such as “do what I say and not what I do” simply will not work. When observing a staff member (including supervisors and administrators), clients should see a responsible person. They should see someone who is on time and prepared; who says hello and good bye with eye contact; who smiles, listens, and gives honest, accurate feedback; who uses the program content and language; who responds without undue delay; who says I don’t know if they don’t know; who demonstrates genuine care and concern for others . . . get the picture? Residents know when a staff member is being Self-Centered (to use our thinking error language; see Chap. 2), for example, shirking their duties and expecting other staff members to do their work. Residents learn and practice the facility language well enough to recognize Blaming Others when they overhear a staff member say their mistake is entirely a coworker’s fault; or Mislabeled when they overhear a staff member making an undeserved disparaging comment about a

coworker or a client; or if they discern that a staff member is fronting in the presence of a supervisor. It only takes one or two such comments or actions for a resident to lose respect for the staff and stop working toward responsible personhood and a humane institutional climate. Even if you cannot be overheard, negative comments are irresponsible. Don't make them.

Again, staff members are expected to work with residents in courteous, humane and responsible ways. The staff member must recognize that the client has progressed through the criminal justice system from apprehension, arrest, prosecution and judicial action, and is now into the system's punishment and/or treatment phase. The punishment is the isolation and separation from family, friends and the community (prison or community residential setting), or a perhaps controlled and supervised interaction with the community (probation or parole). Staff member misbehavior is not expected to be, nor shall it be, part of the punishment imposed by the court. The staff member is not to be punitive, but neither should he or she be permissive. The staff member is not working to be liked, but to be respected.

These expectations for staff to work as responsible professionals imply certain optimal qualities, interaction styles, and modes of intervention as the staff members lead daily activities, classes, work details, and group meetings. Constructive interaction techniques for staff are noted later; one of the most useful is called Ask, Don't Tell (see below).

2.2.3.3 Staff Qualities

If staff members are to develop a positive and effective staff culture, they should evidence and attempt to cultivate in one or another at least the following qualities:

Knowledge of the cognitive behavioral/RAC Program: Understands program by using the language and adhering to program content, techniques, and practices.

Communication: Possesses sound receptive and expressive language skills. Understands what is written and said by the clients and fellow staff members, asks appropriate questions for better understanding and to attend to instructions and necessary information. Can put corresponding thoughts into appropriate actions, words, and written documents in a way that can be easily understood.

Understanding of self: Working knowledge of one's own feelings, values, beliefs, abilities, limitations, and needs. Must be willing to change one's behavior when it hinders working with, or the work of, the client or coworkers.

Understanding of others: Willingness to explore and listen to what others (for example, coworkers) feel, believe, think, and need.

Professional Commitment: Actively involved in the timely and appropriate delivery of the program and activities; works responsibly with staff team and RAC in general. Accepts responsibility and willingly contributes as much as possible beyond one's role or function. Adheres to and respects the legitimacy of client confidentiality expectations.

Objectivity: Views all clients as possessing positive potential and deserving of appropriate treatment regardless of criminal history, age, race, ethnicity, national origin, sexual orientation, sex or gender, ability, and religion. Does not personalize clients' negative verbal and nonverbal misbehavior to an extent that hinders or negates a clients' opportunity to succeed in the program.

Participation in decision making: Willingness to invest time and energy in the shared staff team decision-making process.

Forthcoming and forthright, open, responsive to feedback: Willingness to say what is on one's mind, confront peers constructively to enhance job performance, and respond non-defensively to constructive feedback from others or to opportunities to learn from mistakes; in other words, a constant desire that is acted upon to improve and help others to improve.

Perseverance: Ability to sustain commitment to (and not abandon) clients or staff with whom one is working; possess or develop patience and endurance, even under stress; and follow through with the implementation of program requirements and team decisions.

Availability: To the extent feasible, all staff members should be available, in presence and demeanor, to the clients and fellow workers. Administrators and supervisors should visit the staff and the clients frequently to demonstrate knowledge of and support for the program.

2.2.3.4 Coaching and Equipping

The above qualities should be evident as RAC treatment staff members lead residents in daily routines, activities, and group meetings. As we noted in Chap. 1, the motivating-equiping rationale is implemented through "mutual help" and "equipment" meetings. Whereas the leader (or facilitator) of the mutual help group (in RAC terms, the coach) coaches, the leader of the equipment group (the equipper) equips by teaching. Mutual help group coaches, like athletic coaches, operate from the sidelines. Their interventions are designed to maximize the players' positive teamwork without disrupting them or distracting their attention from the activity at hand. For example, the mutual help coach might interject at an appropriate point (e.g., "The group may want to share with Mr. Smith the thinking ahead concept"), just as a basketball coach might interject a message like "Know where the ball is." Mutual help coaching and other techniques (for example, "reversing responsibility" and "confronting") will be discussed further in the next chapter.

Of course, the distinction between coaching and teaching is not cut-and-dried. Much of the coach's guidance is a subtle form of teaching (especially in early meetings when procedures must be established), and much of the equipper's teaching amounts to guiding the group (through social skill role-plays, problem situation discussions, etc.). And staff members in both contexts need to draw upon qualities such as communication and perseverance. Yet it is only the equipper who has an explicit curriculum (Chap. 4) to teach.

2.2.3.5 Using the Group to Deliver the Program

In the final analysis, the vehicle for RAC treatment is not the mutual help coach or even the equipment meeting facilitator but the responsible culture of the group itself. Although the group leader (coach or equipper/facilitator) should not be passive or uninvolved, the leader should remember that his or her primary role is to cultivate the responsible culture of the group. Group members must be involved and empowered, indeed must “own” the treatment process for other group members and themselves. Would you want things any other way? After all, if the group doesn’t “begin to assume responsibility for its own functioning,” Irvin Yalom (1985) pointed out decades ago, then “the members are dependent upon the leader to supply movement and direction, and the leader feels increasingly fatigued and irritated by the burden of making everything work” (p. 126).

2.2.3.6 Ask, Don’t Tell

The group must be stimulated, then, to grow into the stage (see stages of group development, Chap. 3) of group responsibility for positive change in its members. To foster this development, the group leader (whether coach or equipper) should ask the group questions. By nature, questions require the listener to think and “own” their answers. Thomas Lickona (1983) characterized the questioning style as the “ask-don’t-tell method” of constructive intervention—often referred to as Socratic questioning within many cognitive behavioral programs. Use of this and other techniques in the context of coaching mutual help meetings will be discussed further in the next chapter.

2.2.3.7 Styles and Modes

Just as the coach-equipper distinction is not cut-and-dried, neither are distinctions in how staff members intervene with residents. Differences in preferred style or mode of intervention across staff members can be complementary and even synergistic. Decades ago, Harry Vorrath and Larry Brendtro (1985) described three distinct styles among group leaders: the “demander,” “soother,” and the “stimulator.”

The *demander* is the [staff member] most comfortable in an authoritarian role. Usually he sets clear expectations, is willing to confront [clients] if they fail to meet these expectations, and is viewed by [clients] as firm, strong, and not easily manipulated. . . . The *soother* is skillful at building interpersonal relationships and in communicating a warm, relaxed tone to [clients]. . . . The *stimulator* is usually adept at motivating [clients] toward creative and productive activity. He serves as a catalyst in the program as he transfers his . . . enthusiasm to [participants]. (p. 62)

Successful cultivation of a responsible adult culture among the residents requires, in varying proportions, the firmness of the demander, the warmth of the soother, and enthusiasm of the stimulator. The pure demander, soother, or stimulator can be disastrous. For example, *demanding* devoid of *soothing* amounts to anger or hostility and invites power contests. By the same token, *soothing* must be tempered with firmness. The staff member who soothes by doing favors, making concessions, and giving baseless compliments is seen as weak, easily manipulated and totally accepting. Such staff members quickly lose credibility as demanders and become vulnerable to manipulation and exploitation as group members fail to own the treatment process. As another example, the *stimulator* cannot always be a cheerleader to gain cooperation. Stimulators must also mix in demanding and soothing; otherwise the client will be ill prepared for real-life situations.

Roughly corresponding to the demander, soother, and stimulator *styles* are three *modes* of intervention: *directive* (telling clients what to do, where and when to do it, and how to do it), and *supportive* (actively listening to, sympathizing with, or encouraging a client), and *therapeutic* (for example, suggesting that a client “think ahead” or counseling against a thinking error). The professional staff person is adept at applying the appropriate mix of these styles or modes as a function of the particular situation and the individual client. For example, the demander style/directive mode may be prominent when staff members are dealing with moving a group from the living unit to the cafeteria or taking head count. The clients are much quicker to cooperate with a demanding staff member who is also a frequent soother and stimulator. Again, unit work, group work (whether as security worker, supervisor, coach or equipper), and achievement of therapeutic alliances require an appropriate blend of these styles or modes.

2.2.3.8 Introducing the Program to Staff

A proactively involved, responsive administrator is crucial to the successful implementation of RAC in any setting. “Find a school [or correctional facility] with a healthy moral environment and a program for teaching good values [and responsible habits] and you’ll find a principal [or administrator] who is leading the way or supporting someone else who is” (Lickona, (1991), p. 325). Proactive involvement, by the administrator and his/her assistants, includes introducing the RAC program to the staff so that they will become equipped for its implementation. Although the style of presentation may vary as a function of agency type or population, the basic content of the introduction should include the points addressed in the following sample script:

Welcome to RAC, a treatment program that is scientifically based and carefully structured. The mission of RAC is to give our residents motivation and skills so that they can effectively help one another think and behave in ways that are positive rather than harmful to themselves and others. This is our mission, yours and mine and all members’. RAC is the basic treatment program we will use to fulfill our mission. Achieving our mission will be more like a marathon than a sprint. RAC takes more time and work than does a quick fix, but the research shows that RAC is effective.

To help us better understand our mission, we will now complete an exercise that we also use with the residents. The exercise is called The Prisoner's Advisor's Problem Situation [see Chap. 4].

The ensuing discussion of the reasons for recommending House B in the Prisoner's Advisor's Problem Situation should give staff a clear grasp of the Responsible Adult Culture aims for both staff and residents. Indeed, this exercise should enable staff members to endorse common positive values (caring, safety, trust) and thereby to develop a positive and responsible staff culture. Again, it is crucial to RAC's success for staff to model a responsible adult culture. The administrator could continue by communicating other sections of the Comprehensive Program Statement, for example, how staff should view and interact with the residents.

[*Stress positive potential.*] Fortunately, to fulfill our mission, we don't have to start from scratch. As you'll find out, not only we but also most of our residents also pick House B when they do this exercise. In other words, it is important for us to recognize our residents' positive potential. Most of them, too, believe that keeping promises, telling the truth, helping others, and so on, are important moral values.

[*Acknowledge limitations.*] It's great that our residents generally have positive potential—but not so great that they don't live up to that potential. That's our challenge. Research shows that most offenders are immature in their moral judgment; poor at managing their anger; self-servingly distorted in their thoughts, attitudes, and beliefs; and unskilled in constructive social behavior. RAC is scientifically designed to remedy these limitations. You'll find out about mutual help and equipment meetings. Equipment meetings equip residents with the tools they need for overcoming these limitations so they can effectively help one another and themselves. You'll also be learning about mutual help meetings; these are the meetings in which the clients will help one another with their problems and critical life issues. The residents first come together in mutual help meetings. These meetings will engender the motivation to learn the concepts and skills to be taught in the equipment meetings. The equipment meetings must start at the same time or within a few days to provide the tools needed to create genuine mutual help meetings. Remember our clients' limitations or problematic tendencies. If only mutual help meetings are run, they will eventually get frustrated—and may resort to put-downs and threats or fronting behavior (false conformity to “get out” of the program) instead of constructive helping behaviors. So we start our equipment meetings soon to give them the helping tools as well as the cognitive behavioral skills they need to become responsible adults and “stay out” of a dysfunctional lifestyle. A frequent question we ask of the client is; “Do you have a get out plan, or a stay out plan?” (Note: Those conducting a nonresidential community or school program mainly [beyond the House A/B exercise] present the equipment meeting curricula to the clients or students.)

[*Emphasize accountability and social perspective taking.*] The fact that our residents have these limitations does not mean that they aren't accountable for their behavior. As we noted, most of them acknowledge the importance of moral

values, so in some sense they “know better.” It’s true that many of them are hurting from family histories of dysfunction, abuse, and neglect. That unfortunate history does not entitle them, however, to make bad situations even worse for themselves and others by taking out their hurt on others and society. In some ways, our primary clients are the victims or potential victims of our offenders’ distorted mindsets and irresponsible behavior. That’s why public safety is so prominent in our mission statement. And the best way to protect the public is to challenge that sense of entitlement or license—to encourage our residents in RAC to genuinely consider the legitimate expectations and feelings of others (social perspective taking).

[*Emphasize cognitive restructuring.*] One of the most valuable things about RAC is the fact that it provides a language that we and the residents can use to get a handle on these irresponsible ways of thinking and behaving. In the training that’s coming up, it will be important for you to learn and begin to use this language. For example, a resident’s perceived license to harm others is called a Self-Centered thinking error, and there are other terms you will find helpful in identifying distorted, dangerous thinking. You will also learn some terms for getting a handle on behavioral problems, such as Authority Problems, Aggravates Others, Easily Misled, and so on. When a resident exhibits a thinking error or a behavior problem, the staff has an opportunity to guide the group toward helping that group member recognize, own, and correct the error or problem. If all staff members engage in the proper mentoring, then within a short period of time the RAC groups will take advantage of teachable moments. You will see many of your clients start to help their RAC brothers and sisters without prompting by you or any other staff member. We’re not talking about using “Authority Problem” or “Self Centered” to beat someone over the head; you will see the vocabulary used with genuine caring. Helping will become a norm characterizing a genuinely positive, mature, socially skilled, and responsible adult culture. In other words, in RAC we go beyond control or management to do therapeutic intervention every chance we get.

As part of your training, it will be important for you to read and study the RAC book as well as your RAC staff manual, starting with the Comprehensive Program Statement. Studying the manual will help you learn more about the language of RAC and the mutual help and equipment meetings, as well as techniques for constructive intervention.

[*Emphasize expectations for staff.*] Certain staff expectations are part of RAC. You will be expected to behave in a professional manner and not exhibit irresponsible thinking or behavioral problems of your own. Put positively, you will be expected to show involvement, initiative, openness, listening ability, perseverance, and other qualities of professional conduct that you’ll be reading about in the book and your manual.

The administrator’s introduction should be followed by staff training that includes a concentrated overview of the Comprehensive Program Statement and other activities. These activities should be “hands on” as much as possible. In addition to discussion of the House Advisor’s Problem Situation, which formed part of the introduction, other exercises representative of concepts in the RAC curriculum

should also be utilized so staff will better grasp the learning provided in the equipment meetings. For example, in the initial staff training, six or seven staff volunteers should be chosen to form a simulated RAC group while other staff members observe. Appropriate handouts should be distributed and, for example, one of the social skills should be modeled, tried, and discussed (see Chap. 6). As another example, a group of staff volunteers might discuss Gary's Thinking Errors under Anger Management (see Chap. 5). To better grasp the mutual help process, a staff subgroup (as others observe and ask questions) could be walked through the format (see Chap. 3).

In subsequent RAC overview and activity training, it is highly recommended that a current resident group be asked to role play a mutual help and even an equipment meeting for the trainees. The group's coach and equipper perform their regular group leader roles. The role play includes only the Introduction, Current Life Issues/ Problem Reporting, Awarding the Meeting and Summary phases of the meeting. The group members may or may not bring their real personal issues to the role play. Following the meeting role-play, the observing staff may ask the residents (non-personal) meeting- and program- related questions. In turn, the residents are given the opportunity to ask the staff (non-personal) program-related questions. This activity truly enhances the overall therapeutic alliance and ultimately the total Responsible Adult Culture. New staff members and staff members who are struggling with embracing the RAC program often learn from this observation and experience something startling: residents do care about making responsible decisions. That experience may be something of an epiphany for the staff trainees: the RAC program works (given maintenance of program integrity). To teach the thinking error language in daily life situations, some facilities have found the Equipped for Life game (Horn, Shively, & Gibbs, 2007) to be helpful.

2.3 Organization and Procedures

Accomplishing the facility's mission requires not only an adequate treatment program philosophy (covering clientele, rationale, and staff) but also an adequate organizational structure that specifies standard programmatic procedures. Accordingly, the Comprehensive Program Statement should address questions of staff organization (management, treatment team, and systematic feedback) and standard program procedures (pertaining to client assessment, treatment group entry, group meetings, and program fidelity).

2.3.1 Unit Management and the RAC Staff Team

Staff members are best organized in unit program teams. Among optimal staff qualities, some (for example, understanding of others, communication, and participation in decision making) pertain to teamwork ability. Team cooperation is especially

important in RAC, which uses an organizational strategy known as unit program management. For example, at the Franklin County Community-Based Correctional Facility (described in Chap. 1), a unit manager (as part of a broadly representative “RAC staff team”) supervises delivery of the program in each of the CBCF “units” or living halls. All staff members, including security personnel, who work in the unit report to the unit manager. The unit manager’s office is actually located in the living hall; this arrangement makes the unit manager available to staff and residents and significantly increases the opportunity to monitor program integrity. The coaches and equippers are also the case managers of the clients; accordingly, their offices are also on the living hall. As with the unit manager, this proximity contributes to closer supervision, as well as more personalized and responsive ways of relating to hall residents. In general, proximal unit program management contributes to institutional and community safety as well as the likelihood that program integrity is maintained and residents will successfully complete the program.

The unit managers are part of the RAC staff teams, which meet regularly (at least once a week). The RAC staff team with its unit program management approach is broadly representative and non-hierarchical, breaking down the traditional separation between “program” and “security” staff. The team should be comprised of at least four staff members across jurisdictions, disciplines, or functional roles in the facility: in addition to (1) the unit manager or supervisor (who chairs the meeting), the team includes (2) a case manager, (3) resident advisor (in prisons usually called a correctional officer), and (4) at least one program department (one who offers life skills, academic education or other program that supplements the RAC Program) representative. Staff members whose duties bridge all of the units attend team meetings as needed or requested. Each client meets with the staff team at least once per month to discuss his/her Responsible Adult Performance Plan (RAPP; see below) to include individual and group performance, activities, happenings since the last team meeting. The resident’s RAPP may be modified, by the staff team, based upon need. Discipline is not decided nor inflicted by the staff team. The staff team may and should discuss a resident’s thinking and actions that lead to the discipline and what the resident has learned, done or will do to correct the problematic thinking and behavior.

Consistent with its non-hierarchical character, the RAC staff team reaches decisions concerning a resident’s RAPP-indicated issues by consensus. Staff teams essentially do program business based upon the RAPP (see Table 2.4, Responsible Adult Performance Plan). The RAPP is essentially the staff team’s contract with the resident. It is not to be a counseling nor disciplinary session. The resident’s advancement through the program is determined by the resident’s performance of the RAPP goals and activities; at the CBCF the staff team determines the resident’s progression through the program up to and including the date of release, from the facility, based upon his or her performance. If such an arrangement can be made with the sentencing court, it is highly recommended as a motivational tool.

Given the consensus emphasis, no one team member can usurp the authority of the team; the staff *team* is the authoritative body in creating and delivering the RAPP. Although the team operates within the constraints of CBCF policies and

Table 2.4 Responsible adult performance plan (RAPP)

Name: _____ Date _____

Review: __ Basic Training __ 30 __ 60 __ 90 __ 120 __ 150 __ 180 __ Weekly

I understand that my RAPP is a contract with _____ (facility of incarceration). The Intake Team developed my Basic Training RAPP and my Staff Team will modify it, as needed, throughout my program. The Intake Team and Staff Team participants are professionals and have made decisions regarding my RAPP. Information was also gathered from assessments that were conducted prior to, and while I've been a resident at _____ (facility of incarceration.) I may provide input into my RAPP, but ultimately the Staff Team will make decisions that are best for me and my chance at becoming a responsible adult upon release from the program.

Goals:

1. Initial: _____ I will accept responsibility for my actions. I will hold myself accountable for my behaviors. I understand that being 'RESPONSIBLE' means doing the legally, socially and morally correct thing at all times. I have demonstrated being responsible by:

2. Initial: _____ I will help myself and others. I have helped myself and others by:

3. Initial: _____ I will accept directives from staff and other authority figures. I will work to identify my authority problem so that I may own it and replace it. I have demonstrated this by:

4. Initial: _____ I am learning that my thoughts directly affect by actions and behaviors. I am learning to Think of the Consequences and Think of Other People before I act. One example of when I did this was:

(continued)

Table 2.4 (continued)

5. Initial: _____ I am learning to manage my anger, to demonstrate positive social skills and to make responsible decisions. I am learning to treat other people the way that I would hope they would treat me. I would hope to be treated in the following ways:

6. Initial: _____ I will follow the rules of the facility and the rules of the community. I have followed the rules in the following way(s):

Responsible Adult Culture

With the help of my RAC group, I have identified that I have the following Thinking Errors:

- ___ Self-Centered ___ Minimizing/Mislabeling ___ Blaming Others
___ Assuming the Worst

With the help of my RAC group, I have identified that I have the following Social Behavior Problems: (Circle or check the ones that apply to you)

- ___ Inconsiderate of Others ___ Inconsiderate to Self ___ Low Self-Esteem
___ Authority Problem ___ Easily Angered/Unmanaged Anger
___ Aggravates Others ___ Misleads Others ___ Easily Misled
___ Fronting ___ Stealing ___ Lying
___ Active AoD Problem ___ Active Gambling Addiction or Problem

List your identified and owned thinking errors and explain how your group is helping you with them:

List the social behavioral problems that you are correcting and explain how your group is helping you with them:

(continued)

Table 2.4 (continued)

The Current Life Issues that I am dealing with are:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I have received a Mutual Help Meeting and developed an Action Plan for the following current life issues:

1. _____
Action plan: ___ In progress ___ Completed

2. _____
Action plan: ___ In progress ___ Completed

3. _____
Action plan: ___ In progress ___ Completed

4. _____
Action plan: ___ In progress ___ Completed

5. _____
Action Plan: ___ In progress ___ Completed

(continued)

Table 2.4 (continued)

6. _____
 Action Plan: ___ In progress ___ Completed

My Strengths Are:

1. _____
2. _____
3. _____
4. _____

My Educational Goals Are:

1. Short Term (6 months or less)

2. Long Term (6 months to 4 years)

My Employment Goals Are:

1. Short Term (6 months or less)

2. Long Term (6 months to 4 years)

My Sobriety and Recovery Work:

My drug of choice is: _____
 I have been clean & sober for: _____ (days, months, years)
 I am attending in-house 12- step meetings: ___ Yes ___ No If yes, _____ per week.
 I am attending outside 12-step meetings: ___ Yes ___ No If yes, _____ per week.
 I have a sponsor: ___ Yes ___ No
 I have decided on a home group: ___ Yes ___ No. If yes, it is: _____

(continued)

Table 2.4 (continued)

My major triggers (activating events) are:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I plan to overcome my triggers (activating events) by:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Programs/Class Goals: (Indicate if you are **In**, **Need** or **Completed** each)

- | | |
|-------------------------------|------------------------|
| ___ Responsible Adult Culture | ___ GED |
| ___ Drug Education/Treatment | ___ Job Readiness |
| ___ Parenting | ___ Grief and Loss |
| ___ Sex Education | ___ Nutritional Health |

My Aftercare Plan consists of the following:

___ 12-Step Meetings (List home group or community location):

___ Obtaining a Sponsor (If one has already be obtained, list name):

___ Drug Treatment (List agency):

___ Mental Health Treatment (List agency):

(continued)

Table 2.4 (continued)

_____ Housing (List address and head of household):

_____ Anger Management Counseling (List agency):

_____ Domestic Violence Counseling (List agency):

_____ Grief & Loss (List agency):

_____ Family Counseling (List agency)

_____ Sex Offender Treatment (List agency):

_____ Other: _____

I have received the following write ups for my behavior since my last Staff Team meeting:

My Staff Team DISCUSSED the following during my Staff Team meeting:

(continued)

Table 2.4 (continued)

My Staff Team RECOMMENDS that I do the following between now and my next Staff Team meeting:

By signing this document, I agree to work as hard as I possibly can to fulfill the terms of this contract. I recognize that these goals and recommendations are given to me so that I can become a responsible adult inside of the facility and upon my release in to the community. If I fail to fulfill my obligations due to a lack of effort put forth, or for any other reason, I will accept the consequences for my behavior. I understand and accept that there are certain things that I cannot control such as the decisions that are made by the Staff Team. I further agree to have my Staff Team regularly evaluate my participation in the program and understand and accept that they make necessary changes to my RAPP as they see fit in order to enhance my chances of ‘staying out’ as opposed to “getting out.”

Resident’s Signature _____ **Date** _____

Staff Team Signatures & Dates:

_____	_____
_____	_____
_____	_____

procedures, no administrative or supervisory person can “pull rank” and make a unilateral decision that preempts the consensual decision making process—as long as the staff team is making decisions that are in line with program, policy and procedure. Typically, problem solving format used by the team involves: identification of a problem (or pattern of problematic behavior); examination of the problem’s possible causes (sometimes leading to a redefinition of the problem); generating and discussing possible solutions; reaching consensus on the best solution and practical action plan; and, at a subsequent meeting, outcome evaluation. If the team remains deadlocked on a problem or issue, the chairperson can appeal to the facility director for a decision.

The RAC staff teams should be not only broadly constituted and non-hierarchical but also unified. At times, residents will test the bonds of the staff team by trying to manipulate (“play”) the staff against each other to divert attention from their misconduct or to gain some undeserved benefit. An effectively unified staff will identify and work together to constructively confront any such attempts. Again, working

closely together not only promotes successful program delivery but also helps to maintain a safe and secure institution.

2.3.2 Accurate and Systematic Feedback

For a residential RAC group, spending as it does much of the day together (in group meetings, classes, dormitory living, recreation, etc.), opportunities for sharing feedback and helping one another are plentiful. In contrast, for the diverse members of the RAC staff team, such natural opportunities for sharing are far less frequent. Hence, the RAC team must establish a system for obtaining, sharing, and using computerized accurate feedback concerning how well the residents in the group are identifying and resolving their problems in their everyday activities. Such systematic information is important not only for the RAC staff team's and group leaders' work but also for program integrity and for use in the preparation of case communications to external personnel such as judges, parole officers, probation officers, or family members. A mutual help meeting coach, for example, needs accurate feedback if the coach is to know when and what kind of intervention is needed with a particular group member or a group.

Consider a situation in which a resident whose fiancé told him during the previous evening's visit that her probation officer said he could no longer live with her and that she may be placed in a halfway house because she had tested positive for drug use. She was crying and very upset about it; he then loudly cursed at her and abruptly terminated the visit. The supervising staff member issued him a violation notice but did not record the incident in the unit log. The resident obviously has multiple thinking errors, behavior problems, and at least two current life issues. Nonetheless, in the meeting he denies having any problems or issues to bring to the group. If the group knows of the incident but fails to constructively confront this member, what should the coach do? Obviously, if uninformed, the coach would not even know that the resident was avoiding certain problems. Provided with accurate and relevant feedback, however, the group coach can make an appropriate, timely intervention in the course of the meeting (especially during problem reporting; see Chap. 3).

Such feedback is crucial to the success of the RAC program. Informed interventions send a strong message to the RAC group that staff members are involved (recall optimal staff qualities such as involvement and communication) and actively using a shared feedback system. A group that is struggling with a negative and resistant group member will be encouraged by indications that their coach and RAC team are organized and on the case. Furthermore, as the negative group member realizes that the group leader is informed and will probably be able to detect lying and other problems, that resident may become less resistant and more forthcoming during problem reporting and may even ask for and be awarded the mutual help meeting (see Chap. 3).

We emphasize the importance of comprehensive and *accurate* information. Without collating and coordinating information from diverse program areas to gain a comprehensive understanding of a resident's issues, RAC team members may resemble the proverbial blind men describing, in very fragmented and inaccurate ways, the proverbial elephant. Shared feedback can lead to a composite picture of a resident's problem issues and prospects for progress in overcoming their limitations and becoming a responsible adult.

Individual staff members must use the disciplinary system as designed by the program administrator. Departures mean that they are not acting in the name of the RAC staff team and cannot make changes that affect the resident's program, or RAPP, as assigned by the staff team. For example, a resident advisor (security personnel) may give a resident chore hours for failing to clean his room or for failing to follow an order to keep the noise down or some other such minor offense. Of course, the resident advisor must bring the problem behavior to the attention of the resident's RAC group prior to the assignment of the chore hours. Individual staff members must not personalize the resident's misbehavior or failure to follow the order—and must use the techniques learned in training as well as the group to take advantage of this teachable moment. Clients who act out violently or commit some other major violation may be referred to the supervisor who may use isolation to control the resident until it is safe for the resident to return to the unit; this is usually just hours, not days. The unit manager will later conduct a hearing to determine the punishment for the violation. Even then, the unit manager will work to keep the resident's time out of program to a minimum and cannot act to change the RAPP agreed upon by the staff team. The unit manager, or other administrator, may call in the RAC group to assist in the disciplinary hearing discussion and follow up activities with the resident.

At the Franklin County CBCF, it is common for staff members to arrange for a resident's group to visit the resident if he is in isolation to encourage him to work the program to get back on a responsible adult track and prepare for his disciplinary hearing. The inclusion of the group in such situations shows that the staff members do care what the residents think and do believe the residents can think and behave as responsible adults. This inclusion of the group to help each other can take place, then, not only while in group but also in real time situations. Ultimately, the resident will be returned to an informed group that has worked with the staff to do it the right way. Disciplinary actions might range from assigning chores, recreation restriction (if violation is related to recreation), outside movement or adding time beyond the tentative release date assigned by the RAC staff team. When determining disciplinary actions it is extremely important that the disciplinary officer know everything about the resident; especially the resident's responsivity issues that act as a barrier to treatment. A resident with a diagnosis of "intermittent explosive disorder" may be handled (disciplined) much differently than a resident with no diagnosed problems—especially if the violation relates to an anger outburst. For the resident with the explosive disorder there must be a pre-determined and written method of treatment, and less severe disciplinary actions, to take advantage of the teachable moments.

Did you know that people with an intermittent explosive disorder (cf. reactive aggression) feel remorse after they act out?

Specific plans are also needed for individuals who have intellectual and other developmental or learning disabilities. For these individuals, any such plan must recognize individual need, including both strengths and weaknesses. Staff should appropriately and thoroughly examine the reasons for an individual's difficult behaviors. This understanding will allow for the development of a specific plan that addresses the individual's need, as well as positive programmatic interventions that operate alongside the RAC program.

Again, a composite assessment of a resident's issues, progress, and intervention needs, is only as good as the diverse informational feedback that contributes to that assessment. Particularly important is information pertaining to risk, need, ability, psychiatric co-morbidity, and responsiveness; the assessment based on this information should be accomplished before the resident becomes a program participant (see below). As Samuel Johnson once said, a compendium of gossip is still gossip. It is essential that the feedback fed to the team go beyond casual or subjective impressions. More accurate or objective feedback can derive from standardized assessment measures.

2.3.3 Assessment Measures

Certain points (Basic Training, midpoint, pre-release) afford the opportunity to administer standardized instruments to assess a resident's issues or progress in terms of academic or vocational skills, social skills, accurate cognitive habits, mental health needs, and other relevant areas of social functioning. A number of standardized tests are available for such assessment. Noted in Chap. 1 was the value of using reliable and valid assessment measures pertaining to self-serving cognitive distortions (such as the How I Think Questionnaire; Gibbs, Barriga, & Potter, 2001; sample items in Appendix 2), social skills (provided in Appendix 2 of Gibbs, Potter, & Goldstein, 1995), and moral judgment (Social Reflection Questionnaire in Appendix 1; see Gibbs, Basinger, & Fuller (1995)"; Gibbs, Basinger, Grime, & Snarey, 2007). Some of these instruments may be difficult for those who are illiterate and/or those who have intellectual and other developmental disabilities. In these cases, the instruments can be administered as a structured interview where the interviewer reads each item and uses visual aids to facilitate a response. Such measures (at least in adapted versions) can be used reliably with people with intellectual disabilities when administered as a structured interview (see Langdon et al., 2010, 2011). Whatever measures are used, they should assess psychological factors that may need to be targeted by treatment.

2.3.4 The RAC Language

In our experience, staff, residents, and families find the vocabulary used in RAC for describing cognitive distortions and problem behaviors to be readily understandable, authentically descriptive, and helpful in identifying areas in need of treatment and progress. A resident elevated in the Self-Centered thinking error and reporting an Inconsiderate of Others problem, for example, would clearly benefit from practice in social skills such as Expressing Care and Appreciation (see Chap. 6). Such feedback is more helpful to the team than postings indicating merely that the resident “acts out in group” or “does not get along with peers and staff.” Interestingly, we have heard clients begin to utilize the language during phone conversations, facility visits or while on itinerary with their friends and family. This is an example of the transfer of what is being learned in group and in the facility to their ‘real life’. It also assists with the continuation of the learning process post release.

2.3.5 Daily Activity Reports and Logs

The RAC language figures in the completion of daily activity reports and logs concerning the RAC group or individual group members. Open enrollment and individual needs may result in group members being assigned to classes or activities without other group members. Various staff members (e.g., a teacher or recreational leader) may provide yes/no responses to questions such as:

- Did the resident enter the activity area on time?
- Did the group members enter the activity together?
- Did they start their activity in a timely fashion?
- Were they task oriented?
- Were any thinking errors or behavior problems exhibited?
- If residents exhibited errors or problems, did they themselves or peers intervene constructively (e.g., checking themselves or being told by peers to check themselves or think ahead; Chap. 3)?
- Did they complete the activity and clean up the area adequately and on time?

In addition to the yes/no responses, space is also typically allotted for a short narrative of incidents—for example, “Mr. Jones showed an Aggravates Others problem by talking loudly while others were trying to work.” Although insignificant in isolation, such an act may be revealed as part of a pattern if feedback from other program areas contains corresponding narratives—for example, “Mr. Jones stood in front of the TV when everyone else was watching it” and, in recreation activity, “Mr. Jones often held the ball instead of passing it.” A separate form requiring more extensive reporting may be used when a serious negative incident occurs. More serious incidents require more detailed reporting by group members or by the group leader. For example, “Resident Johnson was self-centered and inconsiderate to

others and did not utilize the skills he learned in the Social Skill exercise Caring for Someone Who is Sad or Upset when his RAC Brother, Resident McGee shared with the group that his cousin was shot and killed last night. Instead of listening to Resident McGee and offering to be there for him, Resident Johnson told Resident McGee that he is a grown man and these things happen—to get over it and to stop ‘showing his weak side.’ Such incidents are often initially difficult for group members to discuss responsibly thus exhibiting a need for all group members to practice the skills learned in equipment exercises when they are learned (cold situations) so that they are predisposed to respond to such situations when they occur (warm/hot situations). Positive patterns indicating therapeutic progress are also indicated on the daily activity reports.

2.3.6 Summary Reports

The daily activity reports feed directly into summary reports. For example, all Staff Team representatives must bring written feedback (either on a laptop or hard copy) to the Staff Team meeting. Such feedback must include documentation from not only them, but all other staff in their department that relates to the residents being seen at Staff Team. Only one resident advisor actually attends the Staff Team meeting (thus considered the representative), but all resident advisors who have experience working with the resident must provide feedback to the team via the representative. In this sense, the resident receives a thorough report of their activities as opposed to only one opinion. If this does not occur, it creates a situation where residents who are fronting may try to be on their best behavior when the Staff Team representative is on duty and resort to irresponsible behavior when he believes that his/her actions will not be reflected in the feedback provided to the team. This is the case for not only resident advisors, but all other Staff Team representative staff members. To that end, Staff Team representatives must spend adequate time researching resident behavior or “Hall” logs prior to the Staff Team meeting in an effort to gather all necessary data. As stated, all documentation must come to the Staff Team meeting in writing as opposed to in a staff members head in order for them to receive objective, accurate feedback. A resident’s treatment team school or program area instructor representative may receive individual daily activity reports from the resident’s other program area instructors, summarize the content of those reports, and take a summary report to the team meeting. The resident advisor should bring pertinent hall logs to the meeting. Such reports provide the team with a more comprehensive representation of progress or regress in the resident’s social functioning. Indeed, these reports are *crucial* for monitoring residents’ engagement and progress in the program.

2.3.7 The RAC Staff Team and Log Book

As mentioned, each resident must meet with their Staff Team upon being “seeded” to a permanent living Hall for an introductory meeting. At this meeting, the Staff Team members will introduce themselves, state their role on the team as well as the purpose of the Staff Team (doing business and monitoring a resident’s progress throughout their program). In addition, they will explain basic expectations for the resident, provide them with a schedule of their upcoming Staff Team meetings and inform the resident what RAC group they will be seeded into. Subsequently, each resident will meet with their Staff Team no less than once every thirty (30) days (more often if programmatically necessary). Residents must complete a new RAPP form prior to each Staff Team meeting and the Staff Team’s main function is to ensure the resident’s compliance with their RAPP at each meeting. RAPPs pertain to individualized aspects of a resident’s program and must guide all decisions by a Staff Team. Staff Teams must be held as scheduled and on time; just as are other group meetings, they are sacred and emphatically important to the success of the resident in the program and post release.

Daily activity reports and summary reports feed into the team log: the ongoing central record of the activities of the RAC group and the RAC staff team. The team log can be either electronic or physical. Either way, it must be kept in an area that is accessible to all staff members as staff members should be using it to refer to it in the course of their workday; specifically during a resident’s Staff Team meeting. It must also be created in a way that it cannot be edited or otherwise altered by anyone other than a member of the Staff Team so that the documentation remains intact and accurate. Included in the RAC Staff Team Log Book should be the following documents: Completed RAPP’s (from the beginning of a resident’s program), Self-Reports (to be discussed later), and Summary Reports compiled into one document titled “Staff Team Notes Form.” One Staff Team Notes Form is created for each time that a resident meets with the Staff Team and summarizes the overall Staff Team meeting.

All entries should be appropriate, professional, and behaviorally descriptive. Personnel other than staff team members or administration should have input into the team log only indirectly, through consultation with a team member or administrator who may then make an entry.

After a resident has been informed as to which RAC group he/she will be seeded into, an orientation is scheduled by a member of the Staff Team for the resident entering the group. At the Franklin County CBCF, such orientations (commonly called “RAC In’s” by the residents) occur over the weekend. RAC Group members are responsible for conducting all portions of the orientation and are adequately trained to do so by periodic modeling of the orientation by the Staff Team. Each orientation follows an agenda that includes all pertinent information that a resident needs to know to begin participating in the RAC group. Orientations should last approximately 6–8 hours (length to be determined by facility, but should not be shorter than 6 hours or longer than 8) and should occur in sessions no shorter than 2 hours and no

more than 3 hours increments as the resident's attention spans do not typically allow for more than that. Staff Team orientations are to occur on the living Hall, much like each Staff Team meeting and should be intermittently observed by a staff member when feasible. Such observation should be documented in a Summary Report for the group leader and Staff Team.

2.3.8 *Evaluating Program Integrity*

The final subsection under Organization pertains to procedures for insuring program integrity and for program effectiveness evaluation. As noted, the standard measures useful for assessing client progress can also contribute to these procedures. Archival data pertaining to institution incident reports and subsequent recidivism rates for RAC vis a vis non-RAC facilities may also be available. Later chapters in this book include Facilitator's and Observer's Evaluation forms for use by coaches and facilitators/equippers following each RAC meeting. These meetings should also be observed, monitored, and evaluated (using the pertinent evaluation form) periodically by knowledgeable RAC staff team members.

2.3.9 *Basic Training and the Responsible Adult Performance Plan*

Although RAC should be your facility's foundational program, you may have noticed the reference in the earlier-quoted Franklin County CBCF statement of purpose to facility programing that is "*individualized* but group-oriented." Individual client programing needs and risk-for-reoffending levels are assessed during a new resident's five-day Basic Training (Chap. 1). Basic Training prepares residents for group work by separating them from gang affiliations and other negative affiliations, and begins the process of substituting prosocial constructive influences and positive values for the negative, destructive culture of the criminal lifestyle.

At the conclusion of Basic Training and prior to "seeding" or placement in a RAC unit or hall, each resident (as well as staff and possibly family) signs a Responsible Adult Performance Plan (RAPP; see Table 2.4) based on that client's individual assessment of positive potential (strengths), needs, and goals (general, individual, educational, employment, etc.). The RAPP is a kind of contractual agreement between the resident and staff that affirms good faith and mutual accountability. The resident completes the RAPP and, by signing, agrees

to fulfill the identified goals to the best of my ability. I also agree that the goals cannot all be fulfilled while in this program and will require my continued efforts even after my graduation, release, or transfer from this program. If I fail to fulfill my obligations, I agree to accept the consequences for my behavior.

In turn, staff (and family members if available), by signing,

agree to assist _____ in the fulfillment of his/her goals. Our approach will always be positive and supportive. This may include admitting that we made a mistake, apologizing for that mistake, and, to the best of ability, correcting the harm done. It may also include holding _____ responsible for his/her behavior and meting out or supporting appropriate disciplinary action(s).

We should note that, in addition to signing the RAPP, a given resident may also need to agree to other plans pertaining to educational goals or specific probation and parole requirements.

2.3.10 RAC Groups and Meetings

Once clients complete Basic Training and sign onto a RAPP, they are “seeded” or placed in a RAC group, or selected with others to form a RAC group; at that point, they come under the jurisdiction of a specific RAC staff team. To start or add to a group, residents are selected who are relatively compatible yet diverse enough to bring different perspectives and/or viewpoints to the group’s discussions and activities. If possible, residents assessed at low risk for reoffending should not be placed in groups with members at higher risk for offending. It is important for the maintenance of a group’s positive culture that the groups not receive too many relatively negative leaders or easily misled residents within a short period of time. In positive terms, the staff team should be vigilant in its efforts to protect a group’s positive culture by adding appropriate residents at the appropriate time (perhaps merely delaying entry for several days).

Residents should be seeded based on factors such as age, race, socioeconomic status, criminal history, and sexual orientation. Diversity in the group is a must. Nonetheless, groups should also be seeded based on the results of assessments that they have taken, such as those mentioned above. It makes good sense (and is proven effective) to seed a resident with a lengthy prison history into a group with a resident who has not yet been to prison and still believes it to be cool to “get a number.” This makes sense because during discussion in and outside of group, the resident who has been to prison will eventually (probably actually sooner than later—maybe even as early as when telling his life story) begin to try to persuade the resident who still thinks it’s cool to go to prison that prison is not so cool after all. He will share stories about his time in prison and paint an accurate picture of prison life; which is historically, not a positive experience for most people. Conversely, it also makes sense to seed a resident with a GED (General Education Development) or high school diploma into a group with a member (or several) who have not yet obtained any education and may not even care to do so. This seeding choice will eventually create a discussion about how they obtained their education and various other benefits of obtaining a degree, such as obtaining higher paying jobs or furthering their education by going to vocation school or college. While there is some research to support the fact that mixing risk levels is damaging to residents, there is other research that supports seeding in this way.

Several guidelines regarding the scheduling of the group meetings may be helpful. As noted in Chap. 1, RAC group meetings (whether mutual help or equipment) are conducted in suggestions. Whether mutual help or equipment, RAC group meetings are conducted in 75-minute meetings (a properly conducted meeting will require the full allotted time), 5–6 days a week, preferably at a standard time of day and location. For new groups, equipment meetings begin soon after mutual help meetings, or even at the same time. It is best to schedule no more than three equipment meetings per week (especially if your group members have developmental or intellectual disabilities). Three equipment meetings per week generally affords enough time for group members to process the newly introduced concepts and skills, for the coach to promote their use in the mutual help meetings, and for other staff members to use them in the other program areas. Six meetings per week—three mutual help meetings and three equipment meetings—is the best arrangement in our experience. At the Franklin CBCF, three equipment meetings and three Mutual Help Meetings are presented each week to accommodate the funding agency’s hours of treatment requirement within the residents’ average length of stay. Although we were leery at first, we found that the three equipment meetings per week worked well for the adult offenders and the program. Although the two types of group meetings interrelate, they remain distinct in purpose and function; mutual help (MHM) and equipment (EM) meetings should never be mixed or run back-to-back. We illustrated a possible schedule as:

Monday	Tuesday	Wednesday	Thursday	Friday
MHM	EM	EM + MHM	EM	MHM
		(two separate mtgs.)		

Continuity in the mutual help meetings is crucial. Any time there is a gap of two or more days, a mutual help meeting should take place even if an equipment meeting is scheduled. That way the group can handle problems that may have accumulated and maintain their positive culture.

Although it is possible to conduct both mutual help meetings and equipment meetings on the same day, there must be a break between the equipment meeting and the mutual help meeting. If working with certain special needs population, it may be best to schedule no more than three equipment meetings per week. Two or three times per week affords enough processing time for a group to learn the newly introduced concepts and skills, for the coach to promote use of them in the mutual help meetings, and for other staff to use them in the other program areas.

The equipment curriculum is typically accomplished in a few months, but do not hesitate to start the curriculum anew. It is important for the residents to discuss and practice the lessons. Just as athletes must repeatedly practice the fundamentals of their sport, the residents must practice their newfound cognitive and behavioral habits, choice patterns, and skills. The motto might be, “Practice until perfect and then practice the perfect.” Sustained practice greatly enhances the prospect that residents will automatize the skills and use them in interpersonal situations both within and beyond the institution. If a group has been together long enough to have com-

pleted several curriculum cycles and has become highly proficient in automatic use of the skills, then it may be beneficial to develop other lessons for the equipment meetings. All equipment curriculum additions, however, must have the approval of the overall director of the program and the facility administrator previous to development or use. It is extremely important that any additional equipment meetings follow the established format for addressing the “three D’s” (sociomoral developmental delays, self-serving cognitive distortions, and social interaction skill deficiencies).

2.4 Concluding Comment

Having introduced you to the RAC program (Chap. 1) and provided guidelines for preparing to implement it (this chapter), we now proceed to the program itself. The remaining sections and chapters in this book provide the guidelines and materials for motivating and equipping your clients to think and act responsibly.

References

- Brendtro, L. K., & Mitchell, M. L. (2015). *Deep brain learning: Evidence-based essentials in education, treatment, and youth development*. Albion: Starr Commonwealth.
- Brown, G. P., Hirdes, J. P., & Fries, B. E. (2013). Measuring the prevalence of current, severe symptoms of mental health problems in a Canadian correctional population: Implications for delivery of mental health services for inmates. *International Journal of Offender Therapy and Comparative Criminology*. doi:[10.1177/0306624X13507040](https://doi.org/10.1177/0306624X13507040) (this is not in print yet and has been published online).
- Fazel, S., & Seewald, K. (2012). Severe mental illness in 33,588 prisoners worldwide: Systematic review and meta-regression analysis. *British Journal of Psychiatry*, *200*, 364–373. doi:[10.1192/bjp.bp.111.096370](https://doi.org/10.1192/bjp.bp.111.096370).
- Gibbs, J. C. (2014). *Moral development and reality: Beyond the theories of Kohlberg, Hoffman, and Haidt*. New York: Oxford University Press.
- Gibbs, J. C., Barriga, A. Q., & Potter, G. B. (2001). *The How I Think (HIT) questionnaire*. Champaign, IL: Research Press.
- Gibbs, J. C., Basinger, K. S., Grime, R. L., & Snarey, J. R. (2007). Moral judgment development across cultures: Revisiting Kohlberg’s universality claims. *Developmental Review*, *27*, 443–500.
- Gibbs, J. C., Basinger, K. S., & Fuller, D. (1992). *Moral maturity: Measuring the development of sociomoral reflection*. Hillsdale: Lawrence Erlbaum.
- Gibbs, J. C., Potter, G. B., & Goldstein, A. P. (1995). *The EQUIP program: Teaching youth to think and act responsibly through a peer helping approach*. Champaign, IL: Research Press.
- Horn, M., Shively, R., & Gibbs, J. C. (2007). *EQUIPPED for life* (3rd ed.). Torrence, CA: Western Psychological Systems.
- Jackson, D. O., Mrug, S., Beidleman, W., & Cropsey, K. L. (2011). Factors predicting substance dependence and psychotropic medication use among offenders in community corrections. *Addictive Behaviors*, *36*, 755–758. doi:[10.1016/j.addbeh.2010.12.033](https://doi.org/10.1016/j.addbeh.2010.12.033).
- Khantzian, E. J. (1990). Self-regulation and self-medication factors in alcoholism and the addictions. Similarities and differences. *Recent Developments in Alcoholism*, *8*, 255–271.

- Langdon, P. E., Murphy, G. H., Clare, I. C. H., & Palmer, E. J. (2010). The psychometric properties of the Sociomoral Reflection Measure-Short Form and the Moral Theme Inventory for Men with and without intellectual disabilities. *Research in Developmental Disabilities, 31*, 1204–1215.
- Langdon, P. E., Murphy, G. H., Clare, I. C. H., Steverson, T., & Palmer, E. J. (2011). Relationships among moral reasoning, empathy, and distorted cognitions in men with intellectual disabilities and a history of criminal offending. *American Journal of Intellectual and Developmental Disabilities, 116*, 438–456.
- Lickona, T. (1983). *Raising good children from birth through the teenage years*. New York: Bantam Books.
- Lickona, T. (1991). *Educating for character: How our schools can teach respect and responsibility*. New York: Bantam Books.
- Lynch, S. M., DeHart, D. D., Belknap, J. E., Green, B. L., Dass-Brailsford, P., Johnson, K. A., et al. (2014). A multisite study of the prevalence of serious mental illness, PTSD, and substance use disorders of women in jail. *Psychiatric Services*. doi:[10.1176/appi.ps.201300172](https://doi.org/10.1176/appi.ps.201300172).
- Morgan, V. A., Morgan, F., Valuri, G., Ferrante, A., Castle, D., & Jablensky, A. (2013). A whole-of-population study of the prevalence and patterns of criminal offending in people with schizophrenia and other mental illness. *Psychological Medicine, 43*, 1869–1880. doi:[10.1017/S0033291712002887](https://doi.org/10.1017/S0033291712002887).
- Van Dorn, R., Volavka, J., & Johnson, N. (2012). Mental disorder and violence: Is there a relationship beyond substance misuse. *Social Psychiatry and Psychiatric Epidemiology, 47*, 487–503. doi:[10.1007/s00127-011-0356-x](https://doi.org/10.1007/s00127-011-0356-x).
- Vorrath, H. H., & Brendtro, L. K. (1985). *Positive peer culture* (2nd ed.). New York: Aldine.
- Yalom, I. D. (1985). *The theory and practice of youth psychotherapy* (3rd ed.). New York: Basic Books.

Part III
Motivating Offenders to Help
One Another Think and Act Responsibly

Chapter 3

Cultivating a Responsible Adult Culture Through Mutual Help Meetings

This chapter (Part III) addresses responsible adult culture (RAC) and motivation. We will provide the background, procedures, and techniques for cultivating RAC's vehicle for treatment: a group that is motivated to help one another and establish a responsible adult culture. As we noted in the last chapter, RAC group members must be involved—indeed, must “own” the treatment process. Accordingly, along with attending to their limitations (Chaps. 4, 5, 6, and 7), any effective treatment program must turn around offenders' typically negative “culture.” Once programmatic preparations and implementations (Chap. 2) are accomplished, RAC program staff must work on motivating the group members to help one another to think and act responsibly. As we explained in Chap. 1, RAC should start with meetings that embody the mutual help approach. We will discuss the historical background, basic procedures or arrangements, and techniques or guidelines pertaining to the mutual help meetings.

3.1 Background

Although people have been motivated to help one another in groups for thousands of years, the modern support group or mutual help movement originated in 1935 with the founding of Alcoholics Anonymous. Such groups quickly proliferated. Like Alcoholics Anonymous and Narcotics Anonymous, some of these groups address the struggle against addictive behavior (e.g., Gamblers Anonymous). Other groups have been formed by individuals enduring stressful or painful situations (e.g., single parenthood, widowhood, domestic violence, prostitution/sexual trafficking, heart disease, breast cancer, rape or incest, or the murder of one's child). Still other groups (e.g., Al-Anon and the National Alliance on Mental Illness) aim to provide help for friends and relatives of the person with the problem.

Beginning in the 1940s, the mutual help approach began to be applied to individuals who regularly victimize others and society. At a psychiatric hospital in Great Britain, Maxwell Jones innovated techniques for cultivating a “therapeutic

community” (cf. milieu therapy) among sociopathic patients. Around the same time, in New Jersey, Lloyd McCorkle and others applied similar techniques to delinquent youths in an intervention they termed “guided group interaction.” These techniques were subsequently refined by Harry Vorrath, who renamed the approach “positive peer culture” to depict its intended goal. Vickie Agee (1979) refined the techniques for use with severely aggressive adolescents. Vorrath and Larry Brendtro (1985) later refined the Positive Peer Culture techniques for use with a broader population of antisocial youth (see review by Gibbs, 2014). Positive Peer Culture has been used widely in various schools and residential facilities in the United States.

Applying the mutual help approach to antisocial adults—some of whom may have intellectual or developmental disabilities—is a challenge. Unlike most mutual help groups, which are initiated voluntarily by participants, mutual help groups for individuals with antisocial behavior problems may be mandated by the courts and typically meet with initial resistance. After all, such individuals typically are already embedded in a culture, and it is a negative one, not given to helping others—in fact, it is a culture characterized by silent compliance, bravado, and self-serving excuses for criminal behavior. Common themes among male offenders are illustrated by quotations from Franklin County Community-Based Correctional Facility residents early in the program: “Snitches get stitches;” “I’m a grown man, I can do what I want when I want;” “Going to jail is part of being a man in my neighborhood;” “Almost everyone in my family went to prison;” “I take care of all my kids on their birthdays and at Christmas;” “I’m addicted to the street lifestyle of good times, sex and hanging out;” “The police are crooked, they are just out to get the poor people;” “School was okay but I did not fit in;” “I had to sell drugs to make my money;” “I had to carry a gun to protect myself; if others have problems that’s on them;” and “I got hooked on drugs because I went along with my friends.” In correctional settings, the inmate culture is often “characterized by opposition to institutional rules and goals, norms against informing authorities about rule violations, and the use of physical coercion as a basis of influence among inmates” (Osgood, Gruber, Archer, & Newcomb, 1985, p. 71). Some facilities are successful in the teaching conformity to rules but fail to help the resident with lasting change. One chronic offender (Upchurch, 1996) recalled:

Detention centers taught me how to follow rules, but it didn’t prepare me at all to go out and lead a moral, nonviolent life. It didn’t change the way I viewed the world. If anything, I got tougher there, developed a bigger reputation, and became even more hardened to the violence I saw and committed. (p. 49)

Transforming this self-centered, hostile, and harmful culture and worldview into a caring and constructive one is difficult in a facility—but not impossible. Recall the positive potential evident even among severe offenders. After all, like anyone else, most offending individuals would like to feel good about themselves and can learn, in that connection, about the value of helping others. When one supports and *caringly* confronts a peer, one makes a difference for the better. In so doing, “a person creates his own proof of worthiness; he is now of value to someone” (Vorrath &

Brendtro, 1985, p. 6). As group members gain in prosocial motivation or get “hooked on helping,” the group culture becomes more caring and (with “equipment” learning, next chapters) constructive. Changed adult offenders in an intensive, year-long group program (innovated by a correctional psychiatrist Samuel Yochelson) described the appeal of self-worth in terms of being “clear” in their thinking about life with other people and having an “inner peace” or inner sense of being “clean” (Yochelson & Samenow, 1977, p. 425; cf. Samenow, 2014). To help group members become “clear” and “clean” in their thinking, this program not only enabled members to help one another but also taught them certain cognitive behavioral skills, especially, to identify and correct criminogenic or self-serving “thinking errors.” Yochelson and Samenow’s work provided one source for the core “thinking errors” vocabulary used in RAC (see Procedures). The vehicle for such transformational change in culture and mind is the mutual help (joined by the equipment) group meeting.

3.2 Procedures and Arrangements

As applied to offenders (generically, adults with problem behaviors), then, what is a mutual help meeting? How do the “thinking errors” fit in? What is the RAC format for the mutual help meeting, and what special types of “mutual help” meetings does RAC use? Are there typical stages that characterize a group’s development toward the formation of a responsible adult culture? This section covers mutual help procedures, arrangements, and associated content: the thinking errors as well as the social behavioral problems and current life issues; the RAC mutual help meeting and its variants; stages of group development toward the formation of a responsible adult culture; and a behavior-management type of mutual help “meeting” called the mini meeting (also noted under Levels of Confrontation in the final section).

3.2.1 *So What Is a RAC Mutual Help Meeting?*

Mutual help meetings as used in RAC have evolved beyond their historical roots in the EQUIP program (just as EQUIP mutual help evolved beyond versions used in Positive Peer Culture, Guided Group Interaction, and therapeutic community programs). Like the mutual help meetings of RAC’s parent program EQUIP (see Chap. 1), RAC mutual help meetings are “deeper.” We say “deeper” because, in EQUIP and RAC, group members report not only surface problems but also underlying thinking errors (see below). By the way, thanks partly to the influence EQUIP has had in the field, such deeper reporting and group work happens now even in Positive Peer Culture meetings: “Exploring thinking distortions is now standard practice in PPC [Positive Peer Culture] programs. . . . Youth not only identify problem

behaviors but also identify the *thinking errors* that spark and maintain [the] problems” (Brendtro, Mitchell, & McCall, 2009, p. 66).

So what exactly is a RAC mutual help meeting? RAC takes EQUIP’s mutual help Meeting to an even deeper (and “wider” or broader) level through the addition of gender-specific Current Life Issues (CLI; see later section). Current Life Issues are those personally critical issues like, “maintaining my sobriety” or “establishing healthy adult relationships” and “parenting my children,” that must be identified and addressed if the individual is to become a genuinely responsible adult. The group member awarded a CLI meeting will thoroughly explain and discuss his/her CLI(s) and eventually identify the underlying thinking errors, any related social behavioral problem that may exist, and (with the help of the group) develop an action plan that will include the use of the concepts and skills learned in the equipment meetings (Chaps. 4, 5, 6, and 7). Besides CLIs, adult mutual help meetings may be awarded for Life Stories, Self-Report, and Specific Problem meetings. We elaborate on these deeper (or cognitively enriched) and wider adaptations for adults below; they are helpful for work with adult offenders because social behavioral problems in the form of rule violations are not a frequent happening for most of these individuals—especially in an established RAC program and group with a sense of investment and control of its environment and discussions.

In the standard mutual help meetings and throughout the RAC program, two sets of standard terms are used to designate social problems and thinking errors (see participant handouts at end of chapter). When a social behavioral problem or current life issue is discussed, the underlying thinking error that (to use Brendtro’s and colleagues’ words, quoted above) “sparks” and “maintains” that problem issue is also named and discussed. After all, as the title of this book indicates, the RAC cognitive behavioral program is *comprehensive*. Even in the “motivating” part of “motivating and equipping” (Chap. 1), the cognitive behavioral principle applies: How one thinks (or doesn’t think) and chooses influences how one acts. Environmental (family, education, employment, neighborhood, etc.) disadvantages and risk factors notwithstanding, self-serving cognitive distortions and other limitations have been the main source of the resident’s social behavioral problems, including the criminal behavior that harmed other persons and the community and ultimately led to the resident’s incarceration.

It is common for the more senior RAC members to express a “deeper” understanding of themselves. One RAC group member exclaimed: “I did not know that my thinking was wrong. I just felt stuck in the street lifestyle and didn’t know that it was my thinking keeping me there.” Applied to a current life issue, this “deeper” understanding provides the wider opportunity for them to use their newfound understanding. It can spread. One RAC group member reported: “Last night I was talking on the phone with my daughter and found myself explaining thinking errors and social behavioral problems to her and she got it!”

3.2.2 *The Mutual Help Group as the Foundation of RAC Treatment*

The “core” or motivational foundation of the Responsible Adult Culture is created and maintained through the mutual help group meeting. That is where the “RAC Group” begins its individually tailored but also group-level work. This dual (individual, group) orientation must permeate all institutional practices: cell/dayroom assignments, living unit seating and table-specific group assignments, leisure activities, lunchroom seating, and especially the mutual help/equipment meetings (see Chap. 2). Keeping the group members together and expecting them to practice what is discussed and learned in the Equipment Meetings and Mutual Help Meetings expands the program from periodic classroom activities to an institutionalized way of living. That’s what we mean when we talk about creating a responsible adult culture that continually nurtures responsible thinking and behavior. The group members become “RAC Sisters” or “RAC Brothers”—terms that were coined, by the way, not by staff but by residents of our Franklin County community-based facility! It is the RAC group that orients (“RACs in,” as they say) its sisters or brothers to the program. It is the RAC group that socializes them to understand that they are in control and will stay in control of what they do both inside and outside the facility—if they behave as responsible adults.

The RAC group is expected to impress upon its members that they are a mutual *help* group, *not* a (as the song goes) mutual admiration society—and *especially* not an *unearned* mutual admiration group (empty praise, often with ulterior motives, is unhelpful and even destructive to both the individual and the group). As the RAC group grows (see stage development, below), the group no longer condones inauthenticity: just “getting along” (conformity to rules without true change) and keeping quiet (no snitching or confrontation) just to satisfy institutional rules. The group will learn and impress upon its members that inauthenticity and half-hearted or superficial practice (fronting) of the program principles, content and skills will just lead to hurting others and oneself and will not lead in the long run to growth into responsible adulthood. As coaches sometimes remind their group: “fronting may lead to getting out, but it will not result in staying out”.

As RAC residents create and maintain a responsible adult culture (and even just live from day to day in an institution with other residents), disruptions, arguments, and rule violations almost inevitably arise. It is important that the group is not be punished for the actions of an individual. Disciplining a whole group because one of its members violated a rule is akin to punishing all the children in a family because one behaved badly in school; it would be an irresponsible act on the part of the facility. The result would be disrespect and distrust of the facility and its staff members. Likewise, forcing the group to verbally or otherwise punish a recalcitrant

group member would be like having the other children in a family behave as the family disciplinarian. The group is entrusted to help its members to identify, own and replace their thinking errors and social behavioral problems—*not* to punish them. It is the staff members who must (in accordance with the institutional disciplinary policy) be responsible for delivering disciplinary notices and actions. It is recommended that the institution's disciplinary system use as light a punishment as possible and to individualize the punishment based upon the needs of the resident and in a way that will enhance the resident's true participation in the program. It is important that the administrative staff understand and support that "a problem is an opportunity to teach." Hitting an offending resident with a *feather* and reminder generally works better than (so to speak) a brick to stimulate them to think and behave responsibly.

3.2.3 *Self-Serving Thinking Errors*

In our typology, the thinking errors used in the "deeper" mutual help meeting comprise four categories (see handout, Appendix 2). The first category, Self-Centered, is primary; the other three (Minimizing/Mislabeled, Blaming Others, and Assuming the Worst) are "secondary" insofar as they serve to protect the self-centered ego against adverse feelings of empathy-based guilt or bad self-concept. One offender provided an almost transparent depiction of such ego protection. Looking back on his burglaries, he reflected: "If I started feeling bad, I'd say to myself, 'tough rocks for him. He should have had his house locked better and the alarm on'" (Samenow, 1984, p. 115; cf. Samenow, 2014). To neutralize his "feeling bad" (guilt, threat to self-concept) from his Stealing problem, then, he externalized blame or guilt (see Blaming Others, below). Chronic offenders typically evidence elevated levels not only on the primary (Self-Centered) distortion but as well on at least one secondary distortion (e.g., Blaming Others).

3.2.3.1 Self-Centered

Criminals. . . . decide to make exceptions for themselves, just because it suits them at a particular time. As one man commented, "I can make anything wrong right. I can make anything right wrong. Right is what I want to do at the time." (Samenow, 2014, p. 207)

Although everyone is egocentrically biased to an extent (see Gibbs, 2014), some individuals consolidate egocentric bias into a self-centered worldview or approach to life that we call Self-Centered. We call Self-Centered the primary self-serving distortion and define it as "according status to one's own views, expectations, needs, rights, immediate feelings, and desires to such an extent that the legitimate views, etc., of others (or even one's own long-term best interest) are scarcely considered or are disregarded altogether." Does it follow, for example, from being a "grown man"

that one or “I” can “do whatever I want” (as stated by one resident, quoted above)? Cognitive behavioral pioneer Aaron Beck (1999) was surely right to call the self-centered mindset the “eye (‘I)—even, we might say, the generator—of the “storm” of antisocial or criminal behavior (p. 25). The depth of the chronic offender’s self-centered distortion can be extraordinary. A doctoral candidate completing a study at the Franklin County CBCF once stated: “I thought that I understood self-centered until I observed several RAC group meetings; the depth of their self-centered thinking error is frightening. Everything they do and say has them at its center.” Protecting this primary self-serving distortion are three secondary distortions: Blaming Others, Assuming the Worst, and Minimizing/Mislabeling.

3.2.3.2 Blaming Others

This common secondary distortion was illustrated above in the burglar who blamed his victims to reduce his incipient remorse when he started to “feel bad.” We define Blaming Others as “misattributing blame for one’s harmful actions to outside sources, especially to another person, a group, family history, a place (prison or school) or a momentary aberration (one was high, drunk, in a bad mood, etc.), or misattributing blame for one’s victimization or other misfortune to innocent others.” One’s choice to traffic in drugs and use a gun is not the fault or “problem” of friends or police, as the above-quoted residents claimed.

In the experience of co-author Peter Langdon, Blaming Others is often evident among offenders with developmental and/or intellectual disabilities (IDD). These offenders often do have histories full of stigmatization, exclusion, and abuse (including being targeted as the “fall guy,” caught as the masterminds flee the scene), and that history should not be dismissed. Yet these IDD offenders can learn that these histories as victims do *not* give them license to harm others. Simple stories can be incorporated into equipment (especially anger management) meetings to teach them how to recognize (label accurately) and correct Blaming Others and other criminogenic thinking errors as well as problem names such as Easily Misled (see Bruce, Collins, Langdon, Powlitch, & Reynolds, 2010 for an example; also, see Chap. 5).

3.2.3.3 Assuming the Worst

Closely related to Blaming Others (“it was their fault”) is Assuming the Worst about their intentions (“they deliberately meant to offend me”). We define Assuming the Worst as “gratuitously attributing hostile intentions to others, considering a worst-case scenario for a social situation as if it were inevitable, or assuming that improvement is impossible in one’s own or others’ behavior.” The “street lifestyle of good times, sex and hanging out” may be a strong (and irresponsible) preference, but the Franklin County offender (quoted above) was self-serving and inaccurate to call it a hopeless “addiction.” Although “almost everyone” in one’s family may have “gone to prison,” it does not follow that one has to do so. We have heard offenders declare

“I cannot get a job because of my criminal record and poor work history” even though they have repeatedly attended NA/AA meetings with ex-felons who have worked themselves into a sound work status. Franklin County CBCF residents attain their GED at a high rate after overcoming their assuming the worst problem. Reflecting on his earlier defeatist thinking, one offender recalled: “I thought that I could never pass the GED test, so I just said screw it.”

Clinically elevated levels of Assuming the Worst about others are seen in delusional paranoia. One paranoid patient became agitated and angry as he interpreted the laughter of a lively group of strangers on a street corner “as a sign that they were plotting to embarrass him” (Beck, 1999, p. 28). If assuming the worst is a clinical issue, it is necessary to include clinical professionals in the treatment of the client.

3.2.3.4 Minimizing/Mislabeling

The self can be protected not only by blaming or attributing the worst of intentions to others whom one has harmed, but also by disparaging others or minimizing the seriousness of the victimization. We define Minimizing/Mislabeling as “depicting antisocial behavior as causing no real harm or as being acceptable or even admirable, or referring to others with belittling or dehumanizing labels.” One offender minimized a serious assault as “horse play.” Regarding the Franklin county resident comments quoted above, it should be clear that going to jail is not really “part of being a man.” Nor does giving holiday gifts to one’s children minimize or excuse, on other occasions, one’s pattern of abuse, neglect, or violation of trust. A RAC group member, referring to her prostituting for her drug habit, quipped (and mislabeled), “I’m sitting on my moneymaker.” Sadly, to minimize her loss of self-respect or dignity, she (like some other female residents) explained “I step out of my head [when prostituting myself].” The use of minimizing to protect one’s positive self-concept was almost transparent in one offender’s protest: “Just because I shot a couple of state troopers doesn’t mean I’m a bad guy” (Samenow, 2004, p. 172; cf. Samenow, 2014).

3.2.4 Social Behavioral Problems (and Current Life Issues)

The second set of terms designates the social behavioral problems (and current life issues; see handouts and Sect. 3.2.6.2). In RAC, a social behavioral problem is a single, serious action or pattern of behavior that harms self and/or others. The thirteen categories break down as follows: three are general (Low Self-Image, Inconsiderate to Self, Inconsiderate of Others); the other ten are specific (Authority Problem, Easily Angered/Unmanaged Anger, Aggravates Others, Misleads Others, Easily Misled, Active Alcohol or Drug Addiction or Problem, Active Gambling Addiction or Problem, Stealing, Lying, and Fronting). Just as most self-serving thinking errors can be identified in terms of the primary (Self-Centered) as well as

a secondary (e.g., Blaming Others) distortion, most problem behaviors can be identified by both a general (e.g., Inconsiderate of Others) and a specific problem (e.g., Stealing).

3.2.5 RAC Mutual Help Meetings

In the core or generic RAC mutual help meeting, group members report problem behaviors or situations and underlying thinking errors. Alternatively, a RAC mutual help group member may report a Current Life Issue; that kind of mutual help meeting is called a Current Life Issue meeting. Other specialized types of mutual help meetings include the Life Story meeting (mainly for new members) and the Self-Report (interim and final) meeting. Residents should maintain Mutual Help Meeting Self-Help Logs (thinking errors and positive; see handouts at end of chapter) and bring them to the mutual help meetings as an aid in problem work during the meeting. We will also describe a “mini-meeting” procedure—a very brief “meeting” in which mutual help group members gather in a circle to quell the severe disruption of a group member.

The problem name and cognitive distortion vocabulary is used throughout RAC mutual help meetings. These meetings involve certain arrangements, a standard format, and other procedural expectations. For the ideal group size of 6–9 members, meetings should be scheduled for 75–90 minutes (less than an hour is too brief, more than an hour and a half too long). Facility population size and staffing constraints may necessitate groups as large as ten members, but this should be the limit; RAC groups larger than ten quickly become dysfunctional (disruptions, hostile culture). The seating arrangement requires residents to sit in chairs in a circle. The coach guides the group from the sidelines (see Chap. 2), as he or she sits outside the circle. All group members are required to attend all RAC meetings; unless there is a legitimate medical or legal reason to be excused.

In RAC, group meetings are sacred (see “Ground Rules” handout at end of chapter)! The meetings begin and end on time; they are never delayed, interrupted, cancelled, or rescheduled to another day. Same-day rescheduling is a practical solution to group leader absence or shortage, but even this practice should be the exception. Group members are expected to participate in the discussion, to give their full attention, and to interact in a responsible and helpful manner. New members and/or members with limited expressive skills will usually (and probably should) participate less in their first few meetings. As they become familiar with the meeting processes and program language, their participation should become more active. Although group members may take notes during the meetings, information shared in the meeting is confidential and must be treated as such by the group members and staff (although the coach will share pertinent confidential information with the group’s staff team; see Chap. 2). During the group meetings, members will often make general comments about having committed crimes such as breaking into houses, robbing people, trafficking drugs, prostituting, and stealing IDs. The more

senior group members and the coach should remind new members that the coach is legally and morally required to report any information concerning specific crimes previously unreported to law enforcement officials.

It is important for maintaining a responsible group culture that the principles of “seeding” be followed; that is, the residents comprising the group should be carefully selected (see Chap. 2). A group should not receive too many negative leaders or easily misled residents within a short period of time. The staff team should keep in mind this overload danger and be vigilant in their efforts to add the appropriate residents at the appropriate time. Delaying a resident’s entry into group meetings by even a few days can make a crucial difference in this connection.

3.2.5.1 Parts of the Mutual Help Meeting

The format for RAC mutual help meetings (outlined in “Parts of the Mutual Help Meeting” Participant Handout at end of chapter) consists of five parts or phases: introduction, reporting, awarding, problem (or CLI, see below) analysis and action plan, and summary. Following each mutual help meeting, the group leader (coach) should review and evaluate that session (Table 3.1, provided at end of chapter following the handouts).

Introduction It is important that the coach control this part of the meeting. The coach should not yield it to group members who want to ask challenging questions or pontificate about the way the program or institution should address problems. The coach begins the meeting with welcoming and personalized introductory comments or questions (for example, if a group member did further work on an action plan; how a new resident feels about attending in-house 12 Step meetings; or how a group member’s visit with a child and ex-spouse (went). The coach may also compliment positive behaviors or accomplishments in other areas of program; e.g. a group member earned a GED. Although this phase should last approximately five minutes, the coach may cover considerable ground: giving encouraging comments concerning the meeting, reflections concerning unresolved work from the previous meetings, reminders related to the use of the concepts and skills from the Equipment meetings (once they have begun; see Chaps. 4, 5, 6, and 7), evaluation of the group’s progress, suggestions pertaining to the group’s work in the current meeting (e.g., how to award the meeting).

Reporting This reporting phase should not last longer than 15 minutes in an experienced group. Using the standard vocabulary (above), each group member reports on problems or issues and related thinking errors. The report may take one or another of three forms. The group member reports a problem he/she has had since the last meeting, or another problem not yet brought to the attention of the group. Without going into excessive detail, the group member must first be specific concerning the context of the situation in which that resident’s social behavioral problem occurred; include names, exact quotes, date, time, and location to render more difficult any minimizing/mislabeling of the problem. A group member whose problem involved

a recorded incident of institutional misconduct (called a “ticket” at the Ohio Franklin County Community-Based Correctional Facility; see Chap. 1) must report the problem/underlying thinking error pertaining to that incident. Problem reporting is for the purpose of discussing, analyzing, and prospectively managing a group member’s specific problem. It is *not* a time to complain about the facility or some other circumstance over which the group members and/or group have no control. The other three types of reporting pertain to a Life Story, Current Life Issue (preferably two but no more than three current life issues), and Self-Report.

Although group members are generally expected to report a problem or issue, there are exceptions. A group member may “pass” on reporting if he or she: is in the first week of attendance; received the previous meeting; has been granted a release date (but is not yet prepared to have a pre-release meeting); has recently suffered an emotionally traumatizing event (e.g. death of family member, HIV diagnosis); or has no outstanding issues to discuss. Non-reporting group members should, however, participate during other phases of the meeting.

A reporting group member who would like to be awarded the meeting (next phase) may so indicate during Reporting or during the next phase.

Awarding the meeting to one of the group members should not take longer than ten minutes. Once all group members have reported, the group decides by consensus: Of those reporting, who needs the meeting the most and is most likely to make the best use of the group work? (The group may struggle a bit, but that’s OK; the awarding process is actually part of RAC treatment: the group members will apply social perspective taking and other constructive social and self-regulatory skills they’ve been learning as they listen to one another and reach closure).

The group learns the basics of awarding the meeting from the coach (who teaches it during RAC group orientation and may make reminders during the introduction phase). The coach typically makes these points:

- In reporting, group members should use the program language and clearly make their case. As noted, group members may seek a meeting to discuss a problem, cluster of current life issues, or life story.
- In awarding, group members should consider: Who will use the meeting? Who has had the meeting? When was the last time he/she had the meeting? Has he/she repeatedly given the meeting up for others? Has he/she been consistent and positive in helping other group members?
- Good awarding means good perspective-taking: Think of the consequences for others and yourself. Why does he need the meeting? What could happen if he does not get the meeting? Why do I need the meeting? What could happen if I do not get the meeting?
- The coach should provide a concise explanation of what the discussion phase will involve.
- Group members may need reassurance that they will advance through the program even if they give up the meeting. One coach reassured with positive attributions: “It takes strength to give to others, in meetings and in life. You are stronger than you may believe.” The concepts and language of the program may

help the group member to understand that it is self-centered to demand a meeting just because he/she wants to move through the program quickly (the desire especially of new group members). RAC coaches have said things like: “Getting something out of the program is much more important than getting out of the program.” and “A stay out plan is much more important than a get out plan.”

- Tell them to be considerate, respectful and patient and award the meeting as quickly as possible to allow ample time for a thorough discussion of the group member’s topic(s).

As indicated, the meeting may be awarded to a group member for a number of purposes.

Analysis and Action Plan This phase typically takes 30–40 minutes, but may last as long as an hour in an hour-and-a-half session. In the typical mutual help meeting, the “awarded” resident repeats the social behavioral problem(s) and thinking error(s) or the current life issues in the course of describing the context in which they occurred. The other group members listen and analyze, that is, offer their pertinent observations, reflections, and other reactions. The group may ask questions about the awardee’s past patterns of behavior and thought in relationships and relate that information to the current problem(s). It is important that the group listen to the question and the group member’s response carefully; thus, dealing with it completely before moving on to another question. Quickly asking question after question (“shot gunning”) results in frustration and confusion for the group member and the group. Nor should the group jump to solution(s). But the discussion shouldn’t drag, either. If a group member talks at length about their life and how well they handled a situation, the coach might simply ask, “Whose meeting is it?” (ask-don’t tell technique). A more careful and balanced analysis will lead to a more appropriate designation of the problem(s), underlying thinking error(s), and action plan. Much the same analytic work takes place in Life Story and Self-Report versions of the mutual help meeting.

The final part of the analysis phase should move toward a prospective resolution of the group member’s issues and cognitive behavioral problem(s). This prospective resolution should be formulated in a specific Action Plan (see pertinent section in the Mutual Help Meeting Logs). Group members, as appropriate, may volunteer to help the group member implement and fulfill the plan.

We have referred to the RAC mutual help meeting as “deeper” because of its attention to underlying thinking errors. As equipment meetings (Chaps. 4, 5, 6, and 7) start, the mutual help meetings also become potentially *more constructive* insofar as the skills, resources and maturity gained from the equipment meetings impact the mutual help meetings. The skills and concepts learned in the equipment meeting should promote the remediation of group member’s limitations as well as the constructive quality of the Analysis and Action Plan.

Summary In the remaining time (5 minutes or so), the coach summarizes the group’s accomplishments (praising individual group members’ contributions, for example, during Awarding); challenges the group to greater progress or suggests ways to improve future meetings, and reminds the group of other problems/situa-

tions/Current Life Issues (below) that were reported and will need attention outside the group (since they were not discussed during the meeting). The coach then concludes with an affirmation (perhaps using the sandwich technique, Chap. 3). The coach may end the meeting with brief announcements about operational issues.

Session Evaluation To maintain helpful notes as well as program fidelity, the coach should complete the pertinent evaluation form (Table 3.1 at the end of this chapter) following each session. Also for insuring program fidelity, adherence to the RAC program of coaches' mutual help work should be periodically evaluated by a qualified observer (same form, Table 3.1, "Coach's & Observer's Evaluation Form: Mutual Help Meetings," also attend of chapter)

3.2.6 Variants on the Mutual Help Meetings

Although the above format applies to the standard Problem Reporting Mutual Help meeting, some adaptations or variations apply to specialized types of mutual help meetings. We will discuss the nature and function of the Life Story Meeting, The Current Life Issues Meeting, the Self-Reporting Meeting (interim and final), and the Mini-Meeting.

3.2.6.1 The Life Story Meeting

Shortly after entering a RAC group, each group member is required to write and present his/her life story during a Mutual Help Meeting (see "The Life Story Meeting" handout at end of chapter). If the new member cannot write, read or speak well, one or two group members may help to write and even tell the life story. It is *very important* that these helpers *only* write or repeat what the resident has shared with them about his/her life story. It is still up the new member to do most of the talking during the meeting. Before (or shortly after) the group member presents his/her life story, most or all of the other group members may share their life stories and current life issues with the new member outside the group meeting. This sharing fosters a closeness and creates an investment in the group and each person involved. Besides facilitating group development, the life story helps the group to see how the member views himself/herself and others and hence what cognitive behavioral problems from the past are likely to recur during and after the individual's stay at the facility.

The group's role in the Life Story meeting is akin to their role in the analysis phase of the standard mutual help meeting. In fact, Life Story meetings have the same format as standard mutual help or "problem" meetings except that the life story replaces the Problem or CLI Analysis and Action Plan phase. The group should mostly listen during the telling of the life story, but it is expected that they will seek information to deepen their understanding of their new member's history, lifestyle, relationships, problems, and current life issues. Appropriate information seeking requests are: "What were you thinking about when you did that?"; "Were

there other times when you did things like that?;" and "What do you think are your most important current life issues?" It is important the group not ask "Why did you do that?" or "How are you going to deal with that?" The "why" question may prompt rationalizing answers, stifle presentation of the story (insight into "why" might be quite limited), or divert the meeting into controversial, sensitive, or overly intense content that the individual is not yet prepared to address. "How are you going to deal with that?" may be appropriate later, during the formulation of an Action Plan; but the Life Story meeting mainly provides the new group members with an opportunity to take a serious look at their life (probably for the first time ever), share information and increase the bond with the group.

Even in the context of the Life Story meeting, some movement toward resolution may be possible. Once the resident has completed the life story, the group then suggests the problems (social-behavioral, thinking errors, current life issues) in need of resolution. The action plan(s) to resolve the problem(s) will come in later meetings. The thinking errors are especially helpful in connecting later problems with the problems assigned in the life story meeting. In a later meeting, the coach may ask, "Does the group see this thinking error as the same one you suggested to Brandon after he told his life story?" The coach may prompt group work by asking: "Would this be a good time for Nicole to work on an action plan for this problem and the problem suggested during her life story?" Such promptings assume that there is something that can be done about the historical problem and/or current life issue. It is unreasonable to expect a resident to resolve problems/issues with someone who is unavailable to him or her. It is reasonable, however, to expect a resident to attempt to resolve a problem or issue with persons such as family members who are available. Relatedly, the coach or fellow group members may help a resident prepare to succeed in restitution and/or community based programs.

Life story meetings can become emotionally intense for the group and especially for the group member who is telling his/her story. It is important that the coach be very attentive to the tone and behavior of the group to ensure that the proper respect and attention is afforded to the resident and his/her story. Watch for verbal cues (abrupt and loud questions, irrelevant comments, giggles, etc.) and non-verbal cues (looking around, eye rolling, yawns, etc.) that would suggest a lack of proper attention of the life story presenter. The coach could ask, "Is everyone being considerate of others?" or suggest a quick review of a pertinent equipment resource such as the constructive social skill "Caring for Someone Sad or Upset." Alternatively, the coach may decide that the presenter's content is too intense (sexual abuse? rape? death of a child?) for the group to handle at that point and suggest a redirection of the meeting to another subject area, e.g., "Has Kayla told the group about her time in the prison system?"

3.2.6.2 The Current Life Issues (CLI) Meeting

Besides the Life Story meeting, another variant (and the most common type for adults) of the mutual help meeting is the Current Life Issues (CLI) meeting. "Current life issues" may pertain to an adult's sources of tension, stress, or concern in the

areas of life such as sobriety, family, residential or employment/financial needs, education or training, and interpersonal relationships. A simplified and restricted version of Current Life Issues, called “My Shared Pathway,” is used in the form of a workbook among men with intellectual and developmental disabilities. In My Shared Pathways, residents work with staff to outline their progress, goals, difficulties, and plans for dealing with those difficulties (Langdon, personal communication, May 28, 2014).

A group member may request a CLI meeting if he/she has done the Life Story meeting and does not have a specific cognitive behavioral problem to report. Appropriate grounds for requesting a CLI meeting involve two or three (preferably three but not more) problems that are causing the resident anxiety or frustration, or in some way have undermined the person’s sense of well-being of their progress toward becoming a responsible adult. The primary (and one or two related) CLIs must be clearly defined for the group member to be awarded the meeting. A CLI meeting may *not* be requested or awarded to discuss a complaint or gripe (about the program, the facility’s policies and staff, or another resident). Although other issues may be momentarily discussed, it is important for the group to stay on track with the primary and related issues if the session is to be productive for the resident and the group. It is important for the group to understand that current life issues inter-link: One cannot resolve one issue and assume that all the others will then be okay. For example, successfully “parenting my children” is not possible without “maintaining my sobriety” and/or “establishing a healthy adult relationship” with the father of children’s current custodian.

During the CLI meeting, the group member, with the help of the group, will: (1) identify and explain the issue(s); (2) analyze the issue(s); and (3) develop a realistic, constructive, and responsible method of managing or coping with the issues(s). Again, it is important that the group stay focused on the identified life issues. Legal actions and medical treatment issues are important, but are not productive to discuss given neither the group nor the coach has the authority or appropriate credentials. The group’s help must be expected to make use of the vocabulary and equipment (concepts, skills) learned in the program: thinking errors, social/behavioral problems, anger management techniques, constructive social skills, and mature social decision-making (true friendship, commitment, trust, etc.)—in principle, cognitive restructuring (monitoring and correcting thinking errors and adequate social perspective-taking (thinking of other people). The language learned in other programs may not be substituted for the RAC language during the CLI or any other RAC meetings.

3.2.6.3 Why Gender Specific Current Life Issues?

Despite overlap, current life issues are to a great extent gender specific. Consider first the distinctive context that typically characterizes (at least in our experience) the woman with an offense history. Female offenders incarcerated at the Franklin County CBCF who have children, for example, typically want to regain custody as soon as possible. Many of these women eventually disclose that they were sexually

abused as children. Further, they may have suffered physical and mental abuse by a partner (domestic violence), and may evidence mental health problems. Despite a history of failed interpersonal relationships, they may be all too willing and eager to attempt another one. Indeed, they will often sacrifice good parenting to try to maintain a (dubious) romantic relationship. They may have participated in prostitution (often for financial reasons) or been forced into it. They may be drug addicts (usually pills or heroin) or alcoholics. Their physical health problems may include sexually transmitted diseases. They may eventually be willing to participate fully in the group, but only after initially rebuffing the group's efforts to help them.

Now consider the "current life issues" of many men with an extensive offense history. Male offenders incarcerated at the Franklin County facility who have fathered children, for example, typically do not want custody. Why not? For one thing, given their (disadvantaged, marginalized, incarcerated, etc.) situations, they are not in a position to accept custody. But again, they typically don't *want* custody. Most of these men when growing up did not spend much time with or really know (indeed, scarcely if at all knew) *their* fathers. Whether fathers or not, many of these male offenders were neglected and/or physically abused as children. Now, instead of striving for a responsible lifestyle, they are in their words "addicted" (that is, they prefer) the criminal ("sex, drugs, money") lifestyle they have known since childhood. Actual physiological addictions typically pertain to alcohol, marijuana, and heroin. Many of these adult male offenders have trafficked drugs (even if that was not their presenting offense) and have held legitimate jobs for only short periods of time.

One can discern in these respective descriptions both differences and commonality or overlap (compare the "for men" and "for women" versions of the "RAC Current Life Issues" handout at the end of this chapter). Like the female offenders, the male offenders typically are willing to participate fully in the group only after initially resisting the group's efforts to help them. Moreover, despite the differences in circumstantial detail, the thinking errors and social behavioral problems or current life issues are essentially the same across gender (with one exception: relevant to the female much more than the male current life issues is "Learning to Accept and Believe in Myself"). It should also be noted that the women are much more amenable to sharing and talking about their life issues. The life issues and histories of offenders (male and female) seen at the Franklin County facility, by the way, seem to be consistent with what has typically been reported elsewhere in incarcerated populations throughout the United States as well as the United Kingdom. Many of these similarities and differences in life issues are documented in various publications by the National Institute of Corrections (<http://nicic.gov/>) and the U.S. National Library of Medicine National Institutes of Health (www.nlm.nih.gov).

3.2.6.4 Self-Report (Interim and Final) Meetings

Other types of mutual help meetings pertain to the evaluation of a resident's progress toward responsible adulthood. A key mutual help meeting variant is called a self-report meeting. The self-report is used primarily to teach the residents to

identify, own and replace their thinking errors, but also to evaluate their progress in program and to help their staff teams (Chap. 2) monitor their progress. Residents make a presentation to their respective mutual help groups, modify their presentation (if needed based on group feedback), then periodically present their progress report to their respective staff teams.

The schedule for the periodic reports is arranged to meet the needs of both the group member and the facility. At the Franklin County facility, residents meet monthly with their RAC staff team, and the average length of stay has been approximately 140 days; accordingly, the residents' self-reports take place at interims (typically 60 and 120) days during their stay. The 120-day or final self-report is in effect a pre-release meeting (see handout at end of chapter), held once a resident is near his or her tentative release date and must make plans for responsible re-entry into the community.

If awarded the meeting, the resident provides a thorough review of his/her CLIs, as well as social behavioral problems/underlying thinking errors (including those identified during his Life Story and other meetings). Beyond reciting labels, the resident explains the effect his/her cognitive behavioral problems have not had only on his/her own life but especially on the lives of others. The resident also explains how he/she has implemented action plans to correct the harm done to other people; and, citing specific examples, how he/she has helped fellow group members (those group members should affirm or clarify the examples). Finally, the resident should share plans for the future (education, AA meetings, community service, employment, etc.)—especially important in the final Self-Report Meeting (see pertinent handout at end of chapter). The group should ask questions and provide feedback to the presenter regarding any problems and issues that he/she could work on (easily Misled, Assuming the Worse, need to use anger reducers, go to parenting or 12-Step meetings, etc.). The coach may prompt the group to ask pertinent questions to insure that the resident and the group respect the seriousness of the report.

3.3 Stages of Mutual Help Group Development

We can step back from the variants of the RAC mutual help meeting to see that, over time, RAC groups tend to progress through a certain sequence of stages. The initial stages especially reflect the fact that RAC groups are comprised of individuals with immature sociomoral reasoning or antisocial attitudes such as: "Belonging to a gang is okay, stealing is cool just don't get caught, smoking a little dope is okay, and I don't tell nobody nothing—if somebody gets hurt it's on them." As these individual group members develop more mature reasoning, correct distorted thinking, and acquire anger management as well as constructive social skills, the group will progress to higher stages—from Forming and Storming to *Norming* and *Performing*—of group development (cf. Tuckman, 1965; Vorrath & Brendtro, 1985):

3.3.1 Forming

At the start of a group, members act in a tentative, uncertain manner, proceeding cautiously, “casing” the program. Group members are likely to be untrusting, so the group leader must repeatedly encourage disclosure. Some semblance of a “group” is beginning to form, but group behavior may get worse before it gets better (see Storming).

3.3.2 Storming

The group members are less tentative; they openly disagree and test limits by attempting to subvert or divert the program. Group members’ advice to one another may consist of shows of power plays, and the advice givers do not apply their advice to themselves. The group leader must continue to encourage the group to help one another. That is, the group leader must make interventions that require the group to work on properly identifying their problems *and* the underlying thinking errors, *and* to develop real resolutions to the problems. In general, staff must not permit the residents to collectively gripe about the program. During this stage, many members of the group will deny having problems or claim that their problems were minor and handled when they occurred (implying a group meeting for them is not necessary).

3.3.3 Norming (Beginning of a Responsible Adult Culture)

With further group development, some of the members become more genuine about trying to help their peers in a responsible manner. They try not to let the group down, and in appropriate ways, express their disapproval of irresponsible thinking and behavior. The negative group members still have influence, but they can no longer set the dominant tone for the group. The group leader must verbally reward the positive group members without patronizing them, while continuing to assure the negative members that they are strong and capable of doing good things. The Equipment Meetings should be run a minimum of two times per week during this stage. The group will now begin to use effectively the constructive skills and concepts learned in the Equipment Meetings.

3.3.4 Performing (Responsible Adult Culture)

The members begin to really understand their thinking errors and how those errors affect their behavior and relationships with others. A cohesive group forms, oriented to the mature (stage 3, even 4) level of moral development (see Chap. 7), as evidenced in the group’s mutual caring and concern. The group is now functioning or

“performing” not in a superficial way but instead as a responsible adult culture. The group leader must continue to voice support and to model the higher levels of moral development. The residents will continue to have problems and they must be required to analyze and resolve those problems through use of the skills and concepts they have learned. That is, they must practice the perfect! Community Service projects are especially good reinforcers for residents in this level of group development.

3.3.5 Facilitating Group Stage Development

Facilitating or cultivating a “positive peer” or “responsible adult” culture is best discussed in relation to these stages of group development (cf. Tuckman, 1972; Vorrath & Brendtro, 1985). Many factors affect a RAC group’s advancement through these stages of forming, storming, norming, and performing. Not helpful, of course, are poorly seeded or erratically scheduled groups; poorly trained, indifferent, or frequently rotated coaches or (equippers); breakdowns in staff teamwork; and administrative/supervisory dominance of the program. The facility administration should do everything in its power to bring out a responsible staff culture (Chap. 2), but ultimately, each individual staff member must exhibit mature morality and responsible behavior, apply the provided guidelines, and contribute the best that he/she can to help the RAC groups and staff teams succeed. Furthermore, the use of certain techniques can facilitate movement toward responsible adult culture.

3.4 Facilitative Techniques and Guidelines

This final section covers basic techniques or guidelines for facilitating or cultivating the RAC group as a responsible adult culture and motivated treatment vehicle. “Ask, Don’t Tell,” introduced in the previous chapter, is now discussed specifically in the context of mutual help group work. Other basic techniques—sandwich, reversing responsibility, confronting (including the mini-meeting procedure and physical restraint, discussed at higher levels of confronting)/reminding, and relabeling—owe much to their prior development in the Positive Peer Culture movement. In a successful RAC facility, physical restraint will be used infrequently.

The techniques discussed in this section will be effective only in the context of a “therapeutic alliance” (see Chap. 2) between the staff member and the resident(s). The staff member must exhibit a genuine concern for the residents through balanced (demanding, soothing and stimulating) and courteous interactions with all residents—especially when a resident is exhibiting anger, poor social skills or is rejecting appropriate feedback from the group. A resident who becomes angry and verbally lashes out will regain his/her composure in the presence of a courteous staff member who greets them upon entrance to the area, speaks to the resident frequently, says good bye when leaving and provides many more positive comments than negative ones.

3.4.1 *Ask, Don't Tell*

As briefly discussed in the last chapter, “Ask, don’t tell” (asking a question instead of making a statement or giving instructions) is a primary tool for all staff members. The basic idea is simple: To prompt the resident (or group) to think about what needs to be done and to do it because *they* thought of it and decided to do it, *not* because some staff member or anyone else told them to do it. Psychologists talk about the “minimum sufficiency” principle: your input was sufficient and left plenty of room for “self-attribution” or ownership. In facilitating a group’s development, a coach might “ask, not tell” the group something to avoid direct conversation with a resident in group, and to cultivate the group’s ownership of the mutual help process. We emphasize that the coach’s question should be to the group (see examples earlier in this chapter) so that members are encouraged to communicate with one another rather than with the coach. Even staff members who are not coaches or equippers should be trained to use this technique—it’s good for the climate! Here are some situations where “ask, don’t tell” is helpful:

- Let’s say you’re a Resident Advisor working a unit of 60 male residents. You have to complete a Headcount at 4:00 p.m. At 3:50 p.m., you ask the group in a loud but friendly voice, “What happens in 10 minutes gentlemen?” Invariably, someone will answer, “Line up for Headcount.” You reply, “Thank You!” At approximately 3:58, you can remind with another question: “It’s that time, what do we have to do?” Most will be lined up; those who are not will be reminded *by their RAC group* to line up. The “ask, don’t tell” replaced a direct order to line up and you have maintained your position of authority in a professionally friendly manner.
- A RAC group coach just shared with you the resident advisor that Patricia is sad and upset over a death in her family. You periodically check on Patricia. She is sitting in her group’s assigned seating area and trying to talk about her loss with some group members, but other group members keep talking every time Patricia starts to share. You might refer to the pertinent social skill from the equipment meetings and ask, “When someone is sad or upset, how important is it to listen and not interrupt?” The coach could ask the same question, if needed, in a mutual help meeting.
- [from Vorrath and Brendtro, 1985, p. 73:] While several group members all talk simultaneously, a highly perceptive comment from one [group member, Mr. Ronaldo] goes unnoticed. The group leader does not tell the group, “You shouldn’t all be talking at once”. . . . Rather, he [or she] only needs to ask, “Did the group hear [Mr. Ronaldo’s] comment?”
- A related example: One of the group members is dominating (Inconsiderate of Others problem) a meeting. The coach might simply ask “How many members are in the group?” or “Is the group letting one member take control?”
- The group’s tone is becoming destructive because a member is resisting the group’s help in a mini-meeting. The question might be, “Is the group going to let Antonio provoke them into treating him in the disrespectful way he seems to be treating them?,” or “Does the group remember the Clown in the Ring (see Chap. 5)?”

- A group member has not said anything during the analysis phase of the meeting and is watching the clock. The coach should encourage the group to bring the clock watcher into the discussion with a question such as, “Does the group know what Mr. Tomlin thinks about the issue?,” perhaps followed up (if needed) with: “Is Mr. Tomlin being Inconsiderate of Others? Inconsiderate of Self? Both? Is Mr. Tomlin Assuming the Worst that he can’t be helped or help others?”
- Despite knowing that Ms. Peaks was going to steal the unit manager’s cell phone, Ms. Watson did nothing to dissuade Ms. Peaks from the theft. In group, Ms. Watson minimizes any role in Ms. Peaks’ stealing incident. The coach might ask (see Chap. 7): “Does the group remember Jodi’s Problem Situation? How important is it to persuade a friend not to steal?” or, “Does the group think they should ask Ms. Watson if her attitude shows a thinking error?”

The style and tone of the question are important. The coach’s questions should be simple and brief, asked one at a time (asking several questions at once can be confusing). The questioner should maintain a normal volume and speak in a respectful rather than a threatening or demanding tone of voice. Furthermore, the question doesn’t put the group on the defensive as a statement might, and it gives the group a chance to acknowledge and correct the unfairness or harm of their actions.

The ask-don’t-tell method can be overused. Lickona’s (1983) advice was to “ask questions when it feels natural to do so, and make a direct statement when it feels natural to do that” (p. 322). Nonetheless, Lickona advocated extensive use of the ask-don’t-tell method (effective usage will start to “feel natural”). If challenged by a group member (“don’t ask, just tell us straight”), the coach might forthrightly reply, “I’m asking a question here to prompt the group to see this problem and think about how best to help Mr. Tomlin.” In his work as coach, Potter has sometimes used his summary time to ask, “Does the group want to be given a fish, or help one another fish?” The group must be taught to fish for the “larger catch.” That is, they must be taught to ask the difficult question that will help a group member to accurately identify his or her problem or issues and move toward a responsible, constructive solution. This teaching can be done in the introduction to the meeting, during the meeting (“Is the most difficult question being asked?”) and supported in the summary of the meeting. A difficult question is one that requires the group member to think about what is most uncomfortable for them to identify and own (“Has Mr. Riley shared with the group his role in why his children stopped talking with him?”). In both mutual help and equipment meetings, the group must be challenged to learn how to fish—how to help one another (and themselves) grow toward responsible adulthood. Used to an appropriate degree, the ask-don’t-tell method is an excellent tool for cultivating group members’ responsibility for providing mutual help.

3.4.2 *The Sandwich Technique*

To strike an appropriate balance between “demanding” or “stimulating” and “soothing” (Chap. 2), we recommend use of a technique called the “sandwich” style of constructive criticism. The “meat” or critical comment is preceded and followed by supportive ones. The coach might say, “Ms. Riley has worked hard to help her group members with their problems, but she has a hard time facing her own Easily Angered/Unmanaged Anger problem. I think Ms. Riley will soon show the courage to accept the group’s help in handling this problem.” During a mutual help group summary, the coach may couch a criticism in a sandwich, that is: (1) start with examples of occasions when the group has been “great” (exhibited responsible and effective helping behavior; (2) cite problems that the group has encountered; and then (3) return to an emphasis on the group’s strengths for overcoming these problems. Simpler versions of the sandwich technique involve a two-step sequence, ending or beginning with a positive attribution. In “punch and burp” (Vorrath & Brendtro, 1985), the critical comment precedes the supportive one, e.g., “That self-centered comment really hurt Mr. Lewis [punch]. You are more considerate than that [burp].” In “pat and swat” (Agee, 1979), the sequence is reversed, e.g., “The group has seen that Ms. Thomas is a smart person [pat]. Is it about time for Ms. Thomas to use those smarts to help others in the group [swat]?” (note that the sandwich technique works well with the ask, don’t tell technique!) or “You are too valuable [pat] to continue doing stupid things to yourself [swat]; Agee, p. 37).

3.4.3 *Reversing Responsibility*

Closely related to the sandwich technique is that of reversing responsibility. Unless a client assumes responsibility for his/her own thinking and behavior, he/she is unlikely to discontinue an antisocial cognitive behavioral problem. A formidable cognitive defense used by many offending clients is Blaming Others (and related distortions)—pointing out other’s problems as if that somehow meant the harm done to them was their fault, something they deserved. The reversing technique (see also Chap. 5, session 8) places the onus of responsibility back to where it belongs: the irresponsible choices and actions of the offender. It is crucial that the staff member remain calm and constructive. The implicit message should be that the staff member believes the client can make more responsible choices and handle the problem in a mature fashion; the calm tone undermines the client’s ability to blame the staff member (one resident exclaimed, “It’s like they hold up a mirror, and whatever the problem is, you find the answer somewhere inside yourself”). Upon being caught stealing from Tony, one resident declared: “Tony is a dumb-ass! He’s always insulting someone’s woman!” The staff member calmly reversed responsibility by replying: “I’m sure the group will help Tony with his problem, but does Mislabeled and Blaming Tony help you with yours?” Another example: Mr. Sims,

who had cheated on a GED practice test, exclaimed: “Ms. Jones [the teacher] don’t care about the students! She just tries to get students in trouble.” The staff member replied: “Mr. Sims, you did a good job last week of discussing the social skill *Dealing Constructively with Someone Accusing You of Something*. When are you going to start using it?”

3.4.4 *Confronting and Reminding*

The sandwich and reversing techniques illustrate, in a broad sense, the technique of confronting: constructive, non-demeaning statements to a client by caring, supportive peers or staff members (especially, a staff member with whom the client has formed a therapeutic alliance). Constructive confronting may induce social perspective-taking by describing how the resident’s actions have hurt someone else or him/herself. Constructive confronting can be difficult for staff and especially residents to learn; hence the importance of the social skills and other resources acquired from the equipment meetings (Chaps. 4, 5, 6, and 7). Without such helping skills, offenders (albeit motivated) often eventually become frustrated in their helping or “confronting” attempts and fall back on what they know best: putdowns, threats, and other in-your-face verbal attacks. In one survey, “abuse of confrontation” (e.g., “harassment, name-calling, screaming in someone’s face, hostile profanity, and physical intimidation,” p. 322) was found to be a common problem in offender mutual help programs (Brendtro & Ness, 1982). Such abuses of “confronting” are regrettable but—in the absence of offenders’ learning constructive help skills through equipment meetings—perhaps should not be surprising.

Following constructive confronting, reminders may suffice to address problematic behavior. Reminders (or “checks”) are brief, low-key (verbal and non-verbal) statements intended to curtail a disruptive behavior and keep the resident (and a group activity) on track without triggering a defensive response. Although low-key, reminders let the resident(s) know that the behavior was noticed, was unacceptable, and should stop before the misconduct becomes a bigger problem for the resident(s). The residents are likely to “save face” by stopping behavior, because they know that otherwise the staff member will make a more complete intervention. (Indeed, we specify below levels of confrontation to use against a serious disruption.) Examples of reminders:

- Two residents are starting to argue during a card game. You catch their eyes and raise your eyebrows in disapproval.
- The same two residents begin to argue again a few minutes later. You state firmly but pleasantly, “check yourself.” You could also use your “RAC pistol” (the first two fingers of one hand point at your temple as if to say, use your head and *think* about what is going on and manage it; see “Step 1” of a social interaction skills meeting, Chap. 6).

- “I” statements (Chap. 5) can be used as constructive reminders. You may say, “I get frustrated and a little angry when I remind people more than once to be responsible and they ignore me. Think about it for a minute and tell me what I am talking about.”
- During a tightly contested game of “Horse” basketball, two residents begin arguing. You stop the game, hold the ball, and say, “Hold up. You guys have a good game going on here. What needs to be done to stop the arguing and keep the game going?” The guys apologize verbally or non-verbally (slapping “fives” is a common sports tension-easing technique). You might say, “Good job! Carry on,” and toss them the ball. Note that this reminder only took a few seconds, yet it stopped the misbehavior, encouraged self-control and returned the group to a constructive activity without dominating the situation or triggering defensiveness.
- Two residents are being a little too loud and are dancing around rather than getting ready for class. Smiling, you move closer and say loudly enough for the two to hear, “Hey, group, a couple of your guys are a little hard of hearing and they don’t dance too well either. You may want to tell them what they should be doing.” Note that this reminder is like a gentle cajoling. To use humor effectively, the staff member must first have a positive relationship with the residents and, second, the humor must be used at an appropriate time. Not everyone can accept humor as a reminder. If you use humor and it offends the resident, you must be a good role model: apologize and tell the resident that you understand the issue and will not do it again.
- “Check yourself” and “think ahead” are two easy-to-use reminders that RAC residents are required to use with themselves and others. A mature group would have told the misbehaving group member to “check yourself,” or the arguing basketball players to “think ahead.” These reminders are especially needed when the primary assignment (classes, cafeteria, church, etc.) does not permit other interventions. In time, the residents will self-monitor, that is, learn to self-apply “check yourself” and “think ahead” (Chap. 5, session 5) as thinking tools to manage anger and to avoid problem behaviors. Such self-talk alerts the resident to correct a thinking error and to use his/her skills to constructively handle a situation.

3.4.5 Relabeling

As noted, Minimizing/Mislabeling is a thinking error that misrepresents or glorifies antisocial actions to make them sound acceptable or even admirable; the misrepresentation may include belittling or dehumanizing the victim (see above). Staff members may use relabeling (co-author Bud Potter likes to call it right labeling) to correct the offender’s cognitive distortion and induce social perspective taking. Note that relabeling addresses the behavior without attacking the person. Examples:

- A group member is telling the group, “We just went for a little joy ride in the dude’s car and he called the cops.” The coach might ask, “If it was your car would you describe it as a joy ride”?

- Relabeling can include some constructive confronting. When Mr. Lewis was asked what he did when his girlfriend broke up with him he replied, “I taught the bitch a lesson, I smacked her.” The coach may relabel and confront: Does the group think that punching someone is a good way to teach them something? What if she was your sister? Does the group wonder what Mr. Lewis’s reaction might be if the same thing happened to his sister? Women are people—friends, sisters, mothers . . . they are not “bitches.” What problem does the group want to help Mr. Lewis with? The questions and statement are voiced in succession without hesitation to show disapproval and give firm direction.
- Relabeling can also be cast in the form of a sandwich or punch-and-burp such as “Calling someone a bad name is not typical for a person who is as mature as you are.”

3.5 Handling a Disruption: The Mini-meeting and Levels of Intervention

Some of the above material can be summarized by specifying progressive steps that staff members may use to enable residents to handle a problem. Keep in mind that a problem should always be seen as an opportunity to teach, and staff members in their interactions and interventions with residents should serve as models of responsible adult behavior. Higher levels are less likely to be needed if, prior to the problematic situation, staff members have included positive attributions in their comments and established a therapeutic alliance (Chap. 2).

Six progressive steps of intervention might be sequenced as follows:

1. **Friendly Non-Verbal** (a motion with a hand, a “no” shake of the head, etc.) coupled with a slight smile, point to head (RAC pistol), questioning look on face with hands out and palms up. The staff member observes a resident who is having a behavior problem and gives the person a helpful non-verbal gesture. If the gesture does not effect an appropriate and immediate change in behavior, proceed to the next level.
2. **Concerned Non-Verbal** (a forceful “no” shake of the head with a stern facial expression or frown, a hand motion across the neck (“cut it out”), etc. If there is still no change in behavior, proceed to the next level.
3. **Helpful Verbal** (example: “Mr. Barrett, you have been doing really well; do you need someone to talk with, maybe a group member?”). If the location and situation permits, the question could be asked while glancing at one of Mr. Barrett’s nearby group members. Allow/expect the group member to help Mr. Barrett to calm down. Constructive verbal interventions are to be used when the resident does not respond to the non-verbal levels. Use a supportive reminder and simply state the concern the staff member has with the resident’s behavior. If there is still no behavioral change, proceed to the next level.
4. **Directive Verbal** (examples: “Mr. Barrett, think ahead and calm down!” or “It is time to do what you need to do: sit down and be quiet now”). This is both a

directive and a therapeutic intervention. The staff member may use a firm tone of voice (do not yell) and stern facial expression as helpful aids to express concern. The concerned verbal intervention informs the resident that his actions are fast becoming a major concern and should stop. If there is *still* no change in behavior, proceed to the next level.

5. **Request for RAC Group Support: The Mini-Meeting** The support of other staff and/or residents is requested when the resident ignores even the directive verbal intervention. The request alerts the resident that his/her actions have reached a high level of concern. If other mutual help group members are nearby and the problem behavior is severely disruptive, the staff member should call for a mini-meeting to help with the problem.
6. **Call for staff assistance** The resident has now ignored the staff member's interventions as well as a mini-meeting; the situation is now critical and the resident may be at risk for physically acting out. It is important for the staff member to mentally state (self-talk) to him/herself something like: "This situation has reached a potentially dangerous level and I must proceed with caution." The safety of everyone involved is the primary concern. Are other staff members alert and available to offer physical assistance, if needed? The staff member may give the offending resident one final opportunity to be responsible and, at the least, avoid the humiliation and embarrassment of forcible removal: "Mr. Barrett, show that you are strong enough to handle this problem and check yourself." (If the resident becomes physically threatening to others or appears to be self-injurious or a security threat during *any* of the levels of confrontation, the staff members' responsibility is to call for help and instruct the remainder of the group to move away from the resident).

Again, if level 6 continues, safety increasingly becomes the primary concern. The RAC staff team supervisor, or other supervisor, must be called at this level. If the supervisor calls for physical restraint, at least several appropriately trained staff members may restrain the resident and move him/her to isolation to ensure that he/she is not a threat to persons, self, or property. Those restraining the resident are to follow institutional policy and use the minimal amount of force required to hold the resident and protect their fellow staff members. The staff member should remain silent during the initial moments of restraint even though the resident may be verbally abusive and threatening to the staff and/or the group. This is a quiet but strong show of force for control (and responsible adult behavior) that often results in the resident's "checking" him/herself. This delay also provides the staff member a moment to ensure composure, check the conditions of fellow staff members and the group, and develop a plan of action. If institutional policy permits, the staff member then will calmly talk to the resident, suggesting anger reducers (Chap. 5) such as "Take your time and breathe deeply;" or "Think ahead—you're making things worse for yourself;" or, "Think about it and get yourself together"). The resident will be taken to isolation and receive a medical evaluation, etc., and will then be subject to the facility's disciplinary policy.

3.6 Concluding Comment: Saving Mr. Willis

Potter recalls the case of a male CBCF resident, Mr. Willis, with intermittent explosive disorder (as indicated in his individualized plan). While in other correctional facilities, Mr. Willis had spent more than a year in isolation cells as a result of his disorder. In one episode at the CBCF, Mr. Willis was finally sent to isolation and almost terminated from RAC. His RAC group and staff team continued to care about him and learned how to help Mr. Willis gain self-control before he erupted in an episode. Mr. Willis himself learned to recognize his warning signs and stabilize with appropriate medication and self-control or anger management (Chap. 5) techniques. He participated in mutual help and equipment meetings, and made such progress that, months later, Mr. Willis's parole officer was astonished at his improvement toward responsible adulthood. Crucial to Mr. Willis's success were not only the mutual help group and staff caring and medication but also the skills Mr. Willis learned through the equipment meetings.

We now shift in remaining chapters from “motivating” procedures, arrangements, and techniques to cover the “equipping” part of the comprehensive cognitive behavioral program we call RAC.

Ground Rules

Handout

Name _____ Date _____

1. Group meetings are sacred! *They always happen - five days a week. We always do what is written down. We never cancel a group. If we change the time, the group will still happen on the same day.*

Explain: _____

2. Group meetings start and end on time. *Not shorter than 75 minutes - Not longer than 90 minutes.*

Explain: _____

3. Bring everything you need to the group. *Ask your group leader if it is ok to bring something else.*

Explain: _____

4. Everyone has to take part.

Explain: _____

5. Only one person talks at a time. *Do not interrupt.*

Explain: _____

6. Listen to the person who is talking. *You need to really listen and take part.*

Explain: _____

7. Stay on topic and use RAC language and what you have learned in RAC when talking. *How you practice is how you play!*

Explain: _____

8. You can disagree with someone, but you must be respectful. *Respectful here, Respectful there!*

Explain: _____

9. **If you criticize someone, give the person a chance to respond.** *How do you feel when criticized?*

Explain: _____

10. **Be constructive, never put down or threaten anyone verbally or nonverbally.** *What are the thinking errors and problems you have when you threaten or use putdowns?*

Explain: _____

11. **Keep profanity to a minimum. Try not to swear or use bad language.** *If someone swears a lot, politely ask them to use different words. Example- angry for "pissed-off".*

Explain: _____

12. **The group is confidential – what you talk about in the group stays in the group.** *All group members' personal information and group discussion is CONFIDENTIAL.*

Explain: _____

13. **Leave the meeting room as good as or better than you found it.** *Better if dirty, messy or disarranged.*

Explain: _____

14. **Be a mutual help group 24/7.** *Responsible adults are considerate and helpful to others; especially to those who need help and are trying to do the right things with their life.*

Explain: _____

Social Behavioral Problems

Handout

Name _____ Date _____

Read the entire document, then reread each item and follow the instructions. You must complete table 3.1 before completing this handout.

Social/Behavioral Problems (SBPs) are *actions that cause harm* to others, self or property.

Social/Behavioral Problems are *actions caused by thinking errors* (see Table 3.1).

Has someone else’s problem(s) ever hurt you? Yes No

Has your problem ever hurt someone else? Yes No

Which came first, the thinking errors or the social/behavioral problems? Explain

Specific Problems

1. Authority Problem

The person gets into minor and major confrontations with authority figures (boss, police, unit staff members, instructors, parents, probation or parole officers, etc.). Resents anyone telling him or her what to do or even giving advice. Won’t listen. Even when complying will glare, roll eyes, sulk, or curse. Will attempt to manipulate (“con”) their way out of following the authority figure’s instructions or advice even if following the instructions would be helpful. Routinely breaks the rules or violates the law.

I know someone who has this problem. Yes No
I have this problem. Yes No

2. Easily Angered/Unmanaged Anger

The person quickly takes offense when someone disagrees with him even in minor ways; tries to control others; is easily frustrated or irritated to the extent that he or she acts out, ruminates: curses at people, threatens physical harm, destroys property, throws tantrums or withdraws into silence, quits working on assignments, plots revenge, etc.

I know someone who has this problem. Yes No
I have this problem. Yes No

3. Aggravates Others

The person teases, bullies, hassles, threatens, mocks uses put-downs to hurt other people. Retaliates (“pay backs are a bitch”) even when the other person meant or did no harm.

I know someone who has this problem. Yes No
I have this problem. Yes No

4. Misleads Others

The person manipulates others into doing things that are illegal, rule violations, causes harm to that person or others and/or convinces them to do the “dirty work”. Advises or persuades the person to not take properly prescribed medications. Gambles with or advises the person to gamble to manipulate the person for some selfish reason. Uses affection to get what they want and then abandons the person. Gets another person hooked on drugs and then that addiction to get to manipulate them. If the person is then arrested, or “held accountable” for his or her actions; the manipulator will deny any responsibility for the person’s actions. May even deny knowing the person.

I know someone who has this problem. Yes No
 I have this problem. Yes No

5. Easily Misled

The person quickly joins into negative discussions and activities; even though they know it is wrong or illegal. This person will do most anything for the attention or approval of a boyfriend, girlfriend or peer group. The easily misled person will disregard the negative effects that his or her approval seeking behaviors will have on children, family or significant others.

I know someone who has this problem. Yes No
 I have this problem. Yes No

6. Fronting

The person tries to impress others, will exaggerate their ability, knowledge, relationships or experiences. May present him- or herself as in control of his/her life and activities while actually having no, or little, control over much, if anything. Offers a lot of advice, even good advice, while applying little or none of it to self. May joke or clown around to gain attention or hide problems. Denies feeling hurt in emotional situations.

I know someone who has this problem. Yes No
 I have this problem. Yes No

7. Active Alcohol or Drug Addiction or Problem

The person is currently “high” or drunk, or has recently used alcohol or drugs (AoD). He or she has possession of the drugs or alcohol or is working to obtain more drugs even though they understand that addiction is a disease. The person may be in “denial” of his or her addiction or may have “relapsed”. Minimizes the problem by claiming that they can control their use of drugs or alcohol; “I can have one drink.” Or, “I don’t have to go to NA meetings, I only use drugs on the weekends.” If caught “high”, drunk or doing something else wrong or illegal, he or she will blame it on the drugs or alcohol.

I know someone who has this problem. Yes No
 I have this problem. Yes No

8. Active Gambling Addiction or Problem

The person is currently gambling or has recently gambled even though he or she has a gambling addiction or gambling problem. Compulsive Gambling (Gambling Addiction) is a type of Impulse-Control disorder. The person can’t control his/her impulse to gamble

even though they know it will hurt him/her or others. He/she will bet when they know the chance of winning is low, they have little money or really need the few possessions they have. Will steal, lie or do whatever it takes to make a bet. The person with a Gambling Problem, has increased the time and money spent on gambling, is preoccupied with gambling, “chases losses”, lets gambling interfere with responsibilities, has suffered consequences due to gambling.

I know someone who has this problem. Yes No
I have this problem. Yes No

9. **Stealing**

The person takes things that belong to others. Does not respect others. Is willing to hurt another person to take what he or she wants.

I know someone who has this problem. Yes No
I have this problem. Yes No

10. **Lying**

The person cannot be trusted to tell the truth or the whole story. Twists the truth to create a false impression. Denies everything when he or she thinks it is possible to get away with it. Finds it exciting to scheme and then get away with it – in other words to “get over” on people. Will lie to make other people look bad or take the blame for something he or she did. May lie when there is nothing to be gained; even if no one else believes their lie.

I know someone who has this problem. Yes No
I have this problem. Yes No

General Problems

11. **Inconsiderate of Others**

The person does things that are harmful to others. Does not care about needs or feelings of others. Enjoys putting people down or laughing at them. Takes advantage of weaker people or those with problems. May steal other peoples’ property. May claim to be more inconsiderate of self than inconsiderate of others; for example, claims to be the victim of his or her illegal acts; “Stealing stuff and selling drugs was really being inconsiderate to myself; that’s why I am locked up.” Or, “All he lost was the car I stole; I lost a year of my life.”

Ask yourself, “Am I Inconsiderate of Others?” Write a few comments about your answer.

12. **Inconsiderate of Self**

The person does things that are damaging to him- or herself. He or she tries to run from problems and often denies them. Usually does not consider the consequences before

doing something harmful or illegal or not doing something like attending a class or asking for help.

Ask yourself, "Am I Inconsiderate of Self?" Write a few comments about your answer.

13. Low Self-Esteem

The person has a low opinion of him- herself. Does not laugh much. Stays to self, Reluctant to join in group activities, Often feels put down or of little worth. Quits easily. Feels accepted only by other people who also feel bad about themselves. "Plays poor" or sees himself- or herself as the victim even when harming others. Feels accepted only by other people who also feel bad about themselves. May have been the victim of emotional, physical or sexual abuse.

Ask yourself, "Do I have low self-esteem?" Write a few comments about your answer.

Ask yourself, "Do I have depression?" Depression is a lot like Low Self Esteem. Have you ever talked with a clinician about depression or taken medication for depression? Do you want or need to talk with a clinician about a mental health issue?

Answers:

If you believe that you need to talk with a clinician, please tell a staff member.

Thinking Errors

Handout

Name _____ Date _____

Read the entire document, then reread each item and follow the instructions.

The following terms are used to identify cognitive distortions, which means “thinking errors.” It is the thinking errors that cause harmful social behavioral problems. Remember the key cognitive behavioral insight: how you think is how you act! If you continue to repeat your self-centered thinking errors, you will continue to get locked up. As the saying goes, you will be “doing a life sentence, one charge at a time.”

If a responsible adult is experiencing a thinking error, he/she will stifle that thinking error and replace it with more responsible (positive) thoughts and then base his/her behavior (actions) on the responsible thought. Responsible adults who have a pattern of good behavior also have a pattern of good thinking. Irresponsible adults with a pattern of bad behavior have a pattern of bad thinking. A pattern of bad thinking can be changed to a pattern of good thinking. Following are the thinking errors that you must identify, own and replace to develop a pattern of good thinking.

The Primary Thinking Error

1. **Self-Centered** (*The basic thinking error often justified through use of the other thinking errors.*)

Self-Centered (SC) thinking means that you think your opinions and feelings are more important than the opinions and feelings of other people. You place what you want above what others want or need. You may not even consider how another person might want or feel about things; you do not Think of the Other Person (TOP). Self-Centered thinking can also mean that you think only about what you want right now and do not think about how your behaviors will affect you or others in the future. You do not Think Of the Consequences (TOC). It is important to understand that a person’s thoughts cannot be known by anyone other than that person. You can guess what a person is thinking, but you will not know for sure until that person shares his or her thoughts.

Does someone you know seem to have a Self-Centered thinking error? Explain how you might know.

Has anyone ever said to you, “I know what you are thinking,” but then was wrong? Explain

If you want to know what someone is thinking, what do you have to do and why?

The Secondary Thinking Errors

The Self-Centered person uses secondary thinking errors to avoid feeling bad (guilt, remorse, low self-concept) about his or her bad (antisocial) behaviors and to allow the selfish and harmful thoughts and behaviors to continue. The selfish (irresponsible) person almost always supports his or her basic *self-centered thinking error with one of the following secondary thinking errors.*

2. *Minimizing/Mislabeling*

Minimizing means that you think that your problems or behaviors are not as bad or wrong as they really are. Mislabeling means that you put a label on your wrong or harmful behavior to try to make it okay or good. Minimizing/Mislabeling (MM) can also mean that you may call other people bad names so it will be okay to hurt them.

Examples:

- “I caught a case.” What really happened: “I committed a crime, was arrested and charged with a crime.”
- “The bitch was hassling me so I pushed her away.” What really happened: “Marie, my girlfriend, was angry and yelled at me because I slept with another woman. I told her to shut up and slammed her onto the floor.”
- “He’s a snitch so I taught him a lesson.” What really happened: “The neighbor reported me to the cops because I was selling dope out of my house, so I had a friend shoot up his house, while I was in jail.”
- “I used my money maker to get by.” What really happened: “I was selling my body to buy drugs.” You feel guilty for what you did so you kind of joke about it.

Write another example and explain:

3. *Assuming the Worst*

Assuming the Worst (AW) means that you think only negative things can happen to you and that you cannot do anything about what happens. It also means that you think that you or other people are not able to change, make improvements or become responsible adults. Assuming the worst can also mean that you think other people are selfish and will do negative things or are out to get you or someone else.

- You think that the judge requiring you to attend the institution’s substance abuse counseling class and 12-step meetings is not going to help you. What really happened: You have been arrested five times for prostitution and three times for drug trafficking. The reason that you do these things is to satisfy your heroin addiction.

You think that a person must voluntarily go to drug treatment and NA meetings to get sober. Not true, it does not matter why a person starts drug treatment only that they attend and take it serious before completing the class.

- You say to yourself that someone with the same problems and life issues as I have cannot help me and don't really want to help me. What's really happening: You see your problems and issues as bigger than other peoples and have not shared them with anyone because you think they will use them against you and you feel guilty about the things you did.
- Staff members don't care about the residents; they just want to control them; they never do the things we need done when we want them to.
- Someone left their purse in the shopping cart at the grocery store. My friend told me not to take it. I think that you should take it because someone else will if I don't.

Write another example and explain:

4. **Blaming Others**

Blaming Others (BO) means that you do not take responsibility for your own behavior. Instead, you blame other people for your harmful behavior. It also means that you blame an innocent person for something that someone you know did because you don't like the innocent person or so the guilty person will owe you something. It also means that you think that your bad behavior was okay because you were drunk, high on drugs, in a bad mood, or was once the victim of abuse or discrimination.

- "I was hanging around with my son's father and his sister; that was the problem." What really happened: You agreed to drive the car while your boyfriend and his sister did the shoplifting.
- "If he had not called me names and tried to hit me, I would not have fought with him." What really happened: The old man had asked that you and your friends not sell drugs to his daughter. You beat him up and then lied to the police so you would not be arrested. You now "owe" your friends because they lied too and said the man went after you first; they too are self-centered.
- "I would never have broken into those houses if I was not on drugs." What really happened: You had been breaking into houses and committing other crimes a long time before you started using drugs.

Write another example and explain:

To control my behavior I have to control my _____.
Only you can control your thoughts. (Check one) ___ True ___ False

Identify your most common thinking errors by numbering them.

_____ SC _____ AW _____ MM _____ BO

Ask yourself: If I want to be a free responsible adult what do I have to do? Explain:

Parts of the Mutual Help Meeting

Handout

Name _____

Date _____

Introduction

Your Coach talks during this time. You and your group listen.

Your coach begins the meeting with thoughts about the previous meetings, suggestions for how to improve your meeting, reminders about the use of skills and techniques you discussed in equipment meetings, evaluation of the group’s progress, encouraging comments, and maybe even challenges. The coach may read the staff team’s progress report about you or another group member. This takes approximately 5 minutes.

Problem and thinking error reporting

You and your group members talk to one another. Your coach watches and asks questions or makes brief comments to get your group to think and talk about things.

You and your peers report the problems and thinking errors that you have had since the last meeting or raise another problem that you have not yet brought to the attention of the group. The problems are described by using the thirteen social behavior problem names and the four thinking error labels. It is important that you describe the situation in which your problem and the underlying thinking error happened. Sometimes you or your group members may want to identify all of the problems that occurred in one situation. For instance, a participant who blew up at another group member and/or started a fight, even after they were instructed to stop, may be awarded the meeting for Easily Angered/Unmanaged Anger and whatever his or her thinking error was at the time. The group should not pile on a bunch of other problems (Authority Problem, Inconsiderate of Others and so on) or other thinking errors. The original social behavior problem and thinking error should be the focus. You may point out that the initial problem caused other problems, but the goal is to remain focused on the original problem and thinking error.

You may also report that you are ready to share your life story, would like a meeting to share your Self-Report or may state that you would like the meeting to get assistance from group members with a current life issue. When requesting a meeting for a current life issue, it is important that you share enough about the issue that the group understands the issue and the importance of it at this current time. You do not identify your social behavior problems and thinking errors at this stage, but they will be identified for you if you are awarded the meeting. You may report one to three (preferably two) related current life issues.

Problem and thinking error reporting is not the time to discuss or complain about the institution, program or some other situation that you or your group has no control over. The problems/issues to be reported are yours or your group member’s own thinking errors and related social behavior problems.

If you would like to have a meeting, you can ask for it at this time, or you can wait until the “awarding the meeting” discussion.

Problem reporting takes no more than 15 minutes in an experienced group. Each day you are to use the Problems and Thinking Errors Daily Log to identify your problems and thinking errors and/or current life issues.

Awarding the Meeting

Your group talks together to decide who will get the meeting. Your coach continues to listen, makes comments, or asks questions to help the group think and act responsibly.

Following problem reporting, your group will decide who needs the meeting the most and will also make the best use of the meeting. Your group should also take in to consideration who wants the meeting, who has had previous meeting and who needs the meeting the most. Everyone in your group is to agree that the person should be awarded the meeting; this is called 'reaching a consensus'. You simply state who you think should get the meeting. You may or may not offer a short explanation of why you think so. You may change your mind if the group is struggling to make a decision and if you think it would be reasonable to change your mind. Simply state that you have changed your mind—you may or may not offer a reason for it. When awarding the meeting it is important to be as flexible as possible without hurting yourself or anyone else. This part of your meeting takes about 10 minutes. Remember, sometimes it is best to give up the meeting yourself to help one of your group members.

Problem and thinking error analysis and resolution

As before, your group talks, and the coach watches and guides with questions or comments. During this part of the meeting, it is especially important to use the information discussed in the equipment meetings. Your coach may remind you to do this.

The group member who was awarded the meeting starts this part of the meeting. He or she repeats the problem(s) and thinking error(s) or Current Life Issue and describes the situation in which they occurred. You and other group members listen and then offer your observations, thoughts, and reactions to the group member. You may ask questions about the person's past behavior and relationships to see how they may or may not be like the current problem(s) and issues. This 'analysis' of the problem(s) and thinking error(s) may lead your group and the individual to a more accurate renaming and understand of the problem(s) and thinking error(s). It is important for your group to take it's time during the discussion.

Your group's attention and efforts are then directed toward resolution of the problem/issue. The resolution is an action plan that the person awarded the meeting can and will complete. If needed, you and other group members may volunteer or be required to assist in carrying out the plan. This part of the meeting takes 30–40 minutes.

Summary

Your coach talks; the group listens.

Your coach summarizes what the group did during the meeting, praises positive group and individual efforts, challenges for better performance, and may remind you of things you learned in the equipment meetings and now need to review. The coach may suggest other ways of improving your meetings, remind you of problems that were reported and still need attention because that person did not get the meeting, and make brief announcements about events outside the meeting.

Current Life Issues—Men

Handout

Name _____ Date _____

You may request a CLI meeting if you have had your Life Story meeting. (Reporting a problem takes priority over requesting a CLI meeting or having a Life Story meeting if you have an incident report [ticket] for a rule violation.) When requesting a CLI meeting, present two or three (two is preferred) of the listed problems that are upsetting you or causing you anxiety, getting in the way of your progress toward becoming a responsible adult.

In your presentation, you must define your CLIs clearly in order to be awarded the meeting. You may not request or be awarded a CLI meeting to discuss a complaint or gripe (about the program, the facility’s rules or policies, staff, or another resident). If you are to be helped, it is important for you and your group to stay on track with your primary and related Current Life Issues.

It is important for you to understand that all your current life issues overlap: You cannot solve only one issue and assume the others will be okay. For example, successfully “Replacing My Irresponsible Lifestyle” is not possible without “Maintaining My Sobriety” and/or “Scheduling My Time,” as well as “Finding and Managing a Good Place to Live” (that is, a location that will not enable negative patterns of thinking and behavior). You may have to request a future meeting for other CLIs that you need to solve.

During the CLI meeting you, with the help of the group, will: (1) identify and explain the issue(s); (2) analyze the issue(s) (identifying pertinent thinking errors and social behavioral problems, etc.); and (3) develop your action plan—that is, a workable, constructive, and responsible plan for managing or solving your issue(s). Remember it is important that you and your group stay focused on the CLIs you raised when you were awarded the meeting. You and your group must always use the RAC language, concepts, and skills (Equipment Meetings) that you have learned in RAC. Examples include thinking errors, social/behavioral problems, anger management techniques, constructive social skills, and mature social decision-making (true friendship, commitment, trust, TOP, etc.).

Current Life Issues titles are underlined in bold letters.

Ten CLI “titles” or categories (along with particular items under each title) are listed below. A number of these CLIs titles may relate to you. Number in order of importance (1 to 4) your CLIs. Then, under each numbered heading, check the items that you believe are most relevant to you. When awarded the meeting, you will discuss the items you have checked, and possibly some items that are not checked. Keep in mind that it is preferred that a meeting be awarded for only two CLI titles but no more than three; therefore, you may need to ask for more CLI meetings. A couple of CLIs have sources of information that you may want to check out. If not awarded a meeting right away, you can still (and probably should) discuss and plan for your CLIs with group members on the living unit and then request a meeting to discuss them. Living unit discussions cannot be repeatedly used to replace requests for a meeting to discuss your issues.

Replacing My Irresponsible Lifestyle

- ___ Explain and discuss the lifestyle (behavior, conduct, habits, values, beliefs, ethics, attitude, morals) that you lived (addicted to?) before your incarceration: Some of the information from your life story will be helpful. Identify the social behavioral problems you have had, and label the related thinking errors.
- ___ Explain your criminal activities (assaults, domestic violence, DUI, guns, drug dealing, gambling, stealing, B&Es, etc.) and how it relates to the times you have been arrested and locked up.
- ___ Identify and own your participation in relationships based on power. Identify the type of power that you have used: physical, emotional, intimidation, etc. This means that one person exercises power or undue influence over another person. The exercise of power could involve a partner, girlfriend, gang peers, or prison inmates (inconsiderate of others, misleading others, easily misled, etc.)
- ___ Discuss and own that your old lifestyle was self-centered and therefore destructive to others (family, children, partner, neighbors, friends, etc.) and yourself. TOCOS – Think of Consequences for Others and Self
- ___ Practice safe sex and birth control. (TOC, TOP, etc.)
- ___ Accept that you must commit to change your lifestyle by changing your thoughts and your behaviors. Share your commitment with the group and at least two other people (other than members of 12-step meetings) outside the facility. (See CLI Scheduling My Time)

Establishing Healthy Adult Relationships

- ___ Avoid a relationship that involves romantic emotion and expectations until I have a solid sober support system and am confident in and enjoying my continued recovery.
- ___ Understand my sexuality
- ___ Name the mother(s) of your children and evaluate your relationship(s) with her/them
- ___ Evaluate your current “committed” relationship if married or have a long time partner that you will live with upon release. Power based? Co-dependent? Faithful? Comfortable?

- ___ Choose a good partner for me and determine if we are good for each other – ask yourself what you need and want from a relationship (other than sex) Avoid misleading another person into a “phony” relationship.
- ___ Show respect for my partner’s viewpoint by talking about his/her thoughts, feelings, needs, values, and goals. Help my partner achieve their goals.
- ___ Identify and own violent domestic behavior; past or current relationship problems
- ___ Avoid physically and/or mentally abusive relationships; especially do not be abusive in any way. TOP and TOCOS
- ___ Manage myself in relation to “friends” who use drugs and/or think and behave in irresponsible ways
- ___ Recognize when someone is emotionally unavailable,
- ___ How to handle a situation where I care more about my partner than they care about me
- ___ Handling a divorce or separation constructively, especially when the other person is behaving poorly toward you or you have mistreated them (See Dealing constructively with someone angry at you)

___ **Maintaining My Sobriety**

- ___ Understand that I have a disease and why I’ve chosen to use Alcohol or Other Drugs
- ___ Learn about 12-step Meetings and the need for a support group by attending and participating in the meetings.
- ___ Choose a Sponsor that is right for me and at the right time
- ___ Identify my triggers (activating events) – create a list and talk about it with group members
- ___ Avoid people, places and things that contribute to my addiction
- ___ Discuss and decide if Medically Assisted Treatment is right for me or is it a crutch?
- ___ Discuss the need for ongoing AoD treatment and drug testing
- ___ Learn how to deal with my emotions that were masked/numbed by my AoD use

_____ **Maintaining My Gambling Recovery**

- ___ Understand that Gambling Addiction is a type of Impulse-Control disorder.
- ___ Learn about 12-Step meetings for gamblers – Gamblers Anonymous (GA)
- ___ Understand that I must learn to think differently about gambling – correct my thinking errors. I may have to seek clinical help with my gambling problem.
- ___ Choose a Sponsor that is right for me and at the right time
- ___ Identify my triggers, stressors – create a list and talk about it with group members
- ___ Avoid people, places and things that contribute to my addiction
- ___ Learn how to deal with the emotional situations that I avoided by gambling.

_____ **Parenting My Children**

- ___ Understand what it means to be a responsible father. Write a list of the things included in the role of a father: quality time, parent not friend, kindness, etc.
- ___ How to reintroduce myself into my children’s lives
- ___ Forgiving myself for past mistakes *after* I have identified, owned, and replaced my thinking errors and have understood the impact those thinking errors had on my children
- ___ Understand the shared parenting with my wife or the mother of the children; establish a responsible relationship with the mother who may be disappointed or angry with you – “Has cut you out of your child’s life.” Maintain constructive and helpful interactions even if legal action must be taken to gain access to your children
- ___ Accepting and embracing being a ‘single father’, if you have custody
- ___ Explaining to my children why their parents are not married/together. How old are they? How much can they understand? Be honest, do not blame others or minimize your responsibility in the situation

- ___ Assisting my child with school work and teaching them the importance of education
- ___ Disciplining and setting good boundaries with my children
- ___ Teaching my child strong values and morals
- ___ Understanding that my children are my responsibility but it is ok to accept help and this might be necessary
- ___ How to manage stress that comes with being a parent without taking it out on my children or others
- ___ Providing financial support
- ___ Explore and decide custody issues; Am I ready to be in my child's life? Will the court allow me to be in my child's life? Under what terms?

Managing My Health

- ___ Living with AIDS/HIV, Hepatitis C, Mental Illness, High Blood Pressure, Diabetes, long term injury/disability
- ___ Understand the need for and taking medications as prescribed
- ___ Understand the need to be honest with my doctor about my health, addiction, medication needs and any history of medication seeking
- ___ Understanding the importance of going to the doctor for check-ups and follow-up appointments
- ___ Establish and maintain a regular fitness activity; eat healthy foods

Finding and Managing a Good Place to Live

- ___ Decide if my previous living arrangements were pro-social or if my roommate(s) enabled my negative behaviors
- ___ Discuss and be honest about the environment. Is it triggering for me?
- ___ Discuss and decide if sober housing or maybe another program (after this one) is right for me.)
- ___ Find a home that helps me to be responsible and raise a responsible family

- ___ Respect those that I live with and especially the primary provider; appreciate the good place to live that others are providing for me. Manage my anger and express any complaints constructively.
- ___ Allow only responsible people to stay in my place and maintain control of my household if I am responsible for paying the bills.

Finding and Keeping a Job

- ___ Identify my knowledge, skills and abilities, avoid fronting or mislabeling the level of my skills; recognize that I may have to start with a job that is less than I want.
- ___ Setting realistic career goals and making decisions that help me meet my goals
- ___ Resume completion, Interviewing skills,
- ___ Listening and following orders, interacting constructively with co-workers and my boss, establishing loyalty to an employer
- ___ Identify hours of work that are appropriate for me and my family and sobriety
- ___ Find stable and sufficient child care that allows me to work without concern for the safety and happiness of my children

Paying the Bills

- ___ Budget- list and discuss your bills; rent, utilities, restitution, fines, telephone, child care, transportation, food, etc.
- ___ Contact those you own money and set up payment schedules
- ___ Discuss and explore the process for obtaining government assistance, budgeting, child support – paying or receiving.
- ___ Discuss when will you be able to pay the bills? Now? Later? Until then, what will you do?
- ___ Establishing credit – bank account, paying on time,

Scheduling My Time (Use with CLI on Irresponsible Lifestyle)

- ___ Discuss the concept of time management

- ___ Identify and discuss how you spent your time when you were in the community – good and bad, too much free time? (See notes on CLI of Irresponsible Lifestyle.
- ___ Identify and discuss the activities that you will have to schedule for when you are released from the program: Aftercare programs, probation/parole officer meetings, 12-step meetings, spending time with my sponsor and sober support system outside of meetings, children, work, family, school, exercise, sober hobbies
- ___ Ask a group member to help you prepare a written post release schedule that includes a detailed plan for the first 48 hours following your release

EXAMPLE OF HOW TO ASK FOR A “CURRENT LIFE ISSUES” MEETING:

“I want the meeting to discuss Maintaining my Sobriety, Establishing and Maintaining Healthy Adult Relationships, and Finding and Managing a Good Place to Live. I have been sober for seven months because I want to be sober and because I have been locked up for seven months. I am worried that if I get out without talking about maintaining my sobriety I will go back to using with my girlfriend Joyce and my friends. My relationship with Joyce is based on us partying, sex, and using. I don’t even know her parents but I know they think I am a bad influence on her because she didn’t use before she met me. I cannot live with her anymore because she still uses and my old friends live nearby and come and go at that place. I am not sure how to talk with Joyce or my dudes about wanting to be sober and not go back to jail. Where can I live and what to do about it is always on my mind.”

REMEMBER: *AS YOU THINK, SO YOU PLAN AND ACT!*

As you plan how to manage or resolve your CLIs, remember *how you think* about them will have much to do with whether your action plan succeeds. Your life is your responsibility. It is up to you to “get and keep your mind right.” Your thinking is the one thing in life that you can control, although sometimes even control of your mind will require help (AA/NA counseling, group members, loved ones, co-workers, friends). Be open to suggestions and constructive comments from others.

Current Life Issues—Women**Handout**

Name _____

Date _____

You may request a CLI meeting if you have told your Life Story meeting and do not have an incident report (ticket) for a rule violation that you must report to your group. When requesting a CLI meeting present two or three (preferably two but not more than three) of the listed problems that are causing you anxiety or frustration, or is undermining your sense of well-being or progress toward becoming a responsible adult. The primary (and one or two related) CLIs must be clearly defined and stated to your group member to be awarded the meeting. You may not request nor be awarded a CLI meeting to discuss a complaint or gripe (about the program, the facility's policies and staff, or another resident). It is important for you and your group to stay on track with your primary and related Current Life Issues if the meeting is to be helpful to you. It is important for you to understand that your current life issues overlap: You cannot resolve only one issue and assume that all the others will then be okay. For example, successfully "parenting my children" is not possible without "maintaining my sobriety" and/or "establishing a healthy adult relationship" with the father(s) or their current custodian. You may request a future meeting for other CLIs that you need to resolve.

During the CLI meeting you, with the help of the group, will: (1) identify and explain the issue(s); (2) analyze the issue(s); identify your thinking errors and social behavioral problems for each issue (that is what caused you to violate the law) and (3) develop your action plan; that is, a realistic, constructive, and responsible method of managing or coping with your issue(s). Remember it is important that you and your group stay focused on the CLIs that you received the meeting to discuss. You and your group must always use the RAC language, concepts and skills (Equipment Meetings) while in the program. Examples: thinking errors, social/behavioral problems, anger management techniques, constructive social skills, and mature social decision-making (true friendship, commitment, trust, TOP, etc.).

Current Life Issues titles are underlined in bold letters.

Ten CLI "titles" or categories (along with particular items under each title) are listed below. A number of these CLIs titles may relate to you. Number in order of importance (1 to 4) your CLIs. Then, under each numbered heading, check the items that you believe are most relevant to you. When awarded the meeting, you will discuss the items you have checked, and possibly some items that are not checked. Keep in mind that it is preferred that a meeting be awarded for only two CLI titles but no more than three; therefore, you may need to ask for more CLI meetings. A couple of CLIs have sources of information that you may want to check out. If not awarded a meeting right away, you can still (and probably should) discuss and plan for your CLIs with group members on the living unit and then request a meeting to discuss them. Living unit discussions cannot be repeatedly used to replace requests for a meeting to discuss your issues. You may also choose or need to, or be required to, talk with a clinician about your CLIs. Program participation will still be required.

___ **Accepting and Believing in Myself**

- ___ Understand that women are ‘equals’ to men regardless of past experiences, beliefs or a low self-esteem problem.
- ___ Recognize that women are capable people who can be self-sufficient and do the legally, morally and socially correct thing.
- ___ Understand appropriate sexual boundaries and circumstances
- ___ Learn to say ‘no’ and expecting the recipient of my ‘no’ to respect my statement because I deserve to make decisions about myself, my life and my body
- ___ Practice safe sex and birth control because you want and need to
- ___ Accept and embrace my body as it is
- ___ Deal with past traumatic experiences (and avoid being re-traumatized,) learn from them and move past them in order to understand and forgive myself,
- ___ Accept that I need to find closure and forgiveness with people who have belittled me and/or otherwise disrespected me.
- ___ Accept that I may have to ask forgiveness from people who I have disrespected, victimized or offended in some way.
- ___ Develop and participate in healthy leisure time activities

___ **Establishing Healthy Adult Relationships**

- ___ Avoid a relationship that involves romantic emotion and commitment expectations until I have a solid sober support system and am enjoying and confident in my continued recovery
- ___ Understand my sexuality
- ___ Choose a good partner for me and determine if we are good for each other
- ___ Avoid a “prison-based” romantic relationship as they are superficial and hinder (stagnates) recovery and becoming an independent and responsible woman. Do not deceive yourself with self-serving mislabeling of the prison relationship as “love”.
- ___ Expect respect from my partner and talk about his/her needs, values, and goals. Thinking of the other person is important in a truly healthy relationship.

- ___ Avoid physically and/or mentally abusive relationships. Recognize jealousy and “power based” behavior and stay away from it or get out of it. Do not deceive yourself or others.
- ___ Say ‘No’ when my best interests are not a priority
- ___ Recognize when and how to end an unhealthy relationship,
- ___ Deal with a toxic ex-boyfriend/spouse (see *Are You the One for Me?* by Barbara DeAngelis, 1992.)
- ___ Recognize when someone is emotionally unavailable,
- ___ How to handle a situation where I care more about my partner than he/she does about me
- ___ Understand the importance of and obtaining a mature relationship with the father of my children
- ___ Accept that connection is a basic human need and learning to connect in a healthy fashion
- ___ Rebuild relationships with family members (mom, dad, sister, brother, etc.) that I have hurt and/or not been in contact with during my addiction and/or since I’ve become criminal.
- ___ Manage myself in relation to ‘friends’ and/or family members who use drugs and/or behave and think in irresponsible ways.

___ **Maintaining My Sobriety**

- ___ Understand that I have a disease and why I’ve chosen to use Alcohol or Other Drugs
- ___ Learn about 12-step Meetings and the need for a support group by attending and participating in the meetings.
- ___ Choose a Sponsor that is right for me and at the right time
- ___ Identify my triggers (activating events)
- ___ Avoid people, places and things that contribute to my addiction
- ___ Discuss and decide if Medically Assisted Treatment is right for me or is it a crutch?

- ___ Discuss the need for ongoing AoD treatment and drug testing
- ___ Learn how to deal with my emotions that were masked/numbed by my AoD use
- ___ Learning to enjoy sex while sober (see Covington chapter in *Gender differences in addiction: Men and women in treatment*, 1997)

Parenting My Children

- ___ Understand the role of being a responsible mother
- ___ How to reintroduce myself into my children's lives
- ___ Forgiving myself for past mistakes *after* I have identified, owned, and replaced my thinking errors and have understood the impact those thinking errors had on my children
- ___ Understand the shared parenting with my husband or the father of the children
- ___ Accepting and embracing being a 'single mom'
- ___ Explaining to my children why their parents are not married/together
- ___ Spending quality time with my children while being a parent instead of a friend
- ___ Assisting my child with school work impressing upon them the importance of education
- ___ Disciplining my children and setting good boundaries with my children
- ___ Teaching my child strong values and morals
- ___ Understanding that my children are my responsibility but that accepting help is okay and sometimes necessary
- ___ How to manage stress that comes with being a parent without taking it out on my children
- ___ Providing financial Support
- ___ Explore and decide custody issues; Am I ready to be in my child's life? Will the court allow me to be in my child's life? Under what terms?

Managing My Health

- ___ Living with AIDS/HIV, Hep C, Mental Illness, Breast or other type of cancer, Eating disorders
- ___ Understand the need for and taking medications as prescribed
- ___ Understand the need to be honest with my doctor about my health, addiction, medication needs and any history of medication seeking
- ___ Understanding the importance of going to the doctor for preventative maintenance as well as to necessary follow-up appointments

Finding and Managing a Good Place to Live

- ___ Decide if my previous living arrangements were pro-social or if my roommate enabled my negative behaviors
- ___ Discuss and be honest about the environment. Is triggering for me?
- ___ Discuss and decide if sober housing or maybe another program (after this one) is right for me.)
- ___ Find a home that is conducive to being responsible and raising a responsible family
- ___ Respect those that I live with and especially the primary provider; do not take a healthy residence for granted. Manage my anger and express my complaints constructively.
- ___ Allow only responsible people to stay in my household and maintain control of my household if I am the financially responsible party

Finding and Keeping a Job

- ___ Identify my knowledge, skills and abilities
- ___ Setting realistic career goals and making decisions that support my journey to meet my goals
- ___ Resume completion, Interviewing skills,
- ___ Listening and following orders, interacting constructively with co-workers and my boss, establishing loyalty to an employer
- ___ Identify hours of work that are appropriate for me and my family

- ___ Find stable and sufficient child care that allows me to work without concern about the safety and happiness of my children

Paving the Bills

- ___ Budget- list and discuss your bills; rent, utilities, restitution, fines, telephone, child care, transportation, food, etc.
- ___ Contact those you own money and set up payment schedules
- ___ Discuss and explore the process for obtaining government assistance, budgeting, child support – paying or receiving.
- ___ Discuss when will you be able to pay the bills? Now? Later? Until then, what will you do?
- ___ Establishing credit – bank account, paying on time,

Scheduling My Time

- ___ Discuss the concept of time management
- ___ Identify and discuss how you spent your time when you were in the community – good and bad, too much free time?
- ___ Identify and discuss the activities that you will have to schedule for when you are released from the program: Aftercare programs, probation/parole officer meetings, 12-step meetings, spending time with my sponsor and sober support system outside of meetings, children, work, family, school, exercise, sober hobbies
- ___ Ask a group member to help you prepare a written post release schedule that includes a detailed plan for the first 48 hours following your release

EXAMPLE OF HOW TO ASK FOR A “CURRENT LIFE ISSUE” MEETING.

“I want the meeting to discuss Establishing Healthy Adult Relationships, Parenting My Children and Maintaining My Sobriety. I’ve been with Marquis (my daughter’s dad) for 11 years. The first year or so that we were together he was great; I thought I’d died and gone to heaven. Then, after I had my daughter, he started acting really jealous even though I was faithful to him. It started as what I now know as mental abuse and eventually, he became physically abusive towards me. It has gotten worse over the last few years as our drug addiction evolved; we have been shooting heroin together for the

last few years and if I don't make enough money to support our habits, he got violent towards me – which was almost every day before I got locked up. My daughter is old enough now to know that we are using drugs and she also knows that he and I have an unhealthy relationship. She never said anything to me about either issue, but she has talked to my mom about it. Now that I'm clean, I can see how bad of a situation I put her in and I know I can't go back to Marquis if I want to be clean and a good mother. I need some help figuring out how to handle this situation that seems impossible to manage.”

REMEMBER: *AS YOU THINK, SO YOU PLAN AND ACT*

As you plan how to manage or resolve your CLIs, remember *how you think* about them will have much to do with whether your action plan succeeds. Your life is your responsibility. It is up to you to “get and keep your mind right.” Your thinking is the one thing in life that you can control, although sometimes even control of your mind will require help (AA/NA counseling, group members, loved ones, co-workers, friends). Be open to suggestions and constructive comments from others.

Mutual Help Meeting Men’s Log

Handout

Name _____ Dates Used _____ to _____

This document serves as your guideline for and record of participation in Mutual Help Meetings. It is important to follow the format and content as presented. It is required that you complete the log in ink and bring the completed log to the meetings. The same form may be used up to two weeks unless you are required or want to change the information on the form. You may bring a pen and paper to the meeting to take notes. All personal information is confidential! Be considerate, constructive and respectful throughout the meeting. Meeting time management is important to ensure ample time to genuinely help the person who is awarded the meeting.

Introduction

Your Coach will begin the meeting; listen carefully. (Five minutes or less)

Reporting and Requesting the Meeting

You may pass during Reporting if you were awarded one of the previous three meetings, have no unreported rule violations, have presented your final self-report, are new and attended four or fewer mutual help meetings. You must participate in the other phases of the meeting. You may also choose not to pass and “report” as usual.

 I pass State why in 15 seconds or less.

If you have been issued a written rule violation notice (“ticket”), you must report it to your group. You may request the meeting for the ticket, or the group may choose to award you the meeting for the ticket.

Describe the incident as written on the ticket and in your own words. Include names of all participants, including staff members. You may do this in a “notes” format on this form, but present the entire incident verbally to your group in two minutes or less.

Check at least one but no more than three specific social/behavior problems demonstrated:

- Authority Problem*** ***Easily Angered/Unmanaged Anger***
- Aggravates Others*** ***Misleads Others*** ***Easily Misled***
- Fronting*** ***Stealing*** ***Lying***
- Active AOD Problem*** ***Active Gambling Addiction or Problem***

Errors, Social/Behavioral Problems and Current Life Issues that they believe are most important for you to address while in the program.

___ I am prepared to tell my Life Story today. State why in one minute or less.

Self-Reports are required at certain times during the program. The self-report is just that; a report from you describing what you have learned, accomplished, done since you presented your life story or previous self-report and what you want or need to do before your next self-report or upon release. The Final Self-Report is presented before your release. Use RAC program language and content to prepare, present and discuss your self-report. Questions you may want to use when preparing a self-report: What does my RAPP say and am I living up to it? What are the thinking errors that I have identified, owned and replaced or replacing? Ticket(s) – for what? What are the CLIs that I am working on what have I done to address them (actions plans)? Have I accepted feedback from my group members, both in and out of the meeting? Have I fully participated in RAC inside and outside of the meetings? What do I want and need to do before my next self-report or release? Does my Final Self-Report include my “48 hour plan”?

___ I am prepared to present my _____ Self-Report today. (Fill in blank with Interim or Final.)State why you want the meeting, be thorough but don't take long – one minute or less.

Awarding the Meeting (The meeting can be awarded to only one person. 10 minutes or less.)

The meeting should be awarded to a person who needs the meeting, will use the meeting, and is prepared for the meeting. Several group members may request the meeting. It is helpful to ask yourself; Has he had a meeting(s)? When? Has he used meetings properly and followed through on action plans? Has he given up meetings to others? Does he fully participate in RAC, both inside and outside the meetings? Is the request about “getting out” or “staying out”? What are the consequences for each person if not awarded the meeting?

___ I award the meeting to Mr. _____. State why in 30 seconds or less. You may change your decision if the group cannot decide right away. Keep comments each time to 30 seconds or less.

Analysis and Action Plan

One or two group members should volunteer to take notes during the meeting and help write an action plan following the meeting. These members may also assist with the implementation and subsequent evaluation of the plan.

This major part of the meeting will take all the remaining time until the Coach stops the meeting for the Summary. The following process is used for all versions (Tickets, CLIs, Life Story, Self-Reports) of the Mutual Help Meeting.

The person awarded the meeting will repeat the purpose(s) for which he was awarded the meeting and share them fully with his group. It is important that he use the RAC language,

Mutual Help Meeting Women’s Log

Handout

Name _____ Dates Used _____ to _____

This document serves as your guideline for and record of participation in Mutual Help Meetings. It is important to follow the format and content as presented. It is required that you complete the log in ink and bring the completed log to the meetings. The same form may be used up to two weeks unless you are required or want to change the information on the form. You may bring a pen and paper to the meeting to take notes. All personal information is confidential! Be considerate, constructive and respectful throughout the meeting. Meeting time management is important to ensure ample time to genuinely help the person who is awarded the meeting.

Introduction

Your Coach will begin the meeting; listen carefully. (Five minutes or less)

Reporting and Requesting the Meeting

You may pass during Reporting if you were awarded one of the previous three meetings, have no unreported rule violations, have presented your final self-report, are new and attended four or fewer mutual help meetings. You must participate in the other phases of the meeting. You may also choose not to pass and “report” as usual.

*___ I pass State why in 15 seconds or less.
If you have been issued a written rule violation notice (“ticket”), you must report it to your group. You may request the meeting for the ticket, or the group may choose to award you the meeting for the ticket.*

Describe the incident as written on the ticket and in your own words. Include names of all participants, including staff members. You may do this in a “notes” format on this form, but present the entire incident verbally to your group in two minutes or less.

Check at least one but no more than three *specific* social/behavior problems demonstrated:

- Authority Problem** **Easily Angered/Unmanaged Anger**
- Aggravates Others** **Misleads Others** **Easily Misled**
- Fronting** **Stealing** **Lying**
- Active AOD Problem** **Active Gambling Addiction or Problem**

Check at least one but no more than two general social/behavioral problems demonstrated:

 Inconsiderate of Others **Inconsiderate of Self** **Low Self-Esteem**

If a group member is awarded the meeting for a rule violation, the group must not attempt to punish or humiliate her for the rule violation. Remember it is a Mutual HELP Meeting & Group at all times.

Current Life Issues may be requested if you have told your life story and have no violation to report to the group. You may have all of the listed current life issues, but no more than three related current life issues may be discussed per meeting.

Check at least two (preferable, but not more than three per meeting) Current Life Issues to present to the group for discussion and help. Use your personally completed Current Life Issues participant worksheet to help you present your request in two minutes or less.

 Accepting and Believing in Myself

 Managing My Health

 Establishing Healthy Adult Relationships

 Scheduling My Time

 Maintaining My Sobriety

 Maintaining My Gambling Recovery

 Finding and Managing a Good Place to Live

 Finding and Keeping a Job

 Paying the Bills

 Parenting My Children

*A **Life Story** may be requested if the new member has prepared to tell the story by reading the Life Story handout, making notes on what to present and discussing her life story preparation with a group member(s) before requesting the meeting. Bring your notes to the meeting. Be serious; be honest and be thorough within time limits. The Coach may guide you away from some subject matter; it is important to follow that guidance. Remember the Coach is a staff member and staff members are required, legally and morally, to report admission of specific crime(s) not already reported to the police. The group will mostly listen, but may ask appropriate and timely question. Near the end of the meeting the group will suggest the Thinking Errors, Social/Behavioral Problems and Current Life Issues that they believe are most important for you to address while in the program.*

 I am prepared to tell my Life Story today. State why in one minute or less.

Self-Reports are required at certain times during the program. The self-report is just that; a report from you describing what you have learned, accomplished, done since you presented your life story or previous self-report and what you want or need to do before your next self-report or upon release. The Final Self-Report is presented before your release. Use RAC program language and content to prepare, present and discuss your self-report. Questions you may want to use when preparing a self-report: What does my RAPP say and am I living up to it? What are the thinking errors that I have identified, owned and replaced or replacing? Ticket(s) – for what? What are the CLIs that I am working on what have I done to address them (actions plans)? Have I accepted feedback from my group members, both in and out of the meeting? Have I fully participated in RAC inside and outside of the meetings? What do I want and need to do before my next self-report or release? Does my Final Self-Report include my “48 hour plan”?

 I am prepared to present my **Self-Report today.** (Fill in blank with Interim or Final.) State why you want the meeting, be thorough but don't take long – one minute or less.

Awarding the Meeting (The meeting can be awarded to only one person.)

The meeting should be awarded to a person who needs the meeting, will use the meeting, and is prepared for the meeting. Several group members may request the meeting. It is helpful to ask yourself; Has she had a meeting(s)? When? Has she used meetings properly and followed through on action plans? Has she given up meetings to others? Does she fully participate in RAC, both inside and outside the meetings? Is the request about “getting out” or “staying out”? What are the consequences for each person if not awarded the meeting?

 I award the meeting to Ms. . State why in 30 seconds or less. You may change your decision if the group cannot decide right away. Keep comments each time to 30 seconds or less.

Analysis and Action Plan

One or two group members should volunteer to take notes during the meeting and help write an action plan following the meeting. These members may also assist with the implementation and subsequent evaluation of the plan.

This major part of the meeting will take all the remaining time until the Coach stops the meeting for the Summary. The following process is used for all versions (Tickets, CLIs, Life Story, Self-Reports) of the Mutual Help Meeting.

The person awarded the meeting will repeat the purpose(s) for which she was awarded the meeting and share them fully with her group. It is important that she use the RAC language, content and concepts while giving or receiving information. This will take much of the meeting time.

Life Story Meeting

Handout

Name _____ Date _____

Your life story helps the group to see how you view yourself and others, what behavior problems and thinking errors are likely to occur while in the program and the most important current life issues for you to address prior to your release. By telling your life story, you are improving the groups' closeness based on personal sharing, thus creating an investment in your group and in each individual with whom you are sharing. Also, the life story process provides you the opportunity, maybe for the first time ever, to take a good look at your life as a whole and to begin to understand your strengths, weaknesses and how you can become a free and responsible adult.

Shortly after being placed in your group, you are required to write your life story on the handout titled "My Life Story". You are also required to request a group meeting to tell your life story. The group members who have been in the group longer should briefly share their life stories and current life issues outside the meeting at a time convenient to both of you. It is important to listen very respectfully while they tell their stories.

The group will mostly listen while you tell your life story, but it is expected that they will seek information to increase their understanding of your history, lifestyle, relationships, problems and current life issues. Examples of appropriate information seeking are; "Where, when and who did you live with?"; "What were they like and how did they treat you?"; "Tell us more about your children and their mother(s)/father(s)."; "How often do you see them?"; "Who has custody of your children?"; "What has been your experience with personal relationships?"; "What is your drug of choice and history of drug use?"; "Tell us about your criminal history and the times you were locked up."; "What were you thinking about when you did that?"; "Were there other times when you did things like that?"; "Do you have or did you do healthy fun things or hobbies?" and "What do you think are your most important Current Life Issues?"

When others are telling life stories (or sharing CLIs), it is important to avoid asking "Why" questions-for example, "Why did you do that?" These questions will slow down the storytelling: You or another group member may not know why or may want to avoid talking about a controversial issue. "How are you going to deal with that?" is another question that should be avoided while someone is telling a life story. The telling of the life story is each person's opportunity to take a holistic look at his/her life, share information and maybe new found self-realizations, while increasing the sense of belonging within the group and getting a start at becoming a responsible adult.

When you have completed your life story, your group will suggest the social/behavioral and thinking errors they think you should learn to control by the time you leave the program. They will also suggest to you the three most important current life issues that you should address early in your stay. Other current life issues may also be important to manage and should be worked on as you progress through the program.

1. When are you required to write your life story?

2. When do participants who have been in the group tell you their life stories?

3. What are the purposes in telling your life story?

4. What should the group do while you tell your life story?

5. Write an example of an appropriate and an inappropriate question to ask during a life story.

What does the group do when you complete your life story?

Table 3.1 Coach’s & observer’s evaluation form: mutual help meeting

Coach _____ Date _____ Time _____

Group _____ Meeting Location _____

Observer _____

Begin your notes on this form and use an additional piece of paper or the back of the page to complete your notes. It is important that observer(s) do not speak during the meeting. Courteous comments, before and after the meeting, are appropriate. But, the observer is not to discuss or dispute the content of the meeting.

Pre-meeting checklist & notes:

___ Read staff logs; ___ Reviewed disciplinary reports/actions; ___ Visited with group on living unit; ___ Spoke with staff members about group’s performance in different areas; ___ Inquired about issues with individual group members; ___ Reviewed notes from previous meeting. Group stage: ___ forming ___ storming ___ norming ___ performing

Pre-meeting notes: Follow up comments about previous meeting, new issues to be mentioned in introduction, compliments and encouragement to group and individuals, instructions on management of meeting (e.g. awarding meeting properly, one question at a time with answer, profanity, use RAC language, concepts and skills, etc.)

Start of Meeting: Time of arrival _____: Room ready and in good condition ___yes___ no; Coach on time ___yes___ no; Group on time ___yes___ no; Observer introduced ___yes___ no

Notes: _____

Introduction checklist & notes: Time started _____ ended _____. (Were pre-meeting checklist and notes used? Did coach show care and concern in clarity, tone and manner of delivery? Was group attentive to coach during introduction?)

What did the coach say? Other notes:

(continued)

References

- Agee, V. L. (1979). *Treatment of the violent incorrigible adolescent*. Lexington, KY: Lexington Books.
- Beck, A. T. (1999). *Prisoners of hate: The cognitive basis of anger, hostility, and violence*. New York: HarperCollins.
- Brendtro, L. S., Mitchell, M. L., & McCall, H. J. (2009). *Deep brain learning: Pathways to potential with challenging youth*. Albion, MI: Starr Commonwealth.
- Brendtro, L. S., & Ness, A. E. (1982). Perspectives on peer group treatment: The use and abuse of guided group interaction/positive peer culture. *Children and Youth Services Review*, 4, 307–324.
- Bruce, M., Collins, S., Langdon, P. E., Powlitch, S., & Reynolds, S. (2010). Does training improve understanding of the core concepts in cognitive behavioural therapy by people with intellectual disabilities: A randomized experiment. *British Journal of Clinical Psychology*, 49, 1–13.
- Covington, S. (1997). Women, addiction, sexuality. In L. Straussner & E. Zelvin (Eds.), *Gender issues in addiction; men and women in treatment*. New York: Jason Aronson.
- De Angelis, B. (1992). *Are you the one for me? Knowing who's right and avoiding who's wrong*. New York: Dell Books.
- Gibbs, J. C. (2014). *Moral development and reality: Beyond the theories of Kohlberg, Hoffman, and Haidt*. New York: Oxford University Press.
- Lickona, T. (1983). *Raising good children*. New York: Bantam.
- Osgood, D. W., Gruber, E., Archer, M. A., & Newcomb, T. M. (1985). Autonomy for inmates: Counterculture or cooptation? *Criminal Justice and Behavior*, 12, 71–89.
- Samenow, S. E. (1984). *Inside the criminal mind*. New York: Random House.
- Samenow, S. E. (2004). *Inside the criminal mind* (revised and updated ed.). New York: Crown Publishers.
- Samenow, S. E. (2014). *Inside the criminal mind* (revised and updated ed.). New York: Broadway Books.
- Tuckman, B. (1965). Developmental sequences in small groups. *Psychological Bulletin*, 63, 384–399.
- Tuckman, B. (1972). *Conducting educational research*. New York: Harcourt Brace Yovanovic.
- Upchurch, C. (1996). *Convicted in the womb*. New York: Random House.
- Vorrath, H. H., & Brendtro, L. K. (1985). *Positive peer culture* (2nd ed.). New York: Aldine.
- Yochelson, S., & Samenow, S. E. (1977). *The criminal personality* (The change process, Vol. 2). New York: Jason Aronson.

Part IV
Equipping Offenders to Help One Another
Think and Act Responsibly

Chapter 4

Equipping a Responsible Adult Culture Through Equipment Meetings

This section (Part IV, overviewed in this chapter) describes how RAC equips adult offenders in a motivated group to help one another think and act responsibly. At the end of the last chapter, we noted the key role played by equipping skills (along with medication, peer help, and staff support) in a resident's dramatic progress from intermittent explosive disorder to responsible adulthood. Continuing on that note, we now shift in this chapter and section from the motivating to the *equipping* facet of the RAC treatment rationale. Adults with criminal offending problems will help one another change *effectively* once they are not only motivated (through a positive cultural context) but also equipped (with skills and resources) to do so. We have covered the cultivation of a constructive cultural climate in which group members become genuinely motivated to change toward responsible thought and behavior. But again, if a motivated group is to become an effective change vehicle, its members must also be equipped to help one other—and themselves—become responsible adults. They must be equipped especially with an understanding of the central role played by how one *thinks*. We have heard offenders Assume the Worst (saying things like, “What’s the point of trying? Nothing ever works out for me”) and thereby give up on the road toward responsible adulthood—even though they had recently passed their GED! A fellow RAC group member mentioned that recent success and, with that encouragement, the resident corrected his Assuming the Worst thinking error (“Well, maybe things *can* work out for me”).

Hence, as the title of our book puts it, RAC is a *comprehensive* program: It utilizes both motivational (mutual help) and equipping (cognitive behavioral) approaches. And by the way, we’re certainly not the only team (theorists, researchers, practitioners working together) to discover this comprehensive need. Recovery Training and Self Help (National Institute on Drug Abuse, 1993), a program for supporting recovery from alcohol or substance addiction, features “a recovery skills training curriculum in combination with a guided peer support group” (p. 19). Why? Because the program team discovered that “a guided peer support group could do more than just talk about whatever came up at that meeting” (p. 33). Amen!

The two approaches, then, can and should help each other and even interpenetrate. It works either way. Consider motivating-to-equipping: Let's say you're an adult offender in a group-based treatment program. Without the cultivation in your group of something like mutual help, of learning how to help *others*, would you really *care* to learn (especially if you resent the direct focus on you and your limitations)? If you are truly motivated to help others in your group, wouldn't you want to learn how to do so constructively and *effectively*? If you don't learn those constructive helping skills, wouldn't you get frustrated and fall back on what you do know—the habits that have only made bad situations worse in your life (say, your use of put-downs and threats)? Or consider equipping-to-motivating: Wouldn't you learn, say, social skills better if you first have developed a *reason* to learn it? And what better reason is there than to help those you care about (presumably, we hope, including yourself)? We can't say too often that there's a certain compatibility or synergy here, a certain integration of the mutual help and cognitive behavioral approaches and meetings. As culture and motivation begin to take hold, RAC's cognitive behavior curriculum can begin. So in addition to their mutual help meetings, RAC groups have equipment meetings.

4.1 RAC's Three-Component Cognitive Behavioral Curriculum

However they are best coordinated with mutual help meetings, these equipment meetings provide a cognitive behavioral curriculum. Essentially, residents are taught through these meetings more responsible—more mature, accurate, socially competent—habits of thought, choice, and action. Specifically, the curriculum addresses characteristic offender limitations or problematic tendencies. Such limitations in maturity and skills go a long way toward explaining why offenders have generally fallen short of their potential for positive values and responsible decision-making. The limitations need to be remedied.

The three-component curriculum addresses, respectively, three main limitations. We noted in Chap. 2 that offenders' educational, employment, and other shortfalls are due at least partly to what we called the "3 Ds": *delays* in moral judgment maturity; *deficiencies* in skills pertaining to balanced and constructive or competent social behavior, and self-serving *distortions* (inaccuracies) in their social attitudes, beliefs, and thoughts. Environmental (family, education, employment, neighborhood, etc.) disadvantages and risk factors notwithstanding, these limitations have been the main source of the resident's social behavioral problems, including the criminal behavior that harmed other persons and the community and ultimately led to the resident's incarceration.

Foremost among these three Ds is the last D mentioned: the self-serving cognitive distortions or "thinking errors." Criminogenic thinking is so important to address in work with offenders that (as noted in the previous chapters) the thinking error language (Self-Centered, Blaming Others, Minimizing/

Mislabeling, and Assuming the Worst) pervades the entire RAC program. That's why we covered the "cognitive distortion" limitation and associated thinking error language early, under Preparation and Implementation (Chap. 2). Addressing the "distortion" limitation is part of the anger management component of the threefold equip curriculum. In these "anger management" equipment meetings, participants learn to recognize, for example, when they are blaming others and getting angry for things that are really their own fault. They learn to correct their self-serving cognitive distortions or thinking errors (for example, to restructure or correct externalizations of blame with more accurate attributions of personal responsibility). Fundamentally, they learn to take the perspectives of others in adequate (not self-serving) ways. They start to feel that their conscience, their habits of thought, their view of life and other people have become "clear" and "clean" (Chap. 3).

So we have already described the foremost D, namely, self-serving cognitive *distortions*. What about the other Ds (sociomoral development *delays* and social skill *deficiencies*)? We will cover all three limitations—and how they are remedied in the equipment meetings—in the succeeding chapters of this section. In this overview chapter, we would like to give you a foretaste of these risk-factor limitations and their treatment in the equipment meetings. In his (Gibbs, 2014) *Moral development and reality*, co-author John Gibbs uses the case of a young-adult severe criminal offender to illustrate the three Ds and their remedy—to some extent. We say "to some extent" because an instance of treatment for this offender was truncated (by capital-punishment execution; "let this be a lesson to you," as the not-so-funny joke goes) on May 19, 2001. The name of this offender? The terrorist Timothy McVeigh, one of the worst offenders in U.S. history. This angry, self-absorbed young adult parked a rental truck full of explosives in front of a federal government building in Oklahoma City. Moments later, as McVeigh fled, the truck exploded, killing 168 people and severely injuring 500 more. McVeigh was stopped for a traffic violation and then arrested for possession of a gun one hour after the bombing. He was later identified as the bomber and prosecuted accordingly.

Certainly there are distinguishing and even unique features of this case among criminal offenders (not every offender, for example, uses extremist ideology to support his criminal lifestyle). In principle, however, we know enough about McVeigh (thanks in good part to Lou Michel and Dan Herbeck's [2001] excellent work) to conclude that he was, in essence, a criminal offender who illustrates the three Ds. We will introduce our succeeding Chaps. (5, 6 and 7) on the equipment meetings by depicting McVeigh's sociomoral developmental *delay*, his self-centered and self-serving cognitive *distortions*, and his social skill *deficiencies*. We will conclude this chapter by depicting RAC's cognitive behavioral curriculum in a nutshell and then make a final comment toward the remaining chapters of this section.

4.2 The Three D's: An Illustrative Case Study

Although atypical in some respects, then, the infamous terrorist Timothy McVeigh would seem to reflect as a young man in his 20s the problematic tendencies or “three Ds”—moral judgment delay, self-serving cognitive distortions, social skill deficiencies—that the criminological and clinical literature suggests are characteristic limitations of chronic offenders in general.

4.2.1 *Illustrating Moral Judgment Developmental Delay*

We will discuss this risk factor more extensively in Chap. 7, but McVeigh's criminogenic issues provide a foretaste. McVeigh evidenced a developmentally delayed, immature, or concrete tit-for-tat morality rife with pronounced and prolonged egocentric bias. McVeigh was emphatic in espousing his eye-for-eye, retaliatory morality: dirty for dirty, you reap what you sow, payback time. It was time, he declared, to “make them all [in the government] pay” for “laughing at the people in the Patriot and gun communities,” to silence “the laughter of the bully. . . . Rip the bastards [*sic*] heads off and shit down their necks!” (pp. 167–168, 196). To the Bureau of Alcohol, Tobacco, and Firearms, he wrote: “All you tyrannical mother fuckers will swing in the wind one day” (p. 180). Generally, “anyone who mistreated McVeigh—or made him think he was being mistreated—was making a formidable enemy with a long memory” (Michel & Herbeck, 2001, p. 68). Indeed, anyone who even disagreed with McVeigh was likely to induce in McVeigh a perception of mistreatment and a motive to retaliate. To a friend who dared question McVeigh's morality of payback and vengeance, McVeigh wrote: “Blood will flow in the streets, Steve. . . . Pray it is not your blood, my friend” (pp. 154). In response to another annoyance, McVeigh threatened: “I know where you live. I'm going to burn your fucking house down” (p. 98).

Why this egocentric, even vicious sociomoral developmental delay? As McVeigh grew up in a neglectful, dysfunctional home, he was never encouraged, as far as we can tell, to take the perspectives of others. Neglect meant little nurturance or emotional support. McVeigh's father did not offer support or advice even after McVeigh was humiliated by a bully. McVeigh did experience a practical alliance with a grandfather who shared McVeigh's intense interest in the use of firearms. In any event, what we do know of McVeigh suggests that his sense of “morality” was vengeful and egocentric.

4.2.2 *Illustrating Self-Serving Cognitive Distortions*

To introduce anger management (Chap. 5), which includes treatment of self-serving cognitive distortions (described in Chap. 3 and often centrally involved in anger issues), we note that both primary (Self-Centered) and secondary (Blaming Others, Assuming the Worse, and Minimizing/Mislabeling cognitive distortions were amply

evident in McVeigh's mental life. McVeigh's egocentric bias was so pronounced and prolonged that it consolidated into a *Self-Centered* primary distortion. In quitting college, McVeigh declared that he knew more than the teachers and hence that their classes were boring. Although the army initially offered "thrills," McVeigh felt suffocated and restless as he became "increasingly eager to *set his own rules*" (pp. 103, 122; emphasis added).

Besides the primary Self-Centered distortion, the secondary distortions (Blaming Others, Assuming the Worst, Minimizing/Mislabeling) were also thematic in McVeigh's mental, emotional, and behavioral life. Consider McVeigh's *Blaming Others* distortion. In high school, McVeigh insisted that his flagging interest in academics was the fault of his teachers. His list of blameworthy agents included "crooked politicians, overzealous government agents, high taxes, political correctness, [and] gun laws" (p. 2). He even blamed "American women" for "sexually shortchanging the opposite sex" (p. 114). At his trial, he claimed that government abuses "drove him" to respond in kind. McVeigh excelled at blaming others – indeed, at blaming everyone else in the world except the one person primarily responsible for his criminal behavior (including, finally, his unconscionable atrocity).

What about *Assuming the Worst*? Much the way highly aggressive individuals point to the hostility they create as proof they were right all along about others' hostile intentions toward them, McVeigh welcomed execution as proving that the government was "heartless and cruel" (p. 350). He saw the world as a dangerous place, necessitating constant vigilance. He kept guns both in his house and his car. While in the Army, he rented a storage shed where he stockpiled a hundred gallons of fresh water, food, rations, guns, and other supplies in case "all hell broke loose in the world" (p. 60).

Finally, McVeigh used military phrases he had learned in the Army to *mislabeled and minimize* his atrocity. As he prepared his bomb, he was a soldier "in a combat mode," with a "duty" to carry out a "mission." For the mission to make its point, a large "body count" would be necessary; the killing and maiming of hundreds of innocent people, including young children, was minimized as "collateral damage" (p. 331). To his victims and their loved ones, he minimized that "death happens every day. . . . I'm not going to . . . curl up into a fetal ball and cry just because the victims want me to do that" (pp. 324–325). So McVeigh's mental life was rife with self-serving and criminogenic cognitive distortions.

4.2.3 *Illustrating Social Skill Deficiencies*

What about *social skill deficiencies*? Although gregarious by nature, McVeigh was, to say the least, socially unskilled in difficult interpersonal situations. Michel and Herbeck (2001) do not report a single instance in which McVeigh maintained a balanced perspective to deal with and resolve a problem constructively. Instead, McVeigh would (a) prematurely withdraw, (b) threaten or attack, or (c) strategically withdraw in order to plan an attack. Merely disagreeing with him was a provocation for McVeigh. After hearing a complaint from a friend, McVeigh became extremely

angry but “never said anything. He set his jaw and sat down and picked up a magazine and started reading” (p. 173). He subsequently masterminded a brutal robbery. Although pleased by the success of the robbery, McVeigh was intensely disappointed that his disagreeing friend had not been murdered but only severely beaten and terrified.

4.3 Remedying the Limitations: The RAC Curriculum in a Nutshell

Fortunately, many offenders are not morally delayed, cognitively distorted, and socially unskilled to the extent that Timothy McVeigh was. Nonetheless, most offenders do evidence these same problematic tendencies—limitations that must be addressed and remedied if a treatment program is to be effective. In the equipment meetings, RAC groups become equipped with skills and maturity to help them overcome these limitations and grow toward responsible adulthood. The RAC equipment curriculum is threefold, equipping offenders-motivated-to-change with: (1) mature moral judgment (moral education or social decision-making); (2) skills to correct thinking errors and manage anger; and (3) social skills (for constructive and balanced behavior in difficult interpersonal situations). Hence, in addition to being multi-componential in the sense that mutual help and cognitive behavioral approaches are integrated (and even united, given RAC’s program-wide attention to the offenders’ self-serving cognitive distortions), RAC is also multi-componential in another sense: Its cognitive behavioral approach entails three interrelated curriculum components that correspond to the three interrelated limitations that we and others have found to be so characteristic of chronic offenders.

The three-component RAC cognitive behavioral curriculum as taught in the equipment meetings is summarized in Table 4.1 (as we will explain, it works best to start the curriculum with anger management; the sessions progressively build and hence are best conducted in the sequence indicated).

4.4 Concluding Comment

Responsible thinking means fully taking into account the perspectives of others. It means habitually seeing others accurately, rather than in immature and self-centered, self-serving, or egocentrically distorted ways. In the final analysis, responsible thinking and acting means seeing others not as objects to manipulate or exploit but as persons, as *subjects* like oneself.

In the chapters to follow, we will have much to say about a key theme of RAC across mutual help and equipment meetings, namely, confronting and other techniques that provide social perspective-taking opportunities. In this connection, we’d like to conclude this chapter with a note about Timothy McVeigh. After

Table 4.1 The RAC equipment meeting curriculum in a nutshell

Anger management/the thinking error correction	Social interaction skills	Social decision making
<p style="text-align: center;">1</p> <p>Evaluating and relabeling anger/aggression Reevaluating, relabeling Anger management, not elimination Benefits of managing anger</p>	<p style="text-align: center;">2</p> <p>Expressing a complaint constructively Identify the problem Think ahead to what you'll say, be friendly, etc. Say how you contributed to the problem Make a constructive suggestion</p>	<p style="text-align: center;">3</p> <p>Prisoner's advisor's problem situation House A is self-centered House B (the caring house) is labeled as truly strong Making the group/facility House B (shorthand for responsible adult culture)</p>
<p style="text-align: center;">4</p> <p>Anatomy of anger (AMBC) Mind as the source of anger Early warning signs (body) Anger-reducing self-talk</p>	<p style="text-align: center;">5</p> <p>Caring for someone who is sad or upset Notice and think ahead Start a conversation Listen don't interrupt "Be there"</p>	<p style="text-align: center;">6</p> <p>Michael's/Renee's problem situation Loyalty, commitment Value of close friendships Angela's/Carlos's problem situation Breaking up in a considerate way Getting even is immature</p>
<p style="text-align: center;">7</p> <p>Monitoring and correcting thinking errors Gary's Thinking Errors exercise Skills for correcting thinking errors Self-help Daily logs</p>	<p style="text-align: center;">8</p> <p>Dealing constructively with negative peer pressure Think, "Why?" Think ahead to consequences. Suggest something else (not harmful)</p>	<p style="text-align: center;">9</p> <p>Brad's/Sandra's problem situation Can't trust "friend" with a stealing problem Stealing is wrong even if someone does it for you Stealing is wrong even from a stranger</p>
<p style="text-align: center;">10</p> <p>More anger reducers Deep breathing, backward counting, peaceful imagery Anger reducers to "buy time"</p>	<p style="text-align: center;">11</p> <p>Keeping out of fights Stop and think Think ahead to consequences Handle the situation another way</p>	<p style="text-align: center;">12</p> <p>Ray's/Barbara's problem situation Letting friend steal (car) is wrong Harm from stealing True friend would not put you on the spot Identifying/closing gap between judgment and behavior Relabeling; using social interaction skills against negative peer pressure</p>

(continued)

Table 4.1 (continued)

Anger management/the thinking error correction	Social interaction skills	Social decision making
<p style="text-align: center;">13</p> <p style="text-align: center;">Self-talk, thinking ahead to consequences and TOP</p> <p>Thinking ahead (if-then thinking) Types of consequences (especially for others) TOP (think of the other person)</p>	<p style="text-align: center;">14</p> <p style="text-align: center;">Helping others</p> <p>Think, "Is there a need?" Think ahead how to help, when, etc. Offer to help</p>	<p style="text-align: center;">15</p> <p style="text-align: center;">Jodi's problem situation</p> <p>Should tell on drug-dealing friend Others could get killed Important to prosecute drug dealers</p> <p style="text-align: center;">Ben's problem situation</p> <p>Should tell on friend planning escape Others could get killed Important to jail drug dealers</p>
<p style="text-align: center;">16</p> <p style="text-align: center;">Using "I" statements for constructive consequences</p> <p>"You" statements (put-downs, threats) Use of "I" statements instead of "you" statements</p>	<p style="text-align: center;">17</p> <p style="text-align: center;">Preparing for a stressful conversation</p> <p>Imagine ahead your feelings and the other person's feelings (TOP) Think ahead what to say Think ahead how the other person might reply</p>	<p style="text-align: center;">18</p> <p style="text-align: center;">Jeff's problem situation</p> <p>Shouldn't participate in drug dealing Harm, destruction of lives from drugs Identifying/closing gap between judgment and behavior</p>
<p style="text-align: center;">19</p> <p style="text-align: center;">Self-evaluation</p> <p>Self-evaluation, self-reflection Talking back to thinking errors Staying constructive</p>	<p style="text-align: center;">20</p> <p style="text-align: center;">Dealing constructively with someone angry at you</p> <p>Listen openly and patiently Think of something you can agree with, say the person is right about that Apologize or explain, make a constructive suggestion</p>	<p style="text-align: center;">21</p> <p style="text-align: center;">Jamal's/Melissa's problem situation</p> <p>Should tell on suicidal friend Suicide shows Self-Centered thinking error Thinking of those who would be affected</p>
<p style="text-align: center;">22</p> <p style="text-align: center;">Reversing</p> <p>Things you do that make other people angry Reversing exercise (correcting a peer's Blaming Others error)</p>	<p style="text-align: center;">23</p> <p style="text-align: center;">Expressing care and appreciation</p> <p>Think if the person would like to know that you care Think ahead to what you will say, when, etc. Tell the person how you feel</p>	<p style="text-align: center;">24</p> <p style="text-align: center;">Cam's/Kayla's problem situation</p> <p>Should tell on a friend who shoplifted Important to prosecute shoplifters, not to shoplift Not blaming others</p>

(continued)

Table 4.1 (continued)

Anger management/the thinking error correction	Social interaction skills	Social decision making
<p>25</p> <p>More consequences for others/correcting distorted self-views</p> <p>Victims and Victimizers exercise Consequences for victims One’s own victimization is no excuse for victimizing others Think of the pain your actions have caused others (TOP)</p>	<p>26</p> <p>Dealing constructively with someone accusing you of something</p> <p>Think how you feel, tell yourself to calm down Think if the accuser is right (TOP) If the accuser is right, apologize/make restitution; if wrong, say it isn’t true; it’s a wrong impression, etc.</p>	<p>27</p> <p>Reggie’s problem situation</p> <p>Should reveal violent dad’s drinking Should do what’s best for the family Wouldn’t want someone to lie to you But mother is wrong to put Reggie on the spot</p>
<p>28</p> <p>Victimizer and grand review</p> <p>Mind of the Victimizer exercise Conclusion of consciousness raising IOR (identify, own, replace)</p>	<p>29</p> <p>Responding constructively to failure</p> <p>Ask if you did fail Think what you could do differently Decide, plan to try again</p>	<p>30</p> <p>Chris’s/Nicole’s problem situation</p> <p>Should not let friend cheat Important to establish trust Can’t trust friend with cheating problem Correcting thinking errors</p>

Numbers at the top of each box indicate the order in which the different types of meeting are delivered

bragging in a rambling letter to his younger sister that “something big is going to happen,” McVeigh indicated “an urgent need for someone in the family to understand me” (pp. 145, 196). No one—no family member or anyone else—met that need to understand and confront McVeigh’s narcissistic and troubled mind. Several years before McVeigh’s execution in 2001, Oklahoma City psychiatrist Dr. John R. Smith

once tried to confront McVeigh about the pain his bomb had caused others. Smith had noted how much McVeigh seemed to enjoy talking to people, and now he [Smith] tried to use this quality to provoke a reaction from him. “Instead of the death penalty, Tim, they should put you in a tiny little cell,” Smith said. “You wouldn’t be allowed to talk to anyone, ever.”

McVeigh looked surprised. He stood straight up from his chair. “You’d put me in a little cell like that?” he said.

“Tim, that’s what you did to your victims and their families,” Smith said. “They’ll never be able to communicate with each other again” (p. 289).

Whether Dr. Smith’s social perspective-taking confrontation had an impact is rather moot, given McVeigh’s subsequent execution. It is too late for Timothy McVeigh—but not too late for motivated RAC offenders who learn through the equipment meetings to which we now turn.

References

- Gibbs, J. C. (2014). *Moral development and reality: Beyond the theories of Kohlberg, Hoffman, and Haidt*. New York: Oxford University Press.
- Michel, L., & Herbeck, D. (2001). *American terrorist: Timothy McVeigh and the Oklahoma city bombing*. New York: HarperCollins.
- National Institute on Drug Abuse. (1993). *Recovery training and self-help: Relapse prevention and aftercare for drug addicts* (NIDA publication no. 93-3521). Rockville: National Institute on Drug Abuse.

Chapter 5

Equipping with Skills to Manage Anger and Correct Thinking Errors

Gary is in the kitchen of his apartment. Gary's girlfriend, Cecilia, is angry at him for something he did to hurt her. She yells at him. She pushes his shoulder. Thoughts run through Gary's head. Gary does nothing to correct the errors in his thoughts. Gary becomes furious. He swears at Cecilia. A sharp kitchen knife is nearby. Gary picks up the knife and stabs Cecilia, seriously wounding her.

Anger and aggression are, of course, common among antisocial individuals. It is not surprising that the most frequently reported problem in the RAC mutual help meetings is Easily Angered/Unmanaged Anger. As described in Chap. 3, the RAC mutual help meeting problem work goes deeper than just reporting the surface behavioral problems. What about the deeper cognitive meaning of anger and acts of violence or aggression such as Gary's (above)? What errors were in the thoughts that ran through Gary's head? In Gary's distorted thinking, Cecilia was "asking for it," had to be "taught a lesson," etc. (see Session 3 in this chapter).

Although it's not the first of the "three D" offender limitations in expository terms, this second "D" starts off the equipment meetings. We address in this chapter, then, the self-serving cognitive *distortions* that underlie the anger issues of our clients. It's easiest to start with anger management because we have found that offenders, as the literature puts it, "acknowledge this criminogenic need and evidence high responsivity to pertinent programming"—that is to say, many offenders readily admit that they're easily angered or harbor grudges and probably need to do something about it.

We make clear in the RAC program that this component pertains to acquiring tools or skills for *managing* anger, not eliminating it. Anger is a normal reaction to a noxious stimulus or blocked goal. Angry reactions can be adaptive and constructive insofar as they mobilize energy needed for responsible actions such as self-defense (or defense of innocent others), appropriate assertion, or overcoming obstacles (to a legitimate goal). Anger is *not* adaptive or healthy when it prompts intentional, unjustifiable harm to others. If anger is to lead to responsible restraint and constructive rather than aggressive behavior, it must be controlled, managed, or regulated. Managing anger is precisely what our hypothetical Gary—as well as so many real-life offenders—did not do.

Our RAC curriculum on anger management owes much to previous cognitive behavioral literature. Donald Meichenbaum (1977) asked whether we can

“systematically train” impulsive or volatile individuals to “to alter their problem-solving styles, to think before they act, in short, to talk to themselves” (p. 249). Accordingly, Meichenbaum and colleagues innovated an intervention program called self-instructional training. Raymond Novaco applied Meichenbaum’s approach to treatment of chronically angry adolescents. Novaco (1975) defined anger as “a combination of physiological arousal and cognitive labeling of that arousal.” Accordingly, anger arousal depends largely on how one labels, appraises, or mentally processes “aversive events. What does a given event mean to a given individual? The phrase in the literature is “cognitive mediation”: our environments impact our emotions and behaviors through our thoughts. Anger is “fomented” and “maintained . . . by the [thoughts or] self-statements that are made in provocation situations” (pp. 252–253). Also in the 1970s, Samuel Yochelson and Stanton Samenow (e.g., 1977; cf. Samenow, 2014), in their work with lifestyle or career offenders, concluded that aggressogenic labels, appraisals, and self-statements can be part of parcel of a larger self-centered and self-serving mindset, worldview, or approach to life. Subsequent researchers and practitioners (including Eva Feindler and our own late former co-author Arnold Goldstein) refined the early work of Meichenbaum and others into Skillstreaming and other programs for aggressive adolescents (e.g., Goldstein & McGinnis, 1997).

While practitioners and psychologists (such as McCorkle, Agee, Vorrath, Brendtro, and Potter) were applying the *mutual help* approach to antisocial or aggressive individuals (see review in Chap. 3), then, others—Meichenbaum, Novaco, Yochelson, Samenow, Feindler, and Goldstein among them—were applying the *cognitive behavioral* approach to these individuals. Prior to the work of these latter innovators, cognitive behavioral pioneers such as Aaron T. Beck and Albert Ellis had mainly addressed *internalizing* problems such as anxiety and depression (in part, anger turned inward). That helped neurotic patients and others with internalizing disorders—but also important was the application of the cognitive behavioral approach to offenders and others with *externalizing* disorders.

Consider these two basic psychological directions: self (internalizing) and other (externalizing). The opposite (self-versus-other) cognitive processing styles entailed this internalizing-externalizing mental health disorder distinction, introduced by Thomas Achenbach and Craig Edelbrock in 1978, was graphically illustrated by Philip Kendall in 1991:

Consider the experience of stepping in something a dog left on the lawn. The first reaction (“Oh, sh—”) is probably a self-statement that reflects dismay. Individuals then proceed to process the experience. . . . the manner of [cognitively] processing the event contributes to the behavioral and emotional consequences. After the unwanted experience [i.e., stepping in it], conclusions are reached regarding the causes of the misstep. . . . Some may attribute the misstep to their inability to do anything right [Assuming the Worst about self’s abilities or future; linked to depression]. . . . An angry individual, in contrast, might see the experience as the result of someone else’s provocation (“Whose dog left this here—I bet the guy knew someone else would step in it!”); attributing the mess to someone else’s intentional provocation [Assuming the Worst about others’ intentions] is linked to retaliatory behavior. (p. 9)

Although we have worked with plenty of co-morbid (both inward and outward) cases (especially among female offenders), our main concern in RAC is with the

identification and correction of the *other*-directed distortions in causal attribution (such as assuming the worst about others' intentions or blaming others) that are linked to anger and aggression (as well as other antisocial behavior). It should be clear that these cognitive processes are *errors* or *distortions* (see our illustrative analysis in Chap. 4 of Timothy McVeigh's troubled and twisted mindset). After all, is it really accurate or plausible to think that the dog owner malevolently planned the placement of the dog's dropping? Or that Cecilia was really "asking for it"?) .

If a criminal is to become a less angry human being, it is essential that he become aware of the thinking patterns that fuel anger. If he becomes realistic in his expectations and stops trying to control other people, the criminal will experience far less anger. [Anger cessation] can be accomplished with some by helping them identify thinking errors, understand the ramifications of those errors, then learn and implement corrective thinking processes. (Samenow, 2014, pp. 173–174)

"Corrective" and accurate cognitive processing usually means better social perspective-taking. Adequately taking into account others' perspectives (preferences, moods, arguments, etc.) is evident in these self-statements: "I can't expect people to act the way I want them to"; "For someone to be that irritable, he must be awfully unhappy"; and "Let's take a cooperative approach. Maybe we're both right" (Novaco, 1975, pp. 95–96). Anger management involves learning and practicing such socially accurate self-statements until they become habitual or automatic. Our representative offender Gary must learn to *think* and correct until it becomes almost second nature to react responsibly to a setback or provocation (see "Gary's thinking errors" handout).

Cognitive and other skills for managing anger can buy crucial time—time needed for constructive social skills (Chap. 6) and mature sociomoral perspective-taking (Chap. 7) to generate responsible behavior. Broadly speaking, these skills can enable our residents to fulfill their positive potential.

The remainder of this chapter is devoted, then, to the week-by-week equipping of our motivated RAC group members with skills to manage anger and correct self-serving cognitive distortions. As with the other two components of the RAC curriculum (as outlined in Chap. 4), the anger management component comprises 10 sessions (see Table 5.1). Sessions 1 through 7 address the management of anger and aggression in response to provocation from others.

In these sessions, RAC participants step back and learn about anger and aggression "from a distance." With each passing week, however, as the culture becomes more responsible and members less defensive, the teaching applies more specifically to their own aggressive behavior and its consequences. (In session 3, for example, the Self Help Logs are introduced for use in subsequent meetings). The Self Help Logs require participants to identify their thinking errors and any use of the skills learned to address their and others' problems. In session 8, participants list two things they do that anger others). Accordingly, sessions 8 through 10 address the management of anger initiated against others (session 10 provides a grand review that summarizes the teaching of this component).

The following is a session-by-session description of the anger management/thinking error correction component of the RAC cognitive behavioral curriculum. Specific guidelines for the group leader (in equipment meetings, the equipper or facilitator) are provided. Each session after the first one begins with a review of the

Table 5.1 The 10-session format for equipping with skills to manage anger and correct thinking errors

Session 1	Evaluating and relabeling anger/aggression
Session 2	Key role of mind in anger, monitoring mind and body, and reducing anger
Session 3	Monitoring and correcting thinking errors
Session 4	Relaxation techniques for reducing anger
Session 5	Powerful self-talk techniques for reducing anger: thinking ahead to consequences and TOP (think of the other person)
Session 6	Achieving constructive consequences
Session 7	Self-evaluation
Session 8	Reversing
Session 9	Victims and victimizers
Session 10	Grand review

previous anger management session and concludes with a reference to the topic of the next session. As with the other components, many of the sessions will require a large white board and erasable markers, or perhaps a keyboard attached to a large monitor. If using a white board, divide the board into sections to permit several “pages” of comments to be visible to the group. If using an easel, as a sheet is filled, you may ask a RAC group member to remove it and tape it to the equipment meeting room wall for future reference. Note: The sitting arrangement for equipment meetings is the shape of a horseshoe with the Equipper sitting at one end of the horseshoe to allow easy access to the board or easel. It is important that the Equipper sit down when not recording. A standing facilitator tends to have a series of one on one interactions rather than creating a group discussion of the content. A sitting facilitator, especially one using “ask don’t tell” and other facilitative techniques, can engender and cultivate the *group’s* ownership and discussion of the curriculum content. After each session, you should evaluate your performance as an equipper by completing a copy of the Facilitator’s and Observer’s Self-Evaluation Form: Anger Management, provided at the end of this chapter.

5.1 Anger Management Session 1

5.1.1 Evaluating and Relabeling Anger and Aggression

5.1.1.1 Overview

Participants will:

- hear a clarifying point, important for “selling” the program: the goal is to *manage*, not eliminate anger or to convince anyone that fighting is always wrong
- discuss anger, aggression, and the benefits of controlling anger

- identify the thinking errors in their attitudes toward aggression and violence. In particular, they will relabel (or right-label) anger/aggression (as self-centered, immature, counter-productive) and nonviolence (as empowering or placing them in a stronger position by giving them options besides fighting)

5.1.1.2 Handouts and Other materials

The Clown—or Clowns?—in the Ring (Fig. 5.1 for display)
Evaluating and Relabeling Anger and Aggression

5.1.1.3 Procedure and Facilitator Notes

Start off by pointing out that the goal of this kind of equipment meeting is to learn how to *manage*—not necessarily eliminate—anger. Selective restraint in the face of provocation is relabeled as *strong*, not weak. Anger can be good if it is controlled

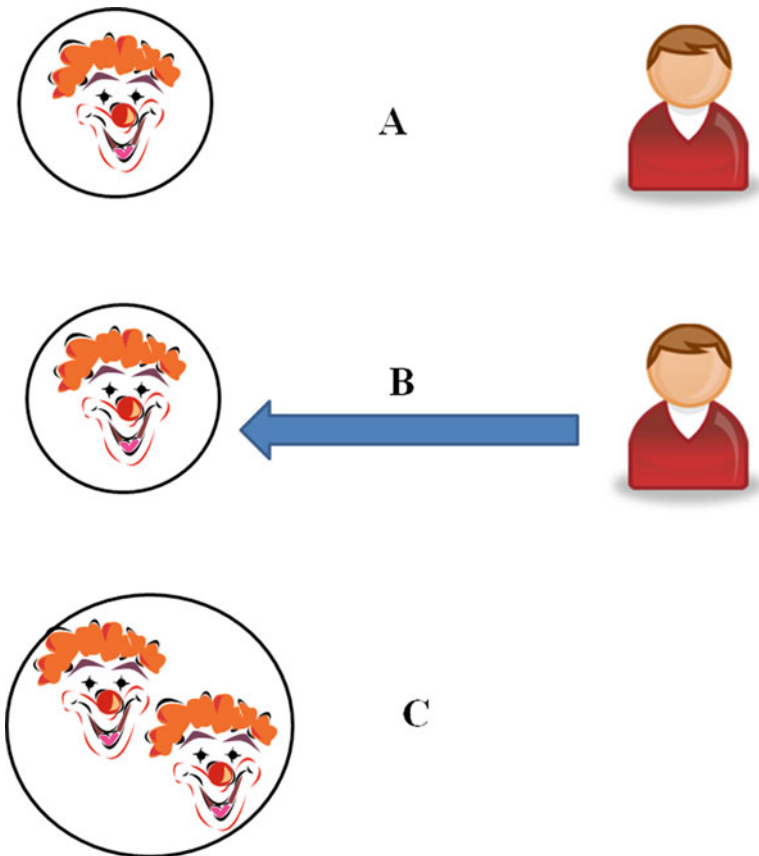


Fig. 5.1 The clown—or clowns?—in the ring

or managed and used to motivate constructive problem-solving. Aggression may sometimes be justified for legitimate defense of self or others. One who has learned how to manage anger and knows a number of options besides just fighting is empowered—has become *stronger*, not weaker. Say something like: Strong people, responsible adults, know how to control their anger. Take successful athletes. They are admired and powerful because they use self-control and win instead of fighting and getting thrown out of the game. [Ask for or provide examples.] Self-control makes you a winner, not a wimp. If aggression is your only option, *you* are the one who is weak or dependent or powerless.

Then initiate a discussion of anger and aggression. Ask the group: Has anyone ever been arrested for fighting or assault or domestic violence? Invite the group to step back from anger and see its advantages and disadvantages. Say something like, “So anger can be a good thing, but not always. If you get angry often, you must think getting angry has some advantages for you. You also may have noticed some disadvantages of letting your anger get out of control.” As the participants discuss advantages and disadvantages of anger/aggression, list these advantages and disadvantages (or benefits of controlling anger) in separate columns on a white board, or an easel pad (or, if available, a large computer screen). When the list is completed, you may post it in the room for future reference. Some themes that might arise in the discussion include the following:

Self-defense: “To protect myself”; “So no one will step on me”; “So others will not take advantage of me.”

Power: “Makes me feel big, powerful, superior”; “Then I’m free to get things, have people do what I want them to do, do what I want”

Vengeance: “To get even”; “To not let others get away with putting me down or pushing me around”

Look for chances to ask about the thinking errors in these advantages:

Self-defense: “I was only defending or protecting myself” can often be an excuse (Minimizing/Mislabeling) for unprovoked aggression.

Power: To hurt others so that you can “do or get what you want” fails to respect others (Self-Centered).

Vengeance: Hurting others to get even reflects a low-level eye-for-an-eye, tooth-for-a-tooth morality.

The longer the group members talk about the supposed advantages—especially if you highlight the immaturity or thinking errors and right-label the out-of-control aggression as weak—the more they may start to mention some disadvantages:

Instead of self-defense: Instead of preventing others from “stepping on you,” often aggression only “causes more problems, more fights, makes things worse.”

Instead of power: Instead of feeling big or powerful, you may feel “stupid,” “embarrassed,” or “sorry.” (Probe “sorry” to see if it entails feeling bad for harming others.) Countering a “rush” or feelings of power from pushing people around are the points that “you lose family and friends” because they “can’t trust you”

and that other people fear you but “don’t respect you, don’t want to be around you, or maybe even hate you.”

After vengeance: After you get even, “the other person would get angry, could try to get back at you.” One group member even exclaimed, “the cycle of revenge never stops.”

The Clown—or Clowns?—in the Ring As the disadvantages of unmanaged anger become clear during the discussion, display the “The Clown—or Clowns?—in the Ring” diagram (see Fig. 5.1 above). In our experience, this activity is frequently referenced by RAC participants. Some of them even teach it to their children! This exercise compellingly drives home—even for offenders with mild intellectual disabilities (as co-author Peter Langdon has found)—the relabeling of anger/aggression as weak or foolish. Point to and explain the three drawings A, B, and C in the diagram: and we have found that offenders with mild intellectual disabilities understand this exercise well.

- A:** The person in the ring is trying to start a fight. He is a clown and a fool because he is not thinking of all the disadvantages of anger and violence. His goal is to make you a fool, too, to draw you into the circus ring with him. But right now there’s only one clown in the ring.
- B:** The clown in the ring wants to attach his strings to you. Then he can pull on the strings [*point to the strings*] and draw you into the ring with him.
- C:** If you let him attach the strings and pull you in, then who is in control? Who is in charge, who is getting his way? And he wins if you join him in some foolish, pointless fight. [*Pointing to the ring in drawing C:*] How many clowns are in the ring now?

To apply the example to real life, ask the participants: Has some clown ever succeeded in pulling your strings, pulling you into the ring? What kind of “strings” (e.g., name-calling, challenging you in front of others, making remarks about your family) did you let that person attach to you to pull you into the ring? Look back at drawing A. Have you ever been a foolish clown, trying to pull someone into the ring with you? What strings did you use to try to make that person into a clown like you? Listen for thinking errors and point them out using “ask, don’t tell” or other constructive interventions when possible.

You can conclude the discussion by inviting the group to list the four benefits of controlling their anger:

1. You won’t hurt anybody .
2. Other people will like and help you.
3. You won’t get in trouble.
4. You will feel better about yourself because you will know that you truly are strong (truly responsible people can control themselves).

Finally, let participants know that the topic of the next meeting will be the key role of “mind” or the thoughts that run through your head when you get angry.

Session 1: Evaluating and Relabeling Anger and Aggression Handout

Name _____ Date _____

Everyone feels anger but not everyone manages (controls) anger well. Anger can be an advantage if it is properly managed or a disadvantage if it is not properly managed.

- 1. Is feeling angry wrong or bad? ___ yes ___ no

Why or why not?

- 2. List some advantages of anger.

- 3. List some disadvantages of anger.

- 4. List some situations in which you have become angry.

- 5. Draw the clown – or clowns – in the Ring (use Xs to represent the clowns), and explain what the diagram means.

- 6. Has someone who was acting like a clown ever pulled you in to the ring?

___ yes ___ no

What kind of ‘strings’ did you let that person attach to you to pull you in to the ring? For example: name calling, challenging you in front of others, making remarks about your family.

- 7. Have you ever been the clown trying to pull someone in to the ring with you?

___ yes ___ no

What strings did you use to try to make that person into a clown like you?

- 8. List four benefits of managing anger.

5.2 Anger Management Session 2

5.2.1 *Key Role of Mind in Anger, Monitoring Mind and Body, and Reducing Anger*

5.2.1.1 Overview

Participants will:

- review anger management session 1
- recognize the components of the “anatomy” of anger and its early warning signs.
- identify the mind (your attitudes, beliefs, what you tell yourself) as that which mainly makes you angry, not directly the event “out there”
- apply self-talk reducers that can help them calm down when they are angry (buying time for constructive, socially skilled behavior)

5.2.1.2 Handouts

Anatomy of Anger (AMBC)
Self-Talk Anger Reducers

5.2.1.3 Procedure and Facilitator Notes

Start off by reviewing Session 1’s conclusion regarding the benefits of controlling anger (you won’t hurt anyone, won’t get in trouble, you’ll feel better about yourself, others will like you, etc.) and the strength that comes from having options besides arguing and fighting (having only the arguing/fighting option means you’re not strong, you’re a clown). Session 2 is also about helping the participants to step back from anger, this time to examine its working parts and attain some key insights.

Session 2 entails teaching the working parts of the functional “anatomy” of anger. You will be emphasizing the key role of the mind in making the individual angry or in keeping the individual calm. It is important to emphasize that the mind is the key to emotions and behavior. Accordingly, the group learns to monitor the early warning signs of anger-generating thoughts or attitudes and to replace them with responsible self-talk that reduces anger and buys time for more accurate thoughts and constructive behavior to take over.

The acronym used to teach the anatomy of anger is AMBC. It is helpful to use a board or pad to keep track of examples under each AMBC heading as the discussion proceeds:

A = Activating event (getting threatened, dissed, stolen from, etc.)
M = Mind activity (Shit! I’ll teach them a lesson, etc.)
B = Body reaction (fast breathing, clenched fist, etc.)
C = Consequences (fighting, arrest or write-up, making enemies, etc.)

- A:** The *Activating event*, is the thing that can get you angry. These events are also called “hot spots” or, for offenders with mild intellectual disabilities, simply “situations.” Asked for examples, participants have mentioned hot spots pertaining to: intimidation or assault (getting glared at, challenged, picked on, sworn at or threatened, pushed, punched, shot, or stabbed; etc.); disrespect or humiliation (getting dissed, teased, put down, ignored, etc.); someone bragging they can be with your woman or that your man is cheating on you); or unfairness or deceit (someone stealing my stuff; making me do their dirty work; making false accusations or rumors [relational aggression]; etc.).
- B:** Skip over the **M** (mind activity), for the moment. Instead, teach the **B** (body reaction; “feelings inside your body” works better for offenders with mild intellectual disabilities) as it relates to the activating event. Ask: What do you usually feel or see happening after the activating event, after someone has been punched or put down? What do you think the **B** stands for? (body reaction). Yes—these reactions in your body are early warning signs of anger. Group members have reported as examples: fast, shallow, or hard breathing; cold, clammy, or sweaty hands; tense neck, shoulders, stomach; clenched fists and gritted or clenched teeth; louder or lower voice; squinty eyes; and a jittery or light-headed feeling. Say something like: You need to be alert and notice when these early warning signs are happening.
- C:** Consequences. The last part of our anger illustration is the *C*. What do you think *C* stands for? What is a general word for the results of an activating event such as a put-down, followed by, let’s say, those body reactions? [You may have to provide the word: *consequences*. Examples of such consequences include threats, fights, making enemies, getting hurt, and getting sanctions such as arrest, loss of children, incarceration, etc.]
- M:** Mind activity (or “what happens in your mind”). Say something like: So that is the *ABC* of anger and aggression. But there is something crucial missing—something we have not covered yet, something that happens between the *A* and the *B*. What does that *M* stand for, do you think? [You may have to provide the phrase *mind activity*.] Then say something like: If you think back to when someone put you down or threatened you, you can usually remember thoughts you had or maybe attitudes, beliefs, or “talk” to yourself that went through your mind and made you angry. We call this *self-talk* or *self-statements*. These thoughts can run through your head really fast—so fast that you’re not even aware of your mind activity and the impact it’s having on your body and behavioral impulses. You probably had thought about it before and said to yourself; “If that happens again, I will hurt the person.” You may have mentally planned what you would do (and fantasized about it). You may not even realize you did the self-talk until you think about it. But you can think about it and get in the habit of greater awareness. What were some of the thoughts you can remember having when you were in a hot spot? Participants have offered examples such as: “I’m not taking this anymore;” “I’m going to get my respect back;” “I’ll get him back;” “I’ll teach him;” and “I’m getting my way.”

Summarize and emphasize the key point: So now we have the *AMBC* of anger and aggression. We put the *M* between the *A* and the *B* for a reason. We said *B* stands for body reaction. What is the body reacting to? Is it reacting to what happened? Well, partly. But isn't it mainly reacting to the *meaning* you made of the event, to your *thoughts* about what the person said or did? Valuable points emerging from the key point of mind activity may include the following: How often is one aware of one's mind activity; how quickly the mind activity or an angry attitude can kick in to cause the body reaction (especially when the activating event has happened many times); how important it is to become more aware of the thoughts running through one's head so that one can do something about them. Point out the importance of noticing the early warning signs of anger as a signal that one needs to do something about the thoughts that are causing those body reactions. *Say something like:* When thoughts in your mind are making you sweat, clench your teeth and your fists, and so on, you are not in control. The other person is the one who is in control because you are letting him or her pull your strings. Remember the clown in the ring? He is the fool or the one with the problem, and he will keep pulling until there are two fools in the ring: you and him. So, if you do not want to be a fool, you have to change your mind activity from thoughts that make you start to lose control to thoughts that help you keep your head.

What are some calming thoughts you can tell yourself? Have group members generate some self-talk. The Self-Talk Anger Reducers Handout includes sample statements. (This handout can be profitably revisited in Session 7, on self-evaluation.) Remind the participants: From now on, when you get into a hot spot and notice early warning signs, use these anger-reducing self-talk statements to stay in control. Have participants complete the "Anatomy of Anger (AMBC)" handout.

Getting across the AMBC concept to offenders is crucial to the success of the anger management component—and, indeed, the entire RAC curriculum. Yet the concept can be difficult to grasp (especially for offenders with mild intellectual disabilities). Accordingly, you may find it helpful to use actual examples (perhaps contributed by group members). Co-author Peter Langdon has found it helpful to write on a board or flipchart an example and then invite group members to identify whether the example illustrates A, M., B., or C. Discussion of group members' contributions can then promote the group's grasp of this crucial concept.

In particular, teaching the "M" (mind activity) of AMBC paves the way for teaching the role of self-serving cognitive distortions in aggressive and other antisocial behavior. As a lead-in to the next session, mention that the mind activity causing anger usually involves distortions or inaccuracies (next session). *Say something like:* As we will see, you can learn to identify, "own," and correct these errors in the thoughts that run through your head and cause the body reactions we have discussed.

Session 2: Anatomy of Anger (AMBC)

Handout

Name _____

Date _____

Our thoughts have a lot to do with what we become angry about and how we manage our anger. Sometimes our thoughts happen so quickly that we don't even know they happened. This is especially true when the experience is something that has happened many times or something that you've dwelt on.

Anger is made up of four parts. We use the letters **AMBC** to help us remember the parts.

- 1. **A** stands for _____

These events are also called 'hot spots.' List some of your hot spots

- 2. **M** stands for _____

- 3. **B** stands for _____

List some of the things that happen to your body when you get angry.

When you feel this way are you at risk for losing control? ___ yes ___ no

- 4. **C** stands for _____

List some examples of things that happen when you let your anger get out of control.

- 5. (Fill in the blanks.) The **M** goes between the **A** and the **B** because your **B** _____ is reacting to your **M** _____, not the **A** _____.

- 6. Give one example of a self-talk anger reducer you can use in the following situations.
Before an activating event

During an activating event

For an unresolved conflict

For a resolved conflict

Session 2: Self-Talk Anger Reducers

Handout

Name _____

Date _____

*To be distributed to group members following discussion of anger reducers.
Group members: Keep this list (add your self-talk reducers below).*

Anticipating an Activating Event

- “This could be a bad situation, but I believe in myself.”
 - “Try not to assume the worst.”
 - “I understand why she will be angry with me. That helps me stay calm.”
-

Positive Mind Activity during an Activating Event

- “I understand why she is angry with me. That helps me stay calm.”
 - “Time for a few deep breaths. Maybe I took it the wrong way [possibly correcting Assuming the Worst]
 - “I’m going to keep my cool and let this guy get in trouble.”
 - “She would probably like to see me get really angry. Well, I’m going to disappoint her.”
 - “If he wants to make a fool out of himself, let him. But I’ve got more options than to play the fool’s game.”
 - “It’s a real shame he has to act like that.”
 - “He’s the one with the problem.”
 - “He can be OK when he’s not showing his Aggravates Others problem.”
 - “I don’t even have to look at him. I’ll just walk away and not let it get to me. I don’t need to prove myself.”
 - “I can’t expect people to act the way I want them to.”
 - “Think ahead—don’t lose your head.”
-

After an activating event: Self-Evaluation

(If the conflict is still unresolved:)

- “Maybe I assumed the worst.”
- “It could have been worse. How can I handle this better next time?”
- “I’ll get better at this if I get more practice.”

(If the conflict is resolved or coping has been successful:)

- “I handled that one pretty well. That wasn’t as hard as I thought. It worked!”
 - “I actually got through that without getting angry. I’m doing better in these situations all the time.”
 - “I thought ahead to the consequences. It worked!”
-

5.3 Anger Management Session 3

5.3.1 Monitoring and Correcting Thinking Errors

5.3.1.1 Overview

Participants will:

- review anger management session 2
- learn skills for correction of thinking errors
- monitor their thinking errors in daily behavior through self-help logs

5.3.1.2 Tables and Handouts

(from Chap. 3: Problem Names and Thinking Errors)

Gary's Thinking Errors

Table 5.2 Correcting Gary's Thinking Errors

Self-Help: Problems and Thinking Errors Log

Self-Help: Positive Log

5.3.1.3 Procedure and Facilitator Notes

The third session focuses on mind activity, particularly thinking errors. To review session 2, elicit from group members what each letter of AMBC stands for. Ask what the body reaction (shown in the early warning signs of anger) is a reaction to. Because anger is caused by the meaning attached to the activating event and not the event itself, the M, or the mind activity, clearly deserves special attention in anger management. Review anger-reducing self-talk (from last session) and ask for further examples of participants' experiences using these self-statements to reduce anger and help avoid losing control in hot spots.

To introduce the notion that anger-arousing mind activity often involves distortions or errors, *say something like*: Who has felt angry waiting in a long line for something you need to do or want to buy? You probably thought, "This is unfair. I shouldn't have to wait in this line." But that's an error. Why? [Prompt the group members to see that others also have to wait, that they are no exception. Ask them which of the thinking errors is involved here (from their learning during orientation and the mutual help meetings, they should readily identify Self-Centered)]. Ask how some of the self-statements learned in the previous session help to reduce anger by correcting various errors in mind activity. For example: "I can't expect people to act the way I want them to" corrects the Self-Centered thinking error, as do self-statements that invite perspective taking (e.g., "For someone to be that irritable, he or she must be really unhappy").

To help participants learn more about thinking errors typically involved in anger, distribute the Gary's Thinking Errors" handout. Have the group read the scenario

Table 5.2 Correcting Gary’s thinking errors

What Gary thought	Corrections: what Gary should have thought
<u>Self-centered thinking error examples</u> I’m the man here! How dare she touch me! Who does she think she is?	I’m no better than she is I’d be mad, too She deserves better
<u>Minimizing/mislabeling examples</u> I’ll teach <i>her</i> ! I have to defend myself!	You don’t teach anybody by stabbing them I won’t die from a push in the shoulder
<u>Assuming the worst example</u> She hates me She’ll leave me	She’s mad now, but she may forgive me if I sincerely apologize and change
<u>Blaming others examples</u> She was asking for it She’s the one who left out the knife	I started it by treating her badly I shouldn’t have picked up the knife. It’s my fault

aloud. Write the abbreviations for the thinking errors vertically down the left-hand side of the board (SC=Self-Centered; MM=Minimizing/Mislabeling; AW = Assuming the Worst; and BO=Blaming Others). Leave a space at the bottom of the page for responses to question 2. Next, ask for a volunteer to read each question listed on the handout and lead the group in a discussion of the questions in this exercise. Emphasize the connection between distorted thinking and violence and, accordingly, the importance of correcting thinking errors before it is too late. On the board, list the participants’ suggestions (organized by thinking error category) as to what thoughts Gary had (Question 1; left side of board) and how Gary should have “talked back” to his self-serving thoughts (Question 3; right side of board). Group members often become involved in the second part of Question 2, suggesting many possibilities: “He spent the rent money”; “He beat her”; “He was cheating on her”; “He was high most of the time”; “He busted up the furniture”; and so forth. You may write down participants’ responses to question 2 in the bottom space of the board. Table 5.2 illustrates what the entire board might look like after all of the questions have been answered. Post the thinking error examples where it is clearly visible so participants can refer to it.

Conclude the discussion of Gary’s Thinking Errors by asking question 4: “If Gary had corrected the thoughts running through his head, his thinking errors, would he still have stabbed Cecilia?” We have seen this question provide the “clincher” that gives this exercise considerable impact: Participants see the connection between twisted thoughts and violence, and the importance of catching and correcting those mental lies and thinking straight before it’s too late. Second author John Gibbs remembers a touching time when one circle of male youths with aggressive and even violent histories became very quiet as they pondered this last question. Everyone bowed their heads and looked down to the floor. The quiet continued. Finally, a group member said “no” in a soft and earnest voice. Others nodded silently. They had gotten the point.

The logs Next, distribute and explain each of the daily Logs. Tell participants that these are tools they will use to help monitor and correct their thinking errors. Regarding the “Self-Help: Problems and Thinking Errors Log” handout, tell participants that this log will help them recognize their hot spots and assess just how angry they were in particular situations. Explain that this recognition and awareness will help them to “check themselves” (or self-monitor) and “talk back” to their distortions with accurate thoughts and anger-reducing self-statements. With practice, responsible thinking and acting will become more natural or automatic. Regarding the “Self-Help: Positive Log” handout, explain that participants may also use this log to help them keep track of how often they are following rules and using the information they are learning in the program. At the end of the session, group members submit their logs to the group leader for review (the group leader subsequent provides feedback and returns the log). Announce a place where participants can pick up blank logs. Inform them that future meetings will begin with a review of each group member’s Self-Help Positive Log. Conclude by saying something like, “Sometimes anger occurs so quickly that you are in trouble before you know it. Next session, after we review the logs, we’ll learn some techniques that can help us buy enough time for responsible thinking and acting to take hold.”

Session 3: Gary’s Thinking Errors

Handout

Name _____

Date _____

Gary is in the kitchen of his apartment. Gary’s girlfriend, Cecilia, is angry at him for something he did to hurt her. She yells at him. She pushes his shoulder. Thoughts run through Gary’s head. Gary does nothing to correct the errors in his thoughts. Gary becomes furious. He swears at Cecilia. A sharp kitchen knife is nearby. Gary picks up the knife and stabs Cecilia, seriously wounding her.

- 1. What thoughts ran through Gary’s head, do you think, both during the situation and afterward? Suggest some sample thoughts.

- 2. What are the errors in these thoughts? Cecilia was mad at Gary because he did something to hurt her. What do you think that might have been?

- 3. What might Gary have told himself in this situation? In other words, how might Gary have ‘talked back’ to his thinking errors? Suggest some things Gary could have said to himself to correct each type of thinking error.

- 4. If Gary had corrected his thinking errors, would he still have stabbed Cecilia?

Self- Help: Problems and Thinking Errors Log

Handout

Name _____ Date _____

Complete this self-help form anytime you receive a write up for a rule violation, have a bad argument, fight, or find yourself verbally abusive about something someone did or did not do. This includes disagreements with someone inside or outside of the facility.

Describe the situation in which you showed or felt your social/behavioral problem. Include where, when, what and who was involved: Where _____ Date and Time _____

Check at least one but no more than three *specific* social/behavior problems demonstrated:

- Authority Problem Easily Angered/Unmanaged Anger
- Aggravates Others Misleads Others Easily Misled
- Fronting Stealing Lying
- Active AOD Problem Active Gambling Addiction or Problem

Check at least one but no more than two *general* social/behavioral problems demonstrated:

- Inconsiderate of Others Inconsiderate of Self Low Self-Esteem

Check the two or three thinking errors that most apply in this situation:

- (SC) Self-Centered (BO) Blaming Others (AW) Assuming the Worst
- (M/M) Minimizing/Mislabeling

What were you thinking before, during and after the situation? **Name** the thinking errors as you answer.

Rate your anger at the end of each answer: **5** burning mad **4** mad **3** angry **2** little angry **1** not angry

Rate how well you managed yourself: **5** very bad **4** bad **3** okay **2** good **1** very good

Before: _____ Anger = _____ Managed = _____

During: _____ Anger = _____ Managed = _____

After: _____ Anger = _____ Managed = _____

What do you want or need your ratings to be? Anger _____ Self-Management _____

What I will do to get the rating that I want or need: _____

Self-Help: Positive Log

Handout

Name _____

Date _____

Listed below are things that happened since the previous Equipment Meeting. Check the items that relate to you. Behave responsibly by sharing the information quickly, as if you were having a conversation with a friend. Do not read it like is a "grocery list". A group member or the group leader may ask or comment about any item, whether you checked it or not. You may write on your log. The group leader will collect, initial, date and return the logs to you.

I took care of my personal hygiene and appearance (*took shower, brushed teeth, put on clean clothing, etc.*)

I took my medication as prescribed. I requested a medical appointment to discuss my health/medication/test results with the nurse or doctor.

I cleaned my living area, made my bed and organized my personal property.

I completed my assigned chores without prompting. (*Describe.*)

I followed the institutional rules.

I kept my use of profanity to a minimum.

I stayed with my group and participated constructively in discussions and activities in a responsible manner. (*Explain.*)

I spoke with a group member about his/her problems/issues. (*Who, When.*)

I attended and participated responsibly (including homework) in assigned programs.

I attended a 12-Step and/or other self-help meeting (*Explain.*)

I helped someone other than a group member. (*Explain.*)

I used the information from the previous equipment meeting to improve my current life issue action plan(s) or in some way to be a more responsible adult (*Explain.*)

I had a stressful situation and feel good about how I managed it because I controlled my thoughts and actions. (*Explain briefly.*)

I do not feel good about how I handled it. (*Explain briefly.*)

My thinking errors were: SC BO AW M/M

5.4 Anger Management Session 4

5.4.1 *Relaxation Techniques for Reducing Anger*

5.4.1.1 Overview

Participants will:

- review anger management session 3
- acquire and apply techniques of deep breathing, counting backward, and pleasant and peaceful imagery
- recognize that the use of relaxation techniques in sudden anger situations can buy crucial time for corrective self-talk and constructive social skills

5.4.1.2 Handouts

Self-Help Positive log (completed since previous session).

Self-Help Problems and Thinking Errors Log (if an incident occurred)

5.4.1.3 Procedure and Facilitator Notes

A key technique in anger management is engaging in activities incompatible with anger. Especially in sudden-anger situations, breathing deeply, counting backward, and invoking peaceful imagery are important because they are simpler and therefore quicker, “buying time” for corrective self-talk and constructive social skills to kick in. Group members can prevent anger buildup by starting to take deep breaths, for example, even before beginning to deal with thinking errors.

Review the analysis of Gary’s Thinking Errors (as written in the previous session on the board) by pointing to the thinking error and the talking back columns and reminding participants of the previous session’s focus on the importance in anger management of recognizing and correcting one’s thinking errors. The review should also include group work on group members’ use of the self-help logs. Have each group member present his or her positive log. Group members and/or the group leader may comment on the log.

To transition into the new material, *say something like*: So last week, the technique was corrective self-talk. This week’s techniques pertain to relaxation and calming. These techniques help people deal constructively with anger. Relaxation (calming) techniques can cut short angry thinking about an activating event and can help you keep from becoming angry all over again or thinking about revenge. Sometimes, in hot spots (especially, mentally planned hot spots), anger can build so rapidly that by the time you start to correct your thinking errors, it is too late—you may find yourself already engaged in violence or aggression. *Ask for a few examples of “hot spots,” especially hot spots where an angry response is mentally planned.*

5.4.1.4 Breathing Deeply

Show the value of the first technique—slow, deep breathing—by describing and enacting the example of a basketball player who has just been intentionally fouled by an opponent. *Say something like:* The basketball player is angry at being fouled, and he’s nervous because the attention is on him and he needs to make this shot for the team. But he knows he will not make it if he stays angry and nervous. He is at the free-throw line. What does he do? (*Discuss.*) He probably tries to think calming thoughts, but he also tries to calm down by breathing deeply and slowly a few times. You can see him taking those slow, deep breaths. He may even become “mindful” or aware of each “in” and “out” breath. He knows from experience that that’s one of the best ways to get back in control of the situation. As soon as he starts taking a few slow, deep breaths, combined in a couple of slow, deliberate dribbles of the ball, he will feel less angry and nervous—and will have a better chance of making that shot. Deep breathing can also help in other difficult situations. You get a grip and do something responsible rather than destructive.

Now remember to make sure your breathing is slow and deep. “Slow” means that taking in the breath should take 5 or 6 seconds. Hold the breath for a few seconds. Then slowly breathe out, again taking 5 or 6 seconds. Wait a few seconds, then breathe slowly in and out again. It should be a slow rhythm. “Deep” means that your lungs should be full. You will know your lungs are full enough if they are putting some pressure down on the top of your stomach. You should be able to feel that downward pressure.

Okay, let’s give it a try. Let’s imagine some activating event. What are some things, again, that put you in a hot spot? (*Discuss and write examples on the board. If a group member claims to have no “hot spots,” ask other group members to identify that group member’s hot spots.*) Imagine that is happening, whatever it is for you. Now start slow, deep breathing. (*Model deep breathing.*) Could you feel that helping? (*Discuss briefly.*)

5.4.1.5 Counting Backward

Explain how counting backward can prevent a dangerous buildup of anger: *Say something like:* There are two more things that can come in handy. Another effective relaxation technique is counting backward. You silently count backward (at an even pace) from 20 to 1 when you feel that anger coming on. Sometimes you can just turn away from the hot spot while you are counting.

5.4.1.6 Counting Backward Plus Slow, Deep Breathing

The next approach combines the two techniques taught previously: You can count backward as you are breathing deeply. You should use these techniques together to get as relaxed and calm as you can for regaining composure. So let’s try both of these techniques together. Okay, imagine that worst event. (*Allow 10–15 s.*) Now get

the deep breathing started. (*Model and make sure the participants are breathing deeply.*) Now we will count aloud from 20. Now start. (*Model; start counting backward; make sure participants are breathing deeply and counting.*) Could you feel that helping? (*Discuss.*) Of course, when you are using this technique, you will be counting silently. (*Lead the participants in deep breathing; remind them that they should be counting backward silently.*)

5.4.1.7 Invoking Pleasant or Peaceful Imagery

In addition to deep breathing and counting backward, pleasant or peaceful imagery will help participants calm down. *Say something like:* The third technique you can use is to imagine pleasant or peaceful scenes. You can calm yourself down from angry mind activity by imagining a pleasant or peaceful scene. This is a lot like calming self-talk, except that we are talking about mental pictures instead of thoughts. What are some happy or peaceful scenes you can imagine? (*Through discussion, make a list, for example, playing with one's children, listening to music, walking in the park, relaxing on the beach.*) It's pretty hard to be saying to yourself how you're going to tear somebody's head off while you're imagining yourself relaxing on the beach!

5.4.1.8 All Three Techniques Together

Once participants become proficient at these techniques, they can practice using all three at once: Let's try to see if we can use all three techniques at once. First, think of the activating event that tends to start off the anger-causing self-talk. (*Allow 10–15 s.*) Now let's start slow, deep breathing. "Feel" that breathing. (*Model and make sure participants are breathing deeply.*) Now start counting backward from 20, silently. (*Allow 10–15 s.*) Now imagine your favorite peaceful scene while breathing deeply and counting backward. (*Allow 10–15 s.*) Could you feel that helping? (*Discuss.*) These three techniques—slow, deep breathing; counting backward; and pleasant or peaceful imagery—will help you reduce those angry body reactions. If you can, use these three things together for maximum anger-control power. They will buy you crucial seconds; they would have bought Gary crucial seconds in his situation with Cecilia. Then you can start to think straight. You can reduce your anger even more with calming self-talk that corrects your thinking errors.

Encourage participants to try these techniques outside the group. Let them know that they will be asked during the next session how their practice went. Mention that the next session will return to anger-reducing techniques that involve self-talk. In the next session, group members will acquire two powerful self-talk techniques for reducing anger. Residents sometimes suggest "walking away" as an anger reducer. We tell them that sometimes this is a good idea but that they need to practice other anger reducers as walking away is not always feasible.

5.5 Anger Management Session 5

5.5.1 *Powerful Self-Talk Techniques for Reducing Anger, Thinking Ahead to Consequences, and Think of the Other Person (TOP)*

5.5.1.1 Overview

Participants will:

- review anger management session 4
- review the importance of corrective self-talk for reducing their anger
- learn and apply “if-then” thinking ahead to consequences (for others as well as self)
- apply the Think of the Other Person (TOP) technique

5.5.1.2 Handout and Other Materials

Self-help Positive log (completed since last session)

Self-Help: Problems and Thinking Errors Log (if an incident occurred)

Thinking Ahead to Consequences (chart prepared before session begins, complete during session)

Table 5.3 Thinking Ahead to Consequences

5.5.1.3 Procedure and Facilitator Notes

Begin by briefly reviewing the relaxation/calming techniques (deep breathing, counting backwards, pleasant imagery) learned in the previous session and asking the participants about their experience with the techniques in the past week. Then introduce the technique of thinking ahead. *Say something like:* Today we are going to get back to self-talk techniques for reducing anger. What self-talk techniques have we learned so far? (*Discuss calming self-talk and, especially, correcting thinking errors.*) The self-talk techniques for today are very powerful ones. The first one is called *thinking ahead*, or *if-then thinking*: *If I do this negative thing, then that negative consequence will follow, so I’d better not do it. You can think ahead before you are even in a hot spot—in fact, to prevent one. For example, let’s say you have*

Table 5.3 Thinking ahead to consequences

Thinking ahead to consequences	Consequences for self (first and later)	Consequences for others (TOP; first and later)
General consequences (other than feelings)	<i>Step 1</i>	<i>Step 2</i>
“Feelings” consequences	<i>Step 3</i>	<i>Step 4</i>

a car and it's in the repair shop. The last time you had the car in the shop, it wasn't ready when you went to get it. Now your car is in the shop again, and you can think ahead. You can think, "When I go to pick up my car at the garage, it may not be ready." So you are thinking ahead to a consequence right there. And your thinking ahead might result in your thinking of something you can do right now, before you even get to the shop. What's that? (*Discuss telephoning ahead to make sure the car is, in fact, ready.*) Let's say you do call and they say it will be ready, but you remember last time it was not ready when you arrived. So you can think ahead: What if that happens? How will I feel? (*Discuss feelings of frustration and anger.*) Okay, but keep thinking ahead. Think of the possible consequences if you lose control because of that anger. Say to yourself, "Think ahead! If I lose control and blow up and haul off and punch the guy, then they'll call the police. Plus, they'll have my car! So I'd better keep my cool and remember how to express a complaint constructively," to communicate in a calm and straightforward way. That's if-then thinking—that's thinking ahead.

If-then thinking means thinking ahead not just to consequences for self, but for others as well. To develop a comprehensive understanding of consequences, this session includes a discussion of the many ramifications of aggressive or antisocial behavior (immediate and long-term, practical and emotional, for self and for others). With its emphasis on consequences for others, the discussion naturally leads into a second self-talk technique: Think of the Other Person, or TOP. The perspective taking entailed in TOP is critical for remediating egocentric bias and the Self-Centered thinking errors, the primary cognitive distortion of offenders. (The TOP strategy is expanded during Session 9 to include the meaning "Think of the pain your actions have caused other people.") The prompts "think ahead" and "TOP" should be presented both as self-statements and as cues for group members to use with one another.

Now, in thinking ahead, you have to think of all types of likely consequences. For example, there are not only the first things that happen but also things that are likely to happen later on. So let's say someone is intentionally hassling you, and you don't use any skills—you just lose it and punch the other person. What's the first thing that's likely to happen? (*Discuss the likely immediate consequence—that the person will stop aggravating for the moment.*) But now let's keep on thinking ahead. What else might happen a little later? (*Discuss the likelihood that the other person will try to punch you back, pull a gun, or will get some of his or her friends to exact revenge.*)

Chances are, it's not going to end there (*remind the group of the session 1 discussion on the advantages and disadvantages of anger*). You've got to think ahead far enough to consider of all the consequences because you may not check yourself if you just think of some positive things that might happen first. So you need to think ahead, both to the first consequences and to later consequences. So far, we've talked about consequences to yourself, but it's also important to consider consequences for the other person.

At this point, write headings for two columns on the board: Consequences for Self (First and Later) and Consequences for Others (TOP: First and Later), as shown in Table 5.3, Thinking Ahead to Consequences. Continue to refer to this chart to

organize the following discussion. *Say something like:* This thinking ahead isn't just for anger-type situations. Let's take stealing a car: "If I steal a car, [*step 1*] chances are I'll get arrested, go to jail, go to court, and so on. Even if I don't get caught and go to court, I could get hurt or killed in a bad accident." Can you think of any other consequences for yourself? Maybe some long-run consequences? What has happened in your life after you have done something to hurt others? What happened to your children? What happened to your girlfriend/boyfriend/spouse? How have other people treated you after? Have you lost certain friends? Have you gotten a certain reputation you did not really want? Have you lost the respect of some people you care about? (*Discuss.*)

[*Step 2*] It is also very important to think ahead not only to consequences for yourself but also to consequences for the other person or other people. Thinking of the other person is so important, in fact, that we have a special name for it: TOP, which stands for Think of the Other Person. Remembering TOP will help you stop. If you think only about consequences for yourself, what kind of thinking error is that? (*Discuss Self-Centered thinking errors.*) TOP means you think about the other person, about the consequences of your actions for others. What hassles will the other person have? If you steal, what hassle will the victim have?

[*Step 3*] (It may be necessary to engage in special probing for "feelings" consequences for others. Say something like:) And how would the other person feel? What if the car was your car? How would you feel? (*Discuss.*) What about later on—some indirect consequences? When other people who know the victim find out, how will they feel? (*Discuss how the feelings of others are like those peers have had: hurt, angry, loss of trust or security, confused, panicky, upset, depressed, wanting to get even.*) And when the victim breaks the news to his or her family, how do you think they feel? (*Discuss.*) What are some other later consequences? Will the person ever be quite the same again? (*Discuss.*)

Finally (step 4), probe for "feelings" consequences: Given those consequences for others, how should you feel if you stole a car? What about in those moments when you are not making Minimizing/Mislabeling and Blaming Others thinking errors, like saying, "He deserved it"? The person did not deserve for you to come along and make him or her a victim. When you are strong and honest enough to face what you did, you may feel sorry for your victim. You would think how you would feel. You may feel regret, guilt, or disappointment in yourself. Have you ever had feelings like that? (*Discuss.*)

When you tell yourself, "Think ahead," the consequences you are thinking ahead to are all the kinds we have talked about. It is important to think ahead to consequences for yourself, but it's especially important to think ahead to consequences for others, to think "TOP." We are going to have more to say about TOP in a later session. There are lots of self-talk phrases you can use—not only "Think ahead" but "TOP," "Check yourself," and "Check your thoughts." These self-talk phrases can help you stop behavior that hurts others or yourself before it starts. And don't wait to use these aids until you're about to commit a harmful act or crime. By then it might be too late. You can even use them to stop yourself from dwelling on harmful thoughts. (*Discuss.*)

5.6 Anger Management Session 6

5.6.1 *Achieving Constructive Consequences*

5.6.1.1 Overview

Participants will:

- review anger management session 5
- use “I” statements instead of “you” statements (put-downs and threats) in order to achieve constructive consequences

5.6.1.2 Materials

Self-Help: Positive log (completed since last session)

Self-Help: Problems and Thinking Errors Log (if an incident occurred)

5.6.1.3 Procedure and Facilitator Notes

In the AMBC anatomy of anger and aggression, M (or mind activity) has received most of the attention. In this context, participants have learned and practiced several kinds of anger-reducing self-statements: calming, correcting, and if-then thinking (thinking ahead to consequences). They have also learned to reduce anger through activities with minimal cognitive involvement, such as deep breathing and counting backward. The A and the B of AMBC have also been discussed, mainly in terms of the point that the B (body) is not reacting directly to the A (activating event) but instead to the M (meaning) attached to that event by the mind activity. Session 6 moves the anger management curriculum along to the C (consequences) in AMBC.

Beyond techniques such as thinking ahead to consequences, how can participants engage in social behavior likely to achieve constructive consequences? Participants learn that using the anger-reducing and cognition-correcting techniques enables them to stay calm and think straight. Calm, straightforward thinking enables them to engage in calm, straightforward behavior that leads to constructive rather than destructive consequences. Participants learn to replace angry “you” statements (put-downs and threats) with “I” statements. Use of this skill is linked with the social skill Expressing a Complaint Constructively, which is taught during Session 1 of the social skills component of the RAC program (see Chap. 6). This association reinforces the connection between the anger management and social skills components of the curriculum.

The session concludes with a discussion of the difference between making a threat and stating a consequence. Following a review of the anger “anatomy” learned so far, relate the destructive consequences to “you” statements and explain in contrast how “I” statements typically lead to more positive consequences. *Say something like:* We have been working with the M in AMBC. We have also talked

about the body reaction and the activating event (hot spot). We said that the body getting angry is reacting to what? (Review the point that mind activity is so crucial because the body reacts directly to that, not to the activating event.)

But we have not yet directly talked about the C—the consequences—in AMBC. (Review the meaning of C in AMBC and stress that an angry mind and body can lead to destructive consequences if not met with the techniques that participants have learned.) In other words, if you allow yourself to get too upset to think straight, then you are going to start to say some destructive things. There are basically two kinds of destructive things you say when you are angry: put-downs and threats. For example, let's say you lent someone your iPod. Now you want it back, and the person refuses to return it, so when you see the person you say, "Hey, a-hole, you'd better give me back my iPod if you know what's good for you!" Where was the put-down? Where was the threat? (*Discuss.*)

Put-downs and threats are mislabeling "you" statements: "You a-hole. You'd better do this or else." They are destructive because they attack the other person and provoke a fight. Instead of being destructive, we want to be constructive, and we do this by replacing "you" statements with "I" statements. Telling someone how you feel—like "I'm feeling pretty upset about this"—involves an "I" statement. An "I" statement makes a constructive suggestion: I would like you to do this instead. "I" statements were part of a social skill you learned in Session 1 of the social skills part of this program: Expressing a Complaint Constructively.

If you have been using your anger reducers in hot spots, then you should be calm and straight thinking enough to express yourself in a calm, straightforward way. Is your tone of voice threatening when you express a complaint constructively? *On the board, recap the following with the participants:* Now, the first step in Expressing a Complaint Constructively was to state to yourself what the problem was, how you were feeling about it, and whether you were partly responsible for the problem. The second step was to make plans for expressing your complaint, like deciding what person you were going to complain to and what you were going to say. The third step was when you actually role-played Expressing a Complaint Constructively. And there were three things you did as part of that step: You told the person what the problem was, how you felt about it, and what you would like done about it. For example, if someone has borrowed your iPod and still hasn't given it back, you can say, "Joe, I loaned you my iPod, and I'm getting upset because it was a while ago. I'd like it back now." What "I" statements do you hear there? (*Discuss.*) And you say this in what kind of way? (*Discuss in a calm, straightforward manner.*)

A final part of the third step said, "If you have contributed to the problem, mention how you may be partly at fault and what you are willing to do." If you told Joe he could borrow the iPod for as long as he liked, you would say as part of that step something like "I know I told you that you could keep it as long as you needed it, but it's been a month now, and I need it back." What is constructive about this low-key approach? (*Discuss the value of showing that you understand the other person's point of view or encouraging the other person to listen to your point of view.*) But still, it may not always work. If the other person continues to violate your rights or ignores legitimate points, the nice thing about starting out low-key is that you still have room to gradually

firm up your position—without becoming destructive. You still do not threaten. But you do—in a calm, straightforward way—tell the other person what the consequences will be if the situation is not resolved satisfactorily. If you say it in a menacing tone of voice, trying to use fear to get your way, you are being threatening, and the other person could be provoked into even worse actions. To be effective, the consequence should be realistic—something you are willing to carry out. That is the difference between stating a consequence and making a threat: It's the difference between staying calm and being angry, between saying something realistic and saying something unrealistic.

5.6.1.4 Modeling

Model using “I” instead of “you” by setting up a hypothetical situation and responding both ways. Use the following example or one that's more relevant to your class: Let's say that while I was out of the room, you made a mess. Then I came back and saw paper all over the room. Listen carefully and see how you feel inside as I talk about my reaction, starting with “you” and then with “I” or “It”: You slobs! You make a mess every time I leave this room. You should be ashamed of yourselves.

Now I'll start talking about my anger using “I” or “It”: It makes me angry to come back and see such a mess in this room. I feel really let down.

Even though both of my responses are about the same thing, did you feel the same each time? How did you feel when I started with “you”? How did you feel when I started with “I”? (*Allow for participant response.*) Say something like: When I start with “you,” it's like accusing someone. It makes people mad and makes them want to fight back. When I start with “I,” I'm saying how I feel and commenting about someone's behavior without putting them down. If I say, “I don't like it when I hear ...” to a friend, I'm still being a good friend because I'm not putting my friend down. Do you see how the first kind of response leads to destructive consequences? How the second kind of response can achieve a constructive consequence? “You” works best when used to give someone a compliment, for example, “You did a really good job with the “I statements.”

5.7 Anger Management Session 7

5.7.1 Self-Evaluation

5.7.1.1 Overview

Participants will:

- review anger management session 6
- review use of “I” statements instead of “you” statements
- use self-evaluation statements (self-reward, constructive self-criticism). as a crucial part of self-evaluation, correct thinking errors.

5.7.1.2 Materials

Self-Help: Positive log (completed since last session)

Self-Help: Problems and Thinking Errors Log (if an incident occurred)

5.7.1.3 Procedure and Facilitator Notes

Session 7 moves the anger management curriculum beyond the AMBC model to consider the role of self-statements once an AMBC cycle is completed. Participants should already be familiar with self-evaluation, thanks to the self-help logs, which entail both anger rating and identification of thinking errors. (Self-help logs are described in detail in the anger management procedures for Session 3.) The self-reflection required for self-evaluation offers an excellent prelude to the consciousness-raising material encountered in the remaining sessions.

Begin with a review of the previous session, which focused on the C of AMBC (especially consequences for others, or TOP), then review the way to achieve constructive consequences: by replacing “you” statements or put-downs and threats with “I” statements). Then introduce the main topic of the session. *Say something like:* The anger management skill for today goes beyond consequences—it is something you should do after the consequences, after an incident is over one way or the other. And it is something you have already been doing on your logs: self-evaluation. Also, see the bottom of your handout, Self-Talk Anger Reducers.

Where have you been rating yourself on the logs? (*Discuss the anger and coping behavior evaluations.*) On the logs, you did only number evaluations. However, you really should do more than just that. If you gave yourself a 1 or a 2 (“very good” or “good”) for the way you handled yourself in a situation, then give yourself rewarding self-talk, a kind of mental pat on the back: “Hey I really stayed calm” or “I handled that one pretty well” or “I’m doing better at this all the time.” If you didn’t handle the situation well, give yourself constructive feedback on what you can do to handle a situation better the next time: “Next time I’ll notice my early warning signs sooner, like my muscle twitch or my angry self-talk.” You may also need to tell yourself other constructive things, like what thinking errors you were making in the situation and what you need to tell yourself next time to talk back to those thinking errors.

Discuss how Gary, after stabbing Cecilia, could do a constructive self-evaluation and practice telling himself the truth so that he would not hurt someone again. *Say something like:* Don’t mislabel yourself a failure if you don’t control your anger perfectly right away. Instead, stay constructive. What would you do differently, and how can you do better next time? Is there any technique you can use from what you’ve been learning in anger management? (Encourage group responses.) Part of your self-evaluation should be something like this: “These are tough situations—they take time to learn how to straighten out” or “I’ll be better at this when I get more practice.”

5.8 Anger Management Session 8

5.8.1 Reversing

5.8.1.1 Overview

Participants will:

- review anger management session 7
- discover things they do that make other people angry (realizing how they aggravate others; correcting a Self-Centered error)
- discover what to say to a peer who makes a Blaming Others error (Reversing)

5.8.1.2 Handouts and Other Materials

Self-Help: Positive log (completed since last session)

Self-Help: Problems and Thinking Errors Log (if an incident occurred)

Things I Do That Aggravate Others

Practice Reversing

5.8.1.3 Procedure and Facilitator Notes

Much of the material in the remaining three anger management sessions is designed to be consciousness-raising, especially as treatment for Self-Centered attitudes in anger and for Blaming Others tendencies generally. Session 8 shifts the perspective from oneself as the victim of provocations to oneself as a provocateur of others. The focus, then, is on participants' tendencies to ignore their own provocations and to blame others totally when they are in fact partly or even wholly at fault—that is, to make Self-Centered and Blaming Others errors. Each participant suggests two things he or she does to anger or hurt others, and participants practice “reversing” techniques for helping peers who inappropriately blame others.

Begin with a review of the previous session's work, then shift the focus. *Say something like:* This week in anger management, we are going to take a slightly different angle on things. Up until this week, when we have talked about activating events, and we have talked about the things other people do to make you angry—the hot spot you are in because of someone else's Aggravates Others problem. It was always that other person. But someone's got to be that other person; most of us are that other person at least sometimes. So think about when you are that other person. In fact, if you are that other person a lot more often than you think, what kind of thinking error are you making? (*Self-Centered*)

It is helpful at this point to remind the group of Gary's situation and review how Gary ignored what he did to make Cecilia angry in the first place. Bring in the Blaming Others thinking error. *Say something like:* If you blame the other person

when you should be at least partly blaming yourself, what kind of thinking error is that? (*Blaming Others.*) Anger is not just a problem of what others do to anger us and how we should reduce our anger and express a complaint constructively. It is also a problem because of things we do to make other people angry. We may tend to ignore the times we tease people or threaten them in some way or start rumors about them. This is where your self-evaluation logs can be helpful—to give you a chance to slow down, remember such times, and report when you have aggravated or otherwise harmed someone. (Self-evaluation logs are discussed in detail in the anger management procedures for Session 3.) So what do you do that amounts to someone else’s activating event, someone else’s hot spot? What have you done lately, or what did you do in the past? Does it make sense for a defendant charged with burglary to be angry with the trial witness, whose house was broken into? Have you ever thought about witnesses against you?

Give each group member a copy of the Things I Do to Aggravate Others handout. *Say something like:* As with the self-evaluation that we learned about last week, the aim here is to be constructive. Once you are more aware of how you aggravate others—or how you are partly at fault when others do the same to you—you are in a position to do something about it. How did we say Gary should talk back to his Self-Centered thinking error? (Review Gary’s taking Cecilia’s point of view and telling himself the truth: that she has a legitimate right to be upset and expect better treatment.) And how did we say that Gary should talk back to his Blaming Others thinking error? (Review Gary’s telling himself the truth: that he started the provocations and that grabbing that knife was his choice.)

Now let’s say a peer makes a Blaming Others thinking error, not silently but out loud. How would other participants “talk back” to the group member to correct that Blaming Others thinking error? Distribute the Practice Reversing handout and have the group work on it. The first three thinking error examples are answered for us. (*Discuss.*) What about the next one? What would you say?

Session 8: Things I Do to Aggravate Others

Handout

Name _____ Date _____

Describe two things you do that make other people angry or two things you have done that made someone else feel hurt or angry.

1. _____

2. _____

Session 8: Reversing

Handout

Name _____ Date _____

- 1. The group member says: "I don't have any problem. You're the ones with the problem, man. The only problem I have is you assholes keep hassling me."

You say: "You know, it'll be great when you get the courage to face your problems. Then you'll thank people for trying to help you instead of putting them down and blaming them."

- 2. The group member says: "I got in trouble because both my parents are alcoholics and don't care about me."

You say: "You mean that all people with parents who have problems go out and hurt people?"

- 3. The group member says: "It's all my fault. They never would have caught me if she didn't tell the police I was stealing."

You say: "Did your mother do the stealing? Did anybody force you to steal? No? So whose fault is it, really, that you're in trouble?"

- 4. The group member says: "My friends talked me into it – it's their fault. I just got mixed up with the wrong guys."

You say:

- 5. The group member says: "I got in trouble because both my parents did drugs and neglected me."

You say:

- 6. The group member says: "He was asking for it. He kept fooling around."

You say:

- 7. The group member says: "The guy left his car unlocked. A fool like that deserved to get his car stolen."

You say:

5.9 Anger Management Session 9

5.9.1 *Victims and Victimizers*

5.9.1.1 Overview

Participants will:

- review anger management session 8
- develop an awareness of themselves as having harmed innocent people
- develop empathy for victims (discussing TOP as “Thinking of the pain your actions have caused other people”)

5.9.1.2 Handouts

Self-help: Positive log (completed since last session)

Self-help: Problems and Thinking Errors log (if an incident occurred)

Victims and Victimizers

5.9.1.3 Procedure and Facilitator Notes

Session 9 continues to raise consciousness. Review the previous session, where participants became more aware of the ways in which they provoked others and attempted to escape accountability by blaming others. “Telling themselves the truth” meant admitting to themselves their acts of provocation.

The present session broadens the referent for this awareness from acts of provocation to acts of victimization. The session accomplishes this consciousness-raising through use of an empathy-inducing, social perspective—taking exercise: Victims and Victimizers (Handout 5–9). This material expands not only on the previous session but also on the Session 5 discussion of thinking ahead to consequences for others (TOP).

Consequences for victims are discussed systematically, and emotional consequences are reemphasized. TOP is discussed again, this time as “Think of the pain your actions have caused others.” Participants are urged to imagine themselves in the place of their victims. In the discussion of victims and victimizers, the point is made that victimizing others because you were a victim is a Blaming Others thinking error: One is in effect blaming innocent people for something someone else did. *Say something like:* The TOP review is self-evaluation on a big scale: evaluating your life, how you’ve harmed others, where you want to go from here. In the Alcoholics Anonymous 12-step program, this step is called “making a searching and fearless moral inventory.” Now instead of thinking ahead, you’re thinking back to how your past irresponsible behavior has harmed

others. Imagine yourself as your victim—the pain, how it feels. As you continue to TOP (the other person, the pain you’ve caused), that will help you stop yourself before you harm yourself or someone else again. The discussion concludes with personal applications, as participants come to grips with the extent of their victimization of others.

Begin with a recapitulation of Session 8, on reversing. Then let the group know that this session will provide more ways to take the perspectives of others—specifically, of their victims. *Ask something like:* First of all, what is a victim? (*Discuss victim as someone who is unfairly hurt by someone else.*) What is a victimizer? (*Discuss victimizer as someone who hurts others, especially someone who unfairly hurts another person or people. Tell participants something like:*) We have a good list of victimizing behaviors.

Refer to “Problem Names and Thinking Errors,” from session 3. Invite the group to consider a concrete situation involving victims and victimizers. Distribute copies of the “Victims and Victimizers” handout and encourage the group to discuss the questions presented there. Question 4 on the handout is particularly good for stimulating awareness of the permanent psychological harm that can result from victimization. Consequences to victims are discussed systematically in Question 5; this discussion should be related to the Session 5 discussion of TOP (thinking ahead to consequences for others). Some potential responses to Question 5 are as follows:

In body: Bruised, broken bones, heart attacks, beaten

In mind: Fear, apprehension, insecurity, loss of control over life, loss of concentration, confusion, thoughts of losing life, trauma, anxiety, irritability, guilt, grief over losing something personally meaningful, reliving victimization, lack of trust, emotional problems, paranoia

In money: Loss of job, unpaid bills, loss of money, cost to replace lost or damaged items, medical cost, court cost

In daily living: Loss of sleep, disrupted schedule, can’t get to work, loss of appetite, increased stress, health problems

With their friends: Isolation from others, being teased, hassled, or ignored by others, stress

Question 7 provides an opportunity to broaden the discussion. *Say something like:* Remember TOP, from a few weeks ago? Who remembers what TOP stands for? (*Discuss how “think of the other person” is informed by the previous list of ways victims suffer.*) TOP also stands for something else, something I’ll tell you about after we talk about Question 7. In general, how have you been a victim in your life? From parents, friends, coworkers, supervisors? (*Discuss.*) Now, how have you been a victimizer? Of your family, friends, coworkers, supervisors, society? (*Discuss.*) Ask participants whether their victims have suffered in some of the ways previously listed. Then ask: Do you think most people who have been victims become victimizers? (*Discuss the fact that although some do, many don’t.*) Can you use the fact that you have been a victim as an excuse for going out and victimizing others? Highlight the point that participants’ own victimiza-

tion does not mean that they have to victimize others; if that were true, then every victim would become a victimizer. Indicate that such an excuse is a Blaming Others thinking error. One is in effect blaming innocent people for what someone else did.

Which do you think you have been more, a victim or a victimizer? How many times have you been arrested, charged with a crime? (*Discuss.*) Continue by expanding the meaning of TOP from “think of the other person” to include “think of the pain your actions have caused other people.” *Say something like:* TOP also stands for “think of the pain your actions have caused other people.” This is self-evaluation on a big scale—evaluating your life, how you have harmed others, where you want to go from here. Now instead of thinking ahead, you are thinking back. And that is the best way to think ahead to consequences for others—to think back to how your past irresponsible behavior has harmed them. Imagine yourself as your victim—the pain, how it feels. Continue to think “TOP,” to think of the other person and the pain you have caused, to stop yourself before you harm yourself or someone else again.

In the discussion, you might share this example (adapted from Yochelson & Samenow, 1977, pp. 333–334): One man saved his life by using TOP. He had a drinking problem and was about to backslide, to take another drink. Before he did, he thought about how when we was drinking he beat his wife and kids, and bought booze with the money his family desperately needed. His wife had left him. Now his wife was giving him another chance, trusting him to mean what he said about becoming responsible and helping his family. He was thinking about what could happen if he took that drink. And he was thinking TOP. Do you think he took that drink? (*Discuss.*) That’s right, he didn’t.

Summarize the key points of the meeting and mention that the next meeting will focus on correcting distorted views of ourselves, and then a grand review. Remind the group to continue using their Self-Help Positive logs and (if needed) their Self-Help Problem Names and Thinking Errors logs.

Session 9: Victims and Victimizors

Handout

Name _____

Date _____

You are attending a family wedding when you are asked to drive your grandparent’s home. Your grandparents have lived in that home for many years. You arrive home and help your grandparents into the house. When you open the front door, you see that the house has been broken into. Many of your grandparents’ things have been thrown all around. Their crystal glasses have been smashed. The family photo album has been destroyed. Some of their things, like a wedding ring that belonged to your great grandmother, have been stolen.

1. What would be the first thing that you would do?

2. How do you think you would be feeling? Have you ever had anything stolen from you? How did you feel? Does that help that you understand how your grandparents feel?

3. Would you leave your grandparents in the house alone for the night? Why or why not? Do you think your grandparents would feel afraid or worried? When have you felt afraid or worried? Does that help you understand how your grandparents would feel?

4. Do you think your grandparents will get their things back? Do you think the insurance (if they have any) can make the situation all right? Why or why not?

5. Who are the victims in this situation? Can you think of any long-term or indirect victims? List some ways that victims suffer (in body, in mind, in money, in daily living, with their friends.)

6. Who are the main victimizers in this situation? If a victimizer were to think ahead to the many ways a victim would suffer, would he or she still go ahead and do the crime?

7. Have you been a victim? From whom? Have you victimized others? Whom have you victimized? Do most people who have been victimized victimize others? Do they have a right—because *they* were victimized—to victimize others?

8. Which have you been more of, victim or victimizer?

5.10 Anger Management Session 10

5.10.1 Grand Review

5.10.1.1 Overview

Participants will:

- receive an overall review of the skills they have learned during the previous nine weeks.
- discuss the mind of the victimizer and learn the acronym IOR (identify it-own it-replace it)
- if time permits, participants may practice using these skills in role-play situations

5.10.1.2 Handouts and Other Materials

Self-Help: Positive log (completed since last session)

Self-Help: Problems and Thinking Errors log (if an incident occurred)

The Mind of a Victimizer

5.10.1.3 Procedure and Facilitator Notes

Guide the group through a review of the key points of anger management:

Session 1: The benefits of managing one's anger for gaining control and having behavioral options (you won't hurt anybody, people will like and help you, you won't get in trouble; you'll feel better about yourself; you will know that you are strong responsible person, etc.; having just the fighting option can make you a clown in the ring).

Session 2: The reaction of the body directly to the mind and indirectly to the event (AMBC).

Session 3: The violence stemming from Gary's thinking errors, along with the corrective self-talk he should have used; the self-help logs.

Session 4: The use of anger reducers (using calming and correcting self-talk, counting backward, breathing deeply, invoking peaceful imagery)

Session 5: Thinking ahead to consequences (if-then thinking, TOC); think of the other person (TOP)

Session 6: The use of "I" statements rather than "you" statements to achieve constructive consequences

Session 7: The importance of self-evaluation after AMBC.

Session 8: Understanding how one does things to make “hot spots” for others (Aggravating Others, Inconsiderate of Others); helping one another to correct the Blaming Others thinking error (Reversing)

Session 9: The importance of telling oneself the truth about one’s victimization of others

5.10.1.4 Application of Skills to Manage Anger and Correct Thinking Errors: Correction of Distorted Self-View

Discuss group members’ use of the logs, then review the key points of the last session: the many ways in which acts of victimization harm others; the fact that most victims are not, in turn, victimizers; the error of thinking that having been a victim entitles one to victimize (Blaming Others); and the acknowledgment by many group members that they have been victimizers more than victims.

Lead the group to explore the mind of the victimizer more fully in order to understand what must change. *Say something like:* Dr. Stanton Samenow is a psychologist who has studied and written about victimizers. He calls them criminals. He claims there is such a thing as a criminal mind—that is, because there is a criminal mind there is a crime. Distribute The Mind of the Victimizer handout to the group and explain that it was written by Dr. Samenow, but in this version the word *victimizer* has been substituted for the word *criminal*. Ask someone to read the initial quotation to the group, then have different group members read each question.

Discuss each question in turn. Our RAC groups have correctly identified the mind of the victimizer as Self-Centered, and have acknowledged that the description matches the way they think or have thought in the past. In response to question 2, they describe their attitudes as: “If I like it, I deserve to have it;” “I want it, so I’ll take it;” “If I can’t buy it, I’ll steal it;” “Fuck’em;” “I can do that, I can get away with that;” and so forth. The group leader must emphasize the importance of learning to identify these Self-Centered distortions, to “own” them as part and parcel of their irresponsible approach to life, and to replace the self-serving distortions with accurate attitudes, thoughts, and perceptions. The group leader should use the phrase “identify, own, and replace” and suggest that the group use the acronym IOR as a way for the group members to remember this threefold process toward responsible adulthood.

Session 10: The Mind of a Victimizer

Handout

Name _____

Date _____

The victimizer believes he is entitled to whatever he desires. Wherever the victimizer is – walking down the street, buying groceries at the supermarket, driving in rush hour traffic, riding the elevator to his apartment – he sees other people and property as opportunities for conquest. The sports car parked by the curb with the keys in the ignition could be his for the taking. The purse dangling from the supermarket cart is a tempting target. The bank he passes looks like an easy hit...Put a victimizer and a responsible person in the gift department of a department store and ask each as he comes out to recount what his thoughts were while there. The responsible person comments on the attractiveness, quality, and price of the merchandise, and perhaps on the efficiency of the service. The victimizer notices little of this. He determines the best means to gain access to the merchandise as well as the customers' purses, wallets, and other personal belongings. He also notices the location of the cash register, the security arrangements, and the location of the nearest exit.

- 1. Do these words describe how you think when you are on the outside, as you are walking down the street, driving in a car, shopping in the supermarket or department store? What thinking error do the words describe? If you think like a victimizer, you will act like a victimizer.

- 2. In general, what has been your attitude toward other people and their property as you have gone through your life? How have you treated other people?

- 3. Most people want to be responsible, but some people don't care – they victimize others to get what they want. When a victimizer hurts a responsible person, how does the responsible person feel about the victimizer? In general, what should society do with victimizers?

- 4. Think about other people you have victimized, the suffering you have caused them – how do you feel? Do you want to change, develop the mind and life of a responsible person? Can the group help you to change? Who has to make the choice to change, the effort to change?

Table 5.4 Facilitator’s and observer’s evaluation form: anger management

Facilitator _____ Date _____ Time _____

Group _____ Meeting Location _____

Observer _____

Begin your notes on this form and use additional paper or the back of the page to complete your notes. . It is important that observer(s) does not speak during the meeting. Courteous comments and greetings, before and after the meeting, are appropriate. But, the observer is not to discuss or dispute the content of the meeting.

Pre-meeting checklist:

Read staff logs; Inquired about issues with individual group members; Reviewed checklist and evaluation form from previous anger management session; Studied the current anger management session content and procedures; made copies of all handouts; checked room for materials/markers; prepared charts

Start of Meeting: Time of arrival _____; Room ready and in good condition yes no; Facilitator on time yes no; Group on time yes no; If not started on time, why not? _____; Observer introduced yes no

Review of Self-HelpLog: Positive Behaviors: Logs completed yes no; Did the group members present their logs correctly yes no; Was the content sufficient and genuine yes no; Did the review of the logs indicate group interaction throughout the day; yes no;

Notes: _____

Session Introduction and Discussion:

Did the facilitator:

1. yes no Use the discussion to continue clarifying the four thinking errors and the thirteen social behavior problems
2. yes no Utilize the white board/easel pad to record the main points of the session and group member’s responses?
3. yes no Did group members see key points of session as integral to their CLI’s without making it too ‘hot’.
4. yes no Monitor/elicit/reward any recognition that anger is the product of one’s thoughts
5. yes no Monitor/elicit/reward the use of self-talk techniques
6. yes no Monitor/elicit/reward recognition of the feelings of and/or harm done to another person
7. yes no If asked, could the majority of the group list the key points of the session
8. yes no Did the facilitator instruct the group to apply the key points that they learned outside of group meetings
9. yes no Did the facilitator announce topic of next Anger Management Equipment Meeting

Post Meeting Notes: *(Were the procedures for the session followed as listed in the facilitator’s guidelines? Did the group assist their special needs peers during the meeting? Did group members show advancement toward identifying and owning their cognitive distortions and how they affect others - TOP, TOC, TOCOS?).*

References

- Achenbach, T. M., & Edelbrock, C. S. (1978). The classification of child psychopathology: A review and analysis of empirical efforts. *Psychological Bulletin*, 85, 1275–1301.
- Goldstein, A. P., & McGinnis, E. (1997). *Skillstreaming the adolescent: New strategies and perspectives for teaching prosocial skills* (revised ed.). Champaign, IL: Research Press.
- Kendall, P. C. (1991). Guiding theory for therapy with children and adolescents. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive behavioral procedures* (pp. 3–24). New York: Guilford.
- Meichenbaum, D. H. (1977). *Cognitive-behavior modification: An integrative approach*. New York: Plenum.
- Novaco, R. W. (1975). *Anger control: The developmental and evaluation of an experimental treatment*. Lexington, KY: Lexington Books.
- Samenow, S. E. (2014). *Inside the criminal mind* (revised and updated ed.). New York: Broadway Books.
- Yochelson, S., & Samenow, S. E. (1977). *The criminal personality* (The change process, Vol. 2). New York: Jason Aronson.

Chapter 6

Equipping with Social Interaction Skills

The term *social skills* typically refers to balanced and constructive social behaviors in difficult interpersonal situations. An individual who deals with negative peer pressure by suggesting a constructive alternative activity illustrates the use of social skills, as does someone who calmly and sincerely offers clarification or apologizes to an angry accuser (Gibbs 2014). Social skills contribute to the achievement of a constructive C (for consequences) in the anger AMBC anatomy presented in the last chapter, “Equipping with Skills to Manage Anger and Correct Thinking Errors.” That chapter focused on the “M” or anger-reducing “mind” activity (for example, correcting cognitive distortions with accurate thoughts) needed for managing anger in potentially provocative or “hot” situations. Accurate self-talk is needed because responsible behavior or constructive consequences scarcely have a chance as long as rage grows rather than declines. Although it buys time for responsible behavior to kick in, anger management by itself is not sufficient; more interaction skills and maturity are needed. That’s why we need the materials in this (and the next) chapter. Once our clients can keep a level head for a while, they will still need to learn and practice the steps for achieving balanced and constructive resolutions or consequences in difficult situations. They still need to acquire social skills

This chapter addresses treatment, then, for another of the “3 D’s” common to offenders: social skills *deficiencies*. Remediating these deficiencies is crucial if our clients are to continue their progress toward responsible adulthood. Social skills involve balance. As co-authors Potter and Robbins write in the Franklin County CBCF [Community-Based Correctional Facility; see Chap. 1] Program Manual, “the typical CBCF resident has not learned to take the perspective of the other person in most interpersonal situations and especially in difficult situations.” Rather than achieving balanced and constructive (“win-win”) outcomes, offenders often remain imbalanced in favor of their own immediate perspectives—thereby making a difficult situation even worse. Offenders’ failure to see other points of view (Inconsiderate of Others problem) is obvious as they spew forth threats against others and put them down with insults. But the opposite imbalance (Inconsiderate of Self problem) also sometimes happens, as when they place more importance on the

Table 6.1 The ten-skill sequence for equipping with social interaction skills

Skill 1	Expressing a complaint constructively
Skill 2	Caring for someone who is sad or upset
Skill 3	Dealing constructively with negative peer pressure
Skill 4	Keeping out of fights
Skill 5	Helping others
Skill 6	Preparing for a stressful conversation
Skill 7	Dealing constructively with someone angry at you
Skill 8	Expressing care and appreciation
Skill 9	Dealing constructively with someone accusing you of something
Skill 10	Responding constructively to failure

needs or wants of another person than on their own—and thereby give in, for example, to negative social pressure. Between Inconsiderate of Others and Inconsiderate of Self lies positive or appropriately assertive behavior—“appropriate” insofar as it constructively balances and actively coordinates other’s and self’s legitimate perspectives. The social perspective-taking coordination continues throughout the situational episode.

So this RAC curriculum component is designed to equip offenders with the social interaction skills needed for responsible behavior. In tandem with this curriculum, co-author Peter Langdon has applied a technique, Virtual Immersion Therapy (see below), for providing offenders (in particular, those with intellectual and other developmental disabilities) with the extra training and support they may need. Generally, our late (and still missed) former co-author Arnold Goldstein made social skills easier to learn by identifying specific skills and breaking them down into manageable elements or concrete steps. RAC owes much to Goldstein’s strategy of having individuals see, try, and practice these steps until the social skills (like any other skill) become automatic or habitual (“second nature”). Arnie was fond of saying that “social skills” should really be called social *interaction* skills because a social skill pertains not to a single act but instead to an ongoing ability to constructively negotiate over time an evolving social interaction episode. In recognition of Arnie’s point, we will often refer to the fuller, more descriptive term “social interaction skills”—and have even so titled this chapter. The ten social interaction skills or abilities comprising this component are listed by session in Table 6.1 Social skill learning typically follows the indicated sequence (although in some cases, a deviation may be warranted, for example, the skill Caring for Someone Sad or Upset might be presented earlier if a group member experiences a death in the family).

6.1 Activities and Materials

- Introduce social interaction skill learning
- Before each meeting, photocopy enough Participant Handouts so every group member may have one. It is important that new group leaders rehearse “showing” the skill before the meeting to optimize the group’s learning experience.

Optional: Before each session, write the skill steps on a board and display it during the role-plays.

- After each meeting, fill out the Facilitator’s and Observer’s Evaluation Form for social skills training (end of chapter). The materials for the Social Interaction Skills Training component are as follows:
 - **Social Skills Practice Form.** A handout group members use to write down their social skills “homework assignment” and to record and report on the outcome of their practice.
 - **Participant Handouts.** One per skill, separate handouts detailing the behavioral steps in each skill and including a list of situations in which the skill would be useful.
 - **Facilitator’s Guidelines** Reproduction of the skill steps and situations from Participant Handouts, plus additional comments and questions to help guide discussion. In these guidelines, notes to facilitators generally appear in italics. Following the suggested situations for enacting and discussing the social interaction skills are supplementary situations found to helpful for residents with intellectual and developmental disabilities.

6.2 Equipping with Social Interaction Skills




Before beginning instruction in the first skill, introduce the idea of learning social interaction skills and explain to the group members the importance of practicing those skills. Label role-play activity in appealing terms. Say and ask things like the following:

It takes serious practice to do anything well, especially interacting with other people. Remember, group: how you practice here is how you will play in the community. (*“How you practice is how you play” becomes an often used reminder in the group.*)

How about the social interaction skills of the new residents on the living units? Good or bad? Do you think that the residents who have practiced good social interaction skills are easier to get along with than those who have not practiced them?

- Is it important to learn and practice all of the social interaction skills or just a few?
- You will be required to use these skills inside and outside the facility. (Remind each other to use the skills at all times: on the phone, at visits with family and friends, in the mutual help meetings, and in talking to other residents and staff members. Discuss transference to the community, workplace and home.)
- How do you learn any skill? How did you learn to ride a bicycle? Swim? Play basketball? Play a musical instrument? (*Discuss briefly.*) Well, social interaction skills are no different. Dealing constructively with negative peer pressure or with someone who is angry at you, or even caring for another person, is a skill.

Table 6.2 Four phases of social skills learning

<p>Phase 1: Showing (modeling) the skill</p> <p>Acquiring some notion of the skill</p>

<p>Phase 2: Trying the skill (enactment)</p> <p>Attempting to perform the skill by imitating or role-playing what was modeled</p>

<p>Phase 3: Discussing the skill (feedback)</p> <p>Gaining feedback on the attempt and thereby improving performance</p>

<p>Phase 4: Practicing the skill</p> <p>Refining the improved performance and consolidating it into a habit; generalizing the habit by practicing it in increasingly diverse and challenging contexts</p>

We will be using the following four phases in learning social skills. (Write the four phases on the board. See Table 6.2)

1. Seeing someone doing the skill (showing, modeling)
2. Trying to do what you saw (trying, enacting)
3. Finding out what you did right and wrong and how you can do better (getting feedback, discussing)
4. Practicing the skill and seeing improvement (practicing)

Role-playing is critical in learning a social skill. In some parts of the role-play, you will even be talking out loud to try out the thinking that you will do silently later as you practice. *As you are talking out loud, use the first two fingers of your hand to point at your head (temple area). This “RAC pistol” shows the group that you are thinking out loud. The “RAC pistol” becomes an often used verbal and nonverbal “reminder” to “think ahead” (see Chap. 3).* The role-play is serious business. It’s the only way to learn some skills that could save your life or someone else’s. If a boxer is getting ready for a big fight, does he ever say to his sparring partner, “Hey, this is dumb, man. You’re not my opponent. This is just pretending, just playacting. This is silly. I’m not going to do this anymore. I’ll just wait for the real thing.”? What would happen if the boxer did that? *Discuss how the boxer would probably lose the match, just as group members would fail at constructive behavior.*

This general introduction should take approximately 10 minutes. The format for equipping the group with specific skills is indicated below.

6.3 Format of the Social Interaction Skills Meeting: The Four Phases

Like many other skills (bicycle riding, boxing, swimming, playing a musical instrument, etc.), then, social skills are typically learned in the context of four phases (see Table 6.2). These four phases (following an introduction to the skill being taught) constitute the teaching format for each of the ten sessions in the social skills component of RAC. Let's look at teaching each phase in more detail.

6.3.1 Phase 1: Showing (Modeling) the Skill

Once the group has assigned responsibilities for feedback and read the skill steps, model or demonstrate the skill with an assistant (another staff member or a senior group member) to prepare group members to conduct their own role-plays. Remind participants that usually the first step in learning any skill is watching someone else do it. Also remind them that showing (and trying) the skill will often involve thinking aloud. *Say something like:* Normally, we would think inside our heads, silently. Thinking out loud is like any other skill. At first it doesn't feel natural, and you have to do some artificial things to get the hang of it, but gradually, with practice, it becomes part of you and does feel natural. Then you do it automatically, without thinking out loud or thinking much at all about the steps.

In preparation for discussion of the skill, elicit from the participants comments about the respective steps: "How did I do on Step 1?" and so on. Your response should model social skills for the participants, especially participants who show off by putting down your performance. For example, you might say, "I'm sure my role-play could have been better, and I'd like to know specifically what to work on." By remaining constructive, you encourage the students to give up on power games and enter into the enterprise of learning the social skills.

So, in brief:

1. Select an appropriate situation (from personal experience or from the list of suggested situations).
2. Assign individual group members to give you feedback on each step of the skill you have chosen to model.
3. Demonstrate the skill. If another actor is needed, ask for a volunteer or assign someone to assist you. You may have to coach your co-actor on his or her part.
4. After modeling the skill, ask the assigned group members to give you their helpful feedback.
5. Model the proper way to accept feedback by paying attention and thanking the group members who gave the feedback.

6.3.2 Phase 2: Trying (Enacting) the Skill

After your demonstration of the social skill, each participant takes a turn role-playing the skill. Remind participants that the next step after showing the skill is trying the skill, so it is their turn now. Group members must think of situations in which they might need the skill (or make use of the sample situations provided). Instruct participants to refer to the skill steps written on a board that students can readily see, or on individual skill cards listing the steps. Participants then start volunteering to role-play the social skill.

Before beginning, each role-player should describe the situation. The description should include the physical setting, the events immediately preceding the role-play, and the actions the co-actor should display. During the role-plays, provide whatever help, coaching, and encouragement the actors need to continue the role-play following the prescribed steps.

So, in brief:

1. Ask for volunteers or assign members to role-play the skill.
2. Ask for volunteers or assign specific group members to watch for and give feedback on how the role-player performs each step.
3. Facilitate the role-play.
4. Have other group members role-play the skill.

6.3.3 Phase 3: Discussing the Skill (Feedback)

Have the group members assigned to evaluate each step given their feedback. If needed, use “ask, don’t tell” (Chap. 3) to solicit feedback from other group members. Discuss the skill. Make constructive interventions to maximize learning. After each social skill role-play, group members provide feedback on the performance of each step. Encourage the participant to support the co-actor and to provide feedback. For the primary person in the role-play: “How well was the step followed?” The feedback should be honest: “_____ needs to know what he/she should work on improving in the follow-up practice.” Remind participants to use the “sandwich technique” (Chap. 3)—that is, to mention something positive about their peer’s performance before indicating what needs improvement.

Although the social skill steps have been formulated to apply to as wide a variety of situations as possible, some elements of some steps may not be applicable to particular situations proposed for the role-plays; by the same token, steps in some of the situations may require elaboration if constructive social interaction is to be accomplished. In these instances, the equipper/facilitator and the group members may work together to modify the steps.

6.3.4 Phase 4: Practicing the Skill Outside the Meeting

When participants have completed their role-plays and received feedback, they plan for follow-up practice using the Social Skills Practice Form (see end of chapter). Such constructive social behavior among participants yields the additional dividend of contributing to the development of a positive culture. While distributing the practice sheets, remind the participants that one cannot learn any skill without practicing it.

So, in brief:

1. Ask the group members to practice the skill outside the meeting.
2. Tell the group to use the Social Skills Practice form to record their practice between sessions.
3. Tell the group to review their Current Life Issues action plans to determine if today's skill could be used as a part of the plan.

In subsequent sessions, begin each new skill by reviewing students' practice on the previous session's skill, as reflected on their "Social Skills Practice Form" Handout. Ask if anyone used the skill to improve a CLI action plan. Elicit group members' self-evaluation ratings from the practice sheets and encourage reporting of successful outcomes.

6.3.5 After Each Session

After each social skill session, you should review your role as a facilitator in the session. Evaluate your effectiveness in terms of the four phases of each session by completing the Facilitator's or Observer's Evaluation form for social skills (see end of chapter).

6.4 Trying and Practicing in Virtual Immersion

One of us (Langdon) has applied a remarkable supplementary technique to helping offenders "try out" and practice each social skill. This technique can provide extra support and training where needed, such as among offenders who have intellectual and other developmental disabilities (such as autistic spectrum disorders), or IDD for short. Of course, most individuals with IDD—or generally, most individuals with limited social interaction and perspective-taking skills do not evidence offending behavior. Still it is a risk factor, so remediation is in order, especially for IDD individuals who *are* offenders. Further support means things like simplifying the skills and ensuring that staff members model constructive social skills and praise residents who use them (that should happen anyway).

A useful supplementary technique is Virtual Immersion Therapy (VIT, developed collaboratively with Xenodu Virtual Environments [<http://www.xenodu.com>]). VIT provides an opportunity for residents to try out, practice, and observe their own social interaction skills within a virtual environment. The residents don't

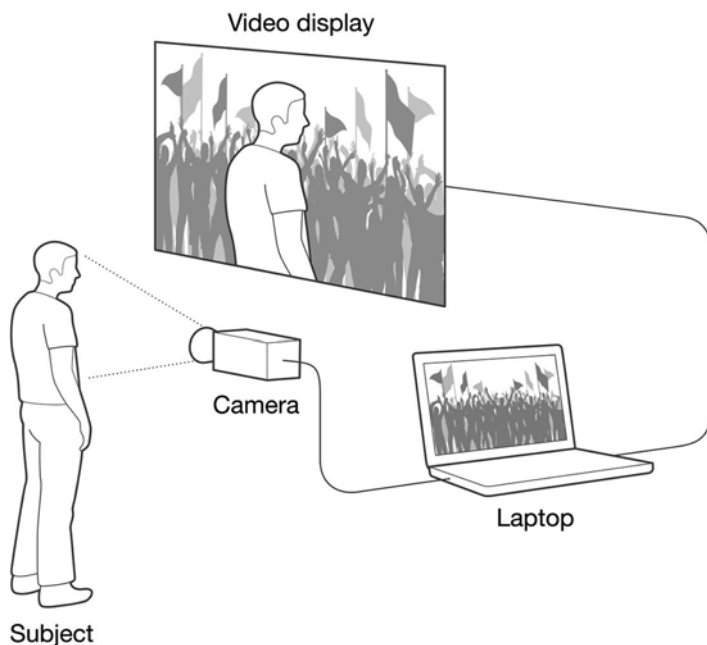


Fig. 6.1 Virtual immersion technique

need to wear headgear or goggles, so it's non-invasive. Using cameras, a television, microphones, computer and a Chroma key screen, residents are asked to sit in a chair in front of a television next to the Chroma key screen (Fig. 6.1). A camera captures their live image side on and “immerses” them in a film which is displayed on the television. In effect, residents watch themselves live, interacting with others, within a virtual environment depicted on television. Langdon writes:

Using the technology, we are able to immerse the resident within difficult or problematic social situations that require them to further enact and practice the skills they have learned in the RAC social interaction skills sessions (staff can also use the VIT to see how well the residents have been learning the skills). The technique is quite versatile. Staff can pause the film, provide feedback, replay scenes and thereby further equip the residents with social interaction skills.

We have developed and filmed ten social problems for VIT. These are based directly upon the ten skills taught during RAC, and a brief description is found in Table 6.3. Upon sitting in the chair, the resident will see themselves on the screen within a social situation. Before the video starts, the resident is given the appropriate contextual information about the film in order to ensure that they understand the goal, which is very similar to role play. As the video starts, the actor within the video speaks to the resident, necessitating a response from the resident. This process goes back and forth until a resolution is reached. The timing of when the actor speaks is controlled by a computer, and we have pre-filmed positive and negative responses.

Using both positive and negative responses allows us to demonstrate the consequences of using both appropriate and inappropriate social interaction skills. For example, within the first video, a male resident sees himself standing in front of a counter within a store. The resident has been told that he has been into the store and bought something (e.g. milk, bread, magazines), and has left. Once outside, he realizes that he has been

Table 6.3 The 10 social interaction skills in virtual immersion videos

Video number	Description
1	Expressing a complaint constructively: Residents see themselves in a shop, standing in front of the till/cash register. They have been told that they have just been in and have bought something. However, having left the store, they realize that they have been shortchanged, and have gone back to speak to the woman in order to try to have the mistake corrected. However, the woman is unable to correct the mistake without her manager, who is currently busy.
2	Caring for someone who is sad or upset: Residents see themselves in a coffee shop where they have been told that they are meeting a friend who is very upset. The actor discloses that their mother was run over by a hit and run driver and killed. The actor is very upset, and crying. The actor gets angry and tries to encourage the resident to help him seek revenge.
3	Dealing constructively with negative peer pressure: When this video starts, the resident will see himself or herself with three friends in a store. The three friends put pressure on the resident and try to encourage him or her to steal some DVDs from the shop in order to sell for the money.
4	Keeping out of fights: For this video, the residents are told that they are walking in the street next to a bar or pub. A man, who has had too much to drink, has walked up to the resident and accuses the resident of staring at him. The man is trying to start a fight and threatens violence.
5	Helping others: Residents see themselves outside within a busy area of the city. A woman speaks to the resident, asking for help, because she has lost her handbag.
6	Preparing for a stressful conversation: For this video, residents see themselves in an office having a conversation with a member of staff who wants to discuss their difficult behavior.
7	Dealing constructively with someone angry at you: When this video starts, residents see themselves in a supermarket, having to speak to a very angry woman. The woman is angry because the resident has bumped into her very hard and nearly knocked her down.
8	Dealing constructively with someone accusing you of something: In this video, the resident sees himself or herself as at a bus station with a friend. The two have planned a trip, and suddenly, the friend realizes that she has lost her purse. She accuses the resident of stealing it.
9	Expressing care and appreciation: Residents see themselves in a coffee shop with a friend who has helped them move into a new apartment. Their friend is initially suspicious, but as the video unfolds, the resident has to let the friend know how much the resident appreciates all the support and help this friend has offered the resident over the years.
10	Responding constructively to failure: The context for this video is an interview for a job. Unfortunately, the manager informs the resident that the resident has not been successful.

shortchanged (he did not notice while standing at the counter). He goes back into the store. Behind the counter is the cashier. The scene opens with the cashier asking the resident whether she can help. The resident then must identify, plan and think ahead, and express their complaint (Skill 1). As the scene unfolds, the resident is encouraged to make some constructive suggestions. The employee explains that she is unable to help because she would need to speak to her manager, who is elsewhere in the building, and the resident is told that he will have to wait.

We are currently evaluating whether this method of teaching social interaction skills is helpful, but we have found that by and large, people with IDD enjoy taking part in these sessions. We have also noted that some residents seem to experience genuine anger during some of the videos and struggle to manage anger (Chap. 5) as they attempt to put into practice the social interaction skills. Of course, new videos can be developed. Video clips are filmed using actors in front of a Chroma key screen; that reduces cost, as the backgrounds (e.g. shops or street scenes) are added afterwards: the scenes can be more easily filmed in the field without actors, and then reused for different skills (e.g. the café scene is used for both Video 2 and 9).

Social Skills Practice Form

Handout

Name _____ Date _____

Personal Practice of the Skill: (Plan ahead - Fill in this section during the meeting.)

- 1. Social skill to be practiced: (Use the skill handout that you were given during the meeting.)

- 2. Who will you approach using the skill? Why?

- 3. When? _____

- 4. Where? _____

What Happened?

- 5. Describe what happened when you spoke with the person(s). (Did you follow the skill steps? What was the person's reaction? What was the result of the interaction?)

- 6. Rate yourself on how well you used the skill. (check one)

___ Very good ___ Good ___ Fair ___ Poor

- 7. If improvement is needed; what is it?

Skill 1: Expressing a Complaint Constructively

Guidelines

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Identify the problem

How are you feeling? What is the problem? Who is responsible for it? Did you contribute—or are you contributing—to the problem in any way?

Discuss how you can recognize a problem: by how someone treats you or what the person says to you; by the way you act toward someone or what you say to the person; by the way you feel inside.

Step 2: Plan and think ahead

To whom should you express your complaint? When? Where? What will you say? (See Step 3.)

Discuss when it is a good time to tell that person—when the person is not involved with something else or when the person is alone and seems calm. Advise participants to wait until the person has calmed down before approaching the person.

For Steps 3 and 4, you will need your partner.

Step 3: State your complaint

Greet the person in a friendly way. Calmly and straightforwardly, tell the person the problem and how you feel about it. If you have contributed to the problem, mention how you may be partly at fault and what you are willing to do.

Point out that if the person gets angry, you can talk about the problem some other time. The person is less likely to get angry if you are strong enough to apologize for your role in the problem.

Step 4: Make a constructive suggestion

Tell the person what you would like done about the problem. Ask the other person if he or she thinks your suggestion is fair. If the other person makes a constructive suggestion, say that you appreciate the suggestion or that it sounds fair.

Participants can mention how their suggestion would help the other person, too. To help clear up any remaining hard feelings, participants may wish to ask the person how he or she feels about the suggestion.

Suggested situations (some gender-specific) for using this skill:

1. My family/friend schedules a visit and then does not show up.
2. At work, my boss isn't scheduling me for enough hours and I was promised the hours when hired.
3. Friends/family don't trust me anymore because of my past but I'm sober and responsible now.

4. My case manager is not spending enough time with me and isn't helping me as much as they should be.
5. My probation officer told me I have to report three times a week. I don't think that is possible given all of the other requirements that I have such as work, aftercare, family time.
6. My girlfriend/family said that they would put money on my facility account but haven't done so.
7. My 'baby mama' is talking to another guy. She denied it but I know that it is true.
8. My girlfriend/family said that they would put money on my facility account but haven't done so.
9. My RAC sister broke confidentiality after I shared my life story.
10. Telling my ex-boyfriend that I am upset about the fact that he left me when I went to jail.
11. The father of my child is not paying his child support regularly.
12. When I go out on a date and my date doesn't treat me respectfully.
13. My boyfriend doesn't treat my child like his own; he wants to be with me but doesn't understand that being with me comes with being a step father to my child.
14. My childcare provider is not spending enough time with, or teaching my child enough at daycare; my child is bored.
15. My significant other does not pull his weight at home; financially or in the household.

Supplementary suggested situations:

1. I have been asked to do some work that is too hard.
2. Someone on the unit has been spreading rumors about me, and I think I know who it is.
3. I am always the one asked to make the cups of tea.
4. I don't like the meals that keep getting served.
5. Another person is bullying me.
6. I think a staff member has been making fun of me or calling me names.
7. A person in my group is asking me to do something mean to another person.

Skill 1: Expressing a Complaint Constructively

Handout

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Identify the problem

How are you feeling? What is the problem? Who is responsible for it? Did you contribute—or are you contributing—to the problem in any way?

Step 2: Plan and think ahead

To whom should you express your complaint? When? Where? What will you say? (See Step 3.)

For Steps 3 and 4, you will need your partner.

Step 3: State your complaint

Greet the person in a friendly way. Calmly and straightforwardly, tell the person the problem and how you feel about it. If you have contributed to the problem, mention how you may be partly at fault and what you are willing to do.

Step 4: Make a constructive suggestion

Tell the person what you would like done about the problem. Ask the other person if he or she thinks your suggestion is fair. If the other person makes a constructive suggestion, say that you appreciate the suggestion or that it sounds fair.

Suggested situations (some gender-specific) for using this skill:

1. My family/friend schedules a visit and then does not show up.
2. At work, my boss isn't scheduling me for enough hours and I was promised the hours when hired.
3. Friends/family don't trust me anymore because of my past but I'm sober and responsible now.
4. My case manager is not spending enough time with me and isn't helping me as much as they should be.
5. My probation officer told me I have to report three times a week. I don't think that is possible given all of the other requirements that I have such as work, aftercare, family time.
6. My girlfriend/family said that they would put money on my facility account but haven't done so.
7. My 'baby mama' is talking to another guy. She denied it but I know that it is true.
8. My girlfriend/family said that they would put money on my facility account but haven't done so.

9. My RAC sister broke confidentiality after I shared my life story.
10. Telling my ex-boyfriend that I am upset about the fact that he left me when I went to jail.
11. The father of my child is not paying his child support regularly.
12. When I go out on a date and my date doesn't treat me respectfully.
13. My boyfriend doesn't treat my child like his own; he wants to be with me but doesn't understand that being with me comes with being a step father to my child.
14. My childcare provider is not spending enough time with, or teaching my child enough at daycare; my child is bored.
15. My significant other does not pull his weight at home; financially or in the household.

Supplementary suggested situations:

1. I have been asked to do some work that is too hard.
2. Someone on the unit has been spreading rumors about me, and I think I know who it is.
3. I am always the one asked to make the cups of tea.
4. I don't like the meals that keep getting served.
5. Another person is bullying me.
6. I think a staff member has been making fun of me or calling me names.
7. A person in my group is asking me to do something mean to another person.

Skill 2: Caring for Someone Who Is Sad or Upset

Guidelines

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Watch the person (but don't stare)

Does he or she look or sound sad? Upset? How strong might the feeling be?

Participants will need to pay attention to signs that the person may be sad or upset: hunched-over posture, expression on face, tone of voice. (Maybe you know something about what's troubling the person, maybe you don't.)

Step 2: Plan and think ahead

Ask yourself, "Should I walk over to the person? Now? Or later?"

Emphasize that if the person seems very angry or upset, it may be best to wait until the person has calmed down.

For Steps 3 and 4, you will need your partner.

Step 3: Start a conversation

Walk over to the person. Say something like "What's up?" "How are you feeling?" or "Want to talk about it?"

Step 4: Listen and "be there"

Listen to what the person says. Encourage him or her to talk. Say something like "So you're kinda bummed out." After the person seems done for the time, say something like "I'll be around if you want to talk some more about it" or "Let me know if there's anything I can do."

Participants should not interrupt unless it's to encourage the person to say more. Stress that listening is very important: Do not start giving advice right away, or maybe don't give it at all. It may be proper just to listen.

Suggested situations (some gender-specific) for using this skill:

1. A friend/family member lost a close family member/friend.
2. My best friend's boyfriend broke up with her, or she found out he was cheating on her.
3. My friend just got fired from/lost his/her job.
4. My friend just found out that she/he has an STD.
5. My mom is upset because I went to jail.
6. My children are upset and missing me because I am away from them.
7. My significant other is not allowed to see his children.
8. My sister's son was just shot and injured/killed.
9. A family member is sick and in the hospital.

10. My RAC brother just found out he has a warrant for a new felony charge.
11. My RAC brother's girlfriend says she is coming to visit every week but never comes.
12. My friend just found out he got a girl pregnant and is not ready to be a father and doesn't want to be with the girl he got pregnant.
13. My friend just found out she's pregnant and is not ready to be a mother.
14. My friend is upset because she has regrets regarding mistakes that she has made (prostituting/drug use, crime).

Supplementary suggested situations:

1. My friend is upset because another friend has been calling them names.
2. A friend on the unit has to go back to court because he has committed further offences while on the Unit.
3. A friend on the unit has had his request for leave turned down.
4. One of my friends on the unit has been told that he cannot go to college.
5. One of my friends is upset because his mum and dad have decided to get divorced.
6. A friend is very sad because they feel that life is not worth living.

Skill 2: Caring for Someone Who Is Sad or Upset

Handout

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Watch the person (but don't stare)

Does he or she look or sound sad? Upset? How strong might the feeling be?

Step 2: Plan and think ahead

Ask yourself, "Should I walk over to the person? Now? Or later?"

For Steps 3 and 4, you will need your partner.

Step 3: Start a conversation

Walk over to the person. Say something like "What's up?" "How are you feeling?" or "Want to talk about it?"

Step 4: Listen and "be there"

Listen to what the person says. Encourage him or her to talk. Say something like "So you're kinda bummed out." After the person seems done for the time, say something like "I'll be around if you want to talk some more about it" or "Let me know if there's anything I can do."

Suggested situations (some gender-specific) for using this skill:

1. A friend/family member lost a close family member/friend.
2. My best friend's boyfriend broke up with her, or she found out he was cheating on her.
3. My friend just got fired from/lost his/her job.
4. My friend just found out that she/he has an STD.
5. My mom is upset because I went to jail.
6. My children are upset and missing me because I am away from them.
7. My significant other is not allowed to see his children.
8. My sister's son was just shot and injured/killed.
9. A family member is sick and in the hospital.
10. My RAC brother just found out he has a warrant for a new felony charge.
11. My RAC brother's girlfriend says she is coming to visit every week but never comes.
12. My friend just found out he got a girl pregnant and is not ready to be a father and doesn't want to be with the girl he got pregnant.
13. My friend just found out she's pregnant and is not ready to be a mother.
14. My friend is upset because she has regrets regarding mistakes that she has made (prostituting/drug use, crime).

Supplementary suggested situations:

1. My friend is upset because another friend has been calling them names.
2. A friend on the unit has to go back to court because he has committed further offences while on the Unit.
3. A friend on the unit has had his request for leave turned down.
4. One of my friends on the unit has been told that he cannot go to college.
5. One of my friends is upset because his mum and dad have decided to get divorced.
6. A friend is very sad because they feel that life is not worth living.

Skill 3: Dealing Constructively with Negative Peer Pressure Guidelines

Ask participants to describe an original situation, or use one of the suggested situations. Have the participants start role-playing the skill, then freeze the role-play after the negative pressure has been established. Discuss the skill steps, then resume the role-play. Have only the participants dealing with the pressure follow the steps.

For this role-play, you will choose one or more partners. Follow the instructions your facilitator gives you.

Step 1: Think, “Why?”

Think about what the other person or persons are saying. What is it they want you to do? Why do they want you to do it?

Step 2: Think ahead

Think about the consequences if you do what they want you to do. Who might get hurt? How might you feel if you go along? How *should* you feel if you go along?

For Steps 3 and 4, you will need your partner.

Step 3: Decide what you should do

What reasons will you give the person or persons? (This will help with Step 4.)
What will you suggest to do instead? (This will help with Step 5.)

Instruct the co-actors to rejoin the role-play.

Step 4: Tell

In a calm and straightforward way, tell one of the persons what you have decided. Give a good reason- for example, how the pressure makes you feel or who might get hurt if you do what they want.

Encourage the role-player to tell his or her decision to one person only. Giving a good reason for not going along may help the negative peer(s) rethink what the negative peer(s) should do.

Step 5: Suggest something else to do

This could be something responsible but still enjoyable.

Point out that this social skill is a good tool for helping group members with an Easily Misled problem. It is also important to stress that blaming irresponsible behavior on negative peer pressure involves a Blaming Others thinking error.

Suggested situations (some gender-specific) for using this skill:

1. My friend calls and wants to go to our old hangout spot.
2. A RAC brother or sister is trying to convince me to bring in some drugs to the facility.

3. I am at my friend's house and someone rolls up a blunt/joint and tries to pass it to me.
4. My friends don't like the 'new' (sober) me and want me to start drinking with them again.
5. I go out on an approved itinerary and the people I am with are trying to talk me into leaving our approved destination.
6. My family reunion is coming up and it's a big drinking party. My family is begging me to go.
7. My friends are trying to get me to go out with some people that I know are up to no good.
8. My friend is asking me to take some pills and says that he/she knows they won't show up on a drug test.
9. My friends want me to go out of town to a concert and I'm supposed to report to my probation officer during the time we will be out of town. They are telling me that missing one appointment won't hurt anything.
10. My boyfriend is trying to convince me to be an accomplice in a crime.
11. Another resident is asking me to be the 'lookout' in the restroom so that he can go in and smoke. Smoking is not permitted

Supplementary suggested situations:

1. Several of the other residents want me to help them write graffiti on the walls.
2. One of the residents has asked me to keep something that is not permitted (e.g. pornography, drugs) in my room for them.
3. Some of the residents have decided that they do not want to follow the rules about an activity (e.g. smoking, meals, snacks etc.) and want me to join them.
4. One of the residents has asked me to buy them something while out on leave and smuggle it back into the unit.
5. Several of my friends ask me to help them commit a crime.

Skill 3: Dealing Constructively with Negative Peer Pressure Handout

For this role-play, you will choose one or more partners. Follow the instructions your facilitator gives you.

Step 1: Think, “Why?”

Think about what the other person or persons are saying. What is it they want you to do? Why do they want you to do it?

Step 2: Think ahead

Think about the consequences if you do what they want you to do. Who might get hurt? How might you feel if you go along? How *should* you feel if you go along?

For Steps 3 and 4, you will need your partner.

Step 3: Decide what you should do

What reasons will you give the person or persons? (This will help with Step 4.)
What will you suggest to do instead? (This will help with Step 5.)

Step 4: Tell

In a calm and straightforward way, tell one of the persons what you have decided. Give a good reason- for example, how the pressure makes you feel or who might get hurt if you do what they want.

Step 5: Suggest something else to do

This could be something responsible but still enjoyable.

Suggested situations (some gender-specific) for using this skill:

1. My friend calls and wants to go to our old hangout spot.
2. A RAC brother or sister is trying to convince me to bring in some drugs to the facility.
3. I am at my friend’s house and someone rolls up a blunt/joint and tries to pass it to me.
4. My friends don’t like the ‘new’ (sober) me and want me to start drinking with them again.
5. I go out on an approved itinerary and the people I am with are trying to talk me into leaving our approved destination.
6. My family reunion is coming up and it’s a big drinking party. My family is begging me to go.
7. My friends are trying to get me to go out with some people that I know are up to no good.
8. My friend is asking me to take some pills and says that he/she knows they won’t show up on a drug test.

9. My friends want me to go out of town to a concert and I'm supposed to report to my probation officer during the time we will be out of town. They are telling me that missing one appointment won't hurt anything.
10. My boyfriend is trying to convince me to be an accomplice in a crime.
11. Another resident is asking me to be the 'lookout' in the restroom so that he can go in and smoke. Smoking is not permitted

Supplementary suggested situations:

1. Several of the other residents want me to help them write graffiti on the walls.
2. One of the residents has asked me to keep something that is not permitted (e.g. pornography, drugs) in my room for them.
3. Some of the residents have decided that they do not want to follow the rules about an activity (e.g. smoking, meals, snacks etc.) and want me to join them.
4. One of the residents has asked me to buy them something while out on leave and smuggle it back into the unit.
5. Several of my friends ask me to help them commit a crime.

Skill 4: Keeping Out of Fights

Guidelines

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Stop and think about why you want to fight

Tell participants that if they need to, they can breathe deeply, count backward, or think relaxing thoughts to calm down. They can also consider whether they did anything to contribute to the problem.

Step 2: Think ahead

Ask yourself, "If I fight, then what will be the consequences?"

Encourage participants to think about consequences for others, including people who are not on the scene but who will be affected later on. As, "How will they feel?"; "How will you feel?"; or "What are the likely consequences later on for you?"

For Step 3, you will need your partner.

Step 3: Think of a way to handle the situation besides fighting and do it

Should you walk away for now? Give a displeased look? Talk to the person in a calm, straightforward way? Ask someone for help in solving the problem?

Discuss: "Is the other person calm enough or reasonable enough to talk to? Are you calm enough yet to talk to? Who might be able to help you resolve the situation constructively (teacher, parent, friends)?" Point out that in some situations, such as self-defense or the defense of an innocent victim, you may have no choice but to fight.

Suggested situations (some gender-specific) for using this skill:

1. Another resident just called me a racial slur (nigger/honky/spic, etc.)
2. Someone stole something from me and I just found out who it was.
3. A co-worker of mine is rude to me every day; I've tried to talk to him and my supervisor but it just keeps getting worse
4. I went out on an approved itinerary and ran into a man I used to have 'beef' with and he called me a 'bitch'.
5. A man walked up to me and said I better get out of his 'hood' because I was in his territory. He flashed his gun at me.
6. A RAC brother broke RAC confidentiality and shared some very personal information about me.
7. Someone stole something from me and I just found out who it was.
8. The mother of my kids has a new boyfriend he is whooping my kids.

9. Another resident told people that I was sexually active with another male resident.
10. I just found out that another resident has been trying to get with my girl. He has been calling/writing her letters.

Supplementary suggested situations:

1. Someone has called me names (e.g., “thick,” “stupid,” “retard”) and made fun of me.
2. Someone took my money. When I complained, they lied about it.
3. Another resident keeps picking on me and telling lies about me.
4. Another resident’s Inconsiderate of Others problems (banging the walls, playing music too loud, changing the television channel without asking, shouting late at night, etc.) are aggravating me.
5. Another resident keeps abusing (picking on, swearing at, lying to) a staff member who has helped me a lot.
6. Another resident keeps telling me what to do
7. A staff member told me I was breaking the rules when I wasn’t.
8. Another resident told me that he was going to get his brother to beat me up.

Skill 4: Keeping Out of Fights

Handout

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Stop and think about why you want to fight

Step 2: Think ahead

Ask yourself, “If I fight, then what will be the consequences?”

For Step 3, you will need your partner.

Step 3: Think of a way to handle the situation besides fighting and do it

Should you walk away for now? Give a displeased look? Talk to the person in a calm, straightforward way? Ask someone for help in solving the problem?

Suggested situations (some gender-specific) for using this skill:

1. Another resident just called me a racial slur (nigger/honky/spic, etc.)
2. Someone stole something from me and I just found out who it was.
3. A co-worker of mine is rude to me every day; I’ve tried to talk to him and my supervisor but it just keeps getting worse
4. I went out on an approved itinerary and ran into a man I used to have ‘beef’ with and he called me a ‘bitch’.
5. A man walked up to me and said I better get out of his ‘hood’ because I was in his territory. He flashed his gun at me.
6. A RAC brother broke RAC confidentiality and shared some very personal information about me.
7. Someone stole something from me and I just found out who it was.
8. The mother of my kids has a new boyfriend he is whooping my kids.
9. Another resident told people that I was sexually active with another male resident.
10. I just found out that another resident has been trying to get with my girl. He has been calling/writing her letters.

Supplementary suggested situations:

1. Someone has called me names (e.g., “thick,” “stupid,” “retard”) and made fun of me.
2. Someone took my money. When I complained, they lied about it.
3. Another resident keeps picking on me and telling lies about me.
4. Another resident’s Inconsiderate of Others problems (banging the walls, playing music too loud, changing the television channel without asking, shouting late at night, etc.) are aggravating me.

5. Another resident keeps abusing (picking on, swearing at, lying to) a staff member who has helped me a lot.
6. Another resident keeps telling me what to do
7. A staff member told me I was breaking the rules when I wasn't.
8. Another resident told me that he was going to get his brother to beat me up.

Skill 5: Helping Others

Guidelines

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Think, “Is there a need?”

Decide if the other person might need or want your help.

Tell the group to think really hard about the needs of the other person: What is the person doing or saying, or what is happening, that makes you think the person needs help?

Step 2: Think of the ways you could be helpful

Which way would be best?

Encourage participants to ask, “Does the person need something done? Need someone to listen? Need to hear words of encouragement? Should someone else help?”

Step 3: Plan and think ahead

Ask yourself, “Is this a good time to offer help?”

Participants should ask themselves whether the person could use the help better later. If so, they will need to be sure they are not supposed to be doing something else at the time they offer help.

For Step 4, you will need your partner.

Step 4: Offer to help

Ask the other person, “Need some help?” or “Want some help?” or go ahead and offer to help in some way. If the other person is agreeable, continue with the help.

Emphasize that it is important to make the offer sincerely, allowing the other person to say no if he or she does not really want help. Point out that participants should not feel hurt or offended if the person says no or asks someone else for help. If they do help, they should ask themselves how they feel when they help others. When they are being helped? Point out that helping others is what the program is all about.

It is important to help the participant understand that helping people sometimes means doing something against their wishes- for example, saying no if a person wants them to get drugs or harm someone.

Suggested situations (some gender-specific) for using this skill:

1. My friend has a drinking/drug problem. The friend relapsed and needs help.
2. My co-worker is behind in his/her work.
3. My friend is mentally ill but hasn't accepted the fact yet. She/he is depressed and needs help.

4. A RAC brother/sister is preparing for her GED test and really needs extra help in the math section.
5. My RAC brother's Self Report is due and his draft is not good.
6. My RAC brother has an interview coming up. He has never interviewed for a job before.
7. A woman in the grocery store has a child with her who is running around the store and she just dropped all of her groceries on to the ground.
8. My friend is disrespectful to his girlfriend and she is about to break up with him. He doesn't want to lose her.
9. My friend gets taken advantage of often
10. My friend has three children, no childcare and is starting a new job.
11. My mom is sick and has my little brother and sister to take care of.
12. My significant other is struggling financially because his rent just went up. When I was struggling, he helped me.
13. On my way home from a meeting, I see a woman sitting on the curb with her nose bleeding.
14. My co-worker is behind on her work.
15. My daughter is learning to read and gets stuck often when trying to figure out words.
16. My little brother is starting to get drawn into the street life.

Supplementary suggested situations:

1. One of the residents cannot find his folder containing his certificates and awards.
2. Another resident is discouraged because his work with education is hard for him.
3. A resident has received a letter from his legal team but is unable to read.
4. One of the residents is struggling to complete his chores.
5. Another resident is having difficulty organizing a barbeque for the unit.
6. The residents on the unit have been allowed to order pizza on the weekend, but one resident doesn't have any money to pay for his pizza.
7. One of the other residents is finding it hard to cook a meal.

Skill 5: Helping Others

Handout

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Think, “Is there a need?”

Decide if the other person might need or want your help.

Step 2: Think of the ways you could be helpful

Which way would be best?

Step 3: Plan and think ahead

Ask yourself, “Is this a good time to offer help?”

For Step 4, you will need your partner.

Step 4: Offer to help

Ask the other person, “Need some help?” or “Want some help?” or go ahead and offer to help in some way. If the other person is agreeable, continue with the help.

Suggested situations (some gender-specific) for using this skill:

1. My friend has a drinking/drug problem. The friend relapsed and needs help.
2. My co-worker is behind in his/her work.
3. My friend is mentally ill but hasn't accepted the fact yet. She/he is depressed and needs help.
4. A RAC brother/sister is preparing for her GED test and really needs extra help in the math section.
5. My RAC brother's Self Report is due and his draft is not good.
6. My RAC brother has an interview coming up. He has never interviewed for a job before.
7. A woman in the grocery store has a child with her who is running around the store and she just dropped all of her groceries on to the ground.
8. My friend is disrespectful to his girlfriend and she is about to break up with him. He doesn't want to lose her.
9. My friend gets taken advantage of often
10. My friend has three children, no childcare and is starting a new job.
11. My mom is sick and has my little brother and sister to take care of.
12. My significant other is struggling financially because his rent just went up. When I was struggling, he helped me.
13. On my way home from a meeting, I see a woman sitting on the curb with her nose bleeding.
14. My co-worker is behind on her work.

15. My daughter is learning to read and gets stuck often when trying to figure out words.
16. My little brother is starting to get drawn into the street life.

Supplementary suggested situations:

1. My friend's car has a flat tire.
2. Another resident is discouraged because his work with education is so hard for him.
3. Another resident must complete his chores before he can visit with his family.
4. My friend does not know how to use a computer to search for a job.
5. My friend cannot read the instructions to assemble his new barbecue.
6. Another resident has misplaced the report he needs for class.

Skill 6: Preparing for a Stressful Conversation

Guidelines

You do not need a partner for this role-play. Follow the steps to help you describe your situation to the group.

Step 1: Imagine yourself in a stressful situation

How will you feel at the start of the stressful situation? Who is responsible for the situation?

Participants might feel tense, anxious, defensive, impatient, and so on.

Step 2: Imagine the other person in the stressful situation

How might the other person feel at the start of the stressful situation? Why?

Relate this to TOP[think of the other person] self-talk.

Step 3: Plan what to say

Practice saying it in a calm, straightforward way.

Tell group members that if they can think of any way they have contributed to the stressful situation, they can mention that while practicing saying what they want to say.

Step 4: Think ahead to how the other person might feel

What might he or she say in response to what you will say?

Ask participants, "Will the other person respond constructively to what you plan to say? If not, can you think of anything better to say?"

Suggested situations (some gender-specific) for using this skill:

1. I am going to see my parents for the first time since I got arrested.
2. I have to tell my partner that I found out I have Hepatitis C.
3. I have an interview tomorrow and I know they are going to ask me about my felony conviction.
4. I am currently up for termination from the program. I need to tell my significant other that I may not be coming home as soon as I had expected.
5. I relapsed and have been using drugs; I have an appointment with my probation officer tomorrow.
6. I hid my addiction and it's time to tell the truth to family or friends now that I'm sober/clean.
7. I have to explain to my children that I am in jail and why.
8. I have decided not to go home to my spouse/family because they are still using. I need to tell them.
9. I want to tell a friend of mine that I am interested in dating them.
10. I am going to tell my boss that I'm resigning; I know it will leave the boss in a difficult situation.
11. I just found out I am pregnant and will have to break the news to my boyfriend.
12. I have to discuss custody with the father of my children.

Supplementary suggested situations:

1. I have a meeting to discuss my care and progress.
2. My leave has been cancelled because I broke some of the rules. I have a meeting with the team to discuss what happened.
3. I punched another resident and now the police are coming to interview me.
4. I have to attend a patients' meeting where my rule-breaking will be discussed.
5. I have to tell my family that when I am discharged I have decided not to live near them.
6. I have started dating someone and want to tell her/him about my crimes.
7. I have an interview for admission to college. In the interview, they will ask me to talk about my risks.
8. I have a meeting with my team to develop a risk management plan.

Skill 6: Preparing for a Stressful Conversation

Handout

You do not need a partner for this role-play. Follow the steps to help you describe your situation to the group.

Step 1: Imagine yourself in a stressful situation

How will you feel at the start of the stressful situation? Who is responsible for the situation?

Step 2: Imagine the other person in the stressful situation

How might the other person feel at the start of the stressful situation? Why?

Step 3: Plan what to say

Practice saying it in a calm, straightforward way.

Step 4: Think ahead to how the other person might feel

What might he or she say in response to what you will say?

Suggested situations (some gender-specific) for using this skill:

1. I am going to see my parents for the first time since I got arrested.
2. I have to tell my partner that I found out I have Hepatitis C.
3. I have an interview tomorrow and I know they are going to ask me about my felony conviction.
4. I am currently up for termination from the program. I need to tell my significant other that I may not be coming home as soon as I had expected.
5. I relapsed and have been using drugs; I have an appointment with my probation officer tomorrow.
6. I hid my addiction and it's time to tell the truth to family or friends now that I'm sober/clean.
7. I have to explain to my children that I am in jail and why.
8. I have decided not to go home to my spouse/family because they are still using. I need to tell them.
9. I want to tell a friend of mine that I am interested in dating them.
10. I am going to tell my boss that I'm resigning; I know it will leave the boss in a difficult situation.
11. I just found out I am pregnant and will have to break the news to my boyfriend.
12. I have to discuss custody with the father of my children.

Supplementary suggested situations:

1. I have a meeting to discuss my care and progress.
2. My leave has been cancelled because I broke some of the rules. I have a meeting with the team to discuss what happened.
3. I punched another resident and now the police are coming to interview me.
4. I have to attend a patients' meeting where my rule-breaking will be discussed.
5. I have to tell my family that when I am discharged I have decided not to live near them.
6. I have started dating someone and want to tell her/him about my crimes.
7. I have an interview for admission to college. In the interview, they will ask me to talk about my risks.
8. I have a meeting with my team to develop a risk management plan.

Skill 7: Dealing Constructively with Someone Angry at You Guidelines

To make this role-play more realistic, have several group members at once play the angry role and/or several other group members “pump up” the role-player.

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Listen openly and patiently to what the other person is saying

Nod your head or say “mm-hmmm.” If you need to, ask the angry person to tell you specifically what things you said or did that made him or her upset.

Stress that it is important not to interrupt or fidget. If group members feel themselves getting angry, they can breathe deeply or tell themselves to stay calm. Ask them to put themselves in the angry person’s place (TOP) and remember that defending themselves at this point will only make the person angrier.

Step 2: Tell the person you understand why he or she is upset or that he or she has a right to be angry

Think of something you can agree with- say that the person is right about that.

If participants can’t agree with any part of what the person is saying, they can agree that they do sometimes make mistakes or hurt people and that they regret this when it happens.

Step 3: Apologize or explain

Make a constructive suggestion to correct the problem.

Tell participants that if they are mainly at fault, then they will need to apologize for the hurt they caused and say that they plan to do better (and mean it!).

Suggested situations (some gender-specific) for using this skill:

1. My significant other is angry at me because I did not come home when I said I would. The last time I did this I relapsed.
2. I stole money from my family/friends and they know about it. Now that I am sober, I care that they are angry at me.
3. A ‘friend’ of mine is angry at me because I would not lie for them. Instead I told the truth and they got in trouble.
4. My boss has given me several chances and is upset that I continue to be late to work.
5. My friend told me a secret and I promised that I wouldn’t tell anyone, but I did.
6. I went to jail again; I had promised that last time was going to be the last time. My kids are upset with me.
7. My parents let me live with them after being in jail and I’m not following their rules (not cleaning up after myself, not looking for a job, not paying part of the bills, etc.).
8. I was in isolation again due to my behavior and my RAC group is angry at me.

9. My mom put money on my books/account for me to use to purchase hygiene products and medication. I spent the money on commissary and tobacco.
10. I told a lie about my RAC sister and she found out.
11. My mom angrily tells me that I wasn't a good daughter.

Supplementary suggested situations:

1. My family is angry with me because I was arrested and detained.
2. Another resident is angry at me because I did not go along with breaking the rules.
3. My family is angry because I keep telling lies.
4. Other residents are angry with me because I keep playing my music too loud.
5. Other residents are angry with me because I did not do my chores on the unit.
6. Another resident is angry with me because I called him names.
7. All the other residents are angry at me because I tried to attack them.

Skill 7: Dealing Constructively with Someone Angry at You Handout

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Listen openly and patiently to what the other person is saying

Nod your head or say “mm-hmmm.” If you need to, ask the angry person to tell you specifically what things you said or did that made him or her upset.

Step 2: Tell the person you understand why he or she is upset or that he or she has a right to be angry

Think of something you can agree with- say that the person is right about that.

Step 3: Apologize or explain

Make a constructive suggestion to correct the problem.

Suggested situations (some gender-specific) for using this skill:

1. My significant other is angry at me because I did not come home when I said I would. The last time I did this I relapsed.
2. I stole money from my family/friends and they know about it. Now that I am sober, I care that they are angry at me.
3. A ‘friend’ of mine is angry at me because I would not lie for them. Instead I told the truth and they got in trouble.
4. My boss has given me several chances and is upset that I continue to be late to work.
5. My friend told me a secret and I promised that I wouldn’t tell anyone, but I did.
6. I went to jail again; I had promised that last time was going to be the last time. My kids are upset with me.
7. My parents let me live with them after being in jail and I’m not following their rules (not cleaning up after myself, not looking for a job, not paying part of the bills, etc.).
8. I was in isolation again due to my behavior and my RAC group is angry at me.
9. My mom put money on my books/account for me to use to purchase hygiene products and medication. I spent the money on commissary and tobacco.
10. I told a lie about my RAC sister and she found out.
11. My mom angrily tells me that I wasn’t a good daughter.

Supplementary suggested situations:

1. My family is angry with me because I was arrested and detained.
2. Another resident is angry at me because I did not go along with breaking the rules.
3. My family is angry because I keep telling lies.
4. Other residents are angry with me because I keep playing my music too loud.
5. Other residents are angry with me because I did not do my chores on the unit.
6. Another resident is angry with me because I called him names.
7. All the other residents are angry at me because I tried to attack them.

Skill 8: Expressing Care and Appreciation

Guidelines

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Think, “Would the other person like to know that you care about and appreciate him or her?”

How will the person feel?

Explain that the other person may become embarrassed or may feel good.

Step 2: Plan and think ahead.

What will you say? When and where will you say it?

Point out that it is often easier to express care and appreciation when others aren't around.

For Step 3, you will need your partner.

Step 3: Tell the person how you feel in a friendly manner.

Suggested situations (some gender-specific) for using this skill:

1. Telling my parents/significant other that I love them.
2. My family is supporting me emotionally and/or financially while I am incarcerated.
3. My case manager is doing a good job handling my case.
4. My sponsor is spending a lot of time with me even when I am a difficult person to be around or to talk to.
5. My car broke down while driving to work and a stranger has helped me get it started.
6. My children are doing a great job in school.
7. My children are listening, behaving and understanding that I was in need of help and continue to be good kids despite my absence.
8. My parents are caring for my children while I am away.

Supplementary suggested situations:

1. While I was out on leave, I lost my wallet and did not have any money for the bus. I rang the unit, and someone came and picked me up in the car.
2. One of the staff members helped me clean and tidy my room.
3. My social worker helped me to solve my problems with benefits (i.e. welfare payments).

4. The staff helped me when I was upset.
5. The staff team have taken me to see several different places to live once I am discharged.
6. The team have arranged college for me and help me to find my way there.
7. My mother and father have always come to visit me and have always been there for me, even when I committed crimes.
8. The staff take me shopping and help me to manage my money

Skill 8: Expressing Care and Appreciation

Handout

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Think, “Would the other person like to know that you care about and appreciate him or her?”

How will the person feel?

Step 2: Plan and think ahead.

What will you say? When and where will you say it?

For Step 3, you will need your partner.

Step 3: Tell the person how you feel in a friendly manner.

Suggested situations (some gender-specific) for using this skill:

1. Telling my parents/significant other that I love them.
2. My family is supporting me emotionally and/or financially while I am incarcerated.
3. My case manager is doing a good job handling my case.
4. My sponsor is spending a lot of time with me even when I am a difficult person to be around or to talk to.
5. My car broke down while driving to work and a stranger has helped me get it started.
6. My children are doing a great job in school.
7. My children are listening, behaving and understanding that I was in need of help and continue to be good kids despite my absence.
8. My parents are caring for my children while I am away.

Supplementary suggested situations:

1. While I was out on leave, I lost my wallet and did not have any money for the bus. I rang the unit, and someone came and picked me up in the car.
2. One of the staff members helped me clean and tidy my room.
3. My social worker helped me to solve my problems with benefits (i.e. welfare payments).
4. The staff helped me when I was upset.
5. The staff team have taken me to see several different places to live once I am discharged.
6. The team have arranged college for me and help me to find my way there.
7. My mother and father have always come to visit me and have always been there for me, even when I committed crimes.
8. The staff take me shopping and help me to manage my money.

**Skill 9: Dealing Constructively with Someone
Accusing You of Something**

Guidelines

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Think, “How do I feel?”

If you are upset, stop and say to yourself, “I have to calm down.”

If necessary, group members can also take a deep breath or count to 10. If the other person is very angry, they can tell the person that they understand how he or she feels, or that he or she has a right to be upset.

Step 2: Think, “What is the other person accusing me of?”

Is he or she right?

Explain that it is important to be honest with yourself about the situation. (This step amounts to using TOP.)

For Step 3, you will need your partner.

Step 3:

If the accuser is right: In a calm, straightforward way, say you’re sorry

Offer to make up for what happened, or say you are sorry and won’t do it again.

If the accuser is wrong: In a calm, straightforward way, tell the accuser that what he or she said isn’t true or that you didn’t do it

You may mention that you’re sorry the person got the wrong impression, that this is a lot of false talk, or that you would like an apology.

Stress the importance of being sincere, not “slick.” Remind participants that anger reducers such as calming talk, deep breathing, and counting backward are helpful when using this skill.

Suggested situations (some gender-specific) for using this skill:

1. My friends/family accuse me of always thinking of myself first.
2. The staff/probation officer told me that they think I am high.
3. My boss says that I didn’t work my full 40 hours at work but that my timesheet says I did.
4. The police say I match a description of someone who just used a stolen credit card at a store.
5. I’ve stolen from my family many times in the past. I just got released from jail to their house and their iPod and PlayStation came up missing.
6. My girlfriend/boyfriend thinks I am cheating (could be true or not true).

7. One of my RAC sisters thinks that I told some of what she said in RAC group.
8. The father of my child says my kids are not his and that I am lying to him.
9. One of my friends heard that I slept with her boyfriend.

Supplementary suggested situations:

1. Another resident accused me of stealing their trainers (i.e. sneakers).
2. Several residents have accused me of telling the staff about their plan to break the rules.
3. Staff have accused you of drinking alcohol while on leave from the unit.
4. The staff have come and want to search your room because they think you may have hidden something that you should not have (e.g. drugs, pornography, sharps, cutlery)
5. Another resident has accused you of spreading rumors about him.
6. The police have come to interview you because they think you may have committed another crime while out on leave.
7. The team have told you that you are not taking your risk management plan/treatment plan/college/work placement seriously.
8. Someone has told the staff that another resident has broken the rules and his leave has been stopped. This resident accuses you of telling on him.

**Skill 9: Dealing Constructively with Someone
Accusing You of Something**

Handout

Before you start, pick a partner and discuss your role-play. Follow the steps to help you describe your situation to the group.

Step 1: Think, “How do I feel?”

If you are upset, stop and say to yourself, “I have to calm down.”

Step 2: Think, “What is the other person accusing me of?”

Is he or she right?

For Step 3, you will need your partner.

Step 3:

If the accuser is right: In a calm, straightforward way, say you’re sorry

Offer to make up for what happened, or say you are sorry and won’t do it again.

If the accuser is wrong: In a calm, straightforward way, tell the accuser that what he or she said isn’t true or that you didn’t do it

You may mention that you’re sorry the person got the wrong impression, that this is a lot of false talk, or that you would like an apology.

Suggested situations (some gender-specific) for using this skill:

1. My friends/family accuse me of always thinking of myself first.
2. The staff/probation officer told me that they think I am high.
3. My boss says that I didn’t work my full 40 h at work but that my timesheet says I did.
4. The police say I match a description of someone who just used a stolen credit card at a store.
5. I’ve stolen from my family many times in the past. I just got released from jail to their house and their iPod and PlayStation came up missing.
6. My girlfriend/boyfriend thinks I am cheating (could be true or not true).
7. One of my RAC sisters thinks that I told some of what she said in RAC group.
8. The father of my child says my kids are not his and that I am lying to him.
9. One of my friends heard that I slept with her boyfriend.

Supplementary suggested situations:

1. Another resident accused me of stealing their trainers (i.e. sneakers).
2. Several residents have accused me of telling the staff about their plan to break the rules. Staff have accused you of drinking alcohol while on leave from the unit.
3. The staff have come and want to search your room because they think you may have hidden something that you should not have (e.g. drugs, pornography, sharps, cutlery)
4. Another resident has accused you of spreading rumors about him.
5. The police have come to interview you because they think you may have committed another crime while out on leave.
6. The team have told you that you are not taking your risk management plan/treatment plan/college/work placement seriously.
7. Someone has told the staff that another resident has broken the rules and his leave has been stopped. This resident accuses you of telling on him.

Skill 10: Responding Constructively to Failure

Guidelines

This skill is an important tool for helping a person with a Low Self-Image problem and/or an Assuming the Worst thinking error.

You do not need a partner for this role-play. Follow the steps to help you describe your situation to the group.

Step 1: Ask yourself, “Did I fail?”

Decide if you have failed

Explain that there is a difference between failing and not doing quite as well as you hoped.

Step 2: Ask yourself, “Why did I fail?”

Think about both the thinking errors and the circumstances that contributed to your failure.

Ask, “Did you not try as hard as you could have? Did you have an overconfident or Self-Centered attitude? Were you ready? Was the task too complicated for you, or were you just unlucky?” Encourage group members to avoid Assuming the Worst.

Step 3: Think about what you could do differently next time

Ask, “Could you practice more? Change your attitude or way of thinking? Try harder? Ask for help?”

Step 4: Decide if you want to try again or get another chance and do better**Step 5: If appropriate, make a plan to try again**

Remember how you can do things differently.

Encourage group members to write down their plans. Stress that “plan” is another way of saying, “Think ahead.”

Suggested situations (some gender-specific) for using this skill:

1. I just failed my GED test.
2. I’ve had several job interviews but haven’t been selected for any of the positions.
3. I relapsed.
4. I didn’t achieve a goal set for me on my Responsible Adult Performance Plan.
5. My Staff Team denied my release from the program due to my lack of participation.
6. I violated my probation by not reporting/providing urine screens/not attending assigned classes.
7. My relationship just ended; it was a healthy relationship, one that was good for me.
8. I’m too old to be in the position I am in. By this point in my life, I should be finished with school, have a job and a family.

9. I tried to be faithful in my relationship, but I failed.
10. I've let my children down by not being a good parent, then leaving them by going to jail.
11. My significant other cheated on me; I feel like I wasn't good enough for him.
12. I am overweight and can't seem to lose weight.

Supplementary suggested situations:

1. My application to attend college has been rejected.
2. I have committed another crime.
3. I have been told by the team that I need to work harder on learning to manage my risk.
4. I was turned down for a job I really wanted.
5. I tried to prepare a meal, but I couldn't do it and the staff had to take over.
6. I broke the rules while out on leave.
7. I assaulted several staff members and now am being moved to a high-security unit.

Skill 10: Responding Constructively to Failure

Handout

You do not need a partner for this role-play. Follow the steps to help you describe your situation to the group.

Step 1: Ask yourself, “Did I fail?”

Decide if you have failed

Step 2: Ask yourself, “Why did I fail?”

Think about both the thinking errors and the circumstances that contributed to your failure.

Step 3: Think about what you could do differently next time***Step 4: Decide if you want to try again or get another chance and do better******Step 5: If appropriate, make a plan to try again***

Remember how you can do things differently.

Suggested situations (some gender-specific) for using this skill:

1. I just failed my GED test.
2. I've had several job interviews but haven't been selected for any of the positions.
3. I relapsed.
4. I didn't achieve a goal set for me on my Responsible Adult Performance Plan.
5. My Staff Team denied my release from the program due to my lack of participation.
6. I violated my probation by not reporting/providing urine screens/not attending assigned classes.
7. My relationship just ended; it was a healthy relationship, one that was good for me.
8. I'm too old to be in the position I am in. By this point in my life, I should be finished with school, have a job and a family.
9. I tried to be faithful in my relationship, but I failed.
10. I've let my children down by not being a good parent, then leaving them by going to jail.
11. My significant other cheated on me; I feel like I wasn't good enough for him.
12. I am overweight and can't seem to lose weight.

Supplementary suggested situations:

1. My application to attend college has been rejected.
2. I have committed another crime.
3. I have been told by the team that I need to work harder on learning to manage my risk.
4. I was turned down for a job I really wanted.

5. I tried to prepare a meal, but I couldn't do it and the staff had to take over.
6. I broke the rules while out on leave.
7. I assaulted several staff members and now am being moved to a high-security unit.

Table 6.4 Facilitator’s and observer’s evaluation: anger management

Facilitator _____ Date _____ Time _____

Group _____ Meeting Location _____

Observer _____

Begin your notes on this form. If needed, use additional paper or the back of the page to complete your note . It is important that an observer(s) not speak during the meeting. Courteous comments and greetings, before and after the meeting, are appropriate, but the observer is not to discuss or dispute the content of the meeting.

Pre-meeting checklist:

Read staff logs; Inquired about issues with individual group members; Reviewed checklist and notes from previous social skills meeting; Studied the current social skills session; Rehearsed, by yourself, the social skill that you will be role modeling; Made copies of all handouts; Checked room for needed materials/markers; Prepared charts needed for meeting.

Start of Meeting: Time of arrival _____ : Room ready and in good condition yes no; Facilitator on time yes no; Group on time yes no; If not on time, why not: _____ ; Observer introduced yes no.

Review of Self-Help Log: Positive Behavior and Notes: Logs completed yes no Did group read logs sufficiently? yes no Were the situations given sufficient and genuine? yes no Did review of the logs indicate group participations outside of group meetings? yes no Was reporting accurate and honest? yes no

Notes: _____

Session Introduction and Discussion:

1. yes no Did the facilitator review previous social skills session/meeting?
2. yes no Did the facilitator utilize the white board/easel pad to record the main points of the session and group member’s responses?
3. yes no Did the facilitator follow the steps of teaching a social skills (show, try, discuss, practice)?
4. yes no Did the group members create or choose scenarios that relate to their CLI’s?
5. yes no Were the group members assigned the steps (for feedback) prior to the role play?
6. yes no Did each group member get a chance to practice the skill and receive feedback?
7. yes no Were group members instructed to practice the skill outside of the group meeting using the Social Interaction Skill Form?

Post Meeting Notes: _____

Reference

Gibbs, J. C. (2014). *Moral development and reality: Beyond the theories of Kohlberg, Hoffman, and Haidt*. New York: Oxford University Press.

Chapter 7

Equipping with Mature Moral Judgment (Social Decision Making)

Of the interrelated “three D” limitations common to offenders, this chapter provides the background, rationale, procedures, and materials pertaining to treatment (through “social decision-making” equipment meetings) for the final “D”: socio-moral developmental *delay*. This limitation refers to delay or immaturity in *moral judgment*—that is, in the reasons given for social decisions or the importance of moral values. Chapter 4 provided an advance taste of this limitation: you may recall the concrete (tit for tat, eye for eye, dirty for dirty) and egocentric (self-centered) morality of the severe offender Timothy McVeigh. Like self-serving cognitive distortions and social skill deficiencies, moral judgment delays must be remedied: offenders must be equipped with mature moral judgment if they are to achieve responsible adulthood. (Of course, we are not talking about perfection; even for responsible adults, performance sometimes falls short of competence. RAC’s goal is to enable offenders to become competent adults who, despite occasionally falling short in minor ways, live basically responsible lives.)

7.1 Moral Judgment Stages and Developmental Delay

Moral judgment basically develops in stages toward sociomorally mature and responsible adulthood. In co-author Gibbs’s (2014) typology (Gibbs worked with Harvard psychologist Lawrence Kohlberg and subsequently revised Kohlberg’s stages), immature and mature levels of morality are each comprised of two stages (see Table 7.1). Development through these stages involves growth beyond a superficial understanding of morality. Immature or superficial moral judgment reduces morality to the salient surface features of people, things, or actions: either to impressive physical appearances and outer consequences (hence “power” or “might makes right;” Stage 1) or to concrete, tit-for-tat exchanges of favors or blows (hence “deals” or “you scratch my back, I’ll scratch yours;” Stage 2). Thomas Lickona (1983) called

Table 7.1 Stages in the development of moral judgment

Immature moralities: stages 1 and 2
Stage 1—Power: “Might Makes Right”
Morality is whatever powerful people say that you have to do. If you don’t get punished for what you did or no one powerful saw it, whatever you did was okay. It is wrong if you do get punished; the punishment is mainly what makes it wrong
Stage 2—Deals: “You Scratch My Back, I’ll Scratch Yours”
Morality is a pragmatic exchange of favors (“I did this for you, so you’d better do that for me”) or of blows (misunderstanding of the Golden Rule as “Do it to others before they do it to you” or “Pay them back if they’ve done it to you”). The main reason for not stealing, cheating, and so on is that you could get caught
Mature moralities: stages 3 and 4
Stage 3—Mutuality: “Treat Others as You Would Hope They Would Treat You”
In mutual morality, the relationship becomes a value: Trust and mutual caring, although intangible, are real and important. People can really care about other people, can have trust in them, can feel a part of a “we.” People try to understand why a friend is acting hostile or selfish
Stage 4—Systems: “Are You Contributing to Society?”
This morality involves interdependence and cooperation for the sake of society: Society can’t make it if people don’t respect the rights of others and follow through on commitments. In difficult situations, retaining integrity and self-respect may mean becoming unpopular

Stage 2 the “what’s in it for me?” stage of morality. Egocentric bias never disappears completely, but ordinarily it does decline with the advent of a broader and more profound sociomoral understanding in adolescence and adulthood.

We emphasize that when we talk about moral judgment, we are talking not just about moral values but more precisely about the *reasons* or justifications for those values or decisions. Gibbs remembers discussing moral values and reasons with a youthful offender named Joey. Joey seemed earnest and sincere as he empathically affirmed the importance of moral values such as keeping promises, telling the truth, helping others, saving lives, not stealing, and obeying the law. “And why is it so important to obey the law or not steal?” Gibbs asked Joey. “Because, [pause], like in a store, you may think no one sees you, but they could have cameras!” Joey’s answer sounded like the delayed moral reasoning we hear from adult offenders as well. Joey’s other reasons were generally similar: keeping promises is important because if you don’t, they might find out and get even, helping others is important in case you need a favor from them later, and so forth. Could Joey be trusted to live up to his moral values in situations where his fear of observers and surveillance cameras is weaker than his egocentric desires? Despite their general recognition of the importance of moral values, then, many offenders *understand* those values in terms of pragmatic considerations and a pronounced egocentric bias (getting away with an antisocial or criminal act without getting caught) more than deeper reasons or bases (for example, the selfishness of stealing and its ramifications in society for chaos, insecurity, and loss of trust).

This more profound understanding pertains to the mature level of moral judgment. This level penetrates through superficial considerations to infer the bases of

interpersonal relationships (“mutuality,” Stage 3) or society (“systems,” Stage 4). These stages characterize the more mature moral judgment that typically emerges in adolescence through opportunities to take the perspectives of others. With the advent of Stage 3, moral judgment advances beyond superficiality to a deeper understanding of moral norms, decisions, and values. Stage 3 goes beyond concrete thinking to mark a mutuality of perspectives, achieved largely through peer interaction and cognitive development. As the adolescent interacts in the larger world—school campus, workplace, travel, and so on—the Stage 3 mutual understanding in relationships expands into the Stage 4 appreciation of the need for commonly accepted, consistent standards as well as interdependent requirements and contributions. As one of Kohlberg’s young adult subjects put it, “You’ve got to have certain understandings in things that everyone is going to abide by or else you could never get anywhere in society, never do anything.”

Mature moral judgment does not always emerge by adolescence or even adulthood, however. “Delayed” adolescents and adults are those who (like Joey and McVeigh) evidence little moral judgment beyond Stage 2. At home, work, or in the community, they typically have not had (or accepted) enough opportunity to take on the roles or consider the perspectives of others. Many offenders’ histories (often involving erratic parenting, abuse, and neglect) suggest a dearth of such opportunities, to say the least. Accordingly, many offenders have not grown much beyond the superficial in their social and moral understanding. Superficial morality would be normal if they were still children, but they’re not. As adults with egos, desires, and cars—but without much sociomoral maturity (or skills for anger management, accurate social perception, and constructive social interaction)—offenders can do real damage to others and themselves.

Accordingly, RAC’s social perspective-taking theme is especially prominent in the cognitive behavioral “equipment” featured in this chapter. If, as the research suggests, many offenders do not adequately take into account the perspectives of others, then the treatment implication is clear: offenders need an enriched, concentrated “dosage” of social perspective-taking opportunities to stimulate them to achieve the mature ways of thinking (Stages 3 and 4; see Table 7.1) characteristic of responsible adults.

7.2 Social Decision-Making Meetings

The vehicle for such stimulation is provided by RAC’s “social decision making” equipment meetings. You will find that these sessions are usually popular with motivated offenders, even though the session discussions are not always comfortable. In these meetings, group members discuss sociomoral problem situations and associated probe questions. Guided or facilitated by the equipper, they work as a group toward more responsible situational decisions supported by mature moral reasons. Delayed participants must justify their problem-solving decisions in the face of challenges from less delayed or non-delayed peers (or, in the case of a highly

limited group, initially from the group leader). A Stage 1- or Stage 2-thinking participant—who may usually dominate peers—may lose in a challenge from a more mature peer and may accordingly experience an inner conflict or “disequilibrium” (the late Swiss psychologist Jean Piaget’s term) that could stimulate a more mature moral understanding. As others’ perspectives are considered in their own right (not just in a self-serving way), a broader, deeper morality begins to displace superficial and egocentrically biased judgments. These meetings also help to encourage a mature moral “tone” or climate for the group.

Although these meetings are called social decision-making meetings, remember that our concern with sociomoral development goes deeper than just the accomplishment of better “surface” values or decisions. Just as “having good moral values” in the mature sense means “understanding the deeper reasons for the importance of moral values,” “making responsible decisions” in the mature sense means basing decisions on more profound or intangible reasons. Even if the group members converge from the outset on the problem decisions, their reasons for those decisions may vary considerably in maturity.

7.2.1 The Role of the Facilitator (Equipper)

The fundamental aim of the equipper in these meetings, then, is to facilitate the maturity of the reasoning used by the group members to support or justify their social decisions and values. Although facilitation can involve teaching, training, modeling, or inculcating, in the main facilitation in this context means *developmental stimulation*. You are stimulating moral judgment to grow along its natural line of moral-cognitive development (for a cross-cultural review, see Gibbs, Basinger, Grime, & Snarey, 2007). To stimulate the group along this path, you may intervene directly, but remember to include use of the “ask, don’t tell” technique. Ask the group thought-provoking questions—questions that induce group members to consider the perspectives of others. Although you should generally address the group, you sometimes need to directly ask a particular group member a challenging question. If a group member suggests a self-centered decision or value, for example, you might ask: “What would the world be like if everybody did that?” or “Would you still say that if you were the person who gets harmed or wronged?”

As the groups progress, the group members themselves increasingly “catch on.” They increasingly consider and challenge one another’s perspectives and thereby grow in social development. Accordingly, as you gain experience and the group grows, you should find that direct intervention becomes less necessary—indeed, that the group begins to reflect the behavior of the group leader (equipper, facilitator) in the meetings and throughout the day. A responsible adult culture is beginning to develop.

It is important for you to be patient. The RAC cognitive behavioral curriculum and mutual help meetings are constructed to introduce change in a natural,

incremental fashion. Attempts to force change when a group is not yet ready risks regressing the group atmosphere back to the immature (“might makes right,” Stage 1; and “deals,” Stage 2) level of morality.

7.2.2 The Problem Situations

In the social decision-making meetings, the group discusses social problem situations and questions. The problem situations are set in school, street, home, work, and other settings such as community-based residential facilities. The situations entail vignettes that pertain to basic moral values such as honesty or responsibility, promise-keeping, not stealing or cheating, truthful relationships, resisting drugs, preventing or avoiding violence (against others or self), helping others in various ways, and so forth. Each Problem Situation depicts an individual with a problem, typically created by someone *else* with a problem (an effective way to induce a non-defensive discussion of an individual’s own problem).

The problem situations may require content modifications in response to group composition variations by gender, ethnicity, culture, intellectual functioning, and other factors. In response to the gender factor, we have provided appropriately modified versions of some of the problem situations (featuring a female protagonist) for use with groups of female offenders. At least for the USA and UK, cultural variations have required relatively few modifications (in Reggie’s problem situation, for example, co-author Peter Langdon in the UK refers to Reggie and his mother sitting down to have tea [i.e., the evening meal], and substitutes “pub” for “bar”). In Langdon’s experience, most offenders with mild intellectual disabilities or autistic spectrum disorders can understand the problem situations satisfactorily (given minor content simplifications, reading aloud, and explanatory comments). As with mainstream offender groups, the facilitator must check that group members understand the situation (phase 1).

RAC uses problem situations, *not* moral dilemmas. Although there may be a number of legitimate solutions to ethical dilemmas, the RAC problem situations typically point toward a single decision that represents responsible thinking and acting in the situation (for example, not letting a friend steal from a store where you work). As facilitating equipper, you should always stand by the responsible decision and its mature reasons. In some cases, the responsible answer might not be immediately apparent to the group. For example, problem situations in which the responsible answer is to tell on a friend may be experienced as dilemmas because the peer norm against “snitchin” or “ratting” is so strong. Even when such negative-culture norms make your job difficult, you must still strive to move the group toward maturely reasoned, responsible decisions.

7.2.3 *The Probe Questions*

In the effort to stimulate social perspective-taking and accurate thinking, the equipper will find the probe questions that follow each problem situation to be especially helpful. Some of the probe questions ask group members to imagine that *they* are the prospective victims. Other probe questions ask the participants to imagine that the victim of an aggressive or other antisocial act is their sister or another cared-for family member and then to consider whether the act is any *less* wrong if the victim happens to be a stranger. A more open-ended version asks group members to consider the impact of violence (against oneself or another) or many others, both near to and far beyond the immediate victim. Embedded in some of the probe questions are thinking errors that alert group members may identify and correct.

If at all possible, the group should address all of the questions. Each question is designed to stimulate reflection, discussion, and social perspective-taking in one way or another. Hence, skipping some questions can diminish the effectiveness of the curriculum. (Sometimes two or three questions can be grouped and considered together).

7.2.4 *Preparations*

Before beginning the meetings, equippers should note the key points and familiarize themselves with the problem situation and probe questions to be used in the meeting. In general, as for the other equipment meetings, the equipper should insure that the room arrangements, equipment, and supplies are in good order before the session begins. The open chart should be prominently displayed on a large board. It is advisable to scan the Evaluation form (see Table 7.3 at end of chapter) to remember afresh the criteria for conducting an effective meeting.

7.2.5 *Beginning the Meeting*

Having prepared, you are ready to conduct the meeting. As the group members enter, you should welcome them and remind them of ground rules for the discussion such as: Never put down or threaten anyone; listen to what others have to say; only one group member talks at a time; never talk to anyone outside the group about what is said in the group; and so forth (see Ground Rules handout, Chap. 3).

Once everyone is seated, have each group member review their Self-Help Log: Positive Behaviors with the group. There may be some questions about the logs but that discussion must remain brief and to the point to allow ample time for the social decision making work.

Table 7.2 Completed social decisions chart, Ray’s problem situation

Question	1	2	3	4	5	6	7	8
Name								
Jay	S P	S P	S P	S P	P	P	I	CD
Vince	S P	S P	S P	S P	P	P	V	CD
Marty	P	P	CD	P	P	P	V	CD
Steve	P	P	P	P	P	P	V	C
Juan	CD	S	S	P	P	P	I	CD
Bill	CD P	CD P	CD P	CD P	P	P	I	C
Mike	P	CD	P	P	P	P	I	D
Group decision	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓡ	CD

S=Should let steal, P=Should persuade not to steal, D=Don’t contact police, I=Important, V=Very Important, C=Contact police, CD=Can’t decide

Immediately following the positive logs review, briefly review the previous social decision making session. Then distribute copies of the Participant Handout containing the problem situation for the given session. Read (or have a group member read) the problem situation. Tell the group members to read and respond to the probe questions that follow. It is important that each group member answer the questions without influence from other group members. A group member may need help reading the handout, but even in this case it is important not to influence the group member’s answers.

Once the responding has been completed, each group member should come forward and write in his or her responses on a designated row. Once the group’s responses are entered, you may indicate prospective group decisions on a bottom row. An example of a completed chart is provided in Table 7.2. (see below Session 4, Ray’s problem situation)

7.2.6 Flow of the Four Phases

Social decision making meetings have four phases: (1) introducing the problem situation; (2) cultivating mature morality; (3) remedying moral developmental delay; and (4) consolidating mature morality. Because these phases flow naturally, from one to the next, they are not easily identifiable to a person unfamiliar with this type of group session. You must continually evaluate what is happening in the group to decide when you will move the group to the next phase of the meeting.

In a well-conducted meeting, the social decision-making phases flow smoothly from one to the next. There is certain logic to this introducing-cultivating-remedying-consolidating flow. Once the group understands clearly what the problem situation is and how it relates to their lives (Phase 1), the group’s potential for mature

morality can be cultivated (Phase 2). Once the group has voiced some degree of mature morality, the group's mature (or at least less delayed) members are in a stronger "cultural" position to effectively challenge other group members' delayed judgments (Phase 3). Finally, reducing pockets of delay means the strengthening of mature reasons for responsible decisions. This stronger mature morality can then be consolidated by helping the group to achieve some consensus concerning responsible decisions and mature reasons (Phase 4). Both the individuals and the group grow through the phases.

With experience, the equipper's sense of when to transition the group from one phase to the next will become more refined and appropriate. Throughout the phases, it is important for the equipper to retain a balance that grants some autonomy to the group. The equipper (or facilitator) must guide, prompt, and ask probing questions as often as needed to develop mature morality in the group. However, it is important that the group facilitator not dominate the meeting nor enter into one-way communications or dialogues with one member of the group too long, leaving others out of the process. Again, make sure to do more asking than telling. A specific discussion of each phase follows.

Phase 1: Introducing the Problem Situation To have an effective social decision-making meeting, all group members must understand clearly what the problem situation is and how it relates to their lives. This introductory phase should not consume more than 10 minutes in a 1- or 1 ½ hour meeting. You can ask the group what the problem situation is, why it is a problem, whether problems like this actually happen, and so forth. If there is any question as to whether the group understands the problem situation (and if time permits), you can have some volunteers from the group role-play the situation. As you move into the remaining phases, remember your active, balanced role as facilitator: guide, prompt, and probe as often as needed to develop mature morality, but do not dominate the meeting.

Phase 2: Cultivating Mature Morality Once the group understands the problem situation and accepts it as relevant, you can transition the group into the next phase. Your aim in Phase 2 is to cultivate a group climate or "culture" of mature morality—that is, a morality of responsible decisions supported by mature ways of thinking. Unless your group is severely delayed, you should have some potential from some group members for responsible decisions and mature reasons. Their contributions can be cultivated to promote a positive group culture (which may help the group's mutual help "culture" as well). Accordingly, call on those group members who had responsible decisions to share their reasons for answering this way. Write those reasons on the board—our experience is that most of these responsible-decision reasons will be mature. Hence, you are cultivating the mature ways of thinking (Stages 3 and 4) in the group. You may state your agreement with the mature thinkers to help establish the group atmosphere of mature morality. If a group member wavers in his or her decision and says something like "I know that's what I should do, but I'd probably [act irresponsibly]," you should support or right-label the responsible decision as strong (say something like, "That's true, it would take real guts not to give in to what you feel like doing and instead do what some people

might not be strong enough to do: the right thing;” or, “I’m sure that some day, you *will* be strong enough to do the right thing for the right reason”). Once you have done what you can to establish a dominant (if not yet unanimous) tone of mature morality, go on to the next phase.

Phase 3: Remedying Moral Developmental Delay Once a mature moral tone has been cultivated, you can proceed to take on the problem of moral developmental delay (evident among many in a typical offender group). You shouldn’t put Phase 3 off too long—start calling on these group members before they become uninvolved (bored, easily distracted). The influence of developmentally delayed ways of thinking may be moderate or severe; either way, there is need for remediation. Among the group members who did not select the responsible decisions, start with the “can’t decide.” Because “can’t decide” may partially reflect responsible thinking, call on those participants before calling on the group members who selected the irresponsible decisions. Record the reasons on the board. Ask the immature thinkers to respond to the reasons on the board, and ask the mature thinkers in the group to respond to any immature (pragmatic, self-centered) reasons offered by the delayed members. You should ask whether what they’ve just heard convinces anybody to change their position, and if not, why not. A delayed participant, who may usually dominate peers, may lose in a challenge from a more mature peer (phase 3) in a group where mature moral judgments have set the tone for the group “culture” (phase 2). The challenged participants may start to move toward the more mature ways of thinking. Do what you can to encourage a defense of the mature morality cultivated in phase 2 before moving on to the next phase.

Phase 4: Consolidating Mature Morality Once mature morality has been cultivated and defended, it needs to be consolidated and made as inclusive as possible. The group’s mature morality can consolidate—and the group’s culture can become more positive and cohesive—as you seek consensus for responsible decisions and mature reasons. The goal in this final phase is to expand as many of the responsible majority positions (decisions, reasons) into official, even unanimous positions. Ask if anyone would object to declaring the (responsible) majority decision as the group’s official decision. Instead of objecting, some dissenters may even ask to change their answer to the majority decision. If no one objects, suggest that a volunteer circle the group’s official decision. If someone does object, then just leave the majority decision alone. An example of a completed Problem Situation Chart for Ray’s Problem Situation was provided in Table 7.2.

Follow the same procedure for the group’s most mature (“best” or “top”) reason(s), which a group member should be asked to underline. (In one social decision-making session with reasons on the board, “Put yourself in the other person’s position,” “hurts trust,” and “you could feel guilty” were selected and underlined as “best” reasons for a responsible decision; see Fig. 7.1) Don’t worry if the group can’t reach consensus; stalemates can be developmentally stimulating, too.

At the conclusion of this final phase, the group’s problem situation work should be encouraged, praised, or evaluated using the sandwich technique; (see Chap. 2).

Persuade

Owner worked hard for it
Owner's family might suffer
 Against the Bible
 Jesse could go to jail
 Could be your car
 Help your friend not get in trouble

Important

Put yourself in the other's situation
 You'd get locked up
Hurts trust
 I've been robbed—it sucks
You'd feel bad, scared, angry, guilty

Let Steal/Not Important

It's not important for people not to steal
 You'd be a big shot
 Lots of fun, exciting
 Now you've got wheels, can get whatever you want

Fig. 7.1 Reasons for decisions on Ray's problem situation (Adapted from Gibbs, 2004)

Following a group meeting that reaches consensus on responsible decisions and mature reasons, say something like: "I'm really pleased that the group has been able to come up with so many good, strong decisions and back them up with good, strong reasons. The group has again shown what it can do. You have all worked hard at really listening to each other and making progress. You may want to write down those mature reasons on the handout. Following a group meeting that does *not* reach consensus on responsible decisions and mature reasons, you might say something like: "Is the group satisfied with what was accomplished today? I know the group can do better next time because it did before (recall positive example, if available). What plans will the group make right now so that more good decisions are accomplished at the next social decision making meeting?"

7.2.7 After the Meeting

To evaluate how well you conducted the meeting, complete the "Facilitator's and Observer's Evaluation Form: Social Decision-Making" (Table 7.3; see end of chapter). You can also make helpful notes concerning the meeting on that form.

7.3 Problem Situations and Key Points

The remainder of this chapter consists mostly of 13 problem situations for use as participant handouts in the social decision-making equipment meetings. The end of the chapter provides the pertinent evaluation form. The problem situations, with key points bulleted for facilitators, are as follows:

Session 1: The Prisoner's Advisor's Problem Situation

- Discovering common values (caring, safety, trust), setting tone for positive culture
- House A is self-centered
- House B (the caring house) is labeled as truly strong
- Making the group/facility House B (shorthand for responsible adult culture)

Session 2: Michael's/Renee's Problem Situation (Male/Female Protagonist)

- Loyalty, commitment
- Value of close friendships

Session 2: Angela's/Carlos's Problem Situation (Female/Male Protagonist)

- Breaking up in a considerate way
- Getting even is immature

Session 3: Brad's/Sandra's Problem Situation (Male/Female Protagonist)

- Can't trust "friend" with a stealing problem
- Stealing is wrong even if someone does it for you
- Stealing is wrong even from a stranger

Session 4: Ray's/Barbara's Problem Situation (Male/Female Protagonist)

- Letting friend steal (car) is wrong
- Harm from stealing
- True friend would not put you on the spot
- Identifying/closing gap between judgment and behavior
- Relabeling, social interaction skills against negative peer pressure

Session 5: Jodi's Problem Situation

- Should tell on drug-dealing friend
- Others could get killed
- Important to prosecute drug dealers

Session 5: Ben's Problem Situation

- Should tell on friend planning escape
- Others could get killed
- Important to jail drug dealers

Session 6: Jeff's Problem Situation

- Shouldn't participate in drug dealing
- Harm, destruction of lives from drugs
- Identifying/closing gap between judgment and behavior

Session 7: Jamal's/Melissa's Problem Situation (Male/Female Protagonist)

- Should tell on suicidal friend
- Suicide shows Self-Centered thinking error
- Thinking of those who would be affected

Session 8: Cam's/Kayla's Problem Situation (Male/Female Protagonist)

- Should tell on a friend who shoplifted
- Important to prosecute shoplifters, not to shoplift
- Not blaming others

Session 9: Reggie's Problem Situation

- Should reveal violent dad's drinking
- Should do what's best for the family
- Wouldn't want someone to lie to you
- But mother is wrong to put Reggie on the spot

Session 10: Chris's/Nicole's Problem Situation (Male/Female Protagonist)

- Shouldn't let friend cheat
- Can't trust "friend" with cheating problems
- Correcting thinking errors

Session 1: The Prisoner’s Adviser’s Problem Situation

Name _____ Date _____

Having served a sentence of twelve years, much of it in a maximum security facility, a prisoner will soon be released from prison. The prisoner must choose between two halfway houses to live in for one year following release. House A is in a neighborhood with frequent violence and crime. House A people party a lot and don’t care if they hurt someone or if someone has a problem. House A people say; “Hey, that’s their problem!” House B is in a safer, quieter neighborhood. People have a good time but they feel bad if they hurt someone, or if someone has a problem. House B people smile, help each other and say, “Hey, it’s not all about me.”

You’re the prisoner’s advisor.

1. Which halfway house should you advise the prisoner to live in?
House A / House B / can’t decide (circle one)

2. What is the basic thinking error, the basic problem, in House A?

3. Where are the truly strong people?
House A / House B / can’t decide (circle one)

4. Do you know someone who was released from prison and got locked up again?
How would that person advise the prisoner?

5. Do you know someone who died from an overdose or was killed? What kind of difference did he or she make? What kind of difference will people say *you* made?

6. Your group is your “house.” Which is it going to be: House A or House B? To truly make this House B, whom should you care about?

Session 2: Michael's Problem Situation

Name _____ Date _____

Michael moved to a new city, a new apartment, and a new job. After a week, Michael really had not met anyone. Michael's only recreation was his daily three-mile jog. He was feeling rather lonely when Kevin, a guy from his apartment building, introduced himself as they were entering the building. "Hi, my name is Kevin and I see you just moved in. If you would like to hang out tonight and watch some sports, come on down to my apartment." Soon Michael and Kevin were good friends and spent a lot of time together. The city was Kevin's hometown, so he introduced Michael to his family and friends and showed him around. Michael learned that Kevin is an ex-gang member who does a lot of volunteer work at the Boy's Club in the inner city.

A couple months later, Michael's new boss heard about Michael's jogging and invited him to join a group of runners, including some co-workers, training for the city's annual race. After training and sometimes after work the group of co-workers would hang-out, talk, and have a good time. On a few occasions, they traveled to other cities, ran races and partied. Michael thinks the group is made up of really nice people and he very much enjoys being a part of it.

As Michael spends more time with the co-workers, he spends less with his good friend Kevin. One day, Michael gets a call from Kevin. "Hey, guy, next Saturday, the Boy's Club is having its annual banquet and I will be recognized as the volunteer of the year. It would be great if you could attend the banquet with me and my family." Michael says he will do his best to be at the banquet. On Friday afternoon, Michael's boss says that the co-workers, who run together, will all be getting together at his house on Saturday.

What Should Michael Say or Do?

1. Should Michael go with the co-workers to the boss's house?
go to boss's house/go to banquet/can't decide (circle one)
2. What if Michael calls Kevin from work and says that something has come up and he can't make the banquet? Then would it be all right for Michael to go with the co-workers?
go to boss's house/go to banquet/can't decide (circle one)
3. What if Michael thinks that his boss and coworkers may be upset if Michael does not go to boss's house. He thinks that they may not include him in stuff. Would it then be okay for Michael to go to the boss's house?
go to boss's house/go to banquet/can't decide (circle one)
4. What if Michael thinks that Kevin was the guy who reached out to him when he was lonely and spent time with him? Then what should Michael do?
go to boss's house/go to banquet/can't decide (circle one)
5. Let's change the situation. Let's say that before Kevin asks Michael to the banquet, the boss asks Michael to join the coworkers at his house on Saturday.

Michael says he thinks that he will be able to make it. *Then* Kevin asks Michael to attend the banquet. Then what should Michael do?

go to boss's house/go to banquet/can't decide (circle one)

6. Which is more important: to have one close friend or a group of regular friends?
one close friend/group of regular friends/can't decide (circle one)
7. Let's change the situation a different way. What if Michael and Kevin are not good friends but instead are just acquaintances? Then should Michael go to the boss's house?
go to boss's house/go to banquet/can't decide (circle one)

Session 2: Renee's Problem Situation

Name _____ Date _____

Renee just moved to a new city, a new apartment, and a new job. After a week, Renee really had not met anyone. Renee's only recreation was her daily three-mile jog. She was feeling rather lonely when Tonya, a girl from her apartment building, introduced herself as they were entering the building. "Hi, my name is Tonya and I see you just moved in. If you would like to have some dinner and chit-chat, come on down to my apartment." Soon Renee and Tonya were good friends and spent a lot of time together. The city was Tonya's hometown so she introduced Renee to her family and friends and showed her around. Renee learned that Tonya is in recovery and does a lot of volunteer work at the Women's Shelter in the inner city.

A couple months later, Renee's new boss heard about Renee's jogging and invited her to join a group of runners, including some co-workers, training for the city's annual race. After training and sometimes after work the group of co-workers would hang out, talk, and have a good time. On a few occasions, they traveled to other cities, ran races, and partied. Renee thinks the group is made up of really nice people and she very much enjoys being a part of it.

As Renee spends more time with the co-workers, she spends less with her good friend Tonya. One day, Renee gets a call from Tonya. "Good news! Next Saturday, the Women's Shelter is having its annual banquet and I will be recognized as the volunteer of the year. It would be great if you could attend the banquet with me and my family." Renee says she will do her best to be at the banquet. On Friday afternoon, Renee's boss says that the co-workers, who run together, will all be getting together at her house on Saturday.

What Should Renee Say or Do?

1. Should Renee go with the co-workers to the boss's house?
go to boss's house/go to banquet/can't decide (circle one)
2. What if Renee calls Tonya from work and says that something has come up and she can't make the banquet? Then would it be all right for Renee to go with the co-workers?
go to boss's house/go to banquet/can't decide (circle one)
3. What if Renee thinks that her boss and coworkers may be upset if Renee does not go to boss's house. She thinks that they may not include her in stuff. Would it then be okay for Renee to go to the boss's house?
go to boss's house/go to banquet/can't decide (circle one)
4. What if Renee thinks that Tonya was the person who reached out to her when she was lonely and spent time with her? Then what should Renee do?
go to boss's house/go to banquet/can't decide (circle one)
5. Let's change the situation. Let's say that before Tonya asks Renee to the banquet, the boss asks Renee to join the co-workers at her house on Saturday. Renee says

she thinks that she will be able to make it. *Then* Tonya asks Renee to attend the banquet. Then what should Renee do?

go to boss's house/go to banquet/can't decide (circle one)

6. Which is more important: to have one close friend or a group of regular friends?
one close friend/group of regular friends/can't decide (circle one)

7. Let's change the situation a different way. What if Renee and Tonya are not good friends but instead are just acquaintances? Then should Renee go to the boss's house?

go to boss's house/go to banquet/can't decide (circle one)

Session 2: Angela's Problem Situation

Name _____ Date _____

Angela met Eric at an AA Open Meeting she had attended with her sister, who is in recovery. Eric had been sober for just over a year and Angela was one of the first women he had dated since getting sober. For several months, Angela and Eric had been dating no one else and did pretty much everything together. Angela recently met a couple of men that she thought would be fun to date. Angela and Eric are supposed to attend a friend's wedding that evening and Eric has just called to ask what time Angela wanted him to pick her up.

What Should Angela Say or Do?

1. Should Angela avoid the subject with Eric so Eric's feelings aren't hurt?
should avoid subject/should bring it up/can't decide (circle one)
2. Should Angela make up an excuse, like having some other things to do, as a way of breaking up with Eric?
excuse/no excuse/can't decide (circle one)
3. Should Angela just start going out with other men so that Eric will get the message?
yes/no/can't decide (circle one)
4. How should Angela respond to Eric's feelings?
treat it lightly when they talk/show concern when they talk/can't decide (circle one)
5. Let's change the situation. What if Angela and Eric have been living together and have a baby? Then should Angela still break up with Eric?
should break up/no, shouldn't break up/can't decide (circle one)
6. Let's go back to the original situation. This is what happens. Angela lets Eric know how she feels, breaks up with him and starts dating the other men. Eric feels hurt and jealous and thinks about dating Angela's sister to get even. Should Eric get even?
yes, should get even/no, shouldn't get even/can't decide (circle one)
7. What if the tables were turned and Eric did that to Angela? Should Angela get even?
Yes, should get even/no, shouldn't get even/can't decide (circle one)

Session 2: Carlos' Problem Situation

Name _____ Date _____

Carlos met Laura at an AA Open Meeting he had attended with his brother, who is in recovery. Laura had been sober for just over a year and Carlos was one of the first guys she had dated since getting sober. For several months, Carlos and Laura had been dating no one else and did pretty much everything together. Carlos recently met a couple of women that he thought would be fun to date. Carlos and Laura are supposed to attend a friend's wedding that evening and Laura just called to ask what time Carlos was picking her up.

What Should Carlos Say or Do?

1. Should Carlos avoid the subject with Laura so Laura's feelings aren't hurt?
should avoid subject/should bring it up/can't decide (circle one)
2. Should Carlos make up an excuse, like having some other things to do, as a way of breaking up with Laura?
excuse/no excuse/can't decide (circle one)
3. Should Carlos just start going out with other women so that Laura will get the message?
yes/no? can't decide (circle one)
4. How should Carlos respond to Laura's feelings?
treat it lightly when they talk/show concern when they talk/can't decide (circle one)
5. Let's change the situation. What if Carlos and Laura have been living together and Laura is pregnant? Then should Carlos still break up with Laura?
should break up/no, shouldn't break up/can't decide (circle one)
6. Let's go back to the original situation. This is what happens. Carlos lets Laura know how he feels, breaks up with her and starts dating the other women. Laura feels hurt and jealous and thinks about dating Carlos' brother to get even. Should Laura get even?
yes, should get even/no, shouldn't get even/can't decide (circle one)
7. What if the tables were turned, and Laura did that to Carlos?
Yes, should get even/no, shouldn't get even/can't decide (circle one)

Session 3: Brad's Problem Situation

Name _____ Date _____

Brad and Joe are brothers-in-law. Joe has been married to Brad's older sister for years. Brad is taking some night courses at the local university. Brad's old computer just crashed and he needs a computer for the school work, but cannot afford one. Since Brad's birthday is coming up, Joe shows up with a used, but almost new (and stolen) laptop and says, "Your Sis and I want you to do well in school so we picked up this laptop for your birthday. But, you will have to select and download the programs you will need for your classes." Brad is happy and appreciative, not knowing the present is stolen.

Brad immediately calls his good friend Denise, a self-described computer geek, to help him set up his computer. Denise is not her usual happy self, but says she will come over tomorrow to help Brad set up the computer. Brad says, "What's going on? You sound sad." Denise tells Brad that an almost new laptop, from her job, was stolen out of her car when she ran into the store to pick up some things for dinner. She described the laptop and said her boss is mad at her.

The next day, Brad realizes that the laptop Joe gave him is exactly like the one described by Denise. Brad checks the ID number and finds it was scratched off. Brad immediately calls Joe. After some hesitation, Joe admits that he had his 14-year-old nephew steal the laptop from a car at the supermarket. Joe says that Brad's sister thinks that he bought the laptop at a pawn shop.

Denise has just knocked at Brad's door. As soon as she begins to work on the computer she will know that it is the one stolen from her car.

What Should Brad Say or Do?

1. Should Brad tell Denise who stole her laptop?
should tell/shouldn't tell/can't decide (circle one)
2. Could Brad trust Joe not to steal from him?
yes, could trust/no, couldn't trust/can't decide (circle one)
3. Jeff obtained the laptop for a good reason (Brad's schoolwork and birthday). Does that make it all right for Joe to do what he did?
yes, all right/no, not all right/can't decide (circle one)
4. What if the laptop had been stolen from a stranger's car? Then would it be all right for Brad to keep the laptop?
yes, all right/no, not all right/can't decide (circle one)
5. Was it all right for Joe to have his fourteen-year-old nephew steal the laptop for him?
yes, all right/no, not all right/can't decide (circle one)
6. Let's change the situation. Let's say Joe has "done time" for stealing and is still on probation. While Joe was in jail, his wife struggled to buy food and pay the bills, and now she and Joe are just beginning to make ends meet. Should Brad tell his sister (Joe's wife) that Joe's "gift" was stolen (a violation of Joe's probation)?
yes, should tell/no, shouldn't tell/can't decide (circle one)

Session 3: Sandra's Problem Situation

Name _____ Date _____

Sandra and Kate are good friends who do some traveling together. While on their trips, they often stay with relatives or people one of them knows. On a recent trip, they stayed overnight with Grace, Sandra's old friend from high school. Grace is divorced and has custody of her teenage son who was with his father during the visit. Kate slept in the son's room. Shortly after returning home, Kate brings over her computer tablet to Sandra's apartment to "research" their next overnight trip. Sandra notices some letters scratched on the back of the tablet. Kate says that her sister had given her the tablet and she did not know what the letters meant.

While Kate is at Sandra's, Sandra calls Grace to thank her for letting them stay with her and for the great time they had. Grace is pleased with the call but sounds a little upset. She says that she had to buy her son a new computer tablet because he lost the one he uses for school work. She describes the tablet and says that her son's initials are scratched on the back of the tablet. Sandra realizes that Kate stole the boy's tablet.

What Should Sandra Say or Do?

1. Should Sandra tell Grace who stole the laptop?
should tell/shouldn't tell/can't decide (circle one)
2. Could Sandra trust Kate not to steal from her?
yes, could trust/no, couldn't trust/can't decide (circle one)
3. Let's say that Sandra thinks that since the boy has a new tablet for his school-work, it's no big deal that Kate stole it. Does that make it all right for Kate to do what she did?
yes, all right/no, not all right/can't decide (circle one)
4. What if the tablet was stolen from a stranger? Then would it be all right not to tell?
yes, all right/no, not all right/can't decide (circle one)
5. Let's change the situation. Let's say Kate is Sandra's sister. Should Sandra tell who stole the tablet and apologize for it?
yes, should tell and apologize/no, shouldn't tell or apologize/can't decide (circle one)

Session 4: Ray's Problem Situation

Name _____ Date _____

It's late on a cold night. Ray and Jesse are walking home from a friend's house. Jesse is looking into all the parked cars. Jesse sees a car with the keys in it. Jesse says, "Hey, we won't have to walk anymore! Come on, get in. We'll take it for a ride and then head home."

What Should Ray Say or Do?

1. Should Ray try to persuade Jesse not to steal the car?
should persuade/let steal/can't decide (circle one)
2. What if Jesse says, "Anyone careless enough to leave their keys in the car should have their car stolen?" Then should Ray try to persuade Jesse not to steal the car?
should persuade/let steal/can't decide (circle one)
3. What if Jesse says, "The insurance company will pay the owner for the car?" Then should Ray try to persuade Jesse not to steal the car? \
should persuade/let steal/can't decide (circle one)
4. What if Jesse says that stealing a car is no big deal—stealing cars is something that men do all the time in his neighborhood? Then should Ray try to persuade Jesse not to steal the car?
should persuade/let steal/no, not all right/can't decide (circle one)
5. What if Ray knows that Jesse has a wife and child, who will suffer if Jesse gets caught, loses his job and goes to jail again? Then should Ray try to persuade Jesse not to steal the car?
should persuade/let steal/can't decide (circle one)
6. Let's say that Ray knows that the car is *your* car. Ray is your friend and also Jesse's friend, then should Ray try to persuade Jesse to not steal the car?
should persuade/let steal/can't decide (circle one)
7. In general, how important is it for people to not take things that belong to other people?
very important/important/not important (circle one)
8. Let's say that Ray does try hard to persuade Jesse to not take the car, but Jesse goes ahead and drives off anyway. Ray knows that Jesse is high and in no condition to drive—he could wreck and kill someone and himself. Then what should Ray do?
contact the police/not contact the police/can't decide (circle one)

Session 4: Barbara's Problem Situation

Name _____ Date _____

Barbara works as an “ambassador” at the Aces Casino. As an ambassador, she meets and greets high spending casino club members. She is permitted to issue free-play slot machine cards to new club members. Her fiancé James is not a new club member but does like to gamble. James comes into the casino and asks Barbara to give him some of the free cards so he can play the slot machines. He says that the boss will not know who gambled with the cards. Barbara’s boss helped her get the promotion to “ambassador” and Barbara feels trusted by the boss.

What Should Barbara Say or Do?

1. Should Barbara refuse James, or should Barbara say yes to James’ suggestion?
should refuse/should say yes/can’t decide (circle one)
2. Was it right for James to put Barbara, someone he has asked to marry him, on the spot with his suggestion?
yes, right/no, not right/can’t decide (circle one)
3. What if Barbara knows that some of her girlfriends help their boyfriends steal things? Then what should Barbara do?
should refuse/should say yes/can’t decide (circle one)
4. What if Barbara feels that the casino is making so much money that the little amount James may win will never be missed?
should refuse/should say yes/can’t decide (circle one)
5. What if James says that she owes him the chance to win some money since she told him that he could not sell drugs anymore?
should refuse/should say yes/can’t decide (circle one)
6. Let’s say that Barbara’s boss told her that the casino’s manager had not wanted Barbara to be an ambassador and that if Barbara didn’t work out the boss would be in trouble. Then what should Barbara do?
should refuse/should say yes/can’t decide (circle one)
7. Let’s say that someone you know or love puts you in a similar situation? What should you do?
say no/say yes/can’t decide (circle one)
8. What if James just grabs a few cards out of Barbara’s hand and moves to the slot machines? Should Barbara report James to a casino security officer?
yes, should report/no, keep quiet/can’t decide (circle one)

Session 5: Jodi's Problem Situation

Name _____ Date _____

Jodi and Cheryl are roommates who have lived together for a couple of years. Cheryl, who is a few years older than Jodi, has two young teenage daughters who live with their grandmother (father's mother) who does not like Cheryl. Cheryl is required to pay child support to the grandmother. Cheryl is doing really well since her release from prison and is even dating an ex-cop who adores Cheryl and her kids. On the weekends, he often takes Cheryl and the kids to do fun things. One day Cheryl tells Jodi that she recently lost her job and has been selling drugs, mostly heroin, to pay for child support and her share of the rent and food. Without the child support, the grandmother may have the children placed in foster care. Cheryl asks Jodi not to tell anyone—especially her boyfriend.

What Should Jodi Say or Do?

1. Should Jodi keep quiet and not tell the boyfriend?
should keep quiet/should tell/can't decide (circle one)
2. What if Cheryl says that she sold drugs for a while before going to prison and never got caught? Then what should Jodi do?
keep quiet/tell/can't decide (circle one)
3. What if Cheryl says that she only sells to people who are already addicted and that they would just buy them from another dealer if she did not sell to them? Then what should Jodi do?
keep quiet/tell/can't decide (circle one)
4. What if Jodi finds out that Cheryl is selling the drugs to a pregnant woman in their apartment building? Then what should Jodi do?
keep quiet/tell/can't decide (circle one)
5. What if Jodi finds out that Cheryl was so successful at selling drugs that she actually quit her job to sell more drugs?
keep quiet/tell/can't decide (circle one)
6. Is it ever right to tell—"snitch"- on someone?
yes, right/sometime right/never right/can't decide (circle one)
7. How important is it for prosecutors to press charges against drug dealers?
very important/important/not important (circle one)

Session 5: Ben's Problem Situation

Name _____ Date _____

Ben was in a secure prison with few programs and a lot of idle time, and now has been placed at a minimum security pre-release facility. The minimum facility has a lot of helpful programs. The average length of stay is five months, unless you get added time for rule violations. But even then, no one stays more than six months. In the pre-release facility, you can even start to work and attend programs in the community near the end of your stay. Ben believes it is really stupid for any resident to go AWOL from the pre-release facility, but some do. Ben hears that Brian, a guy from his living unit, has to go for a court hearing tomorrow and is going to go AWOL. His plan is to grab the car keys from the female security officer driving him to the hearing. Ben tries to talk Brian out of going AWOL, but Brian tells him to mind his own business and he better not snitch. Ben is not afraid of Brian, but he just wants to put crime and prison behind him.

What Should Ben Say or Do?

1. Should tell the staff supervisor about Brian's plan to escape?
tell/keep quiet/can't decide (circle one)
2. What if Brian has a history of violence and Ben thinks that Brian might seriously injure the staff member?
tell/keep quiet/can't decide (circle one)
3. What if the security officer driver dislikes the residents and sometimes issues false charges against them?
tell/keep quiet/can't decide (circle one)
4. Is it any of Ben's business what Brian does?
can be Ben's business/is none of Ben's business/can't decide (circle one)
5. What if Ben knows that the community is upset about the runaways and have a petition to make the pre-release center more secure and to require that any resident leaving the building for any reason be handcuffed and shackled? Then should Ben tell the staff supervisor?
tell/keep quiet/can't decide (circle one)
6. Let's say that the security officer is a good person and lives a few houses down from your mother; sometimes she helps your mother do things. Then should Ben tell the staff supervisor?
tell/keep quiet/can't decide (circle one)
7. Which is the most important?
not telling on someone/not letting people get hurt/minding your own business (circle one)

Session 6: Jeff's Problem Situation

Name _____ Date _____

Jeff has been out of prison for months and is having a hard time finding a good job. He needs more money to get his own place so his girlfriend can move in with him. Jeff's friend Dave makes a lot of money dealing drugs brought in from out of state by guys he pays to transport the drugs. One day Dave says to Jeff, "I'm offering you a job running a regular route for me. You take a plane to pick up the drugs and drive or bus back with the drugs. You will make more than enough money to get you and your girlfriend a place and a car. Do you want the job?"

What Should Jeff Say or Do?

1. Should Jeff agree to transport the drugs?
yes, transport/no, shouldn't transport/can't decide (circle one)
2. What if Jeff knows that it is heroin he will be transporting? Jeff's brother died of a heroin overdose. Should he agree to transport the drugs?
yes, transport/no, shouldn't transport/can't decide (circle one)
3. What if Jeff knows that several guys he was in prison with are active heroin addicts and stay in Dave's selling area? Then should Jeff transport the drugs?
yes, transport/no, shouldn't transport/can't decide (circle one)
4. What if Jeff's girlfriend thinks it's a great job for him; that the guys from prison did it to themselves? Then what should Jeff do?
yes, transport/no, shouldn't transport/can't decide (circle one)
5. Let's say that Jeff agrees to transport the drugs, but only for a few weeks to get enough money to buy a car. Since he will do it for a short time and everyone has to do a "little something to get by," he does not feel he is really doing anything wrong. Should Jeff feel like he is doing anything wrong?
yes, wrong/no, not wrong/can't decide (circle one)
6. How important is it to stay away from drugs and to keep them away from other people?
very important/important/not important (circle one)

Session 7: Jamal’s Problem Situation

Name _____ Date _____

When Jamal arrived at the institution, Terrell was the person who approached him and helped him the most. Terrell even shared his personal snacks until Jamal had some money deposited in his commissary account. Recently, Terrell has had some rough times. His wife filed for a divorce, his father passed away, and a guy on another unit tried to rape him but Terrell fought him off. Some security officers don’t like Terrell because he often refuses to follow their orders and argues with them. A couple of officers have tried to get Terrell transferred to a more secure prison. Terrell is depressed and tells Jamal that he feels like killing himself. Jamal saw Terrell hiding what looked like a homemade razor knife in the air duct in the day room, but Jamal does not say anything to Terrell. A security officer says to Jamal: “Terrell told his case manager that he was thinking about hurting himself. Have you seen Terrell with any razor blades or weapons? We searched his room but did not find anything.”

What Should Jamal Say or Do?

1. Should Jamal cover for Terrell, saying he doesn’t know anything about any razor blades?
cover for Terrell/tell the officer/can’t decide (circle one)
2. What if Terrell has told Jamal that he plans to cut the arteries in his neck that night? Then what should Jamal do?
cover for Terrell/tell the officer/can’t decide (circle one)
3. Would Terrell feel that Jamal cared about him, if Jamal were to tell the officer about the razor in the air duct?
yes, would feel Jamal cared/no, would not feel that Jamal cared/can’t decide (circle one)
4. What if Terrell argues with and does not get along with Jamal?
cover for Terrell/tell the officer/can’t decide (circle one)
5. What if Jamal and Terrell are not friends but Jamal does know about the razor knife in the air duct? The officer accuses Jamal of knowing where the razor is hidden. Then what should Jamal do?
cover for Terrell/tell the officer/can/t decide (circle one)
6. How important is it to have institutional rules against making knives and possessing contraband?
very important/important/not important/can’t decide (circle one)
7. How important is it to live even when you don’t want to?
very important/important/not important (circle one)
8. Who might be affected (in addition to Terrell himself) if Terrell were to commit suicide?

Session 7: Melissa's Problem Situation

Name _____ Date _____

When Melissa arrived at the institution, Linda was the person who approached her first and helped her the most. Linda even shared her personal snacks until Melissa had some money deposited in her commissary account. Recently, Linda has had some rough times. Her husband filed for a divorce, her father passed away, and another inmate tried to force her to have sex with her but Linda fought her off. Some security officers don't like Linda because she often refuses to follow their orders and argues with them. A couple of officers have tried to get Linda transferred to a more secure unit. Linda is depressed and tells Melissa that she feels like killing herself. Melissa saw Linda hiding what looked like a piece of metal in the air duct in the day room, but does not say anything to Linda. A security officer says to Melissa: "Linda told her case manager that she was thinking about hurting herself. Have you seen Linda with any razor blades or weapons? We searched her room but did not find anything"

What Should Melissa Say or Do?

1. Should Melissa cover for Linda, saying she doesn't know anything about any razor blades?
cover for Linda/tell the officer/can't decide (circle one)
2. What if Linda has told Melissa that she plans to cut the arteries in her neck that night? Then what should Melissa do?
cover for Linda/tell the officer/can't decide (circle one)
3. Would Linda feel that Melissa cared about her if Melissa were to tell the officer about the razor in the air duct?
yes, would feel Melissa cared/no, would not feel that Melissa cared/can't decide (circle one)
4. What if Linda argues with and does not like Melissa?
cover for Linda/tell the officer/can't decide (circle one)
5. What if Melissa and Linda are not friends but Melissa does know about the razor knife in the air duct? The officer accuses Melissa of knowing where the razor is hidden. Then what should Melissa do?
cover for Linda/tell the officer/can/t decide (circle one)
6. How important is it to have institutional rules against hiding things that could hurt people and possessing contraband?
very important/important/not important can't decide (circle one)
7. How important is it to live even when you don't want to?
very important/important/not important (circle one)
8. Who might be affected and how (in addition to Linda herself) if Linda were to commit suicide?

Session 8: Cam's Problem Situation

Name _____ Date _____

Cam and Darryl have been friends for a long time. Darryl has been in and out of jail many times for stealing and other non-violent crimes. Darryl is currently on probation and could serve a prison sentence if he violates probation. Cam has always told Darryl not to steal or do any crooked things around him because he does not want to get into trouble. One day, Cam is shopping for a new laptop computer and Darryl rides along and enters the electronics store with Cam. As Cam is talking with the salesperson about a laptop, Darryl cuts the security cord off a laptop and walks out of the store with it. Cam is completely unaware of what Darryl has done.

A security guard approaches just after Cam has given his credit card to pay for the laptop. The guard accuses Cam of distracting the salesperson so his friend could steal a laptop. The salesperson shows the guard Cam's credit card and says that Cam was really buying a laptop. The guard says, "Okay, but I saw you enter the store with that guy. What's his name?"

What Should Cam Say or Do?

1. Should Cam keep quiet and refuse to tell the security officer Darryl's name?
keep quiet/tell/can't decide (circle one)
2. From the salesperson's point of view, what should Cam do?
keep quiet/tell/can't decide (circle one)
3. What if the salesperson actually owns the store and says that the shoplifters are threatening her business and she may have to close if the stealing continues?
keep quiet/tell/can't decide (circle one)
4. What if the store owner is an old friend of Cam's?
keep quiet/tell/can't decide (circle one)
5. Is it ever right to tell on someone?
yes, sometimes/no, never/can't decide (circle one)
6. Who's to blame in this situation?
Cam/Darryl/Security Officer/can't decide (circle one)
7. How important is it not to shoplift?
very important/important/not important (circle one)
8. How important is it for shoplifters to be prosecuted?
very important/important/not important (circle one)

Session 8: Kayla's Problem Situation

Name _____ Date _____

Kayla and Natalie have been friends for a long time. Natalie has been in and out of jail many times for stealing and non-violent crimes. Natalie is currently on probation and could serve a prison sentence if she violates her probation. Kayla has always told Natalie not to steal or do any crooked things around her because she does not want to get into trouble. One day Kayla is shopping for a new laptop computer and Natalie rides along and enters the electronics store with Kayla. As Kayla is talking with the salesperson about a laptop, Natalie cuts the security cord off a laptop and walks out of the store with it. Kayla is completely unaware of what Natalie has done.

A security guard approaches just after Kayla has given her credit card to pay for the laptop. The guard accuses Kayla of distracting the salesperson so her friend could steal a laptop. The salesperson shows the guard Kayla's credit card and says that Kayla was really buying a laptop. The guard says, "Okay, but I saw you enter the store with that woman; what's her name?"

What Should Kayla Say or Do?

1. Should Kayla keep quiet and refuse to tell the security officer Natalie's name?
keep quiet/tell/can't decide (circle one)
2. From the salesperson's point of view, what should Kayla do?
keep quiet/tell/can't decide (circle one)
3. What if the salesperson actually owns the store and says that the shoplifters are threatening her business and she may have to close if the stealing continues?
keep quiet/tell/can't decide (circle one)
4. What if the store owner is an old friend of Kayla's?
keep quiet/tell/can't decide (circle one)
5. Is it ever right to tell on someone?
yes, sometimes/no, never/can't decide (circle one)
6. Who's to blame in this situation?
Kayla/Natalie/Security Officer/can't decide (circle one)
7. How important is it not to shoplift?
very important/important/not important (circle one)
8. How important is it for shoplifters to be prosecuted?
very important/important/not important (circle one)

Session 9: Reggie's Problem Situation

Name _____ Date _____

“Your father is late again,” Reggie’s mother tells Reggie one night as he sits down to dinner. Reggie knows why. He passed his father’s car on the way home from school. It was parked outside the Midtown Bar and Grill. Reggie’s mother and father had argued many times about his father’s stopping off at the bar on his way home from work. After their last argument, his father had promised he would never do it again. “I wonder why your father is late,” Reggie’s mother says. Do you think I should trust what he said about not drinking anymore? Do you think he stopped off at the bar again?” Reggie’s mother asks him.

What Should Reggie Say or Do?

1. Should Reggie cover for his father by lying to his mother?
yes, should cover/no, should tell the truth/can’t decide (circle one)
2. Was it right for Reggie’s mother to put Reggie on the spot by asking him a question about his father?
yes, right/no, wrong/can’t decide (circle one)
3. What if Reggie’s father drinks a lot when he stops at the bar and then comes home and often beats up on Reggie’s mother—sometimes even on Reggie? Then what should Reggie do?
cover for him/tell the truth/can’t decide (circle one)
4. Which is most important for Reggie’s decision?
what’s best for himself/what’s best for his mom/what’s best for the family (circle one)
5. In general, how important is it to tell the truth?
Very important/important/not important (circle one)

Session 10: Chris's Problem Situation

Name _____ Date _____

Chris and his co-worker as well as best friend Paul are taking job-required classes at the local university. The instructor has passed out the test and says that he may have to step out of the classroom to take an important phone call from his wife about their sick child. A while after the test begins, the instructor gets the call and leaves the classroom. After the instructor leaves the room, Paul whispers to Chris, "Let me see your answers."

What Should Chris Say or Do?

1. Should Chris let Paul copy his answers?
yes, let cheat/no, don't let cheat/can't decide (circle one)
2. What if Paul points out that a couple other guys are cheating by sharing answers, then should Chris let Paul cheat?
yes, let cheat/no, don't let cheat/can't decide (circle one)
3. What if Chris knows that Paul may get fired from his job if he does not pass the class?
yes, let cheat/no, don't let cheat/can't decide (circle one)
4. What if you were the teacher? Would you want Chris to let Paul cheat?
yes, let cheat/no, don't let cheat/can't decide (circle one)
5. Is it possible to have a close, trusting relationship with someone who has a cheating or lying problem?
yes, possible/no, not possible/can't decide (circle one)
6. Let's change the situation. What if Chris hardly knows Paul? Then should Chris let Paul cheat?
yes, let cheat/no, don't let cheat/can't decide (circle one)
7. In general, how important is it not to cheat?
very important/important/not important (circle one)
8. Is it right for cheaters to be punished?
yes, right/no, not right/can't decide (circle one)

Session 10: Nicole's Problem Situation

Name _____ Date _____

Nicole and her co-worker and best friend Angelica are taking job required classes at the local university. The instructor has passed out the test and says that he may have to step out of the classroom to take an important phone call from his wife about their sick child. A while after the test begins the instructor gets the call and leaves the classroom. After the instructor leaves the room, Angelica whispers to Nicole, "Let me see your answers."

What Should Nicole Say or Do?

1. Should Nicole let Angelica copy her answers?
yes, let cheat/no, don't let cheat/can't decide (circle one)
2. What if Angelica points out that other people are cheating, then should Nicole let Angelica cheat?
yes, let cheat/no, don't let cheat/can't decide (circle one)
3. What if Nicole knows that Angelica may get fired from her job if she does not pass the class?
yes, let cheat/no, don't let cheat/can't decide (circle one)
4. What if you were the teacher? Would you want Nicole to let Angelica cheat?
yes, let cheat/no, don't let cheat/can't decide (circle one)
5. Is it possible to have a close, trusting relationship with someone who has a cheating or lying problem?
yes, possible/no, not possible/can't decide (circle one)
6. What if Nicole hardly knows Angelica? Then should Nicole let Angelica cheat?
yes, let cheat/no, don't let cheat/can't decide (circle one)
7. In general, how important is it not to cheat?
very important/important/not important (circle one)
8. Is it right for cheaters to be punished?
yes, right/no, not right/can't decide (circle one)

Table 7.3 Facilitator’s and observer’s evaluation form: social decision making

Facilitator _____ Date _____ Time _____

Group _____ Meeting Location _____

Observer _____

Begin your notes on this form and use additional paper or the back of the page to complete your notes. It is important that observer(s) does not speak during the meeting. Courteous comments and greetings, before and after the meeting, are appropriate. But, the observer is not to discuss or dispute the content of the meeting.

Pre-meeting checklist:

Read staff logs; Inquired about issues with individual group members; Reviewed checklist and evaluation form from previous social decision making meeting; Studied the current social decision making session; Made copies of all handouts; Checked room for materials/markers; Prepared charts.

Start of Meeting: Time of arrival _____ : Room ready and in good condition yes no
 Facilitator on time yes no Group on time yes no If not, why not? _____
 _____ Observer introduced yes no

Review of Self-Help Log: Positive Behaviors: Logs completed yes no; Did the group members present their logs correctly yes no; Was the content sufficient and genuine yes no; Did the review of the logs indicate group interaction throughout the day; yes no;

Notes: _____

Session Introduction and Discussion:

1. yes no Reviewed the previous social decision making session.
2. yes no Utilized the white board/easel pad to record the key points of the session and group member’s responses (Doing the right thing, even when it’s difficult and no one is looking, Doing the legally, morally and socially correct things, making responsible decisions)

In the various phases, did the facilitator ...

Phase 1: Introduce the problem situation

yes no 1. Make sure that the group understood the problem situation (e.g., “Who can tell the group just what Michael’s/Renee’s problem situation is? Why is that a problem?”)?

yes no 2. Relate the situation to group member’s everyday lives (e.g., “Do problems like this happen? Who has been in a situation like this? Tell the group about it.”)?

(continued)

References

- Gibbs, J. C. (2004). Moral reasoning training: The values component. In A. P. Goldstein, R. Nensen, B. Daleflod, & M. Kalt (Eds.), *New perspectives on aggression replacement training: Practice, research, and application* (pp. 50–72). West Sussex: Wiley.
- Gibbs, J. C. (2014). *Moral development and reality: Beyond the theories of Kohlberg, Hoffman, and Haidt* (3rd ed.). New York: Oxford University Press.
- Gibbs, J. C., Basinger, K. S., Grime, R. L., & Snarey, J. R. (2007). Moral judgment development across cultures: Revisiting Kohlberg's universality claims. *Developmental Review, 27*, 443–500.
- Lickona, T. (1983). *Raising good children*. New York: Bantam.

Chapter 8

Final Equipment Meeting: Up or Down?

This “Up or Down” final equipment meeting gives group members a chance to review and consolidate their learning of the ideas presented during the preceding equipment meetings. Participants can use the meeting to strengthen their commitment to a positive, constructive life, characterized by respect for others as well as for self. This is in contrast to a negative, destructive life with little regard to others’ feelings or experience. In the meeting, *Up* equals positive or responsible. *Down* equals negative or irresponsible.

This chapter concludes not only the RAC cognitive behavioral curriculum but also this book. We wish you the best in your important work, and hope that the Responsible Adult Culture program will help offending adults grow through social perspective-taking into responsible adulthood. May they flourish—and contribute toward making this world a home that we can legitimately call “House B.”

8.1 Up or Down?

The Participant Handout may be distributed before or during the session. Either way, participants should be reminded not to share their answers.

8.1.1 Overview of Activities

- Review and answer questions about thoughts, skills, and behaviors spanning all three RAC curriculum components
- Provision of motivational comments
- Test of knowledge relating to curriculum content
- Encouragement to use concepts and skills learned in equipment meetings to help others and oneself

8.1.2 *Handout*

- Up or Down?

8.1.3 *Procedure*

1. Introduce the meeting by letting group members know that this activity provides a review of what has been discussed during the equipment meetings. Explain that the concept “up or down” can be used to describe thoughts, skills, or behaviors: *Up* equals positive or responsible. *Down* equals negative or irresponsible.
2. Tell group members that they have been learning about two kinds of lives:
The House A life involves victimizing, which is destructive and in which you hurt other people and yourself. This life pulls everyone *Down!*
The House B life is constructive and responsible. It involves helping other people and yourself. This life lifts everyone *Up!*
3. Let participants know that each person is responsible for choosing the type of life he or she will live. The truly strong people choose to live a positive and constructive life that lifts them up and gains them respect from their family, friends, and other people.
4. Lead the group through the list given on the Participant Handout, encouraging discussion of each item. Emphasize the areas that the group or an individual may have struggled with during previous sessions. Verbally reward the group and/or individuals for their strength and willingness to change.
5. Share with the group that this cycle of equipment meetings is now complete. However, it is very important for them to continue to practice the things they have learned. Let them know when the next cycle of equipment meetings will begin.

Up or Down?

Handout

Check the correct response. **Up** is responsible. **Down** is irresponsible

Thought, skill, or behavior	Up?	Down?
1. House A	<input type="checkbox"/>	<input type="checkbox"/>
2. Noticing an early warning sign of anger	<input type="checkbox"/>	<input type="checkbox"/>
3. Constructively expressing a complaint	<input type="checkbox"/>	<input type="checkbox"/>
4. Apologizing if you're partly responsible for a problem	<input type="checkbox"/>	<input type="checkbox"/>
5. Stealing and thinking it's OK because you didn't steal from anyone you knew	<input type="checkbox"/>	<input type="checkbox"/>
6. Caring for someone sad or upset	<input type="checkbox"/>	<input type="checkbox"/>
7. Using put-downs and threats	<input type="checkbox"/>	<input type="checkbox"/>
8. Developing a good action plan	<input type="checkbox"/>	<input type="checkbox"/>
9. Stealing a car with the excuse that the owner left the keys in the car	<input type="checkbox"/>	<input type="checkbox"/>
10. Taking deep breaths when angry	<input type="checkbox"/>	<input type="checkbox"/>
11. Making a Self-Centered thinking error	<input type="checkbox"/>	<input type="checkbox"/>
12. Doing it to others before they do it to you	<input type="checkbox"/>	<input type="checkbox"/>
13. Doing it for others only if they will do it for you	<input type="checkbox"/>	<input type="checkbox"/>
14. Preparing for a stressful conversation	<input type="checkbox"/>	<input type="checkbox"/>
15. Selling harmful drugs	<input type="checkbox"/>	<input type="checkbox"/>
16. Giving in to peer pressure to hurt someone	<input type="checkbox"/>	<input type="checkbox"/>
17. Suggesting a responsible alternative to a negative act your friends want you to do	<input type="checkbox"/>	<input type="checkbox"/>
18. Responding constructively to others' anger	<input type="checkbox"/>	<input type="checkbox"/>
19. Denying an addiction	<input type="checkbox"/>	<input type="checkbox"/>
20. Thinking ahead to consequences	<input type="checkbox"/>	<input type="checkbox"/>
21. Using self-evaluation	<input type="checkbox"/>	<input type="checkbox"/>
22. Using "I" statements	<input type="checkbox"/>	<input type="checkbox"/>
23. Identifying your CLIs	<input type="checkbox"/>	<input type="checkbox"/>
24. Victimizing others and using the excuse that you were a victim	<input type="checkbox"/>	<input type="checkbox"/>
25. Delivering drugs for money	<input type="checkbox"/>	<input type="checkbox"/>
26. Blaming the victim	<input type="checkbox"/>	<input type="checkbox"/>
27. Thinking whether the person is right when you are accused of something	<input type="checkbox"/>	<input type="checkbox"/>
28. Expressing care and appreciation	<input type="checkbox"/>	<input type="checkbox"/>
29. Not telling on a suicidal friend	<input type="checkbox"/>	<input type="checkbox"/>
30. Thinking like a victimizer	<input type="checkbox"/>	<input type="checkbox"/>
31. Covering for your shoplifting friend	<input type="checkbox"/>	<input type="checkbox"/>
32. Responding constructively to failure	<input type="checkbox"/>	<input type="checkbox"/>
33. Helping a friend cheat	<input type="checkbox"/>	<input type="checkbox"/>
34. Showing how you would want to be treated by the way you treat others	<input type="checkbox"/>	<input type="checkbox"/>
35. IOR	<input type="checkbox"/>	<input type="checkbox"/>
36. House B	<input type="checkbox"/>	<input type="checkbox"/>

Appendices

Appendix 1: Social Reflection Questionnaire

Name: _____ Date: _____

Birth date: _____ Sex (circle one): male female

Instructions

In this questionnaire, we want to find out about the things you think are important for people to do, and especially why you think those things (like keeping a promise) are important. Please try to help us understand your thinking by writing as much as you can to explain—even if you have to write out your explanations more than once. Don't just write "same as before." If you can explain better or use different words to show what you mean, that helps us even more. Please answer all the questions, especially the "why" questions. If you need to, feel free to use the space in the margins to finish writing your answers.

1. Think about when you've made a promise to a friend of yours. How important is it for people to keep promises, if they can, to friends?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

2. What about keeping a promise to anyone? How important is it for people to keep promises, if they can, even to someone they hardly know?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

3. How about keeping a promise to a child? How important is it for parents to keep promises, if they can, to their children?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

4. In general, how important is it for people to tell the truth?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

5. Think about when you've helped your mother or father. How important is it for children to help their parents?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

6. Let's say a friend of yours needs help and may even die, and you're the only person who can save him or her. How important is it for a person (without losing his or her own life) to save the life of a friend?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

7. What about saving the life of anyone. How important is it for a person (without losing his or her own life) to save the life of a stranger?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

8. How important is it for a person to live even if that person doesn't want to?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

9. How important is it for people not to take things that belong to other people?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

10. How important is it for people to obey the law?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

11. How important is it for judges to send people who break the law to jail?

Circle one: very important important not important

WHY IS THAT VERY IMPORTANT/IMPORTANT/NOT IMPORTANT (WHICHEVER ONE YOU CIRCLED)?

From Gibbs, J. C., Basinger, K. S., & Fuller, D. (1992). Moral maturity: Measuring the development of sociomoral reflection. Hillsdale, NJ: Lawrence Erlbaum Associates.

Appendix 2: Sample How I Think Questionnaire (HIT) Items, Per Category

Self-Centered

- If I really want something, it doesn't matter how I get it.
- Rules are mostly meant for other people.
- If I lied to someone, that's my business.

Blaming Others

- If someone is careless enough to lose a wallet, they deserve to have it stolen.
- People force you to lie if they ask too many questions.
- If people don't cooperate with me, it's not my fault if someone gets hurt.

Minimizing/Mislabeled

- Stores make enough money that it's OK to just take things you need.
- Everyone breaks the law, it's no big deal.
- Taking a car doesn't really hurt anyone if nothing happens to the car and the owner gets it back.

Assuming the Worst

- I can't help losing my temper a lot.
- No matter how hard I try, I can't help getting in trouble.
- If you don't push people around, you will always get picked on.

From Gibbs, J. C., Barriga, A. Q., & Potter, G. B. The How I Think (HIT) questionnaire. Champaign: Research Press.